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**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES
(HANSARD)**

Friday 6 November 2015

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The House met at half-past Nine o'clock

PRAYERS

[Mr SPEAKER *in the Chair*]

Mr David Nuttall (Bury North) (Con): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No. 163), and negatived.

NHS (Charitable Trusts Etc.) Bill

Second Reading

9.34 am

Wendy Morton (Aldridge-Brownhills) (Con): I beg to move, That the Bill be now read a Second time.

Let me begin by thanking all the Members who are present for giving up a Friday in their constituencies to take part in what I believe will be a very important debate, and all the Members on both sides of the House who have sponsored my Bill. It was a tremendous honour, and also a surprise, for me, a new Member of Parliament, to be drawn in the ballot for private Members' Bills the day after making my maiden speech. I am not normally drawn in a raffle, so this was something of a coup.

As many colleagues had warned me would happen, a raft of suggestions for Bills came flooding my way, on to the internet, into my inbox, and as text messages. All of a sudden I was the No. 1 favourite MP, and enjoyed a few minutes of fame. After some consideration, however, one Bill caught my eye, the one that I should like to be referred to as "the Peter Pan Bill".

The Minister for Community and Social Care (Alistair Burt): Peter Pan and Wendy!

Wendy Morton: Indeed. I had often wondered why my mum and dad named me Wendy, and that was obviously the reason.

Like many other people, I knew of the tremendous work of Great Ormond Street hospital. Each year, children from all over the United Kingdom, many of whom suffer from rare, complex and life-threatening conditions that cannot be treated elsewhere, go to that specialist hospital to benefit from its specialist care. Sadly, for many children Great Ormond Street is the last hope, and, although it is one of the world's leading children's research hospitals, for some of those conditions there are no known cures.

I was also aware of the very special link with J.M. Barrie, whose generous bequest to the hospital consisted of the royalties for commercial publications and public performances of his play "Peter Pan". What I did not know, however, was that legislation was needed to enable the right to those royalties to be given to the new, independent Great Ormond Street Hospital Children's Charity to which the current NHS charity is in the course of being converted. The right to the royalties is currently conferred on the special trustees for Great

Ormond Street hospital who are appointed by the Secretary of State. Baroness Blackstone first raised the need to amend legislation to enable Great Ormond Street hospital to continue to benefit from the Barrie bequest during the passage, in the other place, of the Bill that became the Deregulation Act 2015, and the Government agreed to introduce legislation at the earliest opportunity. My Bill will do that by amending the Copyright, Designs and Patents Act 1988.

I have to say that my warm and comforting thoughts of Great Ormond Street vanished temporarily when I read more of the briefing that had been prepared for the Bill, and discovered a proposal to remove powers from the Secretary of State for Health. I was a little concerned. Could I have been handed a Trojan rocking horse? Well, I can assure Members that if I had been, I would not be presenting the Bill today, because it also paves the way for sensible housekeeping on the part of NHS charities, the Secretary of State and his Department. As a new, eager and enthusiastic Member of Parliament, and one who wishes to see less bureaucracy, less duplication and less Government interference, I think it fair to say that the opportunity to remove some of the Secretary of State's powers had a certain attraction.

Before I deal with the details of the Bill, let me assure you, Mr Speaker—and I hope you will not be too disappointed—that this Wendy will not be flying through the sky, or indeed the Chamber, on an adventure with a mischievous little boy called Peter Pan and a fairy named Tinker Bell, although I shall remain firmly on my guard for Captain Hook and ticking crocodiles.

Let me start with the background to the Bill, which, although it might seem technical in parts, is necessary and important. NHS charities are regulated under charity law but are also linked to NHS bodies and bound by NHS legislation. They are charitable trusts established under NHS legislation and have as their trustee an NHS body such as a foundation trust or trustees appointed by the Secretary of State for an NHS body. NHS charities are distinct from independent charities, which are established solely under charity law. As we would expect, funds donated to the NHS must be held separately from Exchequer funding provided by the taxpayer. These charities exist to support the beneficiaries and there is a special relationship between the charities and the trusts with which they are associated.

The first part of the Bill makes provision to remove the Secretary of State for Health's powers to appoint trustees for NHS bodies in England and to appoint special trustees in England for specific hospitals. It also amends primary legislation in this regard. It fulfils a Government commitment made in 2014 following a 2012 Department of Health review and consultation on the governance of NHS charities. The outcome of the consultation was that NHS charities should be allowed to convert to independence should they so choose and the Secretary of State for Health's powers to appoint trustees to NHS bodies under the National Health Service Act 2006 should be removed at the earliest legislative opportunity.

You may well ask why, Mr Speaker, and I can understand that question, but please let me try to explain. A number of the larger NHS charities called for reform because they were concerned that the NHS legislative framework limited their freedom to grow and develop their charitable

[Wendy Morton]

activity to best support their beneficiaries and to demonstrate to potential donors visible independence from Government.

Simon Hoare (North Dorset) (Con): I rise not as a ticking crocodile but to ask my hon. Friend to assure the House that notwithstanding the provisions in the Bill, which I support fully, the NHS and the public purse will continue to have a pair of eyes and ears around the trustee table as there will be the ability to nominate a trustee to sit on this new independent body to ensure that trustees do not, in a flight of fancy, suddenly go off to Cap Ferrat for the weekend and put everything on number six.

Wendy Morton: My hon. Friend makes a useful point. The important point is that whereas the NHS charity can benefit from this new independent model, there will always be accountability. This is not public money but money that comes from benefactors and donors, so it is right and proper that the trust instilled in the process of giving is maintained at all times.

Kevin Foster (Torbay) (Con): My hon. Friend is making a great speech in support of her Bill. Does she agree that that very independence gives beneficiaries the confidence that their money is spent as intended and that the wealth of charity law is there to ensure that funds are put to the right purpose?

Wendy Morton: My hon. Friend makes a valid point. I shall explain that a little more later, but the Bill is about creating independence while maintaining accountability. I believe that we are looking for a route to enable these charities to move forward and to be on a more level playing field with some of the big charities operating across the country. Let us not forget that this is something that they have been asking for.

Collectively, across the country, about 260 charities exist to receive and manage charitable funds on behalf of NHS bodies. I am sure that everyone in the House would agree that they do fantastic work and that many Members are aware of local hospital charities in their constituencies. My preparation for this Bill made me think back to when my sister, who was five or six at the time, spent six weeks in the local NHS hospital and my mum was able to stay near the hospital thanks to accommodation that was provided either by a “friends of” organisation or a local charity that provided that sort of sheltered accommodation. Without that, she would have had to make the long journey to and fro every day. I am sure it made a huge difference, not only to her, but to the whole family.

Hon. Members will be interested to learn that just over £345 million was raised by these charities in the past financial year, supporting patients and staff right across the country. I am sure everyone in this House would agree that they make an outstanding contribution and are deserving of our support. Members may be asking why it is necessary to legislate, and that is a perfectly good question. It is one that I have asked, and I now wish to answer it. In simple terms, the Bill is good housekeeping; it is a matter of follow through. The charitable environment has moved on and there is a need to provide certainty in an already complex world

and a complex structure. The Bill seeks to remove the Secretary of State for Health’s powers to appoint trustees, so it will draw that process to a conclusion. The Bill is overdue and it makes sense.

Currently, 16 NHS charities have trustees appointed by the Secretary of State for Health and are directly affected by the Bill. They are bound by charity law and NHS legislation. They are currently unincorporated and their trustees have unlimited liability. This means that the 16 NHS charities will choose either to revert to a corporate trustee model, meaning that the board of the NHS body for which the trustees were appointed acts as trustee of the charitable funds, which is how many NHS charities already successfully operate today, or, as many of the 16 have indicated they would like to do, they can convert to become independent charities without Secretary of State-appointed trustees.

Maggie Throup (Erewash) (Con): As I understand it, some NHS charities have already converted to independent status. Will my hon. Friend expand on what benefits they have gained from doing that?

Wendy Morton: I will come on to deal with some of those benefits later. Anyone would think my hon. Friend had read my speech, because the next words on it are “six charities”. I can assure you, Mr Speaker, that no one has seen it. Six charities have already completed the transition to independence. They include Barts Charity, which raises money for Barts Health NHS Trust, including St Bart’s hospital. That was the first to convert to an independent model. The others are Alder Hey in Liverpool; Birmingham Children’s Hospital Charity, which is close to my constituency; and Guy’s and St Thomas’. The Royal Brompton & Harefield Hospital Charitable Fund has also become an independent charity. They are all able to benefit from greater independence and less bureaucracy.

Kevin Foster: Why was it necessary to bring a Bill before Parliament to deal with these issues and make these changes? Why could a legislative reform order not have been used?

Wendy Morton: An LRO was mentioned to me early on when I was doing my research on the Bill, but this Bill covers two parts; one is the Great Ormond Street part and the other is about the trustees, so an LRO was not appropriate as it was not the right vehicle to enable those things to be brought together and taken through Parliament. There was a streamlining of the process, with no duplication and less bureaucracy.

The other charity to have converted to independence is Great Ormond Street Hospital Children’s Charity. It has started the process of moving to independence. I have made specific reference to it because of its unique status and the need for specific legislative change, and I will come back to that point later. A further six have now notified the Department of Health of their intention to convert to the independent model. Another is in the process of reverting to a corporate trustee model, which will be completed by 1 April. Of the remaining nine, about half have agreed to independence, but have not yet formally informed the Department of Health, while the others are in discussion with their trustees and hospital boards. Clearly, many have made the decision, and many others are in the process of doing so.

Earlier in the summer, I met the hon. and learned Member for Holborn and St Pancras (Keir Starmer), and I have written to Members whose constituencies have an NHS body with trustees appointed by the Secretary of State, which would be affected by my Bill, to keep them fully informed. The Bill is supported by Great Ormond Street Hospital charity and NHS charities more generally. It also has the support of the Association of NHS Charities, with which I have met. Recently, I attended a forum where I spoke to some of the association members. I was reassured by their support for the Bill and by their feedback about how it would affect them in a positive way.

The parts of the Bill that would effect the change are intended to be brought into force on 1 April 2018, which gives this group of 16 hospital charities time to consider and to finalise their positions. Lines of accountability would also be simpler, as the new independent charities would be accountable to the Charity Commission, with the additional management bureaucracy no longer being needed.

I am grateful for the support of the hon. and learned Member for Holborn and St Pancras, who is in his place and in whose constituency Great Ormond Street Hospital Children's Charity is based. During the summer, I was very fortunate to go to Great Ormond Street hospital and to meet some of the charitable trusts. I met the staff and learned at first hand about the tremendous work that they do in support of the hospital, staff, patients and families. I was lucky enough to be taken on a tour of parts of the hospital; it is the most amazing place in the world. I visited the Peter Pan ward and the chapel—I do not think that there is a Wendy ward, but who knows?

Lucy Allan (Telford) (Con): If the Bill were not passed, what would be the implications for Great Ormond Street hospital?

Wendy Morton: That is a very good question. Quite simply, the charity would not be able to complete the move to independence, so the hospital would have to run two charities: one would be the independent arm; the other would be the existing one into which the royalties from “Peter Pan” would be transferred. That would mean a duplication of work, and more bureaucracy. When the charity goes out to raise funds, it needs to provide certainty to the public.

Antoinette Sandbach (Eddisbury) (Con): Earlier, my hon. Friend mentioned the Alder Hey Children's Charity, which is the key leading charity in the north-west and provides the same sort of support to children. Does she agree that families feel a great sense of ownership over their local hospital, which gives them such support, and therefore they might be much more willing to fund-raise for an independent charity that was seen as physically separate from the board of the hospital or the NHS trust?

Wendy Morton: When it comes to hospitals, we all have our own personal stories on which to draw and our own personal experiences. The British public are very generous in donating to many different causes, and certainly to local hospitals. The move to independence will help to attract some of the bigger corporate donations, and enable the hospital to work and compete alongside other charities. It makes them operate more independently

and less bureaucratically in today's world, which is very different from that which existed when the trusts were first formed.

On my visit to Great Ormond Street, it was clear to me that the legacy of J.M. Barrie lives on. Where else in the world could we find a boardroom named after a fairy, Tinker Bell? No one can fail to be touched by the commitment and dedication of the staff there. Great Ormond Street hospital has been constantly evolving since opening in a Georgian townhouse in 1852. Today, it is halfway through an ambitious, 20-year redevelopment programme to rebuild two thirds of the hospital site. The charity is working to deliver new facilities appropriate to world-class paediatric care, research and education. It is the largest dedicated funder of paediatric research in the UK, and that is something of which we should all be proud.

Maggie Throup: How much does the charity raise each year? Obviously, it does fantastic work, as we have been hearing, and I wonder what the total figure is.

Wendy Morton: In a nutshell, the figure is significant, and I will come on to that shortly.

The charity funds vital support services that care for the child and often the whole family: financial advice, parental accommodation, as well as spiritual support and helping families to stay together and manage their lives during what can be very difficult and trying times.

The Great Ormond Street hospital charity has a large number of donors, individual companies and, I am told, celebrities who support their work. On fundraising, Members will be interested to know that the charity raised £80,981,000 in the financial year 2014-15—an increase on the previous financial year—so the figure is indeed significant.

One of the most generous donors in its history is, of course, J.M. Barrie. As the Great Ormond Street Hospital Children's Charity is keen to take advantage of the opportunity to move to independent status, specific legislation is required to provide for the rights to the “Peter Pan” royalties to be given to the new charity. The idea of royalties being paid to a charity is not unusual in itself. As we approach the run-up to Christmas, I am reminded of songs recorded for charity where royalties go into charitable trusts, but the relationship between Great Ormond Street hospital and “Peter Pan” is different. It is already a unique situation, and a unique solution is required to enable the rights to the crucial royalties to be given to the Great Ormond Street Hospital Children's Charity, so that Great Ormond Street hospital can continue to benefit from the generous J.M. Barrie bequest.

Kevin Foster: My hon. Friend is being incredibly generous with her time in allowing interventions. Will she clarify something? Does Great Ormond Street receive royalties from only the original book featuring Peter Pan and Wendy, or does it receive them from subsequent publications and performances?

Wendy Morton: The charity continues to receive royalties. In fact, there are many productions of “Peter Pan” around the country in the run-up to Christmas, and the charity continues to receive royalties or agreed donations when such productions are performed. We must ensure that the charity continues to get those royalties, which makes the Bill even more important.

[Wendy Morton]

J.M. Barrie donated all rights in “Peter Pan” to Great Ormond Street hospital in 1929. He died in 1937, but the hospital enjoyed a further 50 years of royalties. On the eve of the copyright expiring, the J.M. Barrie bequest acquired its unique legal status, as a direct result of Lord Callaghan’s amendments to the Copyright, Designs and Patents Act 1988, which ensured that, despite the copyright in the work expiring on 31 December 1987, the special trustees for Great Ormond Street hospital would have the rights to royalties in respect of all commercial publications or public performances of “Peter Pan” and would hold them on trust for the purposes of Great Ormond Street hospital. The relevant provisions are found in section 301 of and schedule 6 to that Act.

The royalties are now held in perpetuity, so J.M. Barrie’s generous gift will continue to benefit very sick children and their families for as long as the hospital exists. My Bill seeks to support the continued legacy of this great children’s author from Kirriemuir in Scotland. I do not know whether any Member present in the House today has heritage or roots in Scotland, but there is certainly a link back to north of the border.

Kit Malthouse (North West Hampshire) (Con): I am very supportive of the Bill. Does my hon. Friend think that the move by hospital charities to more independent status without Government appointment makes it more likely that other significant authors of children’s books will see value in such bequests? She will know that there is a Scottish author who has made hundreds of millions of pounds from children’s books and may be more likely to bequeath some of her royalties to charities. The measure might make influential authors such as Julia Donaldson—I understand that £1 in every £5 spent on children’s books in the UK is spent on a Julia Donaldson book—generous towards hospital charities in the way that J. M. Barrie was.

Wendy Morton: Let us hope so. Many artists and authors around the country have preferred charities to which they donate and give their royalties, but by highlighting the work of J. M. Barrie and Great Ormond Street Children’s Hospital Charity the measure may, fingers crossed, lead to more of them doing so.

The Minister for Community and Social Care (Alistair Burt): Before we leave the Scottish dimension, may I say that my granny was born in Angus, fairly close to where J. M. Barrie comes from?

Mr Speaker: Order. We are learning quite a lot about Members’ family circumstances, and it is very illuminating.

Wendy Morton: That is the beauty of being in the Chamber on a Friday, Mr Speaker.

Simon Hoare: Has my hon. Friend noticed the relief among Opposition Members that there is no one of Scottish heritage in the Chamber?

Wendy Morton: I have not, but I am grateful to my hon. Friend.

I have introduced the Bill to deal with the importance of legacy. This very special gift to Great Ormond Street

hospital of the rights to “Peter Pan” royalties is currently conferred on the special trustees appointed by the Secretary of State to the hospital. Those trustees, as I have mentioned, wished to take advantage of the Government policy allowing NHS charities to move to independent status, and have partly completed their conversion to the charitable company known as Great Ormond Street Hospital Children’s Charity, which will enable them to take advantage of the benefits of independence. However, the conversion will be fully completed only if the rights to the royalties to “Peter Pan” are conferred on the charity, in the special trustees, ensuring that the royalties continue to be used for the benefit of Great Ormond Street hospital.

As I explained at the beginning of my speech, my private Member’s Bill was introduced following a Department of Health review and consultation on the governance of NHS Charities. The decision to move to independent status or revert to the corporate trustee model is entirely for each charity to make. All of the 16 charities to which I have referred have either made the decision or have indicated that they will do so, which shows the support for the measure. The move to independence will provide greater freedom to attract additional funding, reduce bureaucracy by leaving the charities under the sole authority of the Charity Commission, and give greater liability protection for trustees.

It is also worth recognising that NHS charities simply would not be able to achieve as much as they do without the massive contribution of trustees. This week, as I am sure you are aware, Mr Speaker, is trustees week, so it is only right and proper that we recognise and pay tribute to the valuable contribution that trustees make up and down the country.

I shall now sum up my private Member’s Bill. Fundamentally, the NHS (Charitable Trusts Etc) Bill seeks to support the work of NHS charities. First, and very specifically, it makes provision to confer the rights to the “Peter Pan” royalties on the new Great Ormond Street Hospital Children’s Charity. That will enable it to take full advantage of the move to independent status, providing greater freedom to attract additional funding and reduce bureaucracy, by leaving it under the sole authority of the Charity Commission.

By repealing the powers of the Secretary of State for Health to appoint trustees to NHS bodies in England and to appoint special trustees in England, the Bill draws to a conclusion the transition process for NHS charities, which are expected to move either to an independent model or to a corporate model. It creates certainty and clarity within the existing complex bureaucratic structure. It provides greater freedoms to attract additional funding and gives trustees much greater protection from liability.

During the summer and in recent weeks I have spoken to many people about my Bill and I am very reassured by the support it has received, including from Great Ormond Street hospital and other NHS charities. I feel confident that Members in all parts of the House recognise that this Bill is worthy of a Second Reading.

I have had the opportunity to indulge in a journey back to my childhood. While some Members here today may have been watching the latest Bond movie, I have

been catching up with Disney's Peter Pan and my reading on the train has been J.M. Barrie. On this occasion no one at home has been able to complain.

"Peter Pan" is a well-loved fairy tale, but this Bill is for real. It is a piece of legislation which I trust I have explained to Members, and which is wanted by NHS charities and is necessary. This Bill is worthy of a safe passage. I do not want it to be the Never Bird, to fly out of the window, turn second star to the right and straight on to morning, ending up in Never Land, where the lost boys play and crocodiles tick. I commend the Bill to the House.

10.6 pm

Keir Starmer (Holborn and St Pancras) (Lab): I support the Bill and I am grateful to the hon. Member for Aldridge-Brownhills (Wendy Morton) for the discussions she has had with me about its background and the reasons she is putting it forward in the way she does. I shall confine my comments to the second main subject matter in the Bill, Great Ormond Street hospital, which I have the great privilege of having in my constituency.

As has been said, the hospital was set up in 1852 with just 10 beds. It is now one of the leading hospitals in the world. I had the privilege of working in the next street for 20 years as a lawyer, and the little daughter of close family friends of ours is currently being treated at the hospital, so I know almost first-hand the great work of the hospital. I, too, have visited the hospital as the MP for Holborn and St Pancras.

Like the hon. Member for Aldridge-Brownhills, I was very taken by the work that was going on there. On the afternoon I went to the hospital, I left here fed up and a bit glum for various reasons, and when I was shown round the hospital and saw babies one day old fighting for their lives and receiving the most professional care, it was a most uplifting experience for me and a reminder of what goes on out there in the real world, in hospitals such as Great Ormond Street.

In 1929, the hospital received from JM Barrie the copyright to "Peter Pan", which has provided significant funding for many years since then.

Mr David Nuttall (Bury North) (Con): Does the hon. and learned Gentleman know why J.M. Barrie picked Great Ormond Street hospital, as opposed to any other?

Keir Starmer: I am grateful for that intervention. I do not know, but I assume that J.M. Barrie picked that hospital because it was the first in the country dedicated only to children. If I can find out more, I will write to the hon. Gentleman and tell him.

Since 1929 the hospital has pioneered the medical treatment of children and there has been breakthrough after breakthrough, underpinned by a very deep commitment to professionalism among all the staff at every level in the hospital and those who run the hospital. Only yesterday came the news that a baby girl with incurable leukaemia was saved by Great Ormond Street hospital, with surgeons performing what was described as a miracle operation, the first of its kind in the world. She is just the latest in a long line of children who literally owe their lives to Great Ormond Street hospital and its staff.

The hospital has lost none of its ambition. In 2002 it commenced a redevelopment programme to expand capacity, deliver an ever-improving trip service and reduce unnecessary in-patient admissions. I think that everybody in the House was very proud when the hospital featured in the opening ceremony of the London Olympics in 2012 as a symbol of everything that we in this country are proud of.

Simon Hoare: Due to your indulgence, Mr Speaker, Members can now Google while listening to a debate. In answer to my hon. Friend the Member for Bury North (Mr Nuttall), the Barries were childless, but in 1929 J. M. Barrie was approached to sit on a committee to help buy some land so that the hospital could be built. Those are his links to the hospital.

Keir Starmer: I am grateful to the hon. Gentleman for that intervention, which saves me from having to look it up later and write to the hon. Member for Bury North (Mr Nuttall).

The second part of the Bill is needed to ensure that Great Ormond Street hospital can continue to benefit from the copyright to "Peter Pan" and to continue the close relationship between the hospital for children and the boy who never grew up. I urge Members to support the Bill.

10.11 am

Anne Marie Morris (Newton Abbot) (Con): I congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on bringing her private Member's Bill before the House for its Second Reading. I also congratulate her on her election in May, which ensured that a seat that has long been Conservative remained blue.

I am pleased that the Bill is to receive its Second Reading today. It aims to allow Great Ormond Street hospital to continue to benefit from J. M. Barrie's generous and noble gesture. It would allow all royalties derived from public performances, commercial publications or communication to the public of "Peter Pan" to be donated to Great Ormond Street hospital. It is not known precisely how much those royalties have raised over time, because apparently a condition in Mr Barrie's will stated that he wanted the amount raised to remain unknown. The charity itself states that

"it's enormously valuable—not only in financial terms, but as a symbol and as an icon—and has brought a fair amount of income to the hospital."

To give some context to the value of the royalties, I draw attention to the fact that Disney donated more than £10 million to the hospital in just seven years, between 2008 and now. That money does not come directly from royalties and reaffirms the value of Barrie's connection to the hospital.

The Bill makes provision in relation to two main subjects. First, as my hon. Friend the Member for Aldridge-Brownhills has explained, it would remove the Secretary of State's powers to appoint trustees for NHS bodies in England. That would make good a commitment made by the Government in 2014. It would therefore allow for greater independence of NHS charities, which has been a concern for a number of generally larger NHS charities, which therefore support this reform. The Charity Commission, for example, said that dual regulation under both NHS and charity

[Anne Marie Morris]

legislation made it difficult for NHS charities to achieve and demonstrate independence. Those concerns will be made better if we remove the Secretary of State's power to appoint trustees on behalf of NHS trusts and foundations. I know the Department of Health is in favour of that.

Secondly, the Bill amends the Copyright, Designs and Patent Act 1998, notably sections 301 and 304 and schedule 6. Clause 3(3) changes the relevant words from "on trustees for the benefit of the Hospital for Sick Children, Great Ormond Street, London"

to

"GOSH Children's Charity for the benefit of Great Ormond Street Hospital for Children".

The Bill permits the accumulation of all royalty rights to the trustees for the benefit of Great Ormond Street Hospital, London. It will allow the transfer of royalty rights to Great Ormond Street Hospital Children's Charity of any performance or publication of the play "Peter Pan" in the UK. In doing so, Great Ormond Street hospital is free to move, in full, to become an independent charity under the regulation of the Charity Commission without the risk of losing its protection under the Copyright, Designs and Patents Act. This, as my hon. Friend made very clear, removes the dual legislation that may be perceived by some to be rather burdensome. Direct transfer of royalties will promote efficiency and, as she correctly says, reduce red tape and drive down costs, which all good Conservative Governments endeavour to achieve.

This Bill is not the first step that the Government have made towards reviewing the regulation and governance of NHS charities. In 2011, the Department of Health conducted a review of NHS charities and consulted on proposals to change the policy on their regulation and governance. In the response, charities welcomed the opportunity to seek greater independence by removing dual regulation requirements. It was clear from their responses that the current regulatory system was of considerable concern. The trustees of the Oxford Radcliffe Hospitals Charitable Funds gave the following favourable response:

"The Trustees are not likely to want to move in this direction proposed by the consultation paper in the near future, but have no objection to the Department making the transfer to an independent charity possible, providing there is no compulsion to do this."

Sheffield Teaching Hospitals NHS Foundation Trust was also in favour, provided that the Department of Health ensured that the appropriate safeguards are in place. It said:

"The Trust has no objection in principle to NHS charitable trusts being transferred to a nominated charity outside of NHS Legislation subject to appropriate safeguards being in place to ensure that the interests of NHS patients and the relationship with the individual NHS provider bodies are preserved."

Similarly, UCL Hospitals Charitable Foundation said:

"Yes, as this would allow the charity to be established under an incorporated model and remove the current unlimited liability for individual trustees and the freedom to appoint trustees without the constraints of the current set up."

Mr Speaker: Order. Let me very gently say to the hon. Lady that I understand the natural temptation to look

in the direction of a sizeable coterie of colleagues, but she is addressing her speech to the House as a whole and through the Chair.

Anne Marie Morris: I am appropriately reprimanded, Mr Speaker. I shall ensure that, in particular, I give you the focus and attention you clearly deserve, and indeed Members on the Opposition Benches.

I will continue with the history behind this valuable Bill. The Bill addresses concerns about the Secretary of State's powers to appoint trustees of NHS foundations and trusts. In 2012, Barts and The London Charity and the Royal Brompton & Harefield Hospitals Charity said that it was

"unclear as to why the Department seems at pains to preserve the Secretary of State's...ultimate control over the appointment and removal of trustees".

They added:

"We broadly agree with the stated aims of the review and would welcome the outcomes listed in"

the report,

"particularly those that would result in NHS charities being able to deliver improved services to NHS patients as their beneficiaries."

In "Review of the regulation and governance of NHS charities", the Government's response to the consultation, the Secretary of State said that he was

"willing to seek to remove those specific legislative provisions as soon as possible."

The Bill allows him to fulfil that promise.

The Bill refers not only to past consultation, but to past legislation. Following the expiry of the copyright on "Peter Pan" in 1987—50 years after the death of J. M. Barrie—it was concluded that Great Ormond Street hospital should continue to benefit from Mr Barrie's gesture, and legislation was enacted to do so under the Copyright, Designs and Patents Act 1988. Sections 301, 304 and schedule 6 briefly became redundant, due to a European Union directive on copyright, which meant that copyright law was

"harmonised at 70 years after the death of the author or 70 years after the work is lawfully made available to the public".

The directive was implemented on 1 July 1995, giving Great Ormond Street hospital extra copyright until 2007. The 1988 Act then came into force and that unique Act remains in place to this day.

The Bill builds on this House's commitment to Great Ormond Street hospital to benefit from the royalties from "Peter Pan"—as laid out in the 1988 Act—by effecting a change in the identity of the person on whom the right is conferred. That is because, under charity law, the trustees have converted from being special trustees appointed by the Secretary of State to being an independent charity.

There is much more to the relationship between Barrie and Great Ormond Street hospital than a benevolent gesture. Barrie's brother was the inspiration for the play after his tragic death just before his 14th birthday. His mother was said to take comfort from the fact that her son would remain a child forever, and thus the seed was planted for "Peter Pan".

"Peter Pan" is the story of how a young family travel to a magical land—Neverland—with the help of a little bit of fairy dust. They learn that family is a very important concept, and I have no doubt that many of

the visitors to Great Ormond Street hospital and many hon. Members can relate to that. They encounter numerous perils in the shape of a hook-handed pirate, a crocodile that has swallowed an alarm clock and a jealous fairy named Tinker Bell. The story concludes with Peter Pan, the boy who did not want to grow up—I know many other boys who do not want to grow up, many of them quite old—being unable to connect with his friends as they grow older and he remains a child.

Great Ormond Street hospital works to make sure that children do get that opportunity to grow up, but without losing the comfort and experiences of being a child and enjoying their young lives. Sadly, some visitors to Great Ormond Street do not grow up, much like Barrie's younger brother David, and the connection to Peter Pan is therefore strong ever more.

Since its completion in 1904, "Peter Pan" has formed the basis of nine films, including a spin-off series on Tinker Bell, one radio adaptation and nine TV shows since 1955, the first of which was a stage adaption aired on NBC. Seven video games contain characters from the "Peter Pan" universe. Not only that, but "Peter Pan" has continued to be reproduced in countless plays, books and comics. According to the Great Ormond Street website, between now and next March, 23 runs of "Peter Pan" will be performed across the country—north, south, east and west—including in the northern powerhouse, which is a testament to the fantastic work and its legacy.

Barrie was a great supporter of the work Great Ormond Street hospital did then; it continues to do such work to this day. In 1929, he was approached to sit on a committee to buy some land so that the hospital could build a much needed new wing. Barrie declined to serve on the committee, but said that he hoped to find another way to help. Two months later, the hospital board was stunned to learn that Barrie had handed over all his rights to "Peter Pan". At a Guildhall dinner later that year, Barrie, as host, claimed that Peter Pan had been a patient in Great Ormond Street hospital and

"it was he who put me up to the little thing I did for the hospital."

It therefore seems fitting that such a gesture was made to the hospital to continue its great work.

As my hon. Friend the Member for Aldridge-Brownhills said, Great Ormond Street Hospital Children's Charity raises money to enable the hospital to provide world-class care and to pioneer treatments and cures for childhood illnesses, with an estimated 255,000 patients coming through its doors every year. The hospital originally had just 10 beds and two doctors.

Kevin Foster: My hon. Friend is making a long and strong speech about the benefits of Great Ormond Street hospital. Does she agree that although the hospital is based in London, it actually provides specialist care across the UK, including for some of our constituents in Devon?

Anne Marie Morris: My hon. Friend makes an entirely correct comment. He is absolutely right that Great Ormond Street hospital makes a fantastic contribution across the country, and those of us representing the south-west have constituents who have directly benefited from the fantastic services that the hospital offers. He was quite right to make that point.

Albert Owen (Ynys Môn) (Lab): The extra money going to Great Ormond Street hospital is well appreciated by people across the United Kingdom. However, many children's charities tell me that there is an issue about drugs, in that more of them need to be made available. The second Bill is about off-patent drugs. Will she support that Bill, because it is hugely important to the very people she is talking about?

Anne Marie Morris: The hon. Gentleman raises a very important point about drugs. The Government are absolutely focused on that issue. Far be it from me to take words out of the Minister's mouth, but I am sure that he may well cover the hon. Gentleman's comments on drugs in his response. Among other things, the special cancer drugs fund has made a considerable difference to many people suffering from cancer.

On that note, I will carry on talking about this really important piece of legislation, and to explain to hon. Members a little more about the history of the hospital. As I originally stated—*[Interruption.]* Mr Speaker, you are looking querulous. May I continue?

Mr Speaker: The hon. Lady has the floor, but I am sure that she will want to have some regard to the fact that several other hon. Members wish to speak. I am cautiously optimistic that she is approaching her peroration.

Anne Marie Morris: Mr Speaker, this is such a fascinating subject that I want to ensure it gets the air time it deserves. I know that my hon. Friends also have a lot to say. I am sure that we will manage to have an interesting and long debate.

Maggie Throup: Does my hon. Friend agree that we must get things right not just because of the financial implications for the charity, but because of the charity's reputation?

Anne Marie Morris: My hon. Friend makes a crucial point. Reputation is critical. The changes that we are making today will add to the charity's reputation and help it to raise further funds for what is a worthwhile cause.

If I may, I will continue to explain the fascinating history of Great Ormond Street hospital, the contribution it has made to our country, and why the Bill is so important and valuable and has my support and that of the Government, despite the hospital's humble beginnings. Just as you arrived, Madam Deputy Speaker, I was explaining that the hospital originally had just 10 beds and two doctors, and was situated in a 17th-century townhouse. It has constantly redeveloped itself to ensure that it is suitable for the treatment of modern illnesses as medicine develops.

Before the inception of the NHS in 1948, Great Ormond Street was a voluntary hospital that ran fundraising campaigns to expand its size from the 1850s onwards. Because private fundraising was strongly regulated, it was owing to the support of people such as Barrie who left legacies to the hospital that it was able to develop the highest standards.

Throughout its history, the hospital has been at the forefront of numerous breakthroughs in paediatric healthcare, such as appointing the first consultant paediatric surgeon, Denis Browne, in 1928; opening the UK's first

[Anne Marie Morris]

heart and lung unit in 1947; opening the UK's first leukaemia research unit in 1961; pioneering the first heart and lung bypass machine for children in 1961; performing the first successful bone marrow transplant in Britain in 1979; undertaking the world's first stem cell-supported trachea transplant in a child in 2010; becoming Europe's first children's hospital to offer a portable haemodialysis service in 2010; and opening the Newlife birth defects research centre in 2012, which is Europe's first research centre to tackle birth defects.

Great Ormond Street hospital would not be able to make such advances without the relevant and up-to-date equipment it has. Thanks to its supporters, it is able to provide its patients with leading-edge equipment, so that its exceptional doctors and nurses can improve diagnosis and treatment, and continue to provide children with the world-class care they need. In one notable instance, a 15-year-old machine developed an unrepairable fault and had to be replaced in 2012. If the funds to upgrade it had not been available, the hospital would have had to continue to refer patients elsewhere for imaging, which would have been inconvenient for families and costly to the hospital.

The equipment owned by the hospital includes specialist X-ray equipment, such as cone beam CT technology, which can take high-quality 3D images with less radiation than a standard CT scanner. The ultrasound equipment in the Dubowitz neuromuscular centre is used to assess about 350 patients each year and helps clinicians to make a faster and more accurate diagnosis of conditions such as muscular dystrophies, myopathies and motor neuron disease. Nutritional equipment includes equipment that can help patients, such as premature babies, those in intensive care, or those receiving treatment for gastrointestinal conditions or cancer. Because those patients are in a fragile state or receiving strong medication, they need a precise recipe with the right balance of fluids and nutrients, and the hospital is able to provide it.

Maggie Throup: My hon. Friend has explained precisely why Great Ormond Street hospital needs extra charitable money. It carries out fantastic work that is over and above the work found in so many other hospitals, and it is renowned across the world for its work. Whatever money it can raise through charitable donations is important.

Anne Marie Morris: As ever, my hon. Friend makes an important point. It is right that the money goes towards new, far-reaching, novel pieces of equipment and medical solutions, which are exactly what we need in this country. We should be proud of that and do everything we can to enable the hospital to gain as much funding as possible.

The hospital is able to facilitate a number of different wards for a number of different treatments, and that is due to the continued contribution from donations and legacies. Barrie's contribution has been so significant over the years that, fittingly, there is a Peter Pan ward—I am sorry that there is not yet a Wendy ward, but I am sure we can do something about that.

Bob Stewart (Beckenham) (Con): The Lost Boys ward.

Anne Marie Morris: Indeed. Many other items within the hospital commemorate Barrie's donation. Those include a statue of Peter Pan and Tinker Bell at the hospital entrance, a plaque dedicated to Barrie in the hospital chapel, a Tinker Bell playroom in the Octav Botnar wing, and a tiled mural of Neverland, which was created and donated by art students at the University of Wolverhampton.

The ability of charities to become independent and subject to regulation by the Charity Commission is important. That can be seen in the 2012 consultation that set out the rationale for reform. A number of NHS charities, their representative bodies and interest groups, have called for this reform. They raised concerns that the NHS legislative framework, and how it is applied, limits the freedom of charities to grow and best support their beneficiaries.

Madam Deputy Speaker, I am, in the words of Mr Speaker, "slowly but surely" coming to the end of my contribution on this important subject. The Department's overall conclusion was that it is appropriate to allow NHS charities that wish to move to independent status to do so, and that that should be facilitated, subject to suitable safeguards being adopted and a suitable process followed. The Department of Health said in its review of the regulation and governance of NHS charities that since the majority of respondents supported the principle behind proposals for the transition of NHS charities to independent charity status, it is appropriate to allow those who wish to follow such a course to proceed, subject to appropriate safeguards and process. At the same time the Department will ensure that organisations that wish to retain the status of an NHS charity may do so.

Given the fantastic work done by Great Ormond Street hospital, the equipment it uses to treat children, and the staff it trains to deploy that treatment, I am thoroughly supportive of ensuring that funds from legacies such as that of J. M. Barrie continue to reach their intended destinations. His legacy does not live on in only a monetary way, or a legal way as we discuss this Bill, because Peter Pan has had a societal impact on this country—even the Wendy houses that many hon. Friends have no doubt bought for their children or a young relative originate from Barrie's play and the house built for young Wendy Darling. As Barrie once wrote:

"I suppose it's like the ticking crocodile, isn't it? Time is chasing after all of us."

Other Members want to speak, so I will bring my remarks to a close. The Bill will help to ensure that Great Ormond Street continues to do fantastic work, and at the same time it will implement some of the Department of Health recommendations from the review of the regulation and governance of NHS charities. I commend it to the House.

10.40 am

Mary Robinson (Cheadle) (Con): I, too, congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on successfully securing this private Member's Bill and bringing it to the Floor of the House. Her office is next door to mine, so I know for a fact how hard she and her staff have worked on the Bill. I am pleased to be here to support it.

Throughout the country, amazing people are working and volunteering in the charitable sector. In my constituency, local people recognise the invaluable work of our charities,

such as St Ann's Hospice, which has provided care for people with life-limiting illnesses for more than 40 years, and Millie's Trust, a newer charity that has not only raised awareness of paediatric first aid, but campaigned to change legislation on first aid in children's nurseries.

Our communities and, it is fair to say, our lives, would be poorer without the tremendous work of our charities. To carry on doing that work, they rely on the selfless efforts of volunteers and the tireless ingenuity of fundraisers, and bequests from caring people, whose legacies provide a lifeline. The bequests made over the years to Great Ormond Street hospital have undoubtedly enabled many children's lives to be saved. Its groundbreaking research continues to give parents new hope in the treatment of their desperately ill children. We have heard today about a child whose cure from childhood leukaemia was described as a miracle. Wonderful work continues to be done. I should like to take the opportunity to pay tribute to the vital work of the staff, fundraisers and patrons, who do so much to ensure that Great Ormond Street and its associated charity continue to provide the very best care to children and young people.

As my hon. Friend the Member for Aldridge-Brownhills noted, Great Ormond Street and its charity are in the unique and fortunate position of having the rights to the royalties from performances or publications of the play "Peter Pan", an extremely valuable benefit bestowed by the author, J. M. Barrie. The royalties that the charity receives and that, as my hon. Friend noted, Lord Callaghan successfully legislated in perpetuity, enable it to keep up its wonderful work and surely reflect the wishes of J. M. Barrie. I fully support the ambition to ensure that the charity continues to receive that generous settlement, and to give Great Ormond Street Hospital Children's Charity the independence it needs to grow and better support its beneficiaries.

I am pleased that the Bill addresses a number of constraints that the charity has encountered, not least the duplication of governance arrangements that currently complicates the charity's position. Historically, charitable involvement in the health service has always been welcomed. The Bill will not affect independent charities, but it is important to recognise their continued importance in the sector.

The Department of Health conducted a review of NHS charities in 2011. The response was the announcement of the intention to move towards greater independence and a commitment to a new model. That is what the debate is about. The rationale for the reform reflected concerns raised by the NHS charities and their representative bodies that the NHS legislative framework and its application limited their freedom to grow and raise charitable funds effectively. We must do everything we can to support the valuable work our charities do, and often that means removing red tape and bureaucracy and allowing them to choose their own legal frameworks.

That goes to the heart of the Bill. It is something that charities have asked for, and we should support them, but the complexities of the royalties arrangements for Great Ormond Street hospital require Parliament's involvement to effect the transfers. I support these measures and the removal of the Secretary of State's power to appoint trustees. Great Ormond Street hospital for children is well loved and well used by families from right across the country, as has been said, and it is surely in our interests to make it as easy as possible for

the charity to operate effectively so that it can concentrate on providing care for children. The Bill does just that, by allowing the transfer of royalties while consolidating the new Great Ormond Street hospital charity as an independent charity, free from Government and ministerial involvement.

Paul Flynn (Newport West) (Lab): The hon. Lady has twice mentioned the need for charities to be free from regulation and Government involvement. Will she study the recent history of Kids Company, which has been accused of many abuses, and certainly a great waste of public money, as a result of lax regulation and the permissive attitude of the Conservative party and the Prime Minister?

Mary Robinson: It is absolutely right that the governance arrangements for charities, and any other body responsible for donated moneys, be adequate and robust, and I know that that will be the case here.

Finally, I congratulate my hon. Friend on introducing the Bill, which I wish a swift and easy passage. I am confident that with so much support it will be driven into law and will not drift into Neverland.

10.47 am

Lucy Allan (Telford) (Con): It is a privilege to follow the excellent speech by my hon. Friend the Member for Cheadle (Mary Robinson). I also congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on introducing the Bill, which I want to be known henceforth as the "Peter Pan and Wendy Bill", and which I fully support. It would give NHS charities greater independence and freedom to develop their charitable activities unburdened by unnecessary state involvement and bureaucracy, and it would have wider implications for charities up and down the country. It is welcomed by the NHS charities that have called for this reform.

I pay tribute to the fantastic work done by NHS charities throughout the country, but particularly to the NHS charity that serves Telford's Princess Royal hospital. Shrewsbury and Telford Hospital NHS Trust charity is the umbrella organisation for several charitable groups, but I want to mention the Friends of Princess Royal, whose donors and volunteers have been working for many years raising funds for additional equipment for the hospital. Only yesterday, I received a letter from a constituent telling me about their fantastic work so I wanted to come here to thank and pay tribute to them. Most recently, they donated £25,000 for a new ultrasound machine in the intensive therapy unit and an electrocardiogram unit costing over £4,000, both of which are already benefiting my constituents. They also recently donated £95,000 for monitors to cover extra cubicles to ensure additional support during the difficult winter period. It is incredibly important that volunteers and charitable trusts be given the recognition they deserve, as all too often they are the unsung heroes.

There may be some who say all that should be provided by the taxpayer, but I believe people want to get involved in their local communities and want to play a part in shaping the role of the services provided. It is not enough simply to pay our taxes, sit back and expect the Government to take care of all our needs. As members of our communities, we have a responsibility to each

[Lucy Allan]

other. There are so many examples in Telford of people giving up their time generously, giving their money and helping to make their communities in Telford even better. This Bill helps to make that possible in a freedom and enterprise spirit. I am absolutely delighted to support it and thank my hon. Friend the Member for Aldridge-Brownhills once again for bringing it forward today.

10.50 am

Maggie Throup (Erewash) (Con): I am delighted to contribute to today's debate on such an important issue, and I congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on deciding to raise it in this place and to make these changes, which I am pleased to support.

Our nation would be a poorer place without the thousands of charities and their trustees who contribute their time and their expertise without fear or favour. As we have heard, this is trustees' week, so it is appropriate to debate this issue today. Close to my heart are the many hospital-related charities that play such an important role in supporting our free-at-the-point-of-care national health service that has served us so well. It is vital that such charities are allowed to conduct their good work with as few barriers as possible.

The current structure of NHS charitable trust status has three main disadvantages. First, potential donors may perceive that the charities lack independence from government. Secondly, being bound by legislation prevents the charities from adopting different legal forms specific to their needs, particularly those offering limited liability. Thirdly, the Charity Commission believes that dual regulation under both NHS and charity legislation makes it difficult for NHS charities to achieve and demonstrate independence. It is therefore vital that NHS charities have the opportunity to move to independent charity status.

In my constituency, I have many charities that support the work of the NHS in some way, but today I want to highlight just two of them. First, Ilkeston community hospital league of friends is a dedicated group of people who do everything from making cups of tea for visitors and taking the newspaper trolley around the wards to holding extremely successful spring, summer and Christmas fairs. A recent bed push up Ilkeston's main street, Bath street—and when I say up, I mean up the hill—raised over £1,400. These events raise valuable additional funding providing for those added extras that make such a difference to my community hospital. This has included a scanner for the Val Jackson scanner suite at Ilkeston hospital, and the list goes on and on.

Secondly, I have an amazing hospice, Treetops Hospice Care, located at Risley, but serving the wider community across Derbyshire and parts of Nottinghamshire. Only the other day, we heard a very powerful speech in this place by my hon. Friend the Member for Lewes (Maria Caulfield) about the importance of palliative care. Treetops Hospice Care is a bit unusual as it does not have any beds, but provides all its end-of-life care and support in the community. As we heard on Wednesday, up to 70% of people want to die in their own homes, yet only 30% manage to have their wishes fulfilled. The invaluable care in the community that Treetops provides is helping my constituents to fulfil their wishes, which must be

comforting for their families at such a difficult time. Treetops is innovative in its fund raising, too, holding everything from dog shows and vintage fairs to car boot sales and a sponsored bike ride taking in all the different charity shops that make a contribution—and I am pleased to say that I took part on a tandem.

My constituents and the wider population give generously and freely to both Ilkeston community hospital league of friends and to Treetops Hospice Care. These two charities are not bound by the legislation that the NHS charities in question are today.

As previously mentioned, the Bill takes away one of the barriers to maximising donations for the NHS charities in question. It removes the Government's involvement, as it removes the role of the Secretary of State in appointing trustees. This move will enable potential donors to know that the NHS charity is truly independent from the Government.

I now wish to talk specifically about Great Ormond Street hospital. I have visited this amazing hospital on numerous occasions in a professional capacity, so I felt touched by the descriptions that my hon. Friend the Member for Aldridge-Brownhills and the hon. and learned Member for Holborn and St Pancras (Keir Starmer) provided of their visits to this amazing hospital. Like them, I felt very privileged to have seen a small part of its ground-breaking work and the care that is given there. Only yesterday, we heard about the one-year old girl, Layla Richards, now in remission from leukaemia as the result of innovative gene editing, creating designer white blood cell treatment. That really was fantastic news—both for Layla and her family.

Bob Stewart: I have to declare an interest, as my wonderful daughter-in-law, Nicola Stewart, is a nurse at Great Ormond Street. I just want to confirm and support everything my hon. Friend is saying about the dedication of the nurses and doctors at Great Ormond Street hospital.

Maggie Throup: I thank my hon. Friend, and I completely agree that every doctor and nurse, and every NHS worker goes beyond the call of duty—not just at Great Ormond Street, but in hospitals throughout the country. We owe a great debt of gratitude to them for the work they do.

J. M. Barrie made a very generous and powerful donation when he gifted the rights from “Peter Pan” to Great Ormond Street Hospital Children's Charity. I am sure the renowned author would be cheering from the Gallery, if he could, to hear that his wishes are to be continued through the mechanisms of this Bill.

Mr Jacob Rees-Mogg (North East Somerset) (Con): Mr Barrie had better not cheer from the Gallery; if he did, he would be ruled out of order.

Maggie Throup: I bow to my hon. Friend's greater knowledge of this place.

It is only right that every effort is made to ensure that the moneys available through the rights are used for the original intended purpose. I am sure that the parents and patients at this world-leading hospital will be backing this Bill, as they can see and experience first-hand how important additional charitable donations are to the workings of this hospital. The Bill provides for much-needed changes to legislation, and I will support it in the Lobby today.

10.57 am

Marcus Fysh (Yeovil) (Con): I am grateful for the opportunity to speak in this debate. I congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on bringing forward the Bill, which would allow this massively important charity to move forward.

My father is a consultant paediatrician, a neonatal intensive care specialist and a former president of the paediatric section of the Royal College of Medicine. As a child, I spent many Christmases visiting wards and seeing very sick children. That made an indelible impression on me, and now that I have my own children I remember the many faces that I saw. I therefore have some understanding of what goes on at Great Ormond Street hospital, with which my father worked closely on many occasions. It is truly leading the way on treatment and on research.

There are good facilities for sick children at the hospital in my constituency, and I pay tribute to all the incredibly committed doctors and nurses who work there. As we have heard, more difficult cases are often referred from other parts of the country to the London trusts, and particularly to Great Ormond Street because of its cutting-edge work.

I was involved in helping one family in my constituency, the Bennett family, to go to Great Ormond Street. They were incredibly grateful for the benefits that the Great Ormond Street charity provided, and particularly for the help they received with accommodation at what was an extremely difficult time.

Yeovil has its own hospital charity, Flying Colours. I pay tribute to its manager Sarah Cherry and all the other people at the district hospital, who have managed to raise more than £500,000 for better facilities and an expansion of the hospital's special baby unit. That is intended to support, in particular, children who are born with addictions, which I know can be one of the most distressing conditions to witness. There are other great charities in Yeovil, including St Margaret's hospice, which, because of the way in which it was set up, already has the flexibility that allows it to raise money in different ways. It would be great if charities such as Flying Colours had the same ability.

"Peter Pan", by J.M. Barrie, is a perfect story to associate with the Great Ormond Street charity, and we should thank Barrie for the foresight that he showed in helping those who are indeed forever young in some cases. I should add that I know something else about his relationship with the hospital: his family used to live in Bloomsbury, which was, of course, a great centre of the London literary world, and it is nice that it retains that association with the hospital to this day.

However, the fundraising of the Great Ormond Street Hospital trust goes much wider than the bequest of J.M. Barrie, and I think it needs the flexibility that would allow it, too, to raise money in a number of different ways. J.M. Barrie's copyright is sometimes disputed, particularly in America. The Bill's proposal to reduce the liability that the trustees can face is a positive step, because no one wants to be sued by the Americans.

Kevin Foster: I entirely agree with what my hon. Friend is saying. It is not just a question of the tactics that the trust can use to raise funds. The Bill will enable those who donate, and who participate in fundraising,

to feel confident that the charity, and those who are independent of the Government, will spend the money and decide how it will be spent.

Marcus Fysh: My hon. Friend has made a very good point.

The Bill will provide the flexibility, the independence, the reduced liability and the reduced operation costs that will allow the charity to maximise its innovation, the help that it gives to other people, and the great work that is done in the hospital, and I commend it to the House.

11.2 am

Simon Hoare (North Dorset) (Con): Much has been said about the importance of a work of literature with the status of the novel "Peter Pan". We are, of course, entering the panto season. My hon. Friend the Member for Newton Abbot (Anne Marie Morris) told us earlier about the number of performances of "Peter Pan" that would be taking place around the country, and I note that you, Madam Deputy Speaker, are wearing the ruby slippers of Dorothy from "The Wizard of Oz". The Epping Forest Empire Theatre will doubtless present a sterling performance at some point during the Christmas season.

I support the Bill, and congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on introducing it. Underpinning its proposals is, of course, the Government's commitment to localism and devolution. Many of us who have read the Bill will probably have been rather surprised that the opportunity to appoint trustees is a reserved power of the Secretary of State for Health, because one would automatically assume that trustees who are involved in their local hospitals would be drawn from the local community, and appointed by people with local knowledge and expertise. In that respect, the Bill is a very important measure.

The safeguard that I sought to draw out from my hon. Friend in an earlier intervention is crucial. In no way does this newfound independence of appointment allow trusts to move away from their core and original purpose. They cannot all look at the *Racing Post* and decide that Lucky Lad in the 3.10 on Saturday is the favourite, and the fact that the horse has only three legs and the jockey has a withered arm is neither here nor there—they are going to put all the trust funds on Lucky Lad. That cannot happen, which I think is a very important safeguard.

Mr Rees-Mogg: Will the hon. Gentleman give way?

Simon Hoare: At the very mention of Lucky Lad, I give way to my hon. Friend.

Mr Rees-Mogg: My hon. Friend is giving an excellent explanation of what the Bill would do. Ordinary charities are not, of course, allowed to put money on Lucky Lad in the 3.10 at Uttoxeter, or wherever it may be. I hope that that is not a widespread problem, but if it is, my hon. Friend should bring it to the attention of the Charity Commission.

Simon Hoare: I am grateful to my hon. Friend for clarifying the role of trustees. As a trustee of a charity myself, I shall ensure that my copies of the *Racing Post*—

[*Simon Hoare*]

well thumbled as they are—are not brought into any more trustee meetings. It is also important to point out that the Charity Commission will continue to have oversight. I think that that addresses the rather waspish comment made by the hon. Member for Newport West (Paul Flynn) in an intervention on the speech of my hon. Friend the Member for Cheadle (Mary Robinson).

Paul Flynn: Will the hon. Gentleman give way?

Simon Hoare: With enormous, enormous pleasure, to waspishness I will give way.

Paul Flynn: There are 5,000 leading charities in Britain, and there is great concern about the activities of some of them. The majority do a great deal of good, but we know of the abuses carried out by “chuggers”—which constitute robbery as far as donors are concerned—and the use of call centres to plague elderly, vulnerable people. There is a need not for wholesale deregulation, but for new regulations to control those charities.

Simon Hoare: The hon. Gentleman has invited me to stray from the immediate purport of the Bill. Let me avail myself briefly of that invitation, and agree with him wholeheartedly. The people who wander up and down our streets waylaying busy shoppers, business men and women and commuters trying to elicit bank details and donations, and those who worry and harass people in their homes with telephone calls seeking charitable donations, are a curse and a menace. I believe that the authorities and Her Majesty's Government are alert to that, and I rather hope that during the course of this Parliament we shall see some redress in respect of an issue that blights the lives of many of our constituents. My hon. Friend the Member for Aldridge-Brownhills may wish to clarify the position, but I am not aware that Great Ormond Street raises funds in that way, although I do not think that the issue is crucial to the Bill.

Wendy Morton: The Bill is purely about 16 NHS charities and their move to independence, and about Great Ormond Street. I am straying a little here, but I think that there may be issues relating to other charities that come to light occasionally. My Bill, however, is purely about the NHS charities, which are a very specific and, in my view, a very special group.

Simon Hoare *rose*—

Madam Deputy Speaker (Mrs Eleanor Laing): Order. I have allowed a little laxity this morning so that Members could explore issues relating to charities, such as those raised by the hon. Member for Newport West (Paul Flynn). However, the hon. Lady is right to point out that the Bill is narrow. I am certain that the hon. Gentleman, in his usual erudite manner, will now confine his remarks to the Bill, as he has done perfectly so far.

Simon Hoare: I am grateful for your ruling, Madam Deputy Speaker—and I am drawing my remarks to a close.

I also think that the Bill is helpful in terms of general governance. As has been noted, Great Ormond Street currently operates two charities side by side. That requires two reports to the Charity Commission, two sets of

audited accounts, and a duplication of arrangements involving busy people who could, quite properly, be engaging in other activities to raise funds.

Maggie Throup: It is not just about the duplication of effort but about the fact that money that has been spent on creating the accounts and on the bureaucracy could have been spent on the work that the charities carry out.

Simon Hoare: My hon. Friend is an energetic champion of deregulation and trying to cut away as much red tape as possible. I am sure that the electorate of Erewash are delighted by that. I agree with her entirely that this could free up not just time but valuable funds for a more health-related purpose.

My hon. Friend the Member for Aldridge-Brownhills has delivered the Bill with great clarity. In this day and age, it is interesting and unusual when any Secretary of State is prepared to see power taken away from them. The Bill champions the cause of localism and local involvement, which is a good thing. Although the Bill cannot prove this of itself, there might well be opportunities to raise additional funds from trusts if potential donors understand that the trust is separate from, and not appointed by, Whitehall and Westminster, and that they can donate with confidence and comfort because the Charity Commission's rules of governance for charitable trusts are writ large within the Bill as safeguards to ensure that any moneys raised are used for their proper purpose. I support the Bill entirely.

11.11 am

Kevin Foster (Torbay) (Con): It is a pleasure to speak in the debate and to support the Second Reading of the Bill. Discussing a Bill about Peter Pan proposed by Wendy was not one of the subjects I expected to debate in this Chamber when I was elected, but the Bill has a serious purpose as it makes clear the independence of the charitable trusts it covers.

It is right that we should have oversight when public money is being spent, and the NHS is subject to plenty of oversight, including through this Parliament, but this is not about taxpayers' cash but about the additional money that people freely donate. People donating should have confidence that the trustees, who are completely independent and whose goals are solely those of the charity, will decide exactly how the funds will be used. A trustee or director appointed by the Secretary of State will clearly be cognisant of their duties under charity law to put the charity's interests first, but being appointed by the Secretary of State creates the idea that such trustees are there to represent someone else: even though those who are familiar with the law will understand the role of a trustee, that is not the impression given. It makes sense that the charities referred to in the Bill are in a similar position to most other charities in the country and may, through their members and supporters, find trustees and appoint them to the board to exercise their duties rather than having someone appointed for them by the Government.

Charities in the NHS bring additionality to NHS services; they are not about replacing them or replacing funding from the taxpayer, but about doing extra things. I think particularly of the Torbay Hospital League of Friends, an independent charity that raises money to support services at Torbay hospital and uses its flexibility

and independence to get people to donate. Its “This is critical” campaign aims to equip the critical care unit that is being built. Public money provides the basic service, whereas charitable bequests and donations enhance the service.

Anne Marie Morris: Does my hon. Friend agree that one of the benefits of this independence is that it encourages not only donations but people to give their time? Charities need not just money but volunteers to give their precious time not only for fundraising but to work with families, patients and young children. Does he have any thoughts on that?

Kevin Foster: My hon. Friend is absolutely right. Charities depend on the money and time donated. That might mean time donated to raise funds for the charity or, as she mentions, for other work. Everyone can take part, rich or poor. An hour donated is an hour donated. As she will know, Torbay hospital’s cafeteria is staffed by volunteers. It not only raises money for the charity in the hospital but provides a service. People might have come in and heard not great news, or they might be anxious and stressed with a relative in hospital, and they get a valuable pastoral service over a cup of tea and a cake from volunteers who, in some cases, have been involved for many years. They provide an excellent service.

Today, we are naturally talking about the structures and finances of a charity. As my hon. Friend the Member for North Dorset (Simon Hoare) said, we should ensure that the money cannot go on Lucky Lad in the 3.10, but we should also not forget that volunteers are at the heart of charities and how they operate and work. If the charities are truly independent, that will only enhance their ability to attract volunteers, get donations and make a difference.

Wendy Morton: Does my hon. Friend agree that, under this new model, charities will be able to bring in a new blend of skills and expertise, enabling them to increase capacity and build on their strengths?

Kevin Foster: My hon. Friend is absolutely right. In my constituency, for example, we have many people over the age of 60 who have retired from professional careers. They reach the point in life where they wish to retire from full-time work, but they still have skills and abilities that they want to offer, and might be thinking about a social rather than a financial reward. Having more flexibility in the charities’ structures means that they can bring in more of those people. People who might be slightly reticent about being appointed by the Secretary of State, perhaps because of their previous job, might be delighted to be involved in an independent charity that is committed solely to its objects.

Antoinette Sandbach: The risk attached to the appointment by the Secretary of State is the perception that it might be a political appointment when it is actually an independent appointment. That is what the Bill removes.

Kevin Foster: I could not have put it better myself. My hon. Friend is right that although the Secretary of State might appoint someone independent with skills and abilities such that they become a trustee by another route, the fact that they are appointed by the Secretary

of State makes it appear that they are the Government’s person, even if they are diametrically politically opposed to the Government of the day. I am sure that the Minister will be able to think of examples of Government appointments who are not the most supportive of the current Administration.

Alistair Burt: Sometimes they are Ministers.

Kevin Foster: Indeed. This is a bit like the reforms to school governors, where we have reduced the number of local authority appointments. Although some were very independent minded and focused solely on the school and its interests, in other areas it was almost a tradition to have a certain number from Labour, a certain number from the Conservatives and a certain number from the Lib Dems.

Bob Stewart: None from the Lib Dems.

Kevin Foster: I accept that at the moment a Lib Dem and an endangered species have something in common. I will return to the subject of the Bill, despite the generous opportunity offered by my hon. and gallant Friend to make a remark about the political situation west of Bristol.

Why, as a Devon MP, am I keen to see the Bill make progress, given that it relates particularly to Great Ormond Street? As I said in my intervention on my hon. Friend the Member for Newton Abbot (Anne Marie Morris), the hospital provides specialist services that benefit the whole of the UK. The provisions on the “Peter Pan” copyright apply to all four nations in the United Kingdom, not just to England and Wales, as some of the other provisions in the Bill do. This hospital provides services that it clearly would not be practical to provide in individual areas and individual hospitals, because that pure specialty is needed. At least one person who has been in my surgery recently has benefited from Great Ormond Street’s work even though they are a resident of Torquay, because of the specialties that the hospital brings.

It is therefore right that we should make this provision that the J. M. Barrie bequest and copyrights can be properly applied, to the benefit of the hospital. It is nonsense to have two charities in place purely because of law that made sense at the time but which now looks like a legal accident, whereby the money has to go into one pot and cannot go into another pot, even though almost any other bequest in this country would be going into the one charity. As has been said, that means that money for patients—money for services—is going to lawyers and accountants. That is not right, which is why the Bill is so timely. It seeks to resolve that anomaly and give that certainty, particularly to Great Ormond Street, and to all the other trusts.

I am very pleased to be here to support this Bill, which will make a real difference. It may sound very technical—it sounded exceptionally technical when I first read it—but it will make a real impact on the ground in providing better services and better outcomes, and helping some of the sickest and most vulnerable people in our society. That is why it is right that the Bill receives its Second Reading. I am delighted that my hon. Friend the Member for Aldridge-Brownhills decided that this subject was the right choice for her private Member’s Bill slot, given the number of choices that would have been available to her, and it is good to see so much support here this morning from hon. Members.

[Kevin Foster]

I look forward to hearing what the Minister will say in response to today's debate—[*Interruption.*] I am glad he is looking forward to it, too. We are anticipating every moment of his speech, which I am sure will be a tour de force, given his knowledge of this area. We hope it will confirm that giving the Bill its Second Reading makes eminent sense and that it will move into Committee, so that we can turn it from a worthwhile Bill into a worthwhile Act of Parliament. I am delighted to endorse the Bill and I hope the whole House will support it.

11.22 am

Jeremy Lefroy (Stafford) (Con): I rise in support of this Bill, which has been promoted by my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton).

I simply wish to make one point about the enormous role that charities and volunteers play in hospitals, particularly those such as Great Ormond Street. I recall that when I was growing up in London my parents used to offer accommodation to the parents of children who were at Great Ormond Street because, as many speakers have said, these people would come from all over the country and accommodation in London, even then, was expensive—now, of course, it is extortionate. Therefore, it is vital that hospitals, particularly children's hospitals, can accommodate parents, siblings and loved ones in order that they can be close to their children in these times of need. That is why it is so important that whenever we are looking at the movement of hospital services for children, as is happening in my constituency with some in-patient services going north to Stoke or south to Wolverhampton, real consideration is given to providing full access to the children for relatives and loved ones at all times of day or night, with proper accommodation being provided, whether by volunteers in the community or by the hospital trust itself. It is often the role of these charities, as well as the hospital itself, to do that.

I welcome this Bill and all the work done by the charities linked to all the hospitals mentioned today, particularly Great Ormond Street. They do a tremendous job and it is vital that this Bill is enacted at the earliest opportunity.

11.24 am

Mr Jacob Rees-Mogg (North East Somerset) (Con): It is a great pleasure to rise in support of this Bill and in support of my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton), who fills a seat that was taken by a most distinguished predecessor. Richard Shepherd was a wonderful Member of Parliament and a great parliamentarian. He believed so much in this institution, and we should all rejoice at the fact that my hon. Friend now takes his place and is showing herself to be a serious parliamentarian, committed to the processes of this House.

You, Madam Deputy Speaker, were not here last week when a new tradition began, which I would like to continue. It is that of congratulating the Chairman of Ways and Means on the brilliant way in which he carries out the ballot so that my hon. Friend should have come high enough up it for her Bill to come fourth. He carried out this draw with such characteristic efficiency and in such a workmanlike fashion that her

Bill came out low enough down to be high enough up for it to be debated today. That is a very considerable achievement.

Simon Hoare rose—

Mr Rees-Mogg: I give way to my hon. Friend.

Simon Hoare: I asked my hon. Friend to give way just to give the House pause to recalibrate itself as it gets used to the idea of him welcoming anything that is new.

Mr Rees-Mogg: I am grateful to my hon. Friend for making that point; occasionally there are innovations that are welcome, and this is one of them. For those who do not know, I should add that in the draw No. 1 used to be done first but now No. 20 is the Bill done first. It is like a game show: it brings more tension and atmosphere into the proceedings. That is how it has worked and how the Bills have come out in the way they have.

This is a superb Bill. It is the reason why private Members' Bills exist, because it is deregulating. It is such a wonderfully Tory Bill. It is a properly Conservative Bill, because it takes—[*Interruption.*] I am so sorry, but I could not quite hear what the hon. Member for Newport West (Paul Flynn) was saying from a sedentary position. I am happy to give way if he wishes to intervene.

Why is it such a wonderfully Conservative Bill? It is because of its fundamental deregulatory nature. We have built up a state where more and more powers have been gathered to the centre, where Whitehall has the rule over all it purveys. It tells people what they must do. When it says jump, people have to say, "How high?" It was of course a Labour Cabinet Minister who said, "The fact of the matter is the man in Whitehall really does know best." It has to be said that that was in 1947, but the fundamental principle underpinning what the socialists believe remains the same: that control should be centralised; that if instructions and diktats come from on high, the government of the country will be better run; and that individuals are not the people who can best take charge of this.

We, as Conservatives, reject that fundamentally, and it is this philosophy that underpins the Bill. We take the view that the millions of random decisions taken by individuals over how they should lead their lives means better decision making, better allocation of resources and a more contented and unified society overall. By taking power away from the Secretary of State—removing appointments from his control—the Bill allows every charity across the country that is involved in supporting the health service to set out what is appropriate for its community, for its region, for its county and for its area. In Somerset, we may well want different approaches from that which is suitable for the centre of London. Different approaches will be wanted in Dorset, Devon, Sussex and Surrey. Even in Gloucestershire they may have some thought as to how they wish to approach these things. [*Interruption.*] And in Hampshire, that fine county. Hampshire, one of the great counties, which was on the right side when Alfred beat Guthrum, is always to be admired in these contexts. These charities will decide what is appropriate and suitable for them, how they appoint and whom they have.

One of my colleagues speaking earlier, I believe it was my hon. Friend the Member for Torbay (Kevin Foster), was talking about the risk that people would be appointed for nefarious political purposes, and of course that is what has always happened. In the 18th century, it was called jobbery. I always thought that was a good word because it so nicely encapsulates what happens as we get that corruption of baubles. The Government are the owner and disperser of baubles, and there is a corruption built in, as they give those baubles, initially, not to their friends specifically, but merely to those who are not opposed to them. In the case of somebody who is opposed, it would be “going too far” to allow an appointment to be made by the Secretary of State. It really “would not do” to appoint somebody on the other wing of politics.

Jeremy Lefroy: My hon. Friend shares my dislike of overweening Executive action. Does he agree that sometimes in this place, particularly on Report, too little time is given to Members to allow us to discuss the kinds of thing that the Executive wish to impose on us centrally?

Mr Rees-Mogg: I have great sympathy with what my hon. Friend says; it is so important that we have enough time. It is why Fridays are such a pleasure, because there is time to discuss a Bill in full and in the round, and to consider the principles underpinning it, the details of it, and what would happen to it if it were to be brought into effect. That is proper parliamentary procedure. I have such admiration for those great heroes of the 19th century—[*Interruption*—]—talking of which I give way to my hon. Friend the Member for Beckenham (Bob Stewart).

Bob Stewart: I thank my great and hon. Friend, an advocate of the 16th century, for giving way. Does he consider appointments to the House of Lords to be the modern version of 17th-century baubles?

Mr Rees-Mogg: Madam Deputy Speaker is giving me one of her looks. As much as I would like to discuss reform of the House of Lords, I would be ruled out of order. If my hon. Friend will forgive me, I must get back to jobbery, because jobbery and avoiding jobbery are at the heart of the Bill.

I was explaining how jobbery, when it starts, is not a deliberate corruption. It is merely the recognition that it just would not do to appoint somebody on the other extreme of politics. We can hear Sir Humphrey going to the Secretary of State and saying, “It would be a little brave, Minister, to appoint such a person who is on so different a wing from you.” The next time an appointment comes up, there is the thought, “Well, if I couldn’t appoint someone who was actively opposed, perhaps I should really only appoint people who are on my side”—in other words, our mates and friends. Thus we get to the heart of jobbery. Appointments are made purely because of somebody’s political colour and context.

In the primary care trust in Bath and North East Somerset which preceded the current organisations a local Conservative had a judicial review against the previous Labour Government to get himself appointed as its chairman, because he was the most qualified person and had been refused only on the basis that he was a Conservative. Therefore, the idea that jobbery has completely left the system is false, and so too is the idea

that Governments are so high and mighty and Olympian in their decision making that they do not descend to mere political jobbery.

Antoinette Sandbach: My hon. Friend might like to know that examples of jobbery abound in Wales. It might be useful to look at some of the appointments made by the Welsh Government to the various public bodies.

Madam Deputy Speaker (Mrs Eleanor Laing): Order. I must remind the hon. Lady for the sake of good form—I appreciate that she has not been in the House for very long so I am not reprimanding her—that she must address her remarks not to the hon. Gentleman, but to the Chair.

Mr Rees-Mogg: My hon. Friend makes an absolutely brilliant and crucial point. We want to get away from jobbery wherever it happens, and it is most likely to happen in areas where one party is in government for a very long time.

Paul Flynn: There is a current example of grotesque jobbery in the appointment by the Prime Minister of the Conservative Members of the Council of Europe, and three splendid Members, including the hon. Member for Christchurch (Mr Chope), have been—

Madam Deputy Speaker: Order. I really have tried to give as much leeway as I can this morning to this debate, but I cannot reconcile Great Ormond Street hospital with the Council of Europe. I am quite sure that, if the hon. Gentleman wishes to bring some kind of analogy from “Peter Pan”, Never Land and the Council of Europe, he can do so, but I must warn him that it will have to be really quite narrow.

Mr Rees-Mogg: There was an urgent question on the matter, and I do not think that there is any more for me to say on it.

Jobbery is a real problem. It comes more when a party is in office for a very long time. The system gets accustomed to appointing people who belong to routine consensus political views, and they are the ones who get the baubles.

Many of these charitable baubles are unpaid, but they come with a great deal of status in their communities, so there is a benefit to the person receiving them. It is right that such decisions should be more independent of the Government. It is right not just because of the ability to get away from jobbery, but because many people—those on the Treasury Bench will be shocked to hear this—do not trust the Government.

Simon Hoare: Shame!

Mr Rees-Mogg: I know. The Minister in his seat is looking appalled at that suggestion, but it is true. Many people think that if there is any possibility of the Government getting their grubby paws on a little bit of money, those grubby paws will dart out and the money will be raked in. There is of course a history of Government doing that. For example, hypothecated taxes have been introduced for particular purposes. When the Government run a bit short of money, or find that too much is being paid in the hypothecated taxes, they dehypothecate them—they put them to another purpose. I am thinking of national insurance, which was introduced as an insurance scheme, and of the road fund licence, which was introduced to build our roads. Both of those were

[Mr Rees-Mogg]

siphoned off by Governments, arguably for very good reasons, which I will not go into because they are too broad for this Bill. I merely wish to illustrate the point that charities need to be robust in spending the money on what it has been given for, and not on any other thing, and if they cannot spend it on that which it has been given for, they should give it back to the people who gave it in the first place. The reason that that is important is partly that we believe in the rights of property—this is a Tory Bill. If property belongs to a specific designated purpose then that is what it is there for; it is not there to be used for any random purpose that someone thinks is a good idea at some later stage. There are many good purposes, and there are many charities that some people think do less good things than the good purpose that they have thought up, so there is always pressure to reallocate resources in the way that a Government, or some authority, think is preferable.

Kevin Foster: My hon. Friend is bringing his usual fairy dust to this debate. Does he agree that this is about people having confidence in the independence of the trustees, and believing that donations will be used exactly for the purpose of the charity? Furthermore, it is about removing any sense that those donations might be filling in for taxpayer funds.

Mr Rees-Mogg: I am extremely grateful for that intervention, because that is exactly the point. It is one of those occasions where rigour really helps. If donors feel that their money will be used properly, they are more willing to give. It is fascinating how charity law has developed in this direction in recent years. Historically, if people gave money to charities, they gave it to the charity for its general purposes. Then they discovered that the general purposes of charities included all sorts of jolly things, such as lunch at the Ritz, so increasingly they have given money for limited purposes, and the funds can then only be spent on those purposes, even within a single charity. For example, if people viewing this debate wish to make donations for the renewal and restoration of this Palace, that money could only be spent on the renewal and restoration of this Palace; it could not be used for other purposes. Charity law has gone that way because it encourages people to give, as they have confidence in how the money will be spent. That is crucial for NHS charities, because there is this large pool of Government money, but it is never quite enough. We hear of deficits, and hospitals and doctors wanting more money, and all of that is a constant pressure on the health service.

Wendy Morton: The reason behind the Bill and for removing the Secretary of State's powers to appoint trustees stems from a consultation with the charities. The move to independence is something that the charities want, and it is a key part of the Bill. We are recognising that donations must be kept entirely separate from the money that comes from the Exchequer, and that it is also accounted for separately.

Mr Rees-Mogg: My hon. Friend really is a truly radical parliamentarian in the train of her predecessor, because she has been involved in a consultation that has actually listened to what people have said. This is a very

dangerous precedent, and I cannot believe that the Government ever do anything of that kind. They always wait for the answer that they hoped for in the beginning. What a brilliant thing she has done, and I entirely agree with the point she makes, but it makes so much sense to reinforce the independence of charities and to ring-fence the money, because there are inevitable, inexorable pressures on NHS budgets. If there is a couple of million pounds sitting around at the end of the year and a waiting list and the hospital could do with a bit of cash, it could easily try to claw in the money. That is why ring-fencing and independence are so important to ensure that it is put beyond doubt that charities will do what they have been set up to do. That reassures people and will make them more generous.

I wish to raise one point with the Minister, however, that comes from a constituency experience. It relates to the independent charities using the trademark of the national health service. A constituent of mine runs a charity that has put defibrillators across the country, and he has done so in co-ordination with the NHS. The numbers needed to open the boxes are given out when people dial 999. The charity is supported by ambulance trusts, which have said that they want their logo put on the boxes. Now, some random bureaucratic body in the NHS protects its logo, and it has decided in its wisdom that the charity must spend some money removing all the NHS logos from a system backed by the NHS, operated with the NHS, but not formally part of the NHS. That seems to me the worst type of bureaucratic folderol imaginable. It is a stubborn refusal to allow something sensible to happen for no good reason other than that a rule must be rigorously enforced. The whole purpose of the boxes is to support the NHS, to make its job easier, and no one can open the box without having got in touch with the emergency services in the first place, and, as I say, the ambulance trusts want this to happen.

It concerns me that, if the charities are made formally independent, that same bureaucracy will be jumping up and down in a few weeks' time and saying, "Well, you're now an independent charity, so you can't use the NHS logo because it will damage the NHS brand." That is a perfectly ridiculous point of view to take. I could not have less sympathy for how that body is approaching the issue, rather than using the good common sense that is another Tory value and principle and allowing something that benefits everyone to happen. I hope that that will not be a problem emerging from the Bill. Perhaps an amendment can be inserted in Committee to say specifically that charities linked with the NHS are entitled to use NHS logos and trademarks. I hope that the Minister will look sympathetically on what I am saying about the charity in my constituency that is doing something really wonderful—it is saving hundreds of lives—but some petty bureaucrat is getting in the way. So I hope that an additional benefit will come from the Bill.

I have been saving up talking about J.M. Barrie and "Peter Pan" because I remember when the Bill—introduced by the late Lord Callaghan, a former Prime Minister—was passed in 1988 to extend the copyright on "Peter Pan" indefinitely, and I do so because I remember the late Lord Charteris starting a speech by pointing out that Captain Hook was an old Etonian. Lord Charteris was then the provost of Eton, and that was therefore immediately relevant and of interest to him, but it is also of interest to me because it has to be said that there

are all sorts of old Etonians. There are the great and the good: the greatest figures in the land—our Prime Minister is an old Etonian, and he is one of the good lot—but we have at the other end the rogues' gallery of old Etonians, where Captain Hook stands proud, along with people like Lord Lucan. Hon. Members know exactly what I mean. Captain Hook is there in that role to frighten the children, to keep them well behaved, just as Bonaparte was used in earlier times to frighten badly behaved children. I am rather proud of the fact that an old Etonian fills that role. It rebalances the scales so that we do not mislead people into thinking that all old Etonians are wonderful fellows. One or two of them are in the rogues' gallery, but there is a balance: only in the past week, the new James Bond film has come out, and James Bond is, of course, another old Etonian. We have some good historical characters, as well as some villains, who are there to remind people that Eton is a serious school that produces people who will take all sorts of different sides in various cases.

What is happening with “Peter Pan” and Great Ormond Street hospital is a great combination of good sense and generosity. J.M. Barrie's generosity was remarkable. He left his royalties to various people. He left them to Great Ormond Street hospital. He left some to Westminster school, and, where I must declare an interest, he left some to the Garrick club. Since the “Winnie-the-Pooh” money came into the Garrick club, the wine list has improved very considerably. So we all have a lot to be grateful to J.M. Barrie for, either directly or indirectly.

Simon Hoare *rose*—

Mr Rees-Mogg: I give way to my fellow Garrick member.

Simon Hoare: I hate to contradict my proposer to the club, but I think that A.A. Milne gave his royalties to the Garrick, not J.M. Barrie.

Mr Rees-Mogg: I was confusing my authors of children's literature. I got “Winnie-the-Pooh” right; I was just attributing it to the wrong man. I am grateful to my hon. Friend for that correction. So I do not have an interest to declare. I must de-declare my interest in relation to the topic on which I was talking.

Leaving such a legacy is a wonderfully generous thing to do, along with the flexibility in allowing the copyright law to be adapted so that one play can provide resources for a hospital, where the two come together. We all know the story very well. The childhood story of Peter Pan, ever-youthful—Madam Deputy Speaker, as I look at you, I see the ever-youthful Deputy Speaker—is a great one to combine with a children's hospital, which is there to care for children at their weakest time, not just those from London, but those from across the country, as we have heard.

Kit Malthouse: My hon. Friend makes an interesting point. I wonder whether he supports legislation that would automatically extend the copyright of written works when donated for charitable purposes. I referred earlier to various authors, particularly children's authors, who may now consider with greater likelihood leaving their copyright to hospitals and the like after their deaths. If they knew that the copyright would be automatically extended for the charity's benefit, it might encourage even more of them to do so. Does he agree?

Mr Rees-Mogg: That is an interesting point, but probably, no, I would not agree. Such an extension should happen in highly exceptional circumstances, rather than made a general rule, because copyright law needs to be simple and fair. If it were used to advance particular charities, it would give an option on copyright that was ultimately extendable to a charity of the donor's choice and we might end up with strange, effectively, avoidance measures to pass money through generations and extensions that had not been intended in the legislation. The length of copyright is already quite long beyond the author's death, and that provides plenty of charitable donations in the normal course of events. Although I believe in rigour in what one believes politically and in trying to follow logic through to its end, the fact that “Peter Pan” is such an exceptional play and Great Ormond Street is such an exceptional hospital shows that there should be exceptions that make the system fundamentally more human. Therefore, I am in favour of such an extension as a one-off, but I would not welcome it as a general rule.

I have one question for the Minister, however, on the Transatlantic Trade and Investment Partnership. The trade agreement with the United States will look particularly at matters that relate to intellectual copyright. It might be important specifically to exclude “Peter Pan”—along with the French, who are excluding all their dodgy films, but that is slightly by the bye—because I can envisage a Hollywood studio making a film of “Peter Pan” and finding that it had to pay royalties in the United Kingdom but nowhere else, and that might conceivably fall foul of TTIP. I do not want to raise absurd difficulties for TTIP, which is a good scheme and is enormously welcome, but this is such an exception not just to our laws of copyright but to the normal international laws of copyright that it would be a pity if the system were not robust and could not continue. It may not be disastrous, because American film-makers are good, decent, noble people, and it is hard to think that they would be so mean-minded and damage their reputation, which is probably more to the point—*[Interruption.]* The hon. Member for Bootle (Peter Dowd) needs to shout a bit louder—I cannot hear his sedentary interruptions, but they sound fascinating, and I wish he would share them with the House. I am happy to give way if he wishes to intervene. American film-makers would not want to damage their reputation by being aggressive on “Peter Pan”.

Peter Dowd (Bootle) (Lab): Does the hon. Gentleman agree that he is damaging his reputation talking this nonsense?

Mr Rees-Mogg: If I were talking nonsense, Madam Deputy Speaker would rule me out of order under Standing Orders that refer to a speech being both tedious and repetitious. I do not think that I am being either of those, nor wandering—

Madam Deputy Speaker (Mrs Eleanor Laing): Order. For the avoidance of doubt, I do not need the hon. Gentleman's help to know when nonsense is being talked in the Chamber. If nonsense were to be talked or repetition were to be undertaken I would stop it immediately.

Mr Rees-Mogg: Thank you, Madam Deputy Speaker. That is a side concern, but it is something that everyone in the House wishes to see—

Albert Owen: I apologise for missing the first 14 minutes of the hon. Gentleman's short speech. He has discussed copyright law, and I know that he is an expert on company law. Does he have expertise on patent law, and will he stay in the Chamber to debate the next Bill? It would be helpful if he curtailed his speech and brought that expertise to bear on the next Bill so that we could have a proper debate and listen to his eloquent speech.

Madam Deputy Speaker (Mrs Eleanor Laing): Order. Sometimes it is difficult for the occupant of the Chair to work out whether an intervention or part of a speech is in order, but the hon. Gentleman has referred specifically to the next Bill, which is not in order. I caution Mr Rees-Mogg to be careful in his response to the hon. Gentleman, and stick to the Bill. By and by we will come to the next Bill.

Mr Rees-Mogg: Madam Deputy Speaker, I have never sought to model myself on Nostradamus, so I am not looking into a glass bowl lit by candles to see what will happen in future. I am concentrating on the here and now—the present—and this important and beneficial Bill. I have congratulated my hon. Friend the Member for Aldridge-Brownhills on introducing such a sound and wisely based measure that does something for the good of the whole nation and which will encourage the great vein of charitable giving that has provided so much for people across the centuries and shows what can be done beyond the state.

There is a feeling that everything has to be wrapped up and organised by Her Majesty's Government: that welfare, health and education should come from the Government, and that no other parties should become involved. That is not true. We want to allow the natural charitable instincts of the British people to bloom, and they do. The British people are some of the most generous in the world, not because they are chugged and all those things, but because it is in their nature. It is their instinct to want to support good causes. That is why, across the country, we have wards bearing people's names which have been built as a result of the generosity of benefactors who want better health care in the United Kingdom. That is why there are organisations such as the Wellcome Trust, which is a charitable organisation that improves the quality of medicine, and why people work from a charitable basis to develop new medicines and care, particularly palliative care, much of which is provided by the voluntary sector. I was a trustee for some years of St John and St Elizabeth, a hospital near Lord's cricket ground, which provides the only hospice in central London, funded by charitable donations from those who feel that looking after people at the end of their life is a fundamental calling, and is not something that can invariably be done by the state.

Not every charge should go to the state; not every action should be borne by the state or taxpayer. It is right and proper that we allow charity to flourish and bloom, but then we have to put it in a protective envelope and protect it not just from this Government but from Governments to come, who may see that as a useful source of revenue and think that they can cut a few corners. They may find at the end of the year that they are a little short of money, which can be raised by selling off charities as assets. There are Governments who do those things: they run into financial crises and are desperate to do them. The Bill provides a statutory

framework to protect charities. When people know that their money is protected they are more likely to give generously. That is something that has underpinned all economic activity in this country for centuries: the certainty that, under the rule of law, someone's property is theirs to do what they like with, and will be used for the purpose for which they have given it if it is donated to charity.

Reinforcing and ring-fencing that and putting it into a short Bill is a magnificent thing to do. It is one little notch that the axeman is making, cutting down the great oak tree of excessive governmental interference. I hope that we will have more private Members' Bills of this kind, and that the axeman will swing his axe more vigorously and the cuts—the nicks—become bigger and bigger until the overarching tree comes down and we have a greater and freer society in which individuals can do more from their own talents, their property is protected and the dead hand of the state is removed as far as possible.

11.56 am

Antoinette Sandbach (Eddisbury) (Con): I am grateful for the opportunity to take part in the debate. I am pleased to follow my hon. Friend the Member for North East Somerset (Mr Rees-Mogg), who spoke with characteristic authority, certainly educating the newer Members, among whom I count myself.

I support the Bill introduced by my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton). She cited the hospital that serves my constituency in Eddisbury, the Alder Hey hospital, as an example of successful independence from the NHS trust. To show how valuable that is, the hospital moved in October to new premises and became Alder Hey in the Park, a brand new £237 million hospital with 270 beds and 16 brand new operating theatres equipped with state-of-the-art technology. It treats 275,000 children across the north-west and north Wales, and is as important a centre for children's health, medicine and research as Great Ormond Street in London.

The charitable part of Alder Hey became independent in the way proposed by the Bill in April. The charity has contributed £20 million for equipment in Alder Hey hospital, and because it is independent it is separate from the hospital board. In my previous role, I had experience of cases in which the hospital board and the NHS charity were integrated, and in which the charity did not have the independent thinking that is clearly demonstrated by the Alder Hey charity and the other six charities referred to by my hon. Friend in her eloquent explanation of the Bill. It is clearly a vital step for those bigger charities to achieve perceived independence.

Kevin Foster: It will be not just independence but the flexibility to bring in different skills and talents that will benefit the charity, its objectives and, ultimately, patients.

Antoinette Sandbach: I entirely agree with my hon. Friend. One important step being taken by Alder Hey is in ground-breaking research, and the charity allows it to get funding that will help in those aims.

The new facilities at Alder Hey are extraordinary, designed in part by former child patients. A group of children aged 10 to 22 who had stayed in the hospital contributed towards the design of the new Alder Hey in the Park. I invite Members from across the House to

consider visiting the hospital to see the invaluable work that it does. As my hon. Friend the Member for Aldridge-Brownhills said, funding from NHS charities contributes to innovation and research.

Kit Malthouse: Perhaps I should declare an interest. I was born in Alder Hey hospital and had a myringotomy there when I was eight—a surgical procedure where the eardrum is taken out to drain excess fluid. Grommets are now used instead.

On independence, one thing that is critical to the success of charities is the tax relief that they attract, which is a serious incentive for donors. Does my hon. Friend agree that if a charity has its trustees appointed by the Secretary of State and is working closely with, in effect, an organ of the state, an NHS hospital, there might be some question about whether that charity should be entitled to tax relief, given that it is effectively part of the state, and that the move to greater independence is likely to make any challenge to that status recede?

Antoinette Sandbach: Indeed. My hon. Friend the Member for North East Somerset made a similar point. It is important that that independence is seen, is effective and is understood in the public domain. Sadly, there are some examples of NHS charities that are deeply influenced by their boards and are not seen to be independent in the way that my hon. Friends described.

Some £2 billion worth of assets are under the control of NHS charities and there is a combined annual income of about £30 million. These are significant sums which, as has been pointed out, are intended for the benefit of patients, and should not go into administration and the endless accounts and tick box exercises that are required if two parallel charities are run side by side. The Charities Commission has great expertise in the oversight of charities and in ensuring that charities' income goes to the appropriate causes for which they were set up.

My hon. Friend the Member for Aldridge-Brownhills made an important point about the unlimited liability of charitable trustees, which is a very big personal risk. If anything goes wrong, such as some awful fraud, charitable trustees with unlimited liability have personal liability and could lose their homes and everything they own. As a result, some people are unwilling to become trustees of such charities. My hon. Friend's Bill allows some protection, if trusts choose to have it, giving trustees limited liability. That is likely to broaden the range of people prepared to take on these roles.

It has been noted that this is trustees week, and a constituent of mine, Jeannie France-Hayhurst, is a trustee of the Alder Hey charity who provides a great deal of service. I know that she would encourage and would want others to encourage people from a wide range of backgrounds and a broad range of experience to get involved in their local charities.

In my constituency, Eddisbury, we have two good examples of local charities. One is the Tarporley War Memorial hospital, which was set up many years ago. It is independent of the NHS and is entirely funded by the community through charitable fundraising and charitable giving. That is exactly the type of activity that my hon. Friend the Member for North East Somerset was talking about, allowing communities to come together and work to deliver services in their area. The hospital specialises in the rehabilitation of the elderly, intermediate care and palliative care. It has 17 beds and is extremely

well supported in my constituency. There is a wonderful double-decker bus that drives around with vintage clothing for sale. The bus parks in towns and villages in my constituency on a set day every week—in effect, a mobile shop to which members of the public can come. It is a wonderful sight and is entirely staffed by volunteers, like much of the other fundraising that goes on to support Tarporley War Memorial hospital. It is a great example of an independent charity that can support the delivery of NHS functions.

The hospital is used by local GPs to provide clinics closer to those who need their services. Staff from the local hospitals, such as the Leighton hospital and the Countess of Chester hospital, can travel to Tarporley War Memorial hospital and provide outreach services such as maternity services, dressings clinics and minor injuries treatment. It is a great example of how an independent charity can stand on its own two feet and provide great support and services to the local community.

The other charity in my constituency which exemplifies that is St Luke's hospice, which is based in Winsford. It describes itself as a small hospice with a big heart, and I can vouch for that. It, too, is looking at ways of extending the palliative care that it provides and broadening the services that it delivers in the local community. It has fantastic outreach services which support those who are frail, those with failing health, those who are ageing, dying or grieving, and those who have dementia. It has broadened its remit from palliative care and is looking at how it can deliver services closer to constituents' homes. I commend the hospice for its work. I know that my hon. Friend the Member for Weaver Vale (Graham Evans), who is not here today, has fundraised extensively to support St Luke's hospice, as have many other neighbouring Members of Parliament who know the invaluable service that it delivers locally.

Craig Williams (Cardiff North) (Con): My constituency has a number of hospices and charities—Velindre cancer centre and George Thomas hospice—to which I could apply my hon. Friend's comments about those in her constituency. I know that she has experience in the Welsh political environment, as do I. Does she agree that it is refreshing to see, I hope, this Government and this Parliament giving away power over the appointment of trustees?

Antoinette Sandbach: I am grateful to my hon. Friend for raising that matter. He will be aware of the extensive issues at the Betsi Cadwaladr University Health Board, where at times there have been appointments that could be characterised as highly political. Indeed, an individual described as “the axeman” was recently appointed. Given the threat to maternity services at the hospital—my hon. Friend the Member for Vale of Clwyd (Dr Davies) and I have campaigned for them to be retained—I am well aware of those concerns.

Albert Owen: The hon. Lady is right to point to Alder Hey's excellent record. It covers north Wales and my constituency, so I have been there on many occasions. There are trustees from Wales on English hospital boards, and the difficulty with recent legislation is that we do not know whether their role will continue. Welsh trustees on English boards and their Members of Parliament will have difficulty in future. Is she as concerned as I am about that, and does she agree that we need further clarification?

Antoinette Sandbach: I am grateful to the hon. Gentleman for raising that point, because one issue with the service reorganisation in north Wales is that the new SuRNICC centre—the sub-regional neonatal intensive care centre—has not yet been built. It was due to be completed by next March, but the first sod has not even been dug out of the ground. Instead, because of the threat to maternity services in north Wales, very sick babies are having to travel over the border to Leighton hospital in Cheshire in order to access the services they need.

The wonderful thing about an independent charity is that, when it comes to appointing trustees, there are no limitations based on where they live or anything of that nature. Trustees should be independent, free-thinking, able to provide good advice and genuinely committed to the charity for which they act, as they have heavy legal responsibilities. I certainly do not imagine that there would be any discrimination on the basis of nationality.

Albert Owen: The point I was making is that under English votes for English laws, Welsh Members of Parliament with constituents who are trustees on English boards will not be allowed to vote on legislation affecting them. It might be a technical point, but it is hugely important to my constituents.

Antoinette Sandbach: I am so grateful to the hon. Gentleman for making that point, because health services that my constituents access are affected by decisions taken in Wales. The threat to maternity services in north Wales will have a direct impact on the resources of the county of Cheshire and Leighton hospital, yet they have no say in those decisions—even the hon. Gentleman has no say—because they are taken in Cardiff.

Kevin Foster: It is very tempting to go down that path and discuss various issues relating to devolution, but I am conscious, Madam Deputy Speaker, that to do so would not be in order. Does my hon. Friend agree that the benefit of the Bill is that it would make the charities independent so that they can select who is best to be on their board of trustees from the whole area, regardless of politics or boundaries?

Antoinette Sandbach: That is precisely why I support the Bill, and it is no doubt why my hon. Friend the Member for Aldridge-Brownhills has attracted support from so many Members today. The crucial matter is independence. Unfortunately, in my previous role I had experiences that went the other way when independence was lacking, and that had a negative impact on outcomes for my constituents.

Mr Howarth: Will the hon. Lady give way?

Antoinette Sandbach: I am afraid not, because I must make some progress.

Alder Hey hospital has been leading the way with regard to what is now happening at Great Ormond Street hospital. I completely support the aims of the Bill relating to the intellectual property rights for “Peter Pan”. That situation is almost unique. The advantage of the Bill, as hon. Members have pointed out, is that successful authors who might wish to allow their rights to go to a local children’s hospital, or indeed other health services, could have confidence that they would be leaving them to an independent charity without any perception of political appointment or interference. I hope that will encourage other authors to consider

supporting the great research and work done at Great Ormond Street hospital and Alder Hey hospital when making bequests.

Peter Pan said it best:

“All you need is faith, trust and a little bit of pixie dust.”

I suspect that in this case we need faith, trust and a little bit of Wendy dust. If we can humbly sprinkle a little of our Wendy dust, we can use this Bill to sort out the legislative mess for the children at Great Ormond Street hospital and, I hope, the other 16 charitable trusts to which my hon. Friend the Member for Aldridge-Brownhills referred.

12.17 pm

Mr George Howarth (Knowsley) (Lab): I just want to say what I would have said had the hon. Member for Eddisbury (Antoinette Sandbach) allowed me to intervene. First, I associate myself with everything she said about Alder Hey hospital, because many of my constituents have good reason to be grateful for the services it has provided over many years. Secondly, although I am not opposed to the Bill, I want to point out that trustees—I speak as a member of a board of trustees for a charity in my constituency—in addition to exercising independence, are expected to behave responsibly. My concern about unlimited liability is that when trustees do not behave responsibly—we have seen the recent example of Kids Company—they will not necessarily be penalised in any way. There is a slight problem if trustees do not behave responsibly.

12.18 pm

Jo Churchill (Bury St Edmunds) (Con): I thank my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) for bringing forward this Bill. I have listened attentively to Members’ wonderful stories about the charitable trusts in their constituencies and the great work that goes on up and down the country. I support the Bill, however, because it seems to encompass all that my party stands for. It gives power to individual initiative and, as my hon. Friend the Member for Eddisbury (Antoinette Sandbach) said, it provides independence. As we have heard, it allows NHS charities more control over their own destinies. That seems to fit perfectly with the ethos of freedom from outside influence, to which many of my hon. Friends have alluded.

This applies particularly to the world-renowned Great Ormond Street hospital, occupying as it does a special place in my heart, because it is where my baby brother died. It is also a place that has treated constituents of mine, and I know that they have been immensely grateful for the help and assistance that has been afforded to them. I can only think that the magnificent work done by staff at Great Ormond Street will be improved further by this Bill, fulfilling as it does J. M. Barrie’s intent that the royalties from “Peter Pan” remain with Great Ormond Street Hospital Children’s Charity in secure perpetuity. We have heard how fitting it is that we debate this today, when we have read that genetic editing has been pioneered at that hospital. We are still in the presence of a charity and a hospital that, because of the assistance it receives, drives science forward, for which we should all be grateful.

On occasion, as we have heard, charities are open to the depredations of the less charitably driven, and there is reputational risk from this. Over the years, there have

been many instances where charity commissioners have been outsmarted by smooth operators in dividing charities from their funds. We must remain aware of that. This Bill, which provides tight controls over what will be independent NHS charities, particularly Great Ormond Street Hospital Children's Charity, should ensure, as much as possible, that these funds are secure. I therefore add my voice to those of all Members across the House who support the Bill.

12.22 pm

Justin Madders (Ellesmere Port and Neston) (Lab): I congratulate the hon. Member for Aldridge-Brownhills (Wendy Morton) on introducing this Bill, which contains a number of welcome measures. I will keep my remarks brief and had hoped that others would do the same, as this is one of a number of important items to be debated today, and Labour Members, at least, are keen to ensure that they receive the attention they deserve.

Before I come to the measures in the Bill, I want to reflect briefly on the remarkable role that charities play in our NHS. They fundraise for innovation, research, additional facilities, services and equipment that have saved lives and have changed lives. Their efforts allow hospitals to offer kindness, time and an incredible level of care at some of the most difficult times that patients and their families face. Every Member of this House will have had their own experiences of the remarkable work that NHS charities do. If this Bill enables these charities to grow and develop their activities to operate even more effectively, then it is certainly worthy of our support.

In the previous Parliament, the Government committed to move towards a model of greater independence for NHS charities, and this Bill removes the remaining barriers that stand in the way, most notably the dual regulation that is unique to NHS charities. It allows charities to demonstrate fully their independence from Government—a theme picked up by several Members. It also creates a very sensible mechanism to enable Great Ormond Street Hospital Children's Charity to exercise greater autonomy while continuing to benefit from the generosity of J. M. Barrie. It is very fitting that, on this occasion, Wendy has come to the rescue of Peter Pan—although I think we have heard enough about Peter Pan today. This is a straightforward and sensible Bill that Labour Members are keen to support.

12.23 pm

The Minister for Community and Social Care (Alistair Burt): I congratulate my hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) on securing her place in the ballot and on her speech. This is the NHS (Charitable Trusts Etc) Bill, but it will forever be known as the “Peter Pan and Wendy Bill”, and we shall all do our best to refer to it in that way as we proceed.

I thank colleagues for what they have said during the course of the debate. I welcome the hon. Member for Ellesmere Port and Neston (Justin Madders) to his place and thank him for his brief support for the Bill, which is appreciated.

Those of us who have known my hon. Friend the Member for Aldridge-Brownhills for some years—I think we first knew each other when we were working in Rwanda together—will appreciate that there is a lot of

her personality in this Bill: a determination to support the right causes, a fierce and deep commitment to the charitable objectives represented by the NHS, and her usual diligence in introducing the Bill and working very hard to secure support for it and to discuss the issues involved. I thank her very much for the way in which she has done this.

A number of J. M. Barrie quotes are appropriate, and we may hear them during the debates in Committee, if the House wishes to progress the Bill. The one that caught my eye was,

“one girl is worth more than twenty boys.”

I am not sure whether it is currently acceptable to make such a comment from the Dispatch Box, but I use it in its historical context as a sentence from the book, “Peter Pan”. I think that my hon. Friend has well demonstrated her worth in relation to what she has brought forward today.

The hon. and learned Member for Holborn and St Pancras (Keir Starmer), in whose constituency lies Great Ormond Street hospital, made a very decent and correct response to the Bill in which he proudly supported his hospital, as of course he, and we, would wish to do.

Kevin Foster: The Minister says “his hospital”. He is obviously right that it is based in the constituency of the hon. and learned Member for Holborn and St Pancras (Keir Starmer), who sadly is not in his place, but it is actually the whole UK's hospital given the services it provides.

Alistair Burt: My hon. Friend makes a point that I would have gone on to make and was emphasised by him and several others. Of course, Great Ormond Street hospital covers not only the areas of London but the rest of the country and, indeed, the world. That is one of the reasons we are so proud to support what my hon. Friend the Member for Aldridge-Brownhills proposes.

My hon. Friend the Member for Newton Abbot (Anne Marie Morris), in supporting the Bill, commented on the history of Barrie, not least making the link with the childhood tragedy of the death of his brother leading to the chain of thought about a young boy living forever, which was certainly in his mother's mind. My hon. Friend brought us that little bit of tragedy to remind us of the origin of the story.

My hon. Friend the Member for Cheadle (Mary Robinson) concentrated on the technical aspects of the Bill, to which I will turn later in my remarks.

My hon. Friend the Member for Telford (Lucy Allan) raised some of the work done by the local charitable trusts in her area. She spoke of the Friends of the Princess Royal Hospital, Telford and the substantial sums that that charity has contributed to the work of the hospital.

My hon. Friend the Member for Erewash (Maggie Throup) spoke of the League of Friends of Ilkeston Community Hospital and Treetops Hospice Care. She reiterated the point that although we have an almost uniquely taxation-based system of support for the health service in his country, that does not completely absolve people from the desire to make their own contribution to hospitals in a charitable manner, as they do in extraordinary ways.

Maggie Throup: Does my right hon. Friend agree that we are richer as a nation because of the unique combination of our free-at-the-point-of-care NHS and all the charities that support it, which all come together to make us bigger and better?

Alistair Burt: Yes. I do not think I am trespassing on any party political ground in saying that we should recognise that people's desire to give is built on more than just paying their taxes; it is built on an innate desire to help their communities and their neighbours. That is an instinct that cannot and should not be stopped, and it will always find its way into other areas where there are services funded by the state, but it adds a dimension that is very special. Each is valuable in its own way, and my hon. Friend is right to draw attention to that.

My hon. Friend the Member for Yeovil (Marcus Fysh) spoke of his young days visiting hospitals as the son of a paediatrician. My dad, who might be watching this debate, is a retired general practitioner and I also remember visiting hospitals with him. Perhaps, like me, the sight of needles and machines that go "ping" were sufficient to put my hon. Friend off going into medicine, which means he has ended up in the same place as me. Those days, however, were valuable and we are grateful to all those who work in the health service and have made a contribution. As a senior paediatrician, my hon. Friend's father will have certainly done a lot of good throughout his career.

My hon. Friend the Member for North Dorset (Simon Hoare) also supported the change in the law and invited us to comprehend the risks involved in various trustees supporting Lucky Lad at Uttoxeter. Unfortunately, my brief does not extend to whether that is common practice among trustees or whether it was a major inspiration for the Bill, but my hon. Friend made his point well and it is covered by what we will go on to do.

My hon. Friend the Member for Torbay (Kevin Foster) spoke of the importance—he has also just mentioned this in his intervention—of recognising that Great Ormond Street hospital serves so many of us. He also spoke of the Torbay Hospital League of Friends and its "This is critical" campaign, which is a perfect example, as my hon. Friend the Member for Erewash has said, of a combination of people who recognise that funds are available through the national health service, but who want to make an extra contribution on top of that. We wish that and similar campaigns well.

Anne Marie Morris: We have heard today about a great number of institutions that undertake such voluntary work. This is a timely debate, because we are approaching Christmas, a time when more and more of this sort of work, volunteering and giving takes place. Does the Minister agree that it is absolutely on point for us to be debating the Bill at this time of year?

Alistair Burt: My hon. Friend makes her point well. This is traditionally a time when people look very hard at what they plan to give, both for the Christmas season and for next year. A number of appeals will be run and local hospitals recognise that this is an important time for them. I imagine that many charities will benefit from the sentiment described by my hon. Friend.

Kevin Foster: The Minister is making an excellent speech, as predicted during my own speech. Does he agree that the core issue is that charitable funds are not just giving extra to patients in the NHS, but going beyond what would be funded by the NHS? This is not about replacing taxpayers' money; it is about giving that extra boost and extra bonus.

Alistair Burt: It is about exactly that. In a world of never-ending resources, there would be no need to look for charitable funding. As I have said, charitable funding covers not just finance but the instinct to give and support. Even if it was not about finance, plenty of people are able to support their local communities and local hospitals, not because they contribute financially, but because they give their time. Leagues of friends and others are perfect examples of that instinct.

My hon. Friend the Member for Stafford (Jeremy Lefroy) spoke characteristically succinctly about charities making a real difference in his hospital and health community. My hon. Friend the Member for North East Somerset (Mr Rees-Mogg) made a vigorous defence of the private Member's Bill as an example of Conservative principles and values. I am not sure whether he wanted to convey that a vigorous defence of fundamental Conservative principles is best and appropriately summed up in a Bill about Peter Pan and Neverland. Perhaps he recognised that those principles are reflected in the fact that the most successful example of the genre is everlastingly popular. I am sure that is exactly what my hon. Friend meant to convey.

Members can imagine my shock at my hon. Friend's suggestion that an anonymised, bureaucratic element in the NHS might be pursuing a seemingly puzzling and unnecessary course of action to add to bureaucratic difficulties. Although I do not necessarily recognise the exact unit of which he speaks, I will look into his concerns, just in case it can be identified.

My hon. Friend the Member for Eddisbury (Antoinette Sandbach) spoke of the contribution of Alder Hey hospital, which was also welcomed and supported by the right hon. Member for Knowsley (Mr Howarth). My hon. Friend spoke of the new hospital and the charity work being done there. I am sure that most Members present would wish to recognise her contribution to a debate earlier this week in very different circumstances. She was immensely brave and her remarks will no doubt lead to much good. In today's debate, she pointed out that charities can make a contribution to the running of even the best known hospitals.

Finally, my hon. Friend the Member for Bury St Edmunds (Jo Churchill), who had a personal reason for her particular interest in the Bill, referred to this country's extraordinary pioneering work in medicine. That was exemplified by the news just this morning of genetic editing and the happy outcome for one little girl in particular. That reminds us of this country's extraordinary reputation in medicine and medical research, and of the work of medical academics and all other health professionals. Every day we are appreciative of everything they have done for and contributed to this country's reputation.

Wendy Morton: My Bill focuses on the 16 charities that are either moving to independence or reverting to corporate trustee status. The number fluctuates a little,

but there are at least 260 NHS charities. During this debate, we have heard fantastic examples of the work being done right across the country. Although we are focusing on the 16, the model of independence is available to other corporate NHS charities. Highlighting the work they all do is a great way for us as parliamentarians to learn from the wealth of experience out there.

Alistair Burt: My hon. Friend neatly sums up her Bill, which I will now address, and reminds us of the work of so many different trusts.

Before I finish my tributes, may I briefly mention the work of the Bedford Hospitals Charity and Brian Woodrow in my constituency? They have made an immense contribution to my constituents and those around Bedfordshire, not least through the Primrose appeal and the magnificent Macmillan cancer treatment centre that resulted from it.

Although I intend to go into the technical details of the Bill, because that is important, I also want to speak in the following debate. I do not want to take an unreasonable amount of time, but I hope the House will appreciate that there are things I must cover.

I am delighted we have the opportunity to debate and discuss NHS charities, which provide support to our health system that is crucial to the delivery of better care for patients. Thanks to the generosity of the people of this country, NHS charities have been able to deliver valuable enhancements to the wellbeing and experience of patients and staff for many decades. I hope that today's debate has helped to publicise the valuable work the charities do, and that it will encourage more people to give them their support.

This Government have listened to NHS charities and delivered the opportunity for those that wish to have greater independence in order to evolve and grow to meet the needs of their beneficiaries. A number of charities have seized the opportunity to become independent, with others planning to do so in the near future.

The Bill puts the last pieces of the jigsaw in place to deliver the vision the Government set out in 2014. When the previous Government came to office in 2010, a number of NHS charities and their representative bodies and interest groups were calling for reform. They were concerned about the NHS framework and inflexibility. The Government were also committed to deregulation, promoting localism and the big society, and freeing the NHS from central Government controls.

Following a review in 2011, the Government consulted in 2012 on options for changes to the regulation and governance of NHS charities. The fundamental aim of the proposals was to review the legislative powers relating to the governance of NHS charities, to preserve and extend their independence from central Government.

In their 2014 response to the consultation, the Government noted that the majority of respondents supported the principle of the proposals for the transition of NHS charities to independent charity status. They concluded that it would be appropriate to allow those NHS charities that wish to do so to convert to become an independent charity.

Anne Marie Morris: One of the questions we have not touched on is how that transition will be made. Will the Minister add a few words about how, in practical terms,

we will move from having two sets of trustees and pots of money to one set? We clearly want that to be as unbureaucratic as possible.

Alistair Burt: It will be. The procedure is very simple. Some of it is laid out in the Bill and some of it will be discussed in Committee. The intention is to make it very simple for trustees, and some charities are already moving that way. It is certainly not the intention to let any bureaucracy get in the way of the process, and there is no reason why it should do so.

The Government concluded that where trustees have been appointed by the Secretary of State, the provisions for the appointments will be repealed as soon as possible. I am pleased that the Bill will remove those powers. The Bill will confer the rights to the play "Peter Pan" on the new independent charity for Great Ormond Street. That will enable the charity to complete its conversion by removing the statutory obstacle preventing Great Ormond Street Hospital Children's Charity from becoming fully independent.

An informative debate has taken place and, as I have said, I thank all hon. Members for their speeches. I thank my hon. Friend the Member for Aldridge-Brownhills for all the hard work and endeavour she has put into presenting the Bill today. We salute her for the way in which she has applied herself, her diligent research and her time spent engaging with NHS charities. I also want to pay tribute to Baroness Blackstone for her foresight and determination in securing Great Ormond Street Hospital Children's Charity's rights to the royalties from the play "Peter Pan" so that current and future generations can benefit from J. M. Barrie's generosity.

As several Members have mentioned, the work of NHS charities often goes unheralded. The charities play a crucial role in supporting the NHS in a wide range of initiatives and projects, including research, new buildings and equipment, and helping to provide services over and above those provided by the NHS. Some have large sums at their disposal, many have much less, but they all make a big contribution to improving the lives of patients and staff.

Thanks to the generosity of the public and the hard work of its fundraisers, Birmingham Children's Hospital Charities reached its £2 million target for its children's heart appeal. It will make Birmingham the only children's hospital in Britain with its own hybrid theatre, which will enable two procedures to be done at the same time so that children do not have to go back in for a second operation at a later date. Fundraising helped to build the hybrid theatre and a new catheterisation laboratory, where keyhole cardiac surgery can be carried out, and it will increase the number of intensive care beds from 20 to 31. The trust invested some of its own funds in the project, and its supporters raised the final £2 million in a variety of imaginative ways, from sponsored abseils and a freezing Snowdon swim to major corporate donations and half marathons. The new theatre is now in use and has treated 126 patients so far, many with hugely complex heart problems. It will treat an extra 300 patients a year, and there plans for more in the future. That is a perfect example of how the work of a hospital and a charity can coincide, and of how work done in one area can benefit other areas throughout the region.

[Alistair Burt]

The Sheffield Hospitals Charity has provided funding for a revolutionary bionic exoskeleton suit in the spinal cord injury centre. This revolutionary suit enables paralysed patients to experience standing and walking, sometimes for the first time, with the suit's assistance. The University College London Hospital Charity supported the construction of the Cotton Rooms, the first four-star, purpose-built boutique hotel for NHS patients. Opened in 2012 at a cost of £4.5 million, it has 35 rooms for patients and their partners. Over 1,000 patients a year typically stay at the hotel, spending between one and 25 nights.

Some charities support vital research work. The Chelsea and Westminster Health Charity is supporting the Borne programme, which has two ambitions: first, to prevent death and disability in pregnancy and childbirth, and secondly, to create lifelong health for mothers and babies. In the UK alone, one in 10 babies is born too soon; that is nearly 80,000 babies a year. Premature birth is responsible for 70% of disability and death in new-born babies. The charity has raised £3 million, which has enabled it to identify treatments that could reduce the risk of pre-term labour in high-risk pregnancies from 35% to 10% or less. It has also supported a study highlighting the link between maternal diet and a baby's brain development.

NHS charities are supporting and enhancing mental health services. Poor mental health is one of the major challenges facing society today. Never in my political life have I noticed a time when mental health has been given so much attention in so many quarters of the House and by Members from all the different parties. I think that the cross-party contribution to the development of advancements in mental health treatment will be one of the signature features of this Parliament. I welcome the interest that has been shown by those, including Front Benchers, on both sides of the House.

Anne Marie Morris: I am delighted that the Minister has raised the issue of mental health, because what we achieve in Parliament is not just done through legislation and regulation or by debate in the House. Does he agree that communities have taken this issue on board? I have been involved in dementia-friendly projects in two of my towns, whereby everybody in the street is made well aware of what they can do to help the confused or those with mental health problems.

Alistair Burt: My hon. Friend makes a very important point about the community's engagement and the way in which it can work with existing health services. The renewed attention paid to mental health will provide many further such opportunities.

Kevin Foster: The Minister is being exceptionally generous in giving way to colleagues. Given the rapidly ageing population, which means that there are likely to be more demands on services because of age-related illnesses, does he agree that the Bill is very timely? That is particularly true in a ward in my constituency where 9% of the entire population is aged over 85.

Alistair Burt: My hon. Friend makes a significant point about the use of the health service and the relationship of charities to its work. I am sure that many of us have similar contributions in mind. I appreciate how the Bill brings those two things very closely together.

I think it would help the House if I made some progress on the technicalities of the Bill. As I have mentioned, the Bill delivers commitments announced by the Government in response to the consultation on the "Review of the regulation and governance of NHS charities", published in March 2014. Charities were given the opportunity to seek greater independence under the sole regulation of the Charity Commission, so removing themselves from dual regulation under NHS legislation and charity law. Six NHS charities have converted to become independent and others are progressing towards independence.

The Government response to the consultation made it clear that, given the new freedom for NHS charities to become independent, the Secretary of State's powers to appoint trustees were no longer necessary and that they would be revoked as soon as possible once a legislative vehicle became available. This Bill is that legislative vehicle. It completes the reform of the regulation and governance of NHS charities, and it delivers the Government's commitment to repeal the Secretary of State's powers to appoint trustees to NHS bodies that hold charitable property.

The Department of Health has stated that it will not appoint trustees to any further bodies that are not already named in existing trustee appointment orders. It will, however, continue to enable the replacement of trustees for NHS bodies that currently have Secretary of State-appointed trustees until the appointment powers are repealed. The Department has said that the provisions removing the Secretary of State's powers, if the Bill passes into law, would be brought into force in April 2018. That will allow charities with trustees appointed by the Secretary of State a generous period of grace in which to decide whether to become independent or to revert to corporate trustee status with the board of the NHS trust or NHS foundation trust as the trustee.

The Bill confers powers on the Secretary of State to make regulations to transfer charitable property from the trustees of an NHS trust or NHS foundation trust to the trust itself. This power will enable the Secretary of State to ensure that, prior to the repeal of his powers to appoint trustees, any trust property held by trustees can be transferred back to the trust to which the trustees were appointed. It is hoped that all charities with trustees will have resolved their future status, either by becoming independent or by reverting to corporate trustee status, before the Secretary of State's powers are revoked so that the powers will not be needed.

The Bill amends the provisions of the Copyright, Designs and Patents Act 1988, which conferred in perpetuity the rights to royalties, and other remuneration as agreed, from the play "Peter Pan" on the special trustees appointed by the Secretary of State for Great Ormond Street hospital. J. M. Barrie's gift of the rights to "Peter Pan" has provided a significant source of income for the charity. I do not want to linger for too long on "Peter Pan" because we have said quite a bit about it, but in deference to my granddaughter, who may be watching this debate, I wanted to mention that I am proud to be able to take this Bill through its initial stages and, hopefully, beyond.

The quality of the gift provided by J. M. Barrie has been mentioned by others. It was an almost unique charitable gift. I hope that through our talking about it, others will be encouraged to do the same. There are many generous benefactors from show business and the

business and economic community, but to provide an endowment to a hospital in the manner that J. M. Barrie did was remarkable. He was a remarkable individual. I think that colleagues in the House know a little more about him now than they did before the debate. One of the quotations that is worth leaving with colleagues is:

“When a new baby laughs for the first time a new fairy is born”.

I suspect many of us have had the pleasure of saying that to our own children and grandchildren. This is an appropriate opportunity to discuss such issues.

Great Ormond Street Hospital Children’s Charity was eager to take the opportunity to become independent. It became partially independent on 1 April 2015. It is, however, unable to complete its conversion to an independent charity because the original NHS charity has to be kept in existence until the Copyright, Designs and Patents Act 1988 is amended, so as to avoid its statutory rights to the “Peter Pan” royalties being lost. The Bill will confer those rights on the new independent charity for Great Ormond Street hospital.

Retaining the original NHS charity causes a number of complications for Great Ormond Street Hospital Children’s Charity. Most significantly, running the two charities side by side creates a risk that legacies to the charities may fail. It also duplicates the governance arrangements, requires the production of separate accounts and may require the submission of duplicate returns to the Charity Commission.

Transferring the rights to “Peter Pan” also clears the way for removing the Secretary of State’s powers to appoint trustees to NHS charities. The Government will not remove those powers until such time as Great Ormond Street Hospital Children’s Charity no longer needs its Secretary of State-appointed trustees to receive royalties from “Peter Pan”.

In considering this Bill, the House needs to reflect briefly on the evolution of NHS charity legislation. Charities played a key role in the provision of healthcare before the NHS was created. In the years before 1948, people relied on a mixture of charitable provision and some limited national and voluntary insurance schemes. Prior to the NHS, many hospitals and other healthcare services were organised on a charitable basis, with their property and assets held in charitable trusts.

On the appointed day, 5 July 1948, the NHS took control of 480,000 hospital beds in England and Wales. The National Health Service Act 1946 transferred virtually all existing voluntary hospitals to the Minister of Health. The effect was that property previously held in clear charitable trusts for a hospital ceased to be charitable property. The 1946 Act also gave hospital boards the power to accept on trust further charitable property, such as donations. It gave the Minister of Health the power to appoint a hospital board as the trustee to hold charitable property for charitable purposes. The structure of the NHS has changed many times since the 1946 Act, but NHS legislation has always ensured that NHS bodies have the power to receive, hold and deal with charitable property.

NHS charities are characterised by the fact that they are bound both by charity law and their statutory objectives set out in NHS legislation, as well as by the fact that the Secretary of State has the power to appoint and remove trustees. NHS charities are linked directly

to NHS bodies. In addition to raising funds, they have a special role as the charities that automatically receive money donated by members of the public to the NHS or to their linked NHS bodies. The NHS bodies that can hold charitable property are NHS trusts, special health authorities, foundation trusts, clinical commissioning groups and NHS England.

The statutory objectives of NHS bodies are derived from NHS legislation. They can hold property on trust both for the purposes of their linked NHS body or for any purposes relating to the health service. In reality, the vast majority of funds are held by charities linked to an NHS trust or foundation trust. They therefore hold property both for the purpose of their linked trust and for the purposes of the health service more generally.

As my hon. Friend the Member for Aldridge-Brownhills said, as at March 2015, there were about 260 NHS charities with a combined income of about £320 million and assets with a value of £2 billion. There is considerable disparity in size across the sector, with income heavily skewed towards charities linked to large, high-profile hospital trusts. At the time of the consultation in 2012, the top five NHS charities accounted for a third of the total income and the top 30 for over two thirds. That is why a concentration on smaller charities, such as those that have been mentioned by colleagues today, is so important.

The default position for an NHS charity is the corporate trustee model, whereby property held on trust is held by the NHS body itself, acting as a corporate trustee. The directors of the NHS body act collectively as a trustee for charitable property. The members of the board of the NHS body are not, individually, the trustees of the charity. NHS bodies acting as a corporate trustee are required, under charity law, to act exactly as an independent trustee would—that is, solely in the interests of the charity and its beneficiaries. The vast majority of NHS charities use the corporate trustee model. As at March 2015, of around 260 NHS charities, more than 90% had corporate trustees.

NHS legislation makes provision for the Secretary of State to appoint trustees for NHS bodies, and those appointed trustees carry out the trustee function in respect of that body’s charitable property. Trustees appointed by the Secretary of State have powers to hold trust property on the same terms as NHS bodies. Once in post, the trustees are answerable to the Charity Commission and not their linked NHS body.

The right hon. Member for Knowsley raised a potential issue in respect of the independence of charities and asked whether this provision would in any way deflect them from their other responsibilities. I assure him that that is not the case. Charitable law will still apply. They will still be regulated, but solely under charity law by the Charity Commission. That reduces the administrative burden and cost, and the calls on the time of the charity’s staff, but it does not weaken the essential controls. I hope that I have reassured him.

NHS legislation does not stipulate the circumstances in which such trustees should be appointed. The Department’s policy has been to establish bodies of trustees only where the charity holds such significant assets that it justifies the engagement of people with relevant expertise. The most recent Department of Health guidance, which was issued in 2011, said that assets of

[*Alistair Burt*]

more than £10 million and an annual income or expenditure of £1 million would provide a clear case for the appointment of separate trustees.

As hon. Members have mentioned, issues of charitable control are very much in the minds of the House at the moment and, I suspect, will continue to be so as we look into the background of Kids Company. It is important that when trustees are appointed, the importance of their role and the duties they have to perform is recognised. There should be extreme caution about appointing people to boards just for the sake of it, now more than ever.

Kevin Foster: There has been a National Audit Office report on Kids Company and I believe that the Public Administration and Constitutional Affairs Committee is looking into it. This Bill is about ensuring that the charities affected have the freedoms and benefits that all other charities have. There is a wider discussion to be had, perhaps at another time, about how charities should be structured to ensure that they operate appropriately and have good corporate governance.

Alistair Burt: That is absolutely right. The House will be pleased to know that I do not intend to go further down that road. In the context of recent discussions, it is important to ensure that the misuse of charitable funds is the exception to the rule. It is important that people retain confidence and faith in what charities do. That is why it is important to have a rigorous examination whenever allegations are made about things being wrong. In the NHS, such confidence is vital.

In practice, the Secretary of State has delegated his responsibility for making trustee appointments to NHS bodies to the Trust Development Authority, which is a special health authority. In addition to having powers to appoint trustees to an NHS body, the Secretary of State retains powers under NHS legislation to appoint special trustees for certain university hospitals or teaching hospitals. Those special trustees have narrower objectives than other NHS trustees. The special trustees' objectives are limited to holding property on trust mainly or wholly for the hospital for which they are appointed, or for any other part of the NHS associated with hospitals. In contrast, all other NHS trustees may hold property for any purposes relating to the health service, as well as for the purposes of their linked NHS body.

As the House has heard, following the Government's response to the consultation, there is now a process for NHS charities to convert to independent status. NHS charity trustees need to assess how they see the NHS charity's future in order to decide whether or not to convert. There are a number of advantages to conversion. An independent charity's liability can be limited. One main issue with the current position is that trustees appointed by the Secretary of State risk unlimited personal liability, and that can impact negatively on moves to attract new trustees with the relevant experience and expertise. Moving to independence allows trustees to form structures, such as limited liability companies that provide them with limited liability, thereby enabling them to tackle more significant and innovative projects.

Furthermore, in the eyes of a potential donor, an NHS charity can be seen as too close to Government. Experience has shown that donors—especially major donors—can be reluctant to give if they think the

charity is simply seeking money that could or should be provided by the Exchequer. Some grant-giving charitable foundations will not entertain applications from NHS charities simply because of their connection to Government. An independent charity is able to adopt wider charitable purposes in respect of funds raised after it has become independent, and enter into more innovative fundraising initiatives, collaborations and mergers.

Independence removes the need for the charity to comply with NHS legislation, and enables it to be regulated solely under charity law by the Charity Commission. That reduces the administrative burden, costs and calls on charity staff time. It also removes the need to be tied to the "Agenda for Change" pay structure. "Agenda for Change" was not designed for charities and for some it hampers their recruitment of suitable staff at an appropriate salary.

There are, however, some drawbacks to converting to independence and some costs to conversion. There may be additional costs to being an independent entity, some minor VAT disadvantages, and the NHS body may fear a loss of influence over its charity. Each set of trustees has to decide what is best—whether to convert to independence or have corporate trustee model arrangements. Conversion involves the creation of an independent charity outside the NHS. As my hon. Friend said, conversion to independent status involves the creation of a new charity, usually in corporate form, either as a company limited by guarantee or a charitable incorporated organisation in relation to which Secretary of State has no powers. Alternatively it could involve the transfer to the new charity of all the charitable property of the NHS charity, or the winding up of the NHS charity.

The relationship between the NHS body and the independent charity is important. The conversion process requires a formal agreement, or memorandum of understanding, to be in place. The content of that is to be decided between the parties, but there must be a binding obligation on the NHS body to transfer all charitable donations it receives to the independent charity. The Department is also of the view that the NHS body should have some involvement in the new charity's governance arrangements, for example by having a specific place on the board. That is because of the commitment for all future donations to be transferred to the independent charity, and because the independent charity's objectives will continue to relate to the NHS.

The independent charity's governing instrument—such as articles of association or its constitution—must ensure that the existing objects of the independent NHS charity are the same as those applying to the funds transferred from the former NHS charity. It will, however, be possible for the independent charity to have wider objects for new funds raised after independence. Prior to completion of the conversion, the Department must be satisfied with the final memorandum of understanding, and see evidence that the NHS body's board has considered and approved the conversion.

As the House has already heard, five NHS charities with appointed trustees have converted to independent status: Barts Charity, Alder Hey Children's Charity, Guy's and St Thomas' Charity, Birmingham Children's Hospital Charity and Great Ormond Street Hospital Children's Charity. Of the 16 remaining charities with appointed trustees, six have formally notified the

Department that they are converting to become independent, one has formally decided to revert to corporate trustee status, and the other nine are at various stages of deciding the best way forward. One NHS charity with corporate trustee arrangements, Royal Brompton & Harefield Hospitals Charity, has already converted to independence, and Yeovil District Hospital NHS Foundation Trust charitable fund has notified the Department that it has decided to convert to independence—my hon. Friend the Member for Yeovil will know it well. The Department is aware of other charities with corporate trustees that are actively considering conversion to independence.

In summary, the Government have listened to the NHS charities and given them what they asked for. NHS charities can, if they so choose, do away with dual regulation, and gain greater independence under the sole regulation of the Charity Commission. Alternatively, they can have corporate trustee arrangements that provide a tried and tested means of managing charitable funds. This Bill makes good on the Government's decision to repeal the Secretary of State's powers to appoint trustees to NHS bodies. They are no longer needed. It also provides powers for the Secretary of State to transfer, by regulations, property from the appointed trustees to their linked trust, if any Secretary of State-appointed trustees are still in place when those powers are repealed.

The Department of Health has told the NHS that the powers to appoint trustees would not be revoked before April 2018, to provide a period of grace for trustees appointed by the Secretary of State to decide the most appropriate legal form for their charity in future. As we have extensively discussed, the Bill amends the Copyright, Designs and Patents Act 1988 to provide for the right in perpetuity for royalties from the play "Peter Pan" to be conferred on Great Ormond Street Hospital Children's

Charity. This Bill will enable the charity to complete its conversion to full independence.

I appreciate the points that have been made today and the way that the House has handled the Bill, and many colleagues have contributed. The Government are supportive of the Bill's intentions, not because it delivers what we want, but because it helps to deliver the model and freedom that charities themselves have asked for.

I will conclude with one final quote from J. M. Barrie—*[Interruption.]* It is a final quote:

"Those who bring sunshine into the lives of others cannot keep it from themselves".

Those of us who know my hon. Friend the Member for Aldridge-Brownhills, will know that that is certainly true about her, and I commend her Bill to the House.

1.6 pm

Wendy Morton: I assure hon. Members that my remarks will be brief, and I thank everyone who has contributed to today's debate. We have heard many moving stories, personal and family experiences, and many examples of the valuable work that hospital charities and leagues of friends are doing up and down the country. I thank Mr Speaker, who was in the Chair at the beginning of the debate, as well as you, Madam Deputy Speaker, and the other Deputy Speaker, for the generous guidance provided to me. I am a new Member of Parliament and this is my first private Member's Bill, but I appreciate that many Members are never drawn in the Ballot. It happened to me early in my career in this place, and it has been a terrific opportunity and a privilege to promote this Bill. I hope that Members will support it, and I commend the Bill to the House.

Question put and agreed to.

Bill accordingly read a Second time; to stand committed to a Public Bill Committee (Standing Order No. 63).

Off-patent Drugs Bill

1.8 pm

Nick Thomas-Symonds (Torfaen) (Lab): I beg to move, That the Bill be now read a Second time.

It is an honour to be drawn in the ballot and to bring forward a private Member's Bill on such a key issue. My grandmother, who inspired me to go into politics, died of breast cancer, and it is poignant for me that this Second Reading debate takes place in the week that would have been her birthday.

I am grateful to those who have sponsored this Bill, and to Members from across the House who have supported it. I thank the former hon. Member for Cardiff North, Jonathan Evans, whose Off-patent Drugs Bill was debated last year, and his successor, the hon. Member for Cardiff North (Craig Williams), for his support for this slightly refined version of the Bill. I thank my constituents for all their support, and I also thank Jenny Goodare from Breast Cancer Now for her help in preparing the Bill.

The Bill is a UK-wide Bill that creates a duty on the Government to make cheap drugs available when pharmaceutical companies have no incentive to do so. There is a problem: if a drug is shown to be useful for a new purpose after its original patent has expired, there is no financial incentive for a pharmaceutical company to sponsor that off-patent treatment through the processes that are normally used to licence it, and to ensure its adoption on the NHS.

Such off-patent treatments are usually available at low cost, but the current system is not set up to make them routinely available when they have been repurposed. Put simply, without a licence to act as a kitemark of safety, and a cost-effectiveness appraisal to give the NHS a mandate to provide it, there are multiple disincentives to treatments being prescribed, meaning that they are not routinely made available.

I have a letter from a clinician dated 15 October 2015 that I have permission to read out—the personal details have been redacted. He says he was contacted by a lady because she was advised that she had a high risk of breast cancer, and that raloxifene, which is an example of a drug that would benefit from the Bill, could be prescribed to help to prevent it. The key passage in the letter states:

“Unfortunately, I am unable to prescribe this as it is not licensed with this indication.”

[*Interruption.*] The Minister shakes his head, but I am quoting directly from a letter written by a clinician only in the past few weeks. That affects real people and has had a great impact on somebody's life.

The Bill proposes a Government responsibility to step in and address that market failure in the public interest. Part 1 of the Bill introduces the duty of the Secretary of State to seek licences for off-patent drugs in new indications. The idea is to make those cheap, off-patent drugs routinely available. The president of the Royal College of Surgeons of Edinburgh recently said that, at the moment, there is significant variation, leading to variation of access across the UK.

There are barriers to the drugs being regularly available. Lack of awareness is a problem, but it is not all about that. General Medical Council guidance states that

licensed treatment should be considered before an off-label or unlicensed treatment. In addition, GMC guidance is clear that a doctor takes on an extra level of personal liability when prescribing off-label.

Carolyn Harris (Swansea East) (Lab): A Government spokesman was quoted in *The Independent* this week saying that the only thing general practitioners need is more information. Does my hon. Friend agree that that was both unhelpful and ill-informed? Deluging GPs with yet more information is certainly not productive.

Nick Thomas-Symonds: My point is precisely that it is about more than information.

A licence for off-patent drugs would make a big difference. The all-party parliamentary group on off-patent drugs, which I chair, met on 15 October and took evidence from experts across the board. Pan Pantziarka, a repurposing specialist, said that granting a new licence triggers a “whole cascade of things”: the British National Formulary gets updated, clinical commissioning groups and specialist bodies take note, and guidance is updated. He said that, without that, we are dependent on doctors reading the literature and prescribing off-label, and that that is not the solution we want.

Sir John Burn, professor of clinical genetics and a non-executive director of NHS England told our inquiry:

“The other problem is making decisions in a short time scale—we haven't got time to look at the bundle of evidence presented. The whole point of the licensing process is to distil that for the physician”

Anne Marie Morris (Newton Abbot) (Con): Will the hon. Gentleman clarify something for me? Under his proposed scheme, when a drug gets relicensed, what will the impact be on pricing? When a drug goes off-patent, one benefit is that it effectively becomes cheaper because any company can manufacture it, which is clearly a benefit for the NHS. With relicensing, is there a risk that the company will effectively re-price, landing the NHS with extra costs?

Nick Thomas-Symonds: I do not accept that that is a risk of the Bill. As the hon. Lady knows, the drugs are available for pennies a day. Under the Bill, the Government would step in to address a market failure. The Bill will not have the impact that she believes it will have. She makes a reasonable point, but it is not one that will arise under the apparatus and structure proposed by the Bill.

The alternative to the Bill—I firmly believe that if this Government do not do this, a future Government will have to legislate—is to continue to encourage more off-label prescribing. Even if that were desirable, very little has happened. In a letter dated 2 November, the Royal College of Physicians states:

“As there has been no meaningful progress on a non-legislative solution to this issue, we believe that your Bill is an important first step towards expanding access to these vital drugs.”

The proposal was debated a year ago and we have had a year to see whether there is a non-legislative solution to the problem.

The Bill has incredibly wide support across the professional spheres. I apologise in advance for not naming every charity that supports it.

Christina Rees (Neath) (Lab): The Bill has the support of a huge number of medical research charities, which lead the way in research on the use of repurposed drugs.

Currently, there is no route to market for off-patent drugs in new indications. Does my hon. Friend agree that the Bill will fix that anomaly?

Nick Thomas-Symonds: I agree entirely with my hon. Friend. Twelve medical research charities back the Bill; the NHS clinical commissioners in England back the Bill; and the British Medical Association backs the Bill. More than 10,000 members of the public have written to their MP in support of it. That is in addition to the 20,000 who wrote last year to the former Member for Cardiff North. Four of the medical royal colleges support the Bill. Forty eminent clinicians wrote in recent weeks to *The Daily Telegraph* to support the Bill. It has incredibly wide support across parties and among the professions.

Albert Owen (Ynys Môn) (Lab): I congratulate my hon. Friend on the Bill and pay tribute to Jonathan Evans, a thoughtful Member of Parliament who introduced a Bill in the previous Parliament. In addition to the long list of experts that my hon. Friend has quoted, I am sure he has had other lobbying letters. I had one from a multiple sclerosis sufferer. He eloquently put his case and said: "Please be there to give us hope." Does my hon. Friend agree that the Bill will give us hope for cures for the future?

Nick Thomas-Symonds: I agree entirely with my hon. Friend.

Liz McInnes (Heywood and Middleton) (Lab): We are talking about people who support the Bill. The Association Of the British Pharmaceutical Industry says that it supports the principle of the Bill, but that it is concerned that it could discourage the development of new medicines. Does my hon. Friend agree that the Bill in no way precludes the normal process of research and development for the manufacture and discovery of new drugs?

Nick Thomas-Symonds: I agree entirely with my hon. Friend. Repurposing is becoming increasingly common. Approximately 10% of the Brain Tumour Research portfolio is in repurposed drugs. For the Cure Parkinson's Trust, the figure is 50%, and for the Alzheimer's Society it is 13.6%. My hon. Friend makes a powerful point.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC): The debate is poignant for me. Breast Cancer Now is very supportive of the Bill, and my best friend and the mother of my goddaughter is currently in hospital recovering from her second treatment for breast cancer in 10 years. I should like to take the opportunity to say this. Christine Lennon, the most organised, capable and scary of my friends: we all want you home as soon as possible. [HON. MEMBERS: "Hear, hear."]

Some 850,000 people suffer from dementia, and that number is likely to increase to 1 million in 10 years' time. The matter raised by the Bill is relevant to 20% of the drugs that the Alzheimer's Society support, and it claims that the Bill will enable it to work on off-patent drugs. Does he agree that that is very significant, given that the disease affects so many people?

Nick Thomas-Symonds: On the second part of the hon. Lady's intervention, I entirely agree that it would assist the Alzheimer's Society. On the first part, I am sure the whole House wishes her best friend a speedy recovery.

Given the time restraints, I will touch on just one benefit that the Bill would have. zoledronic acid, a type of bisphosphonate, was originally used to treat bone fractures in advanced cancer and osteoporosis, but it can also reduce by 28% the risk of breast cancer spreading to the bone in post-menopausal women. If it were routinely available to 34,000 women, it could save 1,000 lives a year, at the cost of about 5p per day per patient. That is precisely the kind of benefit the Bill could bring.

Dr Rupa Huq (Ealing Central and Acton) (Lab): My hon. Friend talked about cost. Does he agree with my constituent, Elena, of west Ealing, who wrote to me on this subject to say that it would help MS sufferers in particular and that

"it is crucial that affordable treatments are used to their full potential particularly at a time when NHS resources are stretched. The Bill will tackle this issue head on and stand to benefit hundreds of thousands of people in Ealing and beyond."

Nick Thomas-Symonds: I agree entirely with my hon. Friend. It is precisely that kind of benefit that the Bill would bring.

Rachael Maskell (York Central) (Lab/Co-op): Today, a constituent of mine, Mark Hamilton, is laying to rest the ashes of his father, who lost his life very suddenly in September. Had these drugs been available then, he might well be with us today. Is that not why it is so important that the Bill proceeds to its next stage?

Nick Thomas-Symonds: I am grateful for that intervention, because the Bill could have a positive impact on the lives of many people. That is why it should move forward.

This is a common-sense solution to an acknowledged problem. There is even a precedent for it. The Secretary of State, who is not in his place, but whom I am sure will be ably represented by the Minister, is the licence holder for a chemotherapy drug called Erwinase. It is manufactured by a state-owned pharmaceutical company called Porton Biopharma Ltd, which was established in July and in which the Secretary of State is the sole shareholder. There is, therefore, a precedent for the type of intervention I am talking about to deal with this market failure. The Bill will bring enormous benefits to people. It is a sensible solution to the problem.

Chris Stephens (Glasgow South West) (SNP): I congratulate the hon. Gentleman on bringing the Bill before the House. A constituent of mine, Tracey Hardie, is a cancer survivor, but this is not just about her; it is about other people, and those who have survived cancer are very supportive of the Bill.

Nick Thomas-Symonds: The hon. Gentleman is absolutely right. The Bill could really assist people out there in the country, which is why it should proceed.

Anne Marie Morris: The hon. Gentleman has not talked about the consequences for off-label drugs. I do not think that anybody would disagree with using good drugs for alternative purposes. Most of the concerns I have heard about the Bill are around the methodology and the process and the impact on off-label drugs. At

[Anne Marie Morris]

the moment, drugs not on the agreed list can be prescribed, and I would be concerned if there was any threat to the ability to do so.

Nick Thomas-Symonds: With respect, that is precisely what the Bill seeks to do. We are talking about drugs that have been on patent for a particular purpose and that have a licence in that indication, but which also have another purpose. At the moment, theoretically, they can be prescribed off label, but that simply does not happen consistently across different spheres of medicine or across the country. The letter I read out from the Royal College of Physicians, dated 2 November, made that exact point.

The Bill is a common-sense solution that commands support across parties, in different spheres of the medical profession and from other stakeholders, and I commend it to the House.

1.24 pm

Marcus Fysh (Yeovil) (Con): It is a great pleasure to take part in such an important cross-party debate that has engendered such interest among leading health agencies and campaign groups, and I congratulate the hon. Member for Torfaen (Nick Thomas-Symonds) on bringing it forward.

After discussing this issue with my constituents and key stakeholders based in my constituency over the past few months, I can now say that I welcome the fact that the Bill has reached its Second Reading. I am persuaded to be a firm advocate of the proposal for the Government to step in to license and approve off-patent drugs for new uses. Support for the Bill is consistent with the advice of health organisations in my constituency, such as the Ribbon Trust, which is a partner of Breast Cancer Now. The trust was set up by a fantastic group of cancer sufferers and survivors and their families around Chard in the western part of my constituency. They do an inspiring job of looking after each other and are determined to campaign for better options and treatment.

These brave ladies and their families have convinced me of the importance for breast cancer sufferers of accessing low-cost drugs for new purposes. For example, the use of zoledronic acid would save the lives of thousands of secondary breast cancer sufferers a year. Similarly, the Treat Me Right campaign, run by the Multiple Sclerosis Society and promoted by its Yeovil and Sherborne branch, supports the Bill, as it would give 65,000 secondary progressive MS sufferers nationwide access to the first treatment that can slow the cruel disease of MS.

Jo Stevens (Cardiff Central) (Lab): Of the many constituents who have written to me about this excellent Bill, two suffer from progressive MS. If the Bill becomes law, cheaper drugs would be available. Would not making this medicine available save the NHS money on the treatment of progressive diseases?

Marcus Fysh: That is a good point and one I will come to in a moment.

One of my Yeovil constituents, Heather Moore, wrote to me this July, asking me to vote in favour of the Bill. She wishes it to become law not only because it would

give patients wider access to the benefits of new treatment options, but because it would give financial advantage to the NHS by providing some very low-cost treatments. At this time of pressure on health services from demography and budget pressure, the improvements in cost-effectiveness that could stem from the Bill are essential.

A similar private Member's Bill, sponsored by the previous Member for Cardiff North in the last Parliament, made it to Second Reading but was regrettably stopped short of becoming law. I believe that today's Bill outlines an even more compelling case for approval, since it specifies the need for the Government to seek licences for off-patent drugs in new indications.

Kit Malthouse (North West Hampshire) (Con): Like my hon. Friend, I am extremely supportive of the Bill—it is a very sensible measure—but there is a difference between what is being proposed and what is already available. I am patron of the Andover and Rural District branch of the Multiple Sclerosis Society. As I understand it, these cheaper generic drugs are already available for prescription off label. I think the Bill is trying to make the point that that is not being advertised enough to the clinical community and that the addition of a licence for particular treatments would promulgate their effectiveness much more widely. If I have missed the point of the Bill, please forgive me, but it seems to be as much about information as the ability to prescribe. The two are not mutually exclusive. We can provide more information to clinicians and provide licences at the same time.

Marcus Fysh: My hon. Friend makes a good point. The General Medical Council says that, traditionally, doctors have been reluctant to do that, partly because they may be wary of prescribing drugs for new uses owing to the increased level of personal liability that they may encounter.

Providing a way to overcome this reluctance, where efficacy has been demonstrated through licensing, deals with the argument made by the Under-Secretary of State for Life Sciences, my hon. Friend the Member for Mid Norfolk (George Freeman), in the debate on the previous Bill that the current law best meets the individual clinical needs of patients. The flexibility clinicians currently have to prescribe medicines, which my hon. Friend described, is fine, and it is each doctor's solemn prerogative, but it should not be used as a structural excuse not to pursue new treatments where they have been shown to be effective for non-clinical reasons. In practice, that can encourage a lack of consistency and assurance for the patient because of the lack of NICE approval in the form of a technology appraisal. NICE is, in fact, in a very good position to conduct studies that test efficacy on particular subsets of patients, with their consent.

A partnership in my constituency between Yeovil District Hospital NHS Foundation Trust, Somerset clinical commissioning group, South Somerset GP federation and Somerset County Council was selected this March by a rigorous NHS England process to be one of 29 partnerships spearheading new ways of working—a vanguard project in finding new models of care. This partnership, called Symphony, is looking in particular at the integration of health and social care, bringing together GPs, hospitals, community hospitals, mental health and social services, and is focused on joint commissioning based on outcomes for patients.

The intention is for the lessons learned in implementing this new model to be taken on board in replicating the integration process across Somerset and beyond. We need to learn the lessons and move forward together—fast.

I believe that this vanguard, which is led by very committed and talented people in each partner organisation—I congratulate and encourage them today—could act as a leader not only in developing this new care model, but in working with NICE in its role under the Bill to conduct technology appraisals for new uses of off-patent drugs.

This has particular application to one of the most difficult issues of our time—the fact that our population is ageing rapidly. There are areas of Somerset, as elsewhere in the country, where a majority of people are of retirement age—and that is likely to increase dramatically over coming years. The management of conditions that are becoming more prevalent as our population ages must be taken forward with every tool available to us.

A report written by the governors at Yeovil district hospital in October last year shows that there has been an increase in the number of local patients with suspected cancer. Indeed, Somerset has one of the highest proportions of cancer prevalence in England. This may come as no surprise, as it is a very attractive place to live and work, and it has attracted many people moving from other parts of Britain, with many choosing to retire in the area.

I strongly support the new cancer drug fund that this Government have implemented, which has given more cutting edge treatment options to those with cancer, but we can go further by increasing access to new treatments through off-patent drugs, which can be much cheaper.

Mr Christopher Chope (Christchurch) (Con): My hon. Friend, like me, strongly supports the Bill. Time is of the essence, so I think the best thing we can do as supporters of the Bill is to reserve what we wish to say until Committee, so that the Government can respond to this very important measure. [*Laughter.*]

Marcus Fysh: I thank my hon. Friend, who makes a good point—I am almost finished!

Given the seriousness of our healthcare challenges, I believe the Government should seek licences for off-patent drugs in new indications, thus increasing equality of access to proven treatments at an affordable price for more individuals and their families across our nation. I commend the Bill to the House.

1.33 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): I was interested to hear the hon. Member for Torfaen (Nick Thomas-Symonds) mention the research into zoledronic acid. I took part in the AZURE study, which indeed means that this bisphosphonate, which strengthens bone, will help bone to avoid getting invaded in the first place. We already use it in breast cancer for patients who have bone metastasis, but it provides of perfect example of where a second use can be found.

The hon. Member for Newton Abbot (Anne Marie Morris) expressed concern about prices going back up, but that simply does not apply. These drugs have been through the whole process, so we know about their safety and their side-effects; they are now cheap and generic. They are made by lots of different companies,

and the reason they do not get licences is that it is simply not worth while because the companies cannot put the price back up. If a formulation is changed—if it was a tablet and is now an injection, or if it was an injection and is now a tablet—it is possible to apply for a new patent. If it is exactly the same drug, even with a new use, the company cannot get a new patent. It is not willing to spend the money on sponsoring it.

I have heard people say, “It is in the guidelines”—and believe me, many of these drugs are in NICE guidelines. NICE guidelines say exactly what was said at the beginning of the debate, which is that tamoxifen should be made available to patients who are at high risk of breast cancer. However, it is not licensed for them.

I am a breast cancer surgeon, and in my practice we carry out an operation called sentinel node biopsy. Instead of taking all the lymph nodes out of a woman's axilla and giving her lymphedema—which some Members will have seen, either in their families or in their constituents—we try to remove only one or two, and we use dyes to target them. One is a blue dye called patent blue dye. It is so old that it is not even made in this country any more, and it literally costs pennies, but it is unlicensed. One of its possible side-effects is anaphylactic shock. That is very rare, thank goodness, but there it is. According to all the UK guidelines, that is the approach that must be taken to breast cancer patients.

I used to have to sign a form before every case that I handled, stating that I accepted personal financial liability if the patient suffered. Eventually I said, “Wait a minute: I am not putting my house on a piece of paper for every case when I would be in trouble if I did not handle that case.” Thankfully, my health board was eventually willing to underwrite it.

The idea that guidelines give us protection is unfortunately not true. When guidelines were introduced, the medical profession was reassured that they did not handcuff a clinician, and if a patient was treated off-guidelines, because patients do not fit in cubbyholes, there would not be an issue. Similarly, following guidelines slavishly does not give any protection. Doctors carry legal responsibility for any drug that they prescribe. So the specialists will prescribe off-patent drugs, and we will be using them.

Kit Malthouse: I am slightly confused. Doctors are absolutely responsible for what they prescribe, but only if they do so negligently. The hon. Lady would not expose herself to litigation if she had, for instance, used the dye on a patient who then suffered from anaphylactic shock if that had been an appropriate and responsible thing to do given the patient's condition at the time.

Joanna Cherry (Edinburgh South West) (SNP): There is a risk.

Dr Whitford: There is indeed a risk, as my QC expert has muttered. Part of the case would be that the doctor had prescribed an off-licence drug.

Experts in the field will prescribe many drugs that are off-patent for the treatment of secondary cancers. We are aware of the evidence, and we will use such drugs when we have the experience, but general practitioners will not. If a drug is not in the British National Formulary, they cannot check the dose, which might be different from the dose for the other usage.

[Dr Philippa Whitford]

We are seeing more and more non-doctor prescribers. We are seeing nurse prescribers and physio prescribers. We do not want to limit the use of future drugs that may be discovered by not sorting out the present position. It should not be beyond the wit of man. The NHS is surrounded by organisations, such as quangos, that could surely be used to deal with it.

The Minister for Community and Social Care (Alistair Burt): Given the hon. Lady's experience in this area, her presence in the House provides me with an opportunity that is too good to miss. Let me ask a question that goes to the heart of the reason for the Government's concern about the Bill.

If I understand the hon. Lady correctly, it is not impossible to prescribe off-label if there is an indication that, say, the prevention of breast cancer may be aided by the use of tamoxifen. There is nothing to preclude that, although it may be difficult in the circumstances that she has described because of possible considerations of liability. Is she arguing that there should be no off-label prescribing because everything should be licensed, or not? I do not know whether it should be one or the other—[*Interruption.*] It is not a stupid question. We believe that if it is possible to prescribe off-label, the Bill is not necessary, but if it is not possible because of the difficulties that the hon. Lady has identified, perhaps that should not happen. Her experience is vital in this regard.

Dr Whitford: As I was trying to suggest, someone who is an absolute expert in a field will be comfortable prescribing off-label, because they are using the drug every day, and they know exactly what it does and how to use it. But our patients spend the majority of their time in primary care, and a GP, who is unable to look up and check the dose or indication, will be a little more uncomfortable. People who are non-consultants—those at staff grades, who are at other grades—will be less comfortable. We see that exactly in the prevention of breast cancer; this drug has not come on stream at the speed that would have been expected, because people are uncomfortable. There is certainly not enough protection to mean that nurses are going to prescribe a drug that is not licensed, and the vast majority of drugs do not have guidelines, so what the Minister describes is not a protection.

Alistair Burt: I just want to be sure about this. If I understand the hon. Lady correctly, that hesitation could apply to any off-label prescribing now, but off-label prescribing goes on—doctors and GPs do find the information and do it. I would not want to take the implication from her that off-label prescribing is wrong. It just needs the appropriate amount of information to make sure that it is right—otherwise, we do have to license everything.

Dr Whitford: When a drug is proven and is going to be in common usage, it should be licensed—otherwise, we are suggesting, “Why bother with licensing any drug?” We are talking about drugs that could make a big impact, but they will do that only if they are in common usage. Expecting doctors to face any potential that they are signing away their mortgage on their house by prescribing something is simply bizarre. Of

course there is off-label prescribing as a drug develops, but once we have something with rock-solid evidence behind it, which we expect everybody of every grade and every profession within the NHS to use, we should give them the reassurance of licensing.

Joanna Cherry: My hon. Friend speaks knowledgeably about the treatment of breast cancer, but a number of my constituents who are living with multiple sclerosis have also written to me about this Bill. Scotland has one of the highest incidences of multiple sclerosis in the world. Can she confirm that the Bill will be of particular benefit to patients with multiple sclerosis in Scotland?

Dr Whitford: Yes, absolutely; a drug called simvastatin is simply used for lowering cholesterol but it has been shown significantly to reduce brain atrophy in patients with a certain type of MS.

We do not know what is in the future. Other drugs will be found to have a second use, so why would we not take this very practical Bill through and allow ourselves to deal with a bizarre anomaly? As I say, this is not beyond the wit of man. Let us pick one of the quangos around the NHS and get this job done.

1.42 pm

Jo Churchill (Bury St Edmunds) (Con): I congratulate the hon. Member for Torfaen (Nick Thomas-Symonds) on his success and on introducing this important Bill to the House today. I stand here as someone who has had cancer twice. I served on the advisory group of a national breast cancer charity and I am a breast cancer ambassador. In this House, I serve as vice-chair of both the all-party group on cancer and the all-party group on breast cancer. But I also stand here for all those survivors and for all those sufferers of MS, cancer and the many other conditions for which we know this Bill could provide effective treatment. It raises an issue that touches the lives of hundreds of thousands of people across the UK, including many of my constituents, who are living with or beyond serious diseases that have a profound effect on not only their lives, but those of their families.

For me, the Bill is about three core things: the patients, through improving access and outcomes; saving lives; and raising awareness. Although this House will debate the technicalities of the Bill as it progresses, today we are debating the principles. Why are we here? I can say from personal experience that patients and their families want to know simply that where there are treatments that could help them, they will be able to access them, regardless of where in the country they are and by which doctor or other medical professional they are being treated. For patients, the Bill serves as a lifeline. It could mean the difference between living beyond cancer or dying from it, or, for other diseases, between having an extended life or having quality of life. For those living with conditions that have fewer treatment options, it offers one simple thing: hope. It could ensure that we continue to make progress, and that our brilliant scientists make fresh breakthroughs—as they inevitably will—and when they do, people will benefit.

The Bill could have a significant impact on breast cancer, as, according to the hon. Member for Central Ayrshire (Dr Whitford), it would ensure the wider availability of preventive drugs. For women who have a

family history of breast cancer and therefore a higher risk of developing the disease, Tamoxifen and Raloxifene have been shown to reduce the risk of the disease occurring in the first place by a third, which is not an insignificant amount.

Ministers have argued that this Bill is not needed. Indeed, we have just heard a Minister quite rightly questioning a Member, who is an expert on this matter, about the nuances of it. The argument is that the Bill merely regulates something that is possible for the medical profession to do already—none of us likes unnecessary regulation—but prescribing statistics show that that is simply not happening for all the reasons that have just been discussed. Such regulation could make a big impact, but the drugs have to be prescribed through every grade. That treatment is not being offered to many women, for if it were I would not be standing in this House today arguing for faster progress in this matter; I would be in my constituency.

Sometimes, Tamoxifen has side effects. Some women may not wish to use it as a preventive treatment, but the point is that they should have the choice, which they do not always have now. A woman with a high risk of breast cancer does not have many options. Sometimes, their only choice is a double mastectomy. I think of all the women around me—those in my constituency and my own daughters—and ask: is that really the only choice? This Bill would empower clinicians to offer and prescribe drugs such as Tamoxifen for as little as 6p a day. Those drugs could deliver effective treatment options and, crucially, those women at an increased risk of breast cancer could have the ability to choose the right course of treatment for them.

However, this debate goes wider than just drugs for breast cancer. A friend who was at a reception in this place last week has had a double mastectomy. She also has MS. The drug Simvastatin, which was referred to earlier and was originally licensed for cholesterol, has been shown to slow down brain atrophy by almost 40%. It also would help those who suffer from Parkinson's. My friend also has type 2 diabetes, and there is some evidence to show that drugs for the treatment of that disease will also be potentially beneficial for those suffering from Alzheimer's. By the way, she told me last week that she was volunteering as well as holding down her normal job—amazing.

As the research, which is also amazing, shows us, bisphosphonates that were developed to treat osteoporosis are now commonly used in the treatment of secondary breast cancer, and some 36,000 women live with secondary breast cancer in this country. zoledronic acid, a type of bisphosphonate, has been shown to reduce the risk of breast cancer spreading to the bone by 28%. Arguably, it is one of the biggest breakthroughs in terms of reducing mortality that we have seen in breast cancer research in the past 10 years. If this drug were routinely prescribed, it could save up to 1,000 lives per annum. However, it saves not only lives, but emotional trauma, physical impact, the cost on all those involved and the cost to the NHS.

I welcome the work that the Government are doing into the accelerated access review, but in the interim report that was published only last week, I saw no mention of off-patent or repurposed drugs, although I am more than happy to be corrected on that.

My personal view in this area and across the whole drugs arena, including the cancer drugs fund—where we have seen yet another removal of avostatin this week, although, thankfully, Kadcyla has remained—is that we need speedy decision making. That will help everybody in the industry, which needs to make a profit because it is seriously expensive to bring drugs from the bench to the patient, but will benefit patients and clinicians as well.

The Government support the intentions of the Bill. I feel confident that all clinicians have the ability to deliver what is best for their patients. Indeed, the cancer strategy, set out by NHS England and supported by the Government, aims to deliver a patient-centred approach. It puts saving the lives of cancer patients and improving their quality of treatment at the heart of the “Five Year Forward View”. By unlocking access to off-patent and life-saving drugs, the Bill would do that, too.

I believe that the Bill can deliver, in saving lives, in empowering clinicians, in ensuring patient choice and in saving money for the NHS—so what's not to like? I hope therefore that my right hon. Friend the Minister will consider carefully the issues raised in the Bill.

1.50 pm

Albert Owen (Ynys Môn) (Lab): It is seriously a great pleasure to follow the speeches made not only by the hon. Member for Bury St Edmunds (Jo Churchill), but by the hon. Members for Yeovil (Marcus Fysh) and for Central Ayrshire (Dr Whitford), who brought great expertise to the debate early on. I congratulate my hon. Friend the Member for Torfaen (Nick Thomas-Symonds) on introducing the Bill. In his short time in the House is already gaining his predecessor's reputation of being well respected across the Chamber.

I pay tribute the former Member for Cardiff North, Jonathan Evans, who pushed this proposal through with great vigour during the last Parliament. Unfortunately, it fell on deaf ears in the Government. I hope this time that this sensible Bill, proposed by a sensible Member and spoken to by sensible Members in their speeches and interventions, will get a sensible response from the Minister. I know him to be a decent man, and he will do the decent thing.

This is the shortest speech that I will make in the House without a time limit on speeches, because the Bill is hugely important. The details discussed by the hon. Member for Central Ayrshire and others need to be dealt with in Committee. Therefore, we need today, on this Friday afternoon, in a time-limited debate, to get the Bill into that Committee, so that many Members on both sides of the House can speak with passion and knowledge to get the right result for our constituents.

I never speak in the House about personal circumstances, but my wife had a brain tumour in 2002. It was non-malignant and she has made a near-full recovery, but she had major surgery and it impacted on the life of our family, and there are many families like ours. The Bill could afford the release of certain drugs that could shrink such tumours in the future and that could help people in that position. Members of my family have had Parkinson's, MS and other prolonged conditions. They have lobbied me today to say that the Bill provides hope for them, for their families and for the future.

[*Albert Owen*]

So that is why I hope that the Minister is really listening to the debate and that he will assist us to get the Bill into Committee, where it deserves to be. Our constituents deserve it to be there. I support its Second Reading, and I hope that Members across the House will also do so. I await the Minister coming along with us, to make a difference to lives, to make intervention real and to make it the right thing to do.

1.53 pm

Simon Hoare (North Dorset) (Con): It is a pleasure to speak in this debate. I endorse every word just spoken by the hon. Member for Ynys Môn (*Albert Owen*). I support the Bill. Given the weight of opinion in the House expressed already, the expert testimony from the hon. Member for Central Ayrshire (*Dr Whitford*) and the personally moving stories from my hon. Friend the Member for Bury St Edmunds (*Jo Churchill*), I ask my right hon. Friend the Minister to consider what harm would take place were the Bill to be committed to a Committee, to try to iron out any creases that are believed to exist between those who sit on the Treasury Bench and the Bill's promoter. I personally see no harm in it, and rather like the hon. Member for Ynys Môn, I think that it should receive further debate in Committee.

I have the honour to be the chairman of the all-party parliamentary group for multiple sclerosis. Other Members have mentioned the Bill's potential benefit for people who suffer from that cruel and pernicious disease. The Bill will give access to Simvastatin, which had been licensed for cardiovascular disease. It will help to augment support. It goes with the grain of the narrative of what the Government are trying to do on welfare reform, getting people back into work and reducing costs where possible of drugs and medical treatment. It ticks all the boxes: if people suffering from degenerative diseases can in some way be helped to lead a longer, more active—and more economically active—life, that would chime very well with the bean counters in the Treasury.

I am going to take the advice of my hon. Friend the Member for Christchurch (*Mr Chope*) and be brief. Finally—I think the hon. Member for Central Ayrshire referenced this—a wider group of people is prescribing drugs. It is not just GPs and consultant surgeons; it is far wider than that. We live in an increasingly litigious age, and I have heard from colleagues in the House that there is a detectable reticence among those people to go off-licence for fear of being exposed to action in the courts. That is not in the interests of the patient, of the prescriber or of the NHS, so I support the Bill.

1.56 pm

Craig Williams (Cardiff North) (Con): It is a pleasure to follow my hon. Friend the Member for North Dorset (*Simon Hoare*). I commend the hon. Member for Torfaen (*Nick Thomas-Symonds*) on introducing the Bill and on paying tribute to my predecessor, *Jonathan Evans*, who tried to introduce a similar Bill in the previous Parliament. I shall be brief, but there are a couple of things I should like to add to the debate. I feel strongly about this Bill, and I am here debating it even though it means missing a meeting with my constituents. I am not sure how I can get an apology to them for that, but hopefully that explanation helps.

A number of charities back the Bill, which has cross-party support. I have served as the vice-chair of the all-party parliamentary group on these issues, and I want to pay tribute to Breast Cancer Now, which has given us terrific support. It pioneered the way and has guided us through the Bill. The hon. Member for Torfaen knows that better than I do.

I want to dwell on the licence gap and the points that have emerged about GPs and off-label prescriptions. Some clinicians and GPs, as well as the wider group of people who can prescribe, have confidence and belief in the drugs. I think it is more an issue of confidence than one of off-label. The big issue for me and my predecessor, *Jonathan*, is the postcode lottery. Some GPs know that there is access and which off-patent and off-label drugs they can heartily recommend to their patients, and they willingly prescribe them. However, there are some clinicians who will not do so.

Antoinette Sandbach (Eddisbury) (Con): The chair of the breast cancer clinical reference group, *Professor Ian Smith*, joined 39 other eminent clinicians in pledging public support for the Bill last week. Does my hon. Friend agree that there is an identifiable problem, which is likely to arise, with the insurance liability for prescribers?

Craig Williams: My hon. Friend makes an excellent point, and adds to the body of evidence. That issue could be looked at further in Committee.

In closing, I want to add one point. This Government and the coalition Government set up the cancer drugs fund, on which I commend them. I only wish it was available in Wales. The Bill would enable that fund to be used to apply for cheaper drugs, which would mean that the money went a lot further. Although I will continue my campaign to get our dear friends the Welsh Labour Government to initiate a cancer drugs fund, I commend the Bill to the Minister as it would help to deliver that fund, and to do so far more cheaply and effectively.

I have teased out the off-patent, off-label issue as I wanted to do, and I hope the Minister takes that and my colleagues' points on board to pull this sector and the charities together, regardless of what happens to the Bill. However, I commend the Bill, I thank the hon. Member for Torfaen for leading on it and I once again commend the work of my predecessor, *Jonathan*.

2 pm

Mr David Nuttall (Bury North) (Con): I was delighted to be a co-sponsor of the *Jonathan Evans* version of this Bill. I am equally delighted to be a co-sponsor of this Bill, and I very much look forward to hearing what the Minister has to say.

2.1 pm

Justin Madders (Ellesmere Port and Neston) (Lab): I congratulate my hon. Friend the Member for Torfaen (*Nick Thomas-Symonds*) on bringing this Bill before the House and the eloquent way in which he introduced it today. He has been in this place for only six months, but today and on other occasions he has spoken with assurance and authority that already mark him out as an accomplished parliamentarian.

As we know, this Bill builds upon the work of the former Member for Cardiff North, whose Bill was defeated almost exactly a year ago to the day, but it also

very helpfully speaks to some of the concerns raised by the Government on that occasion. I am pleased to speak in support of the Bill, but in the interests of progress I will keep my remarks as brief as I can.

The adoption of this Bill could allow us to deal simply and effectively with a serious lacuna in the licencing system and a clear failure in the market. It would ensure that people who are at risk of or have been diagnosed with conditions such as multiple sclerosis, Parkinson's disease, breast cancer, leukaemia and prostate cancer may have access to treatments that they would otherwise be denied. Although I note that the Government opposed the Bill last time, I hope they acknowledge the steps taken by my hon. Friend to address their concerns about the previous Bill and will offer their support to ensure that this Bill is moved on as swiftly as possible.

When the previous Bill fell on Second Reading, a non-legislative solution was presented by the Minister at the time as the alternative to the Government supporting the Bill. However, in the 12 months since then little progress appears to have been made, despite clear promises both on Second Reading and in subsequent ministerial answers to parliamentary questions. In the meantime, the problems persist and the market failure is still there for all to see.

One such example is zoledronic acid, a repurposed drug, which has been shown to reduce the risk of breast cancer spreading to the bone in post-menopausal women by 28% and the risk of death by 18%. Definitive published evidence to this effect has been available since July, yet the treatment has not yet been made routinely available, despite the fact that it costs just 5p per day per patient and could save 1,000 lives every year. Everyone should have equal access to this treatment, but this will not happen unless it is licensed.

The problem is clear for everyone to see and it can be addressed if this Bill is enacted, so it is imperative that we allow it to progress today. Many Members have spoken in favour, and in particular the contributions from the hon. Member for Bury St Edmunds (Jo Churchill) and the hon. Member for Central Ayrshire (Dr Whitford) contained great personal knowledge and experience of the benefits of this Bill. So let us listen to those Members, let us listen to the medical royal colleges, the clinicians, the commissioners, the charities and our many constituents who have contacted us about the Bill, and let us support it today.

2.3 pm

The Minister for Community and Social Care (Alistair Burt): I thank the hon. Member for Torfaen (Nick Thomas-Symonds) for the way in which he introduced a Bill brought forward last year by my good friend Jonathan Evans. I thank all the right hon. and hon. Members who have made a contribution today.

The Government are in a difficult position. To take a position contrary to that of a breast cancer charity or a number of charities, and to resist action requested by a number of right hon. and hon. Members who speak with knowledge and passion, the Government must be pretty sure of their position and their actions. The hon. Gentleman has had a meeting with the Under-Secretary of State for Life Sciences, my hon. Friend the Member for Mid Norfolk (George Freeman), the charity and others, and he knows that the Government still do not support the Bill. I will defend that position.

No sensible Government would seek to resist people having access to drugs in any way. The reason for resisting what is proposed is that the Government believe that there is another pathway. However, I am also persuaded by what I have heard today and feel sufficiently uncomfortable about the current situation to know that this is not an end of the matter. I will resist the Bill today, but my advice to colleagues in the Department of Health will certainly reflect the mood of the House and what has been said.

Albert Owen: I am disappointed by what we have heard so far from the Minister. If he will not listen to me, will he listen to his hon. Friends on the Government Benches who have made a plea for the Bill to go through to Committee? He talks about difficult decisions, and the Prime Minister and his colleagues have been at the Dispatch Box saying that there are difficult decisions to take. I ask the Minister to take a difficult decision by doing a U-turn and supporting the Bill.

Alistair Burt: The difficult decision is to stick to the position that I believe to be correct. The onus is on me to explain why, in the face of the debate, I believe the Government's position is right, and that is what I intend to do. I want to be very upfront about the situation. I have heard the debate very loudly, from colleagues on both sides of the House, and I have heard nothing that is not deeply felt and passionate. It is not always the case that something brought forward by a charity, and indeed advocated passionately by colleagues, is the answer. The difficult decision in government is often to say, "That is not the answer; this is the way forward." We have all been in that position. I also understand the degree of concern about this—I listened carefully to the hon. Member for Central Ayrshire (Dr Whitford)—and I want to reflect on it.

In the time available before half-past 2—and I make it very clear that I will talk until then, because that is the procedure here—[*Interruption.*] Well, that is what I am following. In the time available I want to explain why the Government think that what is available to people now is access to the drugs. The most important message that I want to come out of this debate is not that drugs are not available, which I think is highly dangerous, but that treatment is available. If the message that comes out of this debate is that there is only one way forward for people, then there is only one way forward for hope, as colleagues have said, and that is through the Bill. I do not believe that is correct. If it stops anyone from seeking treatment because they think that doctors cannot or will not provide off-label, I think that is wrong. That is what I will set out, because that is the evidence we have.

Several hon. Members rose—

Alistair Burt: I will take interventions, but it is only fair to the House that I respond to the debate and answer some of the charges that have been made—[*Interruption.*] It is not disgraceful; it is the right answer.

Nick Thomas-Symonds: Will the right hon. Gentleman accept two points? First, he made clear his objections to the Bill, and they were firmly answered by the expertise of the hon. Member for Central Ayrshire (Dr Whitford). Secondly, the Government have had a chance to put forward a non-legislative solution to the problem in the

[Nick Thomas-Symonds]

past year, but they have completely failed to do so, so why is he still refusing to allow the Bill to proceed to Committee?

Alistair Burt: After I have dealt with the other interventions, I will deal with the actions since last year's Bill.

Mark Durkan (Foyle) (SDLP): We listened to a debate earlier in which we heard about many much-loved fictional characters. This Bill is about real people with real conditions and making real-life differences for them, and we are yet to hear a real argument against it. I remind the Minister of what he said at the conclusion of the last debate about not denying sunshine. Why is he acting as an agent of darkness on this Bill?

Alistair Burt: Because if the message that goes out from this debate is that there is only one way to get these drugs, and if people feel that they cannot get them because of what has been said here, that would be darkness indeed. That is not the truth. That is not the position.

Dr Whitford: I find it bizarre that the right hon. Gentleman says that we must not bring in this change because it would undermine access to other drugs, because that tends to suggest that we should not have any licensing at all. Why is he happy to have drugs licensed but also feels that we should have unlicensed drugs?

Alistair Burt: Because current medical practice appears to be that drugs are available on licence for indications that are already there, but it may then become clear that some drugs are also useful for things that were not previously indicated. If the patent position is as we have discussed, then no licence process is put forward and people can prescribe off-label, as they do in many cases. Accordingly, the system works with both. The Government's worry about this Bill is that, because of the attention paid to what is being said, it will be suggested that there is some sort of prevention mechanism that does not enable people to get the treatment they need. I am very anxious to state that that is not the case, as I think the hon. Member for Central Ayrshire also said. These drugs can indeed be prescribed. That has to be the message.

Dr Whitford *rose—*

Alistair Burt: I will give way, but then I want to set out what the position is rather than what it is believed to be.

Dr Whitford: As I said, there is still an implied risk to people, and those who are distant from the research will not do this. The only reason these drugs are not licensed is that it is not worth the company's while. Surely letting the Bill go into Committee would allow us to iron out all the issues to the satisfaction of the Government.

Alistair Burt: The issue about licensing could apply to any off-label prescribing. What we are talking about for some would, in theory, have to apply to all, because there is a risk to everything. That suggests a provision of licensing for all, which is not where we are going.

This matter is not closed—let us be quite clear about that. If this measure does not go through today, the matter is not closed.

Paul Flynn (Newport West) (Lab) *rose—*

Peter Dowd (Bootle) (Lab) *rose—*

Alistair Burt: I will deal with these two interventions, and then, if colleagues do not mind, I will have to make progress.

Paul Flynn: I have long known the right hon. Gentleman and greatly respect him, but today the House has spoken on this with one voice, from both sides, with expert opinion and personal opinion. Only one voice has been silent in this debate, and that is the voice of the industry, the ABPI, which has an interest in its profits. Is its plea to keep its profits intact the only reason he is making this piffling objection to the Bill?

Alistair Burt: I have known the hon. Gentleman for a long time, and that last bit was rather unworthy of him. I have not seen anything from the ABPI, but having picked up this measure from my colleague, the Under-Secretary of State for Life Sciences, dealt with the evidence, as I have seen it, and had conversations with officials, I am perfectly convinced.

Peter Dowd: I have been sent here by my constituents, and the Minister said on his website, in response to a constituent regarding the Assisted Dying (No. 2) Bill:

"I believe that human life is intrinsically valuable and sacrosanct."

I respect that view, but does he not agree that having rejected that Bill just a few weeks ago, this House has a responsibility, through this Bill, to facilitate, without reticence, access to medicines that would give practical and humane effect to the will of this House for those who have a terminal illness or for the prevention of that terminal illness?

Alistair Burt: Yes, of course. Why would a Government not wish to do that? I quite understand the hon. Gentleman's point. I am trying to explain that that is exactly what happens now, and that to suggest otherwise carries a degree of risk.

Marcus Fysh (Yeovil) (Con): Am I right in thinking that the Government's position—it may from one point of view be a valid one that needs to be considered—is that what we are saying today does not affect the current prescription of off-patent drugs? I do not quite understand why the Government will not at least allow us the space to try to fix this Bill and try to make it law.

Alistair Burt: When I get a chance to make a little progress, I can explain to my hon. Friend why that is the case.

Mr Chope *rose—*

Alistair Burt: I will take one last intervention.

Mr Chope: I am grateful to my right hon. Friend, and I feel his pain. He says that he is concerned that he will not have sufficient time today to explain the Government's position. In that case, why does he not allow this Bill to go into Committee, where he would have oodles and oodles of time in which to explain fully the Government's position?

Alistair Burt: Because I still do not believe fundamentally that the passage of legislation is what is needed in order to reassure people that they have access to the drugs that they need.

Let me make a little progress and deal first with the concerns expressed by the hon. Member for Torfaen about what has happened since last year.

Mr George Howarth (Knowsley) (Lab): Will the Minister give way?

Alistair Burt: No, I will not on this occasion, because I have taken every intervention since I stood up and I cannot do my job unless I explain what people are concerned about.

As the Government promised when similar measures were discussed in the House this time last year, we held a round-table discussion bringing together some of the key stakeholders. We looked at what action short of legislation the Government could take.

Albert Owen: On a point of order, Madam Deputy Speaker, the Minister said earlier that, according to the procedure of this House, he is able to speak until 2.30 pm. I think that is incorrect. Can you give me some guidance? If the Minister sat down one minute before 2.30 pm, would my hon. Friend the Member for Torfaen (Nick Thomas-Symonds) be able to put the question so that we can have a vote and the democratic will of this House can be heard?

Madam Deputy Speaker (Natascha Engel): The hon. Gentleman is absolutely right. That is not procedure, but it is the choice of the Front Bencher how long they speak for. He has put it on the record.

Alistair Burt: I am happy to be corrected in relation to procedure. The procedure of the House allows the Minister to speak until 2.30 pm. *[Interruption.]* I am not obliged to do so—that is correct—but I am choosing to do so because I believe that I would not be performing my duty if I were to allow a Bill that I think is wrong and potentially harmful to go through.

Nick Thomas-Symonds *rose*—

Alistair Burt: I am not going to take any further interventions; otherwise, I will take it that the House does not want to hear from me. I have to make some progress.

Carol Monaghan (Glasgow North West) (SNP): How many people will die as a result of this?

Alistair Burt: Oh, shroud waving—thank you very much. That's all we need.

On action flowing from last year, the Government had an extremely useful meeting that brought together the National Institute for Health and Care Excellence, Breast Cancer Now, the Cure Parkinson's Trust and Cancer Research UK.

Mr George Howarth: On a point of order, Madam Deputy Speaker. Given the context of the Bill, do you not think that the use of the term “shroud waving” is at the very least inappropriate?

Madam Deputy Speaker: I think what is happening is that the Chamber is getting very passionate and very heated. Members on both sides of the House ought to calm down the debate a bit. We are discussing very serious matters and we are being watched not just by people in the House but by people outside the House as well. I think all of us need to calm down a little bit.

Alistair Burt: I withdraw the remark immediately and apologise to the hon. Member for Glasgow North West (Carol Monaghan).

I am seeking to find a bit of space to explain, in the face of a House that plainly does not accept it, why the Government hold their position. I am very anxious to convey it, because I believe there is a risk that people outside will take the view that something is preventing people from getting access to drugs that they may want. I think that that position is wrong, and that is why I want to make clear the Government's position.

Since last year, the Government have had a series of meetings with the people involved. We have received input from the MS Society and the General Medical Council. It is clear from the conversations the Government have had that this is a very complex area with a number of factors at play, including easy access to robust evidence for prescribers; information about licensing status and what it means; and clear and more accessible information for researchers and charities on how to get research findings into the system and through to licensing, if that is the approach they wish to follow. What is also clear is the genuine commitment to work together to make those things happen and to investigate whether there are other non-legislative improvements that can be made to support appropriate medicines use and benefit NHS patients.

We know that there are issues with access to medicines, but they are in no way unique to unlicensed or off-label medicines use. There are areas where there is far too much variation in the use of licensed, NICE-appraised medicines, and we are working hard with the NHS to address that, but there is no single magic bullet. The measures before us today are more likely to impede access than to facilitate it. What is more, they would be of benefit to only one medicine, one condition and one group of patients at a time.

We are committed to working with NHS England, the Medicines and Healthcare Products Regulatory Agency, NICE, the GMC, the all-party group on off-patent drugs, and patient and professional groups, to address the issues that the round-table group identified. MHRA, NICE and the GMC are committed to working together to improve the understanding of the differences in licence status and how clinicians can practically work with that. The GMC is preparing a topic for its website to dispel myths and confusion about off-label prescribing and to explain how its guidance applies. NICE and the GMC are also considering further joint work to support clinicians in discussing and sharing knowledge.

As doctors may prescribe unlicensed medicines where it is necessary to do so to meet the specific needs of individual patients, and given that patients need sufficient information to allow them to make an informed decision along with their doctor, NICE is looking at making more use of patient decision aids further to support implementation of its clinical guidelines, to help individuals work through the pros and cons of different treatment options.

[Alistair Burt]

We are looking at how we might provide better information to help researchers and other stakeholders know how they can propose subject matter for NICE's clinical evidence summaries and for updates to NICE guidance. NICE will be working with the "British National Formulary" to ensure that off-label uses are included where there is robust evidence to support them and that they are presented in a standard way to help clinicians to use them.

We are committed to working with the research community to set out the pathways and options for bringing research evidence to the attention of clinicians more systematically. This will involve working with a number of bodies in the research community, including the Association of Medical Research Charities, and I know there is a commitment to do so. The outcomes of the accelerated access review will also feed into that.

Let me say a little on the detail of why I do not think the Bill is the right way forward and about what is the best way forward. The Government do not support the Bill, just as the then Government did not support the virtually identical measure introduced by Jonathan Evans last year. I want to be absolutely clear about why that is the case: when it comes to the primary objective, which is to make sure that our NHS can treat everyone according to the most up-to-date and robust evidence, the hon. Member for Torfaen and I are in complete agreement. However, legislating in this way is not the way to achieve that goal.

There are clear benefits in using licensed drugs based on evidence about their safety profile, side effects, efficacy and so on. The guidance from the Medicines and Healthcare Products Regulatory Agency and the General Medical Council is clear that a licensed medicine being used within its licence indications should be the first choice for patient care, and that is exactly as it should be. However, the guidance also makes it clear that clinicians are free to use their clinical judgment to treat their patients with a licensed medicine used outside its licensed indication—off-label prescribing—or, indeed, an unlicensed medicine where such a medicine is the best clinical choice for the patient or there is no licensed medicine to meet the particular need. In fact, the guidance from the MHRA and the GMC sets out a hierarchy of medicine use.

Paul Flynn: The right hon. Gentleman prays in aid the MHRA, which is entirely funded by the pharmaceutical industry. Why does he not confess that he has taken this cruel and unfair stand of following what the industry has told him to maximise its profits and put patients last?

Alistair Burt: That is not the case.

Ian Blackford: On a point of order, Madam Deputy Speaker. Will you give us some guidance? Given the feelings being expressed throughout the Chamber, what can we do to move a closure motion so that the views of the House can be expressed properly in this debate?

Madam Deputy Speaker (Natascha Engel): The hon. Gentleman is perfectly entitled to move a closure motion, and it is for the Chair to decide whether or not to accept that motion.

Ian Blackford claimed to move the closure (*Standing Order No. 36*), but the Deputy Speaker withheld her assent and declined to put that Question.

Alistair Burt: The guidance says that in treating their patients, clinicians must first consider using a licensed medicine within its licensed indication. If that will not meet their patient's needs, they can consider a licensed medicine outside its licensed indication, and only if that is not suitable should they consider using a medicine that is not licensed at all. We know that a great many medicines can offer benefits to patients when prescribed outside their licensed indications.

Antoinette Sandbach: Will the Minister give way?

Alistair Burt: Not at the moment, because this point is absolutely crucial to put on the record.

Prescribing in that way is part and parcel of normal, everyday clinical practice, as the hon. Member for Central Ayrshire confirmed. It is very common in prescribing for children and in treating some forms of pain. Most doctors, particularly GPs, will do it every day in their clinical practice. That has already been covered in relation to tamoxifen and raloxifene for the prevention of familial breast cancer. As was rightly identified by the hon. Member for Torfaen, the issue is compounded when drugs come off patent and new evidence suggests that they would be appropriate in the treatment of new indications.

The hon. Gentleman has gathered a lot of support for the Bill, but it does give the impression that such drugs are not being made available to patients. It also suggests that licensing is required to make these drugs available for patients, and that a NICE technology appraisal is required as well.

Nick Thomas-Symonds: I did not say that.

Alistair Burt: If the hon. Gentleman is happy to say that that is not the impression given, I am pleased to correct what I said.

Nick Thomas-Symonds: I never said that the drugs were not available. I said that they could theoretically be prescribed, but that it did not happen consistently by sector or across the country. That is what I said. It is on the record.

Alistair Burt: In that case, I am more than happy to again let the message go out from the Chamber today that these drugs are available and can be prescribed. Where it is clinically appropriate, they should be prescribed. Seeking this legislation will not change that availability.

Members of the House are doing a highly effective job of bringing their constituents' concerns to the attention of Ministers and asking our help to resolve this issue. We are not aware of colleagues bringing examples of people who have been refused treatment. It is vital to know if there is evidence of people being refused treatment. As I said, the clinician's letter that the hon. Member for Torfaen read out was wrong. Unless there is a clinical reason for not supplying the drug, there is nothing to prevent the doctor from doing so.

Dr Philippa Whitford: I simply make the point that we are now not just talking about doctors prescribing. It is unrealistic to expect physiotherapists and nurses to prescribe drugs off licence. It just will not happen.

Alistair Burt: I understand that point. We want more people to have prescribing powers and the information that they have will be vital.

A number of our exchanges have raised the questions of what information there will be and how easy it will be for clinicians to access it. We maintain that such access will be possible. The Access to Medical Treatments (Innovation) Bill will assist that still further.

Matthew Pennycook (Greenwich and Woolwich) (Lab): The Minister has been exceptionally generous in giving way. I hold him in very high regard personally. However, given the weight of evidence that has been brought to the Chamber, he is doing himself a disservice. I appeal to him personally, as someone who has constituents who would benefit from the Bill, to allow it to go to Committee.

Alistair Burt: I certainly did myself a disservice with a silly, offhand remark. I entirely accept that. It is not like me and I apologise.

The stance that I am taking as the Minister representing the Government is that I do not believe this is the right vehicle to achieve what Members want. I am also concerned—

Nick Thomas-Symonds: On a point of order, Madam Deputy Speaker. With the greatest of respect to the Minister, he has had a bit more time since the last point of order and it is quite clear that he has run out of arguments and is now talking to the clock. I beg to move that the Question on closure be put.

Hon. Members: Hear, hear!

Madam Deputy Speaker (Natascha Engel): As I said previously, I am not prepared to accept that the Question be now put.

Albert Owen: Further to that point of order, Madam Deputy Speaker. The Minister has definitely run out of arguments and he has indicated that he wants us to run out of time. What help and support can you give us to have a closure motion, so that Members who have stayed here today at the request of their constituents can have their names put on the record?

Madam Deputy Speaker: Two closure motions have now been moved and twice I have said that I am not prepared to accept them. I am afraid that is just how it is.

Patrick Grady (Glasgow North) (SNP): Further to that point of order, Madam Deputy Speaker. Given what you have said, let the record show that at least 13 Scottish National party Members have given up their Fridays in their constituencies to come here on behalf of their constituents. This is an outrageous abuse of parliamentary procedure.

Madam Deputy Speaker: Can we please stop it there? Two Members have tried to move the closure and I have refused to put the Question. If any more Members try to put that Question, they will be challenging the Chair.

Alistair Burt: The reason I said earlier that I would go on until 2.30 and beyond is that I have not even begun to deal with the licensing arguments and the problems—*[Interruption.]* Hon. Members just said that I had run out of arguments, but I have not even covered the difficulty of the Secretary of State being put in the position of being the regulator and someone who applies for licences. There are plenty more arguments that need to be put and I think that we will run out of time.

Antoinette Sandbach: Given the Minister's clear support for the principles behind the Bill, will he agree to meet the various organisations to see whether there is a non-legislative means of achieving the aims of the Bill?

Alistair Burt: I am certain that the Under-Secretary of State for Life Sciences will meet people soon at my request to carry on our discussion. It is clear that the House is not in any way comfortable with the Government's position in resisting this Bill, so before the matter is considered again it is essential that the Government look at it further. If a message had gone out from the House that there was only one way for people to get access to the drugs they need, that would be wrong—

Hon. Members: Five, four, three, two, one.

Madam Deputy Speaker (Natascha Engel): Order! Enough now.

2.30 pm

The debate stood adjourned (Standing Order No. 11(2)).

Ordered, That the debate be resumed on Friday 4 December.

Business without Debate

HIGHWAYS (IMPROVEMENT, TRAFFIC REGULATION AND TRAFFIC MANAGEMENT) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 29 January.

CROWN TENANCIES BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 22 January.

DEFENCE EXPENDITURE (NATO TARGET) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 20 November.

Rugby World Cup Legacy

Motion made, and Question proposed, That the House do now adjourn.—(Mel Stride.)

2.31 pm

Mark Pawsey (Rugby) (Con): Six days ago we watched the final game of the rugby world cup 2015, and a fantastic match at Twickenham stadium between New Zealand and Australia. At one stage it looked as if the All Blacks might run away with it, but the Wallabies staged a magnificent comeback to close the gap. At the end the New Zealand team, with kicks from Dan Carter, were the worthy winners of the Webb Ellis cup. While memories of that match and the entire tournament are fresh in our minds, I wanted to reflect on that from the perspective of the country as a whole, and particularly of my constituency with its unique association with the game, and consider the tournament's impact on the game of rugby union.

The tournament touched all parts of the UK, and almost 2.5 million tickets were sold for matches up and down the country, from Twickenham in the south-east, to Cardiff in Wales, Manchester and Newcastle in the north, and Exeter in the south-west. Across 11 host cities, record numbers turned out to experience the thrill of the rugby tournament. Members whose constituency played host to a world cup match or a fanzone will know the buzz, and city centres and venues came alive, benefiting pubs in particular—reports already show uplifts in the profits of different pub chains of between 6% and 33%. More than 1 million people visited the official fanzones, and it is predicted that the tournament will have contributed almost £1 million to the UK economy, with overseas visitors alone having injected £869 million of revenue into the UK. The Office for National Statistics charted a 1.9% rise in retail sales last month.

Rugby enthusiasm was widespread, and more than 100,000 of the tickets sold were child tickets for aspiring fans who were watching the game for the first time. It is one thing for a tournament to sell tickets to rugby enthusiasts such as me, but it is something else when a broader group of people are touched.

Philip Davies (Shipley) (Con): I commend my hon. Friend for everything he does to support rugby union. He mentioned places that hosted world cup matches. Does he recognise that my constituency hosted the mixed ability rugby world cup this year, which was held in the same year as the rugby world cup? Does he agree that that was a great success and a great way of getting more people to play rugby? We should look to replicate that in future years.

Mark Pawsey: My hon. Friend is right, and there are many versions of the game such as “golden oldies” for older players, tag for younger players, and mixed ability rugby is another game coming forward.

This country had 460,000 visitors, and I am confident that they will go back to their home countries and speak with high regard for the spirit that the game of rugby engenders. That spirit was shown remarkably through the efforts of the world cup volunteers—6,000 people formed the pack who directed fans from train stations and entertained them at fanzones. Their enthusiasm

helped to build the celebration. Between them, the 23,000 volunteers covered 240,000 volunteering hours. Quite simply, the tournament could not have taken place without them.

People engaged with the world cup away from the stadiums in different ways. The final was watched by an estimated world audience of 120 million. In the UK, 11.6 million viewers tuned in to the game on ITV, the largest rugby audience and the highest peak audience for a sporting event since the 2014 soccer world cup.

It was not just a rugby tournament. As my hon. Friend said, the festival of rugby encouraged rugby events—not just games—of all shapes and sizes. In my constituency, on the theme of “Rugby’s got balls”, rugby sculptures were on display, supported by Rugby Borough Council. As part of the festival, we had the parliamentary rugby world cup, a tournament for MPs. Seven nations participated. Once again, Australia walked away with the cup. I pay tribute to the many Members of the House who got their boots and shorts on, and to the sponsors, who enabled us to have such a successful tournament very much in the spirit of the game.

The Rugby Football Union has announced the financial success of the tournament. Some £250 million was raised from ticket revenues, with an £80 million surplus. That money is already finding its way down to the grassroots game. It was the most digitally engaged tournament ever, with social media activity throughout the tournament. The #rwc2015 hashtag was used twice a second and the official world cup app was downloaded 2.8 million times in 204 countries.

The tournament will be long standing in the memory of my constituents in Rugby, where we have a long association with game—it goes back to 1823, when a young man called William Webb Ellis picked up the ball and ran during a game of football being played on the Close at Rugby school. He was a Rugby lad, and broke the rules to create the characteristic feature of a game that was taken around the world by former pupils of Rugby school. With the town giving its name to the school and the school giving its name to the game, my constituency has long called itself the home of the game. There is a little bit of an argument against that view—some say that the home is where the administrators are based, which, as far as the English game is concerned, is Twickenham—but it is indisputable that my constituency is the birthplace of the game.

In recent years, we have not done as much as we might have done to celebrate that. In my maiden speech shortly after my election in 2010, I spoke about my wish, as a former rugby player and an enthusiast for the game, to improve the connections between the town of Rugby and the game of rugby. It was clear that the big opportunity would come during the rugby world cup 2015. In 2010, 2011 and 2012, a number of people—councillors, council leaders and town centre traders who were alert to the commercial opportunities—got together to plan what the town might do during the world cup. Shortly after my election, people were coming up to me and asking, “Mark, what are we going to be doing in Rugby for the rugby world cup?”

We went out and made relationships, and secured equal status to host cities. Rugby was a host city—it was the only host city without any games—and hosted a fanzone for the longest period throughout the tournament. It ran from well before the opening ceremony. Only

today, I attended the very last event in the tournament—a conference held by Coventry and Warwickshire chamber of commerce—before the semi-permanent structure is taken down. The contractors turn up tomorrow.

Why did Rugby do that? We wanted to increase the numbers of people coming to our town and benefit the businesses within the borough. We wanted to provide something for local residents and promote civic pride. Rugby is one of the fastest-growing towns in England and we wanted to enhance national and international awareness with a view to attracting longer-term investment into the town.

As I mentioned, we did that by making the fanzone and the rugby village the focus of activities throughout the eight weeks. Not only could people watch the matches on big screens, but there was art, culture and entertainment to appeal to the community as a whole. Some of the best events I attended in the fanzone did not involve watching the matches. We had a fantastic one-man play about the life of Ray Gravell, a famous Welsh rugby player; only the other day, we heard a rugby-based electric string orchestra play; and we had a fascinating talk on the history of the game and how it transmitted itself around the world. People are saying to me, “What are we going to do now our fanzone has gone? What are we going to do now the world cup is over?”

Some 40,000 people visited the fanzone, of whom 25,000 came to watch the matches. Alongside that, we arranged a schools programme attended by 3,000 children from 50 schools across the constituency. Local rugby clubs are benefiting from that now, through a substantial and sustained increase in the number of inquiries from young players.

We have put rugby on the map. It enjoyed national and international promotion as a result of the efforts, help and support of Visit England and England Rugby. I am sure that anybody who watched the opening ceremony will remember the television footage moving across the town to land on Rugby school, where a re-enactment of the opening game took place. All of that gave our town a massive profile.

We have established strong links with external organisations, including World Rugby and the RFU. Over the last few weeks, we have welcomed four delegations from Japan, where the 2019 tournament will be held, and we are building up relationships there. While it is early days to report figures from local businesses, I have spoken to one local trader who told me that his trade during the tournament was up by as much as 250%.

In addition to the pack that England 2015 put together, Rugby as a town put together its own group of 100 volunteers who welcomed visitors, assisted with the delivery of the programme and signposted for our many visitors. Just as when someone visits someone's home they try to smarten up the place beforehand, Rugby made a series of improvements and investments before the tournament, including improved street furniture and better coach parking, and I think we are one of the first towns in the midlands to have free wi-fi across the town. So we are confident we have met our objectives of increasing visitor numbers and spend and providing facilities for local people. I take my hat off to Rugby Borough Council—the council leadership and council officers—for delivering something special for the town. As I said, people are stopping me in the street and

telling me what a wonderful job we did in welcoming people to Rugby throughout the world cup.

When we put on tournaments such as the rugby world cup it is important to increase participation in sport, and that was a big objective of the RFU, which has already committed £25 million from the profits generated during the tournament to ensure a meaningful legacy. That money will go into new facilities. Some £10 million has already been committed to investment up to 2017 so that those who play the game have a quality experience with modern facilities—I often played the game in scruffy and tatty conditions. In my own county of Warwickshire, £350,000 is being invested across 18 projects. It is also important that we get the right level of coaching and refereeing. Across the country, the RFU has invested £1 million in new coaches and referees. People volunteered for those very important roles at fanzones across the country.

We have spoken about the importance of getting more youngsters playing the game. It is important that if someone visits a stadium and watches a game or sees something they enjoy on television, they are made welcome by clubs if they then choose to play. One way of doing that is to introduce rugby in more state schools, and that is happening. Some 400 state schools are getting involved with the RFU's flagship three-year “All Schools” programme, which is training teachers and older students to deliver rugby by linking with local clubs. In my constituency, three of our secondary schools, Bilton, Avon Valley and Harris, have linked with their local clubs, Newbold-on-Avon, the Old Laurentians and Rugby St Andrews, with after-school sessions taking place at the clubs. The RFU has an objective to introduce rugby to more schools—from the current 400 state schools to 750 of them.

One of the game's problems happens when people play in their younger years, but then get lost to the game as other attractions, often including girlfriends, come along. There is a real effort going on to bring back people lost to the game in the 16 to 24-year-old age group. In my constituency, Newbold-on-Avon rugby club has been involved in a targeted delivery to bring back some of those players.

My hon. Friend the Member for Shipley (Philip Davies) referred to other versions of the game. Touch rugby, for example, can be played by older players, and there is a relatively new version of the game known as “walking rugby”, which enables people of even more senior years to continue to enjoy the excitement of handling the ball and playing as part of a team. Some 261 touch centres have been set up at 147 clubs, 75 colleges and 39 universities.

Another key objective has been to extend the game around the world. One feature of the 2015 world cup was how the second tier nations—those that have been playing the game for a shorter time—have raised their standards, so that the gap between them and tier 1 has become much narrower. We did not have games with results such as 100 points against nil; we had some pretty exciting games, and none more so than the Japanese game against the South Africans in the early part of tournament when a tier 2 team really gave a fright to the mighty South Africans. That engendered a great deal of interest in the game. Georgia and Romania are part of a project to get more people playing, and seventeen European countries are working together to address the challenges

[Mark Pawsey]

to increasing participation. There is also the legacy oversight group whereby members from the worlds of business, sport and government come together to spearhead progress and identify further opportunities.

We had a great tournament this year, and the rugby world cup 2015 had a massive impact, boosting our economy, increasing the perception in the world of my town and furthering engagement with the game. We were very pleased in Rugby to welcome the visitors and place our town and my constituency in the best possible light. The RFU is taking the opportunity to leave a positive legacy for English rugby for future generations to enjoy. Now that the tournament has concluded, it is time to turn our sights on 2019. We look forward with great interest to what Japan holds in store for us in 2019.

2.47 pm

The Minister for Culture and the Digital Economy (Mr Edward Vaizey): I am grateful for the opportunity to reply to the debate called by my hon. Friend the Member for Rugby (Mark Pawsey). However, I first want to congratulate you, Madam Deputy Speaker, on gaining the Back Bencher of the year award from *The Spectator*. I was lucky enough to be at the lunch where you were awarded this honour not once, but twice, even though you had to tear yourself away from your parliamentary duties. It is good to see you back in the Chair, Madam Deputy Speaker.

I had an extremely undistinguished rugby career, but I now realise that I was ahead of my time because at the age of 16 I was playing “walking rugby”. I am now aware that it is a game that I should adopt when I am 65! I had a brief appearance in the first 15 when somebody passed me the ball and the biggest bloke in the school failed to tackle me, but I was quickly relegated to the third 15 where we racked up some astonishing scores for the opposing team.

My hon. Friend has raised some interesting points about the tournament. It was indeed described by the chairman of World Rugby as the

“best-attended, most-watched, most socially-engaged, most commercially-successful Rugby World Cup”.

It is important to point out from the outset that my hon. Friend has been very engaged with this tournament, both within his constituency and on a national level. It was good to hear from him about the benefits a local economy can gain from a major national or international event such as this one. It was also important that he reminded us that that does not happen by accident; it takes the hard work of people such as him and others to make sure that it is realised.

The town of Rugby, as the birthplace of the game, played an important part in the tournament and was the proud home of it. It hosted several events. The successful fanzone, to which my hon. Friend referred, brought visitors from far and wide to the Webb Ellis Rugby Football Museum, and it was also good to hear about some of the arts and cultural events that took place, that being my main remit. The excellent festival of rugby that accompanied the tournament involved 1,000 events across the country, which were attended by more than a million people. There were concerts, street parties, sport tournaments and exhibitions. Indeed, my hon. Friend went so far as to mention the seminal

“Rugby’s got balls” exhibition, featuring giant rugby ball sculptures. However—although I may have missed it—I do not think he mentioned the “Rugbeards” portrait exhibition put on by a local flower shop, featuring men with flowers in their beards.

I must, of course, offer my congratulations to New Zealand as champions. I was, sadly, at the game in which Australia put England out of the tournament. I must also offer my gratitude, and that of the Government, to England Rugby 2015, which ran a brilliant, highly professional tournament. It did a fantastic job selling tickets for all the matches, including those featuring the tier 2 nation games. Eleven cities in England and Wales hosted 2.5 million fans over six weeks—the largest number of fans ever to attend any rugby world cup. Wembley hosted two consecutive matches which broke rugby world cup attendance records.

My hon. Friend mentioned the pack, the 6,000 volunteers who, as he said, were crucial to the fans’ experience. It could not have happened without them. Many of the volunteers were recruited from the rugby community in England and Wales. It was great to see people who play such a big part in the sport at the grass-roots level being rewarded with the opportunity to play a part in the biggest event in their sport.

Of course, the wider legacy issue is not just about engaging and rewarding those who are already passionate about the sport, but about inspiring new fans and new players. The Rugby Football Union developed detailed plans before the tournament to capitalise on the event and take advantage of the huge amount of enthusiasm that it generated. As my hon. Friend said, that included spreading the game in schools, especially state schools which have not traditionally played rugby. The programme has reached 130,000 pupils, and I am delighted to say that a third of them are girls. As a result, 3,000 young people have joined rugby clubs, and are playing the game regularly. The mini and junior sections in clubs tend to be pretty strong. There are 150,000 registered players and 6,000 teams in the 6-to-13 age bracket. Tag and touch rugby tournaments aimed at youngsters are becoming incredibly popular.

As well as attracting new players to the game, the Rugby Football Union has strong legacy plans to strengthen the infrastructure that surrounds it. It is improving facilities by means of a £10 million investment, and investing in the people—the coaches, referees and volunteers—whom we need to sustain the enthusiasm of the new players.

As we saw at the 2012 Olympic and Paralympic games and last year’s Tour de France Grand Départ in Yorkshire—I am not sure whether that is the Yorkshire pronunciation—the east of England and London, major events in the UK can reach far beyond these shores, bringing significant benefits, including visitors and investment from overseas. It is estimated that nearly half a million international visitors came to England and Wales to watch and take part in the rugby world cup tournament, generating about £1 billion of additional spending in the UK. I am sure that all those visitors had a wonderful time. That is another illustration of the links that can be created by a great sporting tournament, which can have an impact not just on the sport itself but on tourism, our economy, and arts and culture—the wider brief, as it were.

Philip Davies: I thank the Government, and my hon. Friend's Department in particular, for the support that they gave to the mixed-ability rugby world cup, which took place in my constituency. Will he join me in placing on record our thanks to Gerry Sutcliffe, the former Member of Parliament for Bradford South, for all the hard work that he put in to help to make that tournament a success, and will the Department continue to play a role in trying to encourage more mixed-ability rugby and more world cup tournaments in the future?

Mr Vaizey: I endorse what my hon. Friend says, particularly about the role of Gerry Sutcliffe, who retired at the last election—although you probably would not know that, Madam Deputy Speaker, because every time you go in a bar in Parliament, you find Gerry Sutcliffe. In a sense, we have the best of both worlds, with a new MP for Bradford South but Gerry still very much with us.

I am sure the sports Minister, my hon. Friend the Member for Chatham and Aylesford (Tracey Crouch), would be delighted to visit my hon. Friend the Member for Shipley (Philip Davies) to see some of this mixed-ability rugby. She might be approaching the time at which she will need to take maternity leave, but if she can fit it in before then, I am sure she will take the opportunity to do so.

I was pleased to hear that the RFU signed a deal this week with the American National Football League to have additional matches take place in Twickenham. The recent matches at Wembley have demonstrated the UK's passion for the sport and we look forward to welcoming more fans and more teams to London.

Mark Pawsey: One of the key points about that is that it enables England games to be taken away from Twickenham and to be played in the provinces. Does the Minister agree that the world cup has shown that there is an appetite across the country for first-class and international games in all locations?

Mr Vaizey: The rugby world cup did show that. Obviously, Cardiff has a major stadium where rugby is played, as does Wembley, and huge enthusiasm was shown in Manchester and at many of the other stadiums where rugby games were played. The RFU and other national sporting bodies might want to consider that in the future when considering how to engage with fans across the UK.

It is also worth pointing out what a great calling card a tournament such as this is for the country that is lucky enough to host it. The final was seen by 120 million people all over the world, and my hon. Friend mentioned

the extraordinary game between Japan and South Africa, which was viewed by 7 million people in Japan who might not have expected to see the result that they did. It might not surprise my hon. Friend to learn that 25 million people in Japan watched the game against Samoa, which Japan also won. That was the highest ever TV audience for a rugby match in any one country and created huge exposure for the UK in a key tourist market. What the rugby world cup has done for tourism should not be underestimated.

We used the opportunity to welcome international business visitors to the UK. UK Trade & Investment led a global investment conference and ran a business festival throughout the tournament, and we also had business events across the regions, ensuring that the positive effects of the tournament reached businesses all over the country.

Mark Pawsey: The Minister started his speech by telling us a little about his rugby career. Is he making a bid to be included in the parliamentary team?

Mr Vaizey: My position was hooker. I do not know the quality of the current hooker in the parliamentary rugby team, but if he or she is failing to come up to the mark, I will happily take their place.

I mentioned my colleague, the sports Minister. Unfortunately, she was unable to be here today, but I know that she would want me to mention her strategy for sport. She published a consultation, which has been very well received, and we have had more than 3,000 responses. It is important to note that that strategy will examine how major sporting events have a huge impact on the UK and how we can continue the brilliant developments that are happening in rugby thanks to the rugby world cup.

I thank my hon. Friend the Member for Rugby for bringing this important issue of the rugby world cup legacy back to the House. It was a great honour for me, when I was a junior researcher working in the Conservative research department, to work with his father, an absolutely great man, so it is a great honour now to respond to a debate called by him about this fantastic tournament. It is essential, now that the event is over—I pay tribute to my speechwriter for this—that we do not take our eye off the ball. We all recognise the fantastic work that has been done so far, and I am confident we will be celebrating the tournament's legacy long into the future.

Question put and agreed to.

2.59 pm

House adjourned.

Written Statement

Friday 6 November 2015

BUSINESS, INNOVATION AND SKILLS

Higher Education Green Paper

The Minister for Universities and Science (Joseph Johnson): I am today laying before Parliament a Green Paper on higher education entitled “Fulfilling Our Potential: Teaching Excellence, Social Mobility and Student Choice”. The paper sets out a broad range of proposals to:

- raise teaching standards in higher education and encourage greater emphasis on graduate employability;
- make further progress on widening participation and improve outcomes for students from disadvantaged backgrounds;
- open up the higher education market to new high-quality providers so that students have more choice; and
- reshape the higher education landscape and move to a more risk-based system to reduce the cost of the regulatory burden on the sector and the taxpayer.

We committed in our manifesto to introduce a framework which recognised universities offering the highest quality teaching: the teaching excellence framework (TEF). The TEF will shine a spotlight on excellent teaching, ensuring parity of esteem with excellent research. The Green Paper sets out our proposed approach to the TEF, including its principles, design and high-level operation.

In the July Budget, we announced that high-quality higher education providers would be allowed to increase their fees in line with inflation from the 2017-18 academic year. We propose to use the recent, successful review by the Quality Assurance Agency (or equivalent review) as the mechanism to deliver this in the first year, and TEF level assessments in subsequent years once the framework is operational.

As a one-nation Government we will continue to ensure that everyone with the potential has the opportunity to benefit from higher education. The consultation sets out how the TEF will recognise higher education institutions that welcome students from disadvantaged backgrounds and support them through to employment or further study.

The Green Paper proposes a new single gateway for entry to the sector and a faster and simpler process for obtaining degree awarding powers and university title. We will also reduce the overall burden of regulation and reform the regulatory landscape so that students are at the heart of the system. Funding for higher education courses now flows predominantly through students. That is why we are consulting on plans for a new Office for Students. The new body would bring together functions on market entry, fair access, quality and teaching excellence; have a duty to promote the student interest when making its decisions; and will be responsible for ensuring value for money for students and taxpayers.

The Paper also considers the implications of these reforms for the research funding landscape.

A copy of the Green Paper will be deposited in the Libraries of both Houses and will be available on GOV.UK. The consultation is open until 15 January 2016.

[HCWS297]

WRITTEN STATEMENT

Friday 6 November 2015

	<i>Col. No.</i>
BUSINESS, INNOVATION AND SKILLS	37WS
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