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HOUSE OF COMMONS
OFFICIAL REPORT

PARLIAMENTARY
DEBATES

(HANSARD)

Monday 20 May 2019

House of Commons

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The House met at half-past Two o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Oral Answers to Questions

DEFENCE

The Secretary of State was asked—

UK-Saudi Arabia Joint Military Exercises

1. **Marion Fellows** (Motherwell and Wishaw) (SNP): What joint military exercises UK armed forces personnel have conducted with Saudi Arabian armed forces in the last three years. [910966]

The Secretary of State for Defence (Penny Mordaunt): I would like to pay tribute to Guardsman Mathew Talbot of the Coldstream Guards, who was killed on duty on 5 May in Malawi while taking part in a counter-poaching patrol. Our thoughts remain with his family and friends at this difficult time. I also wish to pay tribute to my predecessor for all the work he did for our armed forces, and to draw the House's attention to my entry in the Register of Members' Financial Interests.

In the past three years, UK armed forces have conducted four exercises with Saudi Arabia: in 2017 and again this year, Exercise Desert Soldier; and in 2018 a Gulf Co-operation Council exercise, Gulf Shield, and an exercise, Saudi-British Green Flag.

Marion Fellows: May I associate myself with the Secretary of State's remarks and welcome her to her place? Saudi officers are being trained in the UK. Any UK steps to stop Saudi committing further human rights abuses must be seen in that context. Thousands have already been killed by Saudi forces—the UK influence did not stop them. Does she agree with me and with her colleague, the right hon. Member for Rutland and Melton (Sir Alan Duncan), who is the Minister for Europe and the Americas, that Saudi actions are “deplorable”? Will she review our training and co-operation with Saudi armed forces?

Penny Mordaunt: I would say that all we do with the Saudi military is in compliance with and promoting compliance with international humanitarian law. I would ask the hon. Lady: does she think the world would be a better place if we did not do that?

Sir Michael Fallon (Sevenoaks) (Con): May I be the first from the Conservative Benches to congratulate my right hon. Friend on her very well-merited promotion and to wish her well for the future? Does she agree that it is in the UK's interests to continue intelligence and security co-operation with Saudi Arabia, as with any other Gulf allies that feel threatened by Iran or Iranian proxies?

Penny Mordaunt: I thank my right hon. Friend for his kind words. I was Minister for the Armed Forces while he was Secretary of State and I learned a great deal

from him. He is absolutely right to say that we have joint interests, and it is quite right that the UK continues our defence partnership with Saudi Arabia.

Stewart Malcolm McDonald (Glasgow South) (SNP): I, too, welcome the Secretary of State to her place—the first woman to hold the post. May I also associate my party with the comments she made about Mr Talbot and his family?

Saudi Arabia is one of the most human rights-abusing countries on the face of the earth, particularly for women and for other minorities. Of course, the right hon. Lady remains the Minister for Women and Equalities. Is it not time to start unpicking this close relationship, not least in the light of today's revelations on the front page of *The Times*, which tell us that her Department is freelancing when it comes to torture policy?

Penny Mordaunt: An urgent question has been granted on the last point and I hope to provide the House with some reassurances at that time. I say to the hon. Gentleman that I feel very keenly that women around the world who need our support—human rights advocates and human rights defenders who are out there trying to get reform in their nations—need the UK to lean in to those nations, not retreat from our relationship with those nations.

Stewart Malcolm McDonald: The problem is that we are leaning in with the arms trade to those nations. All the stuff the Secretary of State has just outlined about continuing the nature of the relationship has not led to any change on women's rights or gay rights, or for those who are members of different faiths, so is it not time that she stood at that Dispatch Box, nailed her colours to the mast, restated our values, unpicked that relationship and said that we will have no part with a regime that chops the heads and hands off people for simple crimes?

Penny Mordaunt: I hope I can reassure the hon. Gentleman with my track record in my previous post, when I went to Djibouti, got the shipping records of the traffic that was being held at Hodeidah port and then presented those findings to the commander of Saudi forces. Only by engaging and having dialogue with those individuals and those nations will we get better things to happen.

Bob Stewart (Beckenham) (Con): When I was in the Saudi air operations centre recently, I spoke to Saudi pilots, who were a very impressive lot. I asked them about their rules of engagement. I looked at those rules and they looked remarkably similar to rules of engagement the Royal Air Force would use. Does my right hon. Friend agree that they are pretty strict?

Penny Mordaunt: That concurs with what I have seen and, indeed, with reports that are in the public domain. We know that our training has assisted individuals in making judgments, while operations are going on, that have prevented civilian casualties. There is more to do with other nations as well, but it is absolutely right that the Royal Air Force and others in our armed forces are trying to get good practice to happen in targeting and other areas.

Gerald Jones (Merthyr Tydfil and Rhymney) (Lab): I welcome the Secretary of State to her place and echo her comments about Guardsman Mathew Talbot—all our thoughts are with his family at this sad time.

One reason why Labour opposes any future joint exercises with Saudi Arabia is what Amnesty International calls the “widespread” and “common” use of torture in the kingdom. As we have heard, today’s *Times* newspaper reveals that the MOD is willing to share intelligence with states like Saudi Arabia, where there is a real risk of torture, provided that

“the potential benefits justify accepting the risk and the legal consequences”.

Will the Secretary of State clarify the Government’s position urgently and state categorically that the MOD is opposed to torture in all circumstances?

Penny Mordaunt: I am happy to give the hon. Gentleman that reassurance. I will go into more detail on the matter when I respond to the urgent question later, but that is the Government’s policy. The hon. Gentleman is wrong about our training with Saudi Arabia, just as the leader of the Labour party has been wrong on the Falklands, on Sierra Leone, on Syria, on Kosovo, on Russia and on Crimea, and wrong about Hamas, Hezbollah, al-Qaeda and the IRA. That is why decisions about national security should remain with a Conservative Government.

Income Tax Rate: Scotland

2. **John Lamont** (Berwickshire, Roxburgh and Selkirk) (Con): How many payments the Government have made to armed forces personnel based in Scotland to mitigate the Scottish rate of income tax. [910968]

The Parliamentary Under-Secretary of State for Defence (Mr Tobias Ellwood): Thanks to the surprising decision by the Scottish Government, our valiant armed forces are obliged to pay a higher rate of income tax than people in other parts of the country. As I hope the whole House would agree, the MOD sees armed forces personnel as a national asset, so we have introduced mitigation payments for eligible personnel to offset the unfair burden placed on our valiant soldiers, sailors and air personnel.

Mr Speaker: That is all very well, but I thought that the Minister was seeking to group this question with Question 14.

Mr Ellwood: So enthusiastic was I to answer the question, I failed to ask your permission to group this question with Question 14, Sir.

Mr Speaker: The Minister was very enthusiastic to make his point, at any rate.

John Lamont: I am grateful to the Minister for his response and, indeed, for the Government’s policy of ensuring that our brave armed forces men and women are not left out of pocket by the SNP Scottish Government’s bad decision to put up Scottish taxes—it has become known as the “nat tax” in Scotland—but I believe the damage has already been done. I have received anecdotal evidence from the spouses of armed forces men and

women who are now not coming to Scotland because they fear paying higher taxes in Scotland if their spouses are serving there.

Mr Ellwood: My hon. Friend is absolutely right that this issue affects not just those in uniform for whom we have responsibility, costing the MOD £4 million a year, but their spouses, partners and so forth. We are pleased to say that around three quarters of those partners, spouses and so forth are in employment—that is on a par with the civilian sector—but that means that they, too, face that tax burden if they move to Scotland.

14. [910980] **Sir Desmond Swayne** (New Forest West) (Con): Given the impact on spouses, is there a case for the payment of a local overseas allowance? Or would that be to hand the nationalists a propaganda advantage?

Mr Ellwood: My right hon. Friend answers his own question.

Mr Speaker: Very droll; well done.

Martin Docherty-Hughes (West Dunbartonshire) (SNP): As a member of the Defence Committee, I welcome the Secretary of State to their new post.

It has now been a year and no payment has been made, so as the Minister is not paying so-called mitigation to armed forces personnel, will he say how long it took to pay the £17,000 golden bye-bye to the former Secretary of State?

Mr Ellwood: I will not get drawn into the second part of the hon. Gentleman’s question, but I will clarify the first part. [Interruption.] If he can hold on to his seat for a second, I will answer the first part. It is a retrospective payment, and because the taxes have gone up even more, we have now increased the amount from £1,500 to £2,200. Taxes in Scotland are going up.

Carol Monaghan (Glasgow North West) (SNP): But of course about a third of armed forces personnel based in England, notably the lowest paid members of the armed forces, are paying more income tax than their counterparts in Scotland. Will the Minister give some information to the House on what plans there are to mitigate the lowest paid armed forces personnel in England?

Mr Ellwood: There is a question later on armed forces pay, and I will touch on that matter then. Let me make it clear: we see our armed forces as a national asset. If they are to be based in Scotland, they should not have to feel that they need to question whether they should go there because of the increased taxes that they will face.

Armed Forces Personnel

3. **Preet Kaur Gill** (Birmingham, Edgbaston) (Lab/Co-op): What recent assessment she has made of trends in the number of armed forces personnel. [910969]

15. **Nick Smith** (Blaenau Gwent) (Lab): What recent assessment she has made of trends in the number of armed forces personnel. [910981]

The Minister for the Armed Forces (Mark Lancaster): We remain committed to maintaining the overall size of the armed forces and we have a range of measures under way to improve recruitment and retention. Those measures are kept under constant review. Importantly, the services continue to meet all their current commitments, keeping the country and its interests safe.

Preet Kaur Gill: I, too, welcome the Secretary of State to her post. Last year, a National Audit Office report stated that it would be another 20 years before the RAF has enough pilots. Recent reports have shown that this problem has still not been fixed. With many trainee pilots stuck awaiting advanced training, how will the Minister commit to resolving this desperate situation?

Mark Lancaster: The hon. Lady is right to raise this issue. There is currently a review under the Military Flying Training System. We have, in part, been victims of our own success in this area, but the Minister for defence procurement, my hon. Friend the Member for Pudsey (Stuart Andrew), has already answered questions on this. We are absolutely committed to streamlining this process to ensure that pilots are not waiting too long for that training. I can reassure the House that, while they are waiting, they are being suitably employed by the Royal Air Force; none the less, we are committed to speeding up that training.

Nick Smith (Blaenau Gwent) (Lab): The Welsh Guards 1st Battalion are 30% below their target strength. Overall, the Army has shrunk. How does that fit with the Conservative manifesto commitment to “maintain the overall size of the armed forces”?

Mark Lancaster: I have good news for the hon. Gentleman and, indeed, I hope for the House. In January, the total size of the Army, including trained and untrained strength, was 81,750. At the end of April, the total size of the Regular Army, both trained and untrained, had risen to 82,770. That is a rise of more than 1,000 personnel.

17. [910983] **Scott Mann (North Cornwall) (Con):** I welcome the Secretary of State to her place. The Army is below its target strength in part because of the difficulties with and the inefficiency in Capita’s administration. What steps is the Department taking to make the joining process for new recruits easier?

Mark Lancaster: My hon. Friend raises a very important point. The issue is not only the application process, but the time of flight from doing that application to actually loading people onto training. I am pleased to say that there has been a recent trial in London and elsewhere looking at this very issue. We have managed to reduce the median time for that time of flight from above 200 days down to a median 109 days. That is a dramatic improvement, and it is just one of the things we are doing to speed up that process.

James Heappey (Wells) (Con): Does my right hon. Friend agree that it is vital that those who are considering a career in our armed forces do not see old men in their communities being dragged into investigations for things that happened decades ago? For the sake of those who have served, who do serve and who will serve in the future, does he agree that these investigations must stop now?

Mark Lancaster: My hon. Friend raises a very important point. He will have seen the Secretary of State’s comments on this over recent days. I am pleased to say that a written ministerial statement on this subject will be tabled tomorrow.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): For the avoidance of doubt, I do normally sit on this side of the House.

I, too, welcome the Secretary of State to her place. There are people holding down good jobs and contributing to society who are on the spectrum and might have Asperger’s. They are, as I say, contributing to society yet if they try to join the armed forces they are stopped at square one. Will the Government reconsider that policy because these people might make a very considerable contribution to the defence of the UK?

Mark Lancaster: This is one of the areas—not specifically related to that condition but I am happy to look at it—on which we have had a series of medical symposiums. We feel that perhaps some of the medical requirements for joining the armed forces are out of date. One example that I have used before is childhood asthma. If it were to reoccur, it is unlikely to do so until the late 40s or 50s, at which point most people will have already left the armed forces. But I take the hon. Gentleman’s comments on board and will ensure that that is part of the study.

Douglas Ross (Moray) (Con): In Moray, we have seen a positive increase in the number of military personnel, which is down to the significant investment by the UK Government in the Poseidon P-8 aircraft at RAF Lossiemouth. Will the Minister take this opportunity to welcome those coming to my constituency in the next few years because of the arrival of the P-8 aircraft?

Mark Lancaster: Indeed; the purchase of the nine P-8s was a very welcome step that this Government have made. It will significantly enhance our capability, and the investment that we have seen in Scotland ahead of those aircraft is significant and welcome.

Icebreaker Capability

4. **Mrs Madeleine Moon (Bridgend) (Lab):** What assessment she has made of the potential merits of commissioning icebreaker capability to operate exclusively in the Arctic. [910970]

The Minister for the Armed Forces (Mark Lancaster): The Royal Navy’s ice patrol ship, HMS Protector, has an icebreaking capability and can operate in the Arctic. We are aware of the importance of the high north region to our environment, security, prosperity and energy supply, and keep our requirements—including further icebreaking capability—under review.

Mrs Moon: Far too few women are engaged in defence, so may I welcome the Secretary of State to her position, as a fellow woman who has served with her on the Select Committee on Defence? The Arctic ice is melting, but during the winter its capability to freeze is still present. Both Russia and China are building large numbers of icebreakers. Will the Minister look at forward planning so that Britain can also have icebreaker capability in the north to protect British shipping when those sea routes begin to open up, as they will?

Mark Lancaster: As I mentioned, HMS Protector does have an icebreaking capability. However, I take the hon. Lady's points on board. As she will be aware, we will shortly be publishing the Arctic strategy, which builds on the House of Commons Defence Committee's "On Thin Ice" investigation last year. The hon. Lady is quite right; we are looking very carefully at the Arctic—not least at potential trade routes—and her point is a reasonable one.

James Gray (North Wiltshire) (Con): The report "On Thin Ice", to which the Minister referred, plainly laid out the threat from Russia, which has significantly increased in the Arctic in recent years. Therefore, the call for either ice-strengthened or ice class ships—together with, for example, ice-strengthened submarines and increased training, such as the first-class training offered to our Royal Marines in the high north—is extremely important. In that context, when will the Ministry of Defence be publishing its long-awaited report, and will it take quite a robust attitude towards encouraging NATO to taking the Arctic very seriously indeed?

Mark Lancaster: The report will be published shortly. I apologise to the House for the delay and ask that hon. Members do not read anything into it. Of course, my hon. Friend is quite right and has shown a keen interest in this part of the world for many years. This point precisely ties into the earlier question about the purchase of the P-8 aircraft. Only last year, I attended the Ice Exercise—ICEX—up in the high north, where I had the honour to go on board HMS Trenchant and spend two days under the ice. We are showing an increasing interest in this part of the world for the reasons expressed by the House.

Capita Army Recruitment

5. **Mary Glindon** (North Tyneside) (Lab): What recent assessment she has made of the effectiveness of Capita's Army recruitment contract with her Department. [910971]

The Minister for the Armed Forces (Mark Lancaster): The Army continues to work closely with Capita with multiple interventions in place, and is delivering improvements. The year 2018-19 was the best for applications in five years. As expected, we are now starting to see those applications move through the pipeline. The last quarter of 2018-19 was the best performing quarter for enlistments since 2012-13. Although we cannot be complacent and continue to maintain close oversight of this contract's performance, this does demonstrate early signs for cautious—I repeat, cautious—positivity.

Mary Glindon: I welcome the new Secretary of State to her place. There is no denying that the Capita contract is an appalling failure, when the Army is still 8% below its par. This issue has been repeatedly raised during Defence questions, but the situation keeps worsening. Does that not show that the Minister's Department has zero desire to resolve the problem?

Mark Lancaster: I think I tried to address this point earlier. Obviously, we have seen a rise in applications, and we have now seen a rise—taking the Regular Army

as an example—in people entering training, with an extra 1,000 in the first quarter of this year. It can take up to two years for a fully trained member of the armed forces to count as being trained and therefore to qualify as part of the figure we always use at the end, but the early signs are positive. Not only are applications up; we now have more people joining, wearing a uniform and being trained, and those people will slowly filter their way through the process.

Stephen Crabb (Preseli Pembrokeshire) (Con): I have been waiting two months now for an answer to a fairly straightforward parliamentary question about the number of applicants being rejected on medical grounds. Given the deeply unsatisfactory way that Capita seems to handle applications where a medical issue has been flagged, especially in the area of mental illness, will the Minister please look further into this to ensure that there is fairness in the system and the Army does not lose talent?

Mark Lancaster: My right hon. Friend is quite right to highlight the fact that the one thing we do not want to do is to lose talent. I made reference earlier to the medical review process that we are looking at. We have already found areas where we think we can improve, and I look forward to those improvements being implemented shortly.

Nia Griffith (Llanelli) (Lab): May I welcome the Secretary of State to her post?

It is scarcely credible that after all Capita's incompetence on the recruitment contract, its failure on the defence estate's management contract and the assessment by experts that this company carried the highest possible risk factor, the Minister is still pushing ahead with plans to outsource the Defence Fire and Rescue Service to Capita. To make matters worse, his Department is now spending hard-earned taxpayers' money on an expensive legal battle with rival company Serco. Is it not high time that the Government stopped throwing good money after bad in pursuit of an ideological fixation with privatisation, did the right thing and abandoned plans to outsource the Defence Fire and Rescue Service?

Mark Lancaster: I do not think there is any ideological belief about having to use Capita. For reasons I have already explained, we are seeing progress in the one particular contract that I am responsible for. With regard to the Defence Fire and Rescue Service, which also falls under the Army, there has been a court case that is currently under review, as the hon. Lady knows.

Iranian Military Action: Deterrence

6. **Mr Philip Hollobone** (Kettering) (Con): Whether the Government plan to (a) support and (b) deploy in conjunction with the US to deter Iranian military action against the UK's allies in the Gulf. [910972]

The Secretary of State for Defence (Penny Mordaunt): The United Kingdom shares United States, European and Gulf partners' concerns about Iran's destabilising activities in the region. We continue to work closely with our allies and partners to mitigate the threats to regional security.

Mr Hollobone: If the balloon goes up, are we ready and will we help our allies?

Penny Mordaunt: Yes, we are, and we are already deployed in the region. This is a region where we have huge stakes and a huge amount invested. We are working with our allies and partners, first, to try to de-escalate things in the region, but also to truly understand the facts behind recent events.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): May I welcome the Secretary of State to her new job? Some of us will miss her at the Department for International Development, where she really ploughed her own furrow and was very refreshing.

Are our defence forces capable of helping any of our allies, either in the middle east or if someone invaded one of our allies in Europe? We have minuscule armed forces. The 75-year D-day celebration is in June. We could not defend anyone with the size of the defence force we have at the moment.

Penny Mordaunt: First, I thank the hon. Gentleman for his kind comments. I am sure he will continue his campaign on road traffic accidents and all that Britain can do to prevent them around the world.

I think that our armed forces are getting increasingly more capable, looking what we are doing in terms of operations. Increasingly, we are forward-deploying people. The Royal Navy is undertaking more activity. However, we must ensure that the budget, or what we are doing with the budget, is absolutely linked to the tasks that we require our armed forces to do because of the mission that we give them.

Fabian Hamilton (Leeds North East) (Lab): Last week, the British deputy commander of Operation Inherent Resolve stated that

“there has been no increased threat from Iranian-backed forces in Iraq and Syria.”

He was then rebuked by US Central Command. The Foreign Secretary later went on to declare that the UK and the US share

“the same assessment of the heightened threat posed by Iran”, and the Foreign and Commonwealth Office changed its travel advice for Iran. Will the Secretary of State clarify the Government’s position, and will she confirm that the UK will oppose any escalation of tensions in the middle east?

Penny Mordaunt: We want the increasing tensions to de-escalate. I think that the major general’s remarks have been clarified; he was speaking in a particular context. We are absolutely on the same page as the United States in terms of the assessment of risk, and we have always been clear-eyed about the threats that Iran poses.

Defence Procurement

7. **Chris Ruane** (Vale of Clwyd) (Lab): What steps her Department is taking to encourage competition in defence procurement. [910973]

The Parliamentary Under-Secretary of State for Defence (**Stuart Andrew**): Competition remains the cornerstone of defence procurement policy, except where other strategic

considerations need to be taken into account—for example, national security, operational advantage and freedom of action.

Chris Ruane: I thank the Minister for his visit to defence companies in my constituency and for his helpful and inclusive approach when he visits. Does he agree that the ability of those companies in my constituency and of British companies in general will be greatly damaged by a hard Brexit?

Stuart Andrew: I am grateful for the hon. Gentleman’s kind comments. It was a pleasure to meet a number of businesses in his constituency. We have been engaging a lot with the small and medium-sized enterprise supply chain. In fact, on 9 May, I held a roundtable with small businesses in north Wales, and they felt very optimistic about the future. Through our equipment plan, we are actively engaging with the supply chain to ensure that the opportunities in each of our projects will maximise the input that they can have.

Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): I welcome the Secretary of State to her place. It is a pleasure to see such an amazing woman on the Front Bench, standing up for defence.

Last Thursday, myself and colleagues from across the House on the all-party parliamentary group on shipbuilding and ship repair launched our report on the national shipbuilding strategy. We have real concerns that competition, particularly for naval shipbuilding, is based on a model that does not include the economic benefits to the UK being recycled back in when we spend UK taxpayers’ money. Can the Minister give me an assurance that the Ministry is looking at that and will work with the Treasury to change our model, so that we can get the best value and ensure that our shipbuilding pipeline lasts in the UK?

Stuart Andrew: I thank my hon. Friend for her question. She will be aware that Sir John Parker is currently doing a review of his initial report. International competition is also about encouraging UK industry and UK shipyards to be as competitive as possible, so that they can not only maximise the opportunities that UK defence offers, but take advantage of competition around the globe, too.

Mr Kevan Jones (North Durham) (Lab): The Minister said that this is to make UK yards more efficient, but what they need is throughput of work. His Department has chosen to put the contract for the fleet solid support vessel into international competition. What weight was given in that decision to his Government’s prosperity agenda, our sovereign capability and the need to protect UK shipbuilding?

Stuart Andrew: That is precisely why the Type 26s, Type 31s and aircraft carriers were built in the UK, so that we could maintain that capability here in the United Kingdom. The right hon. Gentleman might be aware of the speech that the Secretary of State recently made, and part of what she is doing is a review into the MARS—military afloat reach and sustainability—tankers, to ensure that we look at the exact experiences with that and take lessons from it.

Sir David Evennett (Bexleyheath and Crayford) (Con): Does my hon. Friend agree that the involvement of small and medium-sized enterprises in defence procurement is essential in promoting innovation in the sector?

Stuart Andrew: My right hon. Friend is right. One of the things I have noticed in this role and as I go around the country is that innovation really exists in the SME sector. We have to ensure that more SMEs feel they can do business with the Ministry of Defence, so that we can take advantage of that for our armed forces.

Wayne David (Caerphilly) (Lab): The Government's procurement process for military equipment is a shambles, and nowhere is that better seen than in the way it is handling the procurement of the Type 31e frigates. Having started, then stopped, then restarted the procurement process for the Type 31s last year and imposed a totally unrealistic price ceiling of £250 million per frigate, will the Minister confirm that he has now effectively removed that financial ceiling?

Stuart Andrew: I do not actually recognise the hon. Gentleman's interpretation of the competition. This is a challenging competition for the very reason that we want to ensure that UK industry is competitive—not just in the UK, but around the globe. We have taken a pragmatic approach to change the parameters to ensure consistency with all other competitions that have been happening. This is a challenge to industry, but we want it to be competitive. That was the whole point of the national shipbuilding strategy.

Commonwealth Servicemen and Women

8. **Richard Graham** (Gloucester) (Con): What progress the Government have made on abolishing application fees for the right for indefinite leave to remain for Commonwealth servicemen and women. [910974]

The Parliamentary Under-Secretary of State for Defence (Mr Tobias Ellwood): As we discussed in an excellent Westminster Hall debate in the week before last, Commonwealth servicemen and women make an important contribution to our armed forces capability. The visa application process is Home Office-led, but I do agree that there is a moral case for abolishing the visa application fees, and we continue to have discussions with the Home Office to make this case.

Richard Graham: In her first departmental questions, may I warmly congratulate our first ever female Defence Secretary?

I thank the Minister for his continued support on this cross-party cause, about which my letter has been signed by almost 150 MPs from five parties in this House. While I recognise what he has said about the possibility of precedents being set by changes to the immigration legislation, does my right hon. Friend agree that it should be perfectly possible to make an amendment to the armed forces provision in the Immigration Act 1971 so that our Commonwealth servicemen and women can apply free of charge?

Mr Ellwood: My hon. Friend makes a valid point, and we are certainly looking at that Act. The starting salary that someone receives when they come in to join the armed forces does meet the threshold that the Home Office requires. The trouble is when they wish to bring

in a spouse or partner, or indeed their children, as that is when they run into the additional minimum income thresholds. I want to take this opportunity to acknowledge the fact that the over 4,500 Commonwealth members of our armed forces and the over 3,000 Gurkhas make such a valid and important contribution to our capability.

John Cryer (Leyton and Wanstead) (Lab): I agree with everything that has just been said by the hon. Member for Gloucester (Richard Graham). Could the Minister talk to his opposite number at the Home Office? I have had cases of constituents who have travelled halfway across the world, signed up for the armed forces and then, when they leave the armed forces, are not entitled to benefits because their immigration status has not been sorted out. That seems to me to be a fairly miserable way to treat people.

Mr Ellwood: The hon. Gentleman makes an important point, which also came up in the debate. It is important when such people embark on this journey—when they sign the papers and endeavour to come to the UK—that they are fully aware of the current situation. The families federations, with which we work very closely, have made the case that it is not even clear to those actually embarking on the journey that, although it is okay for them to come across, they will bump into a financial burden should they wish to bring in their family, and we need to move forward on that.

RAF Scampton

9. **Sir Edward Leigh** (Gainsborough) (Con): What assessment she has made of the potential effect on surrounding communities of the closure of RAF Scampton; and what plans she has for the future siting of the RAF aerobatic team. [910975]

The Parliamentary Under-Secretary of State for Defence (Mr Tobias Ellwood): The RAF remains absolutely committed to Lincolnshire as part of our defence rationalisation programme. My hon. Friend is aware that we have had to restructure some of the assets in that county, but we do expect to see considerable investment in the near future.

Sir Edward Leigh: I apologise to the Minister for banging on about RAF Scampton and its closure, but I will not be satisfied until it is engraved on his heart. Can he relieve the acute distress in Lincolnshire caused by the closure of RAF Scampton by announcing, very shortly, that he will keep the Red Arrows in Lincolnshire at one of the three remaining superb RAF bases—Coningsby, Waddington or Cranwell—and can he help the local community by continuing the heritage centre associated with the Dambusters raid?

Mr Ellwood: I will take those points in reverse order, if I may. First, may I pay tribute to that incredible endeavour that took place in May 1943, with Barnes Wallis and Guy Gibson? Every child grows up knowing what the RAF is all about because of what those brave heroes did back in the middle of the war.

My hon. Friend is right to point out that this is also the home of the RAF Red Arrows. That gives me licence to say, if I may, that we look forward to seeing

them participate in the air component of the land, sea and air effort to pay tribute on the 75th anniversary of D-day, starting from the Defence Secretary's constituency.

My hon. Friend is also aware that we have had to rationalise, and Scampton will close, but let us not forget that Lincolnshire very much remains at the heart of the RAF. We have RAF Digby; Cranwell, where the training takes place; Coningsby, of course, where our fast jet component is; and RAF Waddington, which is home to our intelligence, surveillance, target acquisition and reconnaissance capability.

Mr Speaker: Well, we are certainly better informed, but it looks as though we can look forward to a good deal more banging on from the right hon. Member for Gainsborough (Sir Edward Leigh) on this important matter.

Veterans Strategy

10. **Steve Double** (St Austell and Newquay) (Con): What progress the Government have made on implementing the veterans strategy. [910976]

11. **Luke Graham** (Ochil and South Perthshire) (Con): What progress the Government have made on implementing the veterans strategy. [910977]

The Parliamentary Under-Secretary of State for Defence (Mr Tobias Ellwood): The Government already do much to support our brave veterans and their families, but for the first time we are mapping out a 10-year strategy to give greater clarity on how we want that support to develop.

Steve Double: I thank the Minister for that answer. What role does he see the Veterans Advisory and Pensions Committee playing in the development of better care for our veterans? Is there not a case for renewing and revitalising the committee—after all, it is nearly 100 years old—so that it can play a more prominent and effective role?

Mr Ellwood: My hon. Friend is absolutely right. He almost suggested—I am sure that he did not mean to—that the original members of the committee were still serving, but it has advanced and reformed, and I work with it very closely. It is important that when someone leaves the armed forces, they are supported by our country, which is indebted to them for their service. It is important that we use that committee and others to provide veterans with the support they expect.

Luke Graham: Can my right hon. Friend tell the House the level of spending on veterans in all parts of the United Kingdom?

Mr Ellwood: It is difficult to put an exact figure on it, but we estimate that the MOD spends around £7 billion on our veterans. It is so important that we provide that support wherever it is needed across the country, whether through pensions, mental health support or simply comradeship, to recognise their service and thank them for it.

David Hanson (Delyn) (Lab): Can the Minister give some indication of how he intends to monitor the delivery of the covenant, given the recent report by the charity SSAFA, which said that only 16% of veterans actually believed that it was being delivered effectively?

Mr Ellwood: The right hon. Gentleman must not mean the veterans strategy, because we have not yet started it. We put it out to consultation and received over 4,000 replies, which we are now collating. I hope to make a statement to the House in the near future on how we intend to move forward with the 10-year strategy.

Gavin Robinson (Belfast East) (DUP): As my party's defence spokesperson, may I add my congratulations to the Secretary of State on her new position?

The Minister knows my frustration about the unequal and inconsistent approach to implementing the armed forces covenant across this United Kingdom. As part of the veterans strategy, will he look again at the ten-minute rule Bill that I introduced to try to ensure a duty of compliance across the United Kingdom?

Mr Ellwood: The hon. Gentleman touches on two important aspects. First, there is the obligation to honour the covenant, which is still in its infancy. There is so much work still to be done, because implementation is very disparate across the country. Secondly, there are specific challenges in Northern Ireland. I have had the pleasure of visiting Northern Ireland with him to see how we can ensure that the covenant is honoured there, given the very sensitive issues faced there.

Dr Julian Lewis (New Forest East) (Con): On behalf of the Defence Committee, may I welcome the Secretary of State to her new position, for which she is well qualified indeed? May I also pay tribute to her predecessor, who not only saved our amphibious forces from premature dissolution, but won considerable battles with one of our real adversaries in defence: the Treasury?

Does the Minister, as a veteran himself, agree that part of the veterans strategy ought to be the protection of former service personnel against repeated re-investigation for their activities in past conflicts? I welcome the fact that the Government seem to be moving towards some sort of qualified statute of limitations approach, but may I urge them to bring their announcement to the Floor of the House, rather than simply putting it out as a written statement, as at the moment they are suggesting they intend to do?

Mr Ellwood: I am grateful to my right hon. Friend for his comments. I am afraid that I cannot provide a full answer because, as he suggests, the Secretary of State will be providing more information on this tomorrow.

Mr Speaker: Yes, but I think that I can say with confidence from the Chair that a written statement will simply not meet the needs of the case, given the appetite—I am grateful for the nod of affirmation from the right hon. Member for Sevenoaks (Sir Michael Fallon), the former Secretary of State for Defence. The House will clearly wish to question Ministers on the matter, and therefore it needs to be done in the Chamber.

Mr Mark Francois (Rayleigh and Wickford) (Con): I join the Chairman of the Defence Committee, as a fellow Committee member, in welcoming the Secretary of State to her new responsibilities, not least as she carries the Queen's commission. May I emphasise the point made by the Chairman of the Committee—and indeed by you, Mr Speaker—that the most important

issue with regard to veterans is protecting them from lawfare and legal witch-hunting? It is absolutely imperative that the Secretary of State makes an oral statement to the House tomorrow, so that all Members from across the House can question her on her proposals, which I am sure we will welcome given half a chance.

Mr Ellwood: So many Members have rightly congratulated the Defence Secretary, but this is the first time that the fact that she is a reservist in the naval reserve has been credited. That leaves just one member of the Defence Front Bench team who is not in uniform at the moment, the Under-Secretary of State for Defence, my hon. Friend the Member for Pudsey (Stuart Andrew). So, no pressure on him to join one element of the forces. On my right hon. Friend's substantive question, the point has been made and the Defence Secretary will be in her place tomorrow.

Safeguarding Military Technology

12. **Julia Lopez** (Hornchurch and Upminster) (Con): What discussions she has had with (a) the Department for Education and (b) Five Eyes partners on safeguarding military technology developed in UK universities. [910978]

The Parliamentary Under-Secretary of State for Defence (Stuart Andrew): It is clearly important that we provide appropriate protection for sensitive research with defence or security applications, whether conducted in our universities or in industry. That is why we work closely with other Government Departments, agencies and international partners to ensure suitably robust arrangements which keep pace with developments in technology and the wider global context.

Julia Lopez: Recent media reports have highlighted increasing concerns about scientists linked to the People's Liberation Army working in UK universities on research relevant to the development of sensitive military technologies. Does the Minister share that concern? Is he working with universities to mitigate the risk of financial dependency on, or the sharing of sensitive technologies with, China? Will clearer guidance be developed on academic areas deemed relevant to national security?

Stuart Andrew: I thank my hon. Friend for raising this very important issue. I can confirm that we work very closely with universities to inform them of the risk posed by military-civilian research fusion. Universities are subject to the UK's strategic export controls, as is everyone else in the UK, and should consult the Department for International Trade before engaging in any relationships focusing on technology that could have a military application. Further guidance is available on the gov.uk website.

Defence Manufacturing

13. **Mark Pawsey** (Rugby) (Con): What steps her Department is taking to support UK defence manufacturing. [910979]

24. **Mark Menzies** (Fylde) (Con): What steps her Department is taking to maintain the capabilities of UK defence manufacturing. [910990]

The Parliamentary Under-Secretary of State for Defence (Stuart Andrew): The 2015 strategic defence and security review introduced a new national security objective to promote UK prosperity. We subsequently published strategies for shipbuilding and combat air, and refreshed our defence industrial policy with a new emphasis on supporting growth and competitiveness. On 14 March, we provided an update to Parliament on our ambitious defence prosperity programme.

Mark Pawsey: Last week, the Secretary of State described our Type 26 frigates as the envy of the world. They are powered by the most capable and quietest electric drive motors, which are designed and made by GE in Rugby. Is the Minister as delighted as I am at today's news that the Ministry of Defence is bringing forward orders for the motors for the second batch of those vessels, which will enable this vital facility to remain here in the UK?

Stuart Andrew: May I first praise my hon. Friend for the work he has done to fight for the factory in his constituency? I could not walk down a corridor without bumping into him and him lobbying hard. That was why I made sure that I met GE. I am pleased to inform him that this morning GE announced to its staff that it has reached an agreement with the Ministry of Defence that will enable the company to continue its work in his constituency. I also pay tribute to my officials, who have worked incredibly hard on this matter to ensure that the machines continue in Rugby.

Mark Menzies: Delivery of the Tempest programme, as driven by BAE Systems in Warton, is essential to managing the future military air requirements of the United Kingdom. Can the Minister confirm continued Government support for the combat air strategy, as outlined by the Prime Minister at Farnborough?

Stuart Andrew: My hon. Friend secured a debate just last week on this very issue and is obviously fighting very hard for his constituents who work at BAE Systems. The Government continue to deliver the combat air strategy which, as he says, was launched at Farnborough last year. That is a big piece of work, which is looking at the future air combat system technology initiative. The Government will continue to look at all innovative technologies that will need to be available, while we explore a broad range of options to deliver capability.

Luke Pollard (Plymouth, Sutton and Devonport) (Lab/Co-op): The cross-party report on shipbuilding recommended that the new Royal Fleet Auxiliary ships are built in British shipyards—that is absolutely vital and enjoys cross-party support. Has the Minister read the report, and will he meet the officers of the all-party group to take forward our recommendations?

Stuart Andrew: I would be more than happy to meet the hon. Gentleman and others who have shown an interest in this. As I said, my right hon. Friend the Secretary of State is currently conducting a review into the MARS—military afloat reach and sustainability—tankers to see how we can learn from that and maximise the opportunities that will exist for the supply chain in the UK.

Douglas Chapman (Dunfermline and West Fife) (SNP): In recent days, we have heard of foreign shipbuilders pulling out of the bidding process for the fleet solid support ships. If the Government are being true to the national shipbuilding strategy, will the Minister accept that time is of the essence for not only the support ships but the bidding process for the Type 31 frigates? I know of a yard that has the skills, experience, talent and infrastructure to build those ships for the UK—we are good to go in Rosyth, so, for the sake of jobs and the industry, will the Minister start signing the contracts?

Stuart Andrew: The hon. Gentleman mentions the Type 31. Of course, that is a UK-only competition and we will wait for the results later this year. On the fleet solid support ships, I am pleased that a UK consortium is in there. I can confirm that Fincantieri has withdrawn from the competition, but I am not going to comment on any other entrants, because it is purely speculation at this stage.

Topical Questions

T1. [910991] **Maggie Throup** (Erewash) (Con): If she will make a statement on her departmental responsibilities.

The Secretary of State for Defence (Penny Mordaunt): Full and effective global compliance with the chemical weapons convention remains a priority for the Ministry of Defence. The use of chemical weapons in Syria by the Assad regime has caused extreme human suffering. A leader who uses chemical weapons against their own people should face the consequences, and we remain firm in our resolve to respond appropriately to any use of chemical weapons by that regime.

Maggie Throup: I too welcome my right hon. Friend to her new role and wish her every success. Will she update the House on the timetable for bringing forward the legislation needed to renew our Trident nuclear and missile capabilities?

Penny Mordaunt: I thank my hon. Friend for her kind remarks. No legislation is required, despite what she suggests. In 2016, this House, by an overwhelming majority, supported the assessment that the UK's continuous at-sea deterrence posture will remain essential to the UK's security.

Nia Griffith (Llanelli) (Lab): Further to welcoming the Secretary of State to her position, I pay tribute to her for her service in our Royal Navy. Moreover, we on the Opposition Benches are committed to working constructively with her in areas where there is a clear consensus. One of those is personnel numbers. Every service is now smaller than it was this time last year. The Army alone has seen a drop of 2,000 trained personnel, which is a staggering failure after all the promises we have heard at the Government Dispatch Box. His predecessors completely failed to get to grips with this, so what is she going to do differently to turn things around?

Penny Mordaunt: I thank the hon. Lady for her kind remarks and for indicating that she wants to work constructively on issues on which we agree. I particularly thank her for her remarks following the announcement

that I made about ending vexatious litigation and other such activity against our veteran community and members of the armed forces. I know that she took a huge amount of abuse for saying that, but I ask her to stick to her guns and not wobble on that, and I thank her for it.

My right hon. Friend the Minister for the Armed Forces has outlined the work that is being done to increase recruitment and retention in our armed forces, but part of that is about talking up and explaining what our armed forces do. I sincerely wish that more people followed the hon. Lady's lead and supported our armed forces, saying why they are important to society, social mobility and everything that this great nation stands for.

Nia Griffith: I thank the Secretary of State for her answer. Another area where we have a consensus is spending. She said recently that she is determined that the commitments made in the 2015 SDSR should remain on track, yet according to the National Audit Office, the huge shortfall in the defence equipment plan is putting several programmes at risk. Despite her immediate predecessor's well publicised theatrics, he failed to deliver sufficient additional funds to plug the gap. What will she do to guarantee the investment in defence that we want to see?

Penny Mordaunt: In addition to the budget, we need to look at the behaviours that have resulted in previous SDSRs not being fulfilled—I dwelled on that in my speech at the sea power conference. We need more honesty about the costs and what it will take to deepen our partnership with industry to ensure the long order books that reduce the cost of procurement. We know what needs to be done, and that should be our focus, as well as talking to the Treasury.

T4. [910994] **Stephen McPartland** (Stevenage) (Con): Veterans of national service feel that their service has been unrecognised over many years. What plans does the Secretary of State have to recognise veterans who were forced to join up under national service?

Penny Mordaunt: If my hon. Friend has particular suggestions, I would be interested to hear them. Where the MOD recognises that things have not previously been done as they should have, it has a track record of rectifying those situations, so I would be happy to discuss this with him if he has particular proposals in mind.

T2. [910992] **Kerry McCarthy** (Bristol East) (Lab): In January, the former Secretary of State paid a visit to Somaliland, which was very well received. Does the new Secretary of State share his opinion of the strategic importance of Somaliland—are we looking to set up a naval base there, for example? Moreover, does she agree that recognition of Somaliland is the way forward if we are to establish such a relationship?

The Minister for the Armed Forces (Mark Lancaster): I will not comment on future deployments, but I would say, having visited Somalia, though not Somaliland, that we need to understand the strategic importance to the UK of that part of the world, not least given its position on our trade routes—much of our trade does indeed go past that part of the world. That is why we remain committed to supporting the troop-contributing nations and the training for the peacekeeping mission.

T5. [910996] **Richard Graham** (Gloucester) (Con): Will the Procurement Minister please confirm that the Type 31e frigate is still intended for export and, if so, that early defence export sales talks have been had at the Department for International Trade on specifications and timing, so that this “made in Britain” ship can boost allied fleets around the world in due course?

The Parliamentary Under-Secretary of State for Defence (Stuart Andrew): I can absolutely confirm that, hence why we put an “e” on the end—to show that this is a ship we want to export. We want to show what UK industry can do and the capability it can provide to other nations. I am sure the Type 31 will follow the success of the Type 26.

T3. [910993] **Chris Ruane** (Vale of Clwyd) (Lab): The transition from employment to retirement is a critical time for the health and wellbeing of a worker—I should know because I tried it myself in 2015. If not handled properly, it can lead to mental ill health and even early death. What steps is the Minister taking to improve the wellbeing of armed forces personnel and civil servants as they make this important transition?

The Parliamentary Under-Secretary of State for Defence (Mr Tobias Ellwood): The hon. Gentleman touches on an important point. When I served, there was no transition process; now, when someone puts their hand up and says they are departing, they go through what can be a two-year programme to get ready for civilian street. Thankfully, 95% of those who go through the programme end up either in work or back in education. That is a great statistic. He is absolutely right about mental health as well, and there is a focus on that. Mental Health Awareness Week last week was an opportunity to make veterans aware that if they required support it was there to be found.

T9. [911000] **Sir David Evennett** (Bexleyheath and Crayford) (Con): What progress has been made on the roll-out of veteran-friendly services in general practices and hospitals as part of efforts to make sure veterans, particularly those suffering from mental ill health, get the help they need from the NHS?

Mr Ellwood: I am grateful for that question, because it highlights the fact that it is not the MOD that provides veterans support but NHS services across the country. Each NHS authority should have a transition, intervention and liaison service designed to help those who require mental health support. If they need advanced support, there are complex mental health facilities as well.

T7. [910998] **Jeff Smith** (Manchester, Withington) (Lab): The Minister talked earlier about the rise in the total number of trained and untrained Army personnel. What proportion are trained and what proportion untrained?

Mark Lancaster: Off the top of my head, I would say that about 75,000 will be trained and 7,000 untrained. However, it is important to understand that people begin by being trained to be infantry soldiers and then go beyond that. If, for example, they are joining a technical corps such as the Royal Engineers or the Royal Corps of Signals, the point at which they become fully trained can be even further down the line.

Robert Courts (Witney) (Con): I refer the House to my entry in the Register of Members’ Financial Interests.

Aircraft such as Poseidon and Rivet Joint that are coming onstream rely on a boom refuelling system. What assessment have Ministers made of the requirement for fitting a boom refuelling capability to the aircraft refuelling fleet at Brize Norton, either through retrofitting or with new airframes?

Penny Mordaunt: These aircraft have an endurance that will enable them to meet the requirement for core UK missions without the need for air-to-air refuelling. For extended endurance missions, they are fitted with boom refuelling receptacles, and our allies can also provide air-to-air refuelling as required.

T8. [910999] **David Hanson** (Delyn) (Lab): It was reported last week that the Government were enthusiastically trying to find an alternative to the Galileo space system. Will the Minister tell us where the £3 billion to £5 billion for that is coming from?

Stuart Andrew: As the right hon. Gentleman will know, following the issues involving Galileo the Government announced that £95 million would be spent on exploring exactly what our future options and capabilities might be, and that work is still ongoing.

Kevin Hollinrake (Thirsk and Malton) (Con): The Under-Secretary of State for Defence, my right hon. Friend the Member for Bournemouth East (Mr Ellwood), was good enough to meet representatives of Rock2Recovery, which specialises in providing mental health coaching for veterans and current service personnel. How does he intend to use that solution as part of any future treatment?

Mr Ellwood: I pay tribute to Rock2Recovery, and to my hon. Friend for his support for it. It is one of the more than 400 service-facing military charities that do such an excellent job, not only in providing activities such as sport but in giving veterans who require support a new chapter and a focus. I give thanks to it for the work that it has done, and I thank all the other charities that do exactly the same.

John Mc Nally (Falkirk) (SNP): The Royal United Services Institute has confirmed that the UK will not be able to replicate many of the security benefits of EU membership if we leave. It has also been confirmed that Russian hackers have attacked media, telecoms and energy companies. Will the Secretary of State give us an assessment of the capacity that we will lose as a result of leaving the EU, and outline the Government’s costed proposals?

Penny Mordaunt: Although we are leaving the EU, European defence co-operation does not end. Recent deployments in Poland and Estonia demonstrate that we are continuing that co-operation, and it will be enhanced.

Tom Pursglove (Corby) (Con): As my right hon. Friend knows, Care after Combat does amazing and successful work in rehabilitating veterans who find themselves in the criminal justice system. What role

does she see for that organisation as part of the veterans strategy? How can we enable it to continue its work, and boost it as much as we can?

Mr Ellwood: My hon. Friend has mentioned another of the excellent charities that do such a great job. The focus that the new Defence Secretary has given us is on seeing what more we can do to get veterans to support other veterans, and that is exactly what Care after Combat does. I am also pleased to see such charities working together more closely through the co-ordination of Cobseo.

Alex Cunningham (Stockton North) (Lab): Our armed forces personnel, like all public servants, have been undervalued for too long by this Tory Government. The value of their pay has plummeted in recent years, and now we are seeing another delay in their pay award. When will the Government recognise that those who are in the frontline of protecting our people can do without money worries? When will they lift the public sector pay cut and sort out this mess?

Penny Mordaunt: The Armed Forces Pay Review Body is about to report, and we will obviously look at that issue, but let me gently say to the hon. Gentleman that esteem for our armed forces is evident in all parts of the House, and I wish it were slightly more evident among some of his hon. Friends.

Suella Braverman (Fareham) (Con): I welcome my right hon. Friend to her post, and thank her for all the work that she has done for the Navy in Portsmouth, from which Fareham has benefited greatly.

I recently met serving members of our forces in Fareham, who raised serious concerns about service family accommodation and, in particular, problems with CarillionAmey and the Defence Infrastructure Organisation. Will the Minister meet me so that we can review these matters and our brave servicemen and women can be housed appropriately and with dignity?

Mr Ellwood: I am grateful to my hon. Friend for raising such an important issue. If we are to look after our armed forces, if we want to achieve our recruitment numbers, and if we want to ensure that we have the armed forces we want and the country expects, we must look after them not just on the battlefield and not just through training, but off the battlefield and through welfare, and that means building the right accommodation for them.

Several hon. Members *rose*—

Mr Speaker: A very small number of Members more wish to speak; one sentence each.

Emma Hardy (Kingston upon Hull West and Hessle) (Lab): Just last week I read that another veteran in Hull had taken his own life after failing to be supported adequately. Please will the Minister look to publish the statistics on veteran suicide on a regional basis, so that we can see the extent of the problem and how we can best support people who have given so much for us?

Mr Ellwood: Every suicide is a tragedy, and the hon. Lady is absolutely right: we need to better understand the numbers that are coming through. I am pleased to say that those who join the armed forces are less likely

to consider suicide and to be affected by mental health issues and drug issues and so forth, but if someone goes down that road—if they are affected by those issues—help must be available, and that comes with understanding the situation. We are working with Manchester University to better understand the statistics, and I will also be speaking to Justice Ministers to see how we can get the numbers from coroners, match them with our databases and see for sure the exact background of those who have taken their lives.

Leo Docherty (Aldershot) (Con): Will the Secretary of State join me in thanking the men and women of the King's Royal Hussars battle group in Estonia for the terrific work they are doing in reassuring our NATO allies of our full commitment to the NATO alliance?

Mark Lancaster: I had the enormous pleasure of visiting that battle group only last week in Estonia and was tremendously impressed not least by the way it is demonstrating our interoperability with our NATO allies.

Patrick Grady (Glasgow North) (SNP): What steps is the Secretary of State going to take to minimise or indeed eradicate the practice of double counting spending in both the 0.7% aid target and the 2% NATO military spending target?

Penny Mordaunt: I think I will have to issue an explanatory note for the hon. Gentleman on this. If we are trying to spend ODA money on things that are not ODA eligible, it is not ODA; it is as simple as that. We do not mark our own homework on either ODA spend or the NATO 2% commitment, and instead of asking these questions repeatedly at both International Development and Defence questions the hon. Gentleman should take some pride in the fact that the United Kingdom makes both those commitments.

Mr Speaker: These are extremely important matters, and in the name of their intelligibility to people who are not Members of the House I should point out that ODA in this context is not “odour,” but rather ODA—official development assistance—for the avoidance of a scintilla of doubt.

Alberto Costa (South Leicestershire) (Con): What assessment has the Minister made of the mental health care services for veterans available in South Leicestershire and the wider east midlands?

Mr Ellwood: Part of the purpose of Mental Health Awareness Week was to raise awareness of where veterans can seek help. As I touched on earlier, every regional NHS authority must have a transition, intervention and liaison service programme in place. What we need to do better is communicating that to our veterans so that when they are down in a very dark place they know where help can be found. We are working with the charities on that to make sure we can further improve the communication.

David Linden (Glasgow East) (SNP): In Cranhill this morning I met an Afghanistan veteran who has profound mental health issues but has been found to be on the low rate of personal independence payment. Will the Minister work with me to make representations to

the Department for Work and Pensions to make sure that we look after this veteran and get him justice and what he really deserves from the DWP?

Mr Ellwood: First, we now keep track of those who have served in Afghanistan and Iraq in a way that we have not done before, so we are having a much better relationship with veterans after they depart service. I will be delighted to meet the hon. Gentleman to discuss this issue in more detail. It is important that those who are affected by any aspects of mental health issues receive support from this country—from a very grateful nation.

Dr Julian Lewis (New Forest East) (Con) *rose*—

Mr Mark Francois (Rayleigh and Wickford) (Con) *rose*—

Mr Speaker: Two notable parliamentary celebrities have risen to their feet: the Chairman of the Select Committee on Defence and a former Minister for the Armed Forces. It is very awkward—[*Interruption.*] No, you are too modest, Dr Lewis; I call Dr Julian Lewis.

Dr Julian Lewis: As a naval reservist herself, will the Secretary of State personally look into the removal of the captain of HMS Queen Elizabeth, apparently on the grounds of what might have been a misunderstanding about the use of a car supplied by the Ministry of Defence? If we lose talented people like this, surely it is not only unjust but a waste of all the investment made in someone's 29-year unblemished career in the Royal Navy.

Penny Mordaunt: I can assure my right hon. Friend that I am fully aware of the situation and that I understand his concern when we have invested in an individual and

they are unable to carry out the tasks for which they have trained. The officer remains within the Royal Navy and it is a matter for the Royal Navy to deal with, which it is doing.

Luke Pollard (Plymouth, Sutton and Devonport) (Lab/Co-op): The Secretary of State is very familiar with Portsmouth, but will she make sure that one of her first Royal Navy visits is to Devonport so that she can maintain a similar familiarity with the expertise and skills that we have in Plymouth?

Penny Mordaunt: If you are Royal Navy reservist, you cannot avoid being familiar with Plymouth. I would be very happy also to visit Faslane and Plymouth, our other navy bases besides Portsmouth.

Several hon. Members *rose*—

Mr Speaker: We are well out of time, but we have to hear the right hon. Member for Rayleigh and Wickford (Mr Francois).

Mr Francois: Bless you, Mr Speaker. Several weeks ago, I tabled a named-day question to the Department asking how many soldiers were enlisted into the Regular Army in 2018-19 but, unless I have missed it, I have not even had a holding reply. As this relates to my great friends Crapita, when can I expect an answer to that question, even though we all know that the answer will be embarrassing?

Mark Lancaster: Promptly.

Mr Speaker: Yes—that is a matter of interpretation. We are grateful.

Use of Torture Overseas

3.41 pm

Mr David Davis (Haltemprice and Howden) (Con) (*Urgent Question*): To ask the Secretary of State for Defence if she will make a statement on the Ministry of Defence's policy on co-operating with the use of torture overseas.

The Secretary of State for Defence (Penny Mordaunt): The UK Government stand firmly against torture and do not participate in, solicit, encourage or condone the use of torture or cruel, inhumane or degrading treatment or punishment for any purpose. Our policy and activities in this area are in accordance with domestic and international law. The Ministry of Defence's policy is aligned with the Government's policy on sharing and receiving intelligence, and the Investigatory Powers Commissioner has been satisfied with our activities and has not identified issues of concern. However, the Prime Minister has asked the commissioner to review the Government's consolidated guidance and submit proposals on how it could be improved. Once it has done so and the Government have had the chance to consider them—I anticipate that this will be a matter of weeks—the MOD will review its internal guidance as necessary in the light of any updated guidance that is published.

Mr Davis: I thank the Secretary of State for that answer. Our most senior living soldier, Field Marshal Lord Guthrie, said 10 years ago:

"Torture is illegal. It is a crime in both peace and war that no exceptional circumstances can permit...We need to distinguish ourselves from our enemies. We must not, in the false name of moral equivalence, degrade ourselves to their level."

He was right. The prohibition of torture is one of our few absolute incontrovertible rights. There can never be a reason or justification for torture; what is more, it does not work. It leads to bad intelligence and bad decisions. The decision to undertake the Iraq war, which led to hundreds of thousands of deaths, the destruction of the stability of the region and the destruction of the reputation of the west, was based on so-called evidence obtained on the basis of torture.

We cannot ignore the morality or the law. Paragraph 15.9 of the Ministry of Defence's policy document states that information sharing should not proceed

"unless ministers agree that the potential benefits justify accepting the risk and the legal consequences that may follow".

The fundamental problem with paragraph 15.9 is that it presumes that Ministers can overrule the law, even international law, including that on absolute rights such as the prohibition of torture: they cannot, they must not, and I hope that my right hon. Friend will ensure that they do not.

Given the Ministry of Defence's claim that the Investigatory Powers Commissioner's Office, the investigatory powers oversight body, approves of this, will she publish the documents showing that? It seems to me that the IPCO might have approved the overall approach but not the precise policy document that I refer to, which I understand was published after the consultation. Will she ensure that that document, which appears to give Ministers the right to overrule the law, is published along with any commentary on it?

Penny Mordaunt: I thank my right hon. Friend for applying for this urgent question. It is a critical issue. I agree 100% with what he said, and it is worth reminding ourselves that these laws and norms protect not just the enemy but our own armed forces. We cannot overrule the law, nor can Ministers be advised to overrule or disregard the law.

As I said, we have an opportunity to review the matter. I want to wait until the commissioner's advice has been received. I understand that will take only a few weeks, so I will update the House as we review our guidance.

I understand that following a freedom of information request one of the policy iterations has been placed in the public domain. The latest iteration, from 2018, introduces not any substantial changes but a minor change at the request of the IPCO. These matters should receive the full light of day and full transparency. If my right hon. Friend will bear with me, once I receive the advice I will of course update the House on these important issues.

Nia Griffith (Llanelli) (Lab): Today's revelations that the MOD has discreetly rewritten Government policy on torture are extremely concerning. Torture is not only morally reprehensible but prohibited under international law in the universal declaration of human rights, the international covenant on civil and political rights, and the convention against torture.

There can be no justification whatsoever for torture. None the less, today's reports suggest that, according to the Ministry of Defence, torture is acceptable if, and I quote from the policy document,

"ministers agree that the potential benefits justify accepting the risk and the legal consequences that may follow".

Will the Secretary of State confirm what the Government consider those "potential benefits" to be?

In response to the reports, the MOD has denied any wrongdoing, maintaining that the

"policy and activities in this area comply with the Cabinet Office's consolidated guidance"

on torture.

However, that guidance clearly sets out that

"in no circumstance will UK personnel ever take action amounting to torture".

It further maintains that where the Government cannot mitigate the

"serious risk of torture at the hands of a third party",

the

"presumption would be that we will not proceed".

Will the Secretary of State therefore clarify how her Department has come to its conclusion? What legal advice has it received? Will she now publish this advice, if any?

We understand that the policy came into effect in November 2018. How many times since then has a Minister decided to authorise the transmission of intelligence that may have led to torture? No Minister should authorise any action where there is a serious risk of it leading to torture. Will the Secretary of State therefore now do the right thing and commit to scrapping the policy immediately, so as to ensure that basic human rights and international law are universally respected and upheld?

Penny Mordaunt: I can give the hon. Lady the assurances that she wants. It is not our policy to condone torture or to facilitate it—quite the reverse, as I set out earlier. No Ministers have been involved in decisions that would have led to that, and it is clear that that is not our intention. Again, I can check that, but that is the assurance that I have received from the Department. I can understand the concerns that have been expressed across the House. People will appreciate that I understand well why such laws and norms are in place. As I said, they are for everyone's benefit, not just our enemies'.

I undertake to look at the guidance and review it, but it is prudent to wait for the commissioner's feedback. If it was going to take a long time to arrive, I would take a different view, but it is imminent—a few weeks' time.

Mr Andrew Mitchell (Sutton Coldfield) (Con): Surely my right hon. Friend the Member for Haltemprice and Howden (Mr Davis) has done the House a big service in securing this urgent question because it touches on the reputation of our country.

You, Mr Speaker, will remember that on 2 July 2018 my right hon. and learned Friend the Member for Rushcliffe (Mr Clarke) led Members from both sides of the House in asking for a judicial inquiry into British complicity in torture, and the Government promised to update the House within 60 days. Now, it is day 323 and, in spite of that promise the House has not been given the explanation it requires.

Last Friday, the United Nations Committee Against Torture called on the UK

“to establish without further delay an inquiry on alleged acts of torture and other ill treatment of detainees held overseas committed by, at the instigation of or with the consent or acquiescence of British officials.”

Given Britain's leadership at the United Nations, it is a very sad day when the UN has felt it necessary to pass such a motion. I urge the Government to deliver on their promise to the House and come back on the issue of a judicial inquiry. As I say, it was promised within 60 days and we are now on day 323.

Penny Mordaunt: My right hon. Friend raises some important points. Although I completely agree with what has been said by everyone who has spoken so far, it is right to point out that we hold our armed forces, and the agencies that work with them, to high standards—we hold them all to high standards. We understand why that is important, we understand why people must be compliant and we understand why there must be accountability and transparency in these policies not just on matters of intelligence but in targeting them to reduce the number of civilian casualties.

Part of the reason we are grappling with the issue of “lawfare” is that we want to uphold the primacy of international humanitarian law. These things are incredibly important to us.

I have undertaken to review this policy, and I will look at things more widely and in the round, but I reassure the House that what I do not want to come from the scrutiny of MOD policy, which is quite right, is any suggestion that our armed forces are somehow not upholding international humanitarian law.

I know that Members on both sides of the House will know how much that is embedded in our armed forces' education and training, and how it is given with rigour

in everything they do before deployment. Where there is wrongdoing, they are held to account, and it is quite right that we should hold them and officials to account for wrongdoing where it happens. This is not a regular occurrence, and it is not something that occurs within our armed forces—they operate to the highest standards.

Stewart Malcolm McDonald (Glasgow South) (SNP): A tangled web has been woven that needs to be unpicked with the greatest transparency. Why did it fall to the non-governmental organisation Reprieve to get this information into the public domain? Why did no one in Government think it appropriate to pass it to the Investigatory Powers Commissioner?

The Secretary of State says she will review the policy, but will she not go one step further and rescind it? Will she clarify the MOD statement, which she repeated at the Dispatch Box today, that the Investigatory Powers Commissioner is “entirely satisfied” with the Department's activities and standards in this area? Given that the commissioner had not seen the document until last month, how on earth can he be completely satisfied with something he knew nothing about?

Will the Secretary of State take this opportunity to confirm whether she believes that, as per the guidance we are discussing, Ministers can authorise UK action where there is a serious risk it will contribute to torture? In the authorship of this policy, was the Attorney General consulted at any time? It is quite clear that the House will not accept any deviation from the strictest observance of domestic and international law.

Finally, with last month seeing a UK Defence Secretary sacked for leaking from the National Security Council, this month we find out that the MOD is potentially freelancing on torture and potentially breaking the law. Many of us are left asking, what on earth is going on in the Secretary of State's Department?

Penny Mordaunt: I can understand the concerns that have been expressed about a policy, but it cannot be drawn from that that action is being taken or incidents have happened. What I can say to the hon. Gentleman is that this policy is not new, nor has it been secret. The Prime Minister asked the Investigatory Powers Commissioner to review the guidance, and the commissioner has seen the MOD's policy. What I said is that he has no issue and believes the MOD's current policy is consistent with that guidance.

I repeat that no Minister could break the law or be advised to break the law by an official—that could not happen. I hope that reassures the hon. Gentleman on that point. The Attorney General is routinely and regularly involved in forming policies of this nature, and is also a member of the National Security Council.

Mr Dominic Grieve (Beaconsfield) (Con): I endorse what my right hon. Friend has said: the idea that this is some extraordinary leak displaying some novel policy is wholly erroneous. If anybody wishes to read the Intelligence and Security Committee's report on detention and rendition, they will find a lengthy section on current issues that deals with this precise matter, setting out the consolidated guidance in virtually identical form to that which exists and, I understand, is currently being used in the MOD.

That said, I welcome the Secretary of State's review, and I point out that in the detention and rendition report my Committee made it clear that this was one of

those exceptional areas dealing with serious risk. You can never authorise or sanction the use of torture—it is wholly contrary to international law—but we pointed out that where there is a serious risk there was a need for some form of process by which an evaluation could be made. It was noteworthy that there appeared to be differences, at the time we reported, between the Home Office, the Foreign Office and the MOD on what criteria might be applied by individual Secretaries of State. May I urge my right hon. Friend, first, enthusiastically to rebut those who suggest that this is an extraordinary revelation and, secondly, to move to respond to what the Committee suggested in its report?

Penny Mordaunt: I thank my right hon. and learned Friend for that contribution, and I completely agree with what he says. In addition to the review of the policy, I will certainly give the matters he raises my urgent attention.

Andy Slaughter (Hammersmith) (Lab): This matter might not be news to the right hon. and learned Member for Beaconsfield (Mr Grieve) and his Committee, but it does appear to have been news to IPCO, which had to be informed about it by freedom of information requests through Reprieve. Perhaps the Secretary of State will explain that. Does it not show that the lessons from the whole so-called “war on terror” have not been learned? She gave a long answer to the right hon. Member for Sutton Coldfield (Mr Mitchell), but she did not answer his actual question: when are we going to have the announcement on the judge-led inquiry?

Penny Mordaunt: First, the change to the policy introduced in 2018 was an amendment at the request of the IPCO. As I say, it is only a short number of weeks before we will get the review back from the Commissioner, and the Government will be able to look at the recommendations made. I will look at this in the round, as Members would expect of a new Secretary of State coming into the Department, and I will update the House. I fully hear what all Members in all parts of the House are saying. I understand, and I hope the House has confidence in the fact that I understand, how critically important these issues are, for, as I say again, the safety of our own armed forces, as well as other people, and I will give this my urgent attention.

Dr Julian Lewis (New Forest East) (Con): If anyone ever tries to tempt the Secretary of State with the maxim that the end justifies the means, will she bear in mind the wise words of Sir Robert Thompson? He was probably the leading counter-insurgency expert of the 1960s and wrote about torture and other extrajudicial means:

“Not only is this morally wrong, but, over a period, it will create more practical difficulties for a government than it solves. A government which does not act in accordance with the law forfeits the right to be called a government and cannot then expect its people to obey the law.”

Penny Mordaunt: I quite agree with my right hon. Friend: it is absolutely fundamental to everything that we stand for and everything that our armed forces represent that we uphold the law, that we uphold international humanitarian law and that we abide by the rules. I could not agree with him more.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): Although they are no longer with us today, in my time, I have known several people who suffered torture, both in the far east and in Europe. Although I was a young man when they recounted their tales, and they did want to tell me what happened, I have never—well, it was ghastly, let us just put it that way.

I want to be clear that I have every faith that our armed forces observe the very highest standards of conduct. I have no doubt about that whatsoever. Unfortunately, though, we are perceived—I use that word carefully—to be in a difficult situation at this point, so let me broaden this issue out. The UK talks about exerting its soft power; were we to be seen in the world as the champion of outlawing torture, we could strike a mighty blow for the getting rid of this horrible crime. It would do our reputation in the world no harm at all. Many years ago, we led the charge against the slave trade. Why do we not do exactly the same for torture?

Penny Mordaunt: I completely agree with what the hon. Gentleman has said. The Royal Navy played a huge role in the ending of the slave trade; our nation has a huge heritage in that respect. I should add to what has been said that this matter shows why we have also to tackle, in conjunction with this issue, which I will deal with, the wider issue of lawfare—that basket of issues that is corrupting our operational effectiveness and putting huge pressure on our armed forces in the field to take decisions that are the wrong thing to do. Let me give just one example from, I believe, Afghanistan. A member of our armed forces was sued for detaining a prisoner for longer than the prescribed amount of time in order to keep that prisoner safe from being put into a prison where they would have been tortured. That was the right decision to take. Currently, members of our armed forces are pursued for taking such decisions and upholding international humanitarian law, so we have to get that right, too. Our armed forces resist the immense pressures that are put on them when they are making those decisions in theatre, but we have to get that right too, and that is also receiving my urgent attention.

Stephen McPartland (Stevenage) (Con): It is sickening that we have this guidance on torture, but I am reassured by the Secretary of State’s words this afternoon. Will she confirm that we will not use or act on intelligence that is gathered from third-party torture?

Penny Mordaunt: I can give my hon. Friend that assurance. We do not condone torture, we will not be implicit in it and we are fully aware of our obligations in terms of third parties.

Mr Jim Cunningham (Coventry South) (Lab): To follow on from what the right hon. Member for Sutton Coldfield (Mr Mitchell) said about the United Nations criticism, was the review prompted by that criticism, or by something else? Lots of my constituents are concerned about this issue and the direction in which it is going. Does the Secretary of State have a date for when she will come forward and tell us what the proposals are?

Penny Mordaunt: Just to clarify, it was the Prime Minister who asked the commissioner to review the Government’s guidance, which our MOD guidance

[Penny Mordaunt]

follows—it is absolutely in line with that. I am told that it will be a couple of weeks before the commissioner is ready to report. When they do report, the Government will review it and I will review the MOD's policy.

Toby Perkins (Chesterfield) (Lab): I invite the Secretary of State to respond specifically to the question asked by the right hon. Member for Sutton Coldfield (Mr Mitchell) about the Government's response to the call for a judicial review. We cannot blame her for the failures of her predecessor, but we heard that the promise of a response within 60 days was made about 320 days ago. Will she make it clear that she will now put that right and that the House will hear her view on that and let us know when we should expect to hear it?

Penny Mordaunt: The hon. Gentleman will understand that I am a couple of weeks into this role. I am looking at this situation, but I will not make pronouncements at the Dispatch Box until I am apprised of all the issues. I do not think that hon. Members would expect me to do anything else. I can assure the House that I am looking at the issue and at policy in relation to that. From what I have seen and from the inquiries that I have made in the Department so far, I think that the House would be reassured about our conduct. I think that the decisions that have been taken in the Department have been correct and that hon. Members would be reassured by that fact. But I fully appreciate that the House wants to have an update as swiftly as possible and I undertake to do that.

Jim Shannon (Strangford) (DUP): Will the Secretary of State outline her understanding of the definition of torture, underline the position in a civilised society and, coming from a position of clean hands, confirm that the end does not and will not always justify the means?

Penny Mordaunt: I hope that I have given the House every reassurance. There is a legal definition of torture. At the beginning of my statement, I outlined all the descriptions and forms that that might take. It is never justified. It is also, as we know, not a reliable way of getting information or of being able to act on that information. We must not do it. Ministers should not do it, or allow it to be done. It is a breach of the law and no official could advise a Minister to take that course of action.

Martin Docherty-Hughes (West Dunbartonshire) (SNP): The Secretary of State seeks to reassure the House, but Members may be aware that the Investigatory Powers Commissioner's Office consultation into the Cabinet Office consolidated guidance on intelligence sharing relating to detainees closed on 28 November 2018, yet the MOD policy was simply dated November 2018. Therefore, was it introduced on 28, 29, or 30 November to avoid being included in the IPCO consultation?

Penny Mordaunt: My understanding is that it followed that updated advice and the changes made to the 2018 document were at the request of the IPCO. That is my understanding of the situation, but that should not be confused with the piece of work that has been ongoing with the commissioner and on which a report back is due, as I have said, in a few weeks.

Tom Brake (Carshalton and Wallington) (LD): As we heard from the right hon. and learned Member for Beaconsfield (Mr Grieve), in the course of its inquiry, the Intelligence and Security Committee asked a number of Secretaries of State whether they believed the policy allowed them to authorise action where there was a serious risk of torture and each gave significantly different answers. Can the Secretary of State explain how she will be able to ensure that there is a consistent approach to this from all Secretaries of State?

Penny Mordaunt: The confidence that the right hon. Gentleman and other Members can get is that the processes in the Department have to be right. Clearly, different people coming into office and holding ministerial office will have different views on a raft of subjects. They may have different experiences that they bring to bear in making a decision, but the key thing that should give us confidence is that no member of our armed forces and no civil servant working in defence could give advice that would get a Minister to decide on a course of action that could lead to an individual being knowingly tortured. That, I think, is very clear. That has been my experience of the calibre of individuals working in the Department, both in the past few weeks and also in my time as Minister of the Armed Forces. Those are the people we have to trust. A duty on Ministers, especially the Secretary of State, is to reinforce that in the Department through policies, transparency and clarity on what it is that we are trying to achieve and the law that we are trying to uphold.

Ebola Outbreak: DRC

4.10 pm

The Secretary of State for International Development (Rory Stewart): Ebola is back—this time in the eastern DRC. This is the largest outbreak in the country's history, the second largest in the world and the first in a conflict zone. So far, 1,209 people have died, and we must do much more to grip the situation. It is not a simple question of virus control. If it were, we could simply repeat what we were able, at huge cost and risk, to do in Sierra Leone and Liberia, and even to some extent what the DRC Government and the World Health Organisation were able to do in Équateur and western DRC over the first six months of last year—that is, to get out into village after village, identify all the cases, trace all their contacts and the contacts of those contacts, and contain the outbreak through preventing further chains of transmission. But this situation is not like that.

This outbreak is in North Kivu, which is the centre of a conflict and is dominated by dozens of separate armed groups, largely outside Government control. Such groups have begun to attack and kill health workers, meaning that key international experts have had to be withdrawn from the epicentre of the virus. The decision not to allow this province to participate in the recent elections—partly on the grounds that it was an Ebola area—has fuelled suspicion that Ebola is a fabrication developed by hostile political forces. As a result, communities are reluctant to come forward when they have symptoms, to change burial practices or to accept the highly effective trial vaccine. The Congolese army and Government, which have successfully contained nine previous Ebola outbreaks over the last 45 years, are struggling to operate in the epicentre of this outbreak, as are the UN peacekeepers and the WHO. Although this area is dangerous and difficult to access, it is not sparsely populated. The epicentre of the outbreak is Butembo, which has a population of 1 million people, and the surrounding areas contain almost 18 million people.

According to all our expert analysis here, the current disease profile poses only a low to negligible risk to the United Kingdom, so this statement should not be a cause for panic here at home. However, this outbreak is potentially devastating for the region. It could spread easily to neighbouring provinces and even to neighbouring countries. I commend all those—both in the Congolese Government and the international community—who are working in very difficult situations to bring this disease under control. My predecessor, the current Defence Secretary, paid tribute to Dr Richard Valery Mouzoko Kiboung, who was killed in an attack by an armed group on 19 April while working on the frontline for the WHO's Ebola response. I am sure the whole House will join me in expressing our deepest condolences to the family, friends and colleagues of Dr Richard and to all those who have lost loved ones as a result of this outbreak.

We now need to grip this situation and ensure that the disease is contained. As Members can imagine, this has been my key priority in the emergency field since I was appointed to this role just over two weeks ago. I spent the weekend in discussions with UN humanitarian co-ordinator Sir Mark Lowcock and with the Director General of the WHO, Dr Tedros, who has personally

paid eight visits to the affected area so far. I have also spoken about the response to the Deputy Secretary-General of the UN, Amina Mohammed. I am pleased to see that there has been a real step-up in terms of the UN staff on the ground regarding co-ordination and the seniority of those staff, particularly in places such as Butembo. Both the Health Secretary and the Foreign Secretary have been supporting this agenda in meetings over the past four days—the G7 health ministry meeting and the WHO meetings in Geneva.

I have convened a meeting with a number of international experts in the field, including Brigadier Kevin Beaton, who helped to lead the UK military response in Sierra Leone and Liberia, and the chief medical adviser to the UK Government. I have concluded, on the basis of their advice, that we need to provide more money immediately, not only to support the frontline response—the health workers—but to support the vaccination strategy and to put more of our expert staff on the ground into the response. This is not just about recruiting doctors. We need people who understand and can work with the DRC Government, the military and even the opposition forces in order to create the space for us to work. We need people who know the UN system well so that they can drive and shape the UN response.

These people need to be not in London but on the ground, because they need to be able to learn and adapt very quickly as the disease spreads. We are already deploying epidemiologists through our public health rapid support teams, in partnership with the Department of Health and Social Care. I am also now considering deploying officials with specialities in information management, adaptive management, anthropology and strategic communications. It is, however, important for us all to understand that this is not a problem that the international community can solve from a distance. This is a political and security crisis as much as a health crisis, and the response must, in the end, be driven by local health workers and leaders.

There are some positive signs. DFID has been a key player in developing a new experimental vaccine for Ebola that is proving highly effective. Over 119,000 doses have been administered in eastern DRC—an achievement that has probably saved thousands of lives. Modelling from Yale suggests that the use of the vaccine has reduced the geographic spread of Ebola by nearly 70%. This is not just about statistics. It is about, for example, Danielle, a 42-day-old baby in eastern Congo who survived Ebola last week thanks to the inspiring work of community volunteers, themselves Ebola survivors, and frontline health workers, supported by UK Aid.

Of course, we cannot do this alone. It needs grip and urgency, but it also needs humility. One of the reasons I have been talking in detail about this issue to Mark Green, my US opposite number, is not only that we share the US's analysis but that the Americans will inevitably be major players in this response in terms of finance and expertise, as indeed they were in the Liberia Ebola outbreak. We need many more international donors to match our financial contributions and to sustain the international and local health operations in the field. That is why the UK has just hosted an event specifically on Ebola to build support for the response in the World Health Assembly in Geneva. It is also why I have agreed that my colleague, the Africa Minister, should visit eastern DRC immediately.

[Rory Stewart]

This is a very dangerous situation where the Ebola virus is only one ingredient in a crisis that is fuelled by politics, community suspicion and armed violence. We need to act fast and we need to act generously. But above all, we need the right people on the ground who are completely on top of the situation and able to come up with quick solutions and to guide us in keeping up the support for—and, yes, sometimes the pressure on—the UN system, on non-governmental organisation, on opposition politicians and on the Government of the DRC to get this done. The stakes are very high. I will keep the House updated on our response.

4.19 pm

Dan Carden (Liverpool, Walton) (Lab): I thank the Secretary of State for advance sight of his statement and for its comprehensive nature. I would like to start by joining him in commending all those who are working to fight this outbreak, honouring Dr Richard Kiboung, who was killed last month, and expressing our deepest sympathies to all those who have lost their lives to the latest Ebola outbreak in the DRC.

The death toll currently exceeds 1,000 people, and as the number of confirmed cases continues to rise, this deadly and cruel virus is certain to claim more lives in the days and weeks to come. The World Health Organisation has said it is unlikely that the virus will be contained, so its spread into neighbouring countries is not only possible but likely. This assessment from the WHO means that the world must act fast to prevent catastrophic outcomes, given the speed with which Ebola can contaminate and kill. David Miliband, who recently visited the region, confirmed that

“the Ebola outbreak is getting worse, not better, despite a proven vaccine and treatment.”

Through the Department for International Development, the UK is already playing its role in the response and making a difference on the ground, as it has done in previous outbreaks. Real credit is due to DFID’s staff and all responders for their tireless work and commitment. I am pleased to hear that the Secretary of State is discussing further action that DFID can take with other donor countries. Every day is crucial, and getting the response right is imperative. It is not simply a matter of issuing more money or resources. Given the complex security context laid out by the Secretary of State, a more hands-on and strategic approach is urgently needed.

It has been widely reported that one of the major barriers to delivering the necessary response is the breakdown of trust between the affected community and those trying to lead the response. A quarter of people in the region believe that the Ebola virus does not exist, and a third think that it was fabricated for financial gain. Foreigners have been accused of bringing Ebola to the DRC, and armed groups have stormed health centres and killed staff members.

Medical humanitarian agencies, such as Médecins sans Frontières, that have the expertise and experience to fight Ebola are being forced to suspend activities in the face of threats of further violent attacks. As a result, people are left untreated, vaccines are not administered, and the majority of Ebola-related deaths are now occurring within the community rather than health clinics. Lack of

infection control and safe burials only speeds up the spread of the virus. In April, the country recorded its highest number of cases since the outbreak began, and we can expect this month’s caseload to be higher. Transmission is occurring in highly populated areas where health systems are weak and hundreds of armed groups operate.

What specific steps is the Secretary of State taking to ensure that all agencies prioritise working with the Congolese community in their response? What urgent steps is he taking to gain the trust of the Congolese community? Can he tell us more about his discussions on supporting efforts to stop the current rumour mill of misinformation and secure negotiated access to the affected population?

What more can the Secretary of State do to reduce the problematic dependence on armed escorts and military involvement in the implementation of humanitarian activities? Agencies active on the ground report a major difficulty being that actors involved in the Ebola response are the very same actors who have played a long-standing role in the ongoing conflict in the region. Can he give an assurance that he will uphold the principles laid out in the Inter-Agency Standing Committee guidelines, which state that military and civil defence assets should only ever be employed by humanitarian agencies as a last resort? Crucially, while we want to see everything done to get this emergency situation under control, does he agree that prevention is better than emergency response and that we must provide long-term support to ensure that the DRC can build appropriate public health systems for the future?

Rory Stewart: I thank the hon. Gentleman for his moving and well-informed response to the statement; it is clearly very well informed by some of the actors on the ground. I will reply specifically to two of his questions.

On stepping up co-ordination, an assistant secretary-general of the UN is now operating out of Butembo with a broader co-ordination role for the different UN agencies. We have reached out to opposition leaders, who yesterday made the first in a series of statements to communities to encourage them to come forward to report cases. This is really important because those opposition leaders were at least complicit passively in allowing the rumours to spread that Ebola was somehow an invention of the Government, so there has been a very important shift. We want to thank those opposition leaders for coming forward and making those statements, and we would encourage them to make more such statements. Clearly, the Ebola response should not be politicised and should not be caught up in people’s disagreements with this particular Government in Kinshasa.

On the military-security relationship, the hon. Gentleman is absolutely right that we should be using military personnel only as a last resort, but it is very difficult situation. Nearly 200 separate insurgencies are taking place in the DRC—in particular, the Allied Democratic Forces and the Mai-Mai groups, which are operating in North Kivu and the surrounding areas—which, as we have said, have killed a doctor, mounted at least two attacks on Médecins sans Frontières facilities and attacked up to 40 other health facilities. With these kinds of problems, and when we are protecting our health workers not just from the risk of getting Ebola itself—health workers are of course among the individuals most at

risk of contracting Ebola—but literally protecting them from being shot or attacked, it is understandable that in certain cases we have to work either with UN troops or the army of the DRC to address this outbreak.

We need to be very realistic about what this whole situation means. Part of that is resilience and, absolutely, investment in the public health facilities in the DRC. However, we should remember that the DRC Government have dealt with nine previous outbreaks. In fact, Ebola is named after a river in the DRC, and it was first discovered because of an outbreak in the DRC. The Congolese army and the DRC Government actually have a huge amount of experience in dealing with this. Their failure to grip it here is specifically about the conflict in North Kivu, rather than necessarily about their having the skills and experience to deal with it.

Finally, we need to invest in resilience in the neighbouring countries to make sure that were the disease—God forbid—to move into Uganda, Burundi or Rwanda, we have the proper response in place to contain it in each of them.

Mrs Pauline Latham (Mid Derbyshire) (Con): Last time I was in Uganda, I was shown the preparations that were being made in case Ebola did come across the border, but I did not feel they were adequate enough. There was one bed, as part of a health facility, which just had a curtain around it. Will my right hon. Friend explain what we are doing to help, because this will not respect the border of a country and it will cross? Will the Secretary of State explain exactly what we are doing to help the countries bordering the DRC to stop it spreading into their country?

Rory Stewart: The answer is that we have much more experience now than we did 10 years ago of dealing with this, particularly because of the experience in Sierra Leone and Liberia. That means partly that we are giving money to agencies such as Oxfam so that it can provide its own experts in the field and support to the WHO both in resilience preparedness and in work with the public health authorities in those countries. We know what we are doing; we have the skills; and we know how to run a good technical Ebola clinic. I am very concerned to hear this news from Uganda and I am very happy to look at the individual case, but we certainly can do much better than that and we generally are doing much better than that.

Douglas Chapman (Dunfermline and West Fife) (SNP): May I thank the Secretary of State for pre-sight of his oral statement? Thanks are due in no small measure to those who are already working on the ground. That point was made by the Opposition Front Bencher, the hon. Member for Liverpool, Walton (Dan Carden), and indeed by the Secretary of State.

With 1,600 cases and almost 1,200 deaths, the outbreak in the DRC is the second largest in history. It has a 67% fatality rate 10 months after it began, and the case numbers are still rising and escalating as we speak. As we know, the disease disproportionately affects women, in 55% of cases, and children, in 28% of cases. The International Federation of Red Cross and Red Crescent Societies has warned that it may have to scale back operations dramatically in the DRC because of underfunding and some of the security issues that the Secretary of State mentioned in his statement.

I have two questions for the Secretary of State. First, on vaccines, he might remember that my hon. Friend the Member for Central Ayrshire (Dr Whitford) noted in a recent article for *The BMJ* that

“modern air travel means it is not possible to ignore infectious diseases that occur ‘far away’ as of no concern here”.

Does he agree that vaccines are a key weapon in the fight against this disease, at home and abroad, and if so, what steps is his Department taking to combat the disinformation about vaccines worldwide? I think that problem is bigger than what we are dealing with today.

Secondly, during the west Africa epidemic of 2014 to 2016, funerals were a major source of Ebola transmission, causing almost 80% of infections in Sierra Leone. What steps is the Department taking to ensure that safe and speedy burials are provided across the worst affected areas?

Rory Stewart: There are three issues. First, I absolutely agree that we need to work very closely with everyone, including all Members of this House, to combat the very dangerous lies about vaccines. Vaccines are absolutely vital. They have transformed life expectancy around the world. We cannot allow conspiracy theories about vaccines to lead to unnecessary deaths.

Secondly, in eastern DRC, there are two types of vaccines available: one developed by Merck, and one developed by Johnson & Johnson. The trials of the Merck vaccine were very successful in Guinea. We are beginning to roll out the Johnson & Johnson vaccine. There is an issue with how long it takes to make these vaccines; because they still have to be biologically incubated through an egg, it can take between six and 12 months to create the vaccines. Pushing towards 350,000 over the next six months will therefore require enormous drive and effort.

Finally, on burial practices, we must ensure that we are anthropologically sensitive. Family members want to be able to see their loved ones before they bury them, so we have to bring them in wearing hazmat suits and ensure that they see the chlorine spraying of the body. In certain cases, in addition to wrapping the body, we need a clear site so that they can see the face, so that some of the rumours that have been going around about organ harvesting can be dealt with directly. In eastern DRC, this is about reassuring not only the family, but the broader community.

John Howell (Henley) (Con): One of the big problems is that that part of the world is characterised by a large number of refugees, due to the inherent instability of the region. How will my right hon. Friend tackle Ebola among refugees to ensure that it does not spread to other countries?

Rory Stewart: My hon. Friend is absolutely right. The ongoing conflict in eastern DRC, which has been going on for decades, involves Congolese citizens moving in large numbers into neighbouring countries, and some of the insurgent groups, such as the Allied Democratic Forces, are citizens of other countries—a lot of people originally born in Uganda and Rwanda are now fighting in eastern DRC. That means we need to deal with the situation in two ways. We need to think about those people returning to their host countries, but we also need to think about vaccinating within the camps for refugees and internally displaced people. Our aim will be to try to do a complete vaccination of those camps and communities.

Kevin Brennan (Cardiff West) (Lab): My constituent Ben Thomas came to talk to me about this on Saturday. The combination of this terrible disease, in an area with 18 million people dominated by separate groups, as the Secretary of State described, out of Government control, with the conspiracy theories, reads like the nightmarish script of some disaster movie. How sure is he that the risk of this spreading and eventually coming to the UK is negligible, and what is he doing with other Departments to ensure that we are ready for such a possibility?

Rory Stewart: That, of course, is the central question. Our colleagues in public health conduct an analysis on a real-time basis and publish every two weeks their view of the risk to the United Kingdom. They publish the risk of vectors of transmission that they are aware of. They look at the fact that eastern DRC is a relatively remote area, with no direct flights to the United Kingdom, and there is a very limited number of people from the diaspora community of eastern DRC in Britain. However, if Ebola continues to spread, that fortnightly update will change. The current negligible risk could move up, which is why we need to watch this very closely. If it were to move to Uganda, two factors would come into play. Uganda has a better public health system, so it should be able to trace contact to contact and contain Ebola more rapidly, but there is the risk of the direct flights to the United Kingdom, so we need to keep the House updated very closely on that. At the moment, I think their assessment is correct. However, should the situation change, our assessment will need to change.

Jeremy Lefroy (Stafford) (Con): I thank my right hon. Friend the Secretary of State and the Opposition spokesman, the hon. Member for Liverpool, Walton (Dan Carden), for their very measured and detailed statements and replies. May I ask the Secretary of State about the situation in Goma? As far as we know, there are no cases in Goma at the moment, but it is a very large population centre. It seems, from the information I have, that it is not well prepared. Should the disease reach Goma, that could have extremely dangerous consequences. Goma is home to large numbers of refugees, as my hon. Friend the Member for Henley (John Howell) pointed out.

Rory Stewart: In terms of the worst-case scenarios we are looking at, Goma is a very serious situation. Butembo, as I explained to the House, has a population of 1 million. Goma is far larger. It is a considerable urban settlement and a major trading port right across to Rwanda. It would not be possible to vaccinate everybody in Goma. There are simply more millions of people than we have vaccines to insert. It is therefore very, very important that we contain the outbreak by ring-vaccination around the area of Butembo. If it moves to Goma, we will have to move to a totally different stage of response, so we must do all we can to prevent that happening.

Nick Smith (Blaenau Gwent) (Lab): I thank the Secretary of State for his statement, which was very helpful. I understand that in Sierra Leone's most recent Ebola outbreak nearly 10% of that country's health professionals were killed. This disease can therefore have a huge impact on a country. The Secretary of State talked about much distrust surrounding this outbreak. Will he say more about what is being done to raise awareness and emphasise the impact of Ebola, so we can contain it?

Rory Stewart: There are two main lessons from Sierra Leone. The first is communication—in particular, making sure that anybody who is sick comes forward to report it and that they report their contacts honestly. We had a situation recently in eastern DRC where a baby was reported, but nobody traced the fact that the grandmother of the baby had actually had the disease. Contact tracing and reporting is essential. The second relates to safe burial practices and understanding very clearly the risks involved.

In terms of health workers, the big change from Sierra Leone is the vaccine. One of the great achievements that this Department has played a major role in is the final development of an Ebola vaccine, which, so far, has been very effective—over 90% effective. We are now vaccinating all health workers in the area as a matter of course, so that anyone who is in contact with a patient is vaccinated. That should make a huge difference to the transmission of the disease, because in Sierra Leone and Liberia it moved through health workers. The problem at the moment is traditional health workers, who are reluctant to come forward.

Alex Chalk (Cheltenham) (Con): For intervention to be decisive, clinical experts will have to be deployed at pace and at scale. Will the Secretary of State indicate what discussions he is having with our international counterparts to ensure that such resources, as are required from us and our allies, are deployed as quickly as possible?

Rory Stewart: From discussions in the Department, we have agreed a scale-up of the UK response. We have laid out the additional UK experts who want to go into the field. I have spoken to Mark Green, the administrator of the United States Agency for International Development. A retired US admiral who led their response in Liberia has just been out in the field in eastern DRC and has returned to Washington. I hope that a colleague will be able to meet him in Washington this coming week. The third thing is making sure, with Dr Tedros and Mark Lowcock from the WHO and the United Nations Office for the Co-ordination of Humanitarian Affairs, that we get the right UN experts in the field. My hon. Friend is absolutely right: more expertise, more quickly and closer the epicentre is the key.

Tom Brake (Carshalton and Wallington) (LD): I welcome the Secretary of State to his new role. He is perhaps that rare animal—a Minister who is respected on both sides of the House—so I wish him well. He will know that in 2014, the Ebola outbreak was classified as a public health emergency of international concern, as was the Zika outbreak in 2016. I assume that he is monitoring that. At what point does he think we might reach that stage, and what additional resources would that bring to tackle the outbreak?

Rory Stewart: That is a very good, technical question. Let me take the two responses in reverse order. First, we do not believe that the declaration would make a dramatic difference to the resources that we are able to deploy. In fact, we have just signed off on very significant additional resources. For various security reasons, I feel that we cannot talk about the exact sum, but we are putting much more resource into this operation. Secondly, we are monitoring this issue and the entire meeting last week was around that. It is an active question for the

discussion currently taking place at the World Health Assembly, and we will keep the House updated on the declaration of the emergency.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I congratulate the Secretary of State on taking up his role; the introduction of a Scot always helps matters in sensible decision making. My question is simple: in terms of mobilising all our forces and getting the vaccine on tap as quickly as possible, are we making the maximum use of one of our strengths, which is British academia? One thinks of Oxford, Cambridge, Glasgow, Edinburgh and Manchester, where we have some tremendous medical specialists.

Rory Stewart: The answer is yes. British academics are playing a very major role, but a lot of the Merck development has included not just British but American and Canadian academics. The point is well made. We are very proud in DFID that the quest for a universal snakebite vaccine, for example, will be led through the Liverpool School of Tropical Medicine and funded entirely with DFID money. That is an example of where I, as a Scot, would very much like to take this Department.

Point of Order

4.41 pm

Laura Smith (Crewe and Nantwich) (Lab): On a point of order, Mr Speaker. Following a previous point of order that I made to you, I and more than 110 other Members wrote to the chairman of the Conservative party and the Government Chief Whip on 19 March regarding comments made by the right hon. Member for Uxbridge and South Ruislip (Boris Johnson) in relation to historical sexual abuse. Two months later, neither has responded to me, so could you advise me further on what action I should take to get an answer on this important matter?

Mr Speaker: The short answer is: persist. The matter is not to be directly addressed from the Chair in the sense that as far as I know, it does not appertain to remarks made in the Chamber. That does not, in any sense, diminish its importance, but it does change the matter of the aegis within which it falls. It is not a matter upon which I can arbitrate. However, I champion the principle of courtesy between colleagues. If colleagues have written to the chairman of, in this case, the Conservative party, they are entitled to expect that a reply will be forthcoming, so my counsel to the hon. Lady—in so far as she requires it—is, as I said in my initial one-word reply: persist. Stick at it. Keep going. Do not take no or nothingness for an answer.

In a moment, I will call Heidi Allen to make an application for leave to propose a debate on a specific and important matter that should have urgent consideration under the terms of Standing Order No. 24. The hon. Lady has up to three minutes in which to make such an application.

Revoking Article 50

Application for emergency debate (Standing Order No. 24)

4.43 pm

Heidi Allen (South Cambridgeshire) (Change UK): I seek leave to propose that the House should debate a specific and important matter that should have urgent consideration, namely the revocation of the UK's article 50 notification to the European Union.

As we know, the Brexit landscape is shifting literally by the day, but there have been some significant events recently that I believe have altered the direction of travel. The Prime Minister and the Leader of the Opposition have been locked for six weeks in cross-party talks that have facilitated no resolution whatsoever. The Prime Minister has now stated that she will bring back her withdrawal agreement for a fourth time on 3 June, and all indications are that it will fail again. That being the case, we know that the Conservative party has stated that it will then look for a new leader, and that means a new Prime Minister for this Government. The suggestion is that it is likely that that will be a hard Brexiteer, and a Member of Parliament and a Prime Minister who may take this country towards no deal, or leaving on World Trade Organisation terms. Just when the country was breathing a sigh of relief and thinking the danger of no deal had passed—the House has voted twice to ensure it does not happen—recent events have dangerously reignited that possibility.

I remind everybody that no deal means no transition period, which would mean, the day after leaving, no rules on tariffs and goods, no free movement of people, no security arrangements, and goods—medicines, for example—not being regulated as today. It would end overnight. This would constitute a grave act of harm to our economy, our security and the health of the nation. If it has not been possible to secure a confirmatory vote by 31 October, the House will have to seriously consider revocation of article 50 to stop the clock and prevent a no-deal Brexit. Mr Speaker, I would be grateful to hear your view on whether we should have this emergency debate.

Mr Speaker: The hon. Lady was admirably succinct. It is comparatively rare for a colleague to fall so short of the three minutes but nevertheless to have conveyed the point. The House is grateful to her. I have listened carefully to her application. I am not persuaded that this matter is proper to be discussed under Standing Order No. 24, but I want to add the following to complete what I regard as a satisfactory answer. The Standing Order requires that I do not give my reasons for the decision, but it may help her, other colleagues and those attending to our proceedings outside if I remind the House that the Standing Order also states:

“In determining whether a matter is urgent the Speaker shall have regard to the probability of the matter being brought before the House in time by other means.”

I have had such regard. I wanted her to have an opportunity to air this important point, and I have made this decision for now.

Non-Domestic Rating (Preparation for Digital Services) Bill

Considered in Committee

[DAME ELEANOR LAING *in the Chair*]

Clause 1

PROVISION OF DIGITAL ETC SERVICES BY HMRC:
PREPARATORY EXPENDITURE

Question proposed, That the clause stand part of the Bill.

4.47 pm

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Rishi Sunak): It is a pleasure to serve under your chairmanship, Dame Eleanor.

The Government have made significant reforms to the business rates system since our wide-ranging review in 2016. Responding to the needs of ratepayers, we are building a system fit for the 21st century. The tax system must keep pace with the way business operates today, and that means a modern, online system that makes it easier for businesses to manage their bills in one place.

Today's measure is a small step towards that modern system for business rates. It will give Her Majesty's Revenue and Customs the ability to carry out the early design work so that it can explore how a new system can be delivered. It does not implement or commit us to a particular approach, and the Government will work closely with local government and businesses when we come to develop detailed proposals. We need the Bill because HMRC's statutory functions do not currently extend to the administration of business rates. As I have said, further primary legislation will be needed for HMRC to implement the outcomes of this work, so this House will have a further opportunity to look again at the project.

On the detail of the Bill's clauses, HMRC's functions are set out in primary legislation in the Commissioners for Revenue and Customs Act 2005. These functions relate to the collection and management of revenue, as set out in section 5 of the Act, and do not extend to the administration or payment of non-domestic rates. Clause 1 therefore provides HMRC with the ability to incur expenditure in connection with digital services to be provided by it for the purpose of facilitating the administration or payment of non-domestic rates in England. Subsections (2) and (3) define digital services and non-domestic rates respectively. Clause 2 sets out that the amendment will extend to England and Wales but apply only to England.

Jim McMahon (Oldham West and Royton) (Lab/Co-op): It is a pleasure to serve under your chairmanship, Dame Eleanor.

When we debated the Bill's Second Reading last week, we were careful not to stray too far from what is a very narrow Bill. The benefit to the Minister was that he was able fill a speech by reading out the Bill. I shall not speak just for the sake of it; I shall cut straight to the chase.

I accept completely that this is enabling legislation to allow Her Majesty's Revenue and Customs to develop the framework and the product offer, but there are still many outstanding questions that the Government need

to answer at this stage, because they are fundamental to the approach that is being taken. For instance, will local councils retain their primary role as billing authorities? Who will underwrite the non-collection losses for businesses that opt to use the new digital system? How frequent will HMRC's payments to local authorities be?

To what extent will local government be involved in the co-design of the system? As was pointed out on Second Reading, there is a great deal of expertise in our councils when it comes to designing systems and processes and bridging systems across different software products, and I think we can tap into that expertise to ensure that the system is fit for purpose. I am sure that the Minister does not want his CV to bear the legacy of an inadequate IT system, a fate that has befallen many Ministers who have gone before him in various Departments.

We want those fundamental questions to be answered, ideally before work starts and money is spent—and that brings me to my next point: we still do not know how much money will be spent. Oddly, a money motion was tabled but did not proceed to a Division, and there was no explanation even of the ballpark figure: not even a rough estimate of how much the new system might cost. The cost must be weighed against the benefits to HMRC and businesses, and it must be established whether we are getting value for money for the investment.

I must be careful not to stray too far from the subject of the debate, but the Bill does not address the underlying chronic underfunding of local public services. The Minister really must deal with the issue of the £8 billion funding gap, to which we have referred very often in the House.

We do not intend to divide the Committee, but if the Minister is not able to answer those questions today, it would be useful if, at the very least, Ministers could respond in writing.

Rishi Sunak: Let me deal briefly with the hon. Gentleman's points. He asked some specific questions about the design of the system. As we established on Second Reading, I cannot give him the answers, not because I am trying to hide something but simply because I do not know them at this stage, and nor does anyone else. The Bill will enable HMRC to start its scoping work, and the questions that the hon. Gentleman rightly posed about the design, who will do what, and how intensive the work will be—or, indeed, how light-touch it might be—will be answered during subsequent analyses. Further primary legislation is likely to be required, so the House will have an opportunity to debate those changes.

On Second Reading, the hon. Gentleman raised an interesting point about the potential integration of the new challenge and appeal system with whatever new platform is designed. That point is worthy of consideration. Again, however, at this stage no one knows how much that would cost, how long it would take, or whether it would be a worthwhile addition to the plan of work. I hope the hon. Gentleman will forgive me: I am not being evasive, but we are beginning a process that will answer all those questions and others.

Similarly, I cannot give the hon. Gentleman a specific figure in relation to the budget, because we do not know what the overall system will look like. What I can say is that HMRC's initial scoping work will be done within its existing resources and budgets, will not, in general,

involve the use of consultants, and will hopefully lead to a proposal which, during the spending review, HMRC can decide whether to adopt, depending on the outcome of the review.

Of course local government and, indeed, business should be extensively engaged in the process. I know that HMRC is committed to that, and the hon. Gentleman would no doubt hold me and Treasury Ministers to account if it were not the case. Typically, Select Committees would take evidence from HMRC in hearings as the system was being designed and rolled out over subsequent years, and I have no reason to doubt that that would happen in this instance.

The last question the hon. Gentleman posed was specifically about the frequency of payments. I am pleased to be able to tell him that this was also brought up on Second Reading. Currently, businesses tend to have at least the opportunity to spread their business rates payment over 10 different instalments over the year. That right is prescribed in regulation—the Non-Domestic Rating (Collection and Enforcement) (Local Lists) Regulations 1989—so that flexibility is already in place and is taken up by many businesses. If there was to be any change to that, it would require this place to pass new regulations, so I think the hon. Gentleman can rest assured on that point.

I hope that answers all the hon. Gentleman's questions, and I ask Members to agree that, if we can take clauses 1 and 2 together, they stand part of the Bill.

The First Deputy Chairman of Ways and Means (Dame Eleanor Laing): In answer to the Minister's implied question, I have not put clause 2 to the Committee yet, and therefore before I put the questions on clauses 1 and 2 I will immediately, for the sake of clarity, rule that we are debating clause 1 and clause 2 together; I had not said that before, but as both the Minister and the Opposition Front-Bench spokesman appear to have done so I will retrospectively allow it. Also, I will just ensure that no one else wishes to speak on either clause 1 or clause 2 before I put either of the Questions, and I see that that is indeed the case, so let us proceed.

Question put and agreed to.

Clause 1 accordingly ordered to stand part of the Bill.

Clause 2 ordered to stand part of the Bill.

The Deputy Speaker resumed the Chair.

Bill reported, without amendment.

Third Reading

4.57 pm

Rishi Sunak: I beg to move, That the Bill be now read the Third time.

This simple, narrow measure will take the first steps towards improving the tax system for businesses by developing a new digital system to administrate business rates. It is part of the Government's commitment to make Britain the best place in the world to do business.

I would like briefly to thank right hon. and hon. Members in all parts of the House for their contributions during the extensive Second Reading and Committee stages of the Bill. Specifically, I am grateful to those who supported it on Second Reading, highlighting the importance of our efforts to support business and our high streets and of our consulting widely on the development

[Rishi Sunak]

of this new digital system. I am grateful to the Clerks of the House and to officials in both my Department and Her Majesty's Revenue and Customs for their work on the Bill.

This simple Bill will allow HMRC to develop a new system for the administration of business rates; it has wide support, and I commend it to the House.

4.58 pm

Jim McMahon: I do not intend to talk at length, but I do wish to say that when people look at Parliament and the division that Brexit causes, they believe that our politics is in crisis. Although I know that the topic the Bill addresses is not interesting for many people and I doubt that many people will be watching, it has demonstrated that we can work across parties, and indeed that is how Parliament generally works, although it is not often seen. I accept that this is a technical matter and is not as controversial as Brexit, which I will leave for others. I thank the Minister for reaching out very early in this process, and I wish the Bill success in the other place.

Question put and agreed to.

Bill accordingly read the Third time and passed.

Backbench Business

Medical Cannabis under Prescription

4.59 pm

Sir Mike Penning (Hemel Hempstead) (Con): I beg to move,

That this House reaffirms its welcome for the change in the law that allows access to medical cannabis under prescription, but notes that only a handful of prescriptions for whole-plant-extract medical cannabis have been issued on the NHS, which has left a significant number of patients, many of whom are children with intractable epilepsy, with no access to medical cannabis and experiencing severe distress; and calls on the Government immediately to act to ensure that medical cannabis is available to appropriate patients and in particular to children suffering severe intractable epilepsy, such as Alfie Dingley whose plight and campaign did so much to secure the change in the law.

It is a real privilege to stand here and represent families from across the country, alongside colleagues from across the House who I am sure will scamper into the Chamber in all haste when they realise how fast the previous business has been dealt with. This gives us a suitable amount of time—some five hours—in which to debate this really serious matter.

On 8 April, Mr Speaker granted me, with support from other colleagues across the House, an urgent question on the medical use of cannabis. This followed the removal of a young lady's medical cannabis from her family's possession as they came through customs at Southend airport in Essex. The young lady's name was Teagan, and her family are ardent campaigners on this issue. They know, because they have been abroad to get medical cannabis oil for Teagan, that it has a really helpful effect on her.

What had an even more dramatic effect on Teagan's family was that, perhaps not unexpectedly, Border Force confiscated the oil. I do not blame Border Force or the Home Office—we will go into the history of how we got to this position in a moment—who were doing their jobs. However, after long conversations on the phone that evening and conversations with the Speaker, I was really pleased to be granted the urgent question.

The urgent question meant that the House could come together to ask why an oil that had been prescribed—admittedly it was prescribed abroad; nevertheless it was prescribed—should be taken from a young lady who desperately needed it because of the seizures that she suffered as a result of her epileptic condition.

The oil was taken away, and the family were promised, quite rightly, that it would be kept in a safe place and not damaged.

On the Saturday a week after the urgent question, the prescription was eventually accepted by the Department of Health and Social Care and the Home Office. I say “eventually” because there is such confusion surrounding this prescribed medical product. It is fascinating to me and even to those within the medical profession.

The first prescription was rejected, and Teagan was not allowed to have the oil back because the prescription did not mention the word “oil”. Even though the description of the product was completely accurate, it was rejected because it did not contain the word “oil”. A new prescription was issued that included the word “oil”, and the oil was released. Believe it or not, conversations then took place about who was going to pay for the transportation of that medical oil to Teagan.

Kevin Brennan (Cardiff West) (Lab): I congratulate the right hon. Gentleman and my hon. Friend the Member for Gower (Tonia Antoniazzi) on the work they have done on behalf of the all-party parliamentary group on medical cannabis under prescription, and on behalf of my constituent Bailey Williams and his family. His mother has written to me about today's debate, which unfortunately she cannot attend, to say that Bailey really needs urgent access to medical cannabis because of the continuing effect that his constant seizure activity is having on him. Does the right hon. Gentleman feel as frustrated as I do that, many months after the Government first indicated that this medicine could be prescribed, he is still having to speak about it today and I am once again having to raise Bailey's case on the Floor of the House?

Sir Mike Penning: I thank the hon. Gentleman for his intervention. That is what we are here for. Yes, we are frustrated and angry, but actually we are here to do something very important. The only reason the Home Office deregulated this drug and we are in this position today is that this House came together and, more importantly, because the families came together. Those families have young children—I am a father myself, like lots of colleagues in the House—and we all came together to say that the situation was fundamentally wrong. We asked why medical cannabis was illegal if we knew that it helped our children.

Sir Desmond Swayne (New Forest West) (Con): Am I right in my assessment that Ministers have bent over backwards and we have acted in the Chamber to ensure that these products are now available, but that the problem is in the medical profession? What more can we do now? I know that this is interfering in the medical profession, but, frankly, that is now becoming necessary.

Sir Mike Penning: My right hon. Friend is absolutely right. The Secretary of State for Health and Social Care stood at the Dispatch Box during the urgent question and laid out in plain English that it is not illegal for a suitably qualified person to prescribe these medical products, so how are we still here?

Frank Field (Birkenhead) (Ind): May I interrupt the right hon. Gentleman?

Sir Mike Penning: I will give way in a second.

Frank Field: It relates to that very point.

Sir Mike Penning: I will give way.

Frank Field: I thank the right hon. Gentleman very much. When we heard the Home Secretary speak about this initiative, we all thought that those whose children's lives were being ruined by fits would from now on find solace. That was not the case for those whose children were beyond help at that stage, but we thought that it would apply in the future. Given that we want it, given that the Home Secretary wants it, given that the parents want it, and given that individual doctors want to prescribe it, some group at a regional level in the Department of Health and Social Care is clearly preventing prescriptions from being issued in a way in which they can be delivered.

Sir Mike Penning: I will touch on many of the right hon. Gentleman's points later in my speech. The Home Secretary was ever so helpful, as was the Health Secretary, but the Prime Minister played an absolutely diamond role, and we took Alfie Dingley and Hannah Deacon to No. 10 with the petition. I know that we are not supposed to refer to the Gallery, but they are up there watching us, and they were scuttling up the stairs very quickly.

It is vital that we have a proper debate over the next five hours, without worries about time limits. I am not fussed about whether the Government lose their business later.

Frank Field: There is no business tomorrow.

Sir Mike Penning: There is Government business later on, but I do not care about that. We need to try and flush out and identify the blockages, which is what the Health Secretary tried to do.

Norman Lamb (North Norfolk) (LD): Will the right hon. Gentleman give way?

Sir Mike Penning: I will, but I will then try to make some progress.

Norman Lamb: In response to another intervention, the right hon. Gentleman indicated that there is a degree of resistance within the NHS and among clinicians, but does he agree that this is about more than that? This is also about the Government's regulatory framework, which is restricting access to this medication. Many people in acute pain are resorting to opioids, which are highly addictive and potentially fatal, while being unable legally to access cannabis, which can often ease their pain.

Sir Mike Penning: The right hon. Gentleman and I often debate health issues. We were both shadow Health Ministers at the same time, and we agree on most things, including on the prescribed medical use of cannabis. The other area to which he was alluding is not for this debate. It is not referred to in the motion. The reason we have managed to get such huge cross-party support and support from families around the country is that we have stuck to the specific issue of prescribed medical use without going into casual use.

Norman Lamb *rose*—

Sir Mike Penning: If I can, I will make a bit of progress, because there is plenty of time for colleagues. I am really chuffed that the Backbench Business Committee gave us this opportunity. When has the Backbench Business Committee ever had five hours for a debate on a Monday afternoon? I am simply thrilled, and I intend to use as much of that time as possible. I got a little note from the Clerks saying, "You should speak for 12 to 15 minutes, Mr Penning"—yeah, in your dreams. [*Laughter.*]

There is a blockage in the NHS if someone cannot pay for the prescription. There are consultants both within the NHS and outside, but if someone can pay for it in the private sector, private prescriptions are being honoured. The product is available in this country, perfectly legally, to those who can afford it, and that sticks strongly in my throat.

[Sir Mike Penning]

At the conclusion of the urgent question, although it is not in *Hansard*, I clearly heard Mr Speaker tell the Secretary of State for Health and Social Care that, whatever happens, we will not leave it—he was referring to me. We will go on and on about this until we get justice for these young people.

Looking beyond the small cohort of desperately ill children, there are others in the country who would clearly benefit from medical cannabis. I am not a doctor, but hundreds and hundreds of families have come to ask me whether this means they can get some help. The MS Society has sent an excellent briefing to colleagues today, and the Brain Tumour Charity and many others have also provided briefings.

Constituents come to my surgery, and I tell them that we need to make sure that their specialists, the experts in their area, are saying that they need medicinal cannabis, and then we can fight their corner. We have such specialists in the sector now who are saying that children and young people with epilepsy—my constituent has just turned 18, so their mum will want me to talk about post-18, too—get a tangible benefit from treating their seizures with these prescriptions, prescribed by a suitable specialist.

We know exactly what are in those pharmaceuticals, yet we still have a crazy situation in which hospitals are telling parents that if they bring these products on to a ward when their child is ill, as part of their ongoing medication, social services will be called to look into what they are doing with their family—for a product prescribed by a consultant.

My constituent has just turned 18. When I wrote on behalf of the family to her GP and the clinical commissioning group, which was blocking the prescription, they said, “We are not interested in homeopathic products.” What on earth is going on inside the medical profession in this country? If they do not know what it is, they should go and ask someone before they write stupid letters back to people and break their hearts. I had to send the letter on.

We should look carefully at what we can do to help. It is not for any politician in this House who is not suitably qualified to say to anybody that they deserve to have this product. What we must do is break down the blockages—that is what the Secretary of State alluded to in his answer to the UQ—and find out the reason for them.

Charlie Elphicke (Dover) (Con): My right hon. Friend and I share a passion for this subject. Does he agree that the absurdity lying at the heart of it is that heroin is legally prescribed as morphine, which has been well understood for many years, but that a medical prejudice kicks in when using cannabis for medical purposes? Does that not highlight that there is an inconsistency that needs to be addressed—and addressed quickly?

Sir Mike Penning: I completely agree with my hon. Friend. I have been referring to Teagan, and he is her MP. As he knows, she got her medication seven days late, and I am convinced that she would not have got it if we had not secured the urgent question, which is why such debates are important.

I used to be a Minister, and I always panicked about UQs. I always asked, “Why don’t we just do a statement? It is a damn sight easier, and we can control the agenda going forward.” The business managers did not always agree with me on that point.

I might be wrong, but as far as I am aware from our investigations the only NHS prescription that has been issued was through the Home Office. Alfie Dingley got his medication through the panel the Home Secretary set up with the expert group in the Home Office. As far as I am aware, since we changed the law in November no NHS prescription has been honoured. We have had trusts clearly threatening consultants not to do this and we have had their professional bodies do the same—I have seen some of the correspondence. As I alluded to earlier, families have been threatened with social services for bringing the product into the hospital where their child was being treated, even though this was a prescribed drug that is perfectly legal in this country today.

The real issue is: why can only those who have the money, those who have a donor and those who have crowdfunded, or, as in the case of my constituents, those to whom one of the manufacturers has given it for free—there is no way in the world they could afford this, and I thank the manufacturer for doing that, particularly for the family—get this? In the country that is so proud of the NHS, how on earth have we got into a situation where those who are poor do not get it?

Norman Lamb: I agree with the points the right hon. Gentleman is making, but the fact that the one prescription that has been issued has been through the Home Office raises an important point: the Home Office should have nothing to do with a health issue and this should be transferred, without delay, by the Government to the Department of Health and Social Care?

Sir Mike Penning: To be fair, it has been, and that was before we changed the law in November. The Home Office set up a panel while we looked at the changes of the law. This does not really matter, but a Health Minister is at the Dispatch Box today and a Health Secretary was there for the urgent question, so this is clearly sitting in that Department, but the connotations are still there in respect of, for instance, bringing this into the country—

Norman Lamb: And licensing?

Sir Mike Penning: I understand that point, but this drug has been moved out of its category into the Department of Health and Social Care and it can be prescribed. The issue is not prescription. Even though there were a limited amount of private prescriptions, they are being issued. I thank the consultants who have met me and my colleagues from across the House who have been campaigning on this. They are willing to do this. As far as I can work out, the blockage is that this was moved too fast to help the families whom we wanted to help; the Department of Health and Social Care and the Home Office were not ready.

That fascinates me, because four and a half years ago—it is that long since I have been a Minister—I stood in Westminster Hall as the Minister responsible for drug policy and said then that the Government were minded to allow the medical use of cannabis under prescription.

Do they not read our debates? Do they not listen to what Ministers have to say? I do not know whether they thought I was having a flier and as a Minister of State was just doing this because I felt like it on that day. But the then Home Secretary is now the Prime Minister, and of course I did it with her permission.

Norman Lamb: What did Ministers do after the right hon. Gentleman made that point in Westminster Hall? He says that that was four years ago. Why did it take until last year for the Government to do anything?

Sir Mike Penning: You should have seen the reaction of some of my civil servants when I got back to the Department after making that comment in Westminster Hall! You would understand then why this went exactly nowhere, even though I pushed and cajoled. Sadly, or fortunately, I was moved to the Ministry of Defence after the 2017 election.

So why are we here today? Why have colleagues come into the Chamber, which was completely empty 10 or 15 minutes ago, when they could probably go, as I do not think there is going to be a vote? I say that because the Government have indicated to me that they have accepted the motion, which is votable, if we needed to do that. I have indicated to the Whips that if we needed to do this, I would push it to a vote. I do not think we need to, simply because, after listening to the debate, the Minister will realise, “Hey, we’ve got to move faster.”

Are we moving fast? No. Are we moving faster than we were? Yes, but more needs to be done. Why is that? Because young people are having massive seizures that are affecting their lives and those of their loved ones. They are affecting their families and their quality of life in this country today.

We can do something about that. We are on the journey of doing more about it, but I ask more as a father than as a politician: why do they have to find the money and go to Holland or to Canada? If they cannot find the money, they are not going to get it, unless someone donates it to them or they crowdfund. In the 21st century, why are we allowing these children to be given drugs that are not working and that were never designed for the use for which they are being given, while we have products out there that the pharmaceutical companies are producing, and we know exactly what is in them? It may not help—it may not stop those seizures—but for some people it clearly does. It is morally wrong for us to sit back and allow those children to suffer, and I have no intention of doing that.

Frank Field: On the unsatisfactory position that the right hon. Gentleman has described, with desperate families going to Holland to buy these drugs, could the Home Secretary not say today that he has instructed Border Force not to prevent anybody from bringing the drugs back into this country?

Sir Mike Penning: I forgot to do so earlier, so I pay tribute to the right hon. Gentleman. We both asked some questions in the House prior to the Home Secretary’s changing his decision, and the right hon. Gentleman kind of goaded me into some of the things that I wanted to do. The right hon. Gentleman and colleagues might remember that an important debate on Europe was due to take place on the Wednesday, when Alfie Dingley and his family were going to Holland, and on

the Monday I said that the right hon. Gentleman and I would go to Holland with Alfie Dingley and bring it back, and if we were arrested, so be it. I think the Government might have lost that vote on the Wednesday had we not changed the law in time. I do not think that matters; what matters is that Alfie got his medication.

On the right hon. Gentleman’s specific point, the answer is yes, if it has been brought back with a prescription. We are still in Europe and, as I understand it, European prescriptions are as good as ours—I am told they are, but who knows?—and if they have been over and brought it back with the prescription, it is seriously wrong to take that product off a young child.

5.23 pm

Jeff Smith (Manchester, Withington) (Lab): Forgive me for shuffling my papers, Madam Deputy Speaker; I was not expecting to be called quite so early in the debate. I am grateful to have been called early, but the House will have to bear with me. I congratulate the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi) on securing the debate, on their brilliant campaigning on this issue and on their co-chairpersonship of the all-party group on medical cannabis. I also congratulate the campaigners—some of whom are present—who have brought this issue into the public eye over the past year and are determined to make sure that it remains there.

Kevin Brennan: Like my hon. Friend, I thought that my hon. Friend the Member for Gower (Tonia Antoniazzi) might have been called next, as the co-chair of the all-party group—I think that is probably what was in his mind—and I was going to intervene on her to correct my earlier intervention, because I see that my constituents Rachel and Craig, who are Bailey Williams’s parents, have managed to attend today’s debate, despite the fact that they thought they would not be able to because of a medical appointment for Bailey. This gives me the opportunity to pay tribute to them for their relentless campaigning on his behalf. It is because of people like them that we are all here this evening.

Jeff Smith: I am delighted to have given way to my hon. Friend to allow him to pay that tribute to our visitors today.

I have received two letters from a constituent of mine, who has asked me to keep his name confidential. I am happy to give it to the Minister on a confidential basis. My constituent first wrote to me on this issue last September, after the Government accepted the principle that we should be able to prescribe medical cannabis, because the aim had not been fulfilled. He wrote:

“I have a grandson who suffers from a severe form of Crohn’s disease. He is in constant pain and finds that his present regime of opiate-based pain killing has difficult side effects. He tells me that his consultant doctor is willing to prescribe the cannabis-based alternative as soon as it is permitted. My grandson has never obtained cannabis illegally and does not intend to do so.”

My constituent wrote again to me in April. Things had moved on, but this probably illustrates the problem. In the second letter, he wrote:

“The position in my family is now relatively fortunate. Left in limbo for a long time by the NHS, and enduring frequent nausea and serious debility, my grandson used his own initiative. He found a private doctor specialising in pain control, a highly respectable man, formerly an NHS consultant, who gave him a prescription for a cannabis product. This has been successful. His symptoms

[Jeff Smith]

are under control, his general health and capacity to eat are much improved, and he is being phased back into his job, which he had been likely to lose. I am meeting the financial cost to the tune of £695 per month currently. By tightening my belt I can do it, at least for a reasonable time to come. I never spent money to better effect in my life, and I am so grateful for medical science. But some of the sufferers on the TV programme have no financial resources. And for an old Socialist like me it goes against the grain to use private medicine."

Madam Deputy Speaker, you do not need to be an old socialist to think that this is an unacceptable situation.

Sir Mike Penning: I don't think I'm an old socialist.

Jeff Smith: The right hon. Gentleman, who set out the case very well, is certainly not an old socialist. As we heard from him, there are multiple examples of patients who want to access medical cannabis, and whose doctors want them to access it, but are not able to do so. These are patients who last year were given hope that their pain, anxiety and seizures would end, only to have their hopes dashed and frustrated.

Ms Karen Buck (Westminster North) (Lab): Like many hon. Members, I have had parents contact me recently who are desperate to obtain treatment for their children. They have said to me that, if anything, the situation has got worse since the guidelines were issued and they completely fail to understand how that can be. Is that my hon. Friend's experience? Can we convey to the Minister today that there is a powerful sense that hope was raised and has been dashed?

Jeff Smith: My hon. Friend makes a key point. Those hopes were raised. People were promised medicine but that promise has not been delivered upon. It is a source of great frustration.

Frank Field: I cannot quite understand how the mechanics work. If a patient gets a private prescription and they remain in this country, they get the drug, but if a patient gets a national health service prescription, it does not work. How can we have such a system? A person can go to a private doctor and to a chemist, who will provide NHS drugs but will also do a private prescription. Who is preventing them from giving the same prescription to somebody who cannot afford to pay, such as this great socialist who is paying money for his grandchild?

Jeff Smith: I am about to come to that point, which is the key question. The root of the problem is that we are not talking about an illegal prescription; these are legal prescriptions, but our NHS is unwilling or unable to make them and deliver on them. The question we need to ask today is, what can Ministers and the Government do to help to sort out the situation? What can we do? It is clearly not good enough for us to say, "Well, Parliament has legislated so we've done our bit. It's now all down to the medical establishment." The system clearly is not working.

At the root of the issue is evidence. The Government have issued a call for research on this, which is fine as far as it goes, but we need to look creatively at that because research and evidence take different forms. After writing to the Department, I received a letter from a Minister saying that cannabis is legal to be prescribed, but should only be prescribed where there is "clear published evidence of benefit".

That little phrase is difficult. Cannabis has been listed under schedule 1 until very recently. When a drug is in schedule 1, it is incredibly difficult to do research on it.

Frank Field: We would cut our drugs bill in half if we applied that to all medicines.

Jeff Smith: My right hon. Friend makes a good point.

The Minister's letter said that cannabis should only be prescribed where there is

"clear published evidence of benefit...and need...and where established treatment options have been exhausted".

My question to the Minister is, do we really think all those hurdles are correct? If cannabis is the best treatment for a condition, we should not have to exhaust all those other options; we should be able to trust our clinicians to prescribe in such circumstances.

The root of the problem is clinicians' lack of confidence to prescribe. The biggest barrier is concerns over the evidence. The Government have issued a call for evidence and research, but they are insisting on randomised controlled trials, which bothers me greatly. I am really concerned about the insistence on evidence from randomised controlled trials, to the exclusion of other ways of gathering evidence. I strongly advise Ministers and others to go back and look at some of the evidence recently given to the Health and Social Care Committee by Professor Mike Barnes, who is a noted expert on this subject. He has produced a study on the evidence for the efficacy of cannabis for a variety of medical uses. There is plenty of evidence around the world for the efficacy of cannabis for medical use. However, we are not accepting that evidence because it has not been produced in randomised controlled trials.

In his evidence to the Health and Social Care Committee, Professor Barnes said that we are trying to force cannabis into a particular pharmaceutical route with regards to trials, when that is not an appropriate way to go. He said,

"cannabis is not just cannabis...Cannabis is a whole family of plants"

and

"it does not lend itself very well to the standard pharmaceutical approach. It is not a single molecule that we can compare against a placebo. There are over 2,500 varieties of cannabis, each with a different structure...each with subtle differences.

He told the Committee that each variety interacts with the others differently. So which one of those varieties do we pick for our randomised controlled trial for a standard pharma model?

Professor Barnes said that we need to take a range of other evidence into account, including anecdotal evidence. When there are tens of thousands of anecdotes that build an evidence base, there is substantial anecdotal evidence for the efficacy of cannabis for medical approaches around the world."

Sandy Martin (Ipswich) (Lab): First, is it not also the case that we are talking not just about therapeutic uses, but about pain control? There are many conditions where pain control is actually the most important use of a medication. Secondly, may I add my recognition of the work done on this issue by the former Member for Newport West?

Jeff Smith: Yes, what is the phrase about standing on the shoulders of giants? I think that we all admire the work on this issue carried out by Paul Flynn over many years.

I do not understand why the Government will not, at the same time as calling for randomised controlled trials, also look at observational trials, whereby people can actually take the medicine they need and we can see how effective it is. We need an audit of those already using the medicine to see what is happening to them. There is nothing wrong with randomised controlled trials, but the complexity of cannabis as a product makes them very difficult to carry out. We can have them, but there are lots of other ways in which we can gather evidence that will enable us to move forward.

Lloyd Russell-Moyle (Brighton, Kemptown) (Lab/Co-op): Is it not the case that we have been flexible on trials with other diseases and drugs? I think particularly of the flexibility on HIV after campaigners fought to get the drugs to people who were terminal before trials had finished because there was an understanding that the harm of the disease was far greater than any side effects could possibly be. That is how we should be treating this issue as well. We understand that the risk is relatively low, although there might be some, but the potential gain is rather great.

Jeff Smith: My hon. Friend makes an excellent point. Yes, there may be risks, but we should look at the risks of some of the other treatments that people are using. Opiate treatments are much more risky than cannabis.

We need to find another way forward. We need to take into account the different types of evidence. We need, really, a bespoke medical response to this. I ask the Minister, how can we use the different types of evidence to get an evidence base that will satisfy Government and satisfy clinicians? How can we use, for example, the Access to Medical Treatments (Innovation) Act 2016? We also need a bespoke regulatory response. The question for the Minister is, why not? Other countries have done this, such as the Netherlands, Germany and Canada. They all treat cannabis differently from other products and other treatments. Holland has set up an office for medical cannabis to deal with the complexity of the issue and I do not see why we cannot do something similar.

Kevin Brennan: To follow up on the excellent point made by my hon. Friend the Member for Brighton, Kemptown (Lloyd Russell-Moyle), in many of these instances, as with my constituents, we are talking about children who are suffering multiple seizures that are impacting on their mobility, weight and muscle tone through muscle wastage, and this is putting their lives at risk. Is it not therefore quite strange that the balance of risk does not seem to be taken into account when considering prescribing this treatment?

Jeff Smith: That is absolutely right. There is almost an irrational fear about the risk of cannabis compared with the risk of some of what we might call more conventional treatments that people are already using.

Frank Field: I thank my hon. Friend for giving way again; I am not going to speak in the debate. Is it not true that in all the evidence that has been sent to us by parents, no one has written to say, "I've used the drug and it's made me worse"? All the evidence shows that it either has no effect or leads to a radical improvement.

Jeff Smith: My right hon. Friend makes an excellent point. He is absolutely right. I am not aware of any evidence of the product making a condition worse. People have been using cannabis for thousands of years. If these worries about side effects were really justified, I think we would probably have seen them by now.

Sir Mike Penning: The hon. Gentleman has touched on a very important point. Because we are talking about pharmaceutical prescription drugs, the risk has been relatively alleviated. There is evidence of people using cannabis in a casual way that does have an adverse neurological effect. That is why this whole debate and campaign had to be separated from that so that it is about prescribed use. There is a separate debate to do with casual use. He is absolutely right—people have used it for thousands of years. Some people think that is correct and other people do not. For me, it is about knowing exactly what is in the product that is being given to the patient.

Jeff Smith: The right hon. Gentleman is absolutely right. That points to the issue about where we get the product from. The problems, allegedly linked to increased episodes of psychosis, are from high-THC street cannabis, which is not what we mean when we talk about medical cannabis products. As I said, there are lots of different types of cannabis products. They are very often CBD-based, but when they contain THC—the psychoactive element—it is a much, much smaller amount than in street cannabis. It is like comparing apples and pears. He makes a really important point.

We need to look at how we can learn from evidence in countries such as the Netherlands, Germany and Canada, as well as countries that have successfully introduced medical cannabis regimes, such as Australia and Denmark. What work are the Government doing to learn from the experience of those jurisdictions? There are currently at least 138 medical cannabis trials worldwide. We need to take into account that global evidence.

I would like to ask the Minister a number of questions. Why can clinicians make individual decisions on certain conditions but not others? For example, clinicians can make individual decisions on a case-by-case basis on Crohn's disease, which my constituent's grandson suffers from, but not on some other conditions.

We need a scoping exercise to look at how we can enable patients to get this medicine now. There are estimated to be something like 3 million cannabis users in the UK, with around 1 million of those using it for medical purposes. Those figures may be high but, whichever figures we look at, there are hundreds of thousands of people using cannabis to alleviate pain or help with a medical condition. At the moment, they get their product from the street—from the illegal trade. That is not good for them or for society. That is the key point. People are already using cannabis for medical reasons and getting it from illegal suppliers.

Dr Lisa Cameron (East Kilbride, Strathaven and Lesmahagow) (SNP): I thank the hon. Gentleman for giving way; he is making an excellent speech. On that point, I had a visit to my constituency surgery from one of our veterans, who had incurred an injury during his service. He was in chronic pain and felt that cannabis alleviated that, but he did not wish to buy it; he wished

[Dr Lisa Cameron]

it to be prescribed and for Ministers to look at the research and studies, to ensure that veterans who need that assistance can have it.

Jeff Smith: That is not an unusual case. There are lots of people who want to use medical cannabis and do not want to buy it from the street or go to Holland to import cannabis products, and they are frustrated.

I will wind up, because I have been speaking for longer than I intended. On the funding issue, there are cases of clinicians being willing to prescribe but being blocked by trusts or CCGs. What is the Minister's understanding of how many cases there are where funding is the issue, rather than prescription? Even where clinicians are willing to prescribe and there is new thinking, CCGs do not have budget lines for some of these products, so the reluctance is understandable. I am interested to know whether the Minister has any information on that.

It might cost more for the NHS to supply more medical cannabis prescriptions, but we have to compare that with the reduction in other costs. The estimate is that opioid costs would be 25% lower, and there would be fewer hospital admissions. Professor Mike Barnes said in his evidence to the Select Committee that we could probably introduce medical cannabis in this country on the NHS at no net cost, when we take into account the reduced costs elsewhere.

Our system is clearly too restrictive. It is not working. We need creative thinking and flexibility from the Government, and we need them to look at the different types of evidence from around the world. There are people in this country who, if they were living in Holland, Australia or Canada, would be able to get on with their lives, get their cannabis products legally and not have the worries of the campaigners in our Gallery today about them or their children and relatives having to go through chronic pain or the episodes of epilepsy that we have seen in young patients over the last year.

We all want to make some progress and are desperately frustrated that we are not able to get anywhere. I refer the Minister to the evidence given by Professor Mike Barnes. We need to look at other types of evidence to inform ourselves of a way to deliver the products that our patients need into their hands.

Madam Deputy Speaker (Dame Eleanor Laing): The hon. Gentleman made reference to the late Member for Newport West. The House will remember fondly that the late Paul Flynn raised this subject in the House persistently over many decades, and got very little support. I keep looking behind me, expecting to see him there in his usual place—

Sir Mike Penning: He's watching you.

Madam Deputy Speaker: The right hon. Gentleman says Paul Flynn is watching us, and I have every confidence that he is. I say on behalf of the whole House that we remember him fondly.

5.45 pm

Crispin Blunt (Reigate) (Con): It is of course a pleasure to follow the hon. Member for Manchester, Withington (Jeff Smith), my fellow co-chair of the all-party group on drug policy reform. He and I followed the hon. Member

for Brighton, Pavilion (Caroline Lucas) and of course Paul Flynn, who were our predecessors as co-chairs. Madam Deputy Speaker, you have quite rightly made the point about Paul Flynn's incessant campaigning on this issue. Tragically, for four decades in this House, he was shouting from the outside at an establishment that chose not to listen.

I am determined, in the remainder of my time in Parliament, to devote myself—as my priority issue, apart from all the things that affect Reigate and the nation—to drug policy reform. Obtaining the benefit for British patients of medicine from cannabis is an enormous potential public good. I draw the attention of the House to my entry in the Register of Members' Financial Interests.

I welcome the Minister to her place. Her colleague Baroness Blackwood owns this issue at junior ministerial level in her Department. However, it is critically important that Health Ministers understand the potential benefit as this medicine from cannabis is developed and the potential economic benefit for the United Kingdom if we take a leading place in this industry. We have the opportunity to do so because we already do take such a place.

The Minister will be aware of the difficulties that the Home Office had when it managed this issue. I congratulate my right hon. Friend the Member for Hemel Hempstead (Sir Mike Penning) on setting up the all-party group on medical cannabis under prescription, and him and the hon. Member for Gower (Tonia Antoniazzi) on their leadership on this issue.

The first urgent question on this issue was asked about Alfie Dingley by me, and my right hon. Friend, who was sitting behind me at the time I asked it, indicated his support on this issue, and he thought he had begun to open up this issue in the Home Office. However, we had the absurdity that that urgent question was answered by the Minister for Policing and the Fire Service. He had been handed the responsibility at 24 hours' notice from the Drugs Minister, the Under-Secretary of State for the Home Department, the hon. Member for Louth and Horncastle (Victoria Atkins), not because she had any particular interest in drugs from a health perspective—obviously, the Home Office's responsibilities include protecting the public—but because her husband is associated with British Sugar. It supplies the cannabis for a great potential British success story in the form of GW Pharmaceuticals, which is one of the global leaders in producing medicinal cannabis—just not for the British people. That is something we need to change.

I want to put this issue in its global perspective and its historical perspective. Unless we understand why there is a such a lack of understanding about this issue, and why we are so behind in the research on medical cannabis and why the medical profession is so intimidated by it, I do not think we will get the necessary pressure from the Minister and her colleagues to continue to push for the necessary advance in this area.

The reason we are so far behind lies in racist American policing of the 1950s: frankly, because African-Americans smoked this stuff, it was seen as ghastly and very dangerous. Therefore, in total disregard of the scientific evidence, cannabis was listed in schedule 1 to the 1961 UN convention, which has made it extremely difficult to research its medicinal benefits. The irony is that we have had medicines derived from opiates for an extremely

long time—they are standard medical products—yet medicines derived from cannabis were put beyond the bounds of research.

GW Pharmaceuticals owes its leadership in this area to a licence issued by Lord Boateng, when he was the Minister responsible for drugs policy in the late 1990s, that allowed it in exceptional circumstances to conduct research into medical cannabis. That decision was followed by £1 billion of investment in GW Pharmaceuticals. I want the Minister to understand that it is not only GW Pharmaceuticals but a number of billion-dollar companies in North America, particularly in Canada but also in the United States, that are now investing in this area. There is a tidal wave of investor money coming into the medical cannabis business and, to an extent, the recreational cannabis business—obviously we must focus on the former. We need to ask ourselves why so many people are choosing to invest so much money in the potential of this product.

When the hon. Member for Manchester, Withington and I became co-chairs of the all-party parliamentary group for drug policy reform, our third co-chair Baroness Meacher—I pay tribute to the work that she has done to reform this area—emphasised the need to focus our efforts on securing a legal change on medicinal cannabis. In 2016, the all-party parliamentary group commissioned a report from Professor Mike Barnes—we have already heard about his research in this debate—to identify which conditions medicines derived from cannabis had been established to a medical standard to help treat.

By 2016, it was already established globally, to the highest possible medical standards, that such medicines could be used to help treat epilepsy in children and spasticity associated with MS and that they could be used as an antiemetic for those undergoing chemotherapy. However, I want to emphasise that their potential application is very much wider. The problem is that the scientific research base is in its infancy, because we put in place stupid regulations that were driven by the racism of 1950s American law enforcement, which is why cannabis was listed in schedule 1 to the 1961 convention.

The Minister will know that the National Institute for Health and Care Excellence guidelines will focus on four indications: chronic pain, multiple sclerosis, treatment-resistant epilepsy, and nausea and vomiting due to chemotherapy. However, there is substantial evidence—enough to excite investors around the world to invest billions of dollars in the potential of this medicine—that cannabis or cannabinoids will be effective in improving chronic pain in adults, chemotherapy-induced nausea, short-term sleep outcomes in individuals with deep sleep disturbance, clinician-measured spasticity symptoms associated with MS, symptoms of Tourette's syndrome, anxiety symptoms in individuals with social anxiety disorders and symptoms of post-traumatic stress disorder. I hope that the Minister will understand that, if we can advance the science satisfactorily in relation to anxiety and depression, this is of potentially vast application.

We have to understand the range of interests arrayed against the development of medicines in this area. We should consider how policy has been developed in both North America and Germany, and indeed here, because the development has come not from the medical profession or the pharmaceutical industry but from outside. In the United States, those states that have approved the use of

medical cannabis usually started the process through a referendum that then imposed the answer on the state's legislature. Twelve of the 25 states that have medical cannabis have now moved on and established a market for cannabis for recreational adult use. An important development is that Canada, which has had medical cannabis for some time, last year introduced a market for legally supplied cannabis for recreational adult use.

I quite understand the political need, reflected in the establishment of the all-party parliamentary group on medical cannabis under prescription by my right hon. Friend the Member for Hemel Hempstead and the hon. Member for Gower, to differentiate between medicinal and recreational adult use. We must of course focus on the medicine first. There is a separate discussion to be had about the important criminal justice, societal and public health benefits that would come from being able to protect the public and children by having a legally supplied and properly regulated and licensed market. What has been absent from the wider political debate about this to date is a proper consideration of evidence. We are 50 years behind on the potential benefit to the public because we have been unable to get the evidence, and that is a result of the policy imposed through the 1961 convention.

I want to draw attention to one potential application relating to chronic pain. The United States is now coping with an opioid epidemic. Last year, 63,000 Americans died of an opiate overdose that started in the doctor's surgery. These were not junkies on the streets; they were people who went to their doctor to get treated for chronic pain. Many of them were prescribed OxyContin, courtesy of Purdue Pharma, in circumstances that are now subject to a class action. When the state of Arizona held a referendum on legalising cannabis, the result was on a knife edge and it was not clear which side would win. I am advised that right at the end of the campaign a substantial slug of money was put in to achieve a no vote. Nobody knew at the time where the money had come from, but my understanding is that it actually came from a business associated with the rehabilitation of opiate addicts, which is truly shocking. To prevent cannabis-based medicines having an opportunity to replace the much more dangerous opiate-based medicines, which have contributed to this terrible level of dependency on a medicine that is profoundly dangerous if taken incorrectly, cannabis had to be kept out of the business.

What I want to say to the Minister is that I am anxious for the Department of Health and Social Care, in taking this issue forward, to clearly understand where all the interests are here, and, if one begins to roll this forward in the years to come with regard to the potential application, to understand what opportunities there are for the United Kingdom as a provider of medicine from cannabis. GW Pharma ought to be reinforced by other companies supplying pharmaceutical grade cannabis-derived medicinal products to people. If the conditions I listed earlier are anything to go by, this will be a multibillion dollar industry, particularly if we can get a decent slug of the global market.

This is not just about the economic effect, however. This is about the opportunity costs of people continuing to be prescribed opiates when they could be prescribed a cannabis-based medicine. It is about the opportunity costs of people self-medicating with alcohol to deal with the aches and pains of old age, rather than understanding

[Crispin Blunt]

the benefits they could get from cannabis. We are now at the stage—the Minister will have seen the report about people who have a medical condition for which they have a diagnosis who now cannot get medical cannabis—where people are now growing their own. In certain circumstances, they are being arrested for growing their own medicine. Our policy is in a mess. It will need real drive from Ministers to get a grip of all the regulators and the medical, pharmaceutical and patient interests to keep pushing for sensible reform.

I ask the Minister and her team to look around the world at the jurisdictions leading on this issue. Look at what is happening in North America, particularly Canada and New York state, and in Germany. Germany has moved pretty rapidly following a legal action by two cannabis growers producing their own medicine. The German state lost that legal action and it now enables them to grow their own cannabis for medicine, saying that what these people need is pharmaceutical grade medicine from cannabis. Two years on, I think 80,000 prescriptions have been written in Germany for people to get medicine from cannabis. We can move relatively quickly if we have the will.

If we do not have the will, we will see the continuing misery of families with epileptic children who are chronically ill. It is quite right that End Our Pain and the all-party group have focused on those families, led so brilliantly by the Deacon family, with Alfie, and Charlotte Caldwell, with her son Billy. They are the ones who have pushed this over the line. No politician can turn around to mothers and families in circumstances where they have obtained treatment with medicine derived from cannabis and faced up to the cruelty, on their return to the United Kingdom, of that medicine being taken away from them. Billy Caldwell's case was the one that drove the Home Secretary over the line, issuing a special licence and beginning the process of reform in this area.

I cannot find anyone in this House who does not accept the principle that if we can have medicine from the opium poppy then surely we can have medicine from a cannabis plant. Find me evidence of someone who has died of a cannabis overdose. I am told there is not any. Of course, people have died in certain circumstances relating to mental conditions associated with very heavy use, particularly by young people, of the kind of dreadful stuff sold on our streets by the criminal supply chain. But we have chosen, by the laws we have passed, to put that business in the hands of criminals who are selling the strongest and most dangerous stuff to our children. Trading Standards is not going around measuring it or checking that consumers are over the age of 18 when they purchase it. That is why it is easier for our kids to get this dangerous form of cannabis than alcohol.

We need to get to grips with an awful lot of reform in this area, but the public benefit from the United Kingdom pushing on with the science and supporting research could be huge. We in this House must remain engaged, and Ministers must really push and lead on this. My fellow co-chair of the all-party group on drug policy reform, the hon. Member for Manchester, Withington, made a very important point. There will have to be a bespoke arrangement to regulate and license the system. There is an endocannabinoid system in all animals.

That is not taught at medical school. That is not currently part of standard medical training or assessment, but it would appear to be a reason why this stuff works at a common sense level. It is why, among all the people we represent, there is the knowledge that this stuff does work. That is why hundreds of thousands of people are using it to self-medicate for the conditions from which they suffer. We have to bring those people into the legal framework, so they can access the medicines that will make their lives very much easier. Many of the diseases and conditions likely to be treated by medicinal cannabis are the diseases of ageing. It would be infinitely better if people can use a safe medicine such as cannabis, rather than dangerous medicines such as opiates or legal alcohol.

I ask the Minister to push her colleagues to ensure that we do not simply follow down a pharmaceutical path that just assesses medicine as a molecule with a particular individual effect on a particular individual condition. That will not work in respect of medicines derived from cannabis. We have heard the reasons: the complexity of a plant-based medicine that has many thousands of different variants once one starts spinning them out. There should not be a choice between randomised control trials and observational trials. We need to do both. The opportunity for the United Kingdom and the people we represent—both economically in terms of a highly successful business and in improving public health and reducing the danger of opiate use and so on—is there for us to grasp. That is why investors have got it. They understand the opportunities for innovation and investment with real money in this area.

I urge my hon. Friend the Minister, now that the policy lead is in her Department and not the Home Office, to get the rest of the licensing arrangements off the Home Office and get them into a state where we advance public health, advance the economic interests of the United Kingdom and make a huge difference to public health in the UK, making people safer and healthier, and, ultimately, providing much greater value for money than the alternative treatments that people are using at the moment.

6.8 pm

Mary Glendon (North Tyneside) (Lab): It is an honour to follow the hon. Member for Reigate (Crispin Blunt), who is so impassioned—that was evident in his speech—and has done so much work on this issue. I think everyone would pay tribute to what he has done.

I congratulate the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi) on securing the debate and on the work they have done, alongside the End Our Pain campaign, to highlight the importance and urgency of this issue. It is heartbreaking to hear the stories of families who are trying to access medical cannabis, and especially parents whose children are so poorly. I am sure we all pay tribute to them for their persistence in standing up for their children.

Mr Jim Cunningham (Coventry South) (Lab): I pay tribute to the right hon. Member for Hemel Hempstead (Sir Mike Penning). For a long time, he has been campaigning very strongly on this issue—in fact, we met some families he brought down to the House of Commons last year—as, of course, has the hon. Member for Reigate (Crispin Blunt).

If my hon. Friend the Member for North Tyneside (Mary Glindon) watched the news over the weekend, she will have seen a family who had to go to Holland and pay over £1,000 to get the medical relief that their kids need through medical cannabis. The question therefore is: why can we not do the same in this country? Why are we being so slow? A lot of kids are suffering, and some could go into a fit and die if we are not very careful. Does she not agree that the Government have to treat this with urgency?

Mary Glindon: I certainly would agree, and that is the case that we are all trying to make today.

I want to highlight the situation for my adult constituent, Lara Smith, who is known for courageously campaigning for the medical use of cannabis by highlighting the problems that she has faced in recent years to access the medicine Bedrocan. Lara is a wife and the mother of three children. She was a paediatric nurse and a county fencing coach before her health deteriorated because of cervical and lumber spondylosis. Over 20 years, she has had 35 different medications as well as a number of operations for her condition. Unfortunately, she has been left with permanent nerve damage, limited mobility and a constant annoying and debilitating tremor in her right hand. Her quality of life has been completely impaired, not just because of her medical condition but particularly because of the drugs that she has been prescribed over the years. This has meant that Lara was not able to be the full-time mother that she wanted to be to her daughters and son.

Fortunately, Lara's pain management consultant in the north-east prescribed her the drug Bedrocan, and the transformation was such that she was able to come off all her other medications. Her young family said that they felt they had their mam back. The downside is that Lara can access the drug only by travelling to a Dutch pharmacy to collect it. Her arduous journey was shown just last week on "The One Show"—I hope that if people have not seen it, they may be able to on catch-up. She makes the journey every three months and has to notify full details of her prescription and travel to the Border Force. The costs of the medication and travel are expensive for her family, but it is a sacrifice that they have been making for over four years. The changes to the law that were made last November have not gone any way to making it easier for Lara to get her medication.

I raised this issue in Prime Minister's questions, and afterwards I received a letter from the Minister for Policing and the Fire Service, who said that

"there should be no barriers to patients getting access to the appropriately prescribed medicine. The Department of Health and Social Care...has been working closely with suppliers and NHS procurement pharmacists to ensure that prescribed CBPM are available when needed."

But that has not been the case for Lara and many other people, as we have heard tonight.

Lara's private prescription cannot be dispensed by NHS pharmacists. Her consultant has been unsuccessful in obtaining an individual funding request, which Lara is very disappointed about. That was because the hospital trust follows the Royal College of Anaesthetists guidelines, which do not advocate the use of cannabinoids, citing a lack of evidence for effective pain relief, so all the while there has been no progress yet for Lara. Lara did approach

an independent pharmacy to see whether it could get access to the drugs and bring them here to dispense them, but the licence fee would cost thousands and the cost would be borne by Lara. It is just beyond her reach.

The current state of affairs remains frustrating for Lara and all the adults and children who need these drugs. I do not know how many more trips Lara can make to Holland—not just on a financial basis, but because of her health—and I am worried about her. The process that the Government have put in place is too protracted. All I can say is that I hope the Minister will heed the words of the motion and particularly the very sensible proposals from the all-party group. This is a case of urgent need. We cannot delay any longer. Please listen, Minister, and please give some positive feedback this evening.

6.14 pm

John Howell (Henley) (Con): I congratulate my right hon. Friend the Member for Hemel Hempstead (Sir Mike Penning) and the hon. Member for Gower (Tonia Antoniazzi) on securing this timely debate. Let me start by picking up on something that my hon. Friend the Member for Reigate (Crispin Blunt) mentioned: all we are talking about is medicinal cannabis. We are not talking about making cannabis available for general recreational use. I am sure that there are Members of the House who would have an opinion on that, and we could have a full debate on it, but we are talking only about use for medicinal purposes. The wording of the motion is very important. When I read it, I saw that it stressed the practicalities of getting cannabis medicines prescribed. It is not about the general issue—we had the debate on that and the Home Secretary reached his decision—but about the practicality of getting some sort of result.

I realise that this is not easy for the medical profession and that the Government have initiated a review of the barriers to clinically appropriate prescribing. That is a very important review to undertake. I am aware that the National Institute for Health Research is going to participate in the review, which is a positive step, and I will set out what I think are a couple of the barriers that prevent prescribing

What we are really waiting for is some NICE guidelines. I understand that they are coming, but they need to be brought along pretty quickly. We cannot wait for them forever, nor can the children who are suffering.

Dr Cameron: The hon. Gentleman is making an excellent point and an excellent speech, which relates to the practicalities for children in my constituency such as Cole Thomson. His mother, Lisa Quarrell, has been trying to get medicinal cannabis for him for some time. Not only does she have to battle his absolutely debilitating epileptic illness, which gives him multiple seizures every day, and to see the deterioration each day in his condition, but she has to battle the medical system, battle with financial costs and battle the Government as they take one step forward and two steps back, giving hope and then taking it away. It is too much and too traumatic for any family in that situation to cope with.

John Howell: I thank the hon. Lady for her excellent intervention, and I agree with much of what she said.

[John Howell]

One of the main barriers that I see is the simple question of who is allowed to prescribe. The General Medical Council holds a list—a specialist register—of specialist doctors who are allowed to prescribe. Why do we have a specialist list, and why can only those on that list prescribe? Is it because people are nervous about their careers or other things? Why do we limit the number of doctors who can prescribe in this way? I have read claims that something like 110 patients have been prescribed the medicine, but from what has been said in this debate, I understand that only one has received it.

Sir Mike Penning: My hon. Friend gives me a great opportunity to correct *Hansard*—I have received the message that there are two, both prior to the 1 November decision. In other words, the Home Office specialist team gave it to two, whereas none has had it since the Department of Health and Social Care took this over.

John Howell: My right hon. Friend makes a valid point. The question is: why have so few—as he says, only two—actually received their medicine? Why has nobody else received them?

Michael Fabricant (Lichfield) (Con): I have discussed this matter with Helen Stokes-Lampard, the chair of the Royal College of General Practitioners, and she makes the point that there is not training available for GPs to feel confident enough to prescribe this medicine themselves.

John Howell: I will come to the point about training in a moment, if my hon. Friend will be patient, but he makes a valid point.

I appreciate that we have to go carefully, in view of the harm that the unrestricted use of cannabis might do, but the number of people who have received their drugs is a mere pinprick on the surface of those who need them. I am not surprised people go abroad to get their drugs, because it is the only source.

Sir Mike Penning: A person can only go abroad if someone is paying for it—if they have reserves or a benefactor, if Grandma or Grandad is paying. If they do not have those things and are relying on the NHS, nul points—they don't get it.

John Howell: I accept that point. In cases of children who need cannabis oil, I am aware of it being crowdfunded, which can be a valuable way of proceeding, but it seems a complete nonsense in a country that is proud of its NHS that people should have to go into the public arena to crowdfund a drug.

I have some questions about this short list that the GMC maintains of doctors who can prescribe medical cannabis. How accessible are these doctors, and what is the waiting time to see one? These are practical barriers to people getting the drugs they need.

A young girl in my constituency—her name is not important—has intractable epilepsy and there is a great hope that medicinal cannabis would improve the quality of her life. Many women who suffer the sort of pain and discomfort she suffers during her menstrual cycle take birth control pills, which eases the pain considerably,

but she cannot do that because it reduces the efficacy of her epilepsy medication and leads to a radical increase in the number of serious fits. For Hannah—that is her name—her epilepsy is life-threatening, as she is in a high-risk group of epilepsy sufferers who could experience sudden unexpected death in epilepsy syndrome, and we ought to think about how we can make it easier for her to obtain these drugs and so make her life easier. I mention that because to make these points we need to bring this debate back to examples of real constituents.

My second point is that raised by my hon. Friend the Member for Lichfield (Michael Fabricant) about the availability of guidance and training. In respect of both, there is a great lack of information, and it is not just us who lack information; so does the medical profession. We should do all we can to increase doctors' knowledge and awareness so that, among other things, we can broaden out that list and GPs and family doctors can have the information they need to make decisions. I have no problem with this being a clinical decision rather than a political decision.

Crispin Blunt: We are where we are only because a politician, when faced with the inhuman cruelty of taking away from two children medicine obtained overseas when they returned to the UK, in the end refused to do so and issued a special licence. If this medicine is outside the scope of conventional medicine and the conventional assessment of molecular-based medicines, something will have to give if we are to get the benefit.

John Howell: I agree with my hon. Friend. The in-principle decision has been taken and the practical decisions now have to be taken by clinicians who are willing and fully trained to prescribe. The press releases and parliamentary answers are full of talk about finding the limit to the use of cannabis as a medicine. I listened to an exchange—I cannot remember who it was with—on its use to treat pancreatic cancer. From memory, I think the Minister gave a rather mealy-mouthed response. We need to think about extending the limits to other diseases.

In conclusion, I go back to where I started and congratulate my right hon. Friend the Member for Hemel Hempstead on securing this debate, but the matter will not rest here. I do not think this will be the last time we have this debate. I hope we see some progress soon.

6.27 pm

Tonia Antoniazzi (Gower) (Lab): I thank my co-chair of the all-party group on medical cannabis under prescription, the right hon. Member for Hemel Hempstead (Sir Mike Penning), for securing this Back-Bench debate and the Backbench Business Committee for granting it on the Floor of the House. It is an honour to follow the hon. Member for Henley (John Howell).

I am committed to campaigning for medical cannabis under prescription not only for my constituents but for everyone in the UK who would benefit from access to whole-plant medical cannabis. Whole-plant cannabis contains CBD and THC. It is the interaction of both extracts taken together that provides significant relief from symptoms such as seizures, because it provides the entourage effect. The two extracts interact with the human body and produce a stronger influence than any one component alone.

We must remember the number of desperate families passed from pillar to post and blocked at every turn. Is the Minister going to sit back and watch them continue to suffer? We have families watching us from the Gallery, and their turn is now.

Mr Alistair Carmichael (Orkney and Shetland) (LD): The hon. Lady makes a good point. I first became involved in this campaign in 2002 when I met my constituent, the late Biz Ivol, who had severe advanced multiple sclerosis and who told me that the pain she suffered was like having somebody draw barbed wire through her spine. For the last 17 years, we could have been exploring all the issues being ventilated tonight, but we have not. Does that not illustrate the urgency?

Tonia Antoniazzi: The right hon. Gentleman is absolutely right, and I will go on to talk about a very good friend of mine who suffers with MS.

Michael Fabricant: I have a constituent who is suffering from very advanced multiple sclerosis. She has been unable to obtain the medication she needs, and her husband is growing small amounts of cannabis to relieve her pain. However, it is not just her who is suffering. Staffordshire police do not want to act, although technically the family is breaking the law. That is an impossible position, is it not? It really is up to the Department of Health and Social Care to find ways in which cannabis can be prescribed more widely and more quickly.

Tonia Antoniazzi: The hon. Gentleman is absolutely spot on. The issue of the law and people who are using cannabis as a medicine to relieve their pain is especially relevant to those with multiple sclerosis.

My very good friend Chris Reilly has progressive MS, and this week he had to go to hospital. His wife Beth called an ambulance, and it took an hour for the paramedics to be able to give him the correct amount of pain relief so that he could be taken to hospital. He is in touch with me all the time. When I was selected as the parliamentary candidate for Gower, he was the first person to contact me and tell me that this was a subject very close to his heart, and that he wanted me to become involved with it. I thank him for that, but it makes me cry that I cannot help him and cannot provide the medical cannabis for him. I know that I am standing here and making comments as a politician, and that I am not a medical expert, but we all know that when our constituents and their families visit our surgeries we share their pain and their tears because they cannot access something that would, quite simply, make their lives a lot better.

Michael Fabricant: The hon. Lady is being very generous in giving way, and I totally agree with what she is saying. Is it not the case—cruel as it may seem to say this in the Chamber—that for those who are suffering from advanced multiple sclerosis, there can be only one end to it? Is it not therefore cruel in the extreme that when something could mitigate the pain and the discomfort and is not going to do any more harm to the patient because there is no cure for advanced multiple sclerosis, that palliative care cannot be administered?

Tonia Antoniazzi: I completely agree. The families of children with intractable epilepsy are in exactly the same position, as are so many other people throughout the United Kingdom. My friend Chris is a very good

example of how wrong it is that people with MS or epilepsy have no access to whole plant medical cannabis. As we know, it will never be a cure for everyone, but, as Chris told me yesterday, it provides the chance of a better quality of life. That is what people want. It is what the parents of children with intractable epilepsy want. They are at the end of the road. They have tried everything from the ketogenic diet to unlicensed drugs, which make the children unresponsive and do not improve their quality of life.

Sir Mike Penning: I pay tribute to my co-chair of the all-party parliamentary group: without her support, we would not be here today. I feel for her constituent as well as mine. They are asking us to help, and we are doing everything we possibly can, but we are not medics and we cannot prescribe. Doctors seem happy to sign off and prescribe off-label drugs for purposes that have absolutely nothing to do with what those drugs were licensed for, but they are not willing to license medical cannabis. Does the hon. Lady not agree that that is an imbalance?

Tonia Antoniazzi: I do agree. It just does not make sense, which is infuriating, because I like to apply sense and logic to most situations, and the current situation is not logical.

Not being able to access medical cannabis leads people such as Chris and the parents of children with epilepsy to consider alternative ways of accessing cannabis, which—as has already been pointed out—is fuelling a dangerous online trade in which, for all we know, they could be buying anything. That is dangerous and wrong. Clinicians to whom I have spoken often ask parents what they have given their children in addition to over-the-counter drugs. Access to CBD alone has great health benefits that are not recognised by many in the medical profession. The right hon. Member for Hemel Hempstead has referred to its being described as homeopathy. When I say that one of my interests lies in medical cannabis, there will always be someone—even a politician—who will make the pun about wacky baccy, and it is really not appropriate.

There seems to be a theoretical concern about the exposure of children to THC, but that is about recreational use; it is not about medical cannabis. Discussions about the legalisation of cannabis for recreational use and about the rescheduling of cannabis for medical use under prescription must not be conflated in the House. Let me put the position into perspective. The law changed because of one boy, Alfie Dingley, and the campaign spearheaded by his mum, the fantastic Hannah Deacon, who is in the Visitors' Gallery today.

Crispin Blunt: And Billy Caldwell.

Tonia Antoniazzi: And Billy Caldwell, yes.

Alfie's life has been transformed. He has been seizure-free for as long as 300 days, riding a bike and riding a horse. Hannah continues to campaign for parents who cannot gain access to medical cannabis for their children, who need the same treatment for their intractable epilepsy. The fact is that although the law has changed, the rules on access to medical cannabis are even more stringent as a result. Under the guidance provided by the British Paediatric Neurology Association, Alfie would not be eligible for his prescription, which beggars belief. The Government were aware that they were opening the

[*Tonia Antoniazzi*]

floodgates by providing access for Alfie, but the push-back from certain areas of the medical profession is what is preventing any advance. We have seen that with a number of patients, and it is extremely unfair.

The medical cannabis that is being prescribed is in line with manufacturing practice, which means that it meets European standards. However, these products will have to be subjected to trials that could take three to four years, which is not acceptable to the families with whom we work at End Our Pain. It is not acceptable to the parents of Bailey Williams, who are also in the Gallery. They cannot wait any longer. They did use a CBD, and I think that they are still using it, but it is not working; it has worn off. That is why they need the THC.

These products are available, and they need to be made available to everyone now. There is currently a two-tier system. There are those who have access to medical cannabis because they have the funding, and those who do not because it is not available on the NHS. We must change that.

Crispin Blunt: I pay tribute to the hon. Lady for the work she is doing. The situation is worse than that, however: we are driving a number of people into the hands of a criminal supply chain so that they can obtain their medicine, and that cannot be right.

Tonia Antoniazzi: I entirely agree, and I am very concerned about it. We have heard in the House this evening that people are growing their own cannabis, and there is a growing trade. There is an online family of people who are helping each other to obtain the most THC possible from different combinations of different plants. It is a complete industry. Why are the Government not getting a grip, and providing a proper, GMP-standard, pharmaceutical product for people?

I also want to talk about the cost, which is extraordinary. Has the Minister or anybody in her office done a cost-analysis? Alfie Dingley's case provides a classic example: how much has he saved the NHS by not having emergency medication and not using the ambulance service to go into hospital? It seems nonsensical that we are not going down this road.

I want to talk about a couple of my constituents. Only a few weeks ago I had a visit from the parents of a 14-year-old son. My son is 14 too, so their situation struck a chord with me. Their son has intractable epilepsy. Mum has given up her job to look after him—he has a very efficient system around him. He benefits from a ketogenic diet and the next available medicine is Epidiolex. Epidiolex does not contain THC but she wants her child to be on a trial, and the trial is limited. A mum should not come to me begging for her son to be on a trial, but when I spoke to her about medical cannabis with THC she was reluctant to engage because of a fear of breaking the law and of not following the system properly. All our families are following a system. They are at the end of the road in terms of what medicine they can be given, so I want them to be given medical cannabis with THC as soon as we can.

NHS England is drafting terms of reference, and as co-chair of the APPG I appreciate its efforts. These children must have access, however; they must not be waiting three or four years. I urge NHS England to

work collaboratively with the devolved nations because we need our children in Scotland, Wales and Northern Ireland to have the same benefits.

Bambos Charalambous (Enfield, Southgate) (Lab): I congratulate my hon. Friend on her excellent speech and the excellent work she has been doing with the APPG. I also congratulate the End Our Pain campaign, which has done so much to raise this issue. Does my hon. Friend agree that NHS England needs to improve its guidance on intractable epilepsy and fast-track it so that children can get the THC they need?

Tonia Antoniazzi: I totally agree that a completely different approach is needed if we are to get the medicine to our families now.

It is very upsetting that families are risking getting criminal records by bringing in medical cannabis and are having to fundraise for prescriptions. I pay tribute to families that are fundraising in the public domain—to the parents and the friends, such as Craig who has cycled many, many miles up Pen y Fan recently to raise money for Bailey. I say to all those families that are raising money, “Don't give up; there is hope, and hopefully we will be able to get you the medicine you need on prescription from the NHS.”

It would be very remiss of me to stand here and not pay tribute to the late Paul Flynn, former Member for Newport West. Paul was an absolute inspiration. I was a patron of an organisation with him and he was inspirational when I went to Birmingham to speak with him. His knowledge of and passion for medical cannabis was second to none, and I know that, as Madam Deputy Speaker mentioned, he is watching over us now and hoping we will get the breakthrough he was working so hard towards.

My hon. Friend the Member for Manchester, Withington (Jeff Smith) spoke of a bespoke medical response and creative thinking, and I ask the Minister to work with us: pull groups of families out of local trusts and set up an immediate observational trial with the 18 families that we have at End Our Pain; get the NHS to pay for the costs of the medicine when a private prescription has been issued until NHS prescribing is more routinely accepted; and allow the guidance from medical cannabis experts to be used. Some excellent UK experts have come together to form the UK Medical Cannabis Clinicians Society, and they have issued prescribing guidance, too. I say, “Please, work with the NHS to give clear central guidance that medical cannabis is legal and that there is an expectation that it will be prescribed as a normal unlicensed medicine when appropriate.”

6.45 pm

Charlie Elphicke (Dover) (Con): It is a pleasure to follow the hon. Member for Gower (Tonia Antoniazzi), who spoke so movingly and with such great sincerity on this important subject. I congratulate her and my right hon. Friend the Member for Hemel Hempstead (Sir Mike Penning) on securing this debate, which is incredibly important to my constituents.

Teagan Appleby is just nine years old and lives in Aylesham. She is wheelchair-bound and can suffer up to 300 seizures a day. She was born with a rare condition, Isodicentric 15, a severe form of epilepsy. Last year, she required life-saving treatment five times in just eight days.

Teagan's mum, Emma, who is in the Gallery this evening, has been a tireless fighter not just for little Teagan, but for the medicine that little Teagan needs. Emma has tried everything to ease Teagan's pain. One thing she could not try was cannabis oil, despite NHS trials showing that it could dramatically reduce epileptic seizures. The alternative suggested by doctors was Teagan having risky procedures on her brain. Understandably, like any parent, Emma does not want the surgeons getting out the scalpel and starting to operate on her daughter when alternatives are available.

That is why, last year, I urged the Home Secretary to intervene in Teagan's case, along with many others, including my right hon. Friend the Member for Hemel Hempstead, who fought on this and I welcome the fact that he did so. Last October, the Home Secretary announced that cannabis would be medically prescribed by specialist consultants, yet the reality was somewhat different. Teagan's treatment was still delayed, first due to the restrictive guidelines drawn up by the NHS and then due to supply issues.

I have visited Emma and Teagan at their home in Aylesham. It is incredible: all of us who are parents fight for our kids, yet somehow when we see someone in Emma's situation looking after little Teagan we cannot help but think that some people fight harder than others. No one could fight harder than Emma does for Teagan. Teagan is so charming, and it seemed to me that things had improved, but Teagan was still suffering seizures during her sleep. Emma started fighting to get the stronger, THC form of cannabis, which has been discussed this evening, approved to see if it could stop the seizures entirely. She went to mainland Europe to get it, because she could not get it here, and it was seized on her return.

The latest position is that Teagan is getting better. She now goes whole days without seizures, which was extremely rare before. She can now walk short distances. Her doctor is so pleased that he has issued a fresh prescription, yet she still cannot get it on the NHS. The fact that it is legal but unlicensed means that Emma has to submit an individual funding request to the local clinical commissioning group. It takes weeks for those panels to meet, and weeks for them to make a decision. That is why, in the meantime, Emma has to fork out thousands of pounds for bottles of cannabis oil. The price almost doubles when we add the import duties—that is, of course, when she does not have the extra hassle of having the oil seized at the border. That is also why Emma is having to consider going to Holland again to get this much-needed medicine for little Teagan. I ask the House this: should she not be supported and helped? Should she not be understood as having the compassion that every parent has for their child? Is it not wrong that she is effectively being declared by the law to be acting as some kind of drugs mule? How can that be right? I do not think that it is right. There has to be change.

All of us understand that we need to have evidence and clinical trials. We understand the need for proper processes, but none of us can understand why this is taking so long. We cannot understand why we are so bad at dealing with pain management in this country. We are just not good enough at it at all.

Matt Western (Warwick and Leamington) (Lab): The hon. Gentleman is making an important and powerful speech. Is he not as frustrated as all of us here and, particularly, the families are at just how long it is taking

for all this to go through and for medical cannabis to be legalised so that GPs will be allowed to prescribe it? Products such as oxycodone—OxyContin—and other opioids are totally addictive, yet they are available, at great cost. Surely the time has come for medical cannabis to be made legitimate.

Charlie Elphicke: The hon. Gentleman makes a powerful point, with which I wholly agree.

This is not just about speed; it is also about consistency. We can go to the local supermarket and buy ibuprofen, which people say is safe. We can buy as much as we like, yet we need a prescription for naproxen, a similar drug, because it is meant to be more dangerous. This is despite the fact that an article in the *British Medical Journal* in 2016 showed that, following experiments, the evidence concluded that the risk of heart problems was higher for people taking ibuprofen than for those taking naproxen, and that naproxen was less problematic and had fewer side effects than ibuprofen. Nothing has happened about this.

Luke Graham (Ochil and South Perthshire) (Con): My hon. Friend makes a strong point about consistency. Policy on the legalisation and decriminalisation of drugs is a reserved matter, in contrast to the delivery of health and social care, which is devolved. Does he agree that there should be consistent training and delivery programmes across the United Kingdom, so that people get the same standard of access to help for themselves and their families whether they are in England, Scotland, Wales or Northern Ireland?

Charlie Elphicke: I completely agree. The whole House knows that my hon. Friend is a true champion of his constituency and of the Union in which we live. It is important to have consistency so that anyone can go and practise, whether they are in England, Wales, Northern Ireland or Scotland. He makes an important point about the need to ensure that level of consistency.

It is also important to have consistency in the NHS, so that when the necessary evidence on drugs is available, the NHS takes action. It could, for example, look at the issue of naproxen and ibuprofen, rather than just carrying on regardless. It says that evidence is important, so it should be doing something about that. Indeed, in America, naproxen is not a prescription drug at all. People can just go and get it in their local drug store. In the same way, the NHS will not prescribe, or make it easy to prescribe, cannabis oil, yet it is easy to get codeine. For those with a bit more pain, it is easy to get tramadol, and for those with even more pain, there is morphine as well. Those opiates are legal and easy to get on prescription, yet we seem to have a mental barrier about cannabis and cannabis oil.

It is really important that we understand the importance of pain management and take it more seriously. We need to look at what can be done to ease pain for all people with all conditions, and we need to act swiftly and consistently on the evidence and without delay. That is why it is right that we should act to “End Our Pain.” We should act to help people such as Teagan and our many other constituents who are suffering. We need to act to end that suffering and pain, and to make it easier for them to get the medicines that they need to make a difference to their lives.

6.55 pm

Patrick Grady (Glasgow North) (SNP): I congratulate the right hon. Member for Hemel Hempstead (Sir Mike Penning) and the hon. Member for Gower (Tonia Antoniazzi) on securing this debate, and I thank the Backbench Business Committee for managing to schedule it so that we have enough time for a reflective, open and consensual debate—[*Interruption.*] So far! I am really looking forward to hearing what the Minister has to say in response.

We are debating an issue whose time has come. The individual cases have come together into a campaign that shows where the consensus is beginning to lie. I want to reflect a bit on that, and to speak, as many others have done, about an individual constituency case. I also want to think a bit more about the consequences of the wider campaign.

At the beginning of the debate, some Members, including the right hon. Member for Hemel Hempstead and the hon. Member for Reigate (Crispin Blunt), talked about the growth of the campaign and of public awareness of this issue. Campaigns such as these can often start with what seem to be quite isolated cases. An individual comes to one of our surgeries and the Member then has the incentive to raise the issue here in the House, after which others join in, saying, “I’ve had that as well.” Then we get the urgent questions and the Back-Bench debates, and the issue becomes much more live and mainstream. Members of the public are encouraged to come forward to their MPs with their individual cases, and the broader public are encouraged to support the overall issues. We have seen this in a number of areas. I am reminded of the WASPI campaign—although that is a completely different situation—because of the way in which it snowballed as people came forward to their individual MPs with their local cases and it built into a positive campaign from there.

The policy environment on medicinal cannabis is ripe for change. We have heard today about the knowledge and experience in other countries as the different kinds of cannabis medicines have been rolled out effectively. In fact, we have heard about that happening here as well, because those people who can afford private prescriptions are feeling the benefit of these medicines. However, it is incredibly frustrating for those who, for whatever reason, cannot access the right kind of medicine privately. The whole point of the NHS is that treatment should be available free at the point of need, and that it should be blind to people’s individual financial circumstances. The progress that the Government have made has to a certain extent been welcome, but the hope that was provided when the reclassifications and the provision for prescriptions from individual doctors were announced has now been dashed.

Sir Mike Penning: In the spirit of this cross-party consensus, I say to the hon. Gentleman that this is not a dig. This matter is devolved in Scotland, Wales and Northern Ireland. These medicines have been prescribed privately in Northern Ireland. Progress was made there. Scotland could do this; we could do it; and Wales could do it. I know that discussions are going on within the Department, but we must not take this in isolation. This must happen across the United Kingdom. I passionately agree with devolution, but no child should suffer because one area is devolved and people are playing catch-up with the other parts of the United Kingdom.

Patrick Grady: That is fair enough, and I want to maintain the tone of consensus in the debate. The licensing and classification of drugs remains a reserved issue, and the right hon. Gentleman is right to say that the Governments have to work and move forward together. The Scottish Government have indicated their willingness to do this, and we have to make sure that we move on. Frankly, in Scotland, we are always happy to take on more responsibilities and further devolution and, if we do not see the progress that is being sought, perhaps that is what we should do.

I want to speak about a specific constituency case that I have raised in the Chamber once or twice before. My constituents Laura Murray and John Ahern came to see me for the first time in November 2017, a few months after their beautiful daughter Bláthnaid was born. She has been diagnosed with Aicardi syndrome. With only around 4,000 cases worldwide, it is incredibly rare, but the symptoms are similar to those described by others and include frequent seizures and possible visual impairment. The treatment is limited, and the medicines that she has been prescribed are incredibly powerful, coming with their own debilitating side effects. The hon. Member for Gower made a powerful point about how much money the NHS has been spending—I appreciate that some of this is devolved—on providing emergency treatment and last-minute access to expensive drugs when the parents are keen to try an alternative.

Laura and John wrote to the Secretary of State for Health and Social Care to describe the situation, saying that Bláthnaid

“suffers multiple seizures every day and night which cause her extreme distress. They cause her to scream in pain, cry tears and become highly distressed, which is very distressing for her and us as parents and for her family to witness.

Bláthnaid has been hospitalised due to the severity of her seizures, and whenever she is ill her seizures increase, and she ends up in hospital. This is no way to live for Bláthnaid, to continually suffer and have no quality of life.”

Sadly, we hear about too many similar cases. Bláthnaid’s parents are looking for access to full-extract medical cannabis and will otherwise be at their wits’ end. The situation is particularly galling because, as the wee girl gets older and becomes more aware of what is happening, things become even more frustrating and painful.

I have written to the Health Secretary, the Home Secretary and the Scottish Government’s Cabinet Secretary for Health and Sport. I want to work with people at every level. I will meet with Ministers, with the GMC and with the local health board—whichever I have to meet—to try to secure progress for this individual case, but it should not have to come to that. Almost every Member who has spoken has raised a constituency case or another specific case, which demonstrates that the overall regime has to change. Doctors having to take personal responsibility is a hurdle in several cases. I know that there is provision for second opinions on this side of the border and I want to discover how that can work in Scotland.

I hope that future decisions do not have to come down to individual interventions and that we can have a more permissive atmosphere. I appreciate the point about devolved and reserved matters, but I was a little disappointed simply to be batted to the Scottish Government by the ministerial correspondence unit after raising the issue on the Floor of the House and after including the personal

testimony from my constituents. I hope for a little more engagement from the Department of Health and Social Care down here.

It is interesting that the broader campaign is called “End Our Pain” because this does go beyond any one individual case. Dozens of constituents have been in touch in support of the campaign, because they see the benefit to themselves, their families and their friends. They see the benefit to wider society, and they have been moved by the different stories told throughout the campaign. “End Our Pain” refers not just to physical pain or the symptoms that any one individual is experiencing, but the frustration, the delays and the uncertainty. It means the pain of knowing that others are suffering unnecessarily and the pain of knowing that the solution is out there—if they could only get their hands on it.

As I have said, medical cannabis is an idea whose time has come. Public support is there. The evidence from other countries is there. The individual evidence based on when people have been able to access medical cannabis in the United Kingdom is there as well. The Scottish Government stand ready to play their part. I hope that the United Kingdom Government will also take this opportunity to act.

7.4 pm

James Cartlidge (South Suffolk) (Con): It is a pleasure to follow the hon. Member for Glasgow North (Patrick Grady), who made a very good speech. It is always a pleasure to see someone fighting hard for their constituents, as we all are. He is right that all Members are mentioning similar cases, and I will also be doing so, but I first want to pay tribute to my right hon. Friend the Member for Hemstead (Sir Mike Penning) and the hon. Member for Gower (Tonia Antoniazzi) for the great passion and tenacity with which they have campaigned on the behalf of those who are suffering such pain. Sufferers are looking for a way to reduce their pain, and they believe that they have found one. That is the key challenge for us.

My case concerns a four-year-old girl called Indie-Rose. Her parents Anthony Clarry and Tannine Montgomery live in Clare in my constituency. Indie-Rose has Dravet syndrome and, as we have heard in other cases, suffers from frequent terrible seizures as a result of her epilepsy. Her parents have found that cannabis-based medicine reduces those seizures dramatically—they estimate by around 75%—but it comes at a huge cost, because my constituents have had to crowdsource thousands of pounds to go over to Holland, pay for the medicine and bring it back. I strongly feel that we must examine this issue because, as others have said, that situation cannot be sustainable, especially in a country that has a free healthcare system that is designed to help not just those in need but the most vulnerable in particular.

The compound that Indie-Rose’s parents have been purchasing is artisanal and unlicensed. It is a mixture of Bedrolite and Bedica, which of course contain THC, and the single greatest issue for me is that while there is evidence about the impact of CBD, there is little evidence about THC. When I first became involved in the case, I felt that I had a duty to understand it more and to appreciate why there was resistance in what we might loosely call the medical establishment to prescribing a THC-based solution, such as that which was already

being given to Indie-Rose and which was successfully, in her parents’ opinion, reducing her pain and suffering. I organised a meeting to discuss the situation in April at Addenbrooke’s hospital with some of the most senior clinicians that one could hope to have in a room, all of whom were familiar with Indie-Rose’s case. We are lucky to have hon. Members in this House with serious medical experience, but most of us are not clinicians, and none of us is the clinician in the cases that we are talking about. We are politicians, so I wanted to understand better the barriers to the NHS prescription that my constituents were seeking.

At times in this debate, the situation has been spoken of as if the argument is about whether cannabis-based medicine should be prescribed at all, but it is clearly about the type of medicines that should be prescribed. There is clearly nervousness in the medical establishment about THC. We should not hide from that point, and there is perhaps a very good reason for that point of view.

Alberto Costa (South Leicestershire) (Con): Does my hon. Friend agree that the points he is making are further evidence for why the conclusions of the interim report of the NHS’s review of the situation, as requested by the Secretary of State, should be published as soon as possible? The report will help us to identify answers to my hon. Friend’s points, and it may help my constituents Evelina Lukoševičius, who is two years old, and Maya Fairlie, who is seven years old, to access this life-saving medicine—if, indeed, that is what the review concludes.

James Cartlidge: My hon. Friend makes a good point. I would just be cautious about using the term “life-saving”, because this is about easing pain. These medicines are not cures; they relieve the pain of seizures. However, I understand my hon. Friend’s point, as we all did.

The meeting that I organised was instructive for me in many ways. Since then, I have obviously continued to correspond with my constituents to try to explain to them the powers that I have in this case and the next steps that they need to take. When this debate came up, they emailed to ask me to put one question to the Minister. Remember, they are not being prescribed THC-based compounds; they have been offered Epidiolex, which is a CBD-based medicine. They want me to ask whether any other children with epilepsy, or any other condition—of course, it is primarily complex epilepsy—have been prescribed THC-based medicines.

That information is in the public domain in the form of a written answer. As I understand it, 110 items—items, not people—of CBD-based medicine have been prescribed, along with 16 items of THC-based compounds, six of them on the NHS. That is an important point, as my constituents want to know whether others have been granted such medicines, and clearly they have. Where is the consistency? That is the confusion. Of course we cannot know the unique personal medical facts of each case, which must always be down to the clinicians, but we now know that THC-based solutions have been prescribed.

Sir Mike Penning: It is fantastic that we have the time to talk these things through. We do not have one NHS because, as my hon. Friend says, some people have been prescribed this. My constituent has been completely refused CBD, and the letter came back saying, “No, Mr Penning, we don’t give homeopathic therapies.”

[Sir Mike Penning]

The fear for those who use CBD is whether the European Commission will consider banning not the prescription but the public purchase of CBD. Apparently the Commission sees it as a novelty food, which we need to discuss because a lot of our constituents use non-THC products, which are perfectly legal, to ease their pain. My constituent has just texted me to say thank you because the medical company has given her some more oil, which the CCG has refused and thus her GP cannot write a prescription.

James Cartlidge: I am sure my right hon. Friend's constituent is very pleased by that intervention. He underlines the key challenge, which is that these medicines are what is known as "artisanal". They are unlicensed, and they are not standardised pharmaceutical medicines, which can be a problem for doctors who want to know their standard chemical make-up. Doctors feel they cannot entirely rely on these medicines. The nub of it is to what extent we in this place should be pressing those who have to make clinical decisions.

My hon. Friend the Member for Henley (John Howell) said that this has to be a clinical decision, and my hon. Friend the Member for Reigate (Crispin Blunt) made the brilliant point that, if not for us, we would not be in this position and what has been prescribed so far would not have been prescribed. Let us be honest about it: this has been the result of campaigning, which is why I congratulate all those who have campaigned.

Nevertheless, this ultimately has to be clinically based. We cannot have political prescribing. It may be that applying maximum pressure has resulted in some prescription decisions. I hope that is not the case but, in reality, it may have been. We must have a consistent, transparent system that we have faith in and that leads to clinical decisions delivering the best outcomes for our constituents.

Sir Mike Penning: That is exactly why NHS England is reviewing the blockages in the signing of prescriptions. The Minister can confirm this, but I understand that the interim report will come out by the end of this month, and I believe the full report will go to the Secretary of State by mid-June, which is very quick for the NHS.

There has to be a level playing field. It is not for us to tell the doctors but, if a suitably qualified doctor is prescribing it, what is the blockage for my hon. Friend's constituent and for the rest of them?

James Cartlidge: That is what I have been trying to understand. If I were to hazard a guess, I think there has been institutional resistance to CBD in general, but particularly to THC. In a sense, we have helped to force an open-mindedness towards it. When people say there is no evidence, what they mean is that there is no evidence from standard clinical tests. The idea there is no evidence is not true, because the evidence is our constituents' lives and what they are seeing every day. My constituents do not go to Holland, having crowdfunded all that money, to buy something that does not work. They are parents, and we must have faith in them—but by the way, all the doctors put a lot of store in that—but nevertheless, the institutions whose guidance lays the

foundations for medical decisions ultimately need clinical trial evidence for it to be sustainable, in addition to individual circumstances.

I welcome the Minister to her position, which she very much deserves. My appeal to her is that we put everything we possibly can into getting that empirical evidence and undertaking those trials so that we can say to our constituents that everything is being done to ensure that clinicians can make decisions with the greatest confidence and without the nervousness we have all encountered.

Finally, and this needs to be said, I was asked in my meeting, "You do realise we are being trolled?" We have had debates in this Chamber about the horrible abuse we receive—some of us, particularly female colleagues, have received obscene abuse—but members of the medical profession are now getting the same thing. I understand the frustration of a parent who has done everything they can to support their child and who feels that the system is not helping them. That is why we are having this debate, because we want them to be supported by the system, but there can be no justification for people in the medical profession being subjected to trolling and the sort of abuse I know they have received because they feel they have to make an objective decision. They have the best interests of the patient at heart, and I have faith in the medical profession. It is nervous because of the lack of evidence, so we need to move on with trials as quickly as possible. We need to be able to give our constituents confidence that the system is fair, transparent and consistent, and is not acting in an ad hoc fashion.

7.17 pm

Stephen Twigg (Liverpool, West Derby) (Lab/Co-op): It is a pleasure to follow the hon. Member for South Suffolk (James Cartlidge), who made a powerful and reflective speech. I particularly endorse what he says about the importance of having such evidence, a lot of which comes from the families themselves.

I join in congratulating the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi), the co-chairs of the all-party parliamentary group on medical cannabis under prescription, both on securing this important debate and on the leadership role they have played on a cross-party basis in putting this important question on the House's agenda.

As many Members have said, hopes were raised last year when the Home Office did what it did, and I strongly support what my hon. Friend the Member for Manchester, Withington (Jeff Smith) said about the importance of achieving a bespoke solution for our country. In particular, I support what he said about learning from international evidence. That combination of listening to the families and the campaigners and learning from the evidence of other countries could assist us in achieving the urgency that we all want to see.

Sir Mike Penning: Every other country that has done this has done it in a bespoke way. The fear is that if we introduce a bespoke system for a product or drug, everybody else will jump on the bandwagon, but most countries in Europe have addressed this. It has to be bespoke, not least because cannabis was illegal as a schedule 1 drug in this country for so long, but the evidence is here in the mums and dads and the children.

Stephen Twigg: I endorse everything the right hon. Gentleman says, and his point about the evidence being here brings me to the main subject of my speech, which is to speak on behalf of my constituent Nathaniel Leahy and, in particular, his parents Lauren and James. His mum, Lauren, is here in the Gallery today. When Nathaniel was three months old he had his first seizure, and he was diagnosed with a rare genetic disorder that resulted in his experiencing up to 100 epileptic seizures every day. His mum and dad were told by the doctors that his condition was so rare that, as far as they could see, it was the only case anywhere in the world. Eventually, he was prescribed Epidiolex, via the NHS.

Lauren has told me that initially Epidiolex did bring some positive effects but they were not sustained and they “plateaued”, in her word, so she looked for something that would do more to ease the incredible pain that her son was facing. She was unable to secure a prescription via the NHS, so she went to the Portland Hospital here in London, where the specialist, who was previously at Great Ormond Street Hospital, gave a private prescription for Bedrolite. That is the prescription Nathaniel is now benefiting from; it is making a difference to the quality of his life. The cost to the family of that private prescription is £2,200 a month; they are fundraising and crowdsourcing funds in order to get that treatment for their son, but that surely cannot be right. We have heard from a number of speakers on both sides of the House about the principles of our national health service of meeting need and of people not having to contribute financially in that way. That figure of £2,200 a month is extraordinary, which is why I was keen to make a brief contribution in today’s debate.

We need to move forward based on the best available evidence, but part of that evidence is surely the voices of the families, and we need to make sure they are heard in this debate. Nathaniel recently celebrated his first birthday. I hope his mum does not mind my saying this, but she said to me earlier that it was a first birthday they were never sure he was going to see. They are very proud that he got to celebrate his first birthday. I hope that when the Minister closes the debate, she will be able to offer us not only some hope, but, perhaps more importantly, a sense of urgency that I can take back to my constituents and, in particular, to Nathaniel and his family.

7.22 pm

Andy McDonald (Middlesbrough) (Lab): Thank you for giving me the opportunity to address the House on this very important debate, Madam Deputy Speaker.

I want to restrict my remarks to the subject matter of medical cannabis under prescription, particularly in respect of epilepsy. Comments have been made about the wider application of cannabis, and recreational and casual use, but that is not what we are talking about here today. We are dealing with the most serious medical issue, and I want to congratulate the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi) on securing this debate on a matter of critical importance.

I too pay tribute to our good friend Paul Flynn for the work he did. I had the great honour of accompanying him when the Leader of the Opposition extended the octogenarian’s career development plan by appointing him as our shadow Leader of the House; many a chuckle we had on a Thursday morning, and we were the better for it.

I also pay tribute to Professor Mike Barnes. It is funny how our paths have been intertwined. When I was a lawyer representing the victims of serious injuries—particularly brain injuries—and their families, Professor Mike Barnes was a terrific fount of knowledge and expertise. It comes as no surprise to me that he has decided to devote his entire career to this critical issue, and no finer advocate or expert could we have in this cause.

I pay tribute to the parents of children suffering from epilepsy. I know Hannah is here, and I pay tribute to her and to Charlotte for the work they have done over the years.

May I also pay tribute to my wife, Sally? I have to put that right, because I never said it in my maiden speech—she will be pleased to realise that I am putting that right. As the parents of two boys with intractable epilepsy, we had the most incredible journey, and I am so grateful to her for everything she did for our children over the years. It was enormously difficult, as the seizures came with such regularity and force, and we had to become experts in the area. I will say some more about parents a little later, but when you have to understand the condition and the science of the drugs behind it, that is a huge demand on parents. We had suddenly to become not only expert in the condition, but expert dieticians, as we tried to embrace the ketogenic diet. Parents who have ever tried to deploy that as a way of dealing with the issue know just how difficult it is. It is a high-fat diet, where you are trying to starve your children, in the first instance, in order to put them in a state of ketosis, and that is incredibly difficult when you have your little one screaming at you that they are starving hungry.

Curiously, that technique was used in the middle ages. If someone was having a seizure, they were deemed to be possessed of the devil and they were thrown into a cell, where they were starved. The ketones would work and people would come back to the individual to find, “The devil has gone. The seizure is over.”

Some of the pain that people are suffering to this day is equally barbaric. We are hearing stories about parents who have not had access to treatments. The hon. Member for South Suffolk (James Cartlidge) made a point about this not being an issue; I do not want to misquote him, but I want to take on this point. This can be not only an issue of pain relief, but the difference between life and death. We know that from our own case, because we lost our son on 4 February 2006, after he entered into status. I look around and I am absolutely determined that no parent should have to run the risk of not having had the opportunity to explore this as a possible way of dealing with their child’s epilepsy.

Some terrific contributions have been made today. I pay tribute to all the speakers, because they spoke with such intelligence and expertise. There is a real common purpose to get this right—I know that that is the case—which is this House of Commons at its absolute best. I congratulate each and every one of the speakers who has contributed.

We have had an intelligent conversation about CBD and THC. Other jurisdictions have satisfied themselves that this is efficacious and a legitimate way of treating this intractable condition. We do not even need to look to those other jurisdictions; we need only to look at the parents who are having to go to such extraordinary lengths to deliver the treatment that they know works for their child. If it is acceptable across Europe, particularly

[Andy McDonald]

in the Netherlands, and in Canada and New York, the evidence base is there. The evidence base is in other jurisdictions and it is in the benefits derived by the children that we know about all too well.

I take the point so eloquently made by the hon. Member for South Suffolk: our wonderful clinicians have only one thought in mind—to bring about an improvement in a child's condition and to alleviate the symptoms. He makes a very valid point. Not only does any clinician who has been put under the sort of pressure that the hon. Gentleman described have our sympathy, but the people who put them under such pressure really need to look at themselves in the mirror, because that is not how we go about addressing such a difficult issue.

I say to clinicians that if we need to address issues of training and expertise, let us get on with it. I suspect, and have heard from others, that some clinicians may feel somewhat inhibited and unable to respond in the way they wish. If it is a matter of sufficient knowledge and training, that should be addressed. It may be that clinicians are suffering under a misapprehension and are reluctant to act because of the spectre of clinical negligence claims. I say to them, as I say to all medics: please put that consideration to the back of your mind. Any practitioner who relies on evidence will not be criticised. If no reasonable practitioner would have prescribed that way forward, there is an issue, but if it is within the bounds of competence and of reasonable skill and there is a body of knowledge that would allow a practitioner to prescribe, they can dismiss those thoughts from their mind.

Like my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg), I very much welcomed the change in the Government's tone and approach not many months ago, for which they were rightly applauded. The tragedy is that that change has not been acted on since. Thousands of families across these islands are crying out to be given the facility that that change afforded. It has not happened and we are in grave difficulties.

I shall finish where I started. We must look to those parents who understand the condition and what works, and we must listen to them, because they are experts. I encourage clinicians to listen to their detailed evidence and the expertise they have built up. We simply cannot tolerate hard-working mums and dads having to go into hock to pay for these medications. The all-party group hears about the utter scandal of couples who are paying £1,500, £2,000 or £2,500 per month. I have no idea how they are carrying that burden. They have enough on their shoulders. There is a solution that we know works. Parents should be given the opportunity to bring some stability to their child's condition and, while they are at it, some solace and peace to their own lives. They have their expertise; we should listen to them and do the right thing by them. The evidence is there and we should embrace it and get this logjam unblocked at the earliest possible opportunity.

7.33 pm

Mohammad Yasin (Bedford) (Lab): It is a pleasure to follow my hon. Friend the Member for Middlesbrough (Andy McDonald). I pay tribute to the right hon. Member for Hemel Hempstead (Sir Mike Penning) for bringing this hugely important debate to Parliament.

The families of severely ill children and patients who had lived for years with conditions such as MS that meant a life of extreme pain believed that they had been offered a lifeline when the Home Secretary rescheduled medical cannabis so that it could be prescribed to patients who needed it. Six months on, hope has turned to despair as we are now in the unconscionable position whereby medicinal cannabis has been legalised but is almost impossible to access. It turns out that the policy change last year has so many ifs and buts and is steeped in so much bureaucracy that it is not yet worth the paper it was written on. The public are understandably bewildered and confused.

We have all heard the stories of parents who want only to protect their children from severe pain being denied life-saving drugs or having them confiscated by immigration officials. While the NHS and the medical professions are having arguments over what constitutes evidence on who is eligible for the drug, children and patients are suffering needlessly every day. It is a shameful situation and, as is so often the case, the Government's defence is to say, "It's nothing to do with us." They have distanced themselves from the implementation of their own policy and outsourced the tricky bits to those on the frontline who have been given little support or guidance. In doing so, the Government have let so many people down. They have left seriously ill patients to fend for themselves—to be pushed from pillar to post, unable to find an NHS clinician willing to prescribe the only meds that control their seizures.

The campaign group End Our Pain, which is supporting more than 20 desperate families of children with intractable epilepsy, are having to help to fundraise around £2,000 a month to finance trips abroad to get access to the medical cannabis that the children need. This issue has nothing to do with illegal drugs and neither is it a Home Office issue; it is a public health issue. More than that, it is a humanitarian issue. The evidence is clear—certainly to the parents whose children are alive because of CBD—that the benefits outweigh any negative effects, so why are patients still cruelly suffering? Parents and patients are being criminalised, forced to go abroad or to order off the dark web to get hold of the life-saving medicines they were promised they would be able to access legally. I realise the importance of a proper regulatory development process to coincide with the new policy, but why is it taking so long?

Gavin Robinson (Belfast East) (DUP): The hon. Gentleman is making a powerful point about the ineffectiveness of the new regulatory regime and how it is not working for families. I have a constituent called Jorja Emerson, and many campaigning Members from all parties will have met her father, who is in the Public Gallery. He was one of the first to receive a prescription under the new regulations. It has to come from a private clinic and it costs him exorbitant amounts of money, and even then he has to pay to fly to London to get it because he cannot cash the script in Northern Ireland. Even when it is operating, the system is not working for Mr Emerson or his daughter.

Mohammad Yasin: I absolutely agree with the hon. Gentleman, who makes a powerful point. That is why we are debating this issue today and urging the Government

to take urgent steps and make these drugs available for children who are suffering. We can save lives by legalising them.

The evidence base and research surrounding the new policy must be called in and disseminated as soon as possible, and the barriers to clinically sound prescribing, including any training and support for prescribing doctors, must be addressed urgently. Yes, we have to get the policy implementation right and safe, but it is cruel and unjust to keep patients suffering while the Government hide behind a wall of red tape.

7.38 pm

Lloyd Russell-Moyle (Brighton, Kemptown) (Lab/Co-op): We have heard some really rather touching and heartfelt speeches, and I suspect that I cannot justice to some of what we have heard. Although of course I condemn the current policy of criminalisation, I am incredibly sceptical about the use of cannabis in a recreational sense, but I am very much in favour of us moving towards a proper, normalised relationship with cannabis and cannabinoids in our health system.

The cruelty of what happened last year was that we dangled hope in front of lots of people's faces—not only the children and their families who led the campaign, but many adults who suffer with long-term pain conditions and other conditions that would be helped by medical cannabis—and said that medical cannabis would be available for them. Through administrative burden—deliberately or because of a cock-up, I cannot quite tell—we have created a system in which the barriers are so high that the drugs are not being prescribed. Part of the problem is to do with the rescheduling, which has not been sufficient. The rescheduling has not normalised cannabis and cannabinoids even to the level of opiates. Extra conditions have been laid down through which clinicians have to jump; they have to know that no other drug could work.

Jim Shannon (Strangford) (DUP): I thank the hon. Gentleman for giving way. I am very conscious of my constituents Darren and Dannielle Gibson and their young daughter Sophia. I see that the Minister, the right hon. Member for Ruislip, Northwood and Pinner (Mr Hurd), is in his place. We are greatly indebted to him for his co-operation and help. *[Interruption.]* The Minister is in the House, but not in his place. Let me get it right. There were very memorable moments in the fight for Sophia's medication, including coming to terms with the differences in policy between Northern Ireland and the mainland, jumping through the hoops in Northern Ireland, liaising with the Minister to find a way for my constituent to get what she needed in time and my constituent being rushed into intensive care. But here is the story. That young girl today is in receipt of medicinal cannabis. Her epileptic fits have been reduced to one a month. She can attend school again and do all the recreational things with her young friends at school and in the playground that she never could do before. It happens. It can be done. It changes lives.

Lloyd Russell-Moyle: It can be done if it is given to patients at the right time and in the right manner. Part of the reason why clinicians are possibly nervous about prescribing these drugs is that additional thresholds have been added to doing so. There is an extra nervousness, particularly with new drugs, as we require their use to be based on already pre-existing proven evidence.

Earlier, I mentioned what had happened with other life-threatening diseases, such as HIV, and what had happened at other times. We have now changed, relaxed and modified the rules around testing, but that was not done immediately. Those who remember will know that there was a vociferous campaign from people, particularly in America but also here in Britain, about the folly of this requirement for pre-existing medical knowledge. The shift was to look at harm: what is the harm done to not trial and not implement anything versus what is the harm done of any potential risks. In this case, we need to employ that kind of sense. Back then, it was not the clinicians or the Government who shifted the issue; the shift was achieved through the fantastic work of campaigners.

We are again seeing that fantastic work of campaigners. They may need the drug themselves, or one of their family may need the drug, and so they are having to push this debate. It is frustrating to some extent that we have not learned the lessons of previous eras when this issue was argued out. In fact, time and again, the issue has been won on the side of prescribing. Why this time are we coming down on the wrong side of the argument? What is it about cannabis that suddenly sets off some kind of alarm bell in the heads of Ministers or civil servants so that we create a system that is not particularly conducive to prescribing?

I am bemused by the current situation in which, for some reason, private prescriptions are acceptable—others have talked about this—and seem to be getting through if people can raise the right amount of money, but our NHS is not able to reflect that. I do not know whether that is a consequence of cuts or of an NHS that is at breaking point. It could be a consequence of commissioners not wanting to prescribe these drugs, which seems strange to me because, when I look at the figures, the cost does not seem too high. It is cheaper than prescribing some other traditional medicines. It seems to me therefore that this is not an austerity issue, which we know is a bigger problem in the NHS, but some other hidden force, which means that parents need to raise thousands and thousands of pounds to try to get private prescriptions and self-prescribe.

I would like to slightly widen the debate from children, on whom we have quite rightly focused, to some of my constituents who are adults in chronic pain. Although it is right that, through the story of a child, we can push this issue forward, the fact is that this drug could help millions who, as we have heard earlier, may already be self-prescribing with cannabis. Self-prescribing is not good for a person's long-term health or for the state of healthcare. Doctors who are trying to provide them with holistic and rounded care cannot fully do so if people are having to go off and self-prescribe elsewhere.

United Patients Alliance is very active across the UK, but particularly in my constituency. One of my constituents, a 42-year-old man, was diagnosed with complex regional pain syndrome in October 2006. If he took conventional medication, he would be expected to take 10 ml of oral morphine a day, which is a huge amount. It means that his actual life quality is completely reduced. He is as not as cognisant as he should be or as able to interact and hold down a job. With the head of the pain clinic at St Thomas's Hospital, he has discussed moving on to medical cannabis. They have even said that it would be a real possibility, but they believe that the hurdles are too

[Lloyd Russell-Moyle]

high for them to be able to prescribe it now. He has now resorted to getting medical cannabis from other sources—to some extent involving his doctor or his clinician and creating a network of people having almost to lie and deceive the state. It is a bizarre situation. We end up making people do things in hushed conversations, rather than being able to record things properly in medical records.

This absurdity must end. We thought that it had ended. My view is that the scheduling of drugs should not fall under the remit of the Home Office; it should be in the Department of Health and Social Care. It makes no sense for scheduling to be anywhere near the Home Office, because it should be based on medical evidence—the Home Office should, of course, decide on classification. The Department of Health and Social Care needs to make some real moves very quickly to demonstrate that this has not all been hot words and big let downs.

7.47 pm

Ronnie Cowan (Inverclyde) (SNP): I wish to extend my thanks to the right hon. Member for Hemel Hempstead (Sir Mike Penning) and the hon. Member for Gower (Tonia Antoniazzi) for securing this debate here today.

Several speakers have been quick to explain that this debate is about medical cannabis and not cannabis for recreational use, and, within the context of this debate, that is quite correct. The fact that we feel the need to explain that is a strong indication that there is, in the wider audience, a great deal of mistrust born through ignorance of what cannabis actually is. We even start getting confused when we try to differentiate between cannabis and hemp. What we have here is a mess of our own making.

This is about a plant that can be grown in the UK and, indeed, is already grown in the UK but under licence from the Home Office—more about that later. It is a plant that is good for the soil in which it grows; a plant of which almost every single part can be utilised to make bio-degradable plastics, bio-degradable cloth and, as we know, medicines; and a plant that has been cultivated for thousands of years in various forms. Why do we have an issue with it? Why has cannabis been demonised? When we mention the word cannabis, why for the majority of people does it conjure up the image of somebody sparking up a joint, a spliff, a jay, a doobie, or a roach? It is because, in the Misuse of Drugs Act 1971, this place got it horribly wrong. It fell in with the prohibitionist mantra from the USA and it made a range of drugs illegal.

Before then, we controlled their use; we tolerated that use socially; and we prescribed them as required. It was actually called the “British system”, and it worked. No criminal gangs controlled the production and distribution. There was no escalation in violence to protect the marketplace, no county lines and a lot less corruption. But with that one incredibly clumsy Act, we demonised the entire plant.

If we were talking about medical hemp today, a range of folk would be more open to the discussion, but because of one cannabinoid in the plant—tetrahydrocannabinol or THC—we have ignored the other 100-plus cannabinoids.

We remain ignorant of the benefits they can bring and of how they interact with the endocannabinoid system that each and every one of us has in our own bodies.

The lack of medical research in the UK has led to an entirely unsuitable situation, and my frustration is that we seem to be in no hurry to clear it up. Why are we not moving heaven and earth to license products that are used widely in other countries? Across the UK today, people are suffering needlessly. The medicines exist and are being prescribed and used elsewhere, but the UK Government’s attitude is, “Nobody knows better than us.” We now find ourselves in a position where we are being forced to fight this issue one case at a time.

We brought Alfie Dingley to No. 10 to meet the Prime Minister. That seemed to make a difference. Billy Caldwell’s mum brought the matter to a head by attempting to bring the product into the country. That moved things on, too. And in their situation, would any of us not do the same? Would we not do whatever it took to gain access to medicine for our children? We cannot keep on fighting this on a case-by-case basis. It is cruel and heartless, and there are simply too many kids out there who could benefit now. I apologise to the many people who suffer with arthritis, multiple sclerosis and cancer, because we do not shout about them as much, and they also need to be listened to. The sad fact is that this Government have shown that it takes heart-breaking cases of kids with epilepsy to bring them to the table.

John Mc Nally (Falkirk) (SNP): Would my hon. Friend confirm my understanding that, for the 10,000 people with MS who could benefit from cannabis for medical use, nothing has changed since 1 November 2018, when the Government made it legal for specialist doctors to prescribe cannabis-based medical products? Am I correct in thinking that that is true?

Ronnie Cowan: My hon. Friend is absolutely correct. I have a briefing from the MS Society that illustrates his point. It says that, since Thursday 1 November 2018:

“Nobody with MS has so far benefitted from the change in the law, and access to cannabis-based medicinal products remains very limited. This includes access to Sativex”.

Sativex is a licensed product. Of course, people can get it privately if they can spare £500 a month.

As I have said, the system is cruel and heartless. Let us look at one example of how stupid our current laws are and how damaging they are to the patients we are supposed to be helping. If a child suffers from certain forms of epilepsy, there is good evidence that a cannabis-based medicine called Bedrolite may be of great help. Any parent or guardian in that situation would want to access Bedrolite. I know of one child who was having 16 seizures a day and is now on Bedrolite. As of today, that child has been free of seizures for 50 days. Can we begin to imagine how great that is for the child and for his surrounding family and friends? But his supply is running out and his mother said to me yesterday, “I can’t let my boy get sick again.” What has she got to do to keep her boy well?

The good news is that people in the UK can get Bedrolite—if they are rich, if they fundraise, or if they go to a private clinic, pay for a prescription and then pay £560 per bottle. For one patient I know, that equates to £28,000 a year. And that is not the most expensive case I know of—not by a long way. I know of cases

where it would cost people twice that much to medicate their children. If people are prepared to break the law to provide medicine for their child, they can travel to the Netherlands and purchase Bedrolite for £167 a bottle, reducing the annual cost to £8,100 a year, plus travel and accommodation costs, but those people risk being arrested and separated from the child they are trying to help.

I know of a wee boy in Scotland whose mum has brought back oils illegally from the Netherlands. He recently went through a bad spell of cluster seizures. Normally, he would be in hospital, unconscious, and unable to walk, eat, speak or swallow. This time, he has remained at home and has not needed any rescue medication. His mother should not have to pay thousands of pounds a month and break the law trying to help her sick child. It is no wonder that the scammers have moved into this marketplace. As a parent wrote to me yesterday to explain,

“The vultures are praying on very vulnerable desperate families and selling fake or non filtered oils which is unsupported and also very dangerous”.

This highlights another problem. When we sit back and do nothing, scammers and criminals will move in. People will say, “I’m buying a product that is cannabis, but it’s not doing me any good.” Then the Government will take another step back and say, “Well, the evidence simply is not there.”

People’s last option is to do what the Government have said they should do. To access medical cannabis, someone must have tried medical cannabis and experienced benefits, but, as I have pointed out, that involves either a lot of money or breaking the law. That is what the Government are asking parents to do. A person must have exhausted all other drugs, despite knowing they do not work and have many dangerous side effects; we are asking people to endure side effects and disappointment to justify their request. Once they have done that, they find that their GP cannot prescribe under the current system and that specialists are reluctant to do so because they are going out on a limb and fear reprisals from the medical community.

We have a situation where the UK Government say, “We have a system,” and absolve themselves of their responsibility and duty of care to the citizens of the United Kingdom. I was going to ask the Minister explain why we cannot treat any cannabis-based medical products as schedule 2 drugs under the statutory instrument where that product has been prescribed by a medical practitioner in another jurisdiction, but of course we have a Health Minister in front of us today, not a Home Office Minister. Yet again, this problem falls between two stools. The Home Office or the Department of Health and Social Care—who will take responsibility for this issue and move it forward?

While we delay, the privatised UK cannabis business grows and the privatised pharmaceutical companies are controlling the available products with an iron fist. It looks as though we are restricting the provision of medical cannabis while we evaluate a marketplace and develop products with the intention of making a lot of money out of it, but the Government would not be that cruel, would they? Not deliberately! The Government do not have a vested interest in the pharmaceutical industry, do they? They are not granting licences to their pals to grow cannabis or encouraging family members

to invest in pharmaceutical companies with a vested interest, are they? Surely not. But of course, we know that they absolutely are. That is the backdrop to the photo opportunities and the sympathetic words of staged understanding from Ministers. Unless someone has a child living in these circumstances, they cannot possibly understand the need, the frustration and the anger. As politicians, we are elected to listen to the people. The parents and guardians of these young men and women are screaming at us, “Give us access to affordable, legal medication for our children, and do it now.”

7.58 pm

Julie Cooper (Burnley) (Lab): This has been a very powerful and emotional debate that has moved Members on both sides of the House. It has also been characterised by anger and exasperation on both sides. I thank the Backbench Business Committee for selecting this subject for debate.

I pay tribute to my former, much-respected colleague, Paul Flynn, for his excellent campaigns on this subject. Somewhere, he will be cheering us on and I hope that he will have more to cheer about by the end of this debate, when we hear the Minister’s comments. I pay particular tribute to the right hon. Member for Hemel Hempstead (Sir Mike Penning) and my hon. Friend the Member for Gower (Tonia Antoniazzi); their unflinching commitment to this cause does them credit. Thanks is also due in no small part to the all-party parliamentary group, whose dedicated purpose is to

“help secure...access to natural cannabis for medical purposes in the UK under prescription from a medical professional.”

The group has worked tirelessly to that end, highlighting the barriers that exist and posing constructive suggestions to remove them.

As the hon. Member for Reigate (Crispin Blunt) rightly said, we are not concerned today with criminals and illegal drug supplies. We are not concerned with the use of recreational drugs. We are considering a most important health issue. I welcome the fact that at long last the Government accept that the therapeutic use of cannabis is a public health issue and not the business of the Home Office. I trust, therefore, that we will never again see parents in possession of medicinal cannabis products accosted and treated like criminals. I refer of course to the disgraceful treatment meted out to Teagan Appleby’s family.

Cannabis has long been known to contain active ingredients that could have therapeutic use in the treatment of many conditions, including muscular dystrophy, Parkinson’s disease, Crohn’s disease, cancer, AIDS, sickle cell disease and many more. International research and real-life experience in the UK have shown that the active ingredients CBD and THC, in combination, can provide relief for these conditions. There are also strong indications that these medicinal cannabis products can have a transformational effect in paediatric epilepsy cases. In the UK, though, we have been very slow to accept this and even slower to act to help those who could be helped.

Other powerful drugs with significant street values, such as heroin and diazepam, have long been available on the NHS under the supervision and control of qualified clinicians. Such drugs are extremely harmful in the wrong hands, but, subject to the existing controlled drugs regulations, these products can be used beneficially.

[Julie Cooper]

In recent years, we have made some progress and have begun to accept that cannabis could and should be available in the same way. This changing attitude has most definitely been driven by increased public awareness of the suffering of individuals, many of them children.

Jim Shannon: Just to reiterate what the hon. Lady is saying, my young constituent Sophia has not been hospitalised with an active seizure in 10 months. I quote her mum:

“Our little lady just amazes us every day and we are very blessed to be in this position but we can’t help but think of the thousands of other children and adults that could need this right now!!!!”

Does the hon. Lady agree that we must ensure that we are making progress? This debate is about progress and moving forward, so it is important for the Minister to do just that.

Julie Cooper: I am grateful to the hon. Gentleman for his intervention, and I absolutely agree. There is the potential to help thousands. We must move forward at the earliest opportunity.

Members have raised some powerful cases on behalf of their constituents—adults and children who could benefit. I want to mention the experiences of the Griffiths family. Mrs Griffiths asked me to help her nine-year-old son, Ben. Ben suffers with severe intractable epilepsy. This means that he has up to 300 seizures a day and has come close to death on more than one occasion. At the new year, Ben was admitted to Alder Hey Children’s Hospital, where, during an 18-hour period, he was observed to have 200 seizures. Ben’s parents asked whether he could have access to CBD and THC, but they were informed that Alder Hey has a blanket ban on medicinal cannabis products containing THC. Ben was discharged and his discharge letter stated that his parents had asked for an illegal drug.

In desperation, the family have turned to a private neurologist and, thanks to him, since January this year, Ben has been taking medicinal cannabis CBD and THC. His condition is much improved and yesterday he had only four seizures. His family tell me that Great Ormond Hospital and Professor Finbar O’Callaghan, the head of the British Paediatric Neurology Association, have acknowledged Ben’s improved condition, but the family are still unable to get an NHS prescription to supply the medicinal cannabis that he needs. The private prescriptions for his treatment are costing the family £2,500 a month. The family cannot continue to fund what is for Ben life-saving medication and they fear they will lose their son. Mrs Griffiths asked me: “How sick does our child have to get before the NHS will help him?” I know that question will go to the heart of everyone in the Chamber today. In relation to the high costs of private prescriptions for this medication, we are seeing the development of an unjust two-tier system where those who can pay get access to vital medication and those who cannot pay go without. That goes totally against the very principles of the NHS of which we are so proud.

In July 2018, the chief medical officer published a report declaring that there was conclusive evidence of the therapeutic benefit of cannabis medicinal products

and she recommended that the whole class of cannabis medicinal products be rescheduled under the misuse of drugs regulations. The Home Secretary listened and, on 1 November 2018, the Government took action to reschedule cannabis for medical purposes. This was a very welcome step, making it legal for doctors on the specialised register to prescribe unlicensed whole-plant cannabis products for medicinal use in the UK. On that day, hundreds of families across the country celebrated, believing that this meant that they would have access via the NHS to medicinal cannabis. Sadly, that has not been the reality. Not one single NHS prescription has since been written for whole-plant medical cannabis and the hopes of many have been cruelly dashed.

Ironically, changing the legal status of medicinal cannabis has actually made the situation worse. Prior to that change in legislation, the Home Secretary had the power to grant special licences to make medicinal cannabis available. The Home Secretary no longer has that power. Now supplies are conditional on both clinical sign-off and a funding agreement, and that is not happening. I know that the Minister and the Secretary of State want to resolve the problem. I also know that the Secretary of State has met some of the affected families and has promised to help them. But the clock is ticking. The End Our Pain campaigners are absolutely clear that this is a matter of life and death. It is now two months since the Secretary of State met the families and, in that time, not one single NHS prescription has been written for medicinal cannabis that contains both CBD and, crucially, THC. There are many good intentions, but the Department’s implementation procedures following the rescheduling of medicinal cannabis are not fit for purpose.

The Secretary of State has said repeatedly that he cannot overrule the judgment of clinicians, and of course we do not expect him to do so. We do, though, expect that he recognises that these are exceptional circumstances of great urgency and urgent special action is required. It is clear that the procedures are not working and we cannot rely on a “business as usual” approach. As my hon. Friend the Member for Manchester, Withington (Jeff Smith) said, we need a bespoke solution. We need an acknowledgement that cannabis is a special case. We need a broader analysis of the evidence for the efficacy of medicinal cannabis that brings together worldwide research with the experience of patients and families in the UK who have benefited from using medicinal cannabis. While NHS England investigates the causes of the blockages in the implementation process, the NHS needs to step in to meet the costs of private prescriptions.

We need improved education and support for medical practitioners with regard to medicinal cannabis. The current guidance for prescribing medicinal cannabis needs to be changed to support and protect prescribing clinicians who prescribe, following best practice, in the best interests of their patients. We need the Department of Health and Social Care and the NHS to stress that medicinal cannabis is legal and that there is an expectation that it will be prescribed in the same way as any other unlicensed medicine when appropriate. We need a guarantee on funding. We need to know that everyone right across these islands, wherever they live and whichever CCG governs the healthcare in their community, has access to funded products where appropriate. Good intentions on their own are not good enough: we need urgent action.

8.9 pm

The Parliamentary Under-Secretary of State for Health and Social Care (Seema Kennedy): This has been a very moving and important debate. As I know from my own constituency, and as has been outlined with such passion by Members on both sides of the House, this matter leads to great distress for patients and their families. I recognise the deep frustration of families and patients, which has come across strongly this evening. All of us who are parents or who have cared for a loved one can empathise with them. I pay tribute to the hon. Member for Middlesbrough (Andy McDonald) and his wife Sally, who shared their experience with us. It is them and parents like them whom we are concentrating on this evening.

It would be remiss of me not to mention my right hon. Friend the Member for Hemel Hempstead (Sir Mike Penning) and the hon. Member for Gower (Tonia Antoniazzi), all their work on the all-party group and their tenacity in keeping this issue on the agenda. Many points have been raised. Great frustration has been expressed and I have heard that. I will be speaking to the Secretary of State again and taking back all the messages to the officials, but I will try in my remarks to answer the points made.

In November last year, the law was changed to ensure that doctors on the specialist register of the General Medical Council can legally prescribe cannabis-based products for medicinal use in the UK. It is right that we put these decisions in the hands of clinicians because they are the ones with the best knowledge of all the treatments available for conditions in which they specialise. The Secretary of State and I have been clear that whether to prescribe must remain a clinical decision, to be made with patients and their families, taking into account the best available international clinical evidence—I want to reassure the House that we are in close contact with colleagues in other countries to ensure that we learn from their experiences—and the circumstances of each patient.

It is not for me as a politician to second-guess or pillory clinicians' decisions. I was alarmed to hear my hon. Friend the Member for South Suffolk (James Cartledge) say that doctors are being trolled for the decisions they are or are not making. They have the best interests of their patients at heart and their primary focus is to do no harm. But I recognise that we do not have the optimal system in place yet. It is undesirable that patients are travelling abroad. The Secretary of State and I are determined to do everything we can to ensure that patients can obtain medicines in this country if it is medically appropriate. There are already systems in place to do that and I want to do everything I can to understand why patients are not using those systems to access medicines here in the UK.

We want to continue to refine the system so that the demands of patients who want to try medicinal cannabis are balanced against other demands on NHS funding. Given the embryonic state of the evidence base on the effectiveness and cost-effectiveness of medicinal cannabis, that is not easy. However, we are working hard to ensure we get this right, because it is crucial. I have had many discussions about this with my hon. Friend the Member for Reigate (Crispin Blunt), who spoke with great passion. He mentioned the need for more evidence and the issue of growing a market. We will explore that with the Department for International Trade.

I want to pick up on a point that my hon. Friend the Member for Henley (John Howell) made about the number of prescriptions issued since November last year. Data show that, until the end of February, there had been six items issued in the community under NHS prescription. He thought there were none at all.

Sir Mike Penning: The evidence from the families and the APPG that I co-chair is that there have only been two. If the Minister knows of six, we would love to know not the individual cases but where the other four have come from. The families are confused because at the moment we only know of two.

Seema Kennedy: My information is that there are six and I will happily write to my right hon. Friend with more information.

As the House heard last month, the Secretary of State for Health and Social Care has met many of the families and patients who Members know through their work on the APPG or their constituencies. All of us could not help but be moved by these distressing cases and the continued efforts of those who support loved ones. The Secretary of State asked NHS England to conduct a process review to identify any inappropriate barriers to clinically appropriate prescribing. I am pleased to say that the review is under way, and NHS England is working with my right hon. Friend the Member for Hemel Hempstead, the all-party parliamentary group on medical cannabis under prescription and patient representative bodies to identify cases that might best illustrate the experience of a range of patients.

Sir Mike Penning: We have lots of time, but the Minister is being generous in giving way. Can she confirm when the interim report will be issued on the blockages and when the final report will be made to the Secretary of State? It was indicated to us at a meeting with NHS England only last week that there would be an interim report by the end of May and a report to the Secretary of State in June. Would the Minister like to confirm that?

Seema Kennedy: I will come on to timelines later in my remarks. NHS England is currently obtaining patient consent and scheduling the necessary interviews with clinicians, decision makers and their patients. The first interviews were held today.

I want to touch briefly on devolved matters. Health is a devolved matter, but officials across the UK have been working closely on the development of this policy. The law is exactly the same in all four countries of the UK and only funding is devolved. Members have said that clinicians might be nervous about prescription and that we need to improve training. I will talk about this later, but the training package that has been commissioned from Health Education England will be made available across the UK.

Jim Shannon: The Minister has heard my comments on behalf of my young constituent, Sophia Gibson, who is getting medicinal cannabis through the trust area. May I suggest that, if that is how it is done for my constituent in Northern Ireland, it could be done for people across the rest of the United Kingdom through their trust area or non-governmental organisations—wherever the responsibility lies?

Seema Kennedy: I thank the hon. Gentleman for his comments. Prescription is in the hands of the clinician. Whether the prescription is paid for is ruled on locally and I will talk about that later.

I would like to tell my right hon. Friend the Member for Hemel Hempstead that a report, including any recommendations, is expected shortly. We will carefully consider any further action we might take to improve access in the light of that report and the clinical guidelines that are due to be issued by NICE. Members are rightly frustrated with the slow pace, because of the distressing cases and because of examples they have seen from abroad. NICE guidelines have been expedited. They would normally take two years to produce, but these guidelines will come out in half that time, this autumn.

Members have said that patient expectations are not being met and that clinicians are taking an overly cautious approach. With new medicines, we need a strong evidence base. That base is still in development, partly because of the historical overhang.

Crispin Blunt: Will the Minister give way?

Seema Kennedy: I was about to refer to my hon. Friend, but I will let him speak for himself.

Crispin Blunt: The Minister was probably going to pick up the point I made about the assessment of the risk-reward ratio. Humanity has goodness knows how many thousands of years of use of this plant, and it may need a different risk-reward assessment base from the classic medical variety. Sitting in the background for all the people who regulate our medicines is thalidomide and their anxiety about what might happen. We might need a different framework for this.

Seema Kennedy: My hon. Friend raises an interesting point, as he always does. The normal NHS medicines governance systems apply, and they are being used to support good clinical practice and safe and effective prescribing, but we could of course do more to educate and support the health profession.

I want to pick up another point raised by my hon. Friend the Member for Henley, about who does the prescribing of these medicines. These are not frontline medicines, and it is right that specialists who have detailed knowledge of all the treatments available for these particularly difficult cases are the ones who should be responsible for prescribing. Cannabis-based products would not normally be considered until a patient was at the stage in their treatment pathway when they were under the treatment of a specialist.

On education, Health Education England has been commissioned to develop an online training package. The aim of the package is to familiarise those working in the health sector with the change in the law and provide straightforward information about the products and what is known about their mechanisms of action. It will support and underpin the knowledge and understanding gained by specialists as experience in prescribing these products grows.

Charlie Elphicke: My hon. Friend is being generous in taking interventions. She has set out the risks, but may I pay tribute to her and the Secretary of State, who have not simply looked at all the risks and roadblocks

that medics put up, but have said how important it is to produce answers, find solutions and take things forward? I urge them to continue with this excellent work to make sure that progress is made, and to continue to push forward.

Seema Kennedy: I thank my hon. Friend. That is why, after the urgent question last month, the Secretary of State issued the process review. As I have said to my right hon. Friend the Member for Hemel Hempstead, that review will be reporting shortly.

We cannot be sure that cannabis-based products are safe or effective. There is a body of anecdotal evidence of therapeutic benefit, and the chief medical officer concluded that the evidence was sufficient to recommend that these products be considered for rescheduling from schedule 1 to schedule 2 under the Misuse of Drugs Regulations 2001, and that their medicinal benefits be further examined. All products in schedule 2 can be prescribed; cannabis-based products for medicinal use are no exception.

I want to talk quickly about the evidence base. Some people have talked about randomised controlled trials, which are what we normally use when there is anecdotal evidence. As hon. Members have said, parents are arbiters of this evidence. The normal procedure is that we do not base prescribing decisions on anecdotal evidence, which is why we have asked the NIHR to stimulate further research. We need to build up the existing evidence base, including through observational trials.

Julie Cooper: Does the Minister accept that these are not normal circumstances? These families and parents are absolutely desperate to access the medication that they have seen work for themselves. Can she find some way to circumvent the usual processes?

Seema Kennedy: I recognise the deep pain that families are going through, and I do take the point about the great frustration and desperation of the families. What I would say is that we have asked for more evidence, and we are working with everybody necessary to try to get this done as quickly as possible. NICE is internationally recognised for its robust and evidence-based evaluations and guidelines.

Ronnie Cowan: I have two families in my constituency whose children are both suffering from epilepsy. They are taking Bedrolite today, and the families know it is beneficial for their kids. That is anecdotal evidence, but it is in their houses and they can see it working. The prescriptions for the sources they have will run out in June and in July. Can the Minister tell me what I should say to those parents when their kids' prescriptions run out?

Seema Kennedy: I do not feel able to comment on a specific issue when I am not a doctor, a clinician or a scientist—

Ronnie Cowan: As a parent?

Seema Kennedy: Of course I could as a parent, but again, I am not a doctor, and I am not here to make that call. What I would say is that I am very happy to meet the hon. Gentleman to get more of the facts he is presenting to me.

What is needed to support such prescription is evidence of efficacy, and for public funding evidence of cost-efficacy. That is the system we apply to all medicines and medical devices in the UK, and cannabis should not be treated any differently. The current evidence base has been summarised by the professional bodies in their interim clinical guidance, and it will be further examined and reported on by NICE shortly.

Tonia Antoniazzi: I have one question for the Minister: has the cost analysis been done on a particular case? When I spoke earlier, I spoke about Alfie Dingley. It would be very interesting to see the impact of his case financially—the benefit that has been gained to the NHS and the money that it has saved the NHS since he has been taking the drug.

Seema Kennedy: I apologise to the hon. Lady, because she did ask me that, and I am afraid I forgot to send a note to the Box. I am happy to write to her about whether that analysis has been done.

Many hon. Members, including my hon. Friend the Member for South Suffolk, talked about funding. Funding decisions are local decisions with clear local procedures. The process review is looking at this, and as I have said, it will report shortly. I call on the industry to invest in more trials, and to publish the results and the full underpinning data, because we all want to see licensed products that doctors can use with confidence.

Where there is supporting evidence, the Government and the NHS will work with companies to make the products available. Indeed, more than 110 patients are now being treated with a pure CBD extract product—Epidiolex, which numerous hon. Members have referred to—on an early access programme, ahead of a licensing decision by the European Medicines Agency. In developing a licensed product, the evidence has been generated on the safety profile and effectiveness of the product. It is this that provides clinicians with the confidence to prescribe and the system with the evidence it needs to make decisions on routine funding. The NHS does not routinely fund any new medicine until it has been through a process of evaluation to ensure that it is safe, effective and represents value for money.

On another point that the hon. Member for Gower brought up, about one of her constituents going on the Epidiolex trial, the specialist centres around the country are referring patients to GW Pharmaceuticals. There are certain criteria and a certain number of places, but if she wrote to me, I would be happy to meet her and we could discuss that further.

We need to develop further our knowledge base on these products. That is why good-quality clinical trials are imperative. We need to know more about the scale of the benefit of cannabis-based products across a wide range of indications. We also need to understand how this compares with existing treatments and, indeed, other promising new drugs that may be as effective.

James Cartledge: The Minister is obviously aware that Epidiolex is a CBD-based medicine. Many parents believe, based on their anecdotal experience, that those compounds do not have as much impact on reducing seizures as THC, so can she assure me that the trials will also look at THC-based products?

Seema Kennedy: I cannot say what will be in the trials, because I am not a scientist running them. What I can say is that we have made the call and want everybody who can to take part in the trials so that we have a much fuller picture and can get to a situation where we have licensed products that doctors feel safe prescribing.

I will conclude by thanking all hon. Members who have taken part in this useful debate. This is an extremely difficult area, and hon. Members have spoken movingly about heart-rending cases. I hope that I have shown that the Government take this very seriously. We are committed to ensuring that policy is implemented in a safe and sustainable way, making cannabis-based products available to patients where clinically appropriate.

8.29 pm

Sir Mike Penning: Not only was I enormously proud when I went before the Backbench Business Committee to ask for this debate last Tuesday, but I was a bit shocked to get the debate this afternoon—at least we have not had to go home early. We have had an absolutely brilliant debate.

To be honest with the Minister, I am not sure how far this has taken us. Fundamentally, I have an issue with the fact that there are families who, through crowdfunding, or however they fund it—I understand that some parents have had to remortgage—are getting this drug for their children perfectly legally, and qualified consultants and specialists are issuing prescriptions on the NHS, but they are not being honoured. That is something that the Department of Health and Social Care is wholly responsible for. I fully accept that there are other issues to do with the Home Office.

Many people have been marched up to the top of the hill. I accept that for many years, when Paul Flynn was campaigning on this and a Government of a different colour were in office, it did not happen because it was in the “too difficult” pile called schedule 1. We are not in that position now; we are in a position where this House—we have now debated this issue for four and a half hours—can tell the country and the Government that what is happening now, with people who can afford it getting this medicine and those who cannot afford it not getting it, has to stop. This Government have to stop that.

I know how difficult it is. I was the Home Office Minister responsible when this was discussed. I was the Minister who stood at the Dispatch Box. I know the blockages. I have sat with my APPG co-chair, the hon. Member for Gower (Tonia Antoniazzi), and the NHS chief pharmacist. We know that we need to unblock this. We need to believe that the NHS, free at the point of delivery, will deliver for these young families, and that the cheque book is not going to win.

I will raise money and crowdfund, because I will do anything I possibly can to help, but we should not have to do that. The medical evidence is there from other countries. We are going to have to make exceptions, as has been said, because this situation is different. We cannot put one of these children on a placebo, because we know that it will make them really ill when they withdraw from what they have already been given.

The children who have been given this product, and some adults, as in my constituent’s case, need to have confidence going forward. They do not need to beg, borrow and steal to get their lives back on track—and

[*Sir Mike Penning*]

they will not be put back on track fully, because this is not a cure, it just eliminates some symptoms for some people with some conditions. We really do not know the full position yet because, as the Minister has said, we have to do more work. However, in quite a lot of specific cases of paediatric epilepsy with seizures, it appears that cannabis oil makes a difference to the quality of people's lives. We were sent here not to chat for the sake of it, but to make a difference to people's lives, and I hope that is exactly what the Minister will do.

Finally, I will clearly not get another urgent question for a while, but Mr Speaker said to the Secretary of State for Health and Social Care that we will persist. He was referring to me, but I say that on behalf of the all-party group, which now has over 100 members. This is what this House is good at, and if we get it right we are very good at it. This has been an excellent debate.

Question put and agreed to.

Resolved,

That this House reaffirms its welcome for the change in the law that allows access to medical cannabis under prescription, but notes that only a handful of prescriptions for whole-plant-extract medical cannabis have been issued on the NHS, which has left a significant number of patients, many of whom are children with intractable epilepsy, with no access to medical cannabis and experiencing severe distress; and calls on the Government immediately to act to ensure that medical cannabis is available to appropriate patients and in particular to children suffering severe intractable epilepsy, such as Alfie Dingley whose plight and campaign did so much to secure the change in the law.

Business without Debate

BUSINESS OF THE HOUSE

Ordered,

That at the sitting on Wednesday 22 May, paragraph (2) of Standing Order No. 31 (Questions on amendments) shall apply to the Motions in the name of the Leader of the Opposition as if the day were an Opposition Day; proceedings on those Motions may continue, though opposed, after the moment of interruption and for up to six hours from the commencement of proceedings on the first such Motion and shall then lapse if not previously disposed of; and Standing Order No. 41A (Deferred divisions) shall not apply.—(*Michelle Donelan.*)

DELEGATED LEGISLATION

Mr Deputy Speaker (Sir Lindsay Hoyle): With the leave of the House, we shall take motions 4 and 5 together.

Motion made, and Question put forthwith (Standing Order No. 118(6)),

COMPANIES

That the draft Companies (Directors' Remuneration Policy and Directors' Remuneration Report) Regulations 2019, which were laid before this House on 8 April, be approved.

COMMUNITY INFRASTRUCTURE LEVY

That the draft Community Infrastructure Levy (Amendment) (England) Regulations 2019, which were laid before this House on 2 April, be approved.—(*Michelle Donelan.*)

Question agreed to.

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Ordered,

That Liz Twist be discharged from the Housing, Communities and Local Government Committee and Mohammad Yasin be added.—(*Bill Wiggin, on behalf of the Selection Committee.*)

Billy McNeill MBE

Motion made, and Question proposed, That this House do now adjourn.—(Michelle Donelan.)

8.35 pm

Brendan O'Hara (Argyll and Bute) (SNP): Thank you, Mr Deputy Speaker, for giving the House the opportunity to pay tribute to, and mark the passing of, the great Billy McNeill, who died last month at the age of 79. We have plenty of time this evening and I will be as generous as the House requires in taking interventions. I am sure many will want to contribute. Billy McNeill is rightly considered one of the finest footballers of his generation. It is safe to say that what he achieved in his glittering, trophy-laden career will never be matched.

At the outset, I should declare a personal interest. First, my great, great grandfather, John O'Hara, was one of the founding fathers of Celtic football club back in 1888. Secondly, I am a very—I should stress the word very—minor shareholder in the club. Most importantly, like thousands of other wee boys growing up in Glasgow in the 1960s and 1970s, Billy McNeill was my hero. Who better was there for a wee boy to model himself on, or to aspire to become, than this tall, handsome, athletic, intelligent, articulate man, who was doing what every one of us dreamed of doing: playing for and captaining the football team that we loved?

Jim Shannon (Strangford) (DUP): Will the hon. Gentleman give way?

Brendan O'Hara: I will. It would not be an Adjournment debate if the hon. Gentleman did not intervene.

Mr Deputy Speaker (Sir Lindsay Hoyle): I want to know how he's going to sell this in Northern Ireland!

Jim Shannon: If you listen, you'll find out.

First, may I congratulate the hon. Gentleman on securing the debate? Billy McNeill had a long association with Celtic spanning more than 60 years as a player, manager and club ambassador. As a player and a manager he won 31 major trophies with Celtic. As a lifelong Rangers football club supporter, I appreciate very much the contribution he made to Scottish football and to Old Firm games. Does he not agree that Billy McNeill will be greatly missed by those who love the beautiful game across all the football teams in Scotland, Europe and the rest of the world?

Brendan O'Hara: I genuinely and sincerely thank the hon. Gentleman—my hon. Friend—for that contribution. He is absolutely right, I will touch on that later in my speech. Billy McNeill did bring together the very best in people and the very best in football.

Patricia Gibson (North Ayrshire and Arran) (SNP): Will my hon. Friend give way?

Brendan O'Hara: I will make a bit of progress and come back to my hon. Friend.

Billy McNeill was a one-club man, and that club was Celtic, for whom he played a remarkable 822 times between 1957 and 1975. No other player in the club's 131-year history has pulled on the famous green and

white hooped shirt more often than Billy McNeill. In an 18-year career as a Celtic player, Billy McNeill won nine consecutive Scottish league titles, seven Scottish cups, six Scottish league cups, and of course he captained Celtic to their greatest triumph when they beat Inter Milan 2-1 in the European cup final to become champions of Europe in 1967. Amid all that, he was capped 29 times by Scotland.

Patricia Gibson: I thank my hon. Friend for giving way. He has made an excellent start to his speech and his tribute to Billy McNeill. Does he agree that even football fans and players from rival clubs are united in their admiration for Billy McNeill, and that in particular he is an inspiration to young men who aspire to play football for Celtic or other clubs?

Brendan O'Hara: My hon. Friend is absolutely right. For me, growing up in the 1960s and 1970s, Billy McNeill was that iconic figure. He was what little boys like me aspired to become, but sadly failed miserably ever to achieve. I have not given up hope that my time is yet to come and that Celtic's scouting system will be looking for a very poor, very overweight 56-year-old. One lives in hope.

Marion Fellows (Motherwell and Wishaw) (SNP): As one of the very few people in this Chamber who remembers watching the cup final, on a flickering, black-and-white television with my parents, I am very proud to think about Billy McNeill. My father supported Ayr United—he was a lost cause—but my husband was a lifelong Rangers supporter. One of the iconic images after Billy McNeill died was John Greig and his truly emotional approach to Celtic Park, with the wreath in remembrance of Billy McNeill. It is people like the late Billy McNeill who can unite the whole of Scotland, no matter what team they support, and he should be applauded for it.

Brendan O'Hara: I thank my hon. Friend for her intervention. I will touch on the way in which Billy McNeill brought communities together.

Douglas Chapman (Dunfermline and West Fife) (SNP): My hon. Friend knows that I am not a Celtic fan, although I am not quite in the same camp as the hon. Member for Strangford (Jim Shannon). Nevertheless, I have six brothers-in-law who are all mad Celtic fans. Kevin, Terence, Mark, Bernard, Micheal and Dermot Mullins have told me over the years that they were born within 30 miles of Celtic Park, and that the whole Celtic team that won the European cup final in 1967 was also born within 30 miles of Celtic Park. Does that not say an awful lot about Billy McNeill's leadership and the way he managed to get that team to the final and win it, compared with, for example, other teams who look a bit more like the United Nations when they get to a European cup final these days? Is it not an absolutely fantastic achievement for the whole team that they managed to do that from within such a small area?

Brendan O'Hara: My hon. Friend is absolutely correct. I will come on to the nature of the team that won the European cup in 1967 and how close-knit they were, and how they represented their communities in a way that sadly today is such a rarity. One would have thought that some of his six brothers-in-law would make more of an impression on him than they clearly have.

[Brendan O'Hara]

After he hung up his boots, Billy McNeill went on to enjoy a very successful career in football management with Clyde, Aberdeen, Manchester City, Aston Villa and, very briefly, with Hibernian. Twice he managed his beloved Celtic, most notably steering them to a league and cup double in their centenary season of 1988.

Jeff Smith (Manchester, Withington) (Lab): As a lifelong Manchester City fan, I am disappointed that I cannot be in Manchester tonight for the treble winners parade, but this gives me the opportunity to pay tribute to Billy McNeill for his time as manager of City. It was a tough gig being manager of City in the mid-80s, and we should not forget his achievements and the things he did for the club. He left in rather difficult circumstances—can the hon. Gentleman believe that he was frustrated because City had no money to build the team that he wanted? However, we should not forget that he stabilised our club and got us promoted back to the top flight. We remember him fondly at Manchester City as well.

Brendan O'Hara: I thank the hon. Gentleman for that intervention. As he says, changed days indeed—the idea of Manchester City having no money.

Even in retirement, Billy McNeill maintained a close relationship with the club. It was put on a more formal basis in 2009 when he became Celtic football club's first official ambassador. Through it all, despite enjoying this fabulously successful career—one in which he was propelled into the realms of superstardom, being adored by tens of thousands—Billy McNeill remained unaffected and unchanged. He always saw himself as the fan who got to live the dream, and he was living it on behalf of hundreds of thousands of us who never could. I believe that that, more than any other aspect of his success, including as a player, forged that unbreakable link between Billy McNeill and the Celtic support.

For the last few years of his life Billy lived with Alzheimer's and his public appearances became fewer and fewer. The final time I saw Billy McNeill was at Celtic Park last year. Just before kick-off, he and his wife, Liz, walked from the car park to the front entrance. The crowded concourse parted and everyone, from pensioner to primary school kid, stood and cheered and applauded, because to us fans, whether we were old enough to have seen him play or not, Billy McNeill was Celtic.

When Billy McNeill passed away last month, the sincerity of the tributes and the esteem in which he was held, far beyond Celtic football club and its supporters, was something to behold. Football giants Sir Kenny Dalglish and Sir Alex Ferguson were among those present at the requiem mass at St Aloysius' in Glasgow, as was former Rangers manager Walter Smith. It was great to see Rangers legends John Greig and Willie Henderson there, too, demonstrating the huge mutual respect that existed between players of both teams—two teams that went toe to toe for honours throughout the 1960s and '70s. Not only was there mutual respect; long-lasting firm friendships were established across the great footballing divide in Glasgow.

Bill Grant (Ayr, Carrick and Cumnock) (Con): I might be in political and footballing opposition to the hon. Gentleman, but does he agree that Billy McNeill

was an icon and a great ambassador on and off the park, not just for Celtic but for Scottish football, around the world but especially in Europe after Celtic took the European cup? Scotland should be proud of Billy McNeill and remember him as the iconic player he was.

Brendan O'Hara: The hon. Gentleman is absolutely correct. I will come later to that golden era of Scottish football. Understandably and probably rightly, Celtic pick up the credit and the limelight, but Scottish football fans in general had so much to celebrate in 1967.

I was lucky enough to meet Billy McNeill several times, both as a fan and latterly in a professional capacity. People say, "Never meet your heroes. You'll only be left disappointed", but when I met Billy McNeill nothing could have been further from the truth. One of the first times I met him was in Celtic's centenary season of 1987-88. I had won first prize in a raffle—well, actually, not me but my mum won first prize, and I was sent to collect her star prize: a brand-new, all-singing, all-dancing colour telly. The second prize was a signed Celtic shirt and ball and the opportunity to watch a Celtic game from the Celtic Park directors box. Fortunately, I managed to persuade the organisers that, as the person who won the raffle, I should be given the choice of which prize to take. Safe to say, my mum never got her new telly.

My brother Diarmid and I got to Celtic Park, and what's more Billy McNeill, then the manager, took us into the home dressing room an hour before kick-off to meet the players ahead of a crucial match against Aberdeen. It was a wonderful and remarkable gesture. Despite the importance of the fixture, he knew what it meant for fans like us to have this once-in-a-lifetime opportunity to be in the Celtic changing room before a big match. I am deeply honoured, therefore, that today, 32 years on, I can go some way to repay that kindness by leading the tributes to Billy McNeill on the Floor of the House of Commons.

Over the years, our paths crossed. When I was working as a TV producer-director, I had occasion to interview Billy McNeill as part of a number of documentaries I was working on. He would always make himself available and his interviews would invariably be thoughtful and considered, but they were also incredibly frustrating, because no matter how much I wanted him to talk about himself and his contribution he simply would not—or probably could not. All he could talk about was the contribution of those around him. An interview with Billy McNeill would be full of: "Yeah, that's all well and good, but Jimmy Johnstone did that", or, "Yes, if it hadn't been for John Clark's contribution, I'd have been nothing", or, "That was Bobby Murdoch. What a player he was". I am reminded of what Jock Stein said when someone asked him what made a great player. He replied that a great player was

"the one who brings out the best in others. When I am saying that I'm talking about Billy McNeill."

To me, that sums up Billy McNeill. As I said, rarely, if ever, would he talk about how he felt, or give himself the praise that was absolutely his due.

Stephen Kerr (Stirling) (Con): I am grateful to the hon. Gentleman for giving way, and for securing the debate. He has been talking about Billy McNeill, the leader. Billy McNeill inspired confidence in the people around him. I remember, as a little boy, going with my dad to

see Celtic for the first time. It was 1 April 1969, and Celtic were playing St Johnstone at the old Muirton Park ground. My dad had taken me to see Celtic because, as a little boy from north-east Scotland, I had not had an opportunity to see them play before. My dad worked on Saturdays; he was a butcher. The score was 2-0 at half-time, to St Johnstone. I was quite fraught. I was eight, and my heroes were being beaten. My dad said, “Don’t worry about it, Stephen: they will come back in the second half and win 3-2”—and they did!

That inspirational feeling that Billy McNeill would generate was evidenced at the Scottish cup final in 1988, when Celtic won 2-1 against Dundee United. Mrs Thatcher presented the cup that day; it was a very memorable day. *[Interruption.]* Billy McNeill was a great leader in every respect. He was a model of professionalism and leadership for all of us.

Brendan O’Hara: And the hon. Gentleman had been doing so well! However, he is right to say that, particularly in that centenary season, there was an aura. There was something that we knew.

The hon. Gentleman will also recall the semi-final when Celtic were a goal down to Hearts and heading for injury time. Somehow we scored two during injury time, and qualified for the final. We were a goal down in the final, but everyone just knew that it was going to be OK because it was written in the stars, and it was OK.

I was talking about Billy McNeill’s self-effacing character. I did once get him to talk about himself and how he felt. He was talking about the greatest moment of his career, when he went up to lift the European cup in Lisbon in 1967, but what he wanted to talk about was his regret at having to go alone. Because of the way in which the stadium was configured, all his team-mates were back in the dressing room, and he alone was taken across the pitch. What he wanted to talk about was how he led a team, yet he had been left to pick up Europe’s premier trophy on his own. That is the kind of player Billy McNeill was. That is the kind of captain Billy McNeill was. That is the kind of man Billy McNeill was.

Billy McNeill was born in Bellshill, Lanarkshire, on 2 March 1940. His dad, Jimmy, a Dundonian, was a career soldier who served 22 years with the Black Watch. His mum, Ellen, was the daughter of Lithuanian migrants, who, as Billy says in his autobiography, left Lithuania believing they were heading for the United States, only to be dumped on the docks of Leith by some unscrupulous sea captain. But my goodness, America’s loss was most certainly Scotland’s gain. Billy’s maternal grandparents gravitated towards Lanarkshire, where they settled, along with about 7,000 other Lithuanians who had gone there primarily to work in the coal mines.

Paula Sherriff (Dewsbury) (Lab): The hon. Gentleman and I have discussed this outside the Chamber, but I am proud to have a strong familial link with the legend Billy McNeill. My grandma, who was of Lithuanian descent, and Billy’s mum, who was known as Nellie, were close friends. Indeed, I understand that Nellie went out with my great-uncle Charlie before she married Billy’s dad. Great-uncle Charlie was a wonderful man. He was Labour to his core, he was Celtic, and, obviously, he was Lithuanian. As I am sure we will hear from my hon. Friend shortly, Bellshill was very proud, and should still be very proud, of perhaps its most famous son.

Brendan O’Hara: How different the course of history could have been had great-uncle Charlie managed to woo Nellie! On behalf of Celtic fans everywhere, I am very glad that he did not.

Hugh Gaffney (Coatbridge, Chryston and Bellshill) (Lab): As the MP for Coatbridge, Chryston and Bellshill, I know that Bellshill is already talking about erecting a statue to Billy McNeill to recognise the great man. I speak as someone who grew up in Lanarkshire; my brother was born in 1967 and his first words were “Celtic”. I also knew Jimmy Johnstone very well; I knew Jimmy all through his career and all through his life. I knew him through the pub, and through the pub I got to meet a lot of the Lisbon lions. It was an absolute pleasure and God rest them all.

Brendan O’Hara: I thank the hon. Gentleman for that contribution. It shows that every one of us in Scotland seems to have just one, two or three degrees of separation; it is often said that it is the largest village in the world, and that is true.

I remember my dad telling a story. When Billy McNeill first signed for Celtic my dad was a sales rep and Billy worked in insurance and he used to meet Billy for coffee in the afternoon. Of course everybody claimed to know Billy McNeill and my dad used to tell the story that he was actually known not as Billy McNeill but as Willie McNeill. We never really believed this, but when he left Celtic to join Manchester City my dad wrote to him, “Dear Willie”, and got a letter back saying, “Dear Charlie, thank you for the letter, best regards, Willie.” So everybody seems to know everybody; the hon. Gentleman is absolutely right.

Marion Fellows rose—

Brendan O’Hara: The Lanarkshire connection continues; I give way to my hon. Friend.

Marion Fellows: I do not wish in any way to introduce a note of contention into this debate, but the hon. Member for Coatbridge, Chryston and Bellshill (Hugh Gaffney) should know that the Lithuanian club in Bellshill is in my constituency, and as Bill McNeill is half-Lithuanian I am claiming him.

Brendan O’Hara: I will leave Lanarkshire to decide which part is which.

Billy McNeill attended Our Lady’s High School in Motherwell and gained highers in English, Maths and Spanish and could easily have gone to university, but he also excelled on the football pitch and was being looked at by Arsenal, Manchester United, Newcastle, Clyde and Partick Thistle when, in 1957, he was selected to play for Scotland schools against England at Celtic Park. The match, which Scotland won 3-0, was watched by Jock Stein, who was then reserve team coach at Celtic. So impressed was he by what he saw that he persuaded the club to sign this young talent.

It would be lovely to be able to say “And the rest is history” or “It was plain sailing from then on in,” but it was far from that, because ironically Billy McNeill’s arrival at Celtic Park coincided with one of the most dismal periods in the club’s history: “the wilderness years” during which not a single trophy was won in almost a decade and during which the club finished sixth, eighth and even ninth on one occasion in the old first division.

[Brendan O'Hara]

In addition, Jock Stein had left the club to become manager of Dunfermline, and Celtic appeared to be in an inescapable downward spiral. Billy too had plenty of opportunities to leave Celtic. In 1963, Bill Nicholson, the legendary boss of Tottenham Hotspur, offered to quadruple Billy's wages if he would agree to move to White Hart Lane. Tempted as he was, he turned them down, such was his loyalty to Celtic.

He probably had occasion to regret that decision as the malaise at Celtic Park deepened in the 1960s. It was not until Jock Stein arrived back at Celtic Park in March 1965 that things begin to change, almost immediately, for the club and Billy personally. Within weeks of Stein's arrival Celtic had won their first trophy in almost a decade. Billy McNeill's late winner against Dunfermline in the 1965 Scottish cup final heralded a hitherto unimaginable period of domination of Scottish football by Celtic. My dad was lucky enough to be one of the 108,000 people packed inside Hampden that day to see history being made, as was, if I am not mistaken, the hon. Member for Poplar and Limehouse (Jim Fitzpatrick); we had a conversation about this last week.

In the following season Celtic won their first Scottish league title in 11 years and qualified for the European cup for the first time. On their way to becoming the first team from these islands to be crowned champions of Europe, Celtic had to overcome the champions of Switzerland, France, Yugoslavia and Czechoslovakia before beating the mighty Inter Milan, champions of Italy, in the final itself. That a team of local boys—all born within 30 miles of Celtic Park, a team that cost just £30,000 to assemble, and a team led by the grandson of a Lithuanian miner—could achieve this is, quite simply, a fairy tale. And it is a fairy tale, I believe, that will endure for so long as there are people alive to talk about football.

That game in Lisbon was won by an 84th minute winner from Stevie Chalmers, to whom I should like to pay tribute. He sadly died just a few days after the passing of Billy McNeill. He was a marvellous player for Celtic and Scotland and, as I have said, he scored the most important goal in the history of Celtic football club that day in Lisbon. For Celtic fans, whether they were there or not—indeed, whether they were born or not—that afternoon has left an indelible mark. Indeed, I cannot remember a time in my life when I could not rhyme off that team: Simpson, Craig, Gemmill, Murdoch, McNeill, Clark, Johnstone, Wallace, Chalmers, Auld and Lennox.

Unsurprisingly perhaps, as I grew up in a family of Celtic fanatics, we would inevitably talk football when all the uncles, aunts and cousins got together. Years after Lisbon, the stories would be told again and again. Interestingly, however, the most oft-repeated tale was not about Lisbon itself. In our family, the most revered tale was that of Billy McNeill's last-minute winner against the Yugoslav champions Vojvodina in the quarter-final. Having pulled back a one-goal deficit from the first leg, thanks to yet another Stevie Chalmers goal, a place in the semi-final of the European cup looked certain to be decided by a play-off in Rotterdam. With the game in injury time, Celtic won a corner. As he did so often, Billy McNeill rose up above everyone—indeed, some say that he hung in the air for an extraordinary length of time—to head home that vital goal. For those

who were at Celtic Park that night, the image of Billy McNeill's winning goal is probably the most enduring moment of their Celtic-supporting lives. In the decades that followed, no Christmas, new year, wedding, first communion or family funeral could pass without my dad and my uncles reliving or—depending on how much whisky had been consumed—actually attempting to re-enact that goal.

John Mc Nally (Falkirk) (SNP): I want to thank my hon. Friend for securing this debate and to let him know that my uncle, Owen McNally, played for Celtic and scored eight goals in one game in 1927. We still have the ball in the house; it is still inflated and still has its laces. Most significantly, however, my next-door neighbour Willie Garner was signed by Celtic from Aberdeen and he scored two goals for Celtic against the opposition. I think that might have been his second-last game. He was signed by the great Billy McNeill, and he remains with us and still admires Billy McNeill to this day. I, too, was at the game against Vojvodina, and those memories will never, ever leave me.

Brendan O'Hara: I thank my hon. Friend for that intervention. I remember Willie Garner signing for Celtic in the late 1970s.

As we said earlier, the late 1960s were undoubtedly the golden era of Scottish football. As well as Celtic's European triumph, I think everyone agrees that Scotland replaced England as world champions when they beat them 3-2 at Wembley. Rangers came within a whisker of making Glasgow the first city in Europe to be home to both of the continent's premier trophies when they lost out in the final of the European cup winner's cup to Bayern Munich in extra time. Kilmarnock also reached the semi-final of the Fairs cup that season. Of course, Kilmarnock FC are now back in Europe for the first time in 53 years, and I am sure that the whole House will want to join me in congratulating the team, and also my hon. Friend the Member for Kilmarnock and Loudoun (Alan Brown) on actually making it to his work today.

It can never be underestimated just how important Celtic's victory and Scotland's contribution to world football were. Despite everything that Scottish football had achieved, however, much of Europe was still unconvinced and regarded Celtic's European cup success as a flash in the pan. Even before Billy McNeill had paraded the European cup in Glasgow, the detractors were at work. Claims from Italy and Spain that Celtic's triumph was a fluke began to circulate, with the Spanish press saying that the European cup belonged in Madrid and that Real, who had narrowly lost out to Inter Milan in the semi-final, were really the best team in Europe.

To prove the point, and to honour the legendary Alfredo Di Stéfano, Real Madrid invited Celtic to play a challenge match at the Bernabéu in June 1967 at which, in front of 120,000 adoring fans, Real Madrid would put the Scottish upstarts firmly in their place. Billy McNeill's Celtic had other ideas during the match, played with the intensity of a cup final, and the visitors emerged as worthy winners thanks to a Bobby Lennox goal, confirming once and for all that they were indeed the best football team in Europe. Even the Spanish press grudgingly agreed, with *MARCA* declaring the following morning:

“May the football which Celtic play stay among us.”

Gavin Newlands (Paisley and Renfrewshire North) (SNP): My hon. Friend is making a simply fantastic speech, although those of us who are not Celtic fans will have been shocked by the number of late goals that he has recounted. It seems that nothing changes.

To bring that Spanish reference forward to the present day, it speaks to the warmth with which Billy McNeill is regarded that Athletic Bilbao, a club with which neither Billy nor Celtic has any real connection, awarded Billy McNeill its annual “One Club Man” award just three weeks after he died in a touching ceremony at the club’s stadium in the Basque region. Does that not speak volumes about the man’s character?

Brendan O’Hara: I thank my hon. Friend for that excellent point. We were all surprised and delighted that Athletic Bilbao recognised Billy McNeill’s achievement in that way.

It is of course undeniable that Celtic were the first UK team to lift Europe’s premier trophy, but it was about much more than that. Celtic under Billy McNeill’s captaincy were the first winners of the European cup to come from outside the European football giants of Spain, Portugal or Italy. In the preceding 11 years of the competition, it had only ever been won by Real Madrid, Benfica, AC Milan and Inter Milan. Celtic, led by Billy McNeill, played football that ushered in a new free-flowing attacking style, which was the antithesis of the stifling catenaccio or “door-bolt” system that was so successfully employed by the Italians throughout the 1960s. That free-flowing, attacking football exemplified by Celtic in 1967 was taken on by the Dutch, the Germans and the English clubs that dominated the competition for the next two decades.

Ronnie Cowan (Inverclyde) (SNP): I watched the 1967 European cup final with my late father, who knew a thing or two about football, and my brother, who kept a diary, and the entry for that day says: “I don’t remember watching my dad enjoy a game of football so much as he did today.” My dad was obviously a hoops man through and through, but his hoops were Greenock Morton.

Brendan O’Hara: My hon. Friend downplays the fact that his dad was a hugely accomplished professional footballer for Greenock Morton.

As I said earlier, my dad was present at Hampden in 1965 to see the start of the all-conquering McNeill era. In 1975, I was lucky enough to be at Hampden to see the last of his 822 appearances, when Celtic beat Airdrie in the Scottish cup final. On Saturday, a whole new generation of O’Haras and I will be back at Hampden, hoping to see our team complete a remarkable “treble” treble. In the year we lost both Billy McNeill and Stevie Chalmers, it is fitting that the players will be wearing the numbers 5 or 9 on their shorts.

Hugh Gaffney: Before the hon. Gentleman moves on from 1967, is it not a great tribute that the Celtic fans at Parkhead shine their phones like stars every Saturday during the 67th minute?

Brendan O’Hara: Yes, absolutely. It makes the hairs on your neck stand up on those big European nights under the floodlights at Celtic Park. It will hopefully inspire a whole new generation of players.

Finally, our condolences go to Billy’s wife Liz, to his children Susan, Carol, Libby, Paula and Martyn and to his eight grandchildren. Scottish football has lost one of its very, very best, because Billy McNeill was not only a lion of a footballer but also a giant of a man.

9.9 pm

David Linden (Glasgow East) (SNP): As the Member with the privilege of representing Celtic Park, I rise to echo the tribute paid to the late, great Billy McNeill by my hon. Friend the Member for Argyll and Bute (Brendan O’Hara), whom I congratulate most sincerely on securing this debate.

For some bizarre reason, there is a strange irony whereby many Scottish MPs do not, in fact, support the club based in their constituency, but I would argue that we are all the richer for that. I declare openly, and perhaps confess, that I am an Airdrieonians supporter. I will return to Billy McNeill’s link to Airdrie in a few moments.

Since being elected as the Member for the east end of Glasgow, I am proud to have had a good relationship with Celtic football club, which is a massive, iconic part of the east end. For those driving along London Road, that towering statue, produced by John McKenna, of Billy holding the European cup aloft is quite a sight to behold, particularly with the thousands of green and white scarves attached to it over the past few weeks.

Following Billy McNeill’s sad passing, it is hard to describe how much of an impact his death and, most importantly, his life have had throughout the city of Glasgow, regardless of people’s age or even which football club they support. As my hon. Friend has already outlined, Billy McNeill will be forever known in history as the first player from these islands to lift the European cup when Celtic triumphed in Lisbon back in 1967.

I would have expected nothing less, but my hon. Friend paid a typically warm and thoughtful tribute to the career and life of Billy McNeill, so I do not intend to repeat much of that. However, when he informed me that he had secured this evening’s debate, he told me—tongue in cheek, I am sure—that I am not allowed to mention Airdrie, a hurdle at which I fell just two paragraphs into my speech.

The link between Billy and Airdrieonians goes back to the Scottish cup final of 3 May 1975 when, unfortunately, Celtic defeated the Diamonds 3-1 at Hampden Park. Following the match, Billy announced his retirement from playing football. It was his 822nd and last appearance for Celtic. Remarkably, in a career spanning so many years, he was never substituted, which is a tremendous achievement for any player. I cannot recall any other player who made that many appearances without being substituted.

As my hon. Friend outlined, Billy went on to have a career in management, with spells at Clyde, Aberdeen, Manchester City, Aston Villa, Hibs and, of course, two spells at the helm of his beloved Hoops. Both on and off the park, Billy made an enormous contribution to the beautiful game, so it is right that so many people from all across the footballing community came together to mourn his passing and remember his life.

And it is not just people of Billy’s generation who wish to mark a life well lived. On Saturday morning, I was at Our Lady of Peace in Barlanark to cheer on St Francis of Assisi Primary School, which went on to

[David Linden]

win the Billy McNeill memorial cup. It is fitting that the cup was won and retained by a team from the east end of Glasgow. Many of the boys and girls who were playing recognised Billy McNeill's contribution and seek to emulate it in the years to come.

Tonight, though, has been a fitting tribute to a man who entertained so many and brought so much happiness, as we have heard, particularly to those dearest to him. He will, of course, be sorely missed, but his contribution will never be forgotten, and I am glad that we have had the opportunity tonight to immortalise him in the Chamber and in *Hansard*. For that, I thank my hon. Friend most sincerely.

9.12 pm

The Parliamentary Under-Secretary of State for Digital, Culture, Media and Sport (Mims Davies): I thank the hon. Member for Argyll and Bute (Brendan O'Hara) for that passionate and moving introduction. I feel his speech may have been written a long time ago, ready to be brought out of the cupboard to pay tribute to his beloved team. Never have I met such a happy minor shareholder, which is a rarity. The wonderful, moving and passionate remarks of the hon. Member for Glasgow East (David Linden) and all the interventions are greatly welcomed.

I feel honoured and privileged to respond and pay my own short tribute to Billy McNeill MBE. I remember hearing the sadness in Nicky Campbell's voice on Radio 5 Live as he announced Billy's passing and what it meant to him as a Scottish football fan.

At the same time as paying tribute to Billy, we must pay tribute to Stevie Chalmers, who also sadly passed away recently. Stevie, as we have heard, is another great of Scottish football and will always be remembered as the man who scored the winning goal, never to be forgotten, in that final in Lisbon in 1967. Their importance to the history of Scottish football has been underlined rightly by the First Minister of Scotland sending her condolences to both Mr McNeill's family and to Mr Chalmers' family.

I would like to use this opportunity to send my best wishes to the families and to pay tribute, on behalf of Members on both sides of the House. In her letter, the First Minister described Mr McNeill as a "legend of the game". As we have heard, the word "legend" should rightly be reserved for someone who has achieved incredible feats, and there is no argument about the fact that Billy McNeill is not only in this category, but was one of the giants of football. He will be remembered as the first British player to win the European cup. Leading Celtic, he paved the way, showing it was possible to not only compete, but beat the biggest and best in Europe at football. He was truly inspirational, and as we saw, this inspiration spread, with Manchester United, under Sir Matt Busby, following Celtic's lead and winning the European cup the very next year. Liverpool, Aston Villa, Nottingham Forest and Aberdeen, under another great Scot, Sir Alex Ferguson, and so many of our other clubs, continued to win European trophies in the 1970s and 1980s because of that paving of the way.

As in 1967, we are again celebrating unprecedented British success in European football this season, with the top two European competitions—with new names

and different connotations—being exclusively British affairs. On behalf of the Government, my best wishes go to Liverpool, Arsenal, Tottenham and Chelsea. As tonight shows, we know that European finals are where football legends are truly made, so we have much to look forward to.

When Billy McNeill captained his Celtic team to European glory in 1967, he etched the club's name in history and made heroes of every player. The "Lions of Lisbon" have left a legacy and will be celebrated forever. We have rightly been reminded that Billy led Celtic during their most successful domestic period in history, with nine successive league titles and numerous cup wins. There is a great similarity with Celtic's current achievement, with the club having just clinched its eighth consecutive league title and being on course for its third consecutive domestic treble. We of course wish both Celtic and Hearts the very best of luck in Saturday's Scottish FA cup final—I see some pain etched on some faces.

In modern football, we are full of praise for how Manchester City have managed to defend their title this year, but the achievement of Celtic during the '60s and '70s was incredible, particularly given how strong Scottish football was in that period. It was as strong as it ever has been then. As we have heard, not only did Billy's achievements as a player etch his name into the club's history, but he then returned to the club as a manager, winning more trophies and truly cementing his place further in the hearts and minds of this mighty club and its great supporters for ever more.

Billy may have been described this evening as a "one-club man", but some people might disagree; we must not forget his important management of Manchester City, Aston Villa, Clyde and Aberdeen, and those clubs and fans will rightly remember him fondly. He was, by all accounts, a humble man, a caring man and a gentleman. He was a true ambassador for the club and for the whole of Scottish football. Sport provides us with incredible leaders who transcend their achievements on the field and become part of our national memories. My dad would have felt the same about Denis Compton, and I feel the same about Ian Wright and Paula Radcliffe, to name but a few.

It is so important, as we come up to this summer, to look at the opportunity to find our new sporting stars, those who will have the chance to leave their mark and inspire the nation during an amazing summer of sport. Just this weekend, we hosted the taekwondo world championships in Manchester—I was there for the launch. Liverpool will play host to the netball world cup, and we will shortly be enjoying the cricket world cup throughout the country. These events could be the benchmarks for truly inspirational careers for a whole host of the world's finest sportspeople, once again providing legacies for years to come.

Celtic's current manager, Neil Lennon, summed up the mood perfectly when he said:

"I love Billy's statue, which is the first thing you see whenever you walk up The Celtic Way. It's the perfect image of him, holding aloft the European Cup, and it will remind future generations of supporters of what a great Celtic man he was."

I am sure everyone in the Chamber will agree that we hope that Scottish football can truly return to such levels of European success—or even to success at the international level, with Steve Clarke's appointment

today as new team manager. Why not? The Scottish women have been leading the way, and they will play England in the world cup this summer, and of course Members from all parties will be joining in the support over in France. I am very much looking forward to that. The game of football remains absolutely as popular as it ever has been. It is full of people who are passionate and knowledgeable about clubs around the world. As the hon. Member for Livingston (Hannah Bardell) reminded me just last week, it is clear that there is much more to come from Scottish football, both men's and women's.

Let me sign off, as I started, by thanking the hon. Member for Argyll and Bute and everyone in the Chamber for affording us the chance to spend a little time rightly celebrating the lives of not one but two of Scotland's greatest footballing heroes. Billy McNeill and Stevie Chalmers serve as great examples of the huge impact that good footballers can have on their club, their communities and their nation. Football is the people's game, and let us rejoice in the fact that, unlike in other

areas and facets of life in which, frankly, we cannot always come together, football allows us to share that passion and those magical moments and gives us memories that truly can last a lifetime, as we have heard this evening.

I have outlined some of the reasons why the Government rightly continue, and must continue, to develop and support new facilities and community programmes to encourage people of all ages to take up our national sport and to make sure that future generations can emulate their heroes and experience the sheer joy of football. Billy McNeill MBE and Stevie Chalmers, with his 236 goals, have rightly been remembered in the Chamber this evening for their achievements and the legacies they created and for reminding us of what is possible if we believe and come together.

Question put and agreed to.

9.22 pm

House adjourned.

Westminster Hall

Monday 20 May 2019

[MRS MADELEINE MOON *in the Chair*]

Immunity for Soldiers

Mrs Madeleine Moon (in the Chair): I advise Members that under the terms of the House's long-standing resolution on matters sub judice, they must not refer to specific cases that are currently subject to legal proceedings, including in coroners' courts. Members may, of course, speak to the general issue.

4.30 pm

Damien Moore (Southport) (Con): I beg to move,

That this House has considered e-petition 243947 relating to immunity for soldiers.

It is a pleasure to serve under your chairmanship, Mrs Moon. I extend my gratitude to Karen Webb-James for starting this e-petition, which has attracted over 146,000 signatures, including 238 from my constituency, and calls on the Government not to "prosecute the military for its work in Northern Ireland", and to prevent "criminal investigations after a period of time."

I am pleased to address this topic and the sentiment behind this e-petition. Through the Defence Committee's 2017 report, "Investigations into fatalities in Northern Ireland involving British military personnel", and written evidence to the Committee from individuals such as Professor Richard Ekins, we have learned more about the extent of this issue, and we have discovered that there could easily be prosecution of our armed forces personnel who were involved in other, more modern, theatres of conflict. I know that right hon. and hon. Members will want to refer to those instances. I pay tribute to all those who have served in operations, especially those who have died in the service of our country.

Given the nature of the petition, I am concentrating my remarks on the situation in Northern Ireland; I hope hon. Members will see that there is good reason. In recent days, the Government have unintentionally drawn a distinction, when it comes to immunity, between those who have served in Northern Ireland and those who have served in other theatres. I hope to address that lack of parity later.

The Government responded to the e-petition on 1 April, stating:

"This Government is unequivocal in our admiration for the Armed Forces whose sacrifices ensured terrorism would never succeed. However, our approach to the past must be consistent with the rule of law...This Government will always salute the heroism and bravery of the soldiers and police officers who served to protect the people of Northern Ireland, and in too many cases paid the ultimate price. It is only due to the courageous efforts of our security forces that we have the relative peace and stability that Northern Ireland enjoys today. Our security forces ensured that Northern Ireland's future will only ever be decided by democracy and consent, and never by violence. Over 250,000 people served in Northern Ireland during Operation Banner, the longest continuous military deployment in our country's history, the vast majority with courage, professionalism and great distinction. This Government will never forget the debt of gratitude we owe them."

Despite the Government's unwavering gratitude to our armed forces, there remains a disproportionately high, and arguably unnecessary, number of investigations in the light of the number of killings attributed to the armed forces in Northern Ireland. In a speech in this Chamber in 2017, the right hon. Member for Lagan Valley (Sir Jeffrey M. Donaldson) said:

"The reality today is that 90% of the resources of the legacy investigation branch...are devoted to investigating 10% of the deaths during the troubles, and 10% of its resources are devoted to investigating 90% of the deaths."—[*Official Report*, 10 January 2017; Vol. 619, c. 68WH.]

This e-petition seeks to address that issue.

Richard Benyon (Newbury) (Con): My hon. Friend has hit on a key point. Members of the armed forces and security forces went out every day during Operation Banner to prevent people from being killed. They had to make extraordinary life-and-death decisions at a moment's notice. The terrorists went out to kill and maim; that was their purpose. We have to remember that 90% of the deaths in Northern Ireland during the troubles were at the hands of terrorists.

Damien Moore: My right hon. Friend is absolutely right. The armed forces were there from the outset to protect peace; the terrorists were there to inflict harm on people. That is an important distinction to make.

I hold veterans and serving members of our armed forces in the highest regard. I hope and believe that that sentiment is shared across this Chamber. In my short tenure as the Member of Parliament for Southport, I have sought to spend a considerable proportion of my parliamentary time raising issues pertinent to those who have served or continue to serve in our armed forces. I am glad to do so again today, although I think that many hon. Members would agree that this issue should have been resolved some time ago.

I welcome this debate, and I thank all hon. Members from across Parliament who are present, including my right hon. and hon. Friends. I am also delighted to see my hon. Friend the Member for Plymouth, Moor View (Johnny Mercer). His perseverance and unrelenting dedication to our veterans has encouraged the Government to act more swiftly on this issue. While policing and justice issues in Northern Ireland are now ordinarily devolved to the Northern Ireland Executive—or, in their absence, the Secretary of State for Northern Ireland—the legacy of the troubles remains a matter for this Parliament and the UK Government to contend with. To do justice to the issue, we must meet it with the upmost respect and candour.

In a debate on this topic last May, my hon. Friend the Member for North West Norfolk (Sir Henry Bellingham) reminded us of the incredibly high number of lives lost during the troubles in Northern Ireland: an astonishing 3,500 people were killed in those terrible years. Let us break that figure down. Approximately 3,000 of those victims were killed by non-state forces—republican terrorists and loyalist paramilitaries. Some 370 were killed by security forces. A total of 722 members of the security services—mainly British soldiers—were also killed. Twice as many soldiers were killed by terrorists as terrorists were killed by soldiers. That should give us British citizens tremendous confidence in our armed

[*Damien Moore*]

forces. It is proof of the commendable restraint shown by the British Army and the Police Service of Northern Ireland at that time.

All those killings, bar a few outstanding terrorist cases, have been investigated fully—often repeatedly. My hon. Friend the Member for Beckenham (Bob Stewart), a distinguished and gallant veteran, said last week in an urgent question on the subject that he had been through the process more than once. He is not alone in that. Despite the investigations, matters are complicated further by subsequent developments, poor record keeping, the passing of former servicemen and women, the hundreds of royal pardons that have been granted over time, and the over 500 prisoners released on licence until the year 2000.

The entire process so far appears to have been rigged against our armed forces and in favour of terrorist groups. That does not provide closure or justice. Terrorists and illegal paramilitary forces cannot and must not be viewed or treated as being equal to the police and armed forces, as if they were somehow standing on shared moral ground; they never have done, and never will. However, the legal framework would have us believe that the words “terrorists” and “servicemen and women” should be treated equally in the context of Northern Ireland—they should not.

Having said that, I appreciate the need for closure felt by everyone involved in those tragic years of our great nation’s history. Likewise, I respect the implications of the Good Friday agreement, and understand the pain and suffering endured by the victims’ families, who yearn for justice. Where crimes have been committed—they do happen, albeit rarely—the rule of law should be applied, those involved should be investigated, and prosecutions should be forthcoming. However, let us be clear: in the midst of conflict, those instances are the exception, not the rule. The overwhelming majority of our servicemen and women believe in the preservation of life and the rule of law. They swore to uphold those values in making their vow to the Queen and the people of the United Kingdom when enlisting into the armed forces, and they believe in those values today.

Let us look at some key historical facts. Operation Banner was the longest military engagement in the history of the British Army. During the troubles, as I mentioned, there were more than 3,500 deaths, some 60% of which were murders carried out by republican paramilitary terrorists, mainly from the Provisional IRA. Approximately 30% were carried out by loyalist paramilitaries. British and Irish state forces were responsible for 10% of the deaths; almost all of those occurred as a result of entirely lawful or yellow-card actions, when soldiers and police officers were instructed to act to preserve life and uphold the virtues of the rule of law.

Another stark fact about that period is that a member of the security forces in Northern Ireland was three times more likely to be killed than a member of the IRA, which contrasts with today’s theatres of war, where members of terrorist organisations are three times more likely to be killed than members of the armed forces. That point alone depicts the unrelenting bravery of those who served in Northern Ireland.

Let there be no doubt that paramilitary terrorists were responsible for almost 90% of deaths in Northern Ireland, including more than 3,000 unsolved murders. If

we consider that in comparison with the 10% of deaths that have been attributed to those who were serving with the armed forces at the time, we may begin to understand the relentlessness faced by those victims and their beloved families, and the burning injustice faced by our veterans who are being routinely investigated.

The Good Friday agreement, which was hailed as a triumph in 1998, advanced long-term peace in Northern Ireland. For some, however, it may also have inadvertently equalised those who sought to defend the Crown and those who sought to bring it down in the most violent fashion, and have tilted the scale in favour of the terrorists by authorising the early release from jail of many—too many.

Terrorists killed more than 1,000 servants of the Crown involved in Operation Banner. The victims were members of several armed forces divisions, such as the Army, the Royal Navy, the Royal Air Force, the Ulster Defence Regiment and the Royal Irish Regiment. Police forces, including the Royal Ulster Constabulary and other constabularies, also lost hundreds of lives at the hands of the terrorists. We cannot do anything to bring those men and women back to their families and loved ones, but we can do something to honour them: ensure that justice is done.

What did the UK Government do instead? They went to explicit lengths to show mercy to people who had been found guilty of the most heinous crimes. One of many examples is Sean Kelly, the infamous Shankill bomber. Prior to 1998, Kelly had been found guilty of murdering seven people and condemned to nine life terms in prison. As it turned out, he barely served seven years.

Despite efforts to investigate the unsolved murders that occurred during the troubles in Northern Ireland, of which the Historical Enquiries Team set up by the Chief Constable is the most prominent, it is saddening and frustrating to see how little real effort has been put into prosecuting the perpetrators of approximately 90% of the crimes committed, while those who fought to preserve the state have been subjected to multiple investigations. Some of those investigations started more than four decades ago and have been opened and closed multiple times, with no consideration for the old age and welfare of those being investigated.

James Gray (North Wiltshire) (Con): I congratulate my hon. Friend on the powerful case he is making for Op Banner. Does he agree that central to the debate must be the fact that the Secretary of State for Defence is making an oral statement tomorrow in the House of Commons, as I understand it, which will set out a 10-year statute of limitations on all operations around the world, apart from Northern Ireland? Can we deduce from the fact that the Minister of State, Northern Ireland Office, is answering the debate that Northern Ireland is excluded from tomorrow’s statement because the Northern Ireland Office insisted on that? Would it not be better if a Defence Minister were here to answer on behalf of our soldiers?

Damien Moore: My hon. Friend is right. The Ministry of Defence should take the lead on this matter, so as to defend our armed forces as they gallantly defend us.

If the Government used the same tenacity to pursue the real criminals, it would go a long way towards reassuring former and current loyal servants of the

Crown, and their family members, that their service had not been and will not be forgotten. The state asked an awful lot of those men and women at the most crucial and bloody time—a time when its existence was in jeopardy. They were willing and ready to answer that call. As representatives of the state, we should do everything in our power to ensure that those people do not live the last years of their lives in fear of repercussions for protecting our citizens, our values and our United Kingdom.

Last week, the Secretary of State for Defence announced that British troops and veterans will be given stronger legal protections against prosecution. Those protections will prevent investigation of actions on the battlefield after 10 years, except in exceptional circumstances, so that there are no repeated or unfair investigations. Although I welcome her announcement, I was disappointed that, as my hon. Friend the Member for North Wiltshire (James Gray) said, the protections will exclude those involved in Operation Banner.

James Gray: The important thing is that the Secretary of State is introducing a Bill to bring in the 10-year statute of limitations, and that Bill will, of course, be amendable. Last week, in answer to my point of order, the Speaker of the House of Commons made it plain that the Bill could be amended to include Northern Ireland. Will my hon. Friend join me in tabling amendments to the Bill, so that the Op Banner soldiers are included with everybody else?

Damien Moore: My hon. Friend makes an important point. That is the right thing for us to do. As I look around the room, I see many hon. Members who will answer that clarion call to amend the legislation so that Operation Banner in Northern Ireland is included. That should not have had to be done in an amendment, however; it should be in the Bill already. It is the Government's duty to care for and look after our precious veterans, who stood on the frontlines to protect us from some of the bloodiest enemies our nation has ever encountered.

Ruth Smeeth (Stoke-on-Trent North) (Lab): The hon. Gentleman is making an excellent speech. We all have veterans in our constituencies who are in their 70s and have received paperwork from the Ministry of Defence that they are too scared to open, because they are worried about what it means, and they do not know what will happen afterwards. This is about people who put their life on the line, as he said, but who now do not feel that they have support from their Government or community. The Government need to act.

Damien Moore: The hon. Lady makes an important point; we must foster a true caring environment for our veterans. They should not be hounded in old age, and sometimes illness, by the thought that there could be a letter or a knock at the door that will mean them having to answer for something that happened many years ago.

I say to the Government: enough with the hesitation, and enough with the special provisions that, in the name of supposed human rights violations, have caused our country's dereliction of its sacred duty of care. We cannot let brave former personnel spend the rest of their life in fear of yet more investigations, more trials and more prosecutions. My hon. Friend the Member for Aldershot (Leo Docherty) rightly proposed that a statute of limitations be introduced to shield soldiers and police officers from further scrutiny once their names had finally been cleared

by our justice system; I am pleased that the Government are looking at that. That is what a motion that he brought to the House would have achieved, and that is what the hundreds of thousands of people who signed the petition want us to do.

Servants of the Crown involved in Operation Banner have had to endure far too much because of the hesitation shown by Governments from 1998, whether in the name of political correctness or out of fear of opening old wounds. It is our duty to put an end to any wavering, and to be decisively proactive on behalf of those who bravely put their life on the line out of a sense of duty and love of country. Indeed, it falls to us Members of Parliament, and to the Government, to protect those who gave their life to protect us.

4.48 pm

Luke Pollard (Plymouth, Sutton and Devonport) (Lab/Co-op): It is a pleasure to be called so early in the debate. I take your guidance about not speaking about individual circumstances, Mrs Moon. My purpose is to give a voice to the many veterans in Plymouth who have attended my surgeries and stopped me in the street to raise their concerns about what is happening. There is a real sense of betrayal among many veterans with regard to what is going on with veterans of Northern Ireland—not just among those who served there, but among those who wore a uniform anywhere. They feel that an attack on one has become an attack on all.

Those veterans have asked me to pass on their genuine concerns. In particular, they feel that the words spoken to date by the Prime Minister and by Government Ministers have been hollow—they were not meant. There is a sense that when veterans are needed for electoral purposes, there are lots of warm words about supporting them, but when those people who served our country need guidance and wrap-around support from their Government—the people who sent them into conflict and harm's way in the first place—that is absent.

I would be grateful if the Minister set out answers to some of the questions that I have been asked. The first is about what new evidence means. A number of the reasons given for going after veterans relate to new evidence, but the definition of that is something that many of the veterans who have spoken to me struggle to understand. When new evidence from the past does not look that new or evidential, what does it mean now? That is not a matter of prejudging the guilt or otherwise of any individual but of understanding the legal framework within which any decisions may be taken.

What support are the Government—be it the Ministry of Defence or any other part of Government—providing to veterans to enable them to gain support? A number of the veterans who have contacted me are very old: something that my hon. Friend the Member for Stoke-on-Trent North (Ruth Smeeth) also mentioned. In any other circumstance, we would be providing support for them because of their vulnerability. Strength and stoicism in this matter cannot be given as a granted because of the age of the veterans and the severity of what is taking place.

I have not met a single veteran who has said that someone who breaks the law should not be prosecuted. Indeed, every single one of them has reinforced to me, time and again, that the UK armed forces are the very

[*Luke Pollard*]

best in the world because they uphold the law, are trained in what is right and wrong, and understand what is a legal order and what is an illegal one. That sense of training and duty is very important.

Why are the decisions on this matter not going up the chain of command? Veterans have raised a question about how those being looked at now, in the round, are part of a command structure. At what point does the command structure come into play—those politicians and senior officers who may or may not have given orders or set an engagement framework within which anyone serving in Northern Ireland will have operated?

Bob Stewart (Beckenham) (Con): I intervene simply because the command structure does not really come into it. The decision is in the yellow card. Individuals have to make their own decisions about opening fire; there is no time to turn around and ask for permission. The decision can sometimes be made very quickly. I take the hon. Gentleman's point about the command structure being involved, but opening fire is a personal decision and the person who makes it has to stand by it and justify it. That is why it is so important to train very hard on the yellow card.

Luke Pollard: Given his service to the country and experience in Northern Ireland, the hon. Gentleman knows this issue better than many others in this place. Veterans have raised the question with me about how decisions are made because sometimes there is a sense that not everyone who was involved in the operation is being pursued. However, I entirely agree with and understand the hon. Gentleman's point.

The sense that I have been asked to communicate, and I do so for the final time now, is that many veterans who served in Northern Ireland, and many who did not, feel betrayed and let down by the Government. They hope that whatever comes out of the situation and the debates—

Ruth Smeeth: It all comes down to a sense of fairness, for the victims, their families, everyone who lived through the troubles in Northern Ireland and all those who continue to live with the consequences, but also for the veterans and their families: so that they know exactly where they stand and why. It comes back to whether more effort needs to be put into peace and reconciliation in Northern Ireland, into talking, while ensuring that there is no prosecution at the same time. It is down to fairness for the families—for everybody.

Luke Pollard: I agree. Fairness is an important part of the solution to dealing with a sense of betrayal. Justice needs not only to be done but to be seen to be done and, at the moment, there is pain in many different communities.

Everyone in this House welcomes and values the progress made in Northern Ireland through the Good Friday agreement. I would like more Members to read that agreement; I sense that an awful lot of debate takes place without its words having been read. However, there is an opportunity here for Ministers—be they from the Northern Ireland Office or, especially, the Minister of Defence—to really understand the concerns of those who served in Northern Ireland and, equally,

those who did not but just feel that something is not right here. I would be grateful if the Minister addressed the concerns raised, especially about the definition of new evidence.

4.54 pm

Bob Stewart (Beckenham) (Con): I served for more than three years in Northern Ireland, on seven operational tours. I first went there in 1970. Sadly, I lost six men who were directly under my command, and many more in my unit. Almost 50 of the men under my command were wounded—35 in one incident. I have been involved in several fatality shootings. I think I have the right to speak for Northern Ireland veterans today.

We were sent to Northern Ireland by our predecessors. The Glosters were sent in, I think, August or September 1969. We were sent to save lives, to look after people. We were given a yellow card, which was approved by Parliament, and that yellow card told us what we could and could not do under fire. We trained very hard on it. We memorised it. We rehearsed it. Colleagues are nodding their heads. We practised on exercise incidents so that we would learn.

Army training screams out against opening fire in peacekeeping. That decision is an incredibly difficult one to make and it is very difficult in an urban environment because soldiers are thinking, "If I open fire, who else am I going to hurt?" How many times did I see instances of our soldiers not firing when under fire because of the possibility that children or women would be caught in the crossfire? That tactic was used by our opposition. There is huge inhibition to opening fire, and the decision to do so has to be made in milliseconds by our young men. By the way, I worked with some young women on operations, but not in the infantry. When that decision and those actions are judged, it is in some courtroom, warm and nice with time and lawyers. A judgment is being made about a decision taken by someone who is panicking like hell.

Richard Benyon: Fifty years ago.

Bob Stewart: My right hon. Friend is right: it was taken a long time ago. We must remember that most of our young men were 18 or 19 years old. They were kids. My soldiers looked so young that they could have been in year 9 or 10 at school.

Firearms were used as a last resort. On the yellow card it says, in capitals:

"FIREARMS MUST ONLY BE USED AS A LAST RESORT".

That was drilled into us. A challenge had to be given before someone could open fire, unless doing so, it says on the yellow card, would increase the risk of injury or death to others or oneself. That challenge was clear: "Army. Stop or I fire." Again the yellow card is specific: opening fire was allowed only if lives were endangered by someone firing a weapon at a soldier or someone they were protecting, or if someone was planting or throwing an explosive device—the card specifically mentions petrol bombs. One third of my platoon were injured by petrol bombs in 1970 on the streets of Londonderry, at the Rossville Street/William Street junction—one third burned, and we had not opened fire at all. And nor did we. If someone is driving at a soldier, that soldier is allowed to open fire. Finally, if a terrorist has killed someone or is in the act of killing someone, a soldier can open fire if they cannot make an arrest in any other way.

We could only open fire with aimed shots, not with machine gun fire; we did not do it automatic. We had to use “the minimum force”—that, again, is on the yellow card—and we had to be careful that we did not hit innocent people. That little phrase stopped so many British soldiers from firing, particularly in Belfast on the Falls Road.

Mr Iain Duncan Smith (Chingford and Woodford Green) (Con): Does my hon. Friend recall, as I do, it being drilled into our heads that a 7.62 round would travel through two levels of brick and kill something on the other side? That often gave our soldiers cause for hesitation, even when thinking about returning fire.

Bob Stewart: My right hon. Friend is absolutely right. Most men on the ground were petrified that, by accident, they would kill an innocent person. That was a factor in the decision to open fire, in those milliseconds.

I know what happens in the case of a fatality, as I was involved in such an investigation. The Royal Ulster Constabulary and the Special Investigation Branch of the Royal Military Police hauled us over the coals. Even though we had just acted to save our life or someone else’s life, we were treated as though we had done something wrong. Soldiers are separated, questioned individually and kept in isolation. They are not given assistance and they have a very uncomfortable interview. The weapons they used are seized and checked; all the ammunition is counted, and they have to account for every single round. That is what happened to our men, and some women, when they were involved in fatality shootings.

Detailed reports were produced. The problem is that those reports are usable by the Director of Public Prosecutions; they are dug up, and some people go to court. In 1978, I had a very uncomfortable interview with two soldiers who were working with me. They were not infantry. I told them they had to go to court and would be charged with manslaughter. They went ballistic. They said, “Sir, you bloody officer. You are actually going to ditch us. You are going to abandon us; you are going to let us go to a court.” I felt rotten, because I agreed with them, but the Royal Ulster Constabulary told me that I had to instruct those soldiers to go to court and I had to support them, because if they went to court on a charge of manslaughter and that court proved there was no case to answer, the case would be dismissed and they would never hear about it again. Well, will they?

We always acted within the law. If we did not, as we have heard already, we should be prosecuted, but this card was given to us by our predecessors in this place as a protection, as well as instructions as to how we should act. Terrorists just disappear. There is no record of what they have done; they just kill. As my right hon. Friend the Member for Newbury (Richard Benyon) has said, we must not judge them in the same way as soldiers. It is so easy to go after men in uniform who went out at our bidding and acted within the law, with everything written down. It is so much more difficult to get evidence on a terrorist. Those terrorists just disappear, and then they get letters; I know those letters do not give them immunity, but it seems like they do. To the men and women who are veterans and who I am trying to represent, it seems like our Government—or Governments, because this includes the Labour Government as well—are giving those guys get-out-of-jail cards. So many of our veterans feel really bitter about that.

It is unsurprising that there is huge anger among the veteran community. They ask, quite rightly, “What are you Members of Parliament doing to help us? You sent us there. You gave us this bloody card and said that if we used it and acted in accordance with it, we would be protected.” Now, our soldiers need protection. They need our protection. How can soldiers, policemen and members of the Ulster Defence Regiment—some representatives of that regiment are here—be considered in the same light as a terrorist? As my right hon. Friend the Member for Newbury said, those guys went out to kill; we went out to save lives. There is a huge difference in intention, and we have to sort this matter out. Terrorists did not give a damn who they killed. I have held people dying—women and young girls, including one 18-year-old girl who happened to be a Catholic. They did not give a damn who they killed, and it was terribly upsetting.

Our men and women who served in uniform require us to act. We need a statute of limitations for Northern Ireland veterans. It is absolutely right that we have a statute of limitations for people serving outside the UK, but what is the difference? Someone putting on a uniform was more likely to be shot in Northern Ireland than someone doing it in Iraq or Afghanistan. I can tell you that in Northern Ireland, our casualty rate was pretty big. The casualties we had in Northern Ireland outstrip the casualties we have had in Iraq and Afghanistan. Not just that: there were people who were really badly injured. I had three who lost their legs.

Colleagues, we cannot consider our servicemen and servicewomen in the same light as terrorists. I am ashamed that our Governments—I say “Governments” because I include Labour, the coalition and our present Government—are, as our servicemen and servicewomen see it, complicit in a witch hunt against them. These are old soldiers. Many are in their 70s—I will get there in a couple of months. In the Army, when we really wanted to sort something out, people would be told, “Get a grip.” It is time that our Government and our Ministers got a grip.

5.9 pm

Gavin Robinson (Belfast East) (DUP): It is a pleasure to serve under your chairmanship, Mrs Moon. I start by paying tribute to the hon. Member for Beckenham (Bob Stewart). I do not think there is any Member of this House who does not have a deep affection for him. He is held in high esteem, and his was probably one of the most powerful contributions many of us will hear over years in this House. It starkly lays out the challenge we face. We spend a lot of time in this House bantering with one another, sharing bonhomie and referring to those who served as gallant men, but we have just heard the cries and calls for help. No matter how well we wish to dress on 11 November to honour those who have honoured us, we have just heard the challenge to us as parliamentarians: the job is not done. It is okay honouring and recognising sacrifice, but when our men need us—and they do—we have to act.

The debate has come at a most opportune time. Members of the House will know I made comments publicly last week expressing my deep disappointment at the sounds coming from the Ministry of Defence, which envisages legislative protection for armed personnel, but not those who served in Northern Ireland. Mrs Moon, you know me. We serve together on the Defence Committee.

[Gavin Robinson]

You know the history, you have heard the stories and you know the experience of people who have lived or served in Northern Ireland. They deserve our support.

I have enormous time for the Minister of State, but he should not be here today. We cannot talk as a nation about our commitment to those who served us, yet delegate anything that happened in Northern Ireland to the Northern Ireland Office. When we as a country established an armed forces covenant and said we had a commitment to those who served, it was not caveated. We did not say, "One system for those who live in England, Scotland and Wales, and another for those who live in Northern Ireland." We did not say, "If you happen to serve in Northern Ireland, you will be treated as less than someone who happened to serve overseas." When we talk of sacrifice, we recognise it as such. It does not come in different grades or forms that require different responses.

I read the response to the petition—I commend the petitioners and the hon. Member for Southport (Damien Moore), who opened the debate admirably—and the Government are right when they say that any proposal should be consistent with the rule of law. They are right to say that criminal investigations and prosecutions are a matter for police and prosecuting authorities, which act independently of Government and politicians. They are wrong, however, to fail to seize the challenge here for us. We set the rule of law in this country. As parliamentarians, it is our duty to set the parameters through which our prosecutors and police operate.

We have a problem. The Government say that they will consult on proposals. They await the responses on the Stormont House agreement or the proposals for a statute of limitations, but what consultation was there on the odious on-the-runs letters? None, but the political proponents of the IRA asked for them, the Labour Government gave them, and the Conservative Government continued to operate the scheme. John Downey, responsible for the Hyde Park bomb, walked free as a direct result of that on-the-runs scheme. There was no public consultation. There was no putting it through the prism of the Northern Ireland Office to see what the views were among political parties or the general public. The deal was done. The Government provided the cover that terrorists sought; they did not ask us. They did not ask the public in Northern Ireland for their view. They did not ask for people's views on whether it was appropriate to give a get-out-of-jail-free card to those who attempted to destroy society in Northern Ireland.

Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): I have a constituent who served on many tours under Operation Banner. He highlighted to me one line of the Government response, which the hon. Gentleman mentioned:

"We do not support amnesties or immunity from prosecution." Does the hon. Gentleman agree with my constituent's response, which was:

"Hiding behind legal process, when in fact everyone and their dog knows that it is a political process (otherwise how could it be possible to amnesty terrorists at the same time you are prosecuting soldiers) is entirely incomprehensible?"

Gavin Robinson: I am grateful for that intervention, and for the contribution from the hon. Lady's constituent veteran. He is right. I do not support an amnesty. I will

never support an equivalence between terrorists and those who stand up for law, order and democracy in our country—never. They are not the same, and when we published our report 18 months ago, no member of our Defence Committee supported an amnesty either. When a statute of limitations was proposed, the ask was very constrained. First, it recognised that the state had to discharge its duty under article 2 of the European convention on human rights. As the hon. Member for Beckenham said, all those cases were investigated. Secondly, there was no preclusion of a second prosecution if there was "new and compelling evidence". The hon. Member for Plymouth, Sutton and Devonport (Luke Pollard) was right to ask what was meant by that.

The distinction between an amnesty and a statute of limitations is acute, and much more thought needs to be given to it. Where the state has discharged its duty and there has been a satisfactory investigation, and a veteran has been told, "Sir, you have no case to answer. Go home," they should be allowed to get on with their life, unlike the scores and scores of terrorists in Northern Ireland who live with no fear of prosecution.

Richard Drax (South Dorset) (Con): I entirely concur with every word the hon. Gentleman says. I pay my respects to our veterans, and also to him for the courage he shows in Northern Ireland, because there is still a threat today; let us make no bones about it. Does he agree that fear of more terrorism is preventing the judicial process from taking its lawful course and bringing these thugs to justice? That is what I think, and certainly what the veterans I speak to think.

Gavin Robinson: I think the hon. Gentleman is right, and I thank him for his comments about me. I am one of the lucky ones; I am a member of a party of 10 MPs, but I have not faced what my colleagues or their families have faced. I have not faced the threat that they endured for many years, and I am grateful for that. Society in Northern Ireland has moved on, but fear of invoking something that is wrong cannot be right. It cannot be the path that our Government walk.

There was some suggestion over the weekend and last week that Northern Ireland's not being included in the statute of limitations was the Democratic Unionist party's fault. I have heard said over the past six months, "The confidence and supply partners are holding back the expansion of the proposal," but let me nail that myth today. Anyone who serves with me on the Defence Committee knows my position and that of my party. We will never stand up for an amnesty that equates terrorists with service personnel, but we will work for and provide the protection that our service personnel need.

I have a letter here that we sent to the Prime Minister on 31 October. It states:

"As we have done in the past, we reiterate again that we will vigorously oppose any attempt to introduce an amnesty for the criminal actions of illegal terrorist organisations. There can be no legal or moral equivalence made between the armed forces acting under the rule of law and terrorists who acted outside the law. Affording legal protection in the form of a statute of limitations or similar mechanism to the armed forces and those who served alongside them including the Royal Ulster Constabulary, will not mean an amnesty for anyone. This was the conclusion of the Defence Select Committee and it is a point of view we will uphold."

I simply want to share that for clarity.

We should not be surprised that we face this challenge. Governments of various hues find it within their gift to respond to the calls of armed service personnel only when the cost of not doing so is higher than the cost of doing so. That is true in my experience of the armed forces covenant in Northern Ireland, where we have Ministers who, because of their political prejudice, say, “I’m sorry; the armed forces covenant does not apply here.” I have shared with Members in this House correspondence from Michelle O’Neill, the leader of Sinn Féin in Northern Ireland, who wrote just that when she was Northern Ireland’s Minister for Health—“The armed forces covenant does not apply here.” She was wrong. It was a national commitment. Do we have a Government who are prepared to enforce that national commitment and repay the trust and the service of our armed forces personnel in Northern Ireland? No, we do not—at least, not yet.

When Joanna Lumley campaigned for Gurkhas who sought the right of abode in this country if they had served before 1997, the Government said no continually. It was only in the dying throes of the Gordon Brown Government that they finally acquiesced, because not doing so was causing them too much trouble in the run-up to an election. That is not how we should honour those who protected us.

I want to share some context—for the rest of this debate, not for the rest of my speech—about Bloody Sunday. I recognise entirely what was said at the start of the debate, and I will not go into specifics about the day. I will not breach any of our conventions about what is sub judice and what is not; it would be inappropriate to do so. Bloody Sunday happened on 30 January 1972. Anyone who has taken the opportunity to look at the Saville report and to hear from families and understand the hurt that they have experienced, and who heard our Prime Minister at the time say that it was unjustified and unjustifiable, knows that it was a dreadful day.

In Northern Ireland, 1972 was a dreadful year, with more murders than any other; 258 people lost their lives. I will take the three weeks before 30 January. On 5 January 1972, Keith Bryan of the Gloucester Regiment was murdered by the IRA. On 12 January 1972, Royal Ulster Constabulary Reservist Constable Raymond Denham was murdered in his workplace by the IRA. On 13 January 1972, an Ulster Defence Regiment sergeant and site foreman was murdered by the IRA. On 21 January 1972, Private Charles Stentiford of the Devon and Dorset Regiment was murdered by the IRA. On 27 January 1972, in Creggan in Londonderry, Sergeant Peter Gilgunn and Constable David Montgomery of the RUC were both murdered by the IRA: a Catholic sergeant and a Protestant constable serving together, and returning to their RUC station together, having sought to protect and defend the integrity of our society together, both murdered by the IRA. On 28 January 1972, Constable Raymond Carroll was murdered by the IRA. Only when we hear those names and the range of dates—this was only three weeks—do we recognise the circumstances, and the pressure under which people were serving.

The hon. Member for Beckenham focused his remarks on the yellow card, which was not the be-all and end-all. It was revised in the ’80s because it was seen to be too complicated. When Lee Clegg was convicted in the ’90s, it was changed again. We have taken evidence on the

yellow card not being worth the paper it is written on, yet those were the rules of engagement that our service personnel were told they had to abide by.

We had Bloody Sunday, Bloody Friday and the Claudy bomb all in 1972. During the three-week period that I mentioned, four members of the IRA were killed. Two innocents were killed as well. On 8 January 1972, Peter Gerard Woods was murdered by loyalists in north Belfast, and on 18 January 1972, Sydney Agnew, who would have been a constituent of mine, was murdered by republicans. I do not see there being a fair reflection of that circumstance, that atmosphere or that experience in any court process today. I am deeply disappointed by the level of legal support that the Ministry of Defence offers service personnel in that situation today.

I am deeply disappointed that, unlike the scores of groups that our Government fund to research cases on behalf of victims and their families in Northern Ireland, our Ministry of Defence does not take an overview from one case to the next; that it does not contextualise the support that it gives; and that there is no equivalence between the documents retained by our state, those used against our state, and those that protected our state.

As I say, today’s petition is opportune. All the contributions this afternoon have asked us to do more. When I asked the Attorney General on 31 January this year whether any proposal brought forward by the Government would apply equally across this United Kingdom, he not only said yes, but said that it would be plainly wrong to do anything else. I hope he is right.

5.26 pm

Dr Julian Lewis (New Forest East) (Con): I pay tribute to my hon. Friend the Member for Southport (Damien Moore) for his initiative in bringing this debate to the House and for how he presented the case. I also pay tribute to all the subsequent speakers who, without exception, made powerful and well-informed contributions.

I wish briefly to answer, perhaps in part, the question posed by my hon. and gallant Friend the Member for Beckenham (Bob Stewart) in his extremely powerful contribution. He asked, “What are you doing about it?” I can perhaps throw a little light on one aspect: what the Defence Committee has been doing about it. As has been mentioned several times already, we have produced one inquiry report and had a response to it from the Government, and now we are working on another one. Why are we having to do a second report and a second inquiry into what amounts to largely the same material? It is because of something rather strange that happened when we produced our first report.

Our first report was produced in April 2017; it was the seventh report of the 2016-17 Session and it was entitled “Investigations into fatalities in Northern Ireland involving British military personnel”. I will read one of its conclusions and one of its recommendations. The conclusion was:

“It is clear from the experience of these legacy investigations that, unless a decision is taken to draw a line under all Troubles-related cases, without exception, they will continue to grind on for many years to come—up to half-a-century after the incidents concerned.”

We had to wait a long time for the Government’s reply, which eventually came in November 2017—later than the two months that one normally expects. Their comment underneath that conclusion was:

[Dr Julian Lewis]

“The Government notes the Committee’s comment.”

More interesting and positive, however, was the Government’s response to the recommendation that I am about to quote from our original report:

“Accordingly, we recommend the adoption of”—
what we called—

“Option One—the enactment of a statute of limitations, covering all Troubles-related incidents, up to the signing of the 1998 Belfast Agreement, which involved former members of the Armed Forces. This should be coupled with the continuation and development of a truth recovery mechanism which would provide the best possible prospect of bereaved families finding out the facts, once no-one needed to fear being prosecuted.”

In other words, we recommended adopting what might loosely be called “the Nelson Mandela model” from South Africa.

The Government’s reply was as follows:

“While the Government believes that the most effective option to address Northern Ireland’s past is to implement the proposals set out in the Stormont House Agreement, the Government acknowledges that others have different views on the best way forward, including approaches such as that proposed by the Committee which do not involve recourse to the criminal justice system.

As such, the Government intends to include within its forthcoming consultation on the draft Northern Ireland (Stormont House Agreement) Bill a section entitled ‘*Alternative approaches to addressing the past*’. This section of the consultation will discuss alternative ways forward and include a description of the Committee’s recommendation. The consultation will invite respondents to give their views on ‘the potential effectiveness and appropriateness of alternative approaches such as amnesties and a statute of limitations’—

I am glad that the Government did not identify the two as being the same because, as the hon. Member for Belfast East (Gavin Robinson) made clear, they are not—

“to address the legacy of Northern Ireland’s past’. Following the consultation’s conclusion, the Government will consider all views carefully to inform next steps.”

I need hardly remind anybody present that that did not happen. When the consultation appeared, there was no reference to the suggestion of a statute of limitations. The only explanation I can find for that is that somebody behind the scenes lobbied someone in a position to make the decision for the option of a statute of limitations to be excluded. I know only what I saw in a newspaper report, which I think came out very recently, suggesting that there was some correspondence between the Prime Minister and other Cabinet Ministers.

What I have no doubt about is that, when our original report came out, the then Secretary of State for Northern Ireland, my right hon. Friend the Member for Old Bexley and Sidcup (James Brokenshire), subscribed to the answer that we received in the response. Subsequently, sadly, for medical reasons he temporarily had to leave the Cabinet and there was a change of personnel. I suspect—I put it no more strongly than that—that with a new Secretary of State, the people behind the scenes in the Northern Ireland Office felt, perhaps, that they had a better opportunity to kill a proposal that they may feel would somehow endanger what has been constructed to stop the terrorist violence of the past. I am unconvinced that that is an honourable approach for the Government to have taken.

I make just one other point; so many people wish to speak that I do not wish to labour things too much longer. The reason why we immediately started another inquiry was that, when we saw that the consultation had come out without our recommendation even being included for consideration, we thought, “Right—if that’s the way the Government are going to play it, we’ll start the whole process all over again.” That is what we are doing, and we are at an advanced stage in our re-examination, although this time we are examining the wider picture of service personnel at risk of prosecution as a result of other conflicts in foreign countries.

I do not wish to understate the importance of the progress that the Government appear to have made in moving towards a solution to that problem at least. I welcome that, and I hope that they do not get cold feet about what they are proposing to do. It is good that the Government have worked together. In that respect, I pay tribute to both the previous Defence Secretary, my right hon. Friend the Member for South Staffordshire (Gavin Williamson), and the Defence Secretary before him, my right hon. Friend the Member for Sevenoaks (Sir Michael Fallon), both of whom took this issue very seriously. Under the previous Defence Secretary, a special unit was set up in the Ministry of Defence, as the Committee had long advocated privately, to try, as my hon. and gallant Friend the Member for Beckenham said, to get a grip on this matter once and for all. As a Committee, we met informally with that unit.

Progress is undoubtedly being made. Understandably, we have the problem that people on the paramilitary side of the argument do not want any of their personnel to be pursued for anything that they did, but they are adamant that the servants of the British state must be prosecuted until the end of time. People who rightly point out that the servants of the British state had very different intentions from the terrorists naturally take the view that they do not want any equality, as we have heard expressed forcefully in this debate, between service personnel doing their duty and terrorists trying to destroy innocent people.

However, in one respect I slightly disagree. This is just my personal view, but I believe that one must focus on a piece of legislation that has not yet been mentioned: the Northern Ireland (Sentences) Act 1998. Under that Act, even if someone killed 50 people they cannot go to jail for more than a maximum of two years. I speak with some understanding of the position of families who lost a loved one under such unexplained and unresolved circumstances, because my family were caught up in the holocaust of the second world war.

I must say that I was not terribly keen on statutes of limitations for Nazi guards from Auschwitz, for example, but if somebody had said to me then, “There is no question of anybody serving a sentence that is in any way proportionate to murdering somebody, and in any way a recompense for doing that,” would I have felt that it was perhaps more important to bring out the truth than to try to send someone who did not want to tell the truth to jail for a derisory two years? I think I would have wanted more to discover what had really happened.

That is the strength of the Nelson Mandela approach, which was to understand that at a certain point we can heal society only by drawing a line, and find out the truth only by removing the threat of prosecution. When someone knows that as a result of prosecution the maximum sentence that can be imposed is so risibly

disproportionate and lenient compared with the crime of which they would have been found guilty, it is easier than ever to understand that that is the civilised and sensible way forward.

5.38 pm

Jim Shannon (Strangford) (DUP): It is a pleasure to speak in this debate. I thank the hon. Member for Southport (Damien Moore) for raising the issue and giving us a chance to participate in and contribute to the debate. I declare an interest as a former member of the Ulster Defence Regiment; I was also in the Territorial Army for 14 and a half years.

When the hon. Member for Beckenham (Bob Stewart) spoke about the yellow card, I was reminded that some 45 years ago, when I joined the Ulster Defence Regiment as an 18-year-old, the yellow card was preached into us every night before we went out. We were very clear about what it meant. I thank the Lord that I never had to fire a gun in anger—I never had the opportunity to do it, was never in a position to do it, and was never confronted with it.

All hon. Members have spoken exceptionally well, but I hope that they will not mind if I pick out the hon. Member for Beckenham, who displayed the leadership and courage that many of us respect him for—not only in uniform, but as a Member of this House. He probably does not understand just how much we all consider him a friend. It is also a pleasure to follow the right hon. Member for New Forest East (Dr Lewis), whose speeches—like his work on the Defence Committee—always have an honesty and calm that give us a chance to participate. I will not leave out my hon. Friend the Member for Belfast East (Gavin Robinson) either: his speech was exceptional and encapsulated what we all think.

How topical it is to hold this debate the day after a memorandum was leaked from Downing Street that states, according to *The Sunday Telegraph*, that veterans should be offered

“equal, rather than preferential, treatment”

relative to other groups covered by the plan to investigate historical killings. Let us consider that idea for a moment. At first view, it seems right and proper—in a normal situation, it would be right and proper to treat soldiers in the same way as we treat Joe Bloggs on the street. But that assumes an even playing field. It assumes that the soldier in uniform decided, off his own bat, to take a weapon, enter a mission hall in Darkley and open fire, killing men whose crime was to worship their God in church. It assumes that officers chose to pull over a vehicle, take out 10 Protestant workmen and kill them, as a Roman Catholic man runs to safety. It assumes that soldiers set up a honey trap to trick three young men to their death. It assumes that officers set a bomb at Ballydugan in Downpatrick to murder four UDR men, three of whom I knew personally. It assumes that soldiers knowingly placed a bomb on a busy shopping street and gave false information about its position to secure maximum death and destruction.

For all things to be equal, rather than preferential, all inquiries should start from the premise that an act of terrorism with a determined and planned aim is very different from the events under investigation. That is not our starting point in these investigations, so things are not equal—never mind preferential.

These incidents began the second that there was a call saying that there was a suspicion of terrorist activity. These actions took place when soldiers looked to their officers for advice and relied on their training and on the yellow card, which said that if they were attacked, it was okay to defend themselves, as the hon. Member for Beckenham clearly illustrated. The events took place when unlawful terrorists were attempting to kill these men—to all intents and purposes, at the very least.

The actions of soldiers were a reaction to the environment around them—an environment that did not allow them to relax for even a second, lest they lose their lives or see their brothers murdered by the very people who now cry out for preferential treatment and a rewrite to justify what is unjustifiable. That is why I have to say respectfully that, yet again, the Prime Minister is flawed in trying to rationalise and equalise everything in Northern Ireland. It grieves me to say that about my Prime Minister—our Prime Minister—but that is the way I feel.

Some things are not equal and cannot be equalised. We cannot and must not attempt to equate a soldier in uniform with a terrorist. Yes, feel free to equate the murders of the IRA with those carried out by loyalist terrorists, which were outside the law, unacceptable and despicable. But to try for a second to allow republicans to rewrite our history and equate the actions of a soldier, carrying a legally held weapon and instructed to uphold law and order, with the actions of someone with an illegal weapon and a determination to bomb and murder his or her way to a political endgame is horrifying. It must end here.

Soldiers are not asking for equal or preferential treatment. They are asking our Government and our Prime Minister to acknowledge that they put them into life-changing and horrific situations and asked them to carry out actions to save us in this place from having to deal with evil men with bloodlust and a desire to wipe out any and every person who dared to consider themselves British—I am British and very proud to be British—or even to speak with those who did. Soldiers are asking the Government, who trained them and told them what was and was not acceptable in times of attack, and us in this place—in this debate and all the other times we have spoken on these matters—simply to be honourable and do right by them. That is what this debate is about: doing right by our soldiers. It is important to put that on the record.

I served on the streets of Northern Ireland. I listened to the unforgettable wails of mothers when they were told that they would never see their children again. We have all lost loved ones and friends—that is no secret in this world. My cousin Kenneth Smyth was a sergeant in the UDR and a former police special; he was murdered with his Roman Catholic friend Daniel McCormick. No one was ever made accountable for that.

Johnny Mercer (Plymouth, Moor View) (Con): I pay tribute to the hon. Gentleman, who is giving a very moving speech. As we have talked so much about equivocation today, does he agree that it is simply not acceptable for a Prime Minister of this country to stipulate that veterans should receive equal treatment—not preferential treatment to other groups in the conflict, such as the IRA, but equal treatment? That demonstrates a mindset fundamentally out of keeping with the justice that this is all about.

Jim Shannon: I thank the hon. Gentleman for intervening. What annoys me is that of the three people who killed my cousin Kenneth and Daniel McCormick, one blew himself up with an IRA bomb—he is in hell today, and deserves what he has got—the second died from cancer, and there is one left. None of those three was ever made accountable for the murders of Kenneth and of Daniel McCormick, a Roman Catholic who just happened to be a former member of the Ulster Defence Regiment. The IRA murdered more Roman Catholics than the soldiers ever shot. That is the reality of Northern Ireland, where I have lived all my life and where others in this Chamber have served with such courage and credit; I know that many of them will speak in this debate.

I lost friends in the police as well. I think of wee Stuart Montgomery, who was only 18 and just out of the police academy; within a month, he was murdered outside Pomeroy with his friend. Where is the accountability for those people's families and loved ones? Of the four UDR men killed at Ballydugan, I knew three personally and from an early age. Where is the accountability in this process for those who murdered those four UDR men? One person was made accountable for a small part of it, but the man who murdered them was never held accountable—although he met his just deserts in Downpatrick shortly afterwards while in the process of trying to blow up more soldiers, so in a way justice has happened.

These repulsive murderers have the freedom to justify what they did—and, indeed, to walk these halls, free from prosecution and free from real justice. I hear them again and feel a searing pain as I read the latest example of the fact that our Prime Minister has no idea of what we have gone through as a nation in an attempt to wrap up legacy issues and tie a bow around them.

Julia Lopez (Hornchurch and Upminster) (Con): The hon. Gentleman speaks with real emotion. That rawness shows how poignant these events can be, many decades after they occur.

I want to share a very powerful sermon that I listened to in church yesterday. It was given by a military chaplain, who spoke about the 50 to 60 bodies discovered each and every year in the fields of France and Belgium, and about the services that he undertakes to ensure that those people have a proper burial and that their descendants are contacted. It reminded me of the ongoing pact that we have, as a nation, with the people who have served and given their lives for us. Does the hon. Gentleman share my constituents' instinctive concern and sense of shame that the approach being taken, with soldiers being prosecuted many years after events, diminishes the ongoing pact between a nation and those who risk their lives for it?

Jim Shannon: I wholeheartedly agree with the hon. Lady; I do not think there is anybody in the House who has a different opinion.

Like others in this House, I make myself available to help the Prime Minister understand what is clearly beyond her at this point. Upholders of law and order do not deserve to be treated equally with murdering scum of any religion; they deserve to be treated differently, because it was different for them. For those in uniform, it was different from any other case. I stood shoulder to shoulder with people in service then, and I stand shoulder

to shoulder with them now. I want them to know that, which is why the debate is so important—other contributions will underline that.

The blood of those I loved, and of those who gave their all in service to Queen and country, cries out not for equality, but for truth, honour and real justice from those who should know better. We in the House should know better, and there is no excuse for this memo, or indeed for any deviation from supporting people who were not terrorists but law enforcers. There is a very clear difference in my mind and others': they are not equal. Take them out of the same bracket, and be honourable.

5.50 pm

Johnny Mercer (Plymouth, Moor View) (Con): I do not seek to add to the incredible speeches we have heard today, particularly from individuals who served in Northern Ireland—I did not. I want to add just two or three new points and not take up too much time.

People are very well aware of my general feelings on this subject, and I pay tribute to my hon. Friend the Member for Southport (Damien Moore) for securing the debate. This is not a niche issue for people who have served or who have a particular interest in this subject; it is as basic an injustice as this House has seen for some time. I urge colleagues to think about what more can be done.

When the Good Friday agreement went through in Northern Ireland and the settlements were reached, it was deemed more politically tolerable for soldiers, servicemen and policemen to take the hit, rather than other sides. That is why we are where we are—it was simply more politically tolerable for politicians to do that. I urge my colleagues to do whatever is required to ensure that this Government do not continually speak warm words that ultimately mean nothing, and to hold them to account on behalf of people who need it.

I know the Minister personally and none of my remarks is directed at him—he only recently took over the job. This weekend's revelations were genuinely shocking, with the Prime Minister's clear mindset that people who served should receive treatment

“equal to, not preferential to”

other groups in the conflict. Many people have written to me in the past two days on the back of that specific sentence. The situation reminds me of three years ago, when I took part in a Westminster Hall debate, with the then Minister for the Armed Forces, who is now the Secretary of State for Defence, on the Iraq Historic Allegations Team. That is the point I want to make: nothing ever seems to change. We say a hell of a lot in this place. I remember her looking up at me and saying, “No one hears from these investigative teams first”, but that morning I had been on the phone to someone who had heard from those private investigators first.

MPs who recount their experiences are not turning oxygen into CO₂ for the hell of it. This actually means something; this is people's everyday experience. I know the responses will be, “We're thinking about this and we're thinking about that,” but there has been a clear moral failure by the Prime Minister and the Northern Ireland Office to deal with the situation. I am afraid that it simply cannot go on.

As many hon. Members have alluded to, this is not about whitewashing history. I urge colleagues to be really careful with the language they use. It is not colleagues who said this but last Thursday the front page of *The Guardian* read, “Mordaunt to give veterans amnesty for battle crimes.” Nobody has ever asked for that, and nobody has ever thought about it. That is deliberately inflammatory wording, designed simply to prey on the grief and the hell that some families and veterans are going through. In this case, an amnesty is not appropriate in any way whatever. On its own, a statute of limitations cannot work. There can be no time limitation on serious criminal behaviour.

Last week, we began to see the beginnings of a presumption not to prosecute, which is the sort of area we should be working in. That came from the Attorney General.

Bob Stewart: I entirely endorse what my hon. Friend has said, with one proviso: if someone has been investigated by a competent authority, I think a statute of limitations is perfectly acceptable.

Johnny Mercer: My hon. Friend raises a really interesting point. The checks and balances being discussed by the Attorney General relate to a rigorous investigation. Comprehensive and new compelling evidence should provide a safeguard. The problem with a statute of limitations per se is that where clear evidential thresholds are met—when it comes to clear wrongdoing—we start entering difficult areas. We should at least start a conversation about it, but the Prime Minister has specifically asked my right hon. Friend the Chair of the Defence Committee not to do so.

Dr Julian Lewis: I would not put it quite as explicitly as that, but it was certainly implicit in the way that our report recommendation was first put forward and then somehow mysteriously excised from the Government’s agenda. May I try to resolve the pointed issue and ask my hon. Friend whether he would accept the term, “qualified statute of limitations”? That is what the Government seem to be putting forward, that there will be a presumption against prosecution after 10 years have elapsed—hence the statute of limitations—unless new and compelling evidence emerges, hence the qualification.

Johnny Mercer: Around this legal language, there are ways out of this. We can do that without using inflammatory terms or mechanisms that people would not agree with. I am afraid that what gets lost in a lot of this is that there is an impression that individuals such as my right hon. Friend the Member for Beckenham (Bob Stewart) and I—[*Interruption.*]

Bob Stewart: “Right honourable” is very good.

Johnny Mercer: My hon. Friend.

Dr Julian Lewis: Honourable and gallant Friend.

Johnny Mercer: My hon. and gallant Friend the Member for Beckenham. There is an impression that we have no feelings for the victims, that they play second fiddle, and that there is no effort to pursue justice in any way. We have just heard my hon. Friend talk about cradling an 18-year-old girl as she died in Northern Ireland. Victims and families get this impression because legal teams drag them down a pathway and get them genuinely to believe that they might, in the end, have all

their questions answered. There is nothing more disingenuous than using their grief, anger and sense of injustice to propel a totally false narrative, which is used simply to extend the conflict.

Kirstene Hair (Angus) (Con): Like many hon. Members who have spoken and raised their concerns, I have heard from veterans in my constituency and from people who are deeply affected by this issue. The longer this goes on, the more we create a difficult narrative that cuts across people who have served, people who have family members in the armed forces, and ordinary members of the public who are dismayed and angry at the situation. We also have recruitment issues. Does my hon. Friend agree that this poses a very serious threat to people we ask to serve, by suggesting that we will not protect them?

[MR PETER BONE *in the Chair*]

Johnny Mercer: Those are really good points from my hon. Friend, whose constituency contains Royal Marines Condor and Arbroath.

I want to express why I and many others feel so angry about this. There are many burning injustices in this place, but we have been here before. The greatest worry is that this will never end. It will be a problem not just for this Government but for the Government who replace them, these veterans and veterans of the Falklands, Iraq and Afghanistan, until a Government or a Prime Minister decides to show just one quarter of the courage that we asked our men and women to show daily in those conflicts. I do not want to overdo it, but it is pure cowardice for someone to say they are on the side of those who served—the bravest of the brave—and give a conference speech to rapturous applause, and in private to say the complete opposite. I urge colleagues to stand with me in doing everything we can. This is not a game; the nation and how we defend ourselves is at stake. I pay tribute to those who served out there and gave such inspiring speeches today. There is no more to be said on this subject, but there is a hell of a lot to be done. That is what people like me are looking for.

6.1 pm

Mr Iain Duncan Smith (Chingford and Woodford Green) (Con): It is a pleasure to serve under your chairmanship, Mr Bone, and to have served under Mrs Moon’s.

I agree with my hon. Friend the Member for Plymouth, Moor View (Johnny Mercer) that there is not an awful lot more to be said, but I will say it anyway because the e-petition demands that we reiterate and re-iterate the reality of what has been going on. I congratulate those who started e-petition 243947 on their work, and my hon. Friend the Member for Southport (Damien Moore) on his very good and powerful speech.

I have not spoken about this subject pretty much since I left Northern Ireland, but I listened with great interest to my hon. Friend the Member for Beckenham (Bob Stewart), and it brought back an awful lot of memories of Northern Ireland. I was a young platoon commander like the ones he described, not that long out of Sandhurst. I do not know that I learned very much at Sandhurst; it all had to be re-learned after I left. I remember large periods of incredible, intense boredom, followed by massive periods of panic and fear—literally almost alongside each other. I lived in

[*Mr Iain Duncan Smith*]

the masonic car park with my company, in an old caravan that had a hole on the side by my bed. I was damp the whole time I was there, because the rain lashed through the whole of the winter.

I remember the fear in my young guardsmen's eyes when they were caught up in an incident. It came not from the idea of what might happen to them, but mostly from what they might have to do, and what they might get wrong. The yellow card, which was drilled into us before we left, scared the living daylights out of me before I even set foot in Northern Ireland, and I know it was the same for my young soldiers. As my hon. Friend said, some of them were 18 years old and had very low levels of education. They were in an urban environment that they had never been in, and they were armed and acting in support of the police, as a quasi-police force. We expected them, in a moment, to make the kind of judgments that highly paid, brilliant legal brains would stall at. Those young men had to make those decisions for themselves, as my hon. Friend rightly pointed out, and they bore the burden by themselves—too often, without support.

I take the point that my hon. Friend the Member for Plymouth, Moor View made. I have a real problem with our relationship with the armed forces in this country. We expect them to do the right thing and go to war. I still remember my father, who served with great distinction in the second world war, telling me that many of his friends who had been incarcerated in prisoner of war camps for a number of years came home to find their families in near destitution, because the then War Office had decided that, as they were living comfortably in a prisoner of war camp, their pay could reasonably be cut in half; they would have no need for the other bit. It forgot that, or did not even bother to find out whether, they had dependants living at home, who, by the end of the war, were in deep poverty and starving. I am afraid that that is the kind of relationship that we have percolating through after every single operation. We treat our veterans of Northern Ireland in much the same way.

I am sad to say that the Government, and previous Labour and Conservative Governments—I am not necessarily speaking of mine, but all Governments—are determined to find the reasons why we cannot do things, but never the reasons why we can. Our servicemen and women get put in operations, genuinely risk their lives, and do not complain about it. They do that on the general assumption that a paternal Government would oversee their wellbeing if they were wounded, if their families were hurt or if they ended up in a difficult situation in which they might be prosecuted.

Too often, in the slightly politically correct conversations that take place outside Parliament when Ministers are interviewed, they start equivocating about who was doing what. We get equivocation about the terrorists versus the soldiers. I did not serve with particular distinction, but when I was in Northern Ireland, I had to find a cache of a large number of armour-piercing Garand—an American rifle—rounds. I thought to myself that they were on their way to somebody who would do a snipe on one of our patrol vehicles. They would have gone clean through it, and would have killed anything on the inside. Terrorists were setting up another attack, like those the hon. Member for Strangford (Jim Shannon)

described, on people who were there to keep the peace. There is no equivalence between those who go out to kill people, and those who go out to defend people but may end up having to kill people as a result. That stands above all else. That is what we do as soldiers. That is what we know we are about.

That is particularly the case with British soldiers, who I still believe to this day are the best trained, and most reasonable and decent, troops on the ground. They always operate with a real sense of restraint. They do not even have to be taught about that; there is an instinctive sense of restraint that comes from their training. We now find that 90% of the cost of these prosecutions is going on 10% of the incidents. Where is the natural justice in that?

I want to raise an issue. I had friends who never came back, and I want to talk about Robert Nairac. I saw him a few nights before he went to Northern Ireland, and he never returned. What happened to him—a brave young man trying to do his job—was horrific. He was not just killed but tortured and dismembered. He disappeared, and no one has ever owned up to knowing where his body is buried. No one has owned up to doing it, although we have a fair suspicion of who it was. His poor parents have gone to their grave with no conclusion to the sad tragedy of Robert Nairac. He is typical of many people, both soldiers and non-combatants, who disappeared in Northern Ireland. Where is the justice in the fact that families such as his will never see those responsible prosecuted for their filthy, foul actions? There is no natural justice in pursuing British soldiers, rather than the people who tortured and killed Robert Nairac, because it is easier.

Worse than that are the letters of comfort that were given out. I find it astonishing to discover that letters of comfort are given quietly to those on the run. Why are they on the run? Because they have committed atrocities and cannot come back. That is about Government and perhaps about the Belfast agreement—but in a funny sort of way, not really; otherwise, that would have been done publicly. It would have been shouted from the rooftops if it were an equivalent process, but it never was.

As my hon. Friends have said, the endless nightmare for soldiers who served in Northern Ireland was that they were three times more likely to die than the terrorists who they were after. The likelihood of death was greater on the streets there than in other operations before or since. Why was that? Because our soldiers walked through the streets in plain sight, and were targets every single moment that they were there.

I recall the sheer fear I felt as a young platoon commander on the first commemorative Sunday of Bloody Sunday in the Bogside. I remember having to keep a patrol safe as over 100,000 very angry people talked about tearing them limb from limb if they found them, and knowing that at any stage, any one of my patrol could have been taken away, never to be seen again. Those were the kinds of decisions that one had to make. That still resonates, even today.

Ultimately, I simply urge the Government to do the right thing—to recognise that it is quite ridiculous that soldiers who have been cleared in previous investigations should ever be pursued again, unless there is absolute, categorical and clear evidence, beyond what is needed to meet the burden of proof, that they have done something that nobody knew about before. These men,

who are in their 70s, should never face that, but they do. My hon. Friend the Member for Beckenham mentioned one man who was arrested by a stream of police cars and taken away immediately, as though he had committed some foul offence and might run. The overcooking—the nonsense—that the police get up to on these matters sometimes is quite ridiculous.

I do not want these men to be treated differently, but I say quite categorically that if there is to be a statute of limitations, it must cover veterans of Northern Ireland. I understand that those who served in other operations may well be covered, but because Northern Ireland veterans served in the United Kingdom, UK law will override anything that the Government might do. That absolutely cannot be allowed.

I give my Government fair warning that I will simply not put up with shunting Northern Ireland veterans to one side while seeking some sort of general political cover, as though we had done something for them. We will not have done anything unless we deal with all our servicemen and women, who have had the bravery and courage to serve their country. There can be no second-class treatment.

There is debate about whether it should be stated that prosecutions must be based on new evidence, or whether there should be a statute of limitations. I would be content with observing this one principle: no servicemen or women who served in Northern Ireland should be arrested and pursued, particularly after cases against them have been dismissed, simply because the police have nothing better to do with their time than find out whether they did something. It is time that the Government acted on that.

I urge the Minister and his colleagues to recognise that those of us who served in Northern Ireland did not ask to. We did not, in a fit of passionate patriotism and bravery, suddenly volunteer to go there on our own. We were told to go there because we were soldiers. That was the command. We were told that it was an operation; it was not some other affair, as we now seem to hear. We went on that operation—Op Banner was an operation—and did our duty.

Bob Stewart: It was Operation Banner. Soldiers did 28 days in Northern Ireland and were awarded a General Service Medal, which is the recognised medal for serving in combat zones such as Malaya, Aden and Borneo. Northern Ireland is on the clasp for the General Service Medal, so it is an operation like any other.

Mr Duncan Smith: I agree. The other day, I made the point that I have an Operational Service Medal for Rhodesia, as it was then, and a General Service Medal with a clasp for Northern Ireland. I assume that the operations were recognised as equivalents—I do not remember a distinction. I was never told that I was on a subset of an operation in Northern Ireland, but that I could go on a real one in Rhodesia. I can tell hon. Members, without a shadow of a doubt, that Northern Ireland was the more frightening of the two.

The Minister must say loudly to all those who have the privilege of running Departments, and even to the Prime Minister, that this simply cannot stand—it is a deep injustice. Those who served need us to stand up for them, because they have nobody else. Their families need us to stand up for them, because they have nowhere else to go. Successive British Governments have too often failed their servicemen and women because they were mealy-mouthed about how to support them. That has to stop; we must now protect them.

I have one last phrase for the Minister. When natural justice collides with the law, we must change the law to protect those who protected us.

6.16 pm

Richard Drax (South Dorset) (Con): I, too, pay tribute to my hon. Friend the Member for Southport (Damien Moore) for securing this debate and for his excellent speech introducing it. I also pay tribute to all those who have spoken. It is humbling to be surrounded by so many hon. and gallant Gentlemen who served in Northern Ireland or elsewhere.

To introduce briefly where I fit in, I did three tours of Northern Ireland. My first was in December 1978. I remember the sergeant-major at Sandhurst saying to me as I left, “Sir, you have time to say ‘Happy Christmas’ to your parents. Then get your arse over to Northern Ireland.” I said, “Right. Thank you very much indeed; that’s my Christmas gone.”

I went over on the ferry with a great friend of mine. The difference between England and Northern Ireland was absolutely marked at that time. I remember getting off the ship, on which we were treated as normal, free civilians—we enjoyed a drink and a chit-chat—and getting into an armed vehicle, which was affectionately known as a pig.

We then drove to our base in McCrory Park, just off Falls Road, where I spent the first six months of my three tours. As we drove to McCrory Park, I simply could not believe that we were in the United Kingdom. It took a huge amount of appreciation for it to sink in that our country was that divided by hatred and violence, as I would soon witness.

On 20 July 1982—after my tour—Lieutenant Anthony Daly was leading the changing of the guard with his men; he was going from Hyde Park barracks to his duty when the IRA detonated a nail bomb in Hyde Park. Another bomb was laid at Regent’s Park that afternoon, which killed members of the Green Jackets, who were performing there. I am sure that we all remember the ghastly pictures of horses and men splayed across the road. Today, there is a commemorative stone for Anthony Daly on the spot where it took place. John Downey, a convicted IRA killer, got off because of a letter of amnesty.

We have heard many examples from hon. Members of how the IRA seems to get away with the atrocious deeds it did, but members of our armed forces who go out to save lives—this point was made by my right hon. Friend the Member for Newbury (Richard Benyon), among others, and I wish to reiterate it—

Mr Mark Francois (Rayleigh and Wickford) (Con): On John Downey, the alleged Hyde Park bomber, is it not correct that when he produced his so-called “comfort letter”, the judge abandoned the trial? The Government continue to maintain the fantasy that such letters have no legal power or strength, yet a judge in charge of a murder trial abandoned it when one was presented. Does that not drive a coach and horses through the Government’s case?

Richard Drax: It drives a tank through the Government’s case. My right hon. Friend speaks with his characteristic verve and clarity. He is absolutely right: so it does.

[Richard Drax]

To speak personally, my view over many years—I am 61; I served nine years in the Army, and I have been here for nine years—has been that politicians generally, although there are noble exceptions, all of whom are in the Chamber today, simply do not understand the armed services. They just do not get it. I have a huge amount of respect for the Minister, whom I know well; this comment or any I make are not aimed at him but at all Governments, as my right hon. Friend the Member for Chingford and Woodford Green (Mr Duncan Smith) said. What is the first thing that happens when a Government come to power and are short of power? They cut the armed services. That is intentional madness. The armed services are an insurance policy that require money to be invested in them. We hope that we do not have to use them but, in places such as Northern Ireland, we do.

If I recall this correctly, we had about 35,000 troops in Northern Ireland at the height of the troubles. We would be pushed to mount an operation on a similar scale today. In fact, as has been said, it would probably be impossible. My message to the Government therefore concerns all those things we say about our armed forces. We repeatedly hear from politicians how they respect the armed forces covenant and all such things, in the Chamber and outside, but when it comes to the crunch, our armed forces are let down.

I will touch briefly on Royal Marine Al Blackman, whom I and many others managed to get out of jail after he had served only half his time. This example is similar to one given earlier. None of the circumstances in which that man was forced to operate—it was in the most appalling conditions in Afghanistan—was taken into account. It is easy for politicians for who have no experience of operational service to sit in an armchair with their gin and tonic and say, “I condemn that man or woman for what they did.” They fail to understand the total picture in which our brave men and women all too often serve.

Mention has been made of the yellow card. I, too, learned the yellow card. I recall—I hope that I have my old memory working—that one of our main concerns was the vehicle checkpoint. We were told, and this often happened, that young boys would challenge Army checkpoints. Young kids and teenagers, not related in any way to terrorism, would try to drive through our checkpoints for a laugh. We discussed that on many occasions—“How do we deal with that?” A car is coming at us at 50, 60 or 70 mph, we have one, two or three seconds to react, and we have a gun in our hands. We think, “Is this a terrorist? Is this a young boy fuelled by drink? Who is this guy?”, then bang, the car goes into the checkpoint, possibly killing or seriously injuring one of our soldiers or a member of the civilian population, and the car drives away. Are we allowed to shoot the person in that car then? The answer we all came to was no, because that person is no longer an immediate danger to us or to anyone else. Had someone been shot in that car, there would have been a kerfuffle, a court case, accusations of murder and all the rest of it.

This point about restraint has been made, but I make it again: those I served with, and the many others I served alongside, all showed restraint, in particular in riots or very dangerous areas. A soldier’s instinct, when going to someone in trouble, is to help; it is not to kill,

or beat up. A number of times I saw my guardsmen go to the aid of those on both sides of the community, and as we built up a relationship, the number of cups of tea offered often increased a little, because most Irish people are decent. A few rotten apples, sadly, spoil the barrel.

I absolutely agree with everything that has been said by all right hon., hon. and gallant Friends so far. I urge the Government to stop doing what we do best, which is talking; that is over now. We cannot go on betraying our brave men and women; we tell them that they are brave, but when they come home, we sell them straight into a court, throwing them to the mercy of lawyers et al. That is not on. Finally, justice delayed is no justice at all.

6.25 pm

James Heapey (Wells) (Con): It is a pleasure to serve under your chairmanship, Mr Bone, and to follow the speeches of so many hon. and gallant Friends who have spoken so compellingly about their service and how that translates into how they see things now as policy makers. I congratulate my hon. Friend the Member for Southport (Damien Moore), who opened the debate with great clarity; his speech would have been well received by all ex-service people watching the debate. It pains me, however, that the Northern Ireland Office Minister responding to the debate is my immediate constituency neighbour—my hon. Friend the Member for Weston-super-Mare (John Penrose). He and I are great friends, but I am afraid that I must not pull any of my punches: I feel that the Ministry of Defence should be responding to the debate, rather than the Northern Ireland Office.

Mr Steve Baker (Wycombe) (Con): I am most grateful to my hon. Friend for giving way, although I missed the beginning of the debate. I hope that he will join me in asking the Minister to address the Stormont House agreement when he responds. I rather fear that the reason why we are in this predicament with Northern Ireland veterans relates to the terms of that agreement—in relation to historical investigations, in particular.

James Heapey: I very much agree. My hon. Friend is right that the political angle to this is most unfortunate. I will come to that later in my remarks.

I am deeply concerned by any suggestion of equivalence between the actions that I and so many other service personnel have taken on operations and the actions taken by terrorists out to take life illegally. There is no equivalence. In the debate on the urgent question on Thursday morning, the Government deployed a disappointing line, which seemed to suggest that comfort letters would not endure and, if they did not, all would therefore be open to prosecution. Although that corrects an imbalance, by definition it creates an equivalence, in which we say, “At least both sides can be investigated and prosecuted.” That is simply not acceptable: there is no equivalence.

Mr Francois: David Griffin, aged 78, is a Chelsea pensioner. In 1972, he killed an IRA gunman who was about to assassinate one of his comrades. He was investigated at the time and exonerated. Forty-six or 47 years later, he is being investigated again by the PSNI, who will not tell him his fate. He was an Irish Catholic born in Dublin—

Mr Peter Bone (in the Chair): Order. I am sorry, but if this is sub judice we should not be pursuing it.

Mr Francois: It is not sub judice. I am sorry, Mr Bone: I completely understand your intervention, but this is not before a court and the case is in the public domain. Very quickly, David Griffin has no comfort letter—he has no comfort of any kind and is in utter limbo, although he is a Chelsea pensioner. He is very worried. Why do our Government allow this to happen?

James Heappey: My right hon. Friend is absolutely right. There is no equivalence whatever. Whether the other side can now be investigated again or not, it is simply unreasonable, wrong, immoral and a breakdown of our covenant with our armed forces that we allow the investigation of those who have served to continue.

My hon. and gallant Friend the Member for Beckenham (Bob Stewart) gave an amazing speech, in which he reflected that there was a time when his blokes thought that he had thrown them under the bus because they were required to go to court. It was clear from his speech the pain that he felt having to look his soldiers in the eye and break that news to them. I suspect that if those soldiers were watching you, Colonel, this afternoon they would have been proud to see someone take the responsibilities of command so seriously years after their watch is done. I found that very powerful.

All of us who have had the great privilege of carrying a commission in Her Majesty's armed forces, and to have had command of soldiers, sailors and airmen, will relate strongly to the pain that my hon. and gallant Friend so clearly felt. Even now, in another career many years later, we feel we are letting our riflemen, guardsmen and private soldiers down. That is what motivates us all to be here.

The first time I was involved in any such process was in Kabul in 2005, about a year after I had been commissioned. We had been involved in the use of lethal force following a double vehicle-borne suicide bombing. Throughout the afternoon and evening that followed, and overnight as we stood on the perimeter, we went back through everything we did and thought tactically whether we did the right thing. When we got in the next morning, having been relieved, and the first thing we got was a date with the Royal Military Police's special investigations branch, I was pretty close to throwing punches. But I understand that is a necessary part of applying lethal force on the battlefield. We are trained to live and operate by a higher standard, and we should have nothing to fear when the investigation starts immediately on the back of the application of force like that.

Two years later in Basra, and two years after that in Sangin, that process was commonplace—in Sangin, as a battalion adjutant in the most contested Herrick tour and battle space, I was responsible for an awful lot of initial investigation processes. The immediate debrief could not be accurate, because adrenalin was still coursing through the veins of the riflemen who had been involved. They were emotional because, very often, their friends had lost their legs or had been killed in the very same mission. There was confusion about what had happened because the fog of war was all around them. As they relayed their individual testimonies about what had happened that afternoon, night or morning, often that

did not match up with the testimony of the rifleman who had stood immediately next to them, fighting the same contact.

In the process of that investigation, the company second-in-command drafts a report and comes up to the adjutant, who has a look at it; he then goes to the brigade and the legal adviser looks at it, and the special investigations branch has a look at it. Meanwhile, that rifleman would have been deployed on three, four, five, six or seven more patrols in the following seven days, in which there would have been more kinetic activity in which they would have applied lethal force, and on the back of which there would have been more reports by the company's second-in-command, coming up to the adjutant and so on and so forth. Very quickly, all the details of those missions start to mesh into one—so much so that we had riflemen go to the coroner's hearings six or nine months or a year after a tour and not recognise the contemporary report of what happened that night when they applied lethal force.

I make that point because days or a year after, those servicemen cannot remember exactly what happened—it is a natural part of how we deal with our mental health to seek to delete and overwrite. How on earth can we turn round to them decades later and replay to them accurate reports made at the time as part of the evidence against, and ask them to account for themselves to try to establish their innocence once again? Some of us have had that moment when a threat is perceived—in a split second we have to decide whether to apply lethal force because our life or the life of another is in danger.

Richard Drax: My hon. Friend is making an excellent point. I wonder whether the judge would have access to such reports by the IRA terrorists.

James Heappey: My hon. and gallant Friend is absolutely right: the IRA did not keep such records, which is a great unfairness. Those of us who have had to apply lethal force have taken the decision in a split second, hoping that all our training, instincts and everything we have learned since first going into the Army, Navy or Air Force will mean that we take the right decision. We know there is a danger that we might get it wrong and we need to know that, provided we are in the rules of engagement and can say squarely that we perceive the threat to be there, our Government will stand behind our actions.

The written ministerial statement that may come tomorrow is great news for those of us who served on Operation Herrick and Operation Telic. My tours of Afghanistan in 2005 happened more than 10 years ago; my tour to Basra in 2007 was 10 years ago; and at the end of October, my final operational tour to Iraq and Afghanistan will be more than 10 years ago. That statement should be, and will be, huge comfort to tens of thousands of veterans who served in those theatres.

As somebody who served in Northern Ireland, an MP with many constituents who served in Northern Ireland and a former rifleman with many ex-riflemen friends who served in Northern Ireland, I'm all right, Jack. We must remember that it is not okay—in fact, it makes it worse—to have one statute of limitations that applies to the conflicts that are most on people's conscience, while ignoring those who fought in Northern Ireland in just as trying circumstances, as we have heard so many times this afternoon. They are left behind.

[James Heapey]

The legal premise on which my former comrades served in Northern Ireland is not their fault. The failings of any investigation that happened at the time is not their fault. Conversely, the quality of the investigations at the time, which allows vexatious politicians and lawyers to pore over the detail and challenge it decades later, is not their fault. The political situation in Northern Ireland is not their fault. The fact that they pulled the trigger in Northern Ireland rather than in the Falklands, the Balkans, Iraq or Afghanistan is not their fault. The fact that the Government have not yet done anything about this is also not their fault.

This situation cannot drag on any further. A universal statute of limitations across all theatres is required now. This is not an amnesty. Our armed forces are not above the law—we ask of them higher standards than we do of those in civilian life. When they fall short, we punish them in a way that would be draconian in any civilian employment setting. If we understand some of what they do, as many of us here do, we understand why they deserve protection. We ask that they accept unlimited liability in defence of our nation. We must accept the political liability that comes with saying, “Come what may, we’ve got your back.”

Several hon. Members *rose*—

Mr Peter Bone (in the Chair): Order. Two right hon. and hon. Members wish to speak. I will start to call Front-Bench speakers slightly before 7 o’clock, so I ask that they bear that in mind. I call Owen Paterson.

6.37 pm

Mr Owen Paterson (North Shropshire) (Con): I will follow your instruction to be brief, Mr Bone, and I apologise to you and to Mrs Moon for not requesting to speak in advance—I was unaware that the debate was taking place.

I will try to keep it simple. As someone who was shadow Secretary of State for three years and Secretary of State for two years, and who did business in Northern Ireland when I was younger and continues to go there, I sincerely thank all those who have spoken very movingly, including my hon. Friend the Member for Beckenham (Bob Stewart) and the hon. Member for Strangford (Jim Shannon). I thank them for everything they did and all the people they represent—the hundreds of thousands in the military and the security services who did their level best to maintain the rule of law. That is what it was all about. It was the most extraordinary insurgency, which aimed to break the rule of law.

I was in Northern Ireland only 10 days ago, talking to a guy who had worked his way up the ranks and was a senior officer. He was emphatic that he did not want any amnesty, because what he and his men did was defend the rule of law. We all support the Belfast agreement, which is an extraordinary achievement. Politically, it had the support of both main parties in the UK, both main parties in the Republic of Ireland and both main parties in the United States. It would never have begun without all those brave servicemen, policemen and members of the security services who maintained the rule of law. It is very much thanks to them that Northern Ireland is in such a better position now.

We know that during the talks, the Blair Government, like the Major Government before them, had to take some hideously difficult decisions. We know about the infamous letters, but releasing prisoners only two years on from their conviction, after due process, of the most appalling crimes was an incredibly difficult decision. At the time, that was much bigger for many people than the issue of letters, but it has been worthwhile, and we should thank all those who gave it their best. Bluntly, those brave men and women made it impossible for those pursuing the republican cause to get their aims by violence, and made them realise that the only way to pursue their aims was by peaceful means. That was a remarkable achievement.

Today, many people wish Northern Ireland to become part of the Republic of Ireland. The political campaign has not gone away. As United Kingdom representatives, we have to be careful that innocent old soldiers do not get drawn into the current political process. That is what is happening. I will be very careful given your strictures about matters that are sub judice, Mr Bone. I talked to an elderly veteran who had several pieces of paper from military legal departments exonerating him for an incident, yet a rural police force, which I would have thought had better things to do, sent half a dozen police cars around to arrest him. That shows that this has got completely out of hand. There is a real sense of grievance and injustice. Bluntly, the Government have to wake up to this and put it right.

My hon. Friends the Members for Wells (James Heapey) and for Beckenham spoke very well about how tiny the moments were in which the decisions that may lead to these processes were made. I am one of the probably very few human beings who has read every page of the Saville report. I was responsible in Northern Ireland for the various reports that came through from the peace process, which, obviously, we published and reported to Parliament. I doubt any country in the world could have gone to such lengths and such expense to try to get to the truth. On many parts of that terrible event, Saville is very clear—he establishes what happens—but, as my hon. Friend the Member for Wells said, there are several tiny moments on which Saville struggles for page after page. In some instances, he does not come to a conclusion. These were split-second moments back in 1972. As my hon. Friend said, people could not remember them a week later, so how on earth are they going to remember clearly new facts?

There are merits in a statute of limitations. I leave that to lawyers, such as my hon. Friend the Member for Witney (Robert Courts), who is about to speak. It would be completely wrong if the Secretary of State for Defence made a statement tomorrow that there is one regime for soldiers who served in one theatre—Afghanistan or Iraq—and a completely different regime for those who served in Op Banner. That would be absolutely wrong. As my hon. Friend the Member for Beckenham said, politicians at the time sent these young soldiers to do their duty—to defend the rule of law. Those soldiers were not told, “Sorry, guys, but in 30 or 40 years’ time you’re going to have a different regime because, bluntly, you will be drawn into a contemporary political campaign.” That is what is happening.

This is my appeal to the Minister. There are two things the Government could do now. First, we do not need statements in Parliament or new legislation; we

need an absolute, categorical guarantee from the Government that those who have legally valid pieces of paper exonerating them for incidents in the past will not be subject to a further process unless there is absolutely clear new evidence. Secondly, allied to that, there must not be any process in which a fair trial is not allowed. That is a very long-standing principle. I am not a lawyer, but there has to be clear, absolutely categorical new evidence, and an absolute assurance from the prosecuting authorities that the trial will be fair. It would be very good if the Minister confirmed that.

6.45 pm

Robert Courts (Witney) (Con): It is an honour to serve under your chairmanship, Mr Bone. I congratulate my hon. Friend the Member for Southport (Damien Moore) on leading this extremely important and topical debate.

I always speak with some trepidation in debates such as this. I cannot speak with the authority of the hon. Member for Strangford (Jim Shannon), my right hon. Friend the Member for Chingford and Woodford Green (Mr Duncan Smith) or my hon. Friends the Members for Beckenham (Bob Stewart), for Plymouth, Moor View (Johnny Mercer) or for Wells (James Heapey), who have been there and experienced it. In fact, I am afraid I am one of the lawyers of whom various hon. Members have spoken. However, I venture to say a few words simply to make the point that the abhorrence of lawfare is not confined to those who have served or are serving, but extends also to lawyers.

I am a barrister. Lawyers—those who serve at the Bar—have an honourable profession. They speak for people who cannot speak for themselves. They often speak for the downtrodden—people who need to be listened to but are not listened to at all. Members of the Bar are fiercely independently minded. They will say things that are not popular, and they will argue for causes for which no one else wants to argue. But sometimes they are put in the position of having to prosecute law, or defend law, that is wrong. When law is wrong, it is the job of Ministers to act and of Parliament to approve; the lawyers are put in the wrong position, and it is for us in this place to act. So it is in this case. The law needs adjustment to right this great wrong.

I feel very strongly about this matter, albeit from a different perspective from those who have spoken so movingly. I first came across this aspect of lawfare in 1993, when Lee Clegg, who was mentioned earlier, was on trial for murder. I was about 14 and, being probably an uppity little fellow, I wrote an essay saying how unjust I thought it was that someone who had made such a narrow decision in such trying circumstances was being tried for murder.

Of course, that was a highly controversial case. I will explain why I say that. I am grateful to my hon. Friend the Member for Beckenham for giving me his yellow card, upon which that case turned. Article 5 reads:

“You may only open fire against a person:

a. if he is committing or about to commit an act **LIKELY TO ENDANGER LIFE AND THERE IS NO OTHER WAY TO PREVENT THE DANGER**. The following are some examples of acts where life could be endangered, dependent always upon the circumstances”.

The third of those examples is

“deliberately driving a vehicle at a person and there is no other way of stopping him.”

The issue of driving at a person was the point on which the Clegg trial turned. That is an incredibly narrow distinction. That is why the case was so controversial at the time, and why it remains controversial to this day. The court was dealing with someone who at the time would have been in his teens or early 20s and under enormous pressure. My understanding of the case is that he fired shots as the car approached, which would not have been subject to action, and then a nanosecond later fired a shot through the rear windscreen, which sadly killed somebody. That was the point upon which the case turned.

Those who have served may well say, “The rules are what they are, and you have to accept and work within the rules.” Of course I entirely hear that. However, as my hon. Friend the Member for Wells pointed out, if it is difficult for someone to make that incredibly narrow distinction at the time, when they are frightened, under enormous pressure, young and inexperienced, how much more difficult is it 50 years later for them to remember how they felt and the reason they acted as they did?

Everyone should be clear. Neither I nor anyone else in this House is saying that servicemen should be above the law, but there is no moral equivalence whatsoever between servicemen who are involved in an unplanned incident—and who are sent to do a job, to protect people and to do their duty—and terrorists, who set out to do none of those things and who maim and murder. No one suggests that servicemen should be above the law. They do not want *carte blanche* to do whatever they like; they want recognition for the incredibly difficult and trying circumstances faced by servicemen who are young, inexperienced, frightened and under severe pressure, including having to make split-second decisions.

Dr Lisa Cameron (East Kilbride, Strathaven and Lesmahagow) (SNP): The hon. Gentleman is making an excellent speech and raising a number of notable points. I must declare an interest, in that my husband is a veteran. As a psychologist I have worked on trauma, which affects the brain after an incident. On trauma processing, in many circumstances it is extremely unlikely that people will have an accurate recollection. Surely that must also be taken into account in these cases.

Robert Courts: That is an outstanding point, and I entirely agree. My hon. Friend the Member for Wells made a similar point. I have not prosecuted or defended military cases such as these, but I have in cases of affray and assault. As any criminal barrister will say, if there are 10 witnesses to an affray, there will be 10 different versions of events. There are many reasons for that. Part of it is perception, but is also because everyone is involved in a stressful situation, and that has an effect on the brain. Of course, that is exacerbated over the course of months and years as time passes.

We would probably accept that there may be a need for investigations, but, as my right hon. Friend the Member for Chingford and Woodford Green said—I am glad he has returned to his place—it is a question of natural justice. If someone has been acquitted after being investigated by a proper competent authority, there comes a point when there should be no repeat investigations into those historical matters. That is close to the double jeopardy rule, which used to exist except in certain circumstances.

[Robert Courts]

I do not accept that there is no way in which the law can deal with these cases. I am grateful to the Secretary of State for indicating that a statute of limitations or a presumption not to prosecute—which amount to much the same thing—will be considered for those who served outside the UK. However, it would be incredibly difficult to apply two different regimes to a soldier who had happened to serve in both Iraq or Afghanistan and Northern Ireland. It is difficult to see how that would be a logically sustainable position for justice and the law of the land.

The point, essentially, is this: those who have put everything on the line for us are entitled, at the very least, to us drawing a line at a point after which they know they will not have to fear a knock on the door in the night. They should not have to fear a cavalcade of police cars taking them away when they are in their old age. I am grateful to the Secretary of State for her indication, but there are ways in which this matter can be dealt with. A statute of limitations would provide a safeguard for exceptional circumstances and new evidence; the same is true of a presumption not to prosecute. As I observed in our previous debate on this issue, civil law—which, obviously, is not the same—offers a similar safeguard for when matters come to light years later. To give one example off the top of my head, a witness may appear who had never been seen before. The law is able to do that; what we need is the political will.

This has been going on for far too long. Those who served in Northern Ireland are entitled to know that their country has got their back, just as they had their country's back at the time of maximum peril. We have had enough talk. We need action, and we need it now.

6.54 pm

Carol Monaghan (Glasgow North West) (SNP): This has been an extremely emotional debate in which many hon. and gallant Members have spoken passionately about their personal experience in Northern Ireland. We expect the highest standards from our armed forces, and that requires them to operate within the rule of law, in accordance with the rules of engagement. Military operations in Northern Ireland were highly stressful, so a high level of training was central to ensuring that discipline was maintained.

Many Members have spoken about the restraint they had to exercise during their service in Northern Ireland, and they described their exemplary behaviour. The actions of a few in the armed forces during Operation Banner, which, in the case of the Bloody Sunday killings, Prime Minister David Cameron described as “unjustified and unjustifiable”, let down their colleagues and made the overall task more difficult.

We have heard many examples of how stressful the process has been for the individuals and families involved. The hon. Members for Belfast East (Gavin Robinson), and for Plymouth, Sutton and Devonport (Luke Pollard), asked what sort of new evidence would be considered appropriate when looking at investigations. We need that important question answered. Many families have been left in limbo while investigations drag on, as have members or former members of the armed forces.

The legacy investigation branch of the PSNI is reviewing all deaths attributed to the security situation in Northern Ireland between 1968 and the Belfast agreement in 1998.

However, it is not only deaths attributed to security personnel that are being investigated. We therefore need to be careful about talk of soldiers being prosecuted or being easy targets for prosecution, and terrorists getting away scot-free, because that is simply not true. Any decision by the legacy investigation branch to prosecute is referred to the Director of Public Prosecutions for Northern Ireland. That is an independent process, without UK Government involvement.

As I said, we must be careful about the language we use. In March, the Northern Ireland Secretary was forced to issue an apology to the House for what she described as her “deeply insensitive” comments on state killings in Northern Ireland. She referred to her “inaccurate” comments on the actions of soldiers during the troubles. In her statement to the House, she declared:

“What I said was wrong. It was deeply insensitive to the families who lost loved ones in incidents involving the security forces.”

She added that any evidence of wrongdoing should be “pursued without fear or favour, whoever the perpetrators might be.”—[*Official Report*, 11 March 2019; Vol. 656, c. 74.]

That is crucial to the ongoing peace process. If we do not want to lose sight of what we have achieved in Northern Ireland and what we continue to want to achieve, we must be sensitive to the victims on both sides.

Mr Francois: Will the hon. Lady give way?

Carol Monaghan: No, I will not. We also must have confidence in the ability of the police and the judiciary in Northern Ireland to serve the people.

Mr Francois: Will the hon. Lady give way?

Carol Monaghan: I have already said that I will not.

Mr Francois: Why not?

Mr Peter Bone (in the Chair): Order. The hon. Member for Glasgow North West (Carol Monaghan) has every right to not give way, as the right hon. Gentleman knows. She has indicated that she does not want to give way.

Carol Monaghan: We must have confidence in the police and the judiciary in Northern Ireland, and it is for Stormont to reform those institutions if they are not serving Northern Ireland well. I certainly hope—I hope hon. Members will join me in this—that Stormont will function fully again in the future.

That said, none of us wants former or current members of the armed forces to be treated unfairly when accusations of wrongdoing are made. I hope that we all support the idea of justice being done, and that includes fairness to our armed forces personnel, who are entitled to due process in answering allegations made.

Our armed forces have our gratitude for defending us and our values in traumatic and highly stressful situations. The then Prime Minister David Cameron made a statement to the House on 15 June 2010, the day the Saville report was published. He said that

“the conclusions of this report are absolutely clear: there is no doubt; there is nothing equivocal; there are no ambiguities. What happened on Bloody Sunday was both unjustified and unjustifiable. It was wrong.”—[*Official Report*, 15 June 2010; Vol. 511, c. 739.]

The hon. Member for Beckenham (Bob Stewart) talked about the yellow card—he has his yellow card here—and about the rules of engagement that had to be adhered to

during any conflict. However, Prime Minister Cameron went on to quote the report's finding that "none of the casualties shot by soldiers of Support Company was armed with a firearm...in no case was any warning given before soldiers opened fire."

David Simpson (Upper Bann) (DUP): Will the hon. Lady give way?

Carol Monaghan: No, I will not.

David Simpson: The provos did not give many warnings.

Carol Monaghan: I sincerely hope the hon. Gentleman is not comparing members of our armed forces to terrorists.

James Heapey: He is not; you are. You started it.

Carol Monaghan: These investigations must not be time-constrained. The idea that after a set period of time a line is drawn under past incidents does not support the families' need for resolution.

The Chair of the Select Committee on Defence made some interesting points in talking about the report. He mentioned a truth recovery mechanism. Such a mechanism will need to investigate incidents; regardless of what we do, there has to be some sort of closure for families and for victims.

Dr Julian Lewis: Does the hon. Lady accept that the great advantage of the truth recovery mechanism is that by removing the threat of prosecution, the truth is more likely to come out, so families will find resolution?

Carol Monaghan: The right hon. Gentleman makes an important point; I do not think any of us here want to see 70-year-old former soldiers going to jail. However, in order to get to the truth, there has to be investigation. He has to acknowledge that part of this is tied up with the Belfast agreement; we cannot start to make changes without having an impact on that agreement.

In 2012, Her Majesty's inspectorate of constabulary inspected the role and function of the Historical Enquiries Team. The subsequent report was highly critical of the Historical Enquiries Team, and in 2013 the PSNI announced that it would review all military cases relating to the period from 1968 until the time the Good Friday agreement was signed, in order "to ensure the quality of the review reached the required standard". Surely, when we know the original investigations were flawed—they did not include full, written witness statements and did not take account of all the ballistic evidence—we cannot object to attempts to reach the truth.

This Parliament has a responsibility to support the peace process. None of us wants a return to the violence of the past. Reconciliation and trust are key elements of the process, but if this place were to introduce legislation that prevents still-grieving families from learning the full truth about those who killed their loved ones, that fragile process would be put at risk.

7.3 pm

Stephen Pound (Ealing North) (Lab): It is a pleasure to serve under your chairmanship, Mr Bone. I congratulate the hon. Member for Southport (Damien Moore) for bringing the debate.

It is a common truism and an error when people pay credit to debates by saying they are the most important they have heard; on this occasion, that is not an exaggeration. We have been privileged to hear some extraordinary testimony, not just from eye witnesses,

but from people who have made it their business to study this awful, tragic business over many years. On the one hand, we have the ugly, unfortunate and unacceptable image of pensioners being dragged from the golf course, but on the other hand we have to look into the eyes of those whose relatives were killed. I am glad that some people mentioned the victims; it is important to mention them.

We have to ask ourselves: are we seriously saying that at no stage, at any time in the 30 years of Operation Banner, no person in British Army uniform committed murder? I think we all know that there were incidents: four soldiers were convicted of murder during that period, although in one instance, the case was then downgraded to manslaughter. All four were sentenced to life imprisonment; all four were released by the royal prerogative after fewer than five years; and all four rejoined the British Army. I have not met a single person serving or formerly serving in the armed forces who has anything but contempt for soldiers who break their oath and act outside the area that they should; that is incredibly important. We have to recognise that there are two sides. Obviously, we have sympathy for people.

In many ways the hon. Member for Witney (Robert Courts) encapsulated the heart of the problem. He implied—he may have meant to do more than that—that we should have prosecuted at the time; the problem is justice delayed. As these cases were not prosecuted at the time, we are led to the present situation. To have prosecuted at the time might have been more sensible.

The hon. Member for Southport said that over 3,000 people died during the troubles; that bears repetition. Probably the most chilling statistic I have ever heard is that more than that number have killed themselves since the Good Friday agreement. There have been over 3,000 suicides in Northern Ireland. That tells us something about the continuation of the horror that has bitten deep into the soul. When we hear the testimony of the hon. Member for Strangford (Jim Shannon)—I call him my friend—we realise how raw these emotions still are. That is why, if at all humanly possible, we have to be as dispassionate as we can be. That is not easy. We are talking about points of law, and about decisions that we take in this House that will echo down the ages, for years to come; we have to be cautious and careful in what we say.

My hon. Friend the Member for Plymouth, Sutton and Devonport (Luke Pollard) rightly referred to the chain of command, which has not been discussed overmuch. In some cases, ordinary troops—ordinary soldiers, ordinary sailors, ordinary airmen and women—were let down by the chain of command.

That brings me to the extraordinary speech of the hon. and gallant Member for Beckenham (Bob Stewart). I was privileged to be in the House on the incredible occasion when he quoted Kipling:

"it's Tommy this, an' Tommy that, an' 'Chuck him out, the brute!"

But it's 'Saviour of 'is country' when the guns begin to shoot". I never saw active service, but from the emotion that he showed on that occasion and has shown today, I felt the real importance of the debate.

The hon. and gallant Gentleman spoke about the yellow card. There has been much discussion about the yellow card, but I think we need to have a few facts. It was amended six times between 1969 and 1972, and

[Stephen Pound]

was never, ever intended to supersede the common law, which gives the right of self-defence. Nobody ever suggested that the yellow card was anything other than a source of guidance; it did not supersede the common law. The central point is that the law has to apply to all on every occasion.

Mr Francois: Will the shadow Minister give way?

Stephen Pound: I happily give way to the former Defence Minister.

Mr Francois: I am grateful. Will the hon. Gentleman remind us what colour the card was that the IRA had to abide by before opening fire on civilians or servicemen?

Stephen Pound: If there is one thing that has echoed round this Chamber today, it is that there is no equivalence between troops and terrorists—between people who wear uniform and people who wear balaclavas. I am sorry, but I resent the right hon. Gentleman's point; I think that the attempt to make it demeans the quality of the debate. He was a very distinguished Defence Minister, and he speaks with good sense on many occasions, but that point was slightly unworthy of him.

The hon. Member for Belfast East (Gavin Robinson) rightly spoke about the rule of law. He mentioned something that I still find almost too agonising to think about: the on-the-run letters. I can do no better than quote Mark Durkan, formerly of this parish, who said that he felt those letters blighted the peace process

“with their penchant for side deals, pseudo-deals...shabby deals and secret deals”.—[*Official Report*], 26 February 2014, c. 249.]

That is recognised on this side of the House, and I hope on all sides. They are not defensible, and we would not seek to defend them today.

The right hon. Member for New Forest East (Dr Lewis) raised an extremely interesting point, to which a few others have referred: the almost unbearable tension in the mind of a 17, 18 or 19-year-old person who knows that at any minute something they do could have lethal consequences—against them, or from them. That is the point: it is just as terrifying for them to think of the damage they could do to someone as to think of the damage that that person could do to them. The point that the right hon. Gentleman made about that fear is something that only people who have been in the situation can understand, and I am grateful to have heard what he said. The hon. Member for Strangford talked about the environment of tension, and that is something we need to talk about.

The hon. Member for Plymouth, Moor View (Johnny Mercer) widened the horizons of the debate, and talked about IHAT and lawfare. I have no case to make for lawfare or those ambulance-chasing scoundrels of lawyers who somehow manage to infest the lower reaches of the legal system like foul leeches, trying to take blood from our people. I have no time for those people who came up with trumped-up cases to embarrass, and in many cases threaten and terrify, people who had served with distinction and honour. I have no time for those leeches, those bloodsuckers, those ambulance-chasing scumbags.

Robert Courts: Will the hon. Gentleman give way?

Stephen Pound: I have another half-dozen insults to go. I appreciate that the hon. Gentleman has today confessed in public to being a lawyer, so if he wants to redress the balance, I happily give way to him.

Robert Courts: I was enjoying listening to the stream of insults, but I feel I should perhaps stick up for my profession and reiterate my point that lawyers just interpret the law as it stands. It is for Ministers to act and Parliament to make the law. If there is a problem, as many of us will accept there is, it is for us to deal with it, and not blame the lawyers.

Stephen Pound: Fabrication of evidence is not a legal requirement of the British Parliament. We have not at any stage stated in part 3, paragraph (27)(b) of schedule 2, “thou shalt go forth and fabricate evidence”. There are more than enough cases in which people have fallen way short of the high standards of the legal profession so gloriously and elegantly exemplified by the hon. Gentleman.

I have heard many speeches by the right hon. Member for Chingford and Woodford Green (Mr Duncan Smith), and have never regretted a second that I spent listening to them, because he speaks with profound good sense. Today he gave us the slightly unusual perspective of the man in the caravan in the masonic hall car park. Again, he made the point about the impact of tension on young people. Often in groups of young people in such a situation, one person tends to lead, and if there is one person in a platoon with a contemptuous and contemptible attitude towards the people they are supposed to be protecting, that will often ratchet up. A person will say things that are unforgivable, and other people in the platoon, in the file, or on the mess deck, will be uncomfortable about challenging it. That happens with human behaviour. It is human. It is important to realise it.

We cannot mention too often the name of the late Captain Robert Nairac. We are at the anniversary of his disappearance and death. What a tragic waste of a life it was. It was one of 3,500, by all means, but he was a man who gave his all—everything—for his country, and I do not think that we can forget him.

I found it extraordinarily moving when the hon. Member for South Dorset (Richard Drax) talked about arriving, as a newly commissioned officer, in civvies on a civilian transport into Northern Ireland, and finding he was in a country—a place—he did not recognise. Is that not part of the problem? On our relationship with “John Bull's Other Island”, we often do not understand Ireland or the Irish. It would have been even more honest of the hon. Gentleman to say that he had, perhaps, some preconceptions about Ireland, but he had the courage to say that when he arrived there, he did not realise the full nature of the place he was coming to. I think that that shock was dramatic, and what he said was much to his credit.

Richard Drax: The shadow Minister is covering all the speeches that have been made with great eloquence. Can he give us a flavour of where Labour stands on what, as he clearly indicates, is a very emotive issue?

Stephen Pound: Yes, indeed. The hon. Gentleman will be delighted to know that our shadow Secretary of State for Defence has issued a statement via something called Twitter that sets out the whole thing. Rather than take up the time of the House, which is short, I shall send him across a copy, which enunciates precisely what we are doing.

The hon. Member for Wells (James Heappey) talked about Kabul and about a wider situation. However, what the issue comes down to, and the point I shall

finish on, is that I am not precisely sure what the petitioners are asking for. They are not asking for an amnesty or for a statute of limitations, because, frankly, justice cannot be time-expired. We cannot have a situation in which a crime is a crime one day and, a few years later, is not, so I should like to know exactly what they want. If there is one thing that everybody in the Chamber agrees on, it is that this matter has been dealt with without sensitivity, subtlety or good sense. The idea of a cavalcade of police rocking up at someone's house at 5 or 6 o'clock in the morning is indefensible. We cannot go there, so we need to be much more sensitive. If we cannot turn the clock back to investigate the cases that happened at the time, and if we are going to investigate them now, we need to be sensible. Above all, we need to remember two groups: the veterans, by all means; but also let us never forget the victims.

7.16 pm

The Minister of State, Northern Ireland Office (John Penrose): It is good to have you looking after the second half of the proceedings, Mr Bone. I echo the repeated compliments and tributes to my hon. Friend the Member for Southport (Damien Moore), who led this tremendously important debate, kicking off a set of angry, passionate and emotional contributions from colleagues, many of whom have served in Her Majesty's armed forces. Even those who have not—including those who have confessed to being lawyers—have been incredibly understanding and sympathetic to the plight being discussed today. My hon. Friend rightly started by saying that the vast majority of the deaths caused during the troubles were caused by terrorists. A very small minority can be attributed to the actions of Her Majesty's armed forces.

I should pause to say that, if we listen to veterans, we find that this is not just a question of prosecutions, although those are difficult enough and require a lot of support. It is also a question of the repeated and unending investigations before any prosecution ever happens. In fact, in most cases no prosecution has ever happened but people live in fear of the knock on the door, the cavalcade of police cars turning up at 5 am, and the repeated interviews, which are often, as my hon. Friend the Member for Wells (James Heapey) eloquently put it, about events that not only happened 30, 40 or 50 years ago, but happened in the fog of war, and were hard to remember, define and record a few days later, let alone decades further on.

We heard a catalogue of worries, concerns and justified outrage, and comments about betrayal, injustice and lawfare. I thought one of the most telling contributions was made by my right hon. Friend the Member for Newbury (Richard Benyon), who intervened early in the debate. He is a former Green Jacket and I think his point was widely accepted. It was that soldiers went out to protect innocent civilians, whereas terrorists went out specifically to kill and maim. His point was that there should be no moral equivalence between those two purposes. That point has been made many times by other Members during the debate.

One of the most powerful speeches that I have heard in a long time was made by my hon. and gallant Friend the Member for Beckenham (Bob Stewart). Equipped with his yellow card, which he had kept all this time since his tours in Northern Ireland, he made the point about decisions made in milliseconds that get re-examined

at leisure in peaceful courtrooms many years later. That approach to justice is extremely hard to justify. He also eloquently made a point that others made when he said, "We always acted within the law. If we did not, we should be prosecuted." That point has been made repeatedly by other people here—in fact, my hon. Friend the Member for Southport made it in kicking this thing off. He said that the rule of law must be applied but that for servicepeople breaches of those laws were a very rare exception and not the norm.

Nobody here is trying to pretend, and I have not heard a single person say, that those breaches of the law should not be treated with the utmost care, gravity and severity, but nor should we pretend that they were common, ubiquitous or frequent. When we try to maintain a sense of proportion and balance, which many people have rightly pointed out is widely felt not to have been achieved, it is essential that we do not forget that central fact.

The hon. Member for Belfast East (Gavin Robinson) made the correct point that sacrifice does not come in different grades. He said that any solution must work under article 2 of the Human Rights Act, and he is right about that. He also made a crucial distinction between an amnesty and a statute of limitations, a point echoed later on, and rightly said that we must do more before, in what I thought was one of the more affecting moments, reading out a very sombre and sober list of names of some of the people killed in just the few weeks before the Bloody Sunday outrages.

The Select Committee Chair, my right hon. Friend the Member for New Forest East (Dr Lewis), was extremely careful in his views. He said that we need to make progress, and in fact we are making some progress, but we have not made nearly enough. He then mentioned the Nelson Mandela approach; I will come back to that point, because it is central to any potential action and solution that we may want to come to later.

I will try to ensure that not only do I leave a few moments for my hon. Friend the Member for Southport to respond, but that at the end of this I suggest some actions that can be taken. People have said repeatedly, and rightly, that words are all very well; politicians, as we all are here, are good at words. I am afraid that as a Westminster Hall debate, this does not end in legislation per se, so we cannot debate a law here this afternoon, but we can at least start to move toward actions, and I hope to be able to propose some of those.

Richard Drax: Can my hon. Friend tell us why the Prime Minister excluded Northern Ireland veterans from the 10-year exclusion policy, which I believe is hopefully going to go forward?

John Penrose: This was discussed at some length in the urgent question last Thursday, and a number of hon. Members have made the important point during the course of this debate that was also made on Thursday: for people serving on Operation Banner, it did not feel any different. It felt the same whether they were patrolling in Northern Ireland or in Basra or Afghanistan—it did not matter where. The surroundings might have been different, but it felt the same and they felt under the same pressures. I think everyone here has rightly made the point that morally, as a society, we owe Northern Ireland veterans the same debt of gratitude. Not only that, but, as my hon. Friend the Member for Wells said,

[*John Penrose*]

no matter what happens, “Come what may, we’ve got your back.” No matter where people served, that should be the outcome.

The difficulty, to answer the point by my hon. Friend the Member for South Dorset (Richard Drax), is that in strict legal terms, the legal basis on which the service took place differs depending on whether it was abroad or in the UK. Our challenge as lawmakers is to ensure that the outcome for our servicemen and women is the same. They may have to start from different places, but the destination must be the same; if we cannot do that, we will have failed, and failed really badly.

Gavin Robinson: Will the Minister give way?

John Penrose: Very briefly; I am conscious of ensuring I have enough time.

Gavin Robinson: I am grateful to the Minister, because he conceptualises the challenge well: is he up for it?

John Penrose: I certainly am. I hope to come on to at least some initial comments about the actions we might be able to take as a Parliament, a Government and a society.

Mr Baker: Will the Minister allow me?

John Penrose: Very briefly, and then I must make progress.

Mr Baker: I am sure we are all concerned to get to root causes, so I hope the Minister will get to the Stormont House agreement.

John Penrose: That is indeed one of the points I will make when we come to the actions. I will briefly mention the hon. Member for Strangford (Jim Shannon), who made one of the most emotional contributions; he served, I think, in Northern Ireland himself, and he is absolutely right in his enjoiner that we must all be honourable and do right by our veterans.

One of the most thoughtful examples of controlled anger of the afternoon came from my hon. and gallant Friend the Member for Plymouth, Moor View (Johnny Mercer), who said that we must do more. I think everybody here would agree with that. He also said that we are not asking for an amnesty for war crimes and that a statute of limitations, pure and simple, cannot work because there should never be a time limit on serious criminal behaviour, although he also said that something around the announced presumption of non-prosecution looks promising. In a point that I think we would all echo, my hon. Friend was also rightly contemptuous of the false narrative of hope that the legal teams of the lawfare profession are using to manipulate victims’ grief.

I will not go through everybody, but I wanted to say that my right hon. Friend the Member for Chingford and Woodford Green (Mr Duncan Smith) rightly stated the point I was just making: the fact that this is UK law rather than service abroad cannot be used as an excuse for failing to help Northern Ireland service versus service abroad. That cannot stand, and it is a deep injustice.

I am under pressure of time, so I will gloss over some of the other comments, but they were all valid. My hon. Friend the Member for South Dorset, himself a former Grenadier Guard, made the point that our words must

match our actions, and he is right. My hon. Friend the Member for Wells, a former rifleman, asked how legal cases can justly be tried decades later, after the fog of war has passed.

My right hon. Friend the Member for North Shropshire (Mr Paterson), himself a former Secretary of State for Northern Ireland and thus a man with personal experience of many of these policy issues, said something that, again, I think would be echoed rightly around this Chamber: no further legal process should happen unless there is clear and categorical new evidence, a point also made by my hon. Friend the Member for Witney (Robert Courts), who said we should not go anywhere near what used to be called the double jeopardy rule, under which someone cannot be tried twice for the same offence.

What must we achieve? We must achieve an answer that will do several things. Of course it must work for veterans in the armed forces, but it must also work for former police officers, prison guards and wardens too. They are not in the armed forces and they work on a different legal basis, but the answer must work for them as well. It must work for innocent, peaceful Catholics and Protestants alike in Northern Ireland—people who have never served or wanted to serve, but were potentially in the line of fire from some of the actions that look place.

Our answer must work for the victims and the families of the victims. We have heard some of that, but it needs to be emphasised. Most importantly, it must work in court so that, when the inevitable legal challenges come from the lawfare brigade, this thing is robust and stands up; if it does not, we will have failed in our duty to protect our former servicemen and women. There is no point coming up with something that sounds great, but falls over the first time a clever lawyer pokes it in court. That will not stand.

Finally—I have treble-underlined this in my notes—our answer must draw a line and allow people to move on. It must allow not only the victims and the veterans, but the whole society in Northern Ireland, to draw a line. That is why I come back to the point made by the Chairman of the Defence Committee. There is not an exact comparison between Northern Ireland, which is a unique place, and South Africa, but there are many parallels. We must find some way of creating an approach that will allow people to get closure, truth and justice.

What I hope and expect we will do is, first, to publish very soon the results of the consultation so we can all see what people in Northern Ireland genuinely think about the details of the questions. Secondly, promptly after that, I expect us to announce the Government response, which must be actions, not words. The Stormont proposals are a starting point, but there are genuine concerns on all sides about the details of those proposals. They cannot stand as they are, but they are a good starting point and we need to work on the details of how we modify them so that we can bring forward a Bill.

The crucial thing is the point made by my right hon. Friend the Member for Chingford and Woodford Green: when natural justice collides with the law, the law must change. That is what we do here.

7.29 pm

Damien Moore: It is a pleasure to serve under your chairmanship for the conclusion of this debate, Mr Bone. I thank all right hon., hon. and gallant, and hon.

Friends and Members for their contributions, particularly my hon. and gallant Friend the Member for Beckenham (Bob Stewart) and the hon. Member for Strangford (Jim Shannon).

We have a moral obligation to ensure that justice is done. That does not mean special treatment for veterans, but it does mean that if, for example, we are to have a statute of limitations, they are not excluded from it. They deserve fairness, justice and closure on this issue.

Question put and agreed to.

Resolved,

That this House has considered e-petition 243947 relating to immunity for soldiers.

7.30 pm

Sitting adjourned.

Written Statements

Monday 20 May 2019

CHANCELLOR OF THE DUCHY OF LANCASTER AND CABINET OFFICE

Facility Time Guidance

The Parliamentary Secretary, Cabinet Office (Oliver Dowden): I wish to update the House on the progress being made to monitor trade union facility time usage within the public sector.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017, requiring public sector organisations who employ over 49 full-time equivalent employees to publish information relating to trade union usage/spend.

The Government are today publishing updated guidance to support organisations to meet this important legislative requirement. On 3 June we will launch a new online recording system as part of the facility time publication service, enabling all public sector organisations to centrally submit facility time data by the deadline of 31 July. All organisations should report facility time data before this date, and guidance to this effect is included in the tool.

The Government recognise that there are significant benefits to both employers and employees when organisations and unions work together effectively to deliver high- quality public services, but facility time within the public sector must be accountable and represent value for money.

For 2017-18, compliance varied considerably across the wider public sector, with returns in some areas of just over 60%. The civil service saw the highest levels of compliance, with just over 99% of expected returns received.

Returns to the civil service show a 0.06% spend on facility time as a percentage of the pay bill, demonstrating greater accountability and an effective use of taxpayers' money. Measures taken to encourage these sensible savings include reforms that require trade union representatives to spend at least 50% of their time delivering their civil service job. Average spend across the public sector was higher, especially in local government.

The Government encourage all public sector organisations to reduce facility time spend to the levels seen in the civil service, in order to ensure it achieves

value for money. The Government estimate these potential savings amount to £14 million across the public sector.

[HCWS1567]

HOME DEPARTMENT

Border Arrangements

The Secretary of State for the Home Department (Sajid Javid): I am pleased to inform the House that from today visitors and entry clearance holders from Australia, Canada, Japan, New Zealand, Singapore, South Korea, and the United States will be able to use e-passport gates at all 15 UK airports and juxtaposed controls where they are in operation. I am further pleased to inform the House that from today the requirement to complete a landing card will be removed for passengers of any nationality arriving in the UK.

Allowing these seven nationalities to use e-passport gates and removing the requirement for arriving passengers of any nationality to complete a landing card will allow us to control our borders in a way that works to the UK's best interests, while also demonstrating to the rest of the world that Britain is absolutely open for business. The vast majority of these nationals arriving in the UK will be eligible to use e-passport gates, with only some groups coming for specific migration purposes still needing to see a Border Force officer on arrival, for instance short-term students who do not hold a visa.

The expansion of e-passport gate eligibility to eligible travellers from Australia, Canada, Japan, New Zealand, Singapore, South Korea, and the United States was first announced in the Budget last year. I further announced on 3 December 2018 that this expansion would also include eligible travellers from Singapore and South Korea.

Introducing these changes has required a large body of work to be completed, including the introduction of a statutory instrument allowing the seven nationalities to use e-passport gates, which was laid before the House on 3 December 2018 and came into force on 11 March 2019. The decision to withdraw landing cards for all passengers has been taken following a public consultation, the response to which I am placing in the Library of the House today.

I am pleased that we have been able to introduce these changes ahead of schedule.

[HCWS1566]

Petition

Monday 20 May 2019

OBSERVATIONS

BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

The regulation of the Hair, Barber and Beauty industries

The petition of residents of the United Kingdom,

Declares that based upon recent research from industry, stakeholders and the general public, (upwards of 84% average of all respondents), there is a strong need and desire to amend this Act of Parliament from voluntary to that of mandatory; further that currently the hair, barber and beauty industries are completely unregulated which the public and industry find totally unacceptable and not in line with protecting the public from untrained and unqualified practitioners, including cases of poor health, safety and hygiene standards; further that with the current modern day slavery issues together with the use of pre cursor chemicals used in the making of incendiary devices, by giving industry the tools to self-regulate, we can make a huge contribution to challenging and stamping out these illegal and dangerous practices.

The petitioners therefore request that the House of Commons urge the Government to amend this Act of Parliament to that of 'Mandatory' while including Beauty into the body of the 'Act', thus allowing industry to self-regulate with the remit to raise the standards of quality and training within the industry, whilst also raising the perception of the industry with the general

public and protecting them from any form of malpractice; the petitioners further request that the Hair and Barber Council be consulted when amending this Act.

And the petitioners remain, etc.—[Presented by John Mc Nally, *Official Report*, 12 March 2019; Vol. 656, c. 312.]

[P002432]

Observations from the Parliamentary Under-Secretary of State for Business, Energy and Industrial Strategy (Kelly Tolhurst):

The Government recognise the petitioner's request to amend the Hairdressers (Registration) Act 1964 ('the Act') to make state registration mandatory, and to include 'Beauty' into the body of Act.

To amend the Act would require demonstrating a market failure which needs regulatory intervention. It would also require an impact assessment that demonstrates a benefit to the public that is greater than the cost to business.

The Small and Micro Businesses policy requires that small and micro businesses be exempt from new regulatory measures where possible. There are approximately 42,000 hair and beauty businesses in the UK employing around 260,000 people. 93% of the businesses employ less than 10 people, 70% less than five people. As the majority of the industry falls within the small and micro business classification, we believe that mandatory registration would prevent the policy aims being achieved.

The petition also highlights 'cases of poor health and safety issues as well as hygiene, and the control of dangerous substances'. These areas are already highly regulated by health and safety legislation, enforced by local authority environmental health departments.

We would therefore encourage the hair and beauty industry to come together to formulate and agree measures—including alternatives to regulation—needed to drive up the standards of exemplary customer service and wellbeing in this vibrant and valued sector.

Ministerial Corrections

Monday 20 May 2019

WALES

Policing

The following is an extract from Wales Questions on 15 May 2019.

Susan Elan Jones: I welcome the Minister to his place, but I wish he would not just regurgitate Tory twaddle. When the National Audit Office makes it clear that central Government funding to police has fallen by 30% in real terms since 2010-11, and when the cross-party Home Affairs Committee makes it clear that the funding structure is not fit for purpose, can we have some action? Can we have some standing up for Wales instead of the vacuous nonsense we get from this Tory Government?

Kevin Foster: It has to be said that anyone who wants to hear vacuous nonsense can just listen to those sort of attacks in the Chamber. Let us be clear: in 2015-16, the combined budget for North Wales police was £139.8 million; in 2019-20, it will be £115.8 million. That shows the increase in funding that is going on. Three out of the four forces in Wales are rated good for effectiveness, which is the subject of the main question.

[Official Report, 15 May 2019, Vol. 660, c. 209.]

Letter of correction from the Under-Secretary of State for Wales, the hon. Member for Torbay (Kevin Foster):

An error has been identified in the response I gave to the hon. Member for Clwyd South (Susan Elan Jones).

The correct response should have been:

Kevin Foster: It has to be said that anyone who wants to hear vacuous nonsense can just listen to those sort of attacks in the Chamber. Let us be clear: in 2015-16, the

combined budget for North Wales police was £139.8 million; in 2019-20, it will be **£155.8 million**. That shows the increase in funding that is going on. Three out of the four forces in Wales are rated good for effectiveness, which is the subject of the main question.

EXITING THE EUROPEAN UNION

Leaving the EU: Expenditure

The following is an extract from Exiting the European Union questions on Thursday 16 May 2019.

17. **Mr McFadden:** How much Government Departments have spent on preparations for leaving the EU without a deal. [910937]

James Cleverly: Additional EU exit funding allocated by Her Majesty's Treasury to Departments and devolved Administrations covers all scenarios. No-deal spending cannot readily be separated from deal spending, given the significant overlap in plans in many cases. Since 2016, the Treasury has allocated more than £2.4 billion of funding for all exit scenarios.

[Official Report, 16 May 2019, Vol. 660, c. 358.]

Letter of correction from the Under-Secretary of State for Exiting the European Union, the hon. Member for Braintree (James Cleverly):

An error has been identified in my response to the right hon. Member for Wolverhampton South East (Mr McFadden).

The correct response should have been:

James Cleverly: Additional EU exit funding allocated by Her Majesty's Treasury to Departments and devolved Administrations covers all scenarios. No-deal spending cannot readily be separated from deal spending, given the significant overlap in plans in many cases. Since 2016, the Treasury has allocated more than **£4.2 billion** of funding for all exit scenarios.

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PETITION

Monday 20 May 2019

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