

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT
GENERAL COMMITTEES

Public Bill Committee

BOTULINUM TOXIN AND COSMETIC FILLERS (CHILDREN) BILL

Wednesday 25 November 2020

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CLAUSES 1 to 6 agreed to.
Bill to be reported, without amendment.

No proofs can be supplied. Corrections that Members suggest for the final version of the report should be clearly marked in a copy of the report—not telephoned—and must be received in the Editor’s Room, House of Commons,

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Sunday 29 November 2020

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The Committee consisted of the following Members:*Chair:* CHRISTINA REES

† Atherton, Sarah (*Wrexham*) (Con)
 † Baynes, Simon (*Clwyd South*) (Con)
 Champion, Sarah (*Rotherham*) (Lab)
 Costa, Alberto (*South Leicestershire*) (Con)
 Coutinho, Claire (*East Surrey*) (Con)
 † Crosbie, Virginia (*Ŷnys Môn*) (Con)
 † Cummins, Judith (*Bradford South*) (Lab)
 Davies-Jones, Alex (*Pontypridd*) (Lab)
 † Dorries, Ms Nadine (*Minister for Patient Safety,
Mental Health and Suicide Prevention*)
 Foy, Mary Kelly (*City of Durham*) (Lab)

† Harris, Carolyn (*Swansea East*) (Lab)
 † Johnston, David (*Wantage*) (Con)
 † Jones, Fay (*Brecon and Radnorshire*) (Con)
 † Jones, Mr Kevan (*North Durham*) (Lab)
 † Owen, Sarah (*Luton North*) (Lab)
 † Throup, Maggie (*Lord Commissioner of Her
Majesty's Treasury*)
 † Trott, Laura (*Sevenoaks*) (Con)

Adam Mellows-Facer, *Committee Clerk*

† **attended the Committee**

Public Bill Committee

Wednesday 25 November 2020

[CHRISTINA REES *in the Chair*]

Botulinum Toxin and Cosmetic Fillers (Children) Bill

9.25 am

The Chair: Welcome to this Public Bill Committee. Before we begin, I have a few preliminary announcements. Members will all understand the need to respect social distancing guidance; if necessary, I will intervene to remind you. Note passing should be electronic only. The *Hansard* reporters would be grateful if Members emailed their speaking notes to hansardnotes@parliament.uk.

The selection list for today's sitting is available in the room and online. It shows how the selected amendments and clauses have been grouped together for debate. Formal decisions on amendments and clauses will be taken in the order they appear in the Bill.

Clause 1

OFFENCE OF ADMINISTERING CERTAIN SUBSTANCES TO A
CHILD

Carolyn Harris (Swansea East) (Lab): I beg to move amendment 1, in clause 1, page 1, line 17, after “practitioner” insert “and deemed the procedure to be medically necessary”.

The Chair: With this it will be convenient to discuss amendment 2, in clause 1, page 1, line 21, after “practitioner” insert “who deemed the procedure to be medically necessary”.

Mr Kevan Jones (North Durham) (Lab): It is a pleasure to serve under your chairmanship, Ms Rees. I broadly support the amendments, which I understand are of a probing nature. When we have the stand part debate, I will raise other concerns with clause 1, but I should start by congratulating the hon. Member for Sevenoaks for bringing the Bill forward.

The amendment tabled by my hon. Friend the Member for Swansea East is really about medical practitioners. We all want to think that medical practitioners are of the highest quality and abide by the law, but in this area that is not always the case—even in cases that are medically necessary. For a number of years, I have been involved in highlighting the lack of regulation when it comes to botox and fillers and the cosmetic surgery industry more broadly. The good thing about this Bill, although it is quite small in terms of changing the law, is that it is a welcome first step. There is cause for a lot more regulation in the area generally.

At the moment, the prescription of botox for cosmetic procedures is controlled, but there is clear evidence that medical practitioners are prescribing it in a way that leads to queries over the medical supervision. I would like to put my trust in the General Medical Council, but I have to say that my experience is that it is woefully inadequate in protecting the patient. A number of Members

have met my constituent Dawn Knight, whose medical negligence case against her doctor took nearly five years to conclude.

I accept that there are situations where the prescription of botox, even for under-18s, is medically needed, but that needs to be explicitly in the Bill—that would then provide protection. I accept that there is then going to be an argument about the courts having one description and the GMC another. The problem is, however, that the GMC is failing. We need the law to be very clear that medical practitioners need a medical reason for prescribing botox for under-18s. Without having the wording in the Bill, people might somehow argue that because they are a medical practitioner, they can prescribe it whatever. The idea being advanced through these amendments, arguing about the medical necessity, would make the Bill stronger.

I accept that my hon. Friend the Member for Swansea East has tabled probing amendments, but we need to look at the issue as the Bill progresses. I will raise some of the broader issues, including my concerns about medical practitioners, in the clause stand part debate.

The Chair: Do any Front Benchers wish to speak at this stage? No? In that case, I bring in Carolyn Harris.

9.30 am

Carolyn Harris: Thank you, Ms Rees. I am not being presumptuous by sitting in the shadow Minister's seat; I am merely observing social distancing. I would not presume to elevate myself to such great heights.

I would first like to congratulate the hon. Member for Sevenoaks on having secured parliamentary time to debate this important issue, and I welcome the Bill's principle of protecting vulnerable young people. The amendments I have tabled are simply intended to improve the Bill. They aim to ensure that no person under 18 years of age receives a non-surgical cosmetic procedure unless it is deemed medically necessary, and medical advice has previously been sought.

As the co-chair of the all-party parliamentary group on beauty, aesthetics and wellbeing, alongside my hon. and dear Friend the Member for Bradford South, I recognise the importance of this Bill and its aim of protecting our young people. The APPG is currently conducting an important inquiry into non-surgical cosmetic procedures, and we have found that all representatives from the beauty industry and beyond are united in supporting a restriction on all persons under 18 years of age.

I am concerned that the Bill, as it is currently worded, would allow registered medical practitioners, as well as regulated health professionals under the direction of a registered medical practitioner, to carry out procedures on any person under the age of 18 without needing to provide medical evidence. I want to be absolutely clear: no practitioner should be exempted from this measure simply because of their qualification level.

It is important to make the case for rare exceptions, as non-surgical cosmetic procedures have uses outside aesthetics: for example, when treating certain muscle conditions such as dystonia, which is a type of uncontrollable muscle spasm. At the beauty, aesthetics and wellbeing APPG session yesterday, on ethics and mental health, it was emphasised by our expert witnesses

that medical exemptions must be at the discretion of medical professionals such as psychologists, not left to the devices of the practitioner. One thing I found very disturbing is that we were given evidence by eminent experts in this field who told a story of some medical practitioners seeking excuses to carry out procedures during lockdown that would have justified them being able to practise. I felt that the Minister should know that.

I know that the hon. Member for Sevenoaks accepts the principle of these amendments, and I urge the Minister to consider how to protect vulnerable groups in our society, especially young people who are influenced by social media, peers, and in some cases the industry itself. I know that the hon. Lady will keep us informed about progress, and I urge the Government to make sure that we find a way to protect these young people going forward.

The Minister for Patient Safety, Mental Health and Suicide Prevention (Ms Nadine Dorries): It is a delight to serve under your chairmanship, Ms Rees. I pay tribute to my hon. Friend the Member for Sevenoaks for all the hard work and commitment she has put into bringing the Bill forward. She had the delight of being drawn first in the ballot, but the passion and commitment she has shown to this issue, which is close to all our hearts, is second to none.

I thank the right hon. Member for North Durham and the hon. Member for Swansea East. Since I took up this post, the right hon. Gentleman has contacted me, written to me, spoken to me personally, and cornered me in the Tea Room and the corridors to talk to me about this subject many times. I know that he is passionately committed to the subject and the amendments that we are here to talk about. He has been relentless in his pursuit, letter writing and lobbying on the issue.

The hon. Member for Swansea East never rises to speak unless she firmly believes in what she is saying. She is an MP of principle and belief. It is a delight to have her in the House and we are the better for her presence here.

Can I clarify something, Ms Rees? Do you want me to make my comments now or are we going to the hon. Member for Swansea East first?

The Chair: We are going to the hon. Member for Swansea East after you, Minister.

Ms Dorries: Thank you, Ms Rees.

The hon. Member for Swansea East has tabled her amendments. I wish again to reiterate the Government's support for this legislation. On amendments 1 and 2, I should say that the Government are responsible for understanding the impact of any regulatory policy through the completion of a post-implementation review within the first five years following implementation. The review should assess whether the objectives of the regulation have been achieved and are still relevant, the cost of the policy and any wider unintended effects of the policy.

The indicators of the success of this policy would be a reduction in the numbers of businesses offering or performing treatments on under-18s. That may be assessed through means such as measuring public, practitioner and stakeholder awareness and experience of the policy, to understand the policy's reach and effectiveness, and gathering intelligence on the level of enforcement by the police and local authorities.

I was concerned to hear the hon. Lady's comments about practitioners who were finding reasons and excuses to continue practising. That is something that I know my hon. Friend the Member for Sevenoaks has been made aware of, and we will keep it under review.

Laura Trott (Sevenoaks) (Con): It is honour to serve under your chairmanship, Ms Rees. Before I start, I thank everyone in the room today. This has long been an overlooked area of policy, but with the work of everyone here, perhaps that will not be the case for much longer. As the right hon. Member for North Durham has said, it is a welcome first step.

I pay particular tribute to the work of the hon. Members for Swansea East and for Bradford South, and the all-party parliamentary group on beauty, aesthetics and wellbeing that they lead. The group's findings have underpinned the substance of the Bill and I thank them for sponsoring it.

I completely agree with the sentiments behind the amendments. It is right that we should restrict these treatments for under-18s to only where it is absolutely medically necessary. The advice I have received is that that is covered in the Bill, inasmuch as UK doctors must be registered and hold a licence to practise with the GMC. The GMC publishes specific ethical guidance that says that doctors performing cosmetic interventions can provide treatment to children only when it is deemed to be medically in the best interests of the patient.

I accept that, as the right hon. Member for North Durham said, in some cases at the moment this is not happening correctly when it comes to botox, but to create a new legal precedent around the wording "deemed medically necessary" would add a layer of complexity, given that it is generally for the GMC to decide what is in the best interests of the patient. As he also mentioned, it would also produce two different authorities—the GMC and the court—which would then opine on the same issue. That could cause confusion.

I understand the thrust of the amendments, but if the hon. Member for Swansea East is content to withdraw them, I will work with hon. Members on some form of strengthened wording, which we can bring forward on Report.

Carolyn Harris: I welcome the comments from both the Minister and the hon. Member for Sevenoaks. We would welcome the opportunity to work with the hon. Lady to ensure that we strengthen the Bill. I beg to ask leave to withdraw the amendment.

Amendment, by leave, withdrawn.

Judith Cummins (Bradford South) (Lab): I beg to move amendment 3, in clause 1, page 1, line 23, after "age," insert "including by requiring and recording proof of this information,".

It is a pleasure to serve under your chairmanship, Ms Rees. First, I thank the hon. Member for Sevenoaks for introducing this Bill and successfully bringing it to Committee. It is long overdue. I thank her from the bottom of my heart.

I stand in support of the Bill's principles and I want to reiterate a point made by my hon. Friend the Member for Swansea East. My amendments seek to enhance the Bill and close the gaps in the wording. This amendment is a probing amendment and it deals with ensuring that

[*Judith Cummins*]

a framework for age identification is present when practitioners are assessing a client for a non-surgical cosmetic procedure.

I am concerned that, as currently worded, the Bill leaves open to interpretation what reasonable steps a practitioner must make to establish the age of the person receiving the procedure. I want the Bill to make it clear that practitioners must request proof of age before any procedure is undertaken, verify the authenticity of that document and ensure that it is recorded, to ensure that there is no doubt about a client's age. We need clear and explicit guidelines to ensure that vulnerable young people do not fall through the net.

My hon. Friend the Member for Swansea East and I established and became the co-chairs of the all-party parliamentary group on beauty, aesthetics and wellbeing. I am worried about how few protections there are for children under 18 years of age when it comes to non-surgical cosmetic procedures.

I was also in attendance at our inquiry into ethics and mental health. It will be no surprise that all our expert witnesses agreed that young people are at their most vulnerable in their teenage years. They are faced with many pressures, including societal pressures, which make ideal beauty standards the norm, especially in this age of social media. We must ensure we put safeguards in place to protect our young people.

I ask the hon. Member for Sevenoaks and the Government to consider this amendment to ensure that proper mechanisms are in place to strengthen the process of age verification for non-surgical cosmetic procedures and to improve the accountability of all practitioners. The amendment requires the practitioner to formally log and prove a client's age.

Like my hon. Friend the Member for Swansea East, I welcome the opportunity to adapt the wording of the amendment should the hon. Member for Sevenoaks be unable to accept it. I ask that this amendment be considered.

Ms Dorries: Again, I thank the hon. Lady for moving the amendment. I understand that it will not be pressed to a Division, but I give her my absolute assurance that all comments made in the Committee today will be taken away and reviewed by my hon. Friend the Member for Sevenoaks and me before we move forward on to the next stage of the Bill. I thank all hon. Members for their contributions today.

Laura Trott: Again, I agree entirely that we must ensure providers have proof of age before carrying out treatments. However, I worry that the amendment is too narrow, in that it is for the defendant to establish the steps that they took to evidence proof of age. It is already implicit that that could and should include recording information, but it should not be limited to that. For example, it should be for them to establish the veracity of the documents produced, rather than just recording them.

While I completely agree with the intent of the amendment, I argue that it is not needed on the face of the Bill and would be more appropriately contained in guidance, which I would expect professional bodies to produce when the Bill becomes law. I would like to continue discussions with the hon. Members on the topic.

Judith Cummins: I am happy with the assurances that we will be listened to and that our words will be considered throughout the passage of the Bill. I beg to ask leave to withdraw the amendment.

Amendment, by leave, withdrawn.

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

Laura Trott: Clause 1 of the Bill creates a new criminal offence of administering in England botulinum toxin injections and cosmetic fillers to persons under 18. Currently, children and young people can access invasive cosmetic procedures on the commercial market without the requirement for any medical or psychological assessment. As the hon. Member for Bradford South said, that cannot be right.

9.45 am

Clause 1 also sets out a definition of both substances covered by the legislation. While the botulinum toxin is a prescription-only medicine regulated by the Medicines and Healthcare Products Regulatory Agency, there is no equivalent classification for products that may be used to produce a filling or plumping effect for aesthetic purposes. The clause therefore sets out an additional definition of when a filler substance will be seen to have been administered for cosmetic purposes, as only then can its use result in an offence being committed under the legislation.

The definition set out in the Bill captures all and any substances that are inserted into the body with the intention of producing a filling effect to change appearance. Both substances, as we have discussed, have a legitimate clinical use, and there is a defence, provided in subsection (4), that allows for either substance to be administered by a general practitioner registered with the GMC. As discussed, we will look to strengthen that as the passage of the Bill continues.

This also allows the administration of substances by a limited number of regulated health professionals, but only when they are acting in accordance with the directives of a doctor. This allows for a person to be assessed for one of the known procedures by a doctor, then to seek a referral through either NHS services or a private arrangement with a health professional from one of the listed categories.

This provision ensures that substances can continue to be administered in medical treatments, as appropriate for an individual's needs, within the safeguards of a regulated environment. Doctors should, as per the usual practice, follow guidance and standards issued by the GMC when considering the use of either product type for a person under 18, although, as the right hon. Member for North Durham said, we have seen evidence cases with botox where that is not taking place, and we need to take further action.

There is also a defence available to a person who has taken reasonable steps to establish the person's age, and reasonably believed that the person was over 18 years old, but as we discussed, we must ensure that this is very robust.

Subsection (6) sets it out that the person who commits an offence is liable, on summary conviction, to an unlimited fine.

Mr Kevan Jones: I welcome the Bill, but there are issues with it and those need to be improved.

Clause 1 goes to the heart of trying to stop the wild west that we have in this sector, but my concern is with the get-out-of-jail card for medical practitioners. Again, while most will follow the rules, there is clear evidence that we have medical practitioners signing prescriptions for botox and then selling them on. If we had a robust GMC or regulator that was clamping down on this, that would solve some of these problems, but I have seen no evidence of that at all.

The Bill will make a start on improving this situation, as the hon. Member for Sevenoaks said. There are existing regulations, but they are toothless. Do they provide the powers to intervene? Yes, I think so, but that is not happening. Certainly, the situation with prescription botox needs to be tightened up.

The problem I have, as I said in my earlier contribution, is the allowing of medical practitioners to administer these products to under-18s. I understand that there are perfectly good medical reasons that they are needed, and it would be wrong for the Bill to block those altogether, but I believe that regulation on this could be strengthened, and I know the hon. Lady and the Minister said that they will look at that.

I do not know whether this is something that the Minister could talk to the GMC about or whether we could get it into the Bill, or indeed if it is in the regulations that go alongside the Bill, but before an under-18 is prescribed these treatments, there should be a written prognosis giving the reason that they are needed. There should also be a clinical treatment plan outlining how and why those will be administered over a certain period, as well as a written statement relating to the supporting evidence, the consent of the patient and their guardians, and an agreement with the patient in advance on the expected outcomes. That would strengthen the rules.

Most practitioners will abide by the rules, but I have been looking at the sector for five or six years, and frankly, my experience is that there are medical professionals out there who are just out to make money.

Carolyn Harris: Does my right hon. Friend agree that the practice of remote prescription serves only to further damage the reputation of the industry? During a recent evidence session, a GP stated that they were offering a lifetime botox prescription for £50. That is a dangerous practice and it needs to be considered very deeply before we move forward on the issue.

Mr Jones: I agree. There are adverts on Amazon in this sector, and treatments offered include fillers, although certain other terms are used. People are not allowed to advertise botox, but they get around that by advertising consultations. In response to the question, many practitioners are not qualified at all and hold no medical qualifications, so how do they get access to botox? They do so because people are signing prescriptions. I fear that a situation may arise in which that practice continues, although it needs to stop.

Another issue is that under the definition the botox can be bought because this is basically a free market, as I see it. A practitioner could then administer the botox to a young person with no regard to that individual's medical history. A medical practitioner, under the definition,

could even be defined as a dentist. That needs tightening up. I do not think that would be onerous for doctors, who are quite rightly prescribing botox injections and other things for perfectly legitimate medical use. Doctors and patients are protected when those uses are laid out.

If I had more faith in the GMC to clamp down, I would be content to leave the situation as it is. I am sorry, but having seen the way the GMC operates, I see that the organisation is not friendly to the complainant or to the patient organisation. It protects the doctor. We took self-regulation away from solicitors, and I have concluded that self-regulation should be taken away from doctors. I did not start with that position, but have come to it.

The Minister promised a Bill on GMC reform in the last Parliament, and one is certainly needed, because frankly, the patient is at a disadvantage in a host of areas, not just this one. It cannot be right that it took my constituent's case five years to reach the GMC, with huge hurdles to overcome to get there. I hear what the hon. Member for Sevenoaks says, but we should try to tighten things up a bit. The Bill will certainly be improved if we can.

Ms Dorries: Again, I thank my hon. Friend the Member for Sevenoaks. Many points have been made today and throughout the passage of the Bill that will give us plenty to consider and review.

The GMC publishes guidelines on the ethical obligations of doctors undertaking cosmetic procedures, including guidance on responsible advertising. There is no question as to the GMC's performance and it being fit for purpose as an organisation. The GMC maintained its track record of meeting regulation standards last year, and it met those standards amid a surge in demand for registration.

The performance review of the GMC for 2018-19 by the Professional Standards Authority, the body that oversees the healthcare regulators, found that good practice was upheld in all 24 standards of good regulation across education, registration standards and fitness to practise. The review confirmed an effective approach to managing a rise in registration applications, progress with the credentialing framework and work to promote fairness in fitness to practise processes.

Mr Kevan Jones: I hear all that, but I think what needs to happen—I offer this to the Minister—is for her to meet my constituent, Dawn Knight, so she can explain to the Minister the agony that she went through to get justice. The GMC is not user-friendly to patients. The fact of the matter is that, in her case, a doctor was allowed to remain on the register for five years, even though there was clear evidence from multiple women that he had undertaken operations that were, in some cases, life-threatening. Frankly, that is appalling.

Ms Dorries: The right hon. Gentleman does Dawn great credit by raising that case again, and his words have been noted. He is a tireless advocate. The GMC publishes guidance on ethical obligations for doctors undertaking cosmetic procedures, as it does with all procedures that doctors undertake, which includes guidance on responsible advertising, as I have said. There is another opportunity to continue to raise this matter: I will take his comments away and, as I have a patient

[Ms Dorries]

safety meeting later today, I will raise them in that forum as well, since this is ultimately a patient safety issue.

Sarah Owen (Luton North) (Lab): First, I want to say a massive well done and thank you to the hon. Member for Sevenoaks for bringing this important Bill to us and getting it in Committee. The question is not necessarily about the existing guidance, but around the enforcement of that guidance—I think that is what my right hon. Friend the Member for North Durham is saying. It is not just about saying that the guidance is there; we need to see strengthening of that enforcement.

Ms Dorries: The most I can say at this point—Dawn is a case in point—is that I will take away the comments made by the right hon. Member for North Durham, and I know my hon. Friend the Member for Sevenoaks has also heard them. We will consider those comments. It might be that this matter cannot continue within the scope of the Bill, but we will look to continue it. This does not stop here: my hon. Friend the Member for Bosworth (Dr Evans) is introducing the Digitally Altered Body Images Bill under the ten-minute rule, so there will be another opportunity to raise these points. Within the confines of patient safety, this is an issue that we need to continue reviewing.

Mr Kevan Jones: Will the Minister look at prescriptions for botox as well? There is clearly a market out there and there are medical professionals signing prescriptions and then selling them on, fuelling this market and leading to people who are not qualified giving that botox. Could she look at that?

Ms Dorries: Of course. I heard that comment in the right hon. Gentleman's initial remarks. This is a difficult market to police—it is regulated, but it is difficult to police and to know who those practitioners are and where they are selling prescriptions on to. If he knows of any practitioners who are doing that, or is aware of any practitioner who is writing out bulk prescriptions for botulinum toxin and selling them on to other, more ruthless practitioners, or to people who are not even registered to practise, I ask him to please let us know, then we can take that forward.

Mr Kevan Jones: May I suggest another way of doing this? If the Minister speaks to the prescription licensing body, it will know exactly who is signing huge amounts of botox prescriptions, and one possible way to investigate large numbers of botox prescriptions is to ask whether those people can justify what they are doing. If we go online, we see umpteen adverts for botox treatments, and those people who are doing this are not doctors, so where are they getting them from?

Ms Dorries: Again, the right hon. Gentleman has done his cause justice by raising those concerns and saying what he has in Committee. We will have a look at that.

10 am

Laura Trott: Thankfully, the future of the GMC is slightly wide of the scope of the Bill, so I will leave those matters to the Minister. However, the right hon.

Member for North Durham made the point well that there is widespread abuse by doctors who prescribe botox for cosmetic purposes, particularly for under-18s. It is absolutely right that we are looking to fix that through the Bill, and we will talk further about the wording on it.

The right hon. Gentleman rightly made the case for wider reform of that area, which has not been regulated to the extent that it should have been over the years. The Bill will, I hope, be a first step in addressing that, as we discussed earlier.

Question put and agreed to.

Clause 1 accordingly ordered to stand part of the Bill.

Clause 2

OFFENCE BY PERSONS CARRYING ON A BUSINESS

Mr Kevan Jones: I beg to move amendment 4, in clause 2, page 2, line 31, at end insert—

“(c) a person advertises or otherwise promotes the administration, in England, to another person (“A”)—

- (i) botulinum toxin, or
- (ii) a subcutaneous, submucous or intradermal injection of a filler for a cosmetic purpose, where A is under the age of 18;”

The Chair: With this it will be convenient to consider new clause 1—*Report on preventative measures*—

“(1) The Secretary of State must prepare a report on steps that are being, and will be, taken to seek to prevent offences being committed under this Act.

(2) That report must include any steps to prevent the advertising or promotion of the cosmetic use of botulinum toxin and fillers on children.

(3) The report must be laid before Parliament no later than the end of the period of six months beginning with the day on which this Act is passed.”

Mr Jones: Again, this is a probing amendment to get concerns on the record. These issues affect not only under-18s, but people in the wider sector. The amendment deals with the broader issue of the way that the industry has developed. The concern is that botox is a prescription medicine, but if someone were to look at online adverts, they would think it was something that they could just pick up on the street corner. In fact, it can be picked up on the street corner, because the individuals who advertise the injections are not regulated.

Online, people offer home injections, botox parties or injections on premises that are not regulated in any way to ensure that basic hygiene is in place. The other worrying point is that the individuals who carry out the injections are not qualified in any shape or form. There are clear instances when people ask, “Well, what's the danger?” There are dangers to injecting anything into someone's body, but particularly in some of the areas in which botox is injected, such as the eyes and other areas. Such injections can lead to nerve damage and quite severe problems, and a medical professional would obviously know not to do them. With someone who is completely unqualified, there is a huge danger that under-18s, and even older age groups, could be affected by those problems.

Judith Cummins: Would my right hon. Friend's amendment cover the eventuality that I described? That was related to me by the APPG's most in-touch consultant, my daughter, who told us about her friend who, for her 16th birthday, had a lip filler injected by her cousin.

Mr Jones: That is the point. Part of this is about a process of education to teach people what the dangers are. These products are marketed and sold to people—especially young people—as if they are just like make-up. Well, they are not make-up—this is a medical procedure that can have life-threatening consequences if it goes wrong. It is clear that some of the advertising on Facebook and other sites is directed at under-18s. The Minister mentioned body image, and the Mental Health Foundation's report from last year on that issue shows that the marketing is for young people.

This is a probing amendment to get this issue on the record. We need to look at ways to ensure that young people are protected from advertising. It is not newspaper advertising; that is for old-fashioned people like me. It is advertising on Facebook, Instagram and elsewhere. I have raised this issue with Facebook. Of course, we get the usual guff from Facebook: "Oh well, we take them down." I have even written to Sir Nick Clegg asking whether he will do anything about it. Getting an audience with or response from the Pope would be easier than getting a response from him. Those platforms are making money out of this, and they are targeting their adverts at young people, not older people.

Do not get me started on the Advertising Standards Authority, which is a completely toothless, useless tiger, frankly. It takes down some adverts, but they keep proliferating. The social media companies need to do something about it, because young people are being put at risk and because there is a market. Botox is supposed to be a medically controlled substance, but it is not; it is advertised. The way the companies get around that is that, although they cannot advertise botox, they can advertise a consultation, which just happens to be for botox. Facebook, Instagram and others could take down those adverts overnight and just stop them, but they are not doing that because there is clearly money to be made in this sector. Some of those issues will come out in the private Member's Bill of the hon. Member for Bosworth on body image, but if we do not tackle them, this Bill could be enacted and the Facebooks of this world could still make money on the back of this sector.

The purpose of new clause 1 is to ensure some oversight over the effectiveness of the Bill. It calls for a report when it is under way so that we can assess whether it is effective. It also relates to advertising and promotion. By raising this issue with the Minister, I want to put on the record that there is an issue. I accept that advertising is not directly within her remit as Public Health Minister, but I want to see what more can we do not just on the targeting of under-18s, but on the broader issue of the way in which big business is trying to circumvent the law—advertising botox is supposed to be illegal.

There are two ways of doing that. The first is to stop the supply of botox from prescribers, and the second is to crack down on it very heavily. The Mental Health Foundation's report on body image shows that, in this age of the internet and the internet of things, young people are in a terrible situation and are suffering due to

their body image. That is reinforced by advertising. Botox is seen as a quick fix, but it is potentially dangerous. We need to try to stop this danger to our young people.

Ms Dorries: The right hon. Gentleman has made wide-ranging and important comments. I am not sure it was any easier to speak to the former right hon. Member for Sheffield, Hallam when he was in this place than it is now—there is not much change there—but I thank the right hon. Member for North Durham on all our behalf for his efforts to do so. Outside of the Committee and official channels, he still keeps batting away and trying to get results. We thank him for that.

I believe everyone has the right to make informed decisions about their bodies and our role in Government is to support young people in making safe, informed choices and, where necessary, to protect them from the potential harm that cosmetic procedures can do to their health. This Bill is a really important step on that path and in that process.

On indemnity, the Government passed legislation in July 2014 requiring all practising regulated healthcare professionals to have appropriate indemnity arrangements in place as a condition of registration with the regulatory body and, therefore, their ability to practise. For doctors, those regulations came into force in August 2015. Failure to comply may mean that they are dealt with under fitness-to-practise procedures. That means that all practising surgeons are affected by the legislation, including overseas surgeons practising in the UK. I hope that information helps.

Mr Kevan Jones: I am not against the cosmetics industry. I agree with what the Minister just said—it is about informed choice—but it has to be done safely. I welcome her comments on professionals. The big grey area, which this Bill cannot cover but which needs covering, is those who administer botox and fillers. Most of those people are not medical professionals. They have done "a course" in injections, which in some cases I have seen is just a tick-box exercise. That is the area we need to move on to next—not only who can prescribe, but who can inject these fillers and botox.

Ms Dorries: As the right hon. Gentleman notes, those matters are not within the scope of the Bill and the Bill will not seek to achieve the points he has made. As I have said before, I will take the comments away and will continue to work on them and review them.

Laura Trott: I thank the right hon. Member for North Durham for all his work in this area. On amendment 4, the pressure that young people are put under by social media is undoubtedly a motivating factor behind many of them seeking out these cosmetic treatments. That was discussed at length on Second Reading by the hon. Member for Clwyd South, among others. In many case studies that we have heard, discounts were one of the reasons that a young person went to have one of these treatments.

I note that there is a lot more work going on this area, which is welcome. In January, the Committee of Advertising Practice and the Medicines and Healthcare Products Regulatory Authority issued an enforcement notice to the beauty and cosmetics industry and have started to

[*Laura Trott*]

use monitoring tools to take down posts on social media, which is a welcome development, although obviously we need more.

I completely agree that further work is needed in this area. However, as the right hon. Gentleman rightly notes, it is outside the scope of the Bill. I will be making those points in the debates on forthcoming online harms regulations. I imagine he will be doing the same.

Mr Kevan Jones: These were probing amendments. I took the opportunity to get them on the record, as it is important to ensure that we tackle this area. I welcome the Minister's comments on this being an area that we need to look at further. I know the Department of Health and Social Care does not like to bring legislation forward because it is still suffering from the Care Act 2014—

Ms Dorries: Nonsense.

Mr Jones: Well, I was told that by a Minister in her Department. One simple thing we could do is to regulate those who administer these fillers and botox. That would be a huge step forward. I beg to ask leave to withdraw the amendment.

Amendment, by leave, withdrawn.

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

The Chair: With this it will be convenient to consider clauses 3 to 6 stand part.

Laura Trott: Clause 2 sets out a duty on business owners to ensure that substances are not administered to a person under 18. This does not apply to administration by a doctor or regulated healthcare professional. Subsection (1)(b) sets out that a business owner commits an offence if they or someone acting on their behalf makes arrangements for botox or filler to be administered by injection for cosmetic reasons to a person under the age of 18. This will cover, for example, making an appointment, or agreeing to make an appointment by social media. By making it an offence to make arrangements to administer the products covered by the legislation, prosecutions can be brought even when the person aged under 18 does not go on to have the procedure administered because, for example, they changed their mind or there was an intervention by an enforcement body.

10.15 am

Clause 3 provides that, if an offence under the Bill is committed with the consent of, or due to neglect of, an officer of a body corporate, that officer, as well as the body corporate, is guilty of the offence. These actions may be undertaken by, or occur due to the neglect of, any executive management team members of the body corporate, or a person who proclaimed or implied that they were acting in such a role.

Clause 4 sets out that local authorities can enforce in their areas the provisions of clauses 2 and 3. Subsection (2) outlines that the Bill does not create any new enforcement or investigatory powers—local authorities are able to use the powers already accorded to them under schedule 5 to the Consumer Rights Act 2015. As these are criminal offences, the police can use their existing enforcement

powers to enforce the provisions. However, local authorities have existing powers and experience of registering and enforcing provisions around body modification activities, such as tattooing and sunbed use. Giving local authorities the power to enforce the Bill's provisions alongside the police provides an additional layer of protection for young people and aims to increase business compliance.

Clause 5 enables amendments to be made that are consequential on the Bill. Clause 6 sets out the territorial extent of the Bill. The Bill does not impose any requirement on bodies within Scotland, Wales and Northern Ireland that regulate and enforce the supply and administration of botox and cosmetic fillers.

Ms Dorries: My hon. Friend the Member for Sevenoaks has said everything that needs to be said about these clauses.

Mr Kevan Jones: Are we now debating whether the rest of the clauses stand part of the Bill?

The Chair *indicated assent.*

Mr Jones: Right. I again put on the record my thanks to the hon. Member for Sevenoaks for bringing the Bill forward. Will the Bill solve all our problems in this sector? No, it will not, but as I say, it is a welcome first step. It also gives us an opportunity to put on the record other concerns, which I know the hon. Lady shares.

This industry—because it is a multibillion-pound industry—is very lightly regulated. When these fillers and botox procedures go wrong, they can cause damage to individuals and costs for the NHS. There are cases of people having to go through expensive procedures on the NHS to put things right before we even mention the cosmetic surgery industry, which costs this country an absolute fortune when operations go wrong and the cost of people's life-changing conditions have to be met by the taxpayer.

Going right back to when I was chair of public health in Newcastle upon Tyne in the early '90s, I am reminded a little bit of the same lack of regulation that there was around tattoo parlours. The Government changed that and gave local authorities clear powers. Now, largely, the rules on administering tattoos, for example, are clear. They are enforced by local authorities and the standards are high. To go back to what the Minister said, I agree: I do not want to close the industry down. It has to be about personal choice. If people want some type of what they consider necessary enhancements, that is entirely up to them; but it must be done in a safe and regulated way. I referred to the wild west, and it is like that: there is little control over what is happening.

I think it is five years since the Keogh review recommended increased regulation, and it is now time, with the Bill, which will be a first step forward, to try to get those recommendations put into law. I think that if that proposal came forward there would be no problems about getting cross-party support. I would be a huge champion of such regulations. The issue is not just with fillers and botox, but the broader cosmetic surgery industry. It is about people making informed choices and ensuring that work is done in a safe and effective way. At the moment, the system is in many ways completely unregulated, and regulations that exist are being ignored.

I congratulate the hon. Member for Sevenoaks on bringing the Bill forward, and thank the Minister for how she has responded and taken the issues on board. I think that, although on occasions we have our disagreements, she believes at heart that in the sector in question things should change, and patient safety should come first and foremost for everyone.

Laura Trott: Many good points have been made today about the wider work that we need to do in this, but when the Bill goes through it will be the next step

towards protecting children, in an area where at the moment they are open to physical and mental scarring for life. I thank everyone who is here today for their work in supporting the Bill, and I thank you, Ms Rees.

Question put and agreed to.

Clause 2 accordingly ordered to stand part of the Bill.

Clauses 3 to 6 ordered to stand part of the Bill.

Bill to be reported, without amendment.

10.23 am

Committee rose.

