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**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES**

(HANSARD)

Thursday 19 April 2018

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The House met at half-past Nine o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Oral Answers to Questions

TRANSPORT

The Secretary of State was asked—

Rail Fares

1. **Graham P. Jones** (Hyndburn) (Lab): What steps he is taking to simplify rail fares. [904809]

The Minister of State, Department for Transport (Joseph Johnson): The hon. Gentleman will be aware that, by the end of 2018, almost all passengers will have the choice of a smart ticket, making buying a ticket easier and giving passengers much greater choice.

Graham P. Jones: What plans does the Minister have to ensure that split ticketing does not erode trust in the rail fare system? How can he ensure that ticket machines on the East Lancs line provide the cheapest option to passengers when there are not necessarily offices to buy tickets from?

Joseph Johnson: Simplification of ticketing and ease of understanding for passengers is extremely important, as is ensuring that passengers have access to the fares that are right for them. It is important that train operating companies look carefully at their ticketing arrangements to ensure that that is the case.

Sir Desmond Swayne (New Forest West) (Con): Is simpler necessarily cheaper? Because if there is a choice...

Joseph Johnson: Simpler may be cheaper, and there may also be circumstances in which it leads to cost increases. It is important that we achieve a system that is comprehensible, in which passengers do not have to struggle for hours to work out which ticket is the right one for them. Following the 2016 fares and ticketing action plan, we introduced advance tickets for sale on the day of travel that benefit hundreds of thousands of passengers.

Mr Speaker: I think we will take that as a no.

Peter Kyle (Hove) (Lab): I am grateful for the Minister's letter of this week, saying that his Department is taking on extra resource to simplify the fare structure on the Brighton main line. Will he reassure passengers in the area that that simplification will involve the rounding down of fares, not just rounding up? Will he also tell passengers when they can expect the review to complete?

Joseph Johnson: I can indeed confirm that the Department has taken on additional resource specifically to address the anomalies within the Govia Thameslink Railway fare structure. As the hon. Gentleman said, there will be a review in order to simplify the structure, with particular reference to complications on that route. We are working with GTR to achieve this as rapidly as we can.

West Coast Main Line

2. **Michael Fabricant** (Lichfield) (Con): What his policy is on the operation of passenger services on the west coast main line after the completion of High Speed 2; and if he will make a statement. [904810]

The Secretary of State for Transport (Chris Grayling): As my hon. Friend knows, once High Speed 2 comes into operation it will move the express trains off the existing west coast main line and on to the new route. That will provide a great opportunity to improve services to intermediate stops such as Lichfield that do not have a good enough service at the moment.

Michael Fabricant: I am slightly reassured by that answer. The Secretary of State talks about moving express trains off the west coast main line, but of course we currently have a very good Pendolino service and the slower West Midlands trains. Several hundred of my constituents commute to London every single day. What assurance can the Secretary of State give them that the Pendolino service—a fast, express service—will continue, and indeed that the Pendolinos will be replaced with equally fast trains when they come to the end of their life cycle?

Chris Grayling: The Pendolinos have many years to go, and I have no doubt that they will be replaced by a high-quality fast train in the future. My hon. Friend will have stood on the platform at Lichfield station and seen trains to Liverpool, Manchester and Scotland zooming past at high speed. The new plans will provide an opportunity for more trains to stop at Lichfield.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): The Secretary of State knows well that I believe that HS2 is a vanity project that will never come to fruition. He knows that my constituents in the booming town of Huddersfield, which he visited recently, have access to the west coast line and the east coast line, but most of all they want a good trans-Pennine connection everywhere.

Chris Grayling: Absolutely, which is why I have already announced that the £2.9 billion upgrade of the trans-Pennine line will begin this time next year, as the start of a transformation that is vital to the north. In the coming months we will also see the arrival of the first of a complete new set of trains across the north of England that will transform passengers' experience.

Alan Brown (Kilmarnock and Loudoun) (SNP): Previously I have raised concerns that, under the Department's current proposals, high-speed classic-compatible trains will run slower north of Crewe than existing trains on the west coast main line just now. The Secretary of State said that we need to address that as we go through the 2020s. That is clearly not good

enough. We need certainty now. If he will not commit to upgrading the west coast main line north of Crewe, will he look into procuring trains that can tilt and travel on the high-speed network?

Chris Grayling: The new classic-compatible trains and the arrival of HS2 up to the north-west of England will of course mean more speedy journey times to Scotland. I know the hon. Gentleman's party's view. We want to see further improvements through the 2020s to the west coast main line north of Crewe to ensure that we improve journey times. We want the best possible journey times across the whole network, and will continue to work for that.

HS2: Chesterfield Canal Land Purchase

3. **Toby Perkins** (Chesterfield) (Lab): What information his Department holds on plans by HS2 Ltd to purchase land close to Chesterfield canal; and if he will make a statement. [904811]

The Parliamentary Under-Secretary of State for Transport (Ms Nusrat Ghani): HS2 Ltd will bring forward a draft environmental statement for phase 2b later this year, which will provide greater detail on the land requirements for the construction, maintenance and operation of phase 2b of HS2 and proposed mitigation. This will then be consulted on, and HS2 Ltd will continue to seek the input of landowners, local communities and stakeholders as the design of the railway is developed.

Toby Perkins: HS2 is an incredibly important regeneration project, but so is Chesterfield canal, which has had five years of blight, being unable to make applications because of the uncertainty around HS2. Near the maintenance depot that is proposed for Staveley, there is a piece of land currently owned by Network Rail that needs to pass over to HS2. May I encourage the Minister to ask HS2 to get on with taking over ownership of that land so that Chesterfield canal can finally put forward plans to apply for new funding and reduce that blight?

Ms Ghani: Let me assure the hon. Gentleman that HS2 Ltd is working with Chesterfield Canal Trust and is committed to finding a solution. HS2 Ltd will be more than happy to meet him to discuss the Staveley design proposals and the interface with Chesterfield canal. I also assure him, however, that Chesterfield Canal Trust has recently publicly said that it is pleased with the recent commitment from HS2 Ltd and is now more confident that a solution will be found.

Mr Dennis Skinner (Bolsover) (Lab): Two HS2 lines go through Derbyshire—the one that goes through Newton and the other that is now apparently going to create difficulties on Chesterfield canal. We have heard reference to the question of the real cost of HS2, as it changes quite often. What is the latest cost, taking into account those two railway tracks through Derbyshire?

Ms Ghani: As I said, Chesterfield Canal Trust is working with HS2 Ltd and is happy with the relationship they have and the potential outcome regarding the canal area. The hon. Gentleman has reservations about, and has consistently raised, the cost of HS2, but it is on budget and on time. We must not forget that once HS2 is up and running, it will be the backbone of this country, bringing along with it 100,000 jobs.

Andy McDonald (Middlesbrough) (Lab): The Secretary of State is supporting the sale of Network Rail's property assets. The Federation of Small Businesses says that this will put small companies out of business because the new private owner will rapidly rack up rents, which will restrict key developments in places such as Chesterfield. Does he not see that the sell-off will lose the railway valuable and vitally important income?

Mr Speaker: Minister.

Hon. Members: Come on!

Ms Ghani: I apologise hugely, Mr Speaker—I had a momentary lapse. I have no idea how to respond. Forgive me—I will take some direction from you.

Mr Speaker: Let us hear it again.

Andy McDonald: The Secretary of State is supporting the sale of Network Rail's property assets. The Federation of Small Businesses says that this will put small companies out of business because the new private owner will rapidly rack up rents, which will restrict key developments in places such as Chesterfield. Does he not see that the sell-off will lose the railway valuable and vitally important income?

Ms Ghani: I thank the hon. Gentleman for repeating himself. The Secretary of State met the FSB yesterday and discussions on negotiations are ongoing.

Andy McDonald: In 2015, the DFT accepted Sir Peter Hendy's plan to sell £1.8 billion of Network Rail property. These assets are now worth only £1 billion but generate £90 million of revenue each year. How can the Secretary of State still argue that this sell-off of the family silver makes sense? Is it not clear that his plan will cost Network Rail and British taxpayers dearly?

Ms Ghani: The Secretary of State will continue to realise assets when he can. We will then reinvest them in the railway network.

Regional Spending

4. **Chi Onwurah** (Newcastle upon Tyne Central) (Lab): What steps he is taking to improve the equity of transport spending between regions. [904812]

The Minister of State, Department for Transport (Joseph Johnson): Transport investment decisions are made based on a rigorous and fair appraisal process that ensures that spending goes where it is needed and delivers greatest value for money. Recent analysis by the Infrastructure and Projects Authority suggests that, in contrast to the five years leading up to 2010, planned central Government transport capital spending per head between 2017-18 and 2020-21 is expected to be higher in the north than in the south. That includes, as the hon. Lady will be pleased to learn, £337 million for new Tyne and Wear Metro rolling stock in her constituency.

Chi Onwurah: Since 2010, transport spending in London has been more than twice that in the whole of the north, and the Government's own northern powerhouse says that underinvestment stops us exploiting strengths in manufacturing, energy, health and digital, which could transform the lives of my constituents. The Minister's

own Transport for the North says that it will cost £27 billion to transform the north's economy by taking advantage of those strengths: will he commit to funding it?

Joseph Johnson: We are undertaking unprecedented investment in the north of England—£13 billion, which is the largest in Government history. Of course, we want to do more to ensure that we are building proper transport links and growing the northern powerhouse, which is why we have created Transport for the North and put it on a statutory footing. Over the recess, I was delighted to attend its very first board meeting as a statutory body.

David Linden (Glasgow East) (SNP): Instead of applying Barnett, why does the Minister not support his Department's recommendation of £4.2 billion of funding for Scotland?

Joseph Johnson: Scotland will receive significantly greater resources in the next control period between 2019 and 2024 than it has in any period in this country's history.

Shipley: Eastern Bypass

5. **Philip Davies** (Shipley) (Con): If his Department will fund an eastern bypass for Shipley. [904814]

The Parliamentary Under-Secretary of State for Transport (**Jesse Norman**): Top o' the morning to you, Mr Speaker. The Government have allocated significant resources to west Yorkshire for local transport schemes, including £781 million over 30 years from local growth funding and other sources, but Bradford Council has not yet brought forward that scheme for funding. Our consultation on the major roads network, which could provide another funding route for such schemes, has recently closed. We will respond to the consultation in due course.

Philip Davies: May I place on record my thanks to the Secretary of State for the interest he has shown in developing a Shipley eastern bypass, especially when he visited the area last year? That was in sharp contrast to Bradford Council, which has shown zero interest in developing such a bypass, despite it being much needed by local residents. The council has not even come up with the costs of development that the Secretary of State asked for more than four months ago. Will the Minister not only develop a bypass for Shipley, but bypass Bradford Council so that we can crack on with a scheme that is much needed by the local economy and residents?

Jesse Norman: As my hon. Friend says, this scheme potentially offers relief from congestion, better local access and better connectivity to Leeds-Bradford airport, and we are very interested to see it proceed.

Aircraft Noise: Heathrow

6. **Ruth Cadbury** (Brentford and Isleworth) (Lab): What plans his Department has to reduce the number of people affected by aircraft noise near Heathrow airport. [904815]

11. **Adam Afriyie** (Windsor) (Con): What plans his Department has to reduce the number of people affected by aircraft noise near Heathrow airport. [904820]

The Secretary of State for Transport (**Chris Grayling**): The Government set noise controls at Heathrow airport, including total noise limits and aircraft movement limits for night flights. These controls, in conjunction with stricter aircraft noise standards negotiated by the UK at the international level, have resulted in a long-term reduction in the number of people affected by aircraft noise near the airport.

Ruth Cadbury: A freedom of information request revealed Government analysis that expects nearly a million households to face increased daytime noise if Heathrow is allowed to build a third runway. Will the Secretary of State visit my constituents, tens of thousands of whom will face significantly worse noise if the third runway goes ahead, and for whom no amount of noise insulation will be acceptable?

Chris Grayling: I have been in the hon. Lady's constituency on many occasions and heard the noise there, and I am very pleased that, over the last 20 years, we have seen a steady reduction in aircraft noise. That is expected to continue as a new generation of aircraft appear in greater numbers. The projections show that, as we enter the 2030s with that change in aircraft fleet, we do not expect an overall noise impact on people around the airport. Nor do we expect an increase in the number of people within the 54 dB bracket, precisely because a new generation of lower-noise aircraft—they will also be lower-emission and lower-fuel consuming aircraft—will mean a quieter airport generally.

Adam Afriyie: The aviation national policy statement states that about 93,000 more people will be significantly affected by noise if the third runway goes ahead, yet Civil Aviation Authority figures indicate that more than 2 million people will be affected. Will the Government acknowledge that vast disparity in numbers, and will they update the aviation national policy statement?

Chris Grayling: Before the aviation national policy statement is brought to the House, it will be updated off the back of work done by the Transport Committee and the public consultations that have taken place—it will be a refreshed document when it comes before the House. The impact of noise on residents around Heathrow depends on an assessment of the rate of arrival of that new generation of aircraft. As we get into the 2030s, we expect no overall increase in the number of people in the 54 dB noise barrier because of the arrival of those new aircraft. There may be a short period in the mid-2020s when there is a small increase, depending on the airport's rate of growth and the development of the aircraft fleet, but any such increase will be a short-term one.

Nick Smith (Blaenau Gwent) (Lab): When will we get a new train service between Reading and Heathrow? That will help to reduce noise and get Welsh travellers to the airport.

Chris Grayling: Western rail access to Heathrow is part of our plans for control period 6, and I expect construction to start between 2019 and 2024. The hon.

Gentleman will be aware that I recently invited the private sector to bring forward proposals for southern access as well, as part of a land and surface access package that will bring substantial increases to the capacity of rail links to Heathrow airport.

Jeremy Quin (Horsham) (Con): These problems are not unique to Heathrow; they also affect areas around Gatwick, which has a lower level of ambient noise. Will the Secretary of State assure the House that any further lessons learned about how we reduce noise at Heathrow can be applied more generally?

Chris Grayling: They can be, and the point I did not make in my response to the hon. Member for Brentford and Isleworth (Ruth Cadbury) and my hon. Friend the Member for Windsor (Adam Afriyie) is that we are in the process of modernising the use of airspace in this country. I hope and believe that that will allow us to manage much more carefully respite for airports, and flight paths into and out of airports, and to do the best we can to minimise the impact of aviation on communities. There can be no situation where there is no impact, but I want us to do our best to ensure that that impact is as carefully managed and minimised as possible.

Electric Vehicles: Public Charging Points

7. **Wera Hobhouse** (Bath) (LD): What steps he is taking to increase the number of public charging points for electric vehicles at commercial and industrial centres. [904816]

The Parliamentary Under-Secretary of State for Transport (Jesse Norman): The UK is building one of the best global ChargePoint networks. Our new £400 million ChargePoint infrastructure investment fund will see thousands more charge points installed nationwide. We already provide grants to install charging stations in workplaces, homes and residential streets, and for buses and taxis. Through the Go Ultra Low city scheme, Bath—the hon. Lady's constituency—and other cities are installing publicly accessible charging hubs. Also, the new Automated and Electric Vehicles Bill will encourage large fuel retailers to install charge points on their premises.

Wera Hobhouse: In Bath, the council is considering introducing a clean air zone, focusing particularly on older, more polluting vehicles, but that will disproportionately disadvantage the less well-off, who are more likely to own older vehicles. Will the Government consider a scrappage scheme for old vehicles to encourage the uptake of electric vehicles without disadvantaging the less well-off in our city?

Jesse Norman: As the hon. Lady will be aware, substantial scrappage schemes already exist in the market through the private sector, and those look to continue.

Richard Burden (Birmingham, Northfield) (Lab): Expanding the charging infrastructure is a key part of encouraging people to switch to ultra-low emission vehicles, but does the Minister agree that the Government's decision to cut the plug-in car grant and the home charging grant sends out contradictory signals? Will he commit to maintaining the current value of both grants in real terms, at least at their existing levels?

Jesse Norman: I am afraid I do not agree with the hon. Gentleman's diagnosis of the situation. As I saw when I visited Nissan recently, electric cars are being taken up at higher rates than ever before, and the plug-in car grant has been an important part of that. As the industry becomes more mature—we are seeing greater signs of that; the new Nissan Leaf has started to have stable resale values, which is an important sign of maturity—we would naturally expect levels of Government subsidy to fall.

Kerry McCarthy (Bristol East) (Lab): It is very welcome that the Government are looking at alternative fuels. Will the Minister agree to place in the House of Commons Library a summary of the grants, incentive payments and similar subsidies being paid out by his Department in respect of each of the different alternatives being explored?

Jesse Norman: As the hon. Lady will know, we have recently made a new £11 million investment in hydrogen charging, so she is absolutely right that we take a technology-neutral view and that we seek to encourage different forms of technology wherever available. I will certainly talk to officials about what information we can place in the Library, but I think much of it is already in the public domain.

Leaving the EU: Aviation Industry

8. **Carol Monaghan** (Glasgow North West) (SNP): What recent discussions he has had with Cabinet colleagues on the future of the aviation industry after the UK leaves the EU. [904817]

19. **Stuart C. McDonald** (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP): What recent discussions he has had with Cabinet colleagues on the future of the aviation industry after the UK leaves the EU. [904828]

23. **Peter Grant** (Glenrothes) (SNP): What recent discussions he has had with Cabinet colleagues on the future of the aviation industry after the UK leaves the EU. [904833]

The Secretary of State for Transport (Chris Grayling): I meet my right hon. Friends and Cabinet colleagues on a regular basis to discuss the UK's exit from the EU. Ministers and officials across Departments are working closely to consider carefully the implications for the aviation sector after we leave the EU.

Carol Monaghan: Last month we heard that the first formal talks on a post-Brexit open skies deal with the US were cut short after US negotiators offered an inferior deal to the one we currently enjoy, so when does the Secretary of State plan to return to the negotiating table, and will he do so with a sense of reality about the impact that hard Brexit is having on the aviation industry?

Chris Grayling: The hon. Lady should not believe everything she reads in the papers. The discussions taking place between my Department and our counterparts in the United States have been cordial and have been going well. There are no issues that would act as an impediment towards a sensible post-Brexit agreement between the two countries.

Stuart C. McDonald: A key requirement in any deal with the US may well be that UK airlines are required to be UK majority owned, yet very few would be able to meet that standard. What are the realistic chances of the US ditching that long-standing policy for the sake of the UK?

Chris Grayling: Clearly, airline ownership is more complex as part of the European Union than it was in the pre-EU days, but nobody is seriously suggesting that we are not going to continue with the same kind of transatlantic partnerships we have at the moment. British Airways and American Airlines, for example, operate in lockstep with each other. We will progress in due time towards a sensible agreement that continues the extremely prosperous, important and successful transatlantic aviation routes.

Peter Grant: We have less than a year to sort this out. Already people who are attempting to book foreign holidays for next Easter, less than a year from now, are finding that they are having to accept a clause in the contract that waives any right to compensation if their holiday is cancelled because of problems with the lack of an open skies agreement. Is the Secretary of State trying to tell us that those reports from reputable travel agents are myths that we should not believe? Is it not a fact that the travel industry and the aviation industry understand how serious this problem is becoming and the Government, in their complacency, do not?

Chris Grayling: That is not accurate at all, as the hon. Gentleman will find if he listens to the chief executives of the International Airlines Group, EasyJet or a number of other airlines. I have had no airline, bar one, come to my desk and suggest that they are concerned about the situation. I think we know which the one is, and no other airline believes there is any likelihood of any impediment to aviation next year. Indeed, there will not be. Can you imagine, Mr Speaker, a situation where the Spanish, Italian, Portuguese or Greek Governments did not want holidaymakers to arrive from the United Kingdom in 2019? I have spoken to my counterparts and they snort with derision at the idea that the planes will not fly.

Thangam Debonnaire (Bristol West) (Lab): Snorting with derision may be the response the Secretary of State has had, but people in my constituency who work in the aviation industry are really concerned about how we are going to function outwith the European Aviation Safety Agency. Will he please tell us a bit more about how we are going to function outwith the EASA?

Chris Grayling: The Civil Aviation Authority is making all preparations necessary if it needs to return to operating as a body in the form that it used to be in. However, it is the Government's policy and our intent to remain part of EASA. There is no reason not to: countries inside and outside the European Union are part of it, and we supply a substantial proportion of its expertise. The leadership of EASA wants us to stay, and I am confident that, as we get through the process of negotiation, that is where we will end up.

Rail Freight

9. **Kelvin Hopkins** (Luton North) (Ind): What plans he has to increase the proportion of freight carried by rail. [R] [904818]

The Minister of State, Department for Transport (Joseph Johnson): In September 2016, the Government published a rail freight strategy setting out a vision for how the freight industry can grow. During control period 5, the Department is investing £235 million to improve the capacity of the network. Further funding for investment in the network will be available in control period 6.

Kelvin Hopkins: I thank the Minister for his answer, but is the reality not that only a small proportion of freight in Britain is carried by rail, and that it has been declining? By contrast, a third of all freight in Germany is transported by rail, and in the US the figure is 50%. To achieve a substantial modal shift in freight from road to rail, is it not essential to introduce a much bigger programme—a major programme—of investment in rail freight capacity starting very soon?

Joseph Johnson: We share the hon. Gentleman's ambition to support modal shift. The Government are always interested in hearing about ambitious schemes that would encourage that. As he will know, we recently launched a call for ideas for market-led proposals that will enhance the railway, and I encourage him to take part in that.

Layla Moran (Oxford West and Abingdon) (LD): Residents in north Oxford are gravely concerned about the increase in rail freight and particularly the possibility of the line being used to construct HS2. Children are already shaken out of their beds in the middle of the night because of freight trains. Will the Minister consent to meet me to discuss the concerns and, critically, the solutions, which include monitoring and speed reductions for the trains?

Joseph Johnson: I obviously sympathise with the hon. Lady's local residents. The Government are committed to getting freight off our roads and on to rail to realise the environmental and economic benefits of rail freight. However, the Department does not specify the level of freight services on the network, as that is a commercial matter for the freight operating companies and is a function of market demand. The Oxford area is essentially at capacity during the day, although the Oxford corridor capacity improvement scheme will deliver two additional freight train paths an hour in each direction. It is anticipated that rail will support the movement of construction materials for HS2, but it is not possible at this stage to determine where the freight services will operate. The maximum permissible speed that freight trains can travel at over sections of the network is a matter for Network Rail as the infrastructure manager.

Mr Clive Betts (Sheffield South East) (Lab) *rose*—

Mr Speaker: It is very good indeed to see the hon. Member for Sheffield South East (Mr Betts) back in his place.

Mr Betts: Thank you very much, Mr Speaker.

Midland Main Line: Rolling Stock

10. **Mr Clive Betts** (Sheffield South East) (Lab): What the timetable is for new rolling stock for midland main line to (a) be delivered and (b) enter service. [904819]

The Minister of State, Department for Transport (Joseph Johnson): The Secretary of State's ambition is for bi-modes to begin operating on the midland main line from 2021. No firm decision has yet been taken on rail services in the next east midlands franchise, which, as the hon. Gentleman will know, starts in August 2019.

Mr Betts: In the written statement that the Secretary of State made on 20 July, he promised, when cancelling electrification of the midland main line,

"a brand new fleet of bi-mode...trains from 2022".—[*Official Report*, 20 July 2017; Vol. 627, c. 72WS.]

We seem to have gained a year somehow. The National Audit Office then said in a report from 29 March:

"In the case of Midland Main Line, bi-mode trains with the required speed and acceleration did not exist when the Secretary of State made his decision",

and that the Department had informed him of that. I ask the Secretary of State or the Minister why the Secretary of State promised in his written statement to deliver bi-modal trains, which he knew not merely did not exist but had not even been developed. That is the situation. Why, at the time, did he not give the House the full facts instead of leading us to believe something that possibly was not true and was corrected only when the NAO produced its report?

Joseph Johnson: Bi-mode trains capable of running at more than 120 mph in diesel mode are now in use on the Great Western main line. Bi-modes will soon be delivering better journeys on the east coast main line and transpennine routes as well.

Paul Blomfield (Sheffield Central) (Lab): I am sorry, but that answer simply will not do. In relation to the midland main line, the NAO report reveals that at the time when the decision was made, the Secretary of State knew that bi-mode trains had "a poorer investment case" than electrification and would be worse polluters—actually, 25 times worse for carbon emissions. He also knew that the rolling stock required for that line—this is the crucial point in relation to the Minister's response—would not exist, yet none of that information was in his statement to the House cancelling electrification. Does the Minister not accept that those were serious omissions?

Joseph Johnson: On the contrary, equivalent trains to the ones that will be in service were already operational. As I have just said, bi-mode trains that are capable of running at more than 120 mph in diesel mode are already now in use on the Great Western main line.

Great Western Main Line: Electrification

12. **Jonathan Edwards (Carmarthen East and Dinefwr) (PC):** What discussions he has had with the Prime Minister on the cancellation of the electrification of the Great Western main line between Cardiff and Swansea.

[904821]

The Secretary of State for Transport (Chris Grayling): The Prime Minister and I discussed Cardiff to Swansea at the time, and reached the view that spending hundreds of millions of pounds of taxpayers' money and causing massive disruption to passengers to enable the same

trains to travel on the same route at the same speed to the same timetable as they do today was not actually a sensible thing to do.

Jonathan Edwards: We know from press reports issued during the Easter break that the Prime Minister personally made the decision to renege on an election promise to electrify the main line to Swansea on the basis of cost. Is not the reality that the British Government do not consider the west of my country worthy of investment?

Chris Grayling: We made the decisions about electrification on the midland main line and the line between Cardiff and Swansea on the simple basis that spending hundreds of millions or billions of pounds to achieve the same journey times in the same trains was not sensible. The trains on the Great Western route are already in operation, delivering services to people in Swansea, for whom it is a great and important investment. Trains on the midland main line require the addition of one engine to provide a little bit of extra acceleration, but they already exist, and will be great for that line as well. So let us hear none of this nonsense from Opposition Members. In fact, during the years when they were in government, this was their policy: they believed that what was important was capacity and delivery, not electrification, and I agreed with them.

Rachael Maskell (York Central) (Lab/Co-op): Facts matter. In a written statement on 20 July last year, the Secretary of State said that with bi-mode trains it would be possible to

"achieve the same significant improvements to journeys".—[*Official Report*, 20 July 2017; Vol. 627, c. 72WS.]

However, as we have heard from my hon. Friends the Members for Sheffield South East (Mr Betts) and for Sheffield Central (Paul Blomfield), it is clear from National Audit Office reports that that statement cannot be correct.

Michael Fabricant (Lichfield) (Con): Wrong question.

Rachael Maskell: No, this was about the Cardiff to Swansea route as well.

Why did the Secretary of State give those assurances? Now that he has come to the Dispatch Box, will he apologise?

Chris Grayling: Let us be clear. I stand by every word that I said then. We will deliver smart new trains and improved journey times for passengers on the midland main line, as we are currently doing and will continue to do on the Great Western main line, and as we will do on the east coast main line and the transpennine route. [*Interruption.*] As I have said, we will also deliver new trains providing better services for passengers on the midland main line. The only difference made by £1 billion of spending would be a one-minute saving in the journey time, and that is not good value for taxpayers' money.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): On a point of order, Mr Speaker. Given that this is such an important matter, surely we should have a point of order on it.

Mr Speaker: As the hon. Gentleman will know on the strength of his nearly 39 years of experience in the

House, the effect of a point of order during exchanges on a question is to cause all further exchanges on it immediately to cease. Fortunately for the hon. Gentleman, he does not risk becoming hugely unpopular as a result of his attempted point of order, for the simple reason that no one else was standing and seeking to catch my eye—other than the hon. Gentleman with his rather bogus, albeit enjoyable, point of order.

Rail Reform

13. **Luke Hall** (Thornbury and Yate) (Con): What his policy is on rail reform. [904822]

The Minister of State, Department for Transport (Joseph Johnson): The Secretary of State's strategic vision for rail was published in November 2017, and sets out our key reforms. Better teamwork between franchise operators and Network Rail will make the railway more responsive to customers' needs and move power closer to local areas.

Luke Hall: South Gloucestershire Council is pushing ahead with its plans to deliver a vital half-hourly train link from Yate to Bristol. Will my hon. Friend explain how his rail policies will help to achieve that, and will he consider visiting Yate so that he can see at first hand how important the upgrade is to our local community?

Joseph Johnson: Improving connectivity around our great cities, including Bristol, is exactly the kind of scheme that our reforms are designed to deliver. The Government will continue to work closely with local partners to deliver the MetroWest scheme in the Bristol area. We are also examining the potential for the new MetroWest services to be extended beyond their currently planned termini.

Martin Whitfield (East Lothian) (Lab): Tarmac's Dunbar cement plant in East Lothian transports substantial amounts of its product down the east coast main line to London to fuel the construction industry here. What steps is the Minister taking, as part of his plan, to facilitate better engagement between passengers, rail freight users and Network Rail commuters?

Joseph Johnson: That is an important subject, which we hope the new east coast partnership will help to address.

Robert Neill (Bromley and Chislehurst) (Con) *rose*—

Mr Speaker: Order. I know the whole House will want to join me in congratulating the hon. Member for Bromley and Chislehurst (Robert Neill) on his engagement to Ann-Louise Whittaker, and may I say to the hon. Gentleman that, notwithstanding the fact that he is a very young man to be planning to rush into matrimony, we all wish him and Ann-Louise a very happy wedding on Friday 27 July?

Robert Neill: That is very kind, Mr Speaker; Ann-Louise and I are very grateful to you.

South-east London Metro Routes

14. **Robert Neill** (Bromley and Chislehurst) (Con): What assessment he has made of the reliability of rail services on metro routes in south-east London. [904823]

The Minister of State, Department for Transport (Joseph Johnson): I echo your good wishes to my hon. Friend, Mr Speaker.

All train operators must deliver the performance benchmarks set out in the franchise agreements that cover all their passenger services. In respect of Southeastern's metro service, its public performance measure has improved from 87% to nearly 89% over the past year.

Robert Neill: Is the Minister not concerned, first, that many of the regular commuters on our line do not regard the performance measures as reflecting reality, particularly in the rush hour, and, secondly, that Network Rail only a couple of days ago published a suggestion that performance will actually deteriorate over the next coming years and will not pick up again until 2024? I would like our wedding guests to come on the train, but I do not think I can advise them to do so at the moment; does the Minister agree that the situation is wholly unacceptable, and what will he do about it?

Mr Speaker: Before 27 July.

Joseph Johnson: We are working closely with Network Rail to ensure punctual and reliable services on the network. We are ensuring it is doing everything it possibly can to maintain and build upon the current improving levels of performance. My hon. Friend mentioned the performance targets: the operator will be required as part of the next franchise arrangements to publish on its website in relation to each reporting period its performance against the following metrics: cancellation figures, short formation figures, and now, critically, timing to three minutes, rather than the previous performance targets.

Clive Efford (Eltham) (Lab): Mr Speaker, may I associate myself and my hon. Friends with your kind words to my constituency neighbour, the hon. Member for Bromley and Chislehurst (Robert Neill), and wish him all the best?

When I arrived at my station this morning, they were handing out free copies of fiction: the Southeastern rail timetable. It is fiction because of not just the performance of Southeastern, but the poor infrastructure that we have to endure. We have spent £1 billion upgrading London Bridge, and it is a magnificent project, but unfortunately we have seen broken rails and the breakdown of signals last week and the week before, and there was another stranded train outside St Johns station on 5 April. This is not good enough: we need to upgrade the infrastructure around London Bridge, otherwise all the money will have been wasted.

Joseph Johnson: In the next franchise period we will ensure that performance in quality is an absolute focus for the new operator. When that is in place moving towards next year, the new franchisee will adopt the new measures we have proposed as part of the move towards control period 6. The use of a public performance

measure that allows services to arrive up to five minutes late at end destination will be replaced by timed to three, or T3, and that measure will be used for the services along this route.

Matthew Pennycook (Greenwich and Woolwich) (Lab): Like my colleague, my hon. Friend the Member for Eltham (Clive Efford), I wish the hon. Member for Bromley and Chislehurst (Robert Neill) all the best.

After years of disruption due to the London Bridge rebuild, passengers discovered last week that Greenwich line evening services will not be of the frequency previously advertised after May because, according to Southeastern, it does not have enough drivers. Can Ministers do anything about this frankly risible situation?

Joseph Johnson: I thank the hon. Gentleman for bringing that concern to my attention, and I will discuss it with Southeastern.

Fitness to Drive

15. **Kevin Foster** (Torbay) (Con): What assessment he has made of the effectiveness of medical requirements for holding a driving licence in ensuring that drivers are fit to drive. [904824]

The Parliamentary Under-Secretary of State for Transport (Jesse Norman): The current driver licensing arrangements take into account the risks that an individual poses to road safety and are designed to be fair and proportionate to all drivers who remain fit and competent to drive, regardless of age. The Driver and Vehicle Licensing Agency keeps all its medical driver licensing policy and processes under review.

Kevin Foster: The Minister will be aware that the current system of car driving licence renewal includes no requirement at all for independent medical evidence to ensure that a driver's health or eyesight meet the legal requirements. Does he agree that this self-certification process is inadequate and open to abuse, and will he agree to review it?

Jesse Norman: There is no evidence—certainly none that we are aware of or that has been brought to our attention—to suggest that requiring independent medical evidence in relation to a driver's health or eyesight would lead to an improvement in road safety. The current process is balanced and proportionate, and focuses resources on drivers who need medical investigation. Those drivers—in fact, all drivers—are legally obliged to notify the DVLA if they develop a medical condition that could affect their ability to drive safely. Where a driver has failed to do so, the DVLA will investigate notifications from concerned friends, relatives, the police or medical professionals.

Dualling of the A45: Stanwick to Thrapston

16. **Tom Pursglove** (Corby) (Con): What steps his Department has taken to conduct an environmental study of the dualling of the A45 between Stanwick and Thrapston. [904825]

The Parliamentary Under-Secretary of State for Transport (Jesse Norman): The road investment strategy announced the Government's intention to develop a scheme to

upgrade the A45 between Stanwick and Thrapston to a full dual carriageway. The scheme is at an early stage of development and a preliminary environmental study will be carried out as part of this development work.

Tom Pursglove: This dualling is something that I have campaigned particularly hard for. It has the overwhelming support of local people and would do much to improve the strategically important link between the A14 and the M1. The environmental study is key to progress, so will the Minister join me in pushing for that work to be carried out as soon as possible?

Jesse Norman: My hon. Friend has been a tireless and energetic campaigner on this issue, as on so many others, and I can assure him that the environmental study will be one of the first items to be completed under the options assessment work.

HS2: Extension to Scotland

17. **Mr Paul Sweeney** (Glasgow North East) (Lab/Co-op): What assessment he has made of the potential merits of extending High Speed 2 to Scotland. [904826]

The Parliamentary Under-Secretary of State for Transport (Ms Nusrat Ghani): From the day phase 1 opens, HS2 trains will run directly to Scotland, with journey times of less than four hours between London and Glasgow. When the full Y network opens, HS2 will serve both Glasgow and Edinburgh in three hours 40 minutes to London. The Department for Transport is working closely with Transport Scotland and Network Rail to look at further options that might have a good business case, working towards the UK and Scottish Governments' shared ultimate ambition of a three-hour journey time between London and Scotland.

Mr Sweeney: Will the Minister guarantee that, once HS2 is fully constructed, the journey time between Glasgow and Manchester will not be any longer than it is currently?

Ms Ghani: We have no reason to expect increases in journey times between Glasgow and Manchester as a result of HS2.

Rail Sleeper Services: Scotland to England

18. **Jamie Stone** (Caithness, Sutherland and Easter Ross) (LD): What steps his Department is taking to support the provision of sleeper rail services between Scotland and England. [904827]

The Parliamentary Under-Secretary of State for Transport (Ms Nusrat Ghani): In his autumn statement of 2011, the Chancellor announced a commitment to contribute £50 million towards the cost of improving and upgrading the Caledonian sleeper service, including rolling stock and infrastructure improvements. We understand that new rolling stock will start to be introduced in the autumn. Under the devolved arrangements relating to the railways in Scotland, the Caledonian sleeper service is the responsibility of the Scottish Government and operates under a franchise procured by Scottish Ministers.

Jamie Stone: The northern sleeper service is good for the environment, stress-free, fun and actually rather romantic. Does the Minister agree that further development would do much to boost tourism in the highlands and in my constituency?

Ms Ghani: We do like romance, and the new trains will offer improved facilities, comfort, hospitality and security for passengers. Passengers' experience will be enhanced, supported by improved ticketing, booking channels and information, station improvements and support for post-travel arrangements. Staying on the theme of romance, I know that the hon. Gentleman has a particular interest in disability and access, for which these trains will be suitable, as he has a close family member with disability issues.

Mr Speaker: That sounds like a very agreeable adventure to me. I must obviously add it to my bucket list.

HS2: Phase 2b

20. **Graham Stringer** (Blackley and Broughton) (Lab): What steps he has taken to implement phase 2b of High Speed 2. [904829]

The Parliamentary Under-Secretary of State for Transport (Ms Nusrat Ghani): In November 2016, the Government confirmed the majority of the HS2 phase 2b route and launched a consultation on seven route refinements. The Government made a decision on the phase 2b route in July 2017. To deposit the phase 2b hybrid Bill in 2019, HS2 Ltd is developing designs for the working draft environmental statement. The Government have provided funding for growth strategies to HS2 places, enabling the plans to be HS2-ready.

Graham Stringer: Can the Minister assure the House that the hybrid Bill for HS2 phase 2b will take precedence over Crossrail 2?

Ms Ghani: Consideration of the hybrid Bill will take place when it is due to take place in Parliament. It is interesting to note that we have had a lot of support from Members across the House; it would be nice for that support to be reflected when the Bill comes to the House, with all Members voting to support it rather than abstaining.

Eddie Hughes (Walsall North) (Con): We seem to have a lot of jobs created by HS2 in the midlands. How many have been created so far?

Ms Ghani: My hon. Friend is a passionate campaigner for the midlands and any opportunity I have to talk proudly about Birmingham in particular, is welcome. Over its course, HS2 will create 100,000 jobs. It is important to note that the majority of those jobs will be created outside London, so opportunities will be vast along the line.

Channel Fixed Link

21. **Patrick Grady** (Glasgow North) (SNP): What discussions he has had with the Secretary of State for Foreign and Commonwealth Affairs and with his French counterpart on constructing a fixed link across the Channel. [904831]

The Minister of State, Department for Transport (Joseph Johnson): The Secretary of State and I have periodic discussions with our counterparts in our partner countries on a range of issues.

Patrick Grady: Well, can the Minister tell us, then, whether, as the question says, those discussions have included the concept of a new fixed link? The Foreign Secretary seems to think that it is a very good idea, but I am not clear whether anyone else in the Government or the Cabinet does.

Joseph Johnson: This is certainly an idea worth exploring. I repeat that this is a view shared not just in this Government but in the French Government. The hon. Gentleman will recall that at the conclusion of the highly successful Anglo-French summit it was agreed that there would be a committee of wise people, a comité des sages, established to consider reviving the tradition of UK-French collaboration on a range of matters, including infrastructure projects.

Mr Speaker: Well, I would call the hon. Member for Bassetlaw (John Mann) if he were here, but he isn't, so I won't.

Topical Questions

T1. [904834] **Maggie Throup** (Erewash) (Con): If he will make a statement on his departmental responsibilities.

The Secretary of State for Transport (Chris Grayling): We spend a lot of time talking about planes, trains and automobiles in these sessions, but we do not spend much time talking about ships. I want to pay tribute to all those involved in the talks that took place in London last week, particularly those from my Department. They paved the way for an historic agreement in the maritime sector on cutting carbon emissions from shipping. It is a really important step forward and I commend all those involved.

Maggie Throup: Will the Secretary of State visit Long Eaton as a matter of urgency to visit those property owners directly affected by HS2, some of whom are facing the prospect of being tens of thousands of pounds out of pocket? Will he reaffirm his commitment to the House today that no one will lose out as a result of HS2?

Chris Grayling: I know that we have particular issues with some of the properties in Long Eaton, particularly the railway cottages. I have worked and will continue to work closely with my hon. Friend to ensure that HS2 does the right thing by those people.

Alan Brown (Kilmarnock and Loudoun) (SNP): On "Question Time", the Secretary of State intimated that, post Brexit, trucks will not be checked and will move freely through the border, as happens in Canada and the US. I have an official document that confirms that all lorries are stopped on the US-Canada border. Will he apologise for giving out duff information, do his homework and tell the House what the concrete plans will be post Brexit?

Chris Grayling: As I have said before—I say it again today—there will not be physical checks that require every lorry to be stopped at Dover. It is not physically possible to do it, and in today's world of trusted trader systems and electronic processing of customs information, there is no need for that to happen. I would also say that we are confident that we will deliver, as is our intention, a sensible free trade agreement with the European Union that will make all this an irrelevant discussion.

T5. [904839] **Damien Moore** (Southport) (Con): Following the delays to electrification, Arriva has announced a new timetable downgrading the train service between my constituency of Southport and south Manchester, which will have significant consequences for Southport's residents and its local economy. What reassurances can my right hon. Friend provide to my constituents and rail passengers along that line who are now having to make difficult choices about where they live and work as a result of this downgrading?

Chris Grayling: My hon. Friend knows that I have been to Southport and talked to some of those affected. As a result of those recent discussions, we have been able to put back in two extra services to Manchester Piccadilly. Of course, the original franchise plan was for the services to go to Manchester Victoria, but I have listened carefully to what has been said. Timetable changes cannot happen quickly and easily, but I will do my best to work with my hon. Friend to ensure that there is a better mix of services for the future.

Matt Rodda (Reading East) (Lab): With free bus travel for the under-25s estimated at £1.4 billion a year, why is the Minister opposing a scheme that could benefit up to 13 million young people, saving them up to £1,000 each a year, at a time when they face significant financial hardship due to tuition fees and the high cost of living?

The Parliamentary Under-Secretary of State for Transport (Ms Nusrat Ghani): This was an intriguing policy proposed by Labour at the Budget, and the figures did not seem to add up. At one point Labour was saying it would cost just over £1 billion, but it looks like it might cost closer to £13 billion. The hon. Gentleman needs to go back to school and add up his figures. We already provide £1 billion towards concessionary travel to support up to 10 million older people, and disabled people, too. I would be intrigued to know whether Labour has budgeted for this concessionary travel to be before or after 9.30 am.

Matt Rodda: Can the Minister explain how she has calculated that figure of £13 billion? Research by University College London, which is widely accepted across the sector, shows that every individual person in the UK could be given free bus travel for £5 billion.

Ms Ghani: The figures have already changed from around £1 billion to the projected figure of over £13 billion, and now to £5 billion. When the shadow Minister makes proposals, and if he wants not only the sector but young people to take them seriously, I suggest that he comes to the Dispatch Box with the most accurate figure that comes to hand. We are doing what we can to support bus patronage, including enabling local authorities

to work with bus providers to make sure that people can make the most requested journeys. I must add that we already provide over £1 billion-worth of concessionary travel to older people and to those with disabilities, and perhaps we could take Labour's proposal more seriously if the figures added up.

T6. [904840] **Eddie Hughes** (Walsall North) (Con): Is the Department doing anything to monitor the effective spending of the additional money being given to councils to fix potholes, including the £262,000 that was given to Walsall Council?

The Parliamentary Under-Secretary of State for Transport (Jesse Norman): That is a great question. As my hon. Friend will know, the pothole action fund is part of a £6 billion fund we are spending on local highways between 2015 and 2021, including £105 million for highways maintenance in the West Midlands combined authority, which includes Walsall. We ask that highways authorities provide a statement on their websites on how they utilise the pothole action fund money they have been allocated and, of course, we review and assess how that money is spent. We are always looking for, and seeking to incentivise, best practice.

T2. [904835] **Kerry McCarthy** (Bristol East) (Lab): Bristol City Council is considering five different options for clean air zones. Air pollution is estimated to kill 300 people a year in the city. What is the Minister doing to help councils to deliver on tackling air pollution?

Jesse Norman: As the hon. Lady will know, we have spent more money than any Government have ever spent in this country on tackling air quality issues. We are working very closely with local authorities, including Bristol, to do that. Something like £400 million is already in prospect to support local authorities in this regard, and we look forward to seeing further action by Bristol and other local authorities to support it.

Theresa Villiers (Chipping Barnet) (Con): I was alarmed to learn that Govia Thameslink Railway is planning to cut Great Northern services at Oakleigh Park station in the morning peak. GTR has promised me it will restore the services when new rolling stock is introduced this year. Will the Minister work with me to hold it to that promise?

The Minister of State, Department for Transport (Joseph Johnson): I would be delighted to work with my right hon. Friend to address the issue she raises.

T3. [904836] **Ian C. Lucas** (Wrexham) (Lab): Volunteer drivers in Wrexham, through wonderful charities like Dynamic and Chariots, are very concerned about the impact of possible regulatory change, which may affect their ability to provide a vital service. Can the Minister reassure me that the position of volunteer drivers will not be affected by new changes?

Jesse Norman: As the hon. Gentleman notes, we are in the process of seeking to apply EU law as it applies to community transport. We have launched a review to explore several specific workarounds that address the concerns that community transport operators may have.

We look forward to the completion of that review, and we will be publishing our own thoughts as a result, based on the substantial input we have gathered.

Martin Vickers (Cleethorpes) (Con): The bioethanol industry and the farming community that supplies it are looking for some certainty about the introduction of E10. Is the Minister able to give a clear steer as to when they can expect that certainty and whether the Government will be giving support?

Jesse Norman: My hon. Friend will be aware that the Government have taken a very important forward position by introducing the renewable transport fuel obligation. We are looking closely at E10, and at international precedents and examples as to how enhanced ethanol fuels have been brought into play. It is important to respect market dynamics, so this is a slightly tricky issue, on which we are spending some time and consideration.

T4. [904837] **Mr Paul Sweeney** (Glasgow North East) (Lab/Co-op): There is mounting concern on the Clyde that an active programme is being undertaken by Peel Ports, which owns both the Clydeport authority and the Mersey Docks and Harbour Company, to plough billions of pounds of investment into Merseyside at the expense of the Clyde, stifling investment in the Clyde's port facilities. Will the Minister undertake an immediate investigation into anti-competitive practices in both of the UK's two main west coast ports, as this is unacceptable?

Ms Ghani: The hon. Gentleman raises an important issue. I am glad he has brought it to my attention and I am more than happy to have a meeting with him to discuss it further.

Robert Neill (Bromley and Chislehurst) (Con): Yesterday, my hon. Friend—my very good friend—the Minister of State responded to an Adjournment debate on impacts of the timetable changes of the Thameslink programme. He said that Members were welcome to suggest changes where there had been negative impacts. May I suggest to him that the reduction in services from Orpington to Victoria via Bromley South is precisely such a negative change, which should be looked at urgently?

Joseph Johnson: I thank my hon. Friend for his question. Of course, that matter is close to my heart and I will be paying extraordinary attention to it in the coming months.

T8. [904842] **Stuart C. McDonald** (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP): Will the Minister tell us what recent research the Department has undertaken on whether shared space schemes without kerbs or controlled crossings are safe for people with vision impairments?

Ms Ghani: We have been reviewing our accessibility plan within the Department and will be reviewing how we deal with shared spaces. The hon. Gentleman knows that I used to chair the all-party group on eye health and visual impairment, which has huge concerns about shared spaces. We will be making a statement on this shortly. We want to make sure that all of our spaces, especially those around transport infrastructure, are accessible for people with all disabilities.

Fiona Bruce (Congleton) (Con): Reopening Middlewich railway station to passengers is a matter of crucial importance to many of my constituents. What progress is being made on developing the business case for that?

Joseph Johnson: I know there is strong local support for improvements to the rail network in Cheshire. I am pleased to confirm that the Cheshire and Warrington local enterprise partnership is in the process of establishing a working group with local authority partners and Network Rail to examine the feasibility of reopening the mid-Cheshire link railway line, including Middlewich station, in my hon. Friend's constituency, and that the Department has offered to provide advice.

Daniel Zeichner (Cambridge) (Lab): A few weeks ago, we had the 10th anniversary of the introduction of the free bus pass scheme for pensioners, which is a hugely popular policy. What efforts did the Department make to mark that anniversary? What assurances can the Minister give pensioners about the future of the scheme?

Ms Ghani: The bus pass scheme tends to be reviewed every five years, and what we have been able to do is ensure that that review does not take place every five years and that the concessionary bus pass remains in place for as long as is needed.

Matt Warman (Boston and Skegness) (Con): The Secretary of State has long taken a personal interest in the Boston bypass. Will he join me in commending the excellent campaign being run by my local paper, the *Boston Standard*, which is gathering evidence from local hauliers, in particular? Does he agree that it bolsters an already compelling case for an application to be made to his bypass fund for this road in due course?

Chris Grayling: As my hon. Friend knows, I have visited the proposed site of the Boston bypass on more than one occasion over the years. I know that a vigorous campaign has been run by his local paper, local activists and himself. You will know, Mr Speaker, that we will shortly be bringing forward the next stage of our proposals for what I have dubbed the "bypass fund", and there will be opportunities to build bypasses in the not-too-distant future.

T9. [904843] **Dan Carden** (Liverpool, Walton) (Lab): Evidence shows that regulating bus services can improve the service and boost passenger numbers, so why are this Government siding with bus companies, rather than bus passengers, by refusing councils the powers to take back control of local buses?

Ms Ghani: I am a bit confused as to where the hon. Gentleman read that, because we have not refused any authorities. We are trying to help local authorities to manage their bus services and work with bus operators to deliver the best service that they think is needed at local level. The decision is best made locally. On top of that, we have spent £250 million to support bus services in England via the bus service operators grant, and £40 million of that goes towards supporting concessionary travel at a local level.

Michael Fabricant (Lichfield) (Con): My right hon. Friend the Secretary of State is a renowned blue-sky thinker, so does he imagine that any time soon, or even some day in the future, people will be able to get on an HS2 train in Manchester or Glasgow and go non-stop to the European continent?

Chris Grayling: For a moment, I thought my hon. Friend was going to ask me whether people would be able to get on an HS2 train in Manchester and travel to Lichfield. Of course, it always depends on the market. When the first trains started to operate through the channel tunnel, a fleet of trains was bought to provide links from the north of England through to the continent, but the market was never there—although one never says never.

Karin Smyth (Bristol South) (Lab): The Hussey family and I are grateful for the Minister's support following Freddie's tragic death in 2014, and we will welcome him to Bristol next week for a trailer safety summit. On Tuesday, the other place agreed to improve trailer safety measures; is the Minister willing to share his view of their lordships' decision?

Jesse Norman: I have greatly enjoyed the chance to work with the hon. Lady on the issues that she describes, and I am very much looking forward to attending her trailer safety summit next week. The Haulage Permits and Trailer Registration Bill will come to this House in due course, so we will then have a chance to look at what their lordships have said.

Points of Order

10.36 am

Andy McDonald (Middlesbrough) (Lab): On a point of order, Mr Speaker. We discussed in Transport questions the cancellation of line electrification throughout the country. The Secretary of State said in the recess last summer that the bi-mode alternatives could achieve the same significant improvements to journeys. The National Audit Office, on which we rely—it is not Opposition Members saying this—has said that

“bi-mode trains with the required speed and acceleration”

to meet the timetable

“did not exist”.

The Secretary of State has had the opportunity today to correct the position. The two statements are mutually exclusive and he cannot maintain that position. It is important that Ministers of the Crown come to the Dispatch Box and say things that are grounded in fact. There is a danger, however inadvertent, that the House has been misled about these trains’ ability to deliver, as my hon. Friends have pointed out repeatedly, yet the Secretary of State will not take the opportunity to clarify the position. I seek your advice as to how that clarification might be achieved, Mr Speaker.

Mr Speaker: The Secretary of State is now poised, like a panther ready to pounce, so the hon. Gentleman may have secured, if not pre-empted, at any rate, early gratification, in that the Secretary of State is marching towards the Dispatch Box.

The Secretary of State for Transport (Chris Grayling): Further to that point of order, Mr Speaker. It is self-evident that last January, when we discussed these issues, the trains that will run on the midland main line had not been ordered and therefore did not exist. As things stand today—as things stood last summer and last April—there are already 120 mph-plus bi-mode trains operating on the great western main line. I have manufacturers beating a path to my door to build the trains for the midland main line; of course they are going to run.

Mr Speaker: What I would say to the shadow Secretary of State is that he has made his point with force and alacrity, it is on the record, and the Secretary of State has responded in a similar vein. This dispute—it is a genuine dispute about what the facts are—can and doubtless will continue, but by means other than the point of order procedure. I hope that honour is served.

Sir William Cash (Stone) (Con) *rose*—

Mr Speaker: Just as I am about to proceed to the next business, I see leaping to his feet, with his characteristic energy and suppleness, the young representative from Stone, Sir William Cash.

Sir William Cash: On a point of order, Mr Speaker. Do you regard the outrageous abuse and intimidation that has been levelled against the hon. Members for Stoke-on-Trent North (Ruth Smeeth), for Liverpool, Wavertree (Luciana Berger) and others as sufficient evidence of a contempt of the House? Page 262 of “Erskine May” states that it is a contempt of the House to molest and intimidate MPs by abusive language outside or inside the precincts of the House. Is there a prima facie case for contempt in the circumstances that I have described, with this completely and totally outrageous behaviour by members of the public towards those Members?

Mr Speaker: I am grateful to the hon. Gentleman for his point of order, which I treat extremely seriously. I do so partly because of the content and partly in deference to his renowned parliamentarianism. The short answer is that there could be such a case. The particulars would have to be studied and it would be imprudent, and therefore inappropriate, for me to seek to venture a judgment here and now. However, as he will know, if there is an allegation of contempt to be made, it should properly be made in writing to me and I will then reflect on it, taking such professional advice as I think I need, but I thank him for raising this point of order, which I know he does out of a concern to protect the rights of Members in all parts of the House. Any Member could be similarly affected, and he has done a public service. Knowing his dogged tenacity and his insistence on following through, I imagine that his letter will be winging its way to me ere long.

Business of the House

10.41 am

Valerie Vaz (Walsall South) (Lab): Will the Leader of the House please give us the forthcoming business?

The Leader of the House of Commons (Andrea Leadsom): The business for next week will include:

MONDAY 23 APRIL—Second Reading of the Rating (Property in Common Occupation) and Council Tax (Empty Dwellings) Bill followed by motion relating to a statutory instrument on the Higher Education and Research Act 2017.

TUESDAY 24 APRIL—Remaining stages of the Financial Guidance and Claims Bill [*Lords*] followed by motion to approve a money resolution relating to the Mental Health Units (Use of Force) Bill.

WEDNESDAY 25 APRIL—Opposition day (9th allotted day). There will be a debate on schools followed by a debate on social care. Both debates will arise on an Opposition motion. Followed by debate on a motion on section 5 of the European Communities (Amendment) Act 1993.

THURSDAY 26 APRIL—Debate on a motion on customs and borders followed by debate on a motion on plastic bottles and coffee cups. The subjects for these debates were determined by the Backbench Business Committee.

FRIDAY 27 APRIL—Private Members' Bills.

The provisional business for the week commencing 30 April will include:

MONDAY 30 APRIL—Remaining stages of the Domestic Gas and Electricity (Tariff Cap) Bill followed by consideration in Committee and remaining stages of the Laser Misuse (Vehicles) Bill [*Lords*].

This has been a key week for Parliament. The Prime Minister took part in more than nine hours of debate on Syria, and with the Report stage of the European Union (Withdrawal) Bill under way in the other place, we continue to shape our future outside the European Union. Members across both Houses have held Government to account, scrutinised decisions and debated matters of national and global importance, putting the vital role of Parliament beyond any doubt.

It has been our privilege to host the Commonwealth Heads of Government meeting this week, and I have personally enjoyed the opportunity to meet delegates from around the world. I want to thank them for the generosity of time and spirit that they have shown.

Finally, we send our best wishes to another place with which we have strong ties: Israel marks the 70th anniversary of its independence day today. This week's hugely important debate on anti-Semitism has shown that we must continue to uphold the British tradition of freedom of religion. To all those celebrating, I wish them a very happy day.

Valerie Vaz: I thank the Leader of the House for the forthcoming business. I also thank her for Monday's motion relating to the statutory instrument on higher education, Tuesday's motion to approve the money resolution—my hon. Friend the Member for Croydon North (Mr Reed) will be delighted, because the business was cancelled again earlier this week—and for our Opposition day.

This seems a bit churlish, but we do need to have the Report stage of the Data Protection Bill, we are still waiting for the nurses bursaries statutory instrument and the Criminal Legal Aid (Remuneration) (Amendment) Regulations 2018 need to be revoked and relaid, because we are running out of time.

I, too, welcome the Commonwealth Heads of Government here to the 25th summit. They will know that a speech given to the Conservative association in Birmingham 50 years ago by a former Member of the House, Enoch Powell, was in response to immigration from the Commonwealth and the proposed Race Relations Bill. I remember my parents being alarmed at the speech—broadcasting it again was unnecessary—but they and other visible minorities were somewhat reassured by the stance of the then Prime Minister, the great reforming Labour Prime Minister, Harold Wilson, who, despite those inflammatory words, passed the Race Relations Act 1968.

It was chilling, therefore, when my right hon. Friend the Member for Tottenham (Mr Lammy) had to ask for—and was granted it by you, Mr Speaker—an urgent question on the unjust treatment of British citizens who came from Commonwealth countries; I and 134 other Members across the House signed the letter to the Prime Minister. The Home Secretary said it was wrong and appalling, but came to the House only in response to the UQ. British citizens now in their 60s and 70s are losing the right to work, rent property, receive their pensions and access their bank accounts and vital healthcare, and some have even been deported. These cases can be dealt with immediately.

The presumption should be that those people are here legally, not illegally. The destruction or shredding of landing cards is a distraction. It is only as a result of 2014 Government policy that evidence is required, and landing cards are only one form of such evidence; there are others, including tax returns, national insurance numbers and NHS numbers. Can we, therefore, have a statement next week so that the Home Secretary can tell the House what she appeared not to know earlier this week—how many people are affected, how many have been deported, how many are in detention centres? My right hon. Friend the shadow Home Secretary met a woman in Yarl's Wood whose parents were both British citizens. Why do we not know these figures? The Home Office has no direction—it is Rudderless. The Secretary of State and Ministers have to direct what a Department does. That is why the series was called "Yes, Minister"—because Ministers have the civil servants who respond to what they want.

I want to highlight another injustice—that affecting students in receipt of disabled students' allowances. With changes to DSA, a £200 up-front fee was applied across the board and not means-tested, which has resulted in a nearly 30% reduction in the number of students taking up vital equipment that could help them to work independently. Some 20% of students at the Royal Agricultural University are in receipt of DSA. We need their skills, so we need them to qualify, particularly because, as the Leader of the House said, we are leaving the EU. Can we have a debate, therefore, so that the Government can look again at removing that £200 up-front fee?

The Backbench Business Committee, not the Government, agreed to a debate on customs and borders. Opposition analysis shows that 44% of Brexit legislation

is still to be introduced: Bills on immigration, fisheries, and the withdrawal agreement and implementation. Last June, the Prime Minister said that this Parliament would have a busy legislative Session, but the Government have passed only four Bills since the last Queen's Speech and not a single piece of Brexit legislation. Given that 11 Bills will have to go through the House before the end of the transition period, will the Leader of the House publish a timetable or a grid like that produced by the Institute for Government, and will she confirm whether the EU withdrawal Bill—which is being considered by the other place, where Members have agreed they want to be in a customs union—will come before this House in the week commencing 21 May?

I know that the Government do not like to come to Parliament, but I was a bit saddened to read in *The House* magazine—we like *The House* magazine, particularly when we are in it, although in my case that is not very often—an article on restoration and renewal. The right approach would have been to make that statement to this Chamber, given that so many Members on both sides took part in the debate and were concerned about it. I know that some decisions are already in train, and it would have been appropriate to come to the House.

I recently had to take part in a rally in opposition to the English Defence League. For the very first time, it was allowed to assemble right next to our peace and unity rally near St Paul's at the Crossing in Walsall. I now have to write three letters to ascertain who was responsible for that decision—and there were breaches of the peace. In the evening, I heard the testimony of Janine Webber, a child of the holocaust. She told us that her grandmother, father and mother were murdered, and she said that when they took her brother away, she wondered why they let her go. She would have been saddened by what happened, but proud at the debate—at the dignity of all our colleagues who took part and at how they have opposed anti-Semitism. I hope that the time comes when we judge each other not on the colour of our skin, not on our religion and not on our gender, but just on who we are.

Finally, on a slightly happier note, I wish the Chair of the Backbench Business Committee, my hon. Friend the Member for Gateshead (Ian Mearns), a very happy birthday on Saturday—a birthday he shares with Her Majesty.

Ian Mearns (Gateshead) (Lab): Every year.

Valerie Vaz: Every year. I wish Her Majesty a happy birthday, and we thank her for her service to the country and to the Commonwealth.

Andrea Leadsom: I join the hon. Lady in wishing the Chairman of the Backbench Business Committee and Her Majesty very happy birthdays for Saturday. I take it that the hon. Gentleman is slightly younger than Her Majesty, but I am sure he would not venture to suggest by how much.

The hon. Lady has raised a number of important points. I am glad she is glad that we have debates on the higher education statutory instrument, the money resolution and Opposition motions scheduled for next week. We are, in fact, extraordinarily busy, and I would like to remind her of some of the achievements so far. We have introduced 27 Bills in this Session so far, including the seminal European Union (Withdrawal) Bill and other

very important legislation that she mentioned, such as that on the general data protection regulation—I assure her that we are very aware of the impending deadline, and proceedings will be brought forward very soon.

We have had 11 Bills sent for Royal Assent already, including the Space Industry Bill—a fantastic opportunity to build the new skilled jobs of the future. We have six Brexit Bills before Parliament at the moment—the withdrawal Bill and Bills on nuclear safeguards, customs, trade, sanctions and road haulage. Of course, hundreds of statutory instruments have also been passed by each House. In addition, we have seven draft Bills published in this Session, and I will not detain the House any longer by naming them all.

However, I want to make the point to the hon. Lady that, in fact, we are achieving a lot, and I am delighted that that is the case. I am also delighted that the House is taking such an active part in not only the legislative programme, but some of the vital debates we have had just this week—that is incredibly important.

On the Windrush generation, which the hon. Lady raised, I can only again apologise. These individuals are British; they have absolutely every right to be here. What has happened is incredibly regrettable. My right hon. Friends the Prime Minister and the Home Secretary have apologised without reservation, and I do so again today. The Home Office is determined to put this right in short order, and that is what it is absolutely focused on doing.

The hon. Lady raised the issue of a fee, which I am sorry to say I am not aware of. If I may, I will investigate and come back to her. She asked when the EU withdrawal Bill will come back. As she knows, there are no programme motions, so their lordships will send it back to us in due course. Of course, we will consider all attempts to improve legislation, as we always do, and we will respond in due course to amendments that have been passed in the other place.

The hon. Lady also raised the issue of the restoration and renewal of the Palace. I am sorry if she thinks there was some sort of statement. In fact, the article in *The House* magazine was merely an attempt to keep Members' interest in the subject. I am, of course, delighted to talk to her about progress at any time. As soon as there is substantive progress—for example, once we have recruited the internal and external members for the shadow sponsor body—there will be the opportunity to debate that in this place.

Finally, I pay tribute to the hon. Lady's constituent, Janine Webber. It sounds as if that was harrowing testimony, and I am sure all of us in the House absolutely support the hon. Lady's view that we should consider each other for who we are, not for where we come from or what we believe in.

Sir Christopher Chope (Christchurch) (Con): May I ask my right hon. Friend about two statutory instruments that were laid just before Easter, which are designed to abolish Christchurch Borough Council against its will? Will she assure me that neither of those instruments will be brought forward for debate until there has been a report from the Joint Committee on Statutory Instruments, to which I have written pointing out that one of those statutory instruments seeks to change primary legislation and to do so retrospectively, with hybrid effect and in breach of Government undertakings to Parliament?

Andrea Leadsom: My hon. Friend raises a serious matter, although it is not something of which I am aware right now. If he allows me, I will certainly look into it and write to him.

Pete Wishart (Perth and North Perthshire) (SNP): I thank the Leader of the House for announcing the business for next week. I also extend birthday wishes to the hon. Member for Gateshead (Ian Mearns). I always tell him that he is the finest Chair of the Backbench Business Committee that we have. I wish all London marathon participants from the House all the best on Sunday. A record 18 MPs will be running, including two Scottish National party Members of Parliament—Lightspeed Linden and Supermac Stuart McDonald—who will be running for charity.

Regardless of what the Leader of the House says, this has not been one of her finest weeks in the job. The structuring of parliamentary business at the beginning of this week was an utter shambles. I do not know what she was thinking in trying to discuss the Syrian air strikes in a debate under Standing Order No. 24; she is in charge of the business, for goodness' sake. It is ridiculous that I am having to tell her that she could have tabled a motion on Syrian air strikes at any time. I ask her once again: will she now table a proper, amendable motion with a full day's debate on the situation in Syria?

And what about the heroes in ermine, eh? The tribunes of the people and the red remoaners, who have somehow managed to thwart the Government's chaotic and clueless Brexit? When I look around at my Conservative friends, I wonder whether some of them might now be a little more disposed to dealing with the House down the corridor, which is a national embarrassment, even though its Members are doing the right thing this time. I am saying to Conservative Members of this House, come on and join us! Let us get rid of the Lords from the face of our democracy, because it is an utter national embarrassment to this country and to what we call our democracy.

We need a full debate on what has happened regarding the Windrush generation; the cases and issues are getting more alarming and concerning. We have now heard that the policy described as creating a "hostile environment" passed in the Immigration Act 2014—supported by the Labour party, it has to be said—was opposed and objected to by Ministers and civil servants. But it certainly informed the whole approach to the Windrush victims.

Now, I am not against hostile environments. In fact, I would quite like a hostile environment for Faragist-informed Conservative Ministers, but this issue will not go away; it is going to get worse and worse for this Government. They should have learnt lessons from the Syrian air strikes, and come to the House with a proper motion and a full debate on what is happening on this appalling issue.

Andrea Leadsom: Perhaps if the hon. Gentleman were to participate in the London marathon himself, he might be a little distracted and less willing to let his blood pressure get as high as it obviously has today. I certainly congratulate his hon. Friends and all Members who are taking part in the London marathon; they are definitely braver than me.

The hon. Gentleman raises an important point about the order of business this week. Mr Speaker, I know that you shared the desire of all Members across the House to see urgent debates on the subject. The Prime Minister herself applied for such a debate, on the grounds that the only practical way to change the order of business on a given day is through an urgent debate request.

Mr Speaker was pleased to grant an urgent debate to the hon. Member for Wirral South (Alison McGovern). All hon. Members, including Conservatives, were pleased to stand in support of that. As the Prime Minister said, she was determined to be held accountable for her actions by the House. There was no question about it. At the same time, she also made it very clear that it was vital that she took action in such a way as would protect our armed forces, secrecy around the limited nature of the targets and secrecy around the extent of the operation, in order for that operation to be effective.

Following the Prime Minister's action, which was entirely within the conventions of the House, she came to the House—facilitated in no small part by Mr Speaker himself—and made a three-and-a-quarter-hour statement, answering 140 individual questions. She then took part in a debate, answering 27 individual interventions from right hon. and hon. Members. She also took part in a further urgent debate the following day. It is simply unfair and ungenerous to suggest that anybody in this place was seeking to avoid accountability. The Prime Minister was absolutely clear about her intentions.

Mr John Hayes (South Holland and The Deepings) (Con): Coming into the House on Monday, I encountered, by chance, on the wireless an interview with the mother of a young boy murdered with a knife. In calling for tougher sentences and more stop-and-search, that mother chillingly declared that politicians did not care because their children were not at risk. I know, as you do, Mr Speaker, that people across this House do care. So, will the Leader of the House arrange for a debate on knife crime and the culture, which is gaining hold in our cities and elsewhere, that not only allows but celebrates the carrying and use of knives?

Andrea Leadsom: My right hon. Friend raises an incredibly important point that hon. Members across the House have previously raised. He is exactly right to point out that we have seen an increase in the appalling use of knives in fights, particularly among younger people, the causes of which are very complicated: the increased use of county lines, drug use and so on are partly responsible.

I assure hon. Members that my right hon. Friend the Home Secretary is determined to take early action. We have had a number of discussions about what more can be done. In March, she launched a national knife crime media campaign across all channels, including billboards, to try to take young people away from this awful scourge. We are doing a great deal more intervention work in hospital A&Es, trying to appeal to those who have already experienced some sort of knife attack. We are awarding significant sums to community funds and to community groups who are tackling gangs and knife crime. My right hon. Friend has also launched the serious violence strategy. We will be bringing forward an offensive weapons Bill to try to limit access to and use of knives.

Ian Mearns (Gateshead) (Lab): I have to say to the Leader of the House that I followed Her Majesty by some 31 years, so I am not just behind her, but despite my tender age, Tyne and Wear fire service has advised no candles on the cake this year.

I am glad to see from today's Order Paper that the Backbench Business Committee is to get reinforcements in the shape of the hon. Member for Gordon (Colin Clark). I am very glad that we have now got back our full complement. However, even with eight members and a quorum of four, it is sometimes difficult to get that quorum when members have been called away to Statutory Instrument Committees and so on. Could we please look at this again? It seems rather unfortunate to have a quorum of four for a Committee of eight.

I am afraid that it looks as though De La Rue has thrown in the towel on the production of UK passports in Britain. I would like a statement from the Home Secretary about exactly where and how our passports will be produced post-2020. De La Rue has done an awful lot of work in looking at the bids being put in by Gemalto in Paris. It seems to De La Rue—and to me, I think—that it is very likely, with the costs that have been provided, that post-2020 our passports will be produced, or mainly produced, in eastern Europe or in the far east. It is not a satisfactory situation, post-Brexit, for the UK—an independent nation, proud of itself—to have its passports produced far, far away.

Andrea Leadsom: I am grateful to the hon. Gentleman for clarifying the issue of age. He would admit to being a young whippersnapper by comparison, I am sure.

The hon. Gentleman raises a very important point about the quorum. I have taken soundings, as I said I would. The concerns are about whether a quorum below four is truly evidence of cross-party decision making. If he were to write to me, I could perhaps liaise with the Procedure Committee, which might be persuaded to look into this from a more formal point of view. I do understand the practical points he raises, but he will, I am sure, equally appreciate that, to be truly cross-party, four is a pretty small number of people to have in the decision-making process.

The hon. Gentleman will appreciate that De La Rue prints passports, security documents and money for countries right across the world. The UK, as we seek to leave the EU, will be a global champion for free trade, and so this cannot be one-sided. We need to accept that, just as our brilliant UK businesses generate income and profits from overseas, so other businesses must be able to compete in the UK market.

Sir William Cash (Stone) (Con): In relation to the point of order I raised a short time ago, will the Leader of the House arrange for a debate—in consultation, of course, with the Privileges Committee—on the principles and practice by which the House deals with questions of molestation, abuse and intimidation of Members of Parliament, including on social media, and by reference not only to the hon. Members for Stoke-on-Trent North (Ruth Smeeth) and for Liverpool, Wavertree (Luciana Berger), but to all others?

Andrea Leadsom: I listened with great interest to my hon. Friend's point of order and I am extremely sympathetic to it. As you will know, Mr Speaker, I have also raised

with you the issue of how social media can be used to intimidate Members and, potentially, to put out slanted versions of what takes place in the Chamber. I am sympathetic to my hon. Friend and will be happy to look into this if he wants to write to me. I know you have also asked him to raise it with you, Mr Speaker.

My hon. Friend will appreciate that the investigation by the Digital, Culture, Media and Sport Committee into fake news may look at these issues, and he will also be aware that the Department for Digital, Culture, Media and Sport is looking carefully at an internet safety strategy for keeping young people safe online, and at seeking further ways to stamp out the sort of horrific abuse that has been described in the Chamber this week.

Siobhain McDonagh (Mitcham and Morden) (Lab): In January 2013, Kevin Doherty was found guilty of the manslaughter of his partner Jane Harrison. It had taken 18 years to bring him to justice, and he is still to disclose the location of Jane's body to her family. In January this year he was granted a transfer to an open prison without reference to the Harrison family. How is that just or fair? I have written to the Ministry of Justice without success four times seeking a meeting with the appropriate Minister. Perhaps only a debate on the treatment of the families of victims will elicit any justice for the Harrison family.

Andrea Leadsom: The hon. Lady raises a truly harrowing case and I am sure that all Members send their deepest sympathy to the family of the victim. I am happy to take up the lack of response with the Ministry of Justice on her behalf if she would like to write to me.

Mr Ian Liddell-Grainger (Bridgwater and West Somerset) (Con): Following on from the point made by my hon. Friend the Member for Christchurch (Sir Christopher Chope), I have the same situation. May we have a debate in Government time on local democracy? My locals have been stamped on and ignored, and now they are being told by the Secretary of State that they will have what they get. I have total sympathy with the situation in Christchurch, so may we have a debate on local democracy before it is trodden on by this Government?

Andrea Leadsom: My hon. Friend raises an important constituency point. He may wish to seek an Adjournment debate. I also draw his attention to the fact that Ministers from the Department will answer oral questions on 30 April—he may wish to raise the issue directly with them.

Vernon Coaker (Gedling) (Lab): I join the right hon. Member for South Holland and The Deepings (Mr Hayes) in pressing the Leader of the House to have an urgent debate and a continuing report from the Home Secretary on the serious violence strategy she has announced. The young and the middle-aged in London and across the country are being stabbed and becoming the victims of violent crime. We are seeing huge increases in violent crime. This is an emergency for the Government and the House should discuss it regularly. Local communities, including Nottingham Forest Football Club and Notts County Football Club, are coming together to try to tackle and stand up against this increase in violent

[Vernon Coaker]

crime, but we need the Government to report regularly to Parliament on what they are doing to tackle this scourge.

Andrea Leadsom: I completely agree with the hon. Gentleman. We must do everything we can. I have tried to set out how, through the serious violence strategy, the Government are seeking to provide funding for community efforts, and to use a national media campaign to take young people away from this seemingly attractive lifestyle of joining a gang and being involved in this appalling violence. We are working with young people who have already been stabbed and are in hospital, and trying to turn them away from that lifestyle before it is too late. The hon. Gentleman is right to say that more could be done, and I recommend that he seeks a Backbench Business Committee debate so that all Members can share their thoughts on the subject.

Kevin Hollinrake (Thirsk and Malton) (Con): Understandable changes to the parliamentary timetable this week precluded the opportunity to debate the hugely important banking scandals, and the effect that they had on thousands of business people around the country. Will my right hon. Friend find Government time to debate that important issue?

Andrea Leadsom: I agree that that is an important issue. The loss of livelihoods following the financial crisis was a devastating blow for many people. I will certainly take my hon. Friend's request away and see whether it can be accommodated.

Tom Brake (Carshalton and Wallington) (LD): Will the Leader of the House make available Government time for a debate to be led by the Prime Minister, in which she could explain that a logical consequence of her hostile immigration environment is the hurt caused to the Windrush citizens, and the creation of citizens of nowhere? She could also provide a guarantee that no Windrush citizens will be harassed by the Home Office, and that EU citizens in the UK who are applying for settled status will not be faced with threats of deportation if their indefinite leave to remain papers no longer exist.

Andrea Leadsom: The right hon. Gentleman will be aware that the Prime Minister and the Home Secretary have both apologised unreservedly and made clear their commitment to putting this right. There is no question but that the Windrush generation are British and deserve to have all the same rights as citizens. He raises an important point about EU citizens, and I regret anybody seeking to cause a lack of confidence and destabilise the feelings of EU citizens—[*Interruption.*] No, I am sorry. The Prime Minister, the Home Secretary, Ministers from the Dispatch Box and I have all been absolutely clear: EU citizens who have come to the UK, made their lives here and contributed to the United Kingdom, are welcome here, and their rights will be protected. It is not the same situation at all.

Maggie Throup (Erewash) (Con): As the new chair of the all-party furniture industry group, may I make an early plea to my right hon. Friend for a debate in Government time to highlight the significant contribution

that the furniture industry makes to the UK economy? May I urge her to exploit the unique skills of our British furniture manufacturers when we commence work on the restoration of this place?

Andrea Leadsom: I congratulate my hon. Friend on her new position. I am a big fan of that industry—my mother and stepfather had a furniture shop when I was growing up. The furniture industry is dominated by small and medium-sized enterprises, and in 2017 alone it contributed nearly £3.9 billion to the UK economy, employing more than 90,000 workers. I assure my hon. Friend that the restoration and renewal programme will consider how the UK furniture sector can benefit from the restoration of our grade I listed palace.

Emma Hardy (Kingston upon Hull West and Hessle) (Lab): I hope Members across the House share my anger with the multinational waste management company FCC Environment. It is refusing to grant all its workers the basic right of sick pay, despite one of those workers suffering from cancer, despite workers offering to give up their annual bonuses to help cover the cost, and despite the fact that all the management team receive sick pay. May we have a debate in Government time on whether any public contracts should be given to companies that do not offer something as basic as sick pay for all their workers?

Andrea Leadsom: The hon. Lady raises a worrying situation. She will be aware that the Government's Taylor review has raised all issues of the rights of workers and the way they are treated, and the Government will bring forward measures to ensure that any public procurement takes into account the importance of the rights of workers. I encourage the hon. Lady to seek an Adjournment debate so that she can raise this specific case directly with Ministers.

Mr Peter Bone (Wellingborough) (Con): It has been a strange old week for Parliament: money resolutions not provided and blocking a private Member's Bill; a Government motion signed by the Leader of the House and the shadow Leader not moved by the Government; and a Standing Order emergency application from the Government to destroy their own business. The real Whitehall farce of the week, however, was when the Leader of the Opposition had an emergency debate. Government Members were called back from everywhere to vote against the motion and the Leader of the Opposition got all his Members to vote against the motion. The Government voted for the Corbyn motion and Labour MPs voted against it. It was carried by a massive majority and not a single Labour MP supported it. Leader of the House, that is a nonsense! We have to change this and the simple way to do it is to have a business of the House committee. May we have a debate in Government time on this matter?

Andrea Leadsom: My hon. Friend raises a real mish-mash of issues. On private Members' Bills, he will be aware that a money resolution is being brought forward in due course as soon as we can do so. On Select Committee term limits, he, and I am sure you, Mr Speaker, would agree it is perfectly orderly for a Member whose name is on a motion to bring it forward. As another person whose name was on that motion, I am pleased that it

has now been passed, giving Select Committee term limits of 10 years rather than eight years during this Parliament.

My hon. Friend also raises urgent debates. I have gone into some detail on the importance of the Government being held to account as early as possible on Monday. The practical way to do that is through an urgent debate, which you, Mr Speaker, were pleased to give. I do not think my hon. Friend has raised a succession of arguments for reform. To be very clear, a Committee of the whole House would not be able to deal with some of the many necessary changes to business.

Mr Bone: Yes it would.

Andrea Leadsom: The reality of trying to call a committee in short order to deal with very fast moving situations makes it entirely impractical. Having looked carefully at this issue, the Government have decided that it would not be a workable solution.

Mr Speaker: I should just say to the hon. Member for Wellingborough (Mr Bone), and for the benefit of other Members, without in any way dissenting from anything that the Leader has just said, that it is perfectly open to the House to amend Standing Order No. 24, of which there is some uncertainty and often incomprehension. It could be amended to allow for the tabling of substantive motions in circumstances of emergency, which could also be amendable and on which the House could vote. If there are Members who are interested in that line of inquiry, they could usefully raise it with the Chair of the Procedure Committee, the hon. Member for Broxbourne (Mr Walker), but it is a matter for Members.

Mr Barry Sheerman (Huddersfield) (Lab/Co-op): On a lighter note, the sun is shining and it is obvious it is now spring. I always feel it is spring when the London marathon takes place. So many people run the marathon—not me, thank goodness—to raise money for charities, particularly heart and cancer charities. May we, from across the House, congratulate them all?

Many hon. Members, including the hon. Member for Bridgwater and West Somerset (Mr Liddell-Grainger), are calling for a debate on local democracy. Local democracy is fundamental to this country. We are all part of local democracy and products of it. May we have an urgent debate on local democracy? There is a big decline in social and community networks in our towns and cities, because, due to cuts to their budgets, local authorities are no longer able to support them.

Andrea Leadsom: First of all, I join the hon. Gentleman in congratulating the 18 Members of Parliament and the thousands of others taking part in the London marathon, in particular Mo Farah, whom a number of us will be cheering on.

The hon. Gentleman asks for a debate on local democracy. A Westminster Hall debate or a Backbench Business debate can always be sought to share issues and ideas on local democracy. I draw his attention to departmental questions on 30 April, when he can raise it directly with Ministers.

Andrew Jones (Harrogate and Knaresborough) (Con): I recently visited ILKE Homes, which is developing a factory near Knaresborough for the off-site pre-manufacture of homes. Other comparable initiatives are taking place

across the country. This is an exciting development for the housing sector, as it will deliver houses quicker, with improved environmental benefits and at a cheaper cost. I was certainly impressed by what I saw at ILKE, so please could we have a debate about new methods of construction in the infrastructure and housing sectors, so that we can highlight the emerging benefits?

Andrea Leadsom: My hon. Friend raises a really good point. The idea of manufactured housing can certainly contribute to the Government's principal domestic priority, which is to ensure that everybody has the chance to have their own home. It is encouraging to see companies such as ILKE Homes using modern methods of construction. Throughout 2017, we saw continued growth in modern methods of construction across all sectors, and the Government's home building fund is providing support for those methods. We should encourage all businesses looking at this to continue to do so.

Nick Smith (Blaenau Gwent) (Lab): Nearly 7,000 jobs and our steel industry rely on the contract for three new ships to support our aircraft carriers. The Government must get behind our shipbuilding and steel industry, so can we have a statement on defence procurement?

Andrea Leadsom: We are all very proud of our shipbuilding sector, which is in a good position and has had some huge successes with our new shipbuilding programme. I am sure that the hon. Gentleman will welcome the Government's commitment to provide not just a decent, home-grown future plan for new ships, but to seek to win orders from overseas as well. If he wants to seek a specific debate on shipbuilding, I recommend that he asks for an Adjournment debate so that he can raise the issue directly with Ministers.

John Howell (Henley) (Con): Can we have a debate on the work of the Council of Europe, hopefully on an annual basis? As we leave the EU, it becomes the most important organisation in Europe of which we are still a member, and yesterday there was cross-party agreement to such a debate.

Andrea Leadsom: My hon. Friend makes a really interesting suggestion, and I am certainly happy to take it away and look at it.

Vicky Foxcroft (Lewisham, Deptford) (Lab): I echo the calls from the right hon. Member for South Holland and The Deepings (Mr Hayes) and my hon. Friend the Member for Gedling (Vernon Coaker) for us to have a debate on youth violence and the Government's serious violence strategy. It might be helpful if I remind the Leader of the House of her comments on 29 March. On the strategy being published, she said:

"It will be very important, when the strategy comes forward, for the House to have a chance to debate it".—[*Official Report*, 29 March 2018; Vol. 638, c. 957.]

If she is worried about what the Home Secretary might think about this, when she was asked about this on 16 April, she said:

"I will take that very good question to the Leader of the House. I would relish such a debate."—[*Official Report*, 16 April 2018; Vol. 639, c. 24.]

When are we going to have that debate on the serious violence strategy?

Andrea Leadsom: I pay tribute to the hon. Lady, because she raises this issue frequently in the Chamber and I know that she is absolutely committed to doing everything that she can to eradicate this appalling increase in knife crime. I have already mentioned the steps that the Government are taking. I hear what she says about having a debate, and I will certainly take that away and see what can be done.

Andrew Bowie (West Aberdeenshire and Kincardine) (Con): Agricultural machinery rings, such as Ringlink in my constituency—I have visited Ringlink, which has in excess of 2,700 members—play a vital and yet undervalued part in running a modern agricultural business by matching a shortage of machinery and labour on some farms with a surplus on other farms. Will my right hon. Friend consider a debate in Government time on the vital part played in rural economies by businesses such as Ringlink and other machinery rings across the country?

Andrea Leadsom: My hon. Friend asks a very good question. Collaboration between farmers can bring real economic benefits and help them to benefit from economies of scale, to share knowledge and share machinery, and of course, to jointly market their produce. Ringlink is a great example of a collaborative organisation that has managed to evolve in response to changing industry needs. The Government are keen to support that type of work in the agriculture sector, so in February this year we announced a £10 million collaboration fund to bring together those who are interested in greater co-operation.

John Cryer (Leyton and Wanstead) (Lab): Let me first associate myself with the comments made by the Leader of the House about the anniversary of the foundation of Israel. That was a great achievement by a great Labour Government and a great Labour Foreign Secretary.

Three Members have asked questions about the wave of violent crime that is sweeping the whole of Britain to some extent, but especially London, and east London in particular. Given that it cannot be dissociated from the loss of police officers and police stations, we urgently need a debate about crime, policing levels and police station closures.

Andrea Leadsom: I entirely share the hon. Gentleman's concern about the increase in crime levels, particularly in London. As I said earlier, on 8 April the Government announced plans for an offensive weapons Bill, which will make it illegal to carry corrosive substances in a public place. We will consult publicly on extending stop-and-search powers to enable the police to seize acids from people who are carrying them without good reason. The Bill will also make it illegal to possess certain offensive weapons, and we are taking a raft of other actions in the serious violence strategy. However, I hear from all Members that there is a strong desire for a debate on this subject, and I will certainly look into what can be done.

Philip Davies (Shipley) (Con): The disappointing profits results issued by Debenhams today follow hot on the heels of the difficulties that high street names such as Maplin, New Look and Toys R Us are experiencing. May we have a debate on what the Government can do

to help high street retailers, especially those in small towns such as Shipley, Bingley and Baildon, which are having a very difficult time? Could we discuss in particular how we can help them to compete against online retailers by, for instance, doing something about business rates, so that the bricks-and-mortar retailers that are so needed and so welcome on our high streets can continue to thrive rather than struggling, as I am afraid they are at the moment?

Andrea Leadsom: I think we are all concerned about the health of the high street shopping centres in our constituencies, and my hon. Friend is also right to refer to online competition. Business rates may indeed be making the difference between bricks-and-mortar retailers and those that are doing better online. My hon. Friend will be aware of our measures to reform business rates and try to create a more level playing field. Measures such as Small Business Saturday and the work that we all do as Members to promote our own small shopping areas are obviously important, but he may wish to seek an Adjournment debate so that he can talk directly to Ministers from the Department for Business, Energy and Industrial Strategy about what more we can do.

Jonathan Edwards (Carmarthen East and Dinefwr) (PC): The day before a recess, I am reliably informed, is known as “take the trash out day” in Government circles. Before this year's Easter recess, the Department for Culture, Media and Sport published its long-awaited review of the future of S4C. I am sure that the British Government would want to avoid the impression that they would refer to my country's primary asset in such derogatory terms. May we have a debate in Government time, or at least an oral statement, on this important issue?

Andrea Leadsom: Let me first reassure the hon. Gentleman that the reason there is often a flurry of activity on the day before recesses is that, far from its being “take the trash out day”, the purpose is to ensure that the House is still sitting when important announcements are made so that they are not left until the House is in recess, which is precisely the opposite of what he has said. Let me also reassure him about the Welsh broadcasting channel: it is absolutely vital, and he may well want to seek an Adjournment debate so that he can raise the issue directly with Ministers.

Bob Blackman (Harrow East) (Con): Yesterday morning the Prime Minister welcomed Narendra Modi to No. 10 Downing Street, and yesterday evening I joined right hon. and hon. Members to attend events in Central Hall, where Modiji subjected himself to two and a half hours of detailed questioning.

At the same time, a quite disgraceful event was taking place in Parliament Square, where the Indian national flag, which had been raised to celebrate the Commonwealth Heads of Government meeting, was burned. Meanwhile, some disgraceful billboards were going around London comparing our good friend Narendra Modi to Hitler. I am all for free speech, but that seems to transcend free speech. May we have a statement from the Home Secretary about what will be done to prevent such actions from taking place in the future?

Andrea Leadsom: My hon. Friend has made a shocking announcement, and if he wants to write to me giving details of what he saw or heard, I shall be happy to take it up with the Home Secretary on his behalf.

Ian Murray (Edinburgh South) (Lab): The data protection legislation currently going through the House is a welcome update to our legislative framework, but may we have an urgent statement from the relevant Minister on the unintended consequences that this legislation might have for MPs being able to communicate with their constituents?

Andrea Leadsom: The hon. Gentleman might be aware that a number of Members have raised this issue with me in recent days. Both the Department for Digital, Culture, Media and Sport and the Information Commissioner's Office are putting out further advice for MPs. My own parliamentary staff undertook the first round of training, and found it much too generic: there was not enough detail about the consequences for pre-existing data we hold on constituents who have contacted us before, and so on. So there is now a huge effort under way to ensure that MPs get the advice they need so that they can be absolutely clear about the impact this has on their relationship with their constituents. To be clear, it is vital that our relationship with—our ability to communicate with, about and on behalf of—our constituents is not impaired in any way.

Robert Neill (Bromley and Chislehurst) (Con): In the first two months of this year, there were 413 domestic burglaries in the London borough of Bromley, some 32% up, and 38 of them were in the Chislehurst ward alone. They are largely carried out by organised gangs of criminals, almost invariably armed and willing to threaten, and sometimes use, violence. It is not unique to Bromley, either, or to other parts of London. Many of my constituents regard this as a crime of violence and think that, frankly, all domestic burglaries should be treated as crimes of violence because of the invasion of someone's home, family and privacy. May we have a debate in Government time on having a joined-up strategy for tackling this through both police priorities and the sentencing framework?

Andrea Leadsom: I am sorry to hear about my hon. Friend's experiences in his constituency, and of course any form of burglary, particularly when violence is threatened, is very frightening and harrowing for the victims. I encourage him to seek either a Backbench Business Committee debate or an Adjournment debate so that he can raise his particular concerns directly with Ministers.

Diana Johnson (Kingston upon Hull North) (Lab): In light of the decision of the Scottish Government, followed by the Welsh Government, to put the healthcare and dignity of women first by allowing abortion tablets to be taken at home, may we have a statement from the Secretary of State for England Health explaining why English women still have to attend an abortion clinic to get those medically prescribed tablets, and why we are still making the harrowing stories we hear of women who have miscarried on the way home from those clinics in public toilets or on public transport happen in England?

Andrea Leadsom: The hon. Lady is right to raise this issue, and I encourage her to raise it at Health questions, but if she would prefer to write to me, I can take it up with the Department on her behalf.

Tom Pursglove (Corby) (Con): The issue of potholes is understandably troubling my constituents in Corby and east Northamptonshire, and I am delighted that Northamptonshire is to get an extra £1.6 million of Government funding to help with repairs, but Ministers must keep the resources under constant review, so may we have a statement on that next week?

Andrea Leadsom: I confess to having a great interest in my hon. Friend's pothole problem since his constituency is just up the road from mine, and very often the journey there goes through both of our constituencies. Potholes are a disastrous problem, and it is at this time of year, after the long winter and when the roads are in a particularly bad state, that the potholes start getting repaired. Certainly in my area I am seeing some improvements, and I hope all hon. Members are in theirs, too. My hon. Friend raises an important point that affects all of us, and it is a perfect example of something the Backbench Business Committee might look at.

Kerry McCarthy (Bristol East) (Lab): I recently had lunch at the Old Bailey with judges, and they told me that virtually every other trial they are handling at present involves knife crime, gang crime and teenagers. I then sat in and witnessed the trial of four teenagers who were convicted of murdering another teenager. That is such a tragic waste of life, so I just want to add my voice to those of the other MPs who have spoken about this matter. The House really does need to debate it, and I hope the Leader of the House will give it parliamentary time.

Andrea Leadsom: I thank the hon. Lady for her question. I think she is about the sixth hon. Member to raise this issue, and I will certainly go away and look at it carefully.

Martin Vickers (Cleethorpes) (Con): There is traffic chaos in north-east Lincolnshire due to the number of temporary traffic lights. Some have been installed for essential roadworks, but the council is failing to co-ordinate these operations. May we have a debate on how local authorities deal with these situations? Motorists are frustrated, traders are becoming increasingly angry and we need action.

Andrea Leadsom: My hon. Friend is a great spokesman for his constituency, and I can well imagine the frustration caused by poorly co-ordinated roadworks and permanently "temporary" traffic lights, which are very frustrating for motorists. I encourage him to seek an Adjournment debate or to write to Ministers on the specifics in his constituency.

Clive Efford (Eltham) (Lab): May we have a debate to mark the 25th anniversary of the murder of Stephen Lawrence in Eltham? It was a seminal moment for race relations in our country, and it should be recognised in some way by the House. Such a debate would give us an opportunity to distance ourselves from the remarks

[Clive Efford]

made by Mr Mellish, the former detective, on last night's documentary, in which he accused Stephen Lawrence's mother of having a gimmick in not smiling. She was a bereaved mother who had lost her son in the most tragic circumstances, and she was let down by the Metropolitan police, which was found to be institutionally racist. Mr Mellish was a fine example of that last night, and we should be given the opportunity to distance ourselves from individuals such as him.

Andrea Leadsom: I am very sympathetic to what the hon. Gentleman says. We all have our own recollection of the appalling night on which Stephen Lawrence was murdered, of the bravery of both his parents in their own ways in the subsequent years, and of the lessons learned by the police forces. Our current Metropolitan Police Commissioner, Cressida Dick, has shown her commitment to stamping out any form of racism, which is vital for all of us, but the hon. Gentleman is right to say that Stephen Lawrence's appalling death must never be forgotten.

Mr Speaker: Pursuant to the hon. Gentleman's inquiry and to what the Leader of the House has said, I believe I am right in saying that there is to be a commemorative service at St Martin-in-the-Fields next Monday to mark the 25th anniversary of that appalling murder. I think I am also right in saying that our admirable Chaplain, Rev. Rose Hudson-Wilkin, will be preaching at the service. I hope colleagues will agree that that is singularly appropriate.

Wayne David (Caerphilly) (Lab): Mr Speaker, at the last business questions, you stated that you expected the Government to make an announcement in the House of Commons about the awarding of the mechanised infantry vehicle contract. In fact, that announcement was made during the recess, on Easter Saturday—a time, I would suggest, deliberately designed to minimise publicity and avoid scrutiny. May we have a debate in Government time in this House as soon as possible on that important £2 billion contract?

Andrea Leadsom: First, I reiterate my commitment to ensuring that Parliament is the place where as many announcements as possible are made. I also draw the hon. Gentleman's attention to the fact that we will have Defence questions on Monday, so he will have an opportunity to raise his concern directly at that point.

Kelvin Hopkins (Luton North) (Ind): The Leader of the House will recall that I recently raised in business questions the problem of addiction, including compulsive gambling. One of the most dangerously addictive forms of gambling is online gambling, and she might have seen that one of the German Länder has recently legislated to prevent online gambling in that area. Will she urge her Government colleagues to look at that German initiative in addressing the scourge of gambling addiction?

Andrea Leadsom: The hon. Gentleman is right to raise this point. Addictive online gambling is absolutely destroying lives, and the loss of income and vital family money is appalling. If he would like to write to me separately, I can take the matter up with Ministers on his behalf.

Patrick Grady (Glasgow North) (SNP): May we have a debate on community sport and active lifestyles, such as those promoted by local bowling clubs? I had the pleasure of attending Kelvindale bowling club in my constituency for the opening of the season, and I am proudly wearing its tie today. Will the Leader of the House join me in wishing all the best to that club, to clubs across the country, and indeed to the Scotland team, all of whom came home from the Commonwealth games with one kind of medal or another?

Andrea Leadsom: I am always delighted to congratulate those involved in all sporting efforts, including the bowling team that the hon. Gentleman mentions, and, of course, I congratulate Scotland and all parts of the United Kingdom on an excellent Commonwealth games.

Alex Norris (Nottingham North) (Lab/Co-op): Every weekend, hundreds of thousands of men, women and children make their weekly pilgrimage to watch their football team. In the top two tiers of English football, they can only do so sitting down. This is unsafe, as it is not universally observed, and it is bad for the atmosphere. It is time to permit safe standing, as they do in Scotland and other parts of Europe. May we have a debate on this matter in Government time?

Andrea Leadsom: The hon. Gentleman will be aware that there are arguments for and against standing and sitting in football stadiums and we have our own horrendous examples of unfortunate and appalling circumstances involving standing. I am sure that he will appreciate that it is not an easy issue to decide one way or the other. I encourage him to take the matter up directly with the Department for Digital, Culture, Media and Sport and see what progress it is making.

Kevin Brennan (Cardiff West) (Lab): On the subject of the London marathon, not only is my hon. Friend the Member for Blaenau Gwent (Nick Smith) running but so is my hon. Friend the Member for Darlington (Jenny Chapman). This will make them the first husband and wife team from the House of Commons to run the London marathon—

Valerie Vaz: She'll win.

Kevin Brennan: She may indeed.

I confess that I do not read the impact assessment for every Bill placed before the House, and the Leader of the House has mentioned a large number of Bills, but I was surprised to read in the *Daily Mail* this morning a quote from the Home Office on the Bill that became the Immigration Act 2014 that said that Ministers would not have been required to sign off the impact assessment. Is it the case that under this Government Ministers will introduce Bills into the business of the House of Commons without knowing what their impact is?

Andrea Leadsom: I did not read the article in the *Daily Mail* that the hon. Gentleman mentions. My understanding, having been a Minister for some four years, is that Ministers sign off on impact assessments, but whether there are some that they do not sign off I am genuinely not aware, so I will write to him.

David Linden (Glasgow East) (SNP): May we have an urgent statement from the Government urging people to get behind London marathon runners this weekend, of which I am one? Will the Leader of the House join me in praising the work of Glasgow EastEnd Community Carers and encourage generous Glaswegians to get right behind me and donate—and will she possibly donate herself?

Andrea Leadsom: I believe that the hon. Gentleman is now known as Legs Linden—is that it? I encourage him to go for it; we are proud of him and all colleagues taking part in the London marathon, particularly for such a great cause. I encourage the hon. Gentleman's charity in all it does to try to help people.

Mr Paul Sweeney (Glasgow North East) (Lab/Co-op): On Monday, I had great pleasure in attending Channel 4's announcement of the biggest restructuring of the channel in its 35-year history, with the "4 all the UK" programme to disperse its headquarters out of London to different cities around the UK. I have every confidence that my city of Glasgow, with its excellent strengths in broadcast media, production and education in media, will have a good strong chance of securing one of those headquarter facilities. Will the Leader of the House consider calling a debate so that MPs from across the UK can advocate for their constituencies to be the home of the Channel 4 headquarters?

Andrea Leadsom: I am certainly glad that the hon. Gentleman has made that early pitch for Glasgow. I am sure that plenty of people will have heard it and I am sure that all hon. Members will find their own way of putting their pitch forward so that their cities can take part in Channel 4's dispersion arrangements.

Martin Whitfield (East Lothian) (Lab): I associate myself with the question asked by the hon. Member for Thirsk and Malton (Kevin Hollinrake) about the loss of the Backbench Business Committee-sponsored debate on the banks on Tuesday, for very important reasons. Many thousands of our constituents are waiting for the debate. They are waiting to hear answers to questions that they have raised over many years. I would be grateful if the Leader of the House indicated if the Government might be able to facilitate three hours, ideally on a Tuesday, for the debate to take place.

Andrea Leadsom: As I said to my hon. Friend the Member for Thirsk and Malton (Kevin Hollinrake), I apologise for the circumstances that led to the Backbench Business Committee deciding not to hold that debate and further apologise for the fact that that was the second time it happened. I absolutely recognise the importance of the debate. We need to have it and, as I said to my hon. Friend, I will take it away and see whether we can offer Government time while appreciating, as I know hon. Members do, that there is a premium on legislative priorities.

Stewart Malcolm McDonald (Glasgow South) (SNP): Following a freedom of information request from the GMB union, shipbuilders in Scotland have learned that the Government are putting out the Royal Fleet Auxiliary ships to international tender. That is despite the fact that the Government do not have to do so, despite the

fact that they could secure almost 7,000 jobs here and despite the fact they could generate millions of pounds for the Exchequer. May we have an urgent statement, not leaving it to Defence questions on Monday, so that the Defence Secretary can give a proper explanation of himself?

Andrea Leadsom: I am not aware of that freedom of information request, but I encourage the hon. Gentleman to raise it at Defence questions—it is only on Monday, so it is not too long to wait—so he can raise it directly with the Secretary of State.

Andy Slaughter (Hammersmith) (Lab): May we have a debate on the "really hostile environment" the Prime Minister has created for migrants to the UK? Almost half of my constituents were born outside the UK. Many face harassment by the Home Office, and 40% of my EU citizens report negative experiences following the Brexit vote. It is not only the Windrush generation but more recent migrants who are suffering victimisation and discrimination by this Government.

Andrea Leadsom: This country is incredibly welcoming to immigrants. We have one of the broadest ranges of people coming to this country from across the world to make their life here. This country is, in fact, very welcoming to immigrants. The Prime Minister herself has carried out the first ever race disparity audit to look at the areas where integration has been more difficult and to take action in those areas. I simply do not recognise what the hon. Gentleman is saying about the Government's policy.

Alan Brown (Kilmarnock and Loudoun) (SNP): Claims helplines are supposed to be free phone numbers. In answer to a written parliamentary question, the Department for Work and Pensions confirmed that the employment and support allowance helpline became a free phone number on 7 December, but the most prominent number available online is an 0843 number, which is chargeable. Last month one of my constituents was charged £72 over the month for phone calls made to that number. Will the Leader of the House make a statement outlining what the Government will do to make sure that only free phone numbers are used and that information on those numbers is widely available online? Does she agree that my constituent should get a refund from the DWP?

Andrea Leadsom: The hon. Gentleman raises a very important point. If he writes to the Secretary of State for Work and Pensions, I am sure she will respond. If he wants to do that through me, I am happy to take it up with my right hon. Friend on his behalf.

Justin Madders (Ellesmere Port and Neston) (Lab): My constituents, Mr and Mrs Dodd, face losing their home next month as a result of a personal guarantee they signed with Goldcrest Distribution Ltd. The case highlights the lack of safeguards for individuals who sign such agreements and the unreasonable way that finance companies pursue such debts. An offer to repay nearly double the loan amount was rejected, and the debt continues to increase at a rate of over £300 a day, thanks to interest rates at which even Wonga would blush. Please can we have a debate on more protection for individuals in these circumstances?

Andrea Leadsom: That is a particularly awful story. Having been City Minister some time ago, I have heard similar stories of the appalling way that some individuals are treated by finance companies. The hon. Gentleman is right to raise the issue, and I encourage him to write to the Financial Conduct Authority to see whether it can take action on behalf of his constituents.

Stuart C. McDonald (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP): Despite this horrendous heatwave, I am still looking forward to joining 17 colleagues on both sides of the House in trying to complete the marathon on Sunday. I will be raising money for Spina Bifida Hydrocephalus Scotland. On that note, may we have a debate in Government time on why they continue to resist calls from the Food Standards Agency, the Scottish Government, the Welsh Government and others for the mandatory fortification of flour with folic acid? It has been shown in other countries that fortification can significantly reduce the number of pregnancies affected by neural tube defects, including spina bifida.

Andrea Leadsom: I also congratulate the hon. Gentleman. An impressive set of colleagues are taking part in the marathon. Let us hope it is just cool enough for them all to finish.

I also pay tribute to the hon. Gentleman for raising money for Spina Bifida Hydrocephalus Scotland, which is a vital charity. He has campaigned on this subject for some time, and I encourage him to continue raising this issue with Ministers.

Private Rented Sector

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT COMMITTEE

Select Committee statement

11.49 am

Mr Clive Betts (Sheffield South East) (Lab): I am grateful to you, Mr Speaker, and to the Backbench Business Committee for allowing me time, on behalf of the Housing, Communities and Local Government Committee, to speak to the House today about our fourth report of this Session, which is on the private rented sector. The report concentrated on: the quality of accommodation; the balance of power between tenants and landlords; the legislative framework; and enforcement

This Committee last considered the private rented sector in a report in 2013, following which the Government carried forward many of our suggestions, including a reformed approach to selective licensing, the mandatory licensing of houses in multiple occupation and a new regulatory model for letting agents. We hope the Government will take forward many of our recommendations this time, too.

The private rented sector has doubled in size in the past 15 years. There are now 4.7 million households in the sector, including 1.8 million families with children, which represents 20% of all households. Statistics show that most housing in the sector is adequate, although Shelter told us that 53% of tenants had experienced at least one problem with conditions or repair in the past year. Although the overall proportion of inadequate properties in the sector has fallen, the absolute number has increased, and a significant minority of private rented accommodation continues to be shockingly inadequate. The English housing survey shows that approximately 800,000 private rented homes in England have at least one category 1 hazard, such as excess cold, mould or exposed wiring. In our online forum, we heard directly from tenants about the poor conditions they had suffered. One submission said:

“We live in a house full of mould and damp with four young children...We have ...faulty electrics and water comes through the living room window when it rains...the whole family keeps getting ill from it.”

We wanted to know about the power relationship between landlords and tenants: are tenants, especially those at the lower end of the market, able to complain and get their problems attended to? Unfortunately, the answer is no. Citizens Advice told us that 44% of tenants said that a fear of eviction would stop them from negotiating with their landlord over disrepair. Shelter and Citizens Advice told us that they often reminded tenants about the risks of making complaints. We heard that 14% of tenants felt that they had been penalised for complaining, and more than 200,000 reported having been abused, threatened or harassed by a landlord. We found that there is a clear power imbalance, and we called on the Government to consider extending protections which they rightly introduced in the Deregulation Act 2015. We also agree with the Government that a specialist housing court would provide a more accessible route to redress for tenants and urge them to issue more detailed proposals as soon as possible.

We looked at the overall legislative framework. The Residential Landlords Association told us there were 140 Acts of Parliament and more than 400 regulations affecting landlords in the sector. Our 2013 report called for that to be consolidated and made simpler. Since then, we have had the Housing and Planning Act 2016, the Consumer Rights Act 2015, the Deregulation Act 2015 and many others, so the situation is even more complicated. Therefore, we recommend again that the Law Commission undertakes a review of the legislation and provides guidance as to whether a new approach would bring more clarity for tenants, landlords and local authorities.

We focused on the housing health and safety rating system, and heard that there is a lack of understanding about how it works among landlords and tenants, and inconsistent application by local authorities. We called on the Government to immediately update the guidance on the rating system and eventually to introduce a more straightforward set of quality standards that everyone can understand.

We heard near unanimous support for the Homes (Fitness for Human Habitation and Liability for Housing Standards) Bill introduced by my hon. Friend the Member for Westminster North (Ms Buck). We, too, offer our support for the Bill, but we want to make sure vulnerable tenants at the lower end of the market are able to make use of these powers. We have therefore called for free and easily accessible technical and legal advice to support tenants. As it is likely tenants will seek this advice from local authorities, it is vital that they are suitably resourced to provide this additional service.

Most local authorities told us they were satisfied generally with the powers they have. However, powers can be meaningless if they are not actually used, and a freedom of information request showed that six out of 10 councils had not prosecuted a single landlord in 2016. One council, Newham, was responsible for 50% of all prosecutions across the country—why is that? Clearly, the level of protection being offered to vulnerable tenants in many councils is not adequate. The reasons we heard were: the legislation is over-complicated, as I have mentioned; local authorities have insufficient resources; and some local authorities simply lack the political will.

On resources, the Local Government Association has identified a funding gap of £5.8 billion by 2019-20. The Chartered Institute of Housing showed that local authority spending on enforcement has reduced by a fifth over a six-year period. The Government have rightly introduced civil penalties of up to £30,000 and allowed local authorities to keep that money, and they brought in rent repayment orders—both were recommendations in the Committee's previous report. Local authorities need further funding, though, and we hope the Government will work with them to try to achieve that.

Concerns were expressed that local authorities could not always cover the full cost of prosecutions, which might deter them from prosecuting some cases. The Minister said that local authorities' duty was to prosecute regardless, but, being cash-strapped, they will often take the cost into account when they make decisions. We believe that courts should require offenders to pay costs that reflect the actual costs to local authorities of enforcement actions.

As part of our inquiry, we went to Newham to look at the enforcement activity there. I saw a garden shed configured to accommodate not one, but two households. We heard of about 25 people being accommodated in a

small three-bedroom house. People were living in a walk-in freezer. A family was living in a chipboard construction in a garden, with a fridge and a washing machine powered by a wire from the kitchen. These are shocking conditions, and the fines and civil penalties should be increased.

However, the very worst landlords, whose business model relies on the exploitation of vulnerable tenants, can make hundreds of thousands of pounds a year. To them, a civil penalty of £30,000, however large an amount that is, is merely a business expense. To deal with the worst of the criminal landlords, we call for local authorities to have the power to take action to secure the confiscation of properties from landlords who commit the very worst offences, and to break their business model, which relies on the exploitation of vulnerable tenants.

Aside from the adequacy of resources or the severity of penalties, variations in enforcement between councils indicate that some local authorities have placed a higher priority on standards than others. We have called for authorities to publish their enforcement strategies and for a national benchmarking scheme, so that residents can compare enforcement between authorities. Ultimately, we believe that the disparity can be addressed only through political leadership.

In recognition of the particular interests of some Members, we supported the findings of the all-party group on carbon monoxide, which has called for landlords to install carbon monoxide alarms in the rooms of private rented properties that contain any fuel-burning appliance. We also supported the call for the Government to implement mandatory five-yearly checks on electrical installations in private rented property—an issue on which the Government have been consulting.

Finally, we looked into selective landlord licensing schemes. Since April 2015, local authorities have had to seek approval from the Government for selective schemes that would cover more than 20% of their area or more than 20% of privately rented homes in it. We heard that decision making was too slow, lacked transparency and was over-bureaucratic. Even local authorities that had decided against implementing a scheme felt that the decision should rest at local level.

In our view, decisions to implement such schemes should be made locally, where there is greater understanding of local needs and politicians are directly accountable to their electorates. We recommend that the Government remove the 20% cap; however, the Secretary of State should retain a power to require local authorities to reconsider a decision to implement a scheme that does not meet the strict criteria already set out by the Government.

As the private rented sector continues to expand and people remain in the sector for far longer, the Government need to address the clear power imbalance between tenants and landlords, and to ensure that local authorities have the resources they need to enforce the even stronger laws that we are recommending, to protect the most vulnerable tenants living in the worst conditions.

Bob Blackman (Harrow East) (Con): It is good to see my friend the Chair of the Select Committee back in his place after his medical treatment. [HON. MEMBERS: "Hear, hear!"] I agree absolutely with every point made in the

[Bob Blackman]

report. In respect of retaliatory evictions, does he agree that one issue that must be resolved is assured shorthold tenancies of six months, which are the norm for the private sector? If we extended those to three-year tenancies, that would strike a better balance between tenants and landlords.

Mr Betts: I absolutely agree. In our previous report—my friend, the hon. Member for Harrow East (Bob Blackman), was also a member of the Committee at the time—we called for longer-term tenancies and greater certainty and security. We recognise what the Government have done under the Deregulation Act 2015 in terms of protection against retaliatory evictions, but the problem in the current market is that if a tenant does not formally complain in writing to the local authority, and the local authority then does not get enforcement action, there is actually no protection. We also recognise that the new legislation coming in, such as the private Member's Bill of my hon. Friend the Member for Westminster North (Ms Buck), could leave the tenant open to retaliatory eviction, and in that legislation there is no protection from it. That is why we say that we should look again at that particular issue.

Helen Hayes (Dulwich and West Norwood) (Lab): It is very good to see my hon. Friend, the Chair of the Select Committee, back in his place. I am a member of the Committee and it was a pleasure to work with other members of the Committee on this report, with which I agree wholeheartedly.

A family with very small children living in poor-quality rented accommodation in my constituency were recently evicted after they complained that the ceiling in the bathroom had collapsed over the bath shortly after they had finished bathing their children. I have no doubt that the next tenant is now living in that property, and that it is the taxpayer who is lining that landlord's pockets by paying the rent. Does my hon. Friend agree that it is entirely appropriate for this report to make the recommendation that, in such despicable circumstances, the state should have the power to remove such properties from those landlords so that they can be returned to good use for families who need high-quality accommodation? Will he join me in calling on the Minister to progress that recommendation?

Mr Betts: I thank my hon. Friend for her best wishes. May I also thank her and the hon. Member for Harrow East for the work that they did on the Select Committee while I was off in March?

Absolutely. We heard that many landlords do an excellent job. There are some who do not do it quite as well as others, and there are some who are basically criminals—the word “rogue” is used, but they are basically criminals. They are exploiting both the tenant and the taxpayer. In those extreme circumstances, the ultimate power of not merely banning them from operating as a landlord, but taking that property off them, is something we hope the Government will seriously consider.

Kevin Hollinrake (Thirsk and Malton) (Con): I welcome the Chair of the Select Committee back to his place.

I recused myself from the Select Committee inquiry because of my own Member's interests, to which, of course, the House can refer. My hon. Friend the Member for Harrow East (Bob Blackman) references longer tenancies, but does the Chair of the Select Committee accept that those should be introduced on a voluntary basis for fear otherwise of driving landlords out of the sector, thereby potentially reducing supply to this very, very important sector?

Mr Betts: We did not particularly consider that in this report. In our previous report, we said that Shelter had produced a good model, and that we encouraged the sector to look at it. We must make landlords more aware of what is on offer. Sometimes, there is a feeling that some letting agents encourage the delivery of shorter-term tenancies because—guess what?—they make money every time the tenancy is renewed. The Government are dealing with that element in terms of tenants paying those fees, but landlords should get a bit wise to this, because I think many would actually favour longer tenancies. Let us get the information out there and encourage it.

Dr Rupa Huq (Ealing Central and Acton) (Lab): Last night, I attended a housing assembly at a West London Citizens meeting. Some 300 people from churches, schools and community organisations were present. One of the demands on our council candidates was for there to be greater landlord licensing and a charter of tenants' rights. What did the Committee's report say on that? From my recollection, when these subjects came up in the Homes (Fitness for Human Habitation and Liability for Housing Standards) Bill, some Government Members said that they would lead to too much red tape; I think many of them derive income from that source. What does my hon. Friend have to say on that?

Mr Betts: There are two issues there. We have talked about the power imbalance, and action can be taken particularly on retaliatory eviction and retaliatory rent increases to try to rebalance the power. We have also asked the Government to use social media to make more information available to tenants, rather than just using the written form. On licensing, what we are saying is that, essentially, this should be a local decision within the current criteria. I hear landlords say, “It costs us,” but what I say is that the landlords' concern over selective licensing is not because of the fee that they pay, but because Her Majesty's Revenue and Customs might suddenly realise that they are raking in an income and they might suddenly have to start paying tax on it. That is something we should welcome in terms of public resources—getting in more tax as a result of these schemes.

Andy Slaughter (Hammersmith) (Lab): It is good to see my hon. Friend back in his place. He rightly highlighted the contribution that the Homes (Fitness for Human Habitation and Liability for Housing Standards) Bill, promoted by my hon. Friend the Member for Westminster North (Ms Buck), can make to tackling the really appalling conditions in the private sector. The Government are supporting the Bill—at the third time of asking—but it is still not being allowed into Committee. Will he use

his and his Committee's considerable weight to ensure that the Bill does indeed pass, because we absolutely need its powers?

Mr Betts: I will certainly do everything I can. That was the view of the Committee, and of the House on the Bill's Second Reading, which I was here for. The Bill has unanimous support, so I hope there will be no obstacles to it. We did identify two issues, however, around making the Bill work. One was to ensure protection from retaliatory eviction when tenants complain—we thought that important—and the second was access to proper legal and technical advice, which many tenants will need to take on their landlord. We also said that a reformed housing court would make such legal approaches by tenants or anyone else much easier to deal with, and asked the Government to give urgent consideration to that as well.

Mr Deputy Speaker (Sir Lindsay Hoyle): Excellent. It is good to welcome the hon. Member for Sheffield South East (Mr Betts) back to his place.

Backbench Business

Surgical Mesh

Mr Deputy Speaker (Sir Lindsay Hoyle): We now come to the Backbench debate on surgical mesh, in which Emma Hardy is to move the motion. As is the custom, she has around 15 minutes. I am sure there could be a little leeway, but Members should be aware we have an important debate to follow.

12.6 pm

Emma Hardy (Kingston upon Hull West and Hessle) (Lab): I beg to move,

That this House commends the recent announcement of a retrospective audit into surgical mesh for pelvic organ prolapse and stress urinary incontinence; notes that vaginal mesh has been banned in other jurisdictions such as New Zealand; further notes that NICE guidance recommends against the use of surgical mesh for pelvic organ prolapse and that no NICE recommendations have been made for stress urinary incontinence; notes that Sheffield University recently announced the development of a new mesh material; and calls on the Government to suspend prolapse and incontinence mesh operations while the audit is being carried out, to bring forward the NICE guidelines for mesh in stress related urinary incontinence from 2019 to 2018, and to commit to a full public inquiry into mesh if the audit suggests that this is the best course of action.

I pay tribute to the Backbench Business Committee for enabling this debate to take place and to the fantastic work done by the all-party parliamentary group on surgical mesh implants, of which I am a vice chair, and which is led by my hon. Friend the Member for Pontypridd (Owen Smith). I also thank the hon. Members for East Renfrewshire (Paul Masterton) and for Glasgow North West (Carol Monaghan) for their support in bringing forward this debate, as well as the amazing Kath Sansom and the campaign group Sling the Mesh—many of the women up in the Gallery have done so much to bring this to public attention. It is for the members of this group and everybody else affected by this scandal that I rise to speak today.

Mark Tami (Alyn and Deeside) (Lab): Is my hon. Friend as alarmed as I am—she clearly is—that today and tomorrow women will be having operations that might well cause them complications in the future? Does she agree that these operations should be stopped until we find out the truth?

Emma Hardy: I absolutely agree. One of the main points I wish to make is the urgent need to suspend the use of mesh.

The issue of surgical mesh was brought to my attention by a constituent of mine called Angie, an incredibly brave woman who used to be very fit and healthy, but who, after having incontinence following the birth of her twins and a hysterectomy, was advised to have this mesh operation. She is now unable to work, in constant pain and suffering, cannot take part in sports and has problems sleeping. I remember listening to what she said to me and feeling horrified that this had happened to her. As I have learned, she is most definitely not alone. One story that moved me came in by email this week. The lady who emailed wrote:

[Emma Hardy]

"I started noticing that something wasn't right with me the second day after I was discharged after the operation. It started with my legs—they were extremely stiff and cold, especially my feet, I couldn't warm them in any way. I rang the hospital, but it didn't ring an alarm bell to them. Then after a few days, I started having a very bad stomach ache, nausea, headache, chest pain, something happened to my vision, out of the blue, I became very tired and weak, slightly dizzy. I started noticing that I couldn't focus and think clearly, my scars didn't heal well and suddenly after a month my biggest scar started producing very smelly discharge.

I requested an appointment with a GP. I was already complaining that something wasn't right with me. Everything started after the operation... When my health and all symptoms got worse 12 weeks since the operation, I was told that my fatigue is because I have a 2 year old... Now, it's been 14 months since my operation—I am extremely dizzy and have very poor balance. I can't feel the ground with my legs. I'm extremely nauseous, I have bad stomach ache, migraines, breathing problems and chest pain. I'm numb. I have vision fog and very painful, sore eyes. My body can't recognize the temperature. Either I'm too cold or I'm about to faint from the heat. I started having very bad side effects to antibiotics, supplements or even herbal teas. Before the operation, I had no side effects at all. In 8 months, I lost 12% of my total weight and now I'm 8 and a half stone and still losing weight. This mesh wipes my iron out from the system. My fertility is gone."

Sir Oliver Heald (North East Hertfordshire) (Con): The hon. Lady is making a very powerful case. Does she agree that one of the most worrying things, and part of the seriousness, is that the people facing decades of pain, suffering and loss of amenity are relatively young?

Emma Hardy: The right hon. and learned Gentleman is completely right, because mesh was given to lots of young women following childbirth—many women were still in their 30s—and it has left them feeling disabled.

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I am delighted the hon. Lady has this debate. Does she agree that, as well as young women, lots of males are caught in this sorry and ghastly trap? I have personally heard some terrible tales from my constituency, although I will not go into them just now.

Emma Hardy: The hon. Gentleman is absolutely right. After we have moved on from looking at vaginal mesh, we need to look at rectopexy mesh and mesh that has been used in men as well. I completely agree.

Jeff Smith (Manchester, Withington) (Lab): I congratulate my hon. Friend on her work. The NHS audit recently looked at the women who had suffered as a result. Does she agree that it would have been helpful to look at the number of men who have been affected, so that we get a picture of the true severity?

Emma Hardy: Yes, my hon. Friend is right. The all-party group should push for that after we have looked at the issue.

For those who are more statistically minded, NHS Digital undertook the recent audit, which was published on Tuesday. The facts are these: more than 100,000 women had vaginal mesh inserted between 2008 and 2017 to treat stress urinary incontinence, which is common after childbirth.

Mark Tami: My hon. Friend mentioned women feeling that they were alone, which is one of the main problems. I have spoken to a lot of people who were told that there was not a problem and that they were perhaps the only ones experiencing a problem. People were on a host of painkillers and were not told that others had experienced the same and that it was a much wider problem.

Emma Hardy: Part of the scandal is how many women were treated when they went back to their doctors. The fantastic work of groups such as Sling the Mesh has brought so many women together, and shown them that they are not alone and that many others have suffered.

The number of subsequent gynaecology out-patient appointments per 100 people having the mesh insertion procedure is 79. There are 43 out-patient appointments per 100 for rehabilitation, physiotherapy and occupational therapy. The figures show that the number of women having the procedure has fallen during the last nine years by 48%, which says an awful lot about what doctors think.

These women were injured. These women were ignored. These women are the victims of a scandal.

Dr Rupa Huq (Ealing Central and Acton) (Lab): My hon. Friend is making a very powerful and moving speech. May I include testimony from my constituent, Adele Yemm, from Chiswick? There was a catalogue of errors with her case. She had only mild incontinence, and physiotherapy would have sorted it out. There were issues about consent—she was denied that. She had a full implant fitted. Does my hon. Friend agree that this is the biggest medical scandal since thalidomide?

Emma Hardy: I completely agree that this is an absolute scandal.

During the debate in October, I asked the Government to do four things: to commit to a full, retrospective and mandatory audit of all interventions and, if the data proves it necessary, a full public inquiry; to suspend prolapse and incontinence mesh operations while the audit is carried out; to bring forward the NICE guidelines for mesh in relation to stress-related urinary incontinence from 2019 to 2018; and to commit to raising awareness with doctors and patients alike.

In December, NICE issued new guidance, ruling that the evidence for the long-term effectiveness of the treatment for pelvic organ prolapse is

"inadequate in quality and quantity".

The NHS is not compelled to act on these guidelines, but that would amount to a de facto ban.

In January, the Government caved in to demands for a national audit of surgical mesh, which reported on Tuesday. The audit is not perfect. For example, it looks only at NHS hospital figures and misses off private patients and out-patients; does not include men; does not include ventral rectopexy mesh sufferers; does not cover visits to GPs; and does not indicate how many times someone has to visit their GP before being referred for out-patient treatment. However, it seems broadly to agree with what we have been saying all along: that the Government's claim that only 1% to 3% of women suffered serious complications is just not accurate.

Mr Edward Vaizey (Wantage) (Con): I congratulate the hon. Lady on this important debate. She is right to call this a scandal. A constituent of mine now has a colostomy bag and severe internal pain and probably cannot give birth safely in future. She is 24. She makes the point that ventral rectopexy mesh procedures are not included in the audit, apparently because there is no code for surgeons to enter. May I join the hon. Lady in pressing the Minister to go back and include that in the audit so that my constituent's suffering can be recorded?

Emma Hardy: I absolutely agree, and I hope that will be included in future.

Analysis conducted by Carl Heneghan, professor of evidence-based medicine at the University of Oxford and clinical adviser to the APPG on surgical mesh implants, reveals that the 100,516 women who have undergone mesh surgery in England since 2008 have required follow-up treatment in 993,035 out-patient appointments. He has calculated the total cost to the NHS for all incontinence and out-patient appointments to be £245 million. His analysis of the trend in out-patient appointments also shows that more are required by women as each year passes after their surgery, which is completely the opposite of what you would expect after a successful surgery.

The data shows that the number of operations using mesh has halved over the last decade, which shows that doctors and patients are voting with their feet and telling the world that they do not want to use mesh.

Mr Bob Seely (Isle of Wight) (Con): Will the hon. Lady give way?

Emma Hardy: I will have to continue.

In February came the welcome announcement of the Cumberlege review of how the NHS addresses concerns about vaginal mesh devices and how patients have been treated when raising those concerns. However, I remain deeply concerned that mesh has not yet been completely suspended and that it remains possible for doctors to use it, especially in the case of stress urinary incontinence. There is also still no universally available physiotherapy as standard for all new mothers, as there is in France, to stop these problems before they even arise.

I still believe that it is an absolute scandal that these devices were aggressively marketed to doctors and then used in patients for whom they were unsuited. We need to ensure that lessons are learned and that more steps are taken to make the medical products industry more transparent. Campaigners have even called for legislation, such as they have in America, to require doctors to declare any grants, inducements or scholarships that they receive from the industry.

Some patients think they are having the mesh completely removed, only to find out later that it has been only partially removed. They feel that they are suddenly better and that they are recovering only to go through the horror of having the symptoms come back later. It is important that, where possible, mesh should be removed in full.

Despite the fact that 100 different types of mesh are available in the UK and that we do not know whether just one type is causing the problem or 100 types; despite the fact that Carl Heneghan has raised concerns about the small amount of evidence that mesh manufacturers are required to provide before their products

are approved; and despite the fact that Dr Wael Agur from the University of Glasgow, a one-time advocate of mesh surgery, is now arguing that the Medicines and Healthcare Products Regulatory Agency has only a fraction of the knowledge of the adverse effects associated with mesh, NICE is still not going to bring its guidelines for stress urinary incontinence forward from 2019 to 2018, and the Government seem more focused on process than on the actual product.

Suzy Elneil, consultant urologist at University College London and one of the few qualified surgeons who is able to remove mesh, tells me that she sees 15 women a week who are suffering after mesh surgery. Even if NICE releases its guidance on 1 January 2019, Suzy alone will see another 525 patients before that date—525 more patients living in unbearable pain. I am sorry, but that is 525 people too many. The Government must press NICE to bring forward the guidelines and pay attention to the product as well as the process.

Mr Seely: Will the hon. Lady give way?

Emma Hardy: I am sorry, but I have to continue.

It seems that our campaign must continue. We must ask again for renewed commitments from the Government to address these problems. Again, I ask the Government to commit to three things. First, we need a full and unequivocal suspension of mesh implant operations. Secondly, I ask them to bring forward the NICE guidelines for stress-related urinary incontinence from 2019 to 2018. Thirdly—this is a new one—will they please offer pelvic floor physiotherapy to all new mums as standard on the NHS, as happens in France, to help restore the core after birth?

I end my speech with exactly the same words I used to conclude my remarks in Westminster Hall. Mesh implants have affected thousands of people all over the country. For some, the consequences of their operation will be life-changing and devastating. A Government commitment to taking these actions will not undo the suffering and pain that these women have endured, but would go a long way to making sure that nothing like this happens again.

This is the second time that I have spoken these words. Let us hope that justice is done before I have to speak them a third time.

Several hon. Members rose—

Mr Deputy Speaker (Sir Lindsay Hoyle): Order. The time limit for speeches is eight minutes.

12.21 pm

Dr Sarah Wollaston (Totnes) (Con): I pay tribute to the many women, including those in my constituency, who have come forward to discuss deeply personal and painful accounts of serious complications following mesh surgery, sometimes with life-changing and lifelong consequences for them and their families. I also thank the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) who, as always, has set out the background to the issue so eloquently. She has been such a campaigner on behalf of victims, and I really thank her for what she is doing. I will not repeat much of the background that she set out, but I will highlight a few points to which I hope the Minister will respond in her closing remarks.

[*Dr Sarah Wollaston*]

As we have heard, NHS Digital has published a review of patients who have undergone urogynaecological procedures for prolapse or stress urinary incontinence, including those where mesh, tape or equivalents were used. However, as the hon. Lady pointed out, the review does not cover all procedures, nor does it include the men who have been affected. We know that 100,516 women underwent these procedures between 2008 and 2016, of which 27,016 cases involved mesh for prolapse. Although the numbers are falling, I am afraid that this is just a snapshot.

Mr Seely: I congratulate the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on calling this important debate. Are the figures accurate? I have been told that some of the figures do not include people who are treated abroad and come here having developed complications, or people who have been to private clinics. The numbers that we have may therefore not be accurate, perhaps underestimating the true total.

Dr Wollaston: I was about to come to that very point. Crucially, many of the women I have met have been treated in the private sector. In this House, we should be concerned about all our constituents, not only those who are treated in the NHS. Of course, it is the NHS that often then bears the burden of managing complications, but we must have a much more accurate picture.

I support the call from the Royal College of Obstetricians and Gynaecologists and from the British Society of Urogynaecology for mandatory prospective data collection, using the BSU's database. That is a well-established method of collecting outcome data. Retrospective snapshots are no substitute for collecting data as we go forward or, most importantly, for being able to track it in the long term. Although the majority of complications that happen after 30 days happen in the first year, many of the women I have met developed complications far later than that. I particularly want to emphasise to the Minister how important it is that we have access to shared databases not just here in the UK, but across Europe. Will the Minister tell us whether the Government will be seeking for us to remain part of the European Database on Medical Devices—EUDAMED—so that we not only get an accurate picture of what is happening here in the UK, where our population is smaller, but can compare our data with the whole European Union?

That brings me to the wider point about Brexit that is highlighted in the report of the Select Committee on Health on the implications of Brexit on medicines, devices and substances of human origin: the issue of access to clinical trials. It is encouraging that the Government have stated that they wish to remain a part of the European Medicines Agency or to have associate membership, but there are all sorts of aspects to forward clinical research on which it is essential that the Government campaign. They must campaign not just to maintain regulatory alignment and harmonisation, but to ensure that we can remain part of all research mechanisms and mechanisms for ensuring that we have the earliest possible awareness of any complications—not just from drugs but, as this situation has shown, from medical devices. I hope that the Minister will further outline the Government's intention in that regard.

Sir Oliver Heald: My hon. Friend will remember that I spoke about my constituents in Letchworth during the debate in Westminster Hall. I am delighted that the audit has been done, but another constituent from Letchworth has been in touch with me since then. She has had ventral mesh rectopexy surgery and posterior mesh rectopexy surgery, which I understand are subsets of the mesh cases. Does my hon. Friend agree that if we were to look at a smaller group of people such as her across Europe, we would actually get quite a good picture of what is happening, given that we would be looking at data across a bigger area?

Dr Wollaston: My right hon. and learned Friend is absolutely right, and his point applies not only to medical devices. When it comes to relatively rare conditions, we need to look at the widest possible population base in order to detect any complications. It is also important to use the widest possible population base when detecting rare complications. I thank him for highlighting that.

If we are to have informed consent for women, it has to be based on high-quality, balanced and evidence-based information, and that has been lacking. We also need to be clear that if a medical device is altered in any way, it must be part of a clinical trial. That was entirely lacking in this situation. The types of device, including the size and thickness, were changed without anyone properly recording or following up on those changes. That has to be the key lesson for the future.

Owen Smith (Pontypridd) (Lab): The hon. Lady is making an extremely important point. Does she agree that the issue here is that all one effectively has to prove for a follow-on device is its equivalence with the original device? There is therefore a fundamental flaw in how we license devices versus the far more rigorous way in which, for example, we license molecules.

Dr Wollaston: I absolutely agree. It strikes me that there has been a kind of wild west out there, with representatives saying, "Why don't you try this one? This is probably going to be better", without organisations setting up clinical trials from the start so that we could compare different devices, and without women giving properly informed consent that a different kind of device would be used. Lessons have to be learned not just for mesh surgery, but for other medical devices. Just because something sounds like it might be better, it does not mean to say that there will not be serious complications. Those complications may also happen at a late stage. We need databases such as EUDAMED so that we have access to the widest possible population base and clear device tracking.

Mark Tami: Does the hon. Lady agree that many women were told that this was like a miracle cure—a very quick fix—and were not given all the facts about it?

Dr Wollaston: I do agree.

As I say, informed consent is essential, and that was lacking in very many cases. There are cavalier attitudes and assumptions that medical devices are somehow safer than medicines, but we know that that is simply not the case. We have to rigorously make sure that devices are all part of clinical trials, with long-term follow-up and tracking. Perhaps the Minister could

update us on how we are getting on with the barcoding of devices, which clearly makes them over time. One of the tragedies is that many women are completely unaware that they have even had mesh inserted at all. That, again, has to be a lesson that we learn for the future about accurate documentation.

I hope that the Minister will comment on whether there are plans to introduce compensation for victims. As I said, many of the women I have met have had profound, life-changing injuries, and many are entitled to compensation.

Dr Huq: The hon. Lady mentions the physical injuries and physical pain, but does she agree that these women have also had great emotional pain and psychological suffering? Many are suicidal. The Minister would be well advised to introduce, within a future action plan, counselling services of some kind for these sufferers.

Dr Wollaston: I thank the hon. Lady for making that point. Yes, absolutely: the scars have been profound not only in physical terms but in the impact on how people feel about themselves. There is a great impact not only on them but on their families and their relationships.

On access to services, while we all welcome a tertiary service being set up for victims of urogynaecological mesh, there is concern about current waiting times for those who wish to have a referral to a tertiary centre, and about access to investigations, which need to be timely. When women come forward to report deeply personal and distressing experiences, it is important that they can be seen as rapidly as possible. I hope that the Minister will comment on that.

12.32 pm

Owen Smith (Pontypridd) (Lab): I congratulate my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing today's debate. This is the first occasion on which we have debated this issue on the Floor of the House—in the main Chamber—and it is a very important moment in the campaign.

I thank and congratulate all the women who have been campaigning on this issue, long before it was raised by any of us in Parliament—particularly the indefatigable Kath Samson, who has led the Sling the Mesh campaign quite brilliantly in recent years and made this such a salient issue in the media, and now in Parliament. From a personal perspective, I very much thank my own constituent, Carolyn Churchill, who came to see me about this issue several years ago and revealed to me the scale of the suffering and trauma—life-changing trauma—that she had experienced as a result of having mesh implanted. We campaigned to have her mesh removed, and that has been life-changing for her. I am delighted to see her with us today in the Gallery.

It would be easy to be extremely angry and passionate about this, but I do not want to do that today, nor do I want to list the many life-changing, debilitating ways in which people have been affected. I am sure that many other Members will speak about that. I want to speak a little more dispassionately about how we have got to where we are, the history of mesh, and some of the wider lessons. While this is a tragedy for individuals, it is clear, as the hon. Member for Totnes (Dr Wollaston)

highlighted, that it also speaks to deep, substantive issues not just about mesh but about licensing, monitoring and the diffusion of devices into the health marketplace more generally.

So what is the history of mesh? Mesh was introduced in the 1970s, and withdrawn because it was not felt to be an effective way of addressing issues and because many doctors felt that there were too many side effects associated with it. Like many devices, it was then improved marginally, and it was reintroduced in the late '90s and early 2000s. As my hon. Friend the Member for Kingston upon Hull West and Hessle said, it was marketed incredibly aggressively among doctors because it was perceived as being quick and easy—day case keyhole surgery as opposed to much the more invasive, difficult and costly means of treating stress-related urinary incontinence, in particular, through colposuspension and autologous sling, using individuals' own tissue to raise the bladder to deal with incontinence.

One understands why, in that set of circumstances where mesh was seen as safe and effective, doctors picked it up in huge numbers. In 2008-09, 14,000 women had an implant—the high point, as it were, of the usage of mesh. As my hon. Friend said, we have seen a general decline in usage over a period. Throughout that period, the Medicines and Healthcare Products Regulatory Agency, the National Institute for Health and Care Excellence, the royal colleges and Ministers in this place and elsewhere have said, in effect, that it is safe, with side effects in only 1% to 3% of patients—perhaps 3% to 5%, they have conceded on occasion, but still relatively small numbers and arguably, they say, within the bounds of acceptability for surgery.

Bambos Charalambous (Enfield, Southgate) (Lab): Does my hon. Friend agree that had doctors not sold mesh aggressively to women, many women may not have chosen it as a way of solving their problems and may not have had the problems and complications they have now?

Owen Smith: Yes. The long and the short of it is that this has become such a widespread problem because younger women, in particular, were told by their doctor that there was a quick and easy way in which a minor inconvenience for many women—although a major inconvenience for some—could be dealt with.

Clearly, the scale of the side-effects was not apparent, for all the reasons my hon. Friend the Member for Kingston upon Hull West and Hessle listed, but notably because there is no long-term trials data in respect of devices. The sorts of complications that we now see emerge over a long period. That is why, in our country and across the world, such widespread concern about mesh has been emerging in every health market.

Mark Tami: My hon. Friend mentioned removal of mesh. Does he agree that there should have been a lot more research about how easy it is to remove, because it is actually very difficult and only a few surgeons will undertake that work?

Owen Smith: My hon. Friend is right. The whole point of mesh is that it is designed to induce scar tissue in order to fuse the mesh with the muscle, and therefore trying to excise the mesh is incredibly difficult. That is

[Owen Smith]

why there are partial removals and some women are left with pieces of mesh inside them, even after surgery. Those sorts of complications are clearly very worrying. They ought to have been explained properly to women, but obviously were not, in very many cases.

Dr Julian Lewis (New Forest East) (Con): The hon. Gentleman is making an excellent speech, and I thank him for his work. Will he go back to what he said a few moments ago about the idea of it being acceptable that 1% to 3% of cases might go wrong? It might be acceptable if we are dealing with a small overall total, but when we are dealing with over 100,000 cases, we are saying that it is acceptable for 1,000 to 3,000 people to suffer devastating, life-changing injuries as a result of this procedure. Surely that is anything but acceptable.

Owen Smith: It absolutely is not acceptable. I hope that the Minister is not going to repeat what other Ministers have said in written statements and in this place, which is that 1% to 3% is the sort of failure rate, or complication rate, that one would expect with all sorts of surgery. The reality is that the numbers are far greater than that—far, far greater—as the audit this week shows. I will come on to address that.

Lloyd Russell-Moyle (Brighton, Kemptown) (Lab/Co-op): Does my hon. Friend share my concern that some hospitals are still advertising low failure rates, particularly for tape? That disguises the issue, particularly when they refer to failure rates in the first year and do not talk about long-term studies.

Owen Smith: Yes. We have heard that many women have this undertaken in private clinics—perhaps half of them, although we do not know how many that means. Those clinics advertise success rates very widely; we can find it all over the internet. The fact that this is described as mesh, sling, tape or ways to uplift the bladder obfuscates what we are really talking about and makes it difficult for women—and indeed, I suspect, occasionally doctors—to know the nature of what they are dealing with. What has emerged, as evidence has come through, is that there are greater problems than was appreciated. That is why, given that mesh was originally licensed to treat stress-related urinary incontinence and then extended to pelvic organ prolapse, we should be deeply concerned that mesh is already effectively banned in our country for pelvic organ prolapse—that happened just last year. It is now to be used in research only, which is tantamount to a ban. That is happening in countries all over the world—just last year New Zealand effectively banned mesh for both SUI and POP, although I gather it may lift the ban in future. This is a worldwide problem.

We have had the audit results this week. Let us be clear that we only had an audit because of the great campaigning by Sling the Mesh, the APPG and other bodies. We asked Ministers directly to conduct it, they were good enough to do so, and I am pleased they have. The results show that far from there being just a 1% to 3% occurrence of serious complications, there is a 4% rate for complete removal of mesh. Five hundred and fifty out of the 14,000 women who were given mesh in 2008, the first year of the study, have had it removed at some point in the last decade. That is not rates of complications

such as pain or sexual dysfunction: the mesh is so problematic that women have had to go back under the knife to have it cut out.

As for the complications, which the audit has tried to measure by looking at the volume of outpatient appointments, the 100,000 women who have had mesh inserted have needed almost 1 million outpatient appointments. They have gone to their GP to say they have a problem and been referred to a consultant for an outpatient appointment, whether for pain management, residual gynaecological problems or some other problem—trauma, in some instances. That must be indicative of the scale of the problem and the cost to the NHS, as illustrated by the work done for the APPG by Carl Heneghan. Some £250 million may have been spent in a decade to sort out the problems.

Mesh is a much bigger problem than has been appreciated by the clinical community, which has been incredibly defensive in dealing with it. The community must be much more open and honest about it. We have to address the issues of licensing: it cannot be enough for follow-on devices to only have to prove equivalence, or for a registry to be run simply by the royal colleges, which have been resistant in the past to having a registry. We should have a standardised process to put a registry in place to follow patients. Crucially, NICE must also get its act together. Why have we waited three years for NICE to bring forward new guidelines? It is still saying that that will not happen until next year—it needs to be done this year. This issue needs to be dealt with tomorrow.

12.42 pm

Fiona Bruce (Congleton) (Con): I echo the comments of many hon. Members and express my deep concern for all women who have experienced debilitating and sometimes severe pain and discomfort following the use of vaginal mesh. In all our considerations of the use of such devices, their health, safety and wellbeing must be our first concern.

I welcome the Government's recent announcements of Baroness Cumberlege's review of the use of vaginal mesh and two other areas of medical safety—the use of valproate and Primodos. I was in the Chamber when the Secretary of State for Health announced that review on 21 February and I could tell from the tone of his announcement, not just the content, that he personally cares very greatly about the women affected by this issue. He wants to ensure that lessons are learned wherever possible, so that care can improve to ensure that each woman gets the treatment that is right for her—the best that can be provided for her as an individual. I am sure that the Minister shares that view.

The Secretary of State said:

“It is an essential principle of patient safety that the regulatory environment gives sufficient voice to legitimate concerns reported by patients, families and campaigners, works alongside them and responds in a rapid, open and compassionate way to resolve issues when these are raised.”—[*Official Report*, 21 February 2018; Vol. 636, c. 166.]

Ministers want to ensure that we do better in future where necessary, and to ensure that patient voices are brought to the table. I support the review and I want to ensure that justice is done for all women who have concerns about the use of vaginal mesh. We need to ensure that we maintain public confidence.

Chris Elmore (Ogmore) (Lab): On the hon. Lady's comments about justice being done, I have been approached by two constituents who have been greatly affected by vaginal mesh. One of them is unable to work. She has to be lifted up to walk as she cannot stand by herself, so she needs carers. Does the hon. Lady agree that in many cases it is not only justice that is needed, but compensation? As the Chair of the Health Committee said, we need to start looking at compensation for some women. My constituent is in her early 50s and can no longer work.

Fiona Bruce: That is something that I have said not only about this issue, but about the use of valproate. It is important that we pay close attention to the experiences and difficulties that patients have endured. We need to be more open to learning what we can from their experiences, making changes where necessary and—as the hon. Gentleman says—examining where compensation should be sought for them.

Baroness Cumberlege has been instructed to look comprehensively at the whole issue. The Government want to listen. We have all seen examples in which people have appeared to listen to concerns, nodded their heads and then gone away and done nothing. That is not what is happening here. I believe that the Secretary of State and Ministers not only want to listen carefully to concerns on this issue, but stand ready to act appropriately. For that reason, I think the proposal in the motion for a full public inquiry is inappropriate at this stage. We need to give time for Baroness Cumberlege to report. We need to urge that that be done urgently, and we need to ask Ministers questions.

I have some questions of my own for the Minister. What is the timescale for the review and what progress has been made already? Does the Minister agree that introducing an outright ban would be inappropriate before the review? Can she assure the House that the new NICE guidelines which recommend against first use of the surgical mesh to treat pelvic organ prolapse are being carefully followed throughout the NHS? Is it correct that in the vast majority of instances the use of surgical mesh has proven to be an effective intervention that has enabled many women to live happily and independently after surgery? I believe that some 1,500 women receive vaginal mesh implants each year and the majority respond well. If that is correct, it is important to balance that against the distressing individual cases that we have heard about today. I also understand that the high rate of success for the use of surgical mesh to treat hernias suggests that an outright ban would be rash at this stage, and certainly premature before the Cumberlege review reports.

What information can the Minister provide on the recent development of a new material for surgical mesh implants? What more information do we have about how that is expected to reduce discomfort because of its greater likeness to human tissue? Can the Minister update the House on what progress is being made to improve GPs' awareness of SUI and POP and how best to treat those conditions, so that women are given the most appropriate treatment for their circumstances? Will the Cumberlege review take into account international research on this issue? We have heard some mention of it today, but I understand that no other jurisdiction has imposed an outright ban on the use of mesh.

In conclusion, the Secretary of State has made it clear that we are building on substantial work from over the past few years—the Cumberlege report comes on the back of a lot of other work, and I hope the Minister will confirm that that will all be taken into account. I ask Members to await that report before we make any final decision. Professor Keith Willett brought forward the 2017 Mesh Oversight Group report, which followed the Mesh Working Group interim report in 2015. He said that

“there has been significant progress since this work began. Information available to women and clinicians is now better and more consistent, data recording has been improved, including of complications, and women can now be referred to multi-disciplinary teams of health professionals with the experience necessary to advise women who are experiencing complications from mesh surgery on their treatment options.”

John Wilkinson, Director of Devices at the Medicines and Healthcare Products Regulatory Agency, stated:

“We continue to see that evidence supports the use of these devices in the UK for treatment of the distressing conditions of incontinence and organ prolapse in appropriate circumstances.”

We must ensure through this review that every circumstance in which these devices are used is appropriate, and that the women involved feel confident of that.

12.51 pm

Patrick Grady (Glasgow North) (SNP): I congratulate the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing the debate through the Backbench Business Committee. I took part in a powerful debate on the issue in Westminster Hall, and I am delighted that time has now been made available on the Floor of the House. I commend all those involved with the Sling the Mesh campaign and the all-party group, and I commend the hon. Member for Pontypridd (Owen Smith) for the leadership he has shown. This issue is finally getting the attention that it deserves. Like most Members, it was brought to my attention by a constituent who has been affected first hand, and I wish to reflect on some of the experiences and points that she shared with me, as well as considering broader policy issues on which I hope the Minister will respond.

Other Members have already mentioned ventral mesh rectopexy, which has not been included in the UK Government's proposed audit. Sling the Mesh's campaign research shows that 7% of its members have been affected by that specific procedure, and there is a certain amount of disappointment that it does not seem to have been included. As the Minister might know, I have written to the Secretary of State about that concern, and asked the Government to think again, particularly given the number of people affected and the devastating effect that this has had on their lives.

I also raised concerns about the need for a hospital episodes code to be allocated to that procedure. Without one, it is difficult to keep track of the number of people affected, and we have already heard about the problems arising from the lack of information about the exact number of people affected by the procedure and the mesh more generally.

There are also concerns that some recent National Institute for Health and Care Excellence guidelines might have been rushed through, partly in response to

[Patrick Grady]

media attention, which only adds to the argument for a full and comprehensive audit that includes all types of mesh procedure.

The health service is devolved in Scotland, where there is a slightly different situation. In 2014, the Scottish Government requested a suspension in the use of medical mesh by the NHS in Scotland pending safety investigations, and in 2015 the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, apologised to women who had been left in severe pain by such operations. Between 2009 and 2016, the number of women receiving mesh surgery in Scotland fell from 2,267 to just 135.

An independent review published in March last year in Scotland made eight recommendations, notably that surgical mesh implants should be used only after all other appropriate alternatives have been exhausted, and—crucially—only when women have given their fully informed consent. Scotland's chief medical officer accepted the recommendations of that report in full, and has been clear that the requested suspension in the use of mesh implants should remain in place until she is satisfied that all recommendations have been implemented. That means that all women in Scotland who want treatment for urinary incontinence or pelvic organ prolapse should be offered the full range of options available, and they should be fully informed of the benefits and risks associated with those procedures.

Regulation of these devices is reserved, however, and operates at UK-wide level, which is why calls for a UK-wide national clinical audit and database for recording device identifiers are so important. Scottish Government officials are working with UK colleagues to consider the possibility of an automated implant registry, which would allow unique device identifiers to be entered on the patient's electronic record. As the Minister will know, the now Cabinet Secretary for Health and Sport has written to the Health Secretary to suggest a UK-wide woman's health summit. That would allow the NHS, and relevant decision makers across the United Kingdom, to work constructively on a range of issues.

I wish to raise other aspects of regulation, and particularly EU regulation on medical devices 2017/745. That will change mesh implants for long-term or permanent use from a class IIB to a class III device, meaning that they are generally regarded as high risk. The regulations will not take full effect until 2020, which is after the Government's preferred date for Brexit. How will important EU regulations that monitor the use of devices across EU territories be implemented or reflected in UK law and regulation after Brexit? It is important that standards are maintained to the highest possible level.

Campaigners such as my constituent are concerned about the current process of what could be called post-market vigilance, and whether some of the devices are subject to testing that is rigorous enough before they are rolled out to the market. There is a genuine concern that device manufacturers have a profit motive to develop their devices and get them on the market as quickly as possible, although equally, they have a fear of litigation, which is why better and stronger regulation from the start is key.

The risks associated with surgical mesh implants were tragically misunderstood and underestimated by healthcare providers and professionals who provided

the treatment, and by patients whose lives have been so badly affected by chronic and debilitating pain. I welcome the conclusions and recommendations of the Scottish and English reviews of this procedure, which must ensure that surgical mesh implants are used only after all other appropriate alternatives have been exhausted and—crucially—only when women have given their fully informed consent.

I hope that Ministers will be willing to work with their counterparts in the devolved Administrations and consider a UK-wide summit on the issue and women's health more generally. I will finish as I started by paying tribute to my constituent and all campaigners for their bravery and courage in ensuring that this issue has been brought to our attention. It is them we must thank for the small and belated progress that has already been made, and for them we must continue to hope for more and faster progress in future.

12.57 pm

Dr Julian Lewis (New Forest East) (Con): I start by saying that I think the steps taken in Scotland, as described by the hon. Member for Glasgow North (Patrick Grady), sound extremely sensible as interim measures until final decisions can be taken. I echo the thanks due to the hon. Members for Kingston upon Hull West and Hessle (Emma Hardy) and for Pontypridd (Owen Smith), their associates in the all-party group, and Sling the Mesh campaigners. I also thank my three constituents, Emma, Eileen and Helen, who have all shared with me their harrowing experiences of the procedure.

There is no doubt that when vaginal mesh procedures go wrong, the results can be truly catastrophic. A letter from the Minister states clearly that

“women have suffered atrocious and debilitating complications” from these implants. Her counterpart in the Upper House, Lord O'Shaughnessy, has conceded this:

“While these treatments can be effective, in a small minority of cases meshes can cause serious long-term injury and disability, and prevent or reduce the ability of affected women to work.”

According to a letter from the Health Secretary to parliamentary colleagues in February:

“Clinical experts here and abroad agree that, when used appropriately, many women gain benefit from this intervention, and hence a full ban is not the right answer.”

I find it difficult to follow that logic. There might be an acceptable argument if we were talking about a procedure in which the numbers of interventions were in the hundreds, but, as I said in an intervention and as the hon. Member for Pontypridd (Owen Smith) endorsed, we are talking here about over 100,000 people. When we are talking about over 100,000 people, if even the Government's low figures of 1% to 3% going badly wrong are right, that is still 1,000 to 3,000 people. I have been given, by my constituent Emma, a leaflet from Sling the Mesh that says that its estimate is that at least 15% of people are seriously and badly affected. On that scale, we are talking about over 15,000 people being seriously damaged by this procedure.

Owen Smith: I thank the right hon. Gentleman for giving way and for his kind remarks. Would he be surprised to learn that the chief medical officer, Dame Sally Davies, speaking alongside the Health Secretary

in a Facebook Live broadcast just a few months ago, said that she thought the serious complication rate was between 15% and 20%? I have written to her asking where she got those numbers, although as far as I am aware she has not replied to me, because that is at odds with all the previous comments by Ministers and officials.

Dr Lewis: Indeed. I would be surprised at that, because if that is what Dame Sally believes she ought to be making different recommendations.

I have been given a particular study, which is described as the largest study of surgical mesh insertions for stress urinary incontinence. Over 92,000 women were surveyed in this particular examination, including all NHS patients in England over an eight-year period. The conclusion states:

“We estimate that 9.8% of patients undergoing surgical mesh insertion for SUI experienced a complication peri-procedurally within 30 days or within five years of the initial mesh insertion procedure. This is likely a lower estimate of the true incidence.”

I reiterate my point about acceptable and unacceptable percentages. When we are talking about these very large numbers, even relatively low percentages make the procedure too risky to be used in anything other than last-resort circumstances similar to those described by the hon. Member for Glasgow North.

In the past decade, my constituent Emma has undergone X-ray-guided injections, ultrasound scans, MRI scans, in-patient stays, tests galore, more and more scans, and, eventually, a biopsy. She has been refused referral to a mesh specialist centre. It seems highly likely that she should never have been given a mesh implant in the first place after the trauma of such a difficult birth, which leads me to the next point about inadequate warnings. I understand from my constituents that they were given little warning, and in many cases no warning at all, about the potential dangers.

Kevin Hollinrake (Thirsk and Malton) (Con): My right hon. Friend is making some very important points. Does he agree that prevention is better than cure? If physiotherapy was offered to women after childbirth, that might obviate the need for any surgery at all as a result of these kinds of complication.

Dr Lewis: Indeed. The problem with this issue, as it has been impressed on me at any rate, is that this has been put forward as a quick-fix alternative to other procedures, whether surgical or not, which would take much longer.

Having paid thousands of pounds for private specialist assessment, in the end Emma eventually managed to get the sort of referral she wanted. I have been given the following clinical summary of her condition:

“Vaginal mesh; foreign body giant cell reaction, chronic inflammation and fibrosis.”

I have a page here that lists some 50 different symptoms related to implant illness and foreign body giant cell reaction. I venture to suggest that if this ghastly catalogue of things that could go wrong had been shown in advance to those 100,000-plus women who have had a mesh implant, more than 90% of them at least would have turned it down.

This is what my constituent Eileen wrote to me:

“The effect that this has had and is still having on my life is massive. I can no longer carry out basic tasks at home or do things with my children due to the pain. I need to take medication

every day from my GP to try and ease the pain. I cannot go to work at present due to the pain and I am currently on sickness absence leave from my job. The mesh implant that I have had has and is continuing to destroy my life. I need an operation to remove the mesh implant, but the operation is very complex and unfortunately there are limited amounts of surgeons who are experts in the full removal of these mesh implants. Due to my financial situation, I am not in a position to be able to afford to have the full removal of the mesh implant done privately and therefore I am having to wait for this to be done on the NHS which is taking far too long.”

I turn now to Helen, who probably has the most horrifying story of the lot. She was 35 when given what was described to her as routine surgery 16 tortured years ago. She was initially told that it was her fault that her body was rejecting the two mesh implants. She then went through a cycle of implants, the removal of protrusions and eroded segments and seven bouts of surgery. Three TVTs—trans-vaginal tapes—are still inside her, she suffers chronic pain from orbital nerve damage, constantly needs painkillers and has had constant side effects, indifferent treatment and a refusal to admit fault or to refer her to an out-of-area specialist in mesh removal. She writes:

“I do not want anyone from the hospital coming near me ever again. I have lost complete faith in them. I have been lied to and told repeatedly it was my body rejecting the mesh; but, unbelievably, they kept putting more in.”

She suffers from truly terrible bowel problems, some no doubt caused by the side effects of the painkillers and the sleep aids she has to take. Consequently, she suffers from depression, loss of confidence and lack of self-esteem. She further writes:

“I feel let down by professionals who were supposed to treat me to the best of their ability. There has been information about the adverse effects of mesh around for years, yet these doctors are still happily inserting them into thousands of women.”

She is desperate to be referred to one of the few doctors who specialise in mesh removal and feels trapped under the control of the very people who have let her down. She continues:

“I want these devices out of my body.”

Who can blame her?

Let me conclude by quoting, from an article in *The Daily Telegraph* of 23 October last year, a lady who suffered for eight years:

“I just wish I had never, ever had it done. I would rather have coped with that very minor problem of stress incontinence than this. If I had known even one of the possible risks of the surgery there is no way I would have had it done. I am furious that I was never told that this could happen.”

1.8 pm

Fiona Onasanya (Peterborough) (Lab): I thank my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy) for securing this debate, which is of paramount importance. I have listened to the contributions from Members on both sides of the House. I was struck by the comments made by the hon. Member for Congleton (Fiona Bruce), who said she felt that we could not say now that the use of surgical mesh should be suspended. I have been brought up to think that if it has four legs, eats grass, produces milk and moos, it is not a fish. If we are hearing from the women who have had the mesh implants that they are not working, that they have destroyed their lives and that

[*Fiona Onasanya*]

they have debilitating painful consequences, why on earth would we try to justify not suspending the use of this mesh? It is horrendous.

On 21 March, I asked the Prime Minister about surgical mesh. She advised in her letter of 28 March that the Medicines and Healthcare Products Regulatory Agency review concludes that the benefits of vaginal mesh implants outweigh the risks. How can this be? How can it be that people who have gone in for a day's surgery and come out thinking, "My life's going to be better—I can rock climb, mountain bike and run with my kids," find that they cannot move and are in constant pain? Some constituents who have contacted me are reduced to being in wheelchairs. How can we possibly say that the benefits outweigh the risks? It is horrendous.

Furthermore, according to both the NHS and the MHRA, the risk of vaginal mesh complications after an implant is stated as being between 1% and 3%. However, as other Members have mentioned, a recent study for Nature Research found that 9.8% of people suffered complications within five years of surgery. The Sling the Mesh Facebook page has over 6,000 members. The numbers do not add up: more people are suffering from the mesh complication than are credited in the statistics.

Even former surgeons such as Dr Peter Jones have declared that they would not take the risk of using mesh. A survey by Sling the Mesh found that over 60% of patients are suffering from anxiety and depression. I therefore urge the Minister not to risk more women having their lives blighted. We have heard that mesh can shrink, degrade and twist in a woman's body—I put that to the Prime Minister in my question—and we now know that women have been left in permanent pain, unable to walk and unable to work because of the procedure.

I would argue that, due to the limited remit of the audit in the Government's "Retrospective Review of Surgery for Vaginal Prolapse and Stress Urinary Incontinence using Tape or Mesh", many women have been missed, which is why the stats do not stack up. Women who for years have gone back and forth to their GP for pain relief or antibiotics and have then become resistant to the antibiotics, women who have been treated in the last 12 months, and women who have not yet been referred have been overlooked. An urgent public inquiry must be undertaken into the number of women adversely affected and why the safety of so many has been disregarded.

We have heard about Kath Sansom, the founder of the Sling the Mesh UK campaign, who is in the Public Gallery. She said that she

"lost hope for the future"

when she underwent the surgery. She ran a poll of 500 women, and 83% said that they had not been fully informed of the risks. People have the right to make an informed choice and the right to receive the information and understand the implications of undertaking the procedure.

Furthermore, 70% reported having lost their sex lives and that they are still facing adverse events as late as 18 years after the procedure. These events include debilitating pain in the groin, pelvis and legs, as well as

infection and inflammation. People are basically not able to conduct their usual business, such as playing with their children or going mountain biking, as I mentioned, and it is not fair. Most women in Kath's support group added that they do not feel there is any aftercare following the implant procedure. That ties into the availability of information and the ability to make an informed choice.

Despite the recommendations from the NHS England report, less than 27% of clinicians have reported on these adverse events. Private hospitals are not audited for adverse events. Worse still, doctors who have been struck off by the General Medical Council are still able to work in these institutions. That is unacceptable.

Under the US Physician Payments Sunshine Act 2010, manufacturers must submit annual data on payment and transfers of value made to covered recipients. Several studies have been carried out by organisations with shares in mesh manufacturers. Similar legislation designed to increase the transparency of financial relationships between physicians, teaching hospitals and manufacturers of drugs, medical devices and biologics is required in this country. We need to understand what the kickback is. If someone is being asked the question, "Do you think mesh is good?" and have investments in mesh, why would they say no? We need to be more transparent and understand what these women are going through.

These sequential calamities must each be understood and corrected so that they are not repeated. Those who have suffered and faced complications must be referred via their GP to a specialist unit with multidisciplinary teams of professionals who can listen—not just hear what they are saying, but listen and understand what they are going through—advise and support them, and ensure that no more patients are harmed. I urge the Government to suspend the use of surgical mesh and tape for all procedures.

1.16 pm

Paul Masterton (East Renfrewshire) (Con): I congratulate the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing this debate. Although we went in front of the Backbench Business Committee together, the truth is that she did most of the work. I am hugely grateful for what she has done in this space. Having set herself a very high bar with the way in which she opened the Westminster Hall debate in October, I can safely say that mesh-injured women in Scotland will be incredibly grateful for the support that she has shown them through her remarks today.

In the six months since that debate, there have been a number of important developments both internationally and domestically. There have been landmark announcements in Australia and New Zealand, as other hon. Members have mentioned. While the UK Government have so far not chosen to take similar action here, I will certainly continue my efforts with the all-party group on surgical mesh implants to persuade them that banning mesh is the right thing to do, particularly now that the National Institute for Health and Care Excellence has issued guidance that favours an effective ban in practice.

There was a Public Petitions Committee debate in the Scottish Parliament just before Christmas—as I set out at our previous Westminster Hall debate, the Scottish Mesh Survivors group was left with very little option but to continue its fight through the Scottish Parliament

Public Petitions Committee following a hugely disappointing report from an independent review group established by the Scottish Government. A further review exercise is currently progressing in Scotland. However, it will not re-evaluate the conclusions of the independent review—it will assess only the merits of the process by which those conclusions were reached, so it has the potential to undermine that flawed exercise even further.

At this stage, I pay tribute to the three amigos in the Scottish Parliament: my Conservative colleague Jackson Carlaw, Labour's Neil Findlay, and the Scottish National party's Alex Neil, the former Cabinet Secretary for Health and Wellbeing. All three immediately recognised that there was a serious issue to be investigated and continue to champion mesh-injured women across Scotland, such as my constituents Elaine Holmes and Lorna Farrell.

One of the big difficulties is that it has been very hard to get media uptake, particularly in Holyrood with the male-dominated press lobby. They found it a bit icky and did not want to write about it, so I pay tribute to Marion Scott, a journalist who has been absolutely dogged in her determination to highlight this issue, and to the hon. Member for Pontypridd (Owen Smith), who has gone out of his way to make sure that it gets pushed up in the media across the rest of the UK, giving it exposure that it would have otherwise been very difficult to achieve.

In February, the Secretary of State for Health and Social Care outlined a number of important measures to review mesh and investigate what had gone wrong. It is fair to say that a lot of the campaign groups found the overall package slightly underwhelming, but it is vital that their input into the process is given the utmost attention. Of course, this week the retrospective audit was published.

As has been said, it is right that the Health Minister, Lord O'Shaughnessy, has instructed the chief medical officer in England to respond to the findings with some urgency following engagement with the medical authorities and, importantly, with the patient groups representing women whose lives have been wrecked by mesh. Too often when there have been statements, guidance and responses, the views and experiences of these women have been completely ignored. They have been talked about as though they are not there. Their experiences have been undermined and dampened down, so if patient groups are to have any faith in the UK Government, it is important that patient voices are front and centre of the process.

I was particularly pleased when the Secretary of State announced to the House that £1.1 million would be provided for the establishment of a comprehensive mesh database. That is a positive development, and mesh-injured women in Scotland have reacted warmly to it, but they have also made it clear that, if the authorities are to gain a true picture of the suffering that mesh can cause, it must be accompanied by a requirement for mandatory reporting of all mesh procedures. Crucially, as a number of others have said, that must encompass not just NHS but private procedures, because many of the women concerned were treated privately. If mandatory reporting is not already envisaged, I urge the Department to explore that possibility.

The setting up of a database in Scotland was one of the six points included in the petition that Scottish

Mesh Survivors brought to the Scottish Parliament in 2014 and 2017. It is fair to say that progress has been pitiful, and it was therefore welcome that the Secretary of State made clear that he was open to the idea of a UK-wide database and to working closely with the devolved Administrations with the aim of establishing a clear UK-wide picture. Along with my hon. Friend the Member for Angus (Kirstene Hair), I wrote to the Scottish Government Cabinet Secretary for Health and Sport about the database, and was pleased when she confirmed that her officials had been liaising with colleagues at Westminster and the other devolved Administrations. Perhaps the Minister will explain exactly how those communications will proceed.

In view of the failure in Scotland to proceed with a database in the four years since the survivors' petition was first brought to Holyrood, Scottish involvement in the issue of a UK-wide database—

Dr Philippa Whitford (Central Ayrshire) (SNP): Is the hon. Gentleman aware that the discussion in Scotland was about the need for the database to be UK-wide? We have talked about EU registration. The bigger a population, the sooner a problem is noticed. The Medicines and Healthcare Products Regulatory Agency is UK-wide. It is not a question of small databases. The Scottish Government were not obstructing the proposal. The profession felt that the database needed to be UK-wide, and needed to feed into the MHRA.

Paul Masterton: I certainly agree that a UK-wide database will be far more effective and beneficial in providing a true representation of the story of the mesh-injured women, but the hon. Lady must accept that the women in Scotland have found the response of the Scottish Government—and, in particular, that of the current Cabinet Secretary—fairly poor.

A lot has happened in the past six months, both at home and abroad. Some progress has been made, and important steps have been taken, but we have much further to go. Members of Parliament are often asked, "What do you want to achieve in this place? What tangible thing do you want to walk away from here and say that you have done?" Securing justice for mesh-injured women is right up there at the top of the list. Let me simply say to those watching at home and those in the Public Gallery that the fight goes on.

1.23 pm

Emma Little Pengelly (Belfast South) (DUP): Let me begin by adding my voice to those of other Members in congratulating the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing and introducing a debate on this important issue.

I agree with much of what has been said by Members on both sides of the House. It is good to hear such similar views expressed about the need to think about what action should be taken to help women who are suffering some horrendous conditions as a result of this procedure. Unfortunately I did not have an opportunity to take part in the Westminster Hall debate, so I have found the many speeches that I have heard today very informative. Some, indeed, have been very technical. Questions have been asked, and I the answers will be useful to us because we shall be able to convey them to our constituents. I also welcome the specific recommendations that have been made, particularly by

[*Emma Little Pengelly*]

the hon. Member for Kingston upon Hull West and Hessle. There seems to be a difference of opinion on whether mesh operations should be suspended while the audit and other matters are being resolved. I think that many of us are somewhat confused about why the risk should have been considered acceptable.

Like, I suspect, many other Members, I first heard of the issue when I was contacted by a number of constituents via social media. I subsequently met some of them face to face. The right hon. Member for New Forest East (Dr Lewis) described the specific circumstances of some of his constituents, and my experience has been very similar. I have sat and listened to many women describe what they have suffered. Theirs is a strong, powerful story of pain, and of the incredible impact on their lives, their families, their marriages and their relationships. Hearing such stories, we must ask ourselves how such pain, risk and suffering can be justified by the cases in which the procedure does work. I know that many of us are appalled when we hear of the experiences of the numerous women whose lives have been blighted by these procedures.

A number of issues have been raised, and I do not want to reiterate what has already been said. Instead, I shall focus on two elements that I do not think have been dealt with in any detail. First, we need to ensure that all the women affected are identified and fully supported, and benefit from the highest-quality care and intervention that can be provided at this stage. That, for me, is a priority, which involves two important considerations. One is the question of where we are right now—what these women are suffering right now, and what we can do to help them to try to find resolution. That journey will require the highest levels of expertise and support.

As we have heard, many of the medical interventions involved are complicated, and, given their previous experience of medical procedures, many women are understandably deeply apprehensive and worried about undergoing further necessary procedures. The right experience and qualifications, and a wrap-around support service, are critical not only to securing the best medical outcomes but to building confidence among the many women who have been let down by interventions in the past. I emphasise with women who know that they will have to undergo even more medical procedures, even after having such horrific experiences and suffering the consequences of the previous interventions.

There is also the question of the suspension of mesh operations. I have written to the authorities in Northern Ireland and to the Secretary of State requesting a suspension pending the outcome of the audit and the review. In circumstances such as this, I am always very aware that many of us here are not doctors. We are not members of the medical profession. We are told—this has featured in the responses to my correspondence—that even Departments and their civil servants must and do listen to the medical professionals. It is important for NICE to move more quickly, though, because its recommendations will be crucial for frontline care, advice and the pathways that are followed for women who present with the issues that have led to this procedure.

Secondly—this has been discussed at some length today—there are the critical questions of why this happened

and why it was not picked up earlier. I welcomed the Secretary of State's announcement of a review, because it will cover some of those issues, but we need to understand how we have reached this position. I have spoken to constituents, and to members of the lobby from across Northern Ireland, and their common experience is that they were not taken seriously enough at all stages. Complaints made to medical professionals about complications were often dismissed, even when the women were in extreme and chronic pain. The database has been referred to. There should have been a database at an earlier stage so that the information could be located. I fully support a UK-wide database, because, as has been said, it would be the best way of gaining a wider sense of what is happening.

It is worrying that hundreds and thousands of women across the United Kingdom were individually presenting with complications from these procedures, yet nobody joined up the dots until a very late stage. I am glad that that is now happening—I am glad there is a review—but many women have had to suffer for too many years without the dots being joined and action being taken.

It is not acceptable that women presenting with problems were told by some GPs or other medical practitioners that perhaps it was just women's problems—that these were the types of complications that generally arise in issues associated with the menopause. The problems were dismissed, and women felt dismissed and that their issues were not being taken seriously. That is wrong and unacceptable.

We hear a lot at the moment in Northern Ireland—I am sure it is the same across the United Kingdom—about patient-focused care and the patient-focused experience in the health service. Yet in all the stories I have heard about this issue, there is the common experience of people not being taken seriously and not having a patient-focused experience. That must be addressed urgently.

I look forward to the outcome of the review, and to some of the actions being discussed such as the audit and the setting up of the database, but it is important that we identify not only what went wrong, but clear actions to take to stop it happening again. We must learn from the mistakes of the past and make sure that actions are identified and that we progress.

Finally, I thank the advocates who have done a huge amount of work to raise awareness of this issue across the United Kingdom, including in Northern Ireland.

1.31 pm

Kevin Hollinrake (Thirsk and Malton) (Con): I thank and congratulate the hon. Members for Kingston upon Hull West and Hessle (Emma Hardy) and for Pontypridd (Owen Smith), as is customary and also entirely justified on this occasion. This issue must be kept in the public eye.

One of the great privileges of being an MP is being able to give people a voice—to represent people in our constituencies who have been wronged, often in terrible circumstances through no fault of their own. In this case, for me that person is here today in the Gallery: Jacqui Cheetham. I am delighted to be able to represent her story, and her words are far more powerful than mine could ever be. When she visited me at my surgery what came across was the scale of the problem and also

its traumatic consequences given the relatively minor condition that Jacqui suffered from before the operation took place.

I would like to use Jacqui's words rather than my own, because, as I have said, they are far more powerful than mine could ever be. She explained that she had two surgeries using mesh, in 2005 and 2006:

"Within a few days of surgery I had severe pain in my groin and bladder. I was referred back to York Hospital on many occasions. The surgeon said he could find nothing wrong with me and eventually recommended I saw a psychiatrist, as he believed it was all in my head. As a teenager I had a history of mental health problems when my parents went through a nasty divorce. I was left to bring up my younger sister and take my main, secondary school exams. I simply could not cope but because this is on my medical records, even though the mesh operation was many years later they still referred back to that time and thought this must also be psychological. My GP spoke up for me and told them I was not depressed and demanded they find a solution. Eventually I was given a MRI scan and the mesh was found sticking into my bladder. I was then operated on to partially remove the mesh. After the operation, the surgeon described the pain of the mesh sticking into me as being like barbed wire as the raw edges of the material had hardened. It's intended that your body should mould itself into it and removal would be like extracting it from concrete..."

Since 2006 I have lived my life in constant pain. I take concentrated Oramorph and wear... Buprenorphine patches. I also take codeine for 'break-through' pain.

I was a fit young mother in my late 30s when I had this done, suffering mild incontinence. My ambition was to run the London Marathon and I found the incontinence merely a nuisance. How I wish I could go back to those days! I would never have had this operation, had I known this possible outcome. I was not warned of any such dangers.

I now cannot walk far. I can't stand or sit for extended periods of time. I struggle with simple tasks that require my concentration. Both my drugs and my pain affect my sleep. I am now 50, though I feel much older.

Quite simply, this operation has ruined my life and has had a massive impact on my family. My children are now grown-up but they were young at that time and I was unable to be a proper mum to them; unable to run and play with them as a parent should. There seems to be a misconception that the mesh which causes the greatest problems is "prolapse mesh" but this simply is not the case. All mesh can cause problems."

I know that the ministerial team is very concerned about, and aware of, these issues, in part due to the fine work of parliamentarians. Ministers rightly point out that no healthcare system in the world has yet banned this treatment, and they set about the review in February 2018, which has provided much of the information that we now have to address these points.

As my right hon. Friend the Member for New Forest East (Dr Lewis) pointed out, the scale of the problem is becoming clearer, but I do not believe we understand the true scale yet. The recent *Guardian* report said that out of 100,000 operations there were 6,000 removals, so there is an issue with at least 6%, and that is just the ones that have been removed, so we know the scale is greater than is currently acknowledged.

Something needs to be done now. It is heart-warming that the people who come to our surgeries to tell their stories want most of all to prevent this from happening to others, and we must pay credit to the people from the Sling the Mesh campaign for what they have done to benefit others as well as trying to redress some of the difficulties they experience themselves.

The hon. Member for Kingston upon Hull West and Hessle raised the issue of physiotherapy, and she is absolutely right: prevention is better than cure. She mentioned that this problem has cost the healthcare system £245 million; it would be a true economy, not a false economy, to implement what she suggests as a simple first step for new mothers.

We also need to get to the bottom of the issue by having a true audit, including of, for example, private patients, to make sure we know the true scale of the problem; I support those calls. It must also be sensible when there are alternatives to look at a suspension of this treatment today. Burch colposuspension and autologous sling are alternative treatments, and it makes sense to me and certainly my constituent to suspend this treatment and look at other treatments in the meantime while we find an alternative. Perhaps the new Sheffield University treatment will prove effective, but, as the Chair of the Health and Social Care Committee said, it needs to go through a clinical trial rather than women effectively being used as human guinea pigs. I support the extension of that until clinical trials can show that we have a solution without the traumatic consequences that affected so many women.

1.39 pm

Carol Monaghan (Glasgow North West) (SNP): I congratulate the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing this debate and on the power of work that she has done on behalf of the women affected by mesh. I also pay tribute to the chair of the all-party parliamentary group on surgical mesh implants, the hon. Member for Pontypridd (Owen Smith), for his work. I declare an interest as a member and vice-chair of the group. In the run-up to this debate, I have been contacted by many constituents whose lives have been devastated by mesh. Because of the sensitivity of the topic and the embarrassment that many women feel, it is a major step for them to come forward and speak so bravely about their experiences. For these women, what started as a slight leakage of urine and an embarrassing discomfort has escalated into life-changing disabilities, and I want to use this speech as an opportunity to raise some of their cases.

My constituent, Karen, underwent a hysterectomy in 2008. The following year, she suffered a significant prolapse and was given a pelvic organ mesh. After that procedure, she began to suffer from severe incontinence, which affected her ability to work. She mentioned this to the consultant, who said that there was a simple procedure that would help. She had that procedure, but was given no further information about the risks and possible complications. In 2011, she started to experience severe pain and was referred to a new consultant, who told her that the pain had nothing to do with her implant. She finally had the implant removed in 2013, but has been left severely disabled and now has to use a wheelchair when she travels long distances. This has been a real problem for her because, she says, people talk to the person who is with her, rather than to her. She therefore feels as though she has been dehumanised as a result of this as well. Had Karen been told what the mesh procedures entailed, she would never have agreed to have the implant. She and a group of survivors in Scotland have set up a Facebook group. It started with 17 women, but it now has more than 500 members.

[Carol Monaghan]

Another constituent, Jean, had her implant inserted in 2006, but she realised from day one that it had not worked and that she was still incontinent. She says:

“The full side effects of having polypropylene plastic TVT-O are as yet unknown. What is known is removal is complicated and carries its own risks, due to the fact that the mesh implanted in the woman’s pelvic region is designed to be permanent. In cases where a surgeon does a partial removal and leaves the rest then the long term result can be further degradation and an acceleration of mesh debris into the body. To remove the Monarc sling that I have, a surgeon has to cut through many structures including bone and muscle, and is known to be nearly impossible to remove safely without further damage.”

In fact, one consultant has described mesh removal as being like trying to remove warm chewing gum from someone’s hair.

At the most drastic end of the scale, some women now face losing their organs as a result of this procedure. This has happened to Claire, a mum of three, who says:

“I had a mesh implant in September 2011 for stress incontinence. I woke with excruciating pain and struggled to walk. I had the mesh removed in July 2015 but unfortunately the damage I suffered is severe. I am now disabled for life. I use crutches for short distance, wheelchair for longer. My nerves are severely damaged, I have autoimmune issues, foreign body reactions, currently use anal irrigation system for my bowel as it can’t work on its own. Next for me is to have my bladder and bowel removed. Mesh products are simply not fit for use in the human body. These procedures need to be stopped now.”

Cathleen, from Benbecula, a constituent of my hon. Friend the Member for Na h-Eileanan an Iar (Angus Brendan MacNeil), has said:

“The Government is currently banning the use of plastic because of damage to the environment, destroying sea life and leaching into the food chain. Why on earth place such plastics into the human body when I like many others have suffered mesh erosion as my body rejected the polypropylene?”

The issue that is raised repeatedly in all these cases is the lack of information given to patients. Some were told that the procedure was simple; others were told that a little piece of tape or a sling would be inserted. None was told about side effects or complications. Most were not offered non-mesh procedures, which might cost slightly more in the short term but which would have massive savings in the long term because these women would not need to live on benefits, having had to give up work, with all the other problems that that entails.

In Scotland, the suspension of mesh has been welcomed, but because the regulation of such devices is still a reserved issue, we need the MHRA to stop recommending the use of mesh before it can be banned outright. Medical devices do not go through the same rigorous level of testing as drugs, and the effects are often not experienced immediately. This is why it is so important to carry out an audit of the women who have had the procedure. I welcome the review of surgical devices announced by the Government, as well as the announcement that they will conduct a full registry of all mesh procedures. However, it should be noted that the number of women affected may well be far higher than estimated. Many women who experience problems are told that their issues are not mesh-related. Are those women’s problems being captured in the current mesh figures?

Gordon Marsden (Blackpool South) (Lab): I, too, have constituents who have been affected by this, and one of them has written to me to say:

“I had this operation carried out—it was only effective for a few months and had failed, leaving me with constant discomfort... The operation itself was a long one and I have so far managed to put up with this discomfort as I really don’t want further surgery.”

Does the hon. Lady—and indeed the Minister—have any thoughts on how many people might be going under the radar because they are in a similar situation to my constituent?

Carol Monaghan: I thank the hon. Gentleman for his intervention. That concern has been raised time and again in the all-party group. We believe that many of the women affected are not being captured in the figures, and it is important that we should carry out an audit to find out what is going on. That audit should include GP visits and visits to consultants. They should all be part of it.

Mesh implants have been described as the “gold standard” treatment for incontinence and as a “minor procedure” that would change lives. Sadly, the procedure did change many lives, and crucially, the device manufacturers who have marketed mesh so aggressively are making a profit on it. For the women affected, the manufacturers’ profits have come at a heavy price. My hon. Friend the Member for Argyll and Bute (Brendan O’Hara) has been working closely with a constituent, Nancy from Dunoon, who was left suicidal after having mesh implants several years ago. Four months ago, Nancy underwent an operation to have the mesh removed, and I am sure the whole House will join me in wishing her a full and speedy recovery. She has said that

“if they’d discovered this kind of serious fault in a car, they’d have recalled them all and stopped making them. So why didn’t they do that with mesh?”

It is important that we now have a complete suspension of mesh implants. Also, a number of Members have mentioned that physiotherapy should be offered as standard for new mothers, to give them other methods of dealing with slight incontinence and to help them to restore their core after birth. Many mesh survivors are now calling for a sunshine payment Act, as there is in America, that lists all industry funding, sponsorship or grants received by GPs and surgeons. This would show any conflicts of interest, and it would help with all medical issues, not just mesh. Finally, I would like to pay tribute to the campaigners from Sling the Mesh and from Scottish Mesh Survivors for all their work in bringing this issue to the attention of the wider public and to the attention of us here in this place.

1.48 pm

Kevin Foster (Torbay) (Con): It is a pleasure to be called to speak in this debate, and I congratulate the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing it. It has been quite something to listen to the many stories that have been repeated here this afternoon. My involvement in this issue was prompted not only by conversations with my former colleague in the Ministry of Housing, Communities and Local Government, my hon. Friend the Member for Eastleigh (Mims Davies), but by the case of my constituent, Mrs Beverley Jelfs, who had mesh inserted for a prolapse.

When she emailed me, she said:

“My life has changed so much since having this device inserted in me in 2011. I can no longer work due to pain, fatigue, not able to sit or stand for long. The mesh eroded through my vaginal wall, which 7 weeks later had to have part removal. I have no intimate relationship with my husband, due to the mesh damaging me...I have gone from a very busy and socially active life, to being a depressed lady.”

That sums up the impact that the issue has on her. Although her work was done at a local private hospital, I also asked my local Torbay Hospital—the main NHS hospital serving my constituency—for details of the approach it adopted.

Given the age demographics of Torbay, I had expected slightly more cases to be raised with me. Those that have been raised involve people who have been treated at a particular private hospital. Given that this is a wider issue, I do not think that it is constructive to bring the name of the hospital into the debate, but it is interesting to note that that is where these queries come from.

I was pleased to get a detailed response from Julian Barrington, the consultant in obstetrics and gynaecology at the hospital, giving me some of the figures for the work he has done. I am pleased to note that the failure rates reported back on some of his cases have been a lot lower than some of the averages, but in his letter he makes the point that none of the patients in Torbay have been treated with Ethicon meshes, over which most of the concerns and complications have arisen. His other comment is welcome: given some of the issues being raised, since October 2017 he has suspended all vaginal surgery using synthetic mesh until the results of the NICE recommendations are published and until professional medical bodies make a decision.

Owen Smith: The hon. Gentleman is making an incredibly interesting point. Does he agree that it is inexplicable that NICE continues to say that it cannot produce its new guidance until the spring of 2019, when we and the medical fraternity have been asking for it for the past two years?

Kevin Foster: I think that the comments make it clear that medical practitioners are waiting to hear what the guidance is and would like it as soon as possible. As politicians in this Chamber, we should not necessarily look to say what the NICE guidance should be and should not put pressure on NICE to come up with particular outcomes, but NICE should look to resolve this uncertainty.

I welcome the pre-emptive approach that my local hospital has taken, but that then leads to a debate about whether other practitioners are continuing and whether my hospital is taking the right approach—I believe it is, and I suspect that Opposition Members who have been involved with this issue believe that it is, too. It is clear that guidance needs to be produced as quickly as it sensibly can be to allow hospital clinicians dealing with patients day to day to know that they are making the right decisions. I welcome the fact that my hospital has made a pre-emptive decision, but agree with the hon. Member for Pontypridd (Owen Smith) that it makes sense for NICE to try to resolve the issue as quickly as possible and provide clarity.

It would be interesting to hear from the Minister whether it is becoming common practice in the NHS for individual hospitals and surgeons to adopt the approach taken by Torbay and South Devon NHS Foundation Trust. Is it more common or does it involve only a small number of hospitals? Is there an emerging body of medical opinion on this matter? Although I might welcome what Torbay Hospital has done, if individual hospitals effectively start forming their own policy that will raise questions in other locations.

Given the concerns raised with me, I welcomed the review announced in February 2018. I can remember being in the Chamber to listen to the Secretary of State's statement on this and a range of issues affecting women's health, as well as on whether some of the processes we have in place are as strong as they are in other areas. To reflect on the point made by the hon. Member for Glasgow North West (Carol Monaghan), given the issue, many of those affected are reticent about making a noise. I sought direct permission from my constituent to mention her name and condition in the Chamber, but one wonders whether there are a number of people who do not want to make a noise about this—through embarrassment, to put it bluntly—which makes it different from concerns about other treatments.

I would also be interested to hear from the Minister what liaison is taking place between the UK Government and the Governments of New Zealand and Australia, who have adopted an approach that is similar to my hospital's. What impact is that having? I have not had complaints from people about not being able to have a procedure for a particular problem while this treatment is suspended, and that tells me that the hospital's decision has not had a negative effect. I would be interested to know the experience of clinicians in other jurisdictions that are incredibly similar to us, particularly those from New Zealand.

Reading the motion, I can understand the call for a public inquiry. My only reticence is that such inquiries can become lawyer-fests. I would much rather we were dealing with the situation now, and getting guidance to clinicians in place quickly. We could decide at a later date, perhaps, whether such an examination of what happened would be appropriate. For me, the priority is to get action towards a resolution and for those women and men who have been affected to find medical solutions that can deal with their existing, ongoing pain.

I welcome the debate. It is good to have had contributions at such a level. I am pleased to note the approach my local trust has taken, and I would be interested to see whether that trend is emerging across the NHS and, if it is, what impact it is having on statistics for those who are negatively affected. Does it have any impact at all on waiting times for a particular treatment? If it does not, the pre-emptive approach would seem to be right clinically, in dealing with the problems we have heard about today and in preventing more people from being affected.

I hope that today's debate will also give hope to those who are suffering that their plight has not been ignored—it is not something that has been talked about quietly somewhere else because of any perceived embarrassment. I hope that lessons will be implemented that prevent others from having to go down the same path as my brave constituent, Mrs Jelfs. I know that her priority in

[Kevin Foster]

speaking out and having her story relayed was to prevent at least one other person going through what she has been through over the past seven years.

1.57 pm

Bambos Charalambous (Enfield, Southgate) (Lab): I congratulate my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing this important and timely debate. Excellent points have been made by all Members who have spoken, so I will be brief to allow time for the Front-Bench responses. We have heard about some harrowing cases involving people's constituents, most recently from the hon. Members for Torbay (Kevin Foster), for Glasgow North West (Carol Monaghan) and for Thirsk and Malton (Kevin Hollinrake). There has been cross-party support for the motion and the demands on the Government to act. I think that everybody who has spoken today thinks that mesh should no longer be used in surgical procedures until the inquiry reports back.

On 6 February, I had the pleasure of meeting some of the remarkable women from the Sling the Mesh campaign, many of whom are in the Public Gallery looking down at us. These women have been left debilitated and in agony following mesh implants. I was shocked as each one told me about their own personal and horrific ordeal. They told me how they were in unbearable pain when they sat down or stood up, how they had gone from being active, energetic women in the prime of their lives to being left housebound, in some cases unable to work, with a complete loss of their sex life. I can only imagine the mental suffering that these brave women and other victims have had to go through.

One thing that I found particularly striking was how many of these women said that they almost did not have the mesh implants but were swayed by the casualness with which they were sold to them when they were weighing up their options on how best to resolve their medical conditions relating to prolapse or incontinence. None was told of the risks of vaginal mesh, and I am sure that if they had been they would have considered other, less risky, alternatives. No one goes to hospital expecting to be cured of one problem only to be given another a thousand times worse. There are serious questions that need to be answered about the mis-selling and promotion of mesh, and we have not had much of a response on that despite many requests.

I find it staggering that, despite the potential risks being known, mesh is still being used today. Surely its use should be stopped and women warned of the dangers. Even by the NHS's own figures, 1% to 3% of vaginal mesh implants result in complications. The figure is far too high. Other studies have the figure as high as 10%, and it could be higher—we do not know. It is worrying that we have such cases at all. Whether the figure is 1%, 3% or 10%, even a one in 100 chance of being maimed by an implant is a price not worth paying.

The Government should follow the example of New Zealand, which has managed to stop using mesh. Is it really acceptable for the Government knowingly to allow women to be injured by the state in this way? How many more women need to suffer while they wait for NICE to complete its review?

The Government's retrospective review of surgery for vaginal prolapse and stress urinary incontinence using tape or mesh is a welcome start to finding out how many women have been affected, but the scope of the review is too narrow and there is a real fear that women will be missed. Why cannot women from Wales, Scotland and Northern Ireland be included in the review, and what about men affected by surgical mesh?

I call on the Government to ban mesh implants immediately and to widen the scope of their retrospective review. NICE should bring forward its review and introduce pelvic floor physiotherapy on the NHS as standard for all new mothers. We need to find out what has gone wrong, and why. The victims of the mesh scandal have suffered enough. We need action now.

2.1 pm

Dr Philippa Whitford (Central Ayrshire) (SNP): I, too, pay tribute to the APPG and to the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy). I also pay tribute to the women who have campaigned. If they had not campaigned, the issue would not be at this point today.

As a surgeon for more than 30 years, I have to start by pointing out that there is no such thing as risk-free surgery. There will never be an operation about which it could be said there is not a 1% complication rate. When I looked at complications and talked about risks, I used to write them down on the consent form so that I went through every single one with patients. We talk about the complications that are minor and common, and we warn patients, "This will probably happen, but it's minor." The complications that are life threatening or quality of life threatening, even if they are rare, should be up there in block capitals so that women know.

We, as surgeons, have a duty to minimise risk and to inform the patient so that, as has been discussed, decent and informed consent can be given. The problem of this saga is that a lot of the surgeons were not informed. If a surgeon is doing 30, 20 or 15 mesh implants a year and they become aware of a problem only in two or three years' time, it does not register in their brain as being common. We also know that many of these cases really presented only years later, so that feedback loop—"Oh my God, we have a problem!"—was not there. That is why so much of this is to do with regulation, reporting and, inevitably, the yellow card.

Gordon Marsden: Obviously, the hon. Lady has enormous personal experience of surgery and of this area. Does she agree that one of the other possible problems for some surgeons, although I hope not many, is that in this country we have historically been very bad at explaining risk-benefit analysis? If people are being offered an operation for a condition that is not necessarily life threatening, the judgment in a risk-benefit analysis is very different from that for something far more serious.

Dr Whitford: In fact, there are studies showing how difficult it is even to explain risk, let alone risk-benefit, to patients. Certainly in the cancer field, in which I spent so much time, patients will go through really appalling treatments even if there is only a relatively small chance of cure. As a clinician, it is difficult to explain a lot of this.

Sufficient information has not been given to the medics, and therefore clearly not to the patients. We have heard this described as a “minor, straightforward procedure”.

Owen Smith: Does the hon. Lady agree that part of the problem is that mesh was marketed so widely as being a quick fix? Previously, far more expert urogynaecological surgeons would have undertaken what was far more difficult and invasive surgery—colposuspension or autologous sling. When it went to day-case surgery and, effectively, keyhole surgery, a much wider range of less expert surgeons was suddenly involved.

Dr Whitford: I would echo that. We should always be a little suspicious whenever an impression is given that an operation is easy and quick. We hear talk within the medical system of the problems of specialisation and how, actually, we need to go back to having more generalists. The depth of knowledge on breast cancer now would make it impossible for a general surgeon, who might also be doing upper gastrointestinal and lower gastrointestinal surgery, to keep up with that knowledge. That is why we will always need specialists. The danger is when something is thought to be trivial and straightforward.

Although it has been mentioned that the two problems—pelvic organ prolapse and stress incontinence, and particularly the latter—are very minor, there is a broad range. There will be patients for whom the condition is incredibly distressing and who simply cannot leave the house because of their incontinence. We should not put everyone in the same basket.

As has been mentioned, the traditional repair for prolapse would have been colposuspension, which lifts the womb and then buttresses the muscular tissues of the pelvis. The surgeons thought that by adding mesh to muscle that is clearly weakened—that is why prolapse happens in the first place—they would make the muscle stronger.

There was a perception that the results of colposuspension were poor, and a big American paper in 1997 suggested that prolapse recurred in 29% of women. As a surgeon, that seems like catastrophic failure, but, reading the small print of that paper, two thirds of those women were hugely obese and one third had bronchitis and were coughing all the time. There was also a high rate of smoking. It was not the average range of women with prolapse; it was actually a particularly high-risk group. Unfortunately, the paper seems to have dominated the profession's perception for years.

The problem right across this is that not enough trial work and research were done at the beginning and that the follow-up was far too short. What we have seen is that the mesh problems emerge only after time goes on. There was a Cochrane review in 2007 looking at multiple smaller studies, and it showed no benefit from the use of mesh in prolapse. Since then, we have seen a slow decrease in the use of mesh, but the recent review shows that 2,500 women with prolapse in England had mesh put in last year. That means the issue is still happening.

A 2011 EU study showed no benefit from mesh in prolapse even for recurrence, and one of the few prospective studies, in which the data is collected as time goes on, also shows no benefit. That prospective study was published

in 2016, so the information has not been available for decades, and it found that the mesh complication rate at two years is 12%. That is at two years, so the rate can only go up. The Scottish review of 20 years of data from 1997 to 2016 shows only a 4% recurrence of prolapse after the traditional repair. Mesh is no better at avoiding recurrence.

Colposuspension has surgical complications: a surgeon might damage something; a surgeon might injure the bowel or bladder, which is much more common; or a patient might get a wound infection. Those complications fade as time goes by whereas, as has been reported in the Chamber today, the mesh complications do not occur early, but occur as time goes on. In Scotland, after the review, the advice is absolutely clear: mesh should not be used in cases of prolapse as a routine first procedure.

We have heard about stress incontinence and the option of physiotherapy has been talked about. That option should have been used much earlier; there should have been trials of it. As has been said, this is about getting to women in the post-childbirth period so that we have the chance of strengthening their pelvic muscles. The initial repair for stress incontinence was the tension-free vaginal tape, which developed in the late 1990s. A randomised controlled trial was carried out in 2002, with the one-year follow-up report finding only a 1% complication rate and finding that the patients had less pain, and that they recovered more quickly and went home more quickly. This seemed like a great solution, which is part of why the surgeons were so convinced by it; it seemed quick and easy. They were talking about a keyhole approach and the way we deal with gallbladder and other procedures.

The problem that has gone on since has been talked about. We have had the morphing of one tape into another, and one material and so on changing, with little other research having been done and little follow-up. When that trial did follow up its patients, it found that at 10 years the mesh complication rate was 5%. Because the focus was on not injuring the bladder, we find in clinical terms that that has been the focus of the clinicians, because that is what they knew from colposuspension. The idea that two, three, four or five years later people would develop mesh complications was something the clinicians were not expecting and certainly not looking out for.

The incidence of bladder injury for the retropubic tension-free tape was about 10%, which is why the transobturator developed. Someone who has seen an X-ray or a pelvis skeleton will know that the front of the pelvis is made of two struts, so that we are not so heavy that we cannot actually stand up, and the obturator is that hole. The idea was to keep away from the bladder and therefore reduce bladder injuries, and indeed this did that.

Bladder injuries were reduced from 10% to 1%, so, again, everybody was patting themselves on the back. But what happens is the spikes—the trocars—used to put these things in are going through muscle and close to nerves, and are coming out in the groin; they are coming near the muscles that allow people to pull their thighs together. That is where a lot of the side effects and complications have come, and there was definitely a huge upswing and surge in these complications after the obturator tape became the common approach. We also

[Dr Whitford]

had such slow recognition of what was happening. Many of us women in here, particularly us women of a certain age, will recognise that old story of women simply being dismissed, patted on the head and patronised.

An odd quirk of regulation is that the Federal Drug Administration's regulation 510(k) allows any similar devices to pass through in a very simple fashion and they are not re-examined. Class I is low risk, and initially these tapes were all classed as class I, which means no research had to be done. They are now class III, which means a randomised controlled trial is required, and we see that Johnson & Johnson, and others, are withdrawing; they are stopping making these things because they would have to go back to carry out trials. The problem is that the tape and the trocars might have looked similar, but when the move was made from tension-free retropubic to a transobturator tape, we were talking about a totally different operation, and there was simply no evidence to show that this was either similar or better.

If something has been passed by the FDA, it tends to get passed in Europe, and the Medicines and Healthcare Products Regulatory Agency tends also to accept it without doing anything else. The European CE mark is only a mark of the quality of production; it does not imply anything about research. As my hon. Friend the Member for Glasgow North (Patrick Grady) mentioned, there is a plan to develop the EU medical devices regulation system from 2020, but, unfortunately, the UK will not be part of that, unless there is a specific negotiation.

The problems began to be recognised in 2012, because of the campaigners, their persistence and their speaking out. In 2014, the then Cabinet Secretary for Health and Wellbeing, Alex Neil, advised all health boards in Scotland to suspend meshes until there was some degree of clarity. It might have been stimulated by that, but certainly at the same time the Australian Therapeutic Goods Administration started to look at its products, immediately de-licensing a third, reviewing a third and, initially, keeping a third as standard. But last November it de-registered all prolapse meshes, so these materials are simply not available in Australia.

The Scottish independent review was set up from 2014 to 2017, and its advice was unequivocal: there should be no routine use of mesh for prolapse, and as regards incontinence, if mesh was being used, registration was made mandatory. There has been discussion about where this registration will occur. Obviously, the colleges have been developing a registration, but we need to know about everyone who had a mesh in. This could be done through scanning the barcode off the mesh and registering it in the notes—that is the obvious way to do it. Having had to review all the case sheets of breast reconstructions after the PIP—Poly Implant Prothèse—silicone implants scandal, I know that it is really important that if something is being left permanently in a patient, we know how to recall it and who had that done.

As has been mentioned, we had the NHS England review and a paper was produced last year, using hospital episode statistics, that showed a 9.8% complication rate at five years. Again, we can expect that to climb. The review published on Tuesday showed that about a third of the 72,000 patients who were treated for prolapse

were treated by mesh; that is between 2008 and 2017, and we see a fall over time, so the rate might be higher during the earlier period between 2000 and 2008.

We have seen a 13% drop over that time in prolapse meshes, but, as I say, in prolapse there is utterly no benefit to them and therefore there can be only loss, so it is hard to justify why so many patients in England are still having prolapse meshes. Some 100,000 women have had mesh incontinence tapes, and this has decreased by 48%, meaning that the overall decrease in the use of mesh over that period is about 32% in England. Since the Scottish inquiry, the reduction in the use of mesh has been 94%—and that is continuing.

The hon. Member for Kingston upon Hull West and Hessle mentioned Dr Wael Agur, whom I am lucky enough to have as our local gynaecologist. I have been able to meet him and get information with him. The only places that are using incontinence meshes are the two specialist units in Glasgow and Edinburgh. In Scotland, a consent process has been developed, which is now being looked at by the colleges so that it can be rolled out, and, obviously, we are talking about usage in tiny numbers here.

Even though registration is mandatory, none of the other health boards is doing this, so it is not expected that Scotland will have many patients registered. What Dr Wael Agur and other colleagues are using is a small piece of rectus sheath, which is the tough tissue we have in front of our muscles. Those who are lucky enough to have a six pack—I do not see many in here—will find that that is very strong tissue. [Interruption.] We do not ask anyone to show them, please. Only about 6 cm of this is required. So we are using the patient's own tissue and we will be back to an autologous repair, where there might be complications, wound infections and failures, but we would not see this progressive problem.

So what went wrong? Not enough research was carried out and, categorically, there was not enough follow-up. The survey that was reported on Tuesday now gives NHS England a denominator of how many patients have had mesh, but I am sorry to say that just using hospital episode statistics does not give a numerator as to how many women have problems, so I suggest a survey of all those patients or a review is necessary, in order to know how many, even within the NHS, have got these problems.

In addition, as we have heard, there was poor information on which people could base their consent; as I say, the clinicians did not know, because no detailed trials were being done of these new techniques and certainly there was no decent audit. Women were being dismissed and patronised. The regulatory system was far too complacent, simply taking things from the FDA all the way to the MHRA and not looking at changes in technique. The audit was very poor, with a recent survey showing that only 27% of patients who had had meshes were registered.

Finally, the yellow card system failed, yet again. The hon. Member for Congleton (Fiona Bruce) mentioned the other scandals associated with sodium valproate and Primodos. Unless patients are aware of the yellow card system and unless GPs and doctors have it literally in the front of their brains, people will not send a yellow card until they are sure that the drug or the mesh caused the problem. For any new drug, for any new technology that is being implanted, and for any baby born to a mother on medication, there should be a yellow card,

because the whole point of the yellow card system is that someone centrally is able to notice. That is why we need more of these yellow cards. There is clearly a problem, so we need better registration and reporting, so that we do not have to have another similar debate in future.

2.20 pm

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): I thank my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy) for securing this important debate and for her passionate speech. Like me, she has been shocked and horrified by the stories we have heard from men and women who have had their lives turned upside down because of surgical mesh. I also thank my hon. Friend the Member for Pontypridd (Owen Smith), who spoke with such passion and knowledge. He was campaigning with the all-party group on surgical mesh implants long before I even came across it, and I am grateful for his contribution and continued leadership.

I thank all Members who have spoken in this excellent debate: the hon. Members for Totnes (Dr Wollaston), for Congleton (Fiona Bruce) and for Glasgow North (Patrick Grady); the right hon. Member for New Forest East (Dr Lewis); my hon. Friend the Member for Peterborough (Fiona Onasanya); the hon. Members for East Renfrewshire (Paul Masterton), for Belfast South (Emma Little Pengelly), for Thirsk and Malton (Kevin Hollinrake), for Glasgow North West (Carol Monaghan) and for Torbay (Kevin Foster); and my hon. Friend the Member for Enfield, Southgate (Bambos Charalambous). The hon. Member for Central Ayrshire (Dr Whitford) spoke for the Scottish National party with such knowledge, and it was a privilege to be in the Chamber to hear her speech. I thank them all for their thoughtful contributions, and I thank their constituents who have allowed their experiences to be shared with us today. It has been distressing to hear their stories and I sympathise with anyone affected by surgical mesh.

Finally, I thank Kath Sansom, who leads the Sling the Mesh campaign, and who I know is watching from the Gallery, for all her hard work in uniting the women affected by vaginal mesh implants and raising awareness of the tragic impact that they have had on so many lives. I thank everyone who is part of that campaign for everything that they do to raise awareness and support women.

After the Westminster Hall debate in October last year, and the media coverage that followed, more women came forward as victims when they realised that the mesh was causing their additional health problems. I am very sorry to say that my 73-year-old mam was one of them. She likes to watch my debates and speeches, as do all our mams, I am sure. When she was at mine one Saturday, while I made lunch, I sat her down to watch some of the speeches that I had made that week. There she was with my iPad: I put on the Westminster Hall debate, it started to play, and I said, "I'm so pleased you haven't had anything like this done."

You see, Madam Deputy Speaker, over the past four to five years my mam has been back and forward to the doctors with loads of health issues, from IBS to constant urinary infections, and from stabbing pains in her groin to pain walking and trouble sleeping because of pain and twitching in her legs—and more. It has been never-ending.

She said, "I've turned 70 and I'm falling to pieces." She has had cameras everywhere, which is not always pleasant and can be very uncomfortable, but all to no avail. No diagnosis or solution has ever been found. With that background knowledge, the House can imagine my horror when she said, "Oh, no, I just had some tape put in to stop the leaking when I coughed and sneezed!" I had no idea that she had had that done.

As the hon. Member for Torbay said, sometimes women—even your mam—do not like to talk about these things. When I asked her why she had never mentioned it, she said, "Oh, it was quick—I was in and out on the same day. And you're always so busy, so I just didn't mention it." It had not even occurred to her that there could be a connection between what she had been going through for the past four or five years and this procedure that she had had done five years earlier.

As the House can imagine, I went into panic mode, because although we are talking about mesh today, surgeons use many different names for it—tape, ribbon and sling are the more patient-friendly ones. I am also told that they now like to use the phrase "Don't worry—it's not the mesh that they talk about in the media." Surgeons must be absolutely clear with their patients what treatment they are about to receive and address any concerns that they might have, instead of talking about the success of the majority or dismissing those concerns outright.

After the sudden realisation, all my mam's symptoms over the years suddenly began to make sense and could be attributed directly to the mesh. I am pleased to say that, thanks to the help of the fabulous Kath Sansom, my mam is now armed with all the facts and arguments to take to her GP and surgeon. She has done that and is on the long road to getting reversal surgery, if that is the best option for her. She has also had to come to terms with the fact that she may never be the same again, with the associated guilt that she agreed to the procedure. She trusted the medical profession to do her no harm.

My mam is lucky at the moment, compared with some of the other cases we have heard about today, which she recognises. A Sling the Mesh survey found that more than 78% of patients have pain when walking and sitting; 69% of women have pain that prevented intercourse; more than 60% of patients suffer with anxiety and depression because of the mesh and the symptoms that it causes; and almost 54% suffer with nerve damage. I have seen the piles of medication and medical equipment that some women have to use on a daily basis to try to live a life with a bit of dignity. Before the mesh, these were fit, healthy and, in some cases, young women, as we have heard. Now they need assistance to do simple things such as tie their shoe laces, pick up their children, or even use the toilet. Some have lost their sex lives, their marriage or their job. This is a tragedy for these women and their families. The effects of mesh have been so unbearable that, I am sad to say, some women have tried to end their own lives. Innovative and effective treatments should not do this to patients, and the Government must not stand idly by while women suffer in pain like this. The Opposition continually urge NHS England and NICE to act immediately to update the guidance before 2019—as we have all said—and to suspend the use of vaginal mesh.

The Government's "Retrospective Review for Vaginal Prolapse and Stress Urinary Incontinence using Tape or Mesh", published just two days ago, is a first step in

[Mrs Sharon Hodgson]

understanding the sheer scale of the number of women affected by this scandal. Unfortunately, the effects of mesh are hidden within the document—it takes a bit of a numbers expert to be able to work their way through it. So hidden and complex is the review that, on Tuesday, the Minister in the other place announced that he was giving his expert a month to work it out. I will be waiting with bated breath for that analysis.

It is clear that the review fails to show up all the women who have been treated with mesh in the UK. It shows only the number of women treated in England on the NHS, meaning that patients treated in Wales, Scotland and Northern Ireland, and patients treated privately in England, were not included. The audit does not include the sheer number of women who have gone back and forward to their GP for pain relief or antibiotics but who have not yet been referred to a consultant, or even those women who have not yet even made the connection and considered that mesh could be the problem, as was the case with my mam. Why were those women missed out? What is the Minister doing to ensure that their concerns are heard and that they are counted in the numbers?

When the audit was announced, I called for a suspension of the use of mesh while it was carried out. As the hon. Members for Totnes and for Glasgow North West and others have mentioned in their contributions, medical devices do not undergo any clinical trials or rigorous evaluation in this country. If ever there were a case to prove that that needs to change, it is surgical mesh.

As I have said, and as the hon. Member for Glasgow North West mentioned, if this were a car, an aircraft or even a washing machine or a dryer that was malfunctioning and causing life-changing harm in 10% to 15% of cases, its use would be stopped and the product recalled immediately while the problem was investigated. It would not even need to be as high as that, or even the 1% to 3% that was referred to—just a handful of incidents triggers a recall.

The suspension did not happen, so will the Minister please tell the House in her response how many women have had a mesh implant while the audit took place? Does she know how many women since March 2017 have been treated with a mesh implant or had mesh removed, as the audit went up to only March 2017—a year ago? These newly mesh-implanted women may not have any symptoms now, or if they do they will not necessarily realise that the mesh is to blame, but they may do so in a few years' time.

Since the Westminster Hall debate last year, the audit and the wider medicines and medical devices safety review, patients who have been treated with surgical mesh—not specifically vaginal mesh—have come to feel that their experiences and concerns are not being considered by the Government. Obviously, I include men in that category. The majority of hernia mesh operations are successful. However, complications can leave patients in chronic pain, which patients were not warned about.

According to NHS data, 10% of people who have had hernia mesh fitted go back to their clinician at some point after their surgery. The former surgeon Peter Jones says that the risks of using hernia mesh are so bad that he himself would not take the risk. Will the Minister respond to the concerns of patients who have been

harmed by surgical mesh and elaborate specifically on what the Government are doing to review the harm caused by all surgical mesh—not just vaginal mesh?

Let me repeat my calls to the Government once again: the use of surgical mesh must be suspended and NICE must bring forward its review. A simple, quick and cheap operation has turned far too many patients' lives upside down. We must stop playing Russian roulette with these patients' lives. It really is time to sling the mesh.

2.32 pm

The Parliamentary Under-Secretary of State for Health (Jackie Doyle-Price): I add my thanks and congratulations to the hon. Member for Kingston upon Hull West and Hessle (Emma Hardy) on securing this debate. She approached this issue with her characteristic passion and forthrightness and gave me a number of challenges—again. I am pleased that she acknowledged that, since we last debated this, there has been progress. It is in that spirit that we need to continue this dialogue not just to address the issues, but to make sure that we do the right thing by those women who have been harmed by the use of vaginal mesh.

Ultimately, the tragedy of this case is that women have put their trust in the medical establishment to look after them and to make them well, and they have come out with the most debilitating, life-changing injuries. In many cases, these were very young women. It is very clear from the clinical guidance on these products that they should not be used as a first intervention, and should be used only in very extreme cases. We are to be very concerned about the extent to which this has been adopted.

It is great that the evidence shows that the use of this product is less than it was. Clearly, as the hon. Member for Pontypridd (Owen Smith) pointed out, there was a spike in the use of the product, and that use was not always appropriate. That highlights the need for proper understanding of the risk of any medicine or product, and underlines the need for very mature and sensible conversations between medical professionals and their patients so that people understand the risks of treatments, as opposed to understanding just the benefits. Most of all, it illustrates the need for informed consent on the part of the patient. I have been horrified in this debate to hear how many women did not understand the treatment that they were getting. That is clearly unacceptable.

In that spirit, I want to continue this dialogue. As the hon. Member for Central Ayrshire (Dr Whitford) pointed out, women are often sent away and told that, "It's women's problems." Women are often patted on the head by members of the medical establishment. None of us women in this place is a shrinking violet, but we have also fallen victim to that behaviour, which is just not acceptable. We need to do more to change the culture of our health service and the way in which medical professionals interact with women. If we do not, the outcome is exactly the experience to which those ladies who are sitting in the Public Gallery can attest. I am very grateful to them for sharing their experiences. Sharing our very intimate and distressing personal details is not the most comfortable thing in the world, but the work they have all done in sharing their

experiences has raised awareness and put the issue on the agenda. It has also made us more vigilant about protecting our own health when we are faced with problems. I thank them all.

Although there may be some specific points on which we differ, it is clear that we all share a determination to address the issues that have been raised. Clearly, a number of women have experienced extreme suffering, and it is important that the NHS does its best to make life better for those women and gives them the treatment that they need. I say to Members that if there is any evidence that women are not getting the treatment that they should be getting following a complex mesh procedure, please raise that with me and bring it to my attention and I will take action accordingly.

Gordon Marsden: I am very grateful to the Minister for giving way. She is acknowledging the depth of disquiet, suffering and pain, but she will also be aware from my hon. Friend the Member for Kingston upon Hull West and Hessle (Emma Hardy), and indeed from my hon. Friend the Member for Washington and Sunderland West (Mrs Hodgson), who spoke from the Front Bench, that there have been persistent calls for NICE to speed up the process. I ask the Minister a very specific question: what conversations has she had with her officials and NICE as to why they cannot bring this forward? Is it a question of a lack of appropriate aggregate evidence; is it a question of their own internal priorities; or is it a question of resources?

Jackie Doyle-Price: It is actually an issue of rigorous process. We need to make sure that NICE guidance has clinical integrity. The guidance to which the hon. Gentleman refers comes at the end of a longer process of other guidance that is going through the system. None the less, that intelligence is shared throughout—it is an entirely consultative process. The issues that we need to settle are all part of the public debate. Essentially, the publication of the NICE guidance comes at the end of that. The important thing is that everyone knows the issues and that we are very clear about the context in which this is an appropriate treatment. The guidance is very clear: this treatment should not be offered as a routine first intervention.

Owen Smith: I am not sure that that answer is correct, in as much as we know that there is no new clinical evidence to be produced in this area; there are no outstanding trials. Therefore, there is no reasonable reason why NICE cannot bring forward that guidance, and it certainly does not make sense for it to wait another year.

Finally, was the Minister surprised when the chief medical officer, who was sitting next to the Secretary of State, said on Facebook Live that she thought that the rate of complication in respect of mesh was between 15% and 20%—a stark difference from all previous estimates by Ministers or officials?

Jackie Doyle-Price: Let me emphasise that it is the robustness of the process that is at issue here. The guidance will be published for consultation later this year, and completed next year. There is a robust process for doing so.

The hon. Gentleman is right that the CMO suggested that there was a 15% to 20% complication rate, but I understand that she has written to him explaining that she misquoted the statistics and that the situation is more complex. That is one reason why the retrospective audit is so important. We now have a body of evidence that we can properly analyse, and as has been mentioned, my noble Friend Lord O'Shaughnessy has tasked the CMO with properly analysing the audit published this week so that we might more quickly draw conclusions.

Owen Smith: That is very interesting. I do not believe I have received a letter from the chief medical officer explaining that she got the statistics wrong. May I press the Minister to make sure that when the CMO looks at the register she offers a proper narrative analysis of what the numbers mean? We still have contested analyses of whether they show a bigger problem than we thought or whether it is the same. I think it shows a much bigger problem, but we need to understand the numbers.

Jackie Doyle-Price: I can absolutely give the hon. Gentleman that assurance. It is crucial that we address the matter transparently—that is very much the spirit in which I want to take this forward.

Dr Julian Lewis: Before those interventions, the Minister said that if people are still not getting adequate treatment, it should be brought to her attention. As I mentioned, I have been contacted by constituents saying they felt trapped because the people who did the procedures were refusing to refer them elsewhere for a second opinion and for possible help from the very small number of people who specialise in the rectification and reversal of these procedures. What advice can she give my constituents about how to break out of this restriction on being referred to people in whom they can have more confidence?

Jackie Doyle-Price: I listened carefully to my right hon. Friend's representations on behalf of his constituents, and they filled me with alarm, because we have given a clear indication on this point and have established 18 specialist centres to deal with the consequences of mesh. There is, therefore, no excuse for patients who require further intervention not being properly referred. Perhaps he and I could take this up offline to make sure his constituents get the support they deserve.

I want to put this in the context of our broader emphasis on patient safety. We have learned, through difficult experience, that there is never one measure or magic bullet to suddenly transform services for patients; it is about sensible dialogue between patients, clinicians and sometimes politicians—sometimes we can have a role in catalysing the debate. We all need to pull together to tackle all aspects of the issue. In some respects it is about the actual product—the vaginal mesh—but it is also about clinical practice and behaviour, as we have talked about. The most important thing, however, is the need to listen to patients, who, in this context, are of course women. We have to make sure that we listen to women when concerns are raised so that we can properly tackle those concerns as they arise. As I have said before, I am concerned about informed consent for patients, but the issues go much further, and generally we could do much to improve the performance of the NHS by placing a greater emphasis on that.

[Jackie Doyle-Price]

We need to consider the whole issue of clinical advice. We know that this product should not be routinely offered as a first intervention, yet clearly it is. I am horrified to hear of women in their 20s and 30s being treated with this product, when clearly it is not intended for them. It is obviously easy for me to make a superficial judgment on that without knowing about the particular cases, but on the face of it, it seems quite wrong.

The issue has been raised of what is an acceptable level of risk. I do not like to think about that in terms of percentages, because the acceptable level of risk will differ from patient to patient. If we are talking about some new mums, the level of risk clearly would not be outweighed by the benefits, but if we are looking at women suffering from horrendous conditions of incontinence, that is a very different debate. Again, we need to think about the broader issues. It all comes down to making sure that the guidance is properly applied and that clinicians who are recommending the use of mesh are properly making that assessment in discussion with their patients.

There has been a demand for a public inquiry. We have introduced the Cumberlege review, which is designed to make sure that we properly assess the interests of patients going forward. I know that many patients have felt that their views have been ignored. Baroness Cumberlege is very keen to hear directly from individual patients about their experience, and will be going round the country to do exactly that.

I could say much more, but I must conclude so that we can move on to the next debate. I will write to hon. Members, who I thank for contributing to the debate, to address some of their other points. We are determined to do our best for women who have been badly treated in having this procedure.

2.45 pm

Emma Hardy: I thank everyone who has contributed to this debate, and I welcome the continued dialogue between the all-party group and the Department of Health. It was interesting to hear for the first time that the Department recognises that it is not just the process but the product about which there are serious concerns. I also welcome what appears to be an admission that NICE is introducing draft guidelines this year—is that correct?

Jackie Doyle-Price *indicated assent.*

Emma Hardy: That is excellent. That is one of the things we called for. One thing that has come out more and more is that there needs to be informed consent.

People need to know a lot more about the risks. All the risks need to be written down in front of someone in block capitals so that they know exactly what they are letting themselves in for.

I press again, as I did at the beginning of my speech, for all new mothers to be offered pelvic floor physiotherapy, as happens in France. As the Minister has just said, it is unacceptable that a new mother with a small, relatively minor inconvenience should be offered something that could result in permanent, life-changing disability. I urge the Minister to look into that as well.

I very much welcome the fact that we will have the draft NICE guidelines next year. As we have spent a lot of this debate talking about our mums and what they say to us, I will quote my mum. She always said, “Where there’s a will there’s a way”. If there is a way of bringing forward those NICE guidelines, let us make it happen, because if there is a determination across the House to make it happen, I am sure that the Department can find a way to do it and end this misery for so many women.

I end by thanking again all the fantastic women up there in the Gallery right now watching this debate. We are only talking about this now because of your bravery in coming forward and speaking out, and I thank each and every single one of you. We cannot undo the suffering you have experienced, but by speaking out and being so incredibly brave, you will stop women in the future going through what you have gone through. I and every Member who has spoken today thank you.

Mr Speaker: I thank the hon. Lady and everybody who has joined us today. I hope that they have felt uplifted by the debate.

We now come, colleagues, to the Back-Bench motion on cancer treatment. [*Interruption.*] Apparently, before we move on I should put the question on the debate on surgical mesh. I thank the specialist Clerk for his help and for rescuing me. We will now be entirely orderly.

Question put and agreed to.

Resolved,

That this House commends the recent announcement of a retrospective audit into surgical mesh for pelvic organ prolapse and stress urinary incontinence; notes that vaginal mesh has been banned in other jurisdictions such as New Zealand; further notes that NICE guidance recommends against the use of surgical mesh for pelvic organ prolapse and that no NICE recommendations have been made for stress urinary incontinence; notes that Sheffield University recently announced the development of a new mesh material; and calls on the Government to suspend prolapse and incontinence mesh operations while the audit is being carried out, to bring forward the NICE guidelines for mesh in stress related urinary incontinence from 2019 to 2018, and to commit to a full public inquiry into mesh if the audit suggests that this is the best course of action.

Cancer Treatment

Mr Speaker: Just before I ask the hon. Member for Croydon Central (Sarah Jones) to open the debate, it is my honour, privilege and joy to welcome Baroness Jowell—Tessa Jowell—together with David, Matthew, Jess and others to the Under-Gallery, in what will be an extremely powerful and, I hope, constructive debate. Can I say to you, Tessa—and I say it on behalf, I am sure, of all colleagues—that I hope you will feel fortified and inspired by the warm embrace of parliamentary love which you are about to experience? It is now my pleasure to call Sarah Jones to open the debate.

2.49 pm

Sarah Jones (Croydon Central) (Lab): I beg to move,

That this House pays tribute to the work of Baroness Tessa Jowell in her campaign to help people with brain tumours to live better lives for longer; recognises the Government's increased funding for research; and calls on the Government to increase the sharing of health data and promote greater use of adaptive clinical trials.

May I start by thanking you, Mr Speaker, after what has been a very busy week, for being here today in the Chair? I know you have two interests here today. One, obviously, is your friendship with Tessa, but there is also your interest in brain tumours, having set up the all-party parliamentary group on brain tumours. We are all extremely grateful that you are here.

I also thank the co-sponsors of the debate, the right hon. Member for Old Bexley and Sidcup (James Brokenshire) and the hon. Member for East Dunbartonshire (Jo Swinson)—unfortunately, she cannot be here today—and all the Members who helped us secure the debate. I also thank all those who have gone before us in the all-party parliamentary group—people who have spoken many times in this place with greater knowledge than I on brain tumours and cancers. I also thank the Secretary of State and the shadow Secretary of State, my hon. Friend the Member for Leicester South (Jonathan Ashworth), for being here today—it means a lot to us all.

This is a really important debate about cancer. My father died of cancer—of mesothelioma—last June, three days after I was elected to this place. No one here is not touched by cancer. However, I want to start by talking about Tessa and to tell Members a story about her.

To say that Tessa is determined in the face of adversity is a major understatement. In early 2001, she had a thought: that we should bid for the Olympic and Paralympic games. Now, if hon. Members remember, we had had the Millennium Dome, we had had Wembley stadium, we were 10th, I think, in the medals table in 2000, and we had been even worse the time before. We had quite a low opinion of ourselves in terms of our ability to construct and in terms of sport.

However, Tessa read everything there was to read, and she convinced herself that it was a good idea. She then set about convincing everybody else. She was faced by a Cabinet and a public who had no faith in this idea at all. She went round every single member of the Cabinet, one by one, and personally persuaded them that this was a good idea. She turned the entire Cabinet to her view.

She then threw herself into the bid, making sure that every single diaspora community and every sports group felt that this was exactly what we should be doing. She went to the Mongolians' national day archery demonstration; she went to the Indian craft and shooting competition. She supported community groups all over the country. She would go and talk to a group of children about how they would directly benefit, and then she would dash across the country and deliver a wordy lecture to a load of economists about the evidence base for sporting-led regeneration.

In the midst of this mayhem, she would go on holiday, but not like the rest of us would go on holiday. She would take herself off to Mumbai, where she volunteered for a charity that taught sport and life skills to children who were homeless in the slums of Mumbai. She was offered a hotel room, but she slept in a tent. Two weeks later, she would come back, after spending every day in the boiling heat helping other people, and she would feel refreshed and do round 2 of the Olympics, and we all remember what an absolutely glorious time that was, how proud of our country we were and what an achievement it was.

Now, Tessa has a new course, which has been brought about by her personal experience of a brain tumour. She has thrown herself into the campaign for people to live longer lives with cancer with exactly the same relentless optimism and total bloody doggedness as she did with the Olympics. When faced with this woman who walks through walls, never gives up and always gets what she wants, we could almost feel sorry for cancer.

Last May, Tessa was diagnosed with a high-grade brain tumour, called GBM, or glioblastoma. This type of cancer, like many brain cancers, is very aggressive and very difficult to treat. Life expectancy for patients is very poor and has not improved in decades. Some 60% of people diagnosed will die within one year, and yet only 2% of the funding for research goes to study brain tumours.

In January, Tessa led a very moving debate in the House of Lords, which I am sure we all watched. She talked bravely and openly about the reality of life with a brain tumour, but she talked of hope; she talked of hope for cancer patients across the world—hope that the revolution we need is close at hand, and hope that we can live well together with cancer. I am sure that that debate had a big impact on us all—people across the country and colleagues across both sides of the House. Today's motion recognises the tireless work that Tessa has done on this so far. It calls on the Government to improve the use of patient data to drive forward medical advances, and to promote greater use of adaptive clinical trials.

There are lots of reasons for the absence of breakthroughs in brain cancer treatment. Of course, it is partly down to resources but, as Tessa has said, it is not just about money. We need to radically transform the way in which we develop new treatments, two aspects of which I want to mention today: clinical trials and data sharing.

There is a long history of failure in traditional clinical trials for brain tumours and no vital drugs have been developed for 50 years. The proportion of brain cancer patients taking part in a clinical trial is less than half the average across all cancers. Some 97% of brain cancer

[Sarah Jones]

patients want to share their data to help to accelerate research, yet we still do not have a proper national brain tumour registry.

After her Lords debate, Tessa led an expert roundtable that brought together senior figures from the Government, NHS, industry and research. It was a powerful meeting that set out the key priorities and the innovations that we need. The event helped to secure some really important wins for brain tumour patients, including commitments from NHS England to include people who had been treated for brain cancer in the roll-out of the cancer quality of life metric. Public Health England agreed to work with brain tumour charities to explore greater access to data. The event also coincided with the announcement of £45 million of research funding into brain tumours, supported by both Cancer Research UK and the Department of Health. It is a testament to Tessa that she can invoke such love and respect from colleagues of all sides and still be at the forefront of this process. Only this week she was in the Department of Health at the first meeting of the steering group that is looking into this, chaired by Lord O'Shaughnessy. But there is still a long way to go.

The Government are currently considering a raft of recommendations around these issues. I have two specific asks. First, this situation can only change through a global community working together collaboratively. This international movement exists; there are people who want to do this. We just need the structures in place and the barriers removed.

Secondly, we need a clear and conscious shift to new, more innovative models of treatment and care. We need a culture of research within the NHS, with wider access to adaptive clinical trials. The Cambridge model at Addenbrooke's Hospital has seen patient involvement in research grow to 80%. That should not be the exception; it should be the norm.

Jonathan Ashworth (Leicester South) (Lab/Co-op): My hon. Friend is making an eloquent and remarkable speech. As I cannot stay for the whole debate, I hope that I may—with the indulgence of the Chair—make a brief intervention to say that Tessa Jowell is an inspiration to us all. On behalf of the shadow Cabinet, I pay tribute to her today. I know that all Members of the House find her bravery extraordinary. She has achieved so much, and we will work constructively with the Government to implement many of the recommendations that my hon. Friend is outlining.

Sarah Jones: I thank my hon. Friend for those lovely words and for the commitment to all work together, as, of course, we must.

Before I draw my speech to a close, I want to mention one more person by name. Jack Lloyd is 10 and lives in New Addington, in my constituency of Croydon Central. Jack has a brain tumour that is inoperable. His tumour was initially treated successfully but, sadly, another developed. Jack and his parents are facing the worst horror imaginable. He was only diagnosed after his mother, Claire, typed “child with persistent vomiting” into Google, and the HeadSmart campaign run by the Brain Tumour Charity came up. Claire told me that she did not for one second think that having a brain tumour

was even a possibility for children; it was not something that she had come across before. In fact, brain tumours are the single biggest cause of cancer death among children. Some 7,000 children and young people are currently living with the disease. Jack's experience is not unique. Almost half of patients with brain tumours are diagnosed by emergency admission, compared with only 10% of cancers overall.

Jack and his family are strong, and they are doing everything they can to give him the best possible time in the time that they have. He was a mascot for Crystal Palace at Selhurst Park in March. Claire has other surprises planned, but I do not want to say what they are in case Jack is listening. Jack's family have worked with the Brain Tumour Charity to spread the message that tumours exist; that people need to know more; and that we need to improve funding, data sharing, and developing new treatments. Claire's message to this place is that her son cannot die in vain. That is a powerful call to action—and one that I know we will all hear.

It is knowing Tessa, having worked for her on the Olympics and since being her friend—she helped me get to this place and gave me massive support—that brought me to the issue we are debating today. There is something uniquely pervasive about cancer. But perhaps it is precisely because it is so pervasive that there is hope, because the battle is personal to so many people. That is why I am confident that, with the good beginning that the Government have made, real progress will be made today and beyond.

I know that the debate we are about to have will be difficult. People will be talking about their personal experience and the lives of their constituents. I know the debate will be comradely, because that is what Tessa would want—she always believes the best in people and never assumes the worst. I know that some of what we say will be hard. This will be an emotional debate, but one rooted in determination: for Tessa; for my dad; for Jack.

3.1 pm

James Brokenshire (Old Bexley and Sidcup) (Con): I am very grateful to the Backbench Business Committee for enabling the House to debate these important issues this afternoon. It is a pleasure to follow the hon. Member for Croydon Central (Sarah Jones), who introduced the debate in such a powerful and effective way.

I do not think that anyone who watched Baroness Tessa Jowell's speech could have been anything but moved by her powerful and poignant words. I know it moved me, having got to know, like and respect Tessa over many years for her work in Government and in the House, and for the way she is able to bring people together from across politics with a very constructive, focused and tenacious approach just to get things done.

The timing of Tessa's speech also touched a particular chord with me, coming as it did just a week or so after my own surgery to remove a tumour from my lung. It was a brave, humbling and inspiring speech in equal measure, with her very personal description of her brain tumour and the impact it has had on her, her call to action to secure more funding for brain tumour research, and her stressing the need for more effective clinical trials and the joining up of analysis and data.

But fundamentally, what shone through in Tessa's words was a profound message of hope—hope for the future; hope in the face of her own physical adversity—and her unstinting passion to secure positive change for the benefit of others. So many debates in this House or in the Lords, while passionate and important, can sometimes appear sterile, perhaps a little arcane, with discussions of statistics, policy or implementation of points of law. Tessa's speech cut through all that to focus on the human condition: the life well led, what gives it meaning and purpose, and the overriding power of human kindness, compassion and love.

Tessa's campaign has already made a difference. I warmly welcome the positive response from the Government by the Prime Minister, the Health Secretary and Members across Government to make change happen.

The Secretary of State for Health and Social Care (Mr Jeremy Hunt) *rose*—

James Brokenshire: Perhaps I can give way to the Health Secretary on that point.

Mr Hunt: I am most grateful to my right hon. Friend. I wonder whether, on behalf of the Prime Minister and the Cabinet, I could follow the shadow Health Secretary in commending Tessa's campaigning. Most people come to this place hoping to leave a legacy, but she has left not just one legacy, but two—her amazing achievements with London 2012 and her amazing campaigning on cancer. It is our privilege to take part in this debate and our duty to act on what she says.

James Brokenshire: I am extremely grateful to my right hon. Friend for underlining what can and will come out of this debate, which is continued momentum and a sense of purpose to bring about real change. Like the debate in the House of Lords, today's debate should be a day not for political difference, but for how, together, we can all play our part in securing positive change to ensure that we use the best science to help beat cancer, and to offer the best support to those living with or beyond the disease.

After nearly eight years as the Member of Parliament for Old Bexley and Sidcup, this is my first opportunity to address the House from the Back Benches. While this is most certainly not a maiden speech, I hope colleagues will understand if I place some of my comments in a very local context. A few weeks ago, I was contacted by Lisa and Matt Taylor, the parents of young Olivia Taylor. In January, when Olivia was 17 months old, she was diagnosed with a large slow-growing glioma tumour, which is located at the centre of her brain. By February, Olivia had lost her sight and many other cognitive functions.

Olivia is no longer able to know whether it is night or day, impacting on sleeping patterns not just for her, but for the rest of the family. Because of its location, sadly the tumour is inoperable, and Olivia is receiving chemotherapy to keep the tumour stable and to help retain as much of her quality of life as possible. She is a very brave little girl and clearly surrounded by so much love.

As a parent, I find that a heart-breaking story, and the family face an incredible strain in meeting Olivia's immediate needs and those that lie ahead. Despite all

this, I have been struck by their hugely positive outlook in ensuring that Olivia has happy memories and that she has access to all the right support. They have launched a campaign with the hashtag #KeepOliviaSmiling to help to raise awareness of the signs and symptoms of brain tumours in children and the need for early diagnosis.

Brain tumours are the biggest cause of preventable or treatable blindness in children and the family believe that if the signs of Olivia's tumour had been spotted sooner, her sight might have been saved. The campaign is also intended to help raise funds to support future treatment for Olivia, which might not be available in the UK. The family have highlighted to me the need for better join-up between hospitals on available treatments, accessibility to international trials and the need for greater research in childhood brain tumours, which can develop in different ways from adult tumours.

I warmly welcome the additional £45 million investment in brain tumour research, which has been committed by the Government in conjunction with Cancer Research UK. I hope that in winding up the debate the Minister will be able to commit to ensuring that part of that funding is used to advance our understanding of, and deliver new treatments specifically for, brain tumours in children. Making a difference in individual cases such as Olivia's is precisely what today's debate is all about. I hope that, in some way, today we too can help to keep Olivia smiling.

There is no doubt that the science and analysis of cancer are advancing rapidly. Increasing amounts of patient data are being generated, as well as much greater recognition of the ways cancer develops and the individual mutations that can cause one tumour to behave in a completely different way from another. The challenge, as we heard from the hon. Member for Croydon Central, is co-ordinating the data in a consistent way that leads to more effective treatments and therapies.

One example of that is genetic analysis to help predict a cancer's evolutionary path. I commend Cancer Research UK on its support of the innovative and significant work to examine the genetic make-up of individual tumours. I recently gave permission for a sample of my own tumour to form part of this molecular research. I hope that in some small way that might add to our understanding of the disease.

Such work is clearly leading to much clearer analysis not just of the nature of individual cancers, but of treatments and immunotherapies that are more likely to be effective for the patient. Rather than talking generally about cancer in a particular organ, we are increasingly able to talk about the nature of a specific tumour for that individual. That is a potential game changer, but it also raises new challenges and potential restrictions that must be overcome if we are to make the necessary progress.

I believe that the UK can be a world leader in this new era of precision medicine, driving forward innovative research to deliver new treatment options, but that will take time, when time for many is a precious commodity. That is why the use of adaptive clinical trials remains important. Yes, there are existing routes for new drug treatments to be made available, such as the early access to medicines scheme, and the cancer drugs fund, but we should be prepared to be more radical.

I pay tribute to the work of the incredible people in our NHS who deliver the care and compassion that Tessa Jowell rightly highlighted. They are amazing, and

[James Brokenshire]

having received significant NHS treatment and support over recent months, I know just how special they are. I also want to recognise the huge impact that charities such as Cancer Research UK, Macmillan Cancer Support, the Brain Tumour Charity, and the Roy Castle Lung Cancer Foundation have on the lives of thousands of people.

We need to do more as part of the broader cancer strategy, and I will return to a number of topics on another occasion, but we should be positive about what we can achieve, the difference that can be made and the outcomes that can be secured if we work together. In connection with that, some of Tessa Jowell's own words from her speech in the House of Lords bear repeating:

"I hope that this debate will give hope to other cancer patients like me, so that we can live well together with cancer—not just dying of it—all of us, for longer."—[*Official Report, House of Lords*, 25 January 2018; Vol. 788, c. 1170.]

That inspiring message is one that we should all take to heart.

3.12 pm

Helen Hayes (Dulwich and West Norwood) (Lab): I congratulate my hon. Friend the Member for Croydon Central (Sarah Jones) on securing this important debate, and I am grateful to the Backbench Business Committee for allowing it time. It is a pleasure to follow the right hon. Member for Old Bexley and Sidcup (James Brokenshire), who so powerfully shared his own experience of cancer and cancer treatment.

I pay tribute to my friend and predecessor as MP for Dulwich and West Norwood, Baroness Tessa Jowell of Brixton, who has inspired this debate. When I was selected as the Labour party candidate for the 2015 election after Tessa had announced that she was stepping down, four words seemed to come instantly to everyone's lips as I went around the constituency speaking to people: "big shoes to fill". They certainly were.

As a constituency MP, Tessa helped and supported countless individuals and families facing the most difficult of circumstances with compassion and tenacity. My strong memory of my first experiences of doorstep campaigning in the constituency is of how many people offered, unprompted, their gratitude that Tessa had helped them, often going above and beyond the call of duty. More than that, Tessa worked to deliver lasting change for our communities in Dulwich and West Norwood, by campaigning to secure investment to deliver not one, not two, but five brilliant new schools in the constituency. As a Labour Minister, she established the Sure Start programme, which was the fruit of her lifelong passion for supporting parents and babies to address disadvantage early and to enable every child to thrive. Sure Start centres made a difference across the country, including in Dulwich and West Norwood, where they are still highly valued by parents and carers. Through sheer inspirational determination, Tessa also delivered the greatest celebration of London and Londoners that we have ever known—the 2012 Olympics.

Across everything she did as our MP, Tessa established a clear and principled way of doing politics, based on listening to, engaging with and responding to the concerns of local residents; identifying and working on the issues

that matter to all of us and that bring people together; using the currency of personal stories, compassion and kindness rather than trading in statistics and cheap political shots; and, most of all, seeking to empower people and to tackle disadvantage and adversity head-on. It is therefore no surprise to Tessa's many friends in Parliament, in Dulwich and West Norwood, across London and beyond that she is now using the very difficult personal circumstances of her brain tumour diagnosis to work to make a difference for other people in the same circumstances. It is no surprise, but it is remarkable in a situation where many of us would be focused only on our immediate loved ones, and it is extremely brave.

My own family knows the pain of brain tumour diagnosis. In 1983, at the age of 66, just a year after he had retired from his career as a bus driver and spent his life savings on a small house with an indoor toilet and a garden where he could grow his beloved dahlias, my grandfather George Hayes died from a brain tumour. Seven years later, in a situation so statistically rare that doctors had to be persuaded to take her symptoms seriously, my grandmother, George's wife Olive, also passed away from a brain tumour, at the age of 71. We know as a family the fear and anxiety that such a serious diagnosis brings, the hopelessness of finding that there is very little that can be done, and the pain of watching loved ones deteriorate and lose capacity at the hands of such a cruel disease.

My first thought when I learned the horrible news of Tessa's diagnosis was of grandparents George and Olive, and my second thought was that the treatment and prognosis for brain tumours must be much better now than it was then. I looked up the statistics, and was shocked to find that, although brain tumour survival rates have doubled since the 1970s, it is only from 6% to 14% compared with a 10-year survival rate of 50% across all types of cancer in the UK. Brain tumours kill more children and adults under the age of 40 than any other cancer, yet just 1% of the national spend on cancer research has been allocated to brain tumour research. As a consequence of this lack of funding, there is a shortage of drugs, and patient participation in clinical trials for brain tumour patients is extremely low—just 6.4% of adults compared with 61.4% for leukaemia. The survival rates for brain tumour patients after one year are less than 40%; after five years, less than 20%; and after 10 years, just 14%. Time is short for patients and their families.

Tessa has rightly called for more funding for research into treating brain tumours, but she has importantly also called for a more flexible approach to participation in adaptive trials. Such trials allow patients who have a diagnosis that without a breakthrough treatment will certainly be terminal to add new drugs to their treatment plan, or to switch between new medications in a trial rather than having to wait sequentially for each trial to conclude. They are really important. It is also important that better ways are found to share the data from brain tumour patients in order that it can be used for research. This is what most brain tumour patients want, and it is what most members of the public would want, faced with an illness that cannot be cured. Our experience and our data should be used to try to improve the prognosis for others in future.

Tessa has also called for improvements in the way that treatment is provided to brain tumour patients and the wider environment of care. There is still too much variation across the country in diagnosis, referral-to-treatment times, access to specialists and clinical trials, and palliative care for those who need it. We have in this country exemplary services in all of these areas, but they are not available to every patient. That must change. Everyone with brain tumour symptoms should be diagnosed as early as possible; be referred to a specialist centre with access to the most up-to-date surgical techniques and drug therapies; and have access to the very best support services, including counselling as well as physio and occupational therapy. If and when the time sadly comes, everyone should have access to the gold standard of palliative care, which exists in some parts of the country but which is currently not available everywhere.

I welcome the Secretary of State's engagement with Tessa's campaign for better research, access to clinical trials, treatment and care, along with the work of the brain tumour Task And Finish Group, Brain Tumour Research and others, but we must make change happen. It is our commitment, Tessa, and my promise on behalf of all those who love you in Dulwich and West Norwood that, collectively, we will take on your campaign, and that your vision of people living better lives for longer with cancer, and with brain tumours in particular, will become a reality.

Hon. Members: Hear, hear!

Several hon. Members *rose*—

Mr Speaker: Order. It may have to be reduced, but we will start with a limit on Back-Bench speeches of six minutes each. I call George Freeman.

3.20 pm

George Freeman (Mid Norfolk) (Con): May I say what a pleasure it is to follow the hon. Member for Dulwich and West Norwood (Helen Hayes)? She spoke with great passion and authority.

Thirty years ago this month, my father developed a cough and two months later he was dead from throat cancer. Being a man of that generation and age, he had never taken his health too seriously. He had never been for a check-up and had never received the care and treatment that would now follow, so what I say today is partly for dad. Eighteen months ago, I heard from a childhood friend of mine, Charlie Williams, that he had been diagnosed with the same form of brain tumour that Tessa has. Last week, Charlie posted on Facebook that he did not expect to see the next year out, so this is for Charlie.

I want to start by paying tribute to you, Tessa, for what you said in that remarkable speech. You spoke for us all, and to us all, and you spoke to the patients of this country not only with your condition, but with every other form of cancer—the patients I had a career working with who want us to make a difference for them. They want warm words, yes, and there were no words warmer than yours, Tessa, but they want us to turn the warm words into action. I believe that is the spirit in which we gather in this Chamber today, so this speech, Tessa, is for you.

Having come to this House after a career in medical research, it was my great privilege to be asked to lead, on behalf of the Government, a brain tumour research debate in Westminster Hall two years ago. I say this without a shred of criticism of my officials, who were simply doing their job, but the speech that I was given to read out said, as diligent speeches written by officials so often do, “There is no problem here. Move along. Everything is in good shape. Money is limited.” I read it with great respect, but I also listened to my colleagues with great respect, because unlike officials, we are sent to represent the people who put us here. As Tessa spoke for us all, I think it is our duty to speak always for the people who send us here.

I surprised my officials that day by announcing, as Under-Secretary of State for Life Sciences, that we would indeed create a taskforce to look into brain tumour research, never thinking that 18 months later my great friend the Secretary of State would announce £45 million of extra funding, in addition to the extra funding that he has recently announced on prostate cancer. That is a sign that, if we listen and speak on behalf of the people who put us here, we can make a difference, which is what Tessa wants us to do on her behalf and on behalf of all those people who send us here and the many patients around the country who are more impatient than anybody.

As you and patient colleagues know, Mr Speaker, I had a career in medical research. I want to highlight three important parts of this debate, the first of which is the new models of research that are coming—I was involved in my professional career in developing them. Secondly, I want to highlight the importance of patient voice in that model, and thirdly the importance of bold reforms to accelerate access to new treatments for our NHS patients.

My right hon. Friend the Member for Old Bexley and Sidcup (James Brokenshire) referred to precision medicine. The truth is that the life sciences sector that I joined 25 years ago is undergoing a profound transformation. The sector that I learned about was basically in the business of making blockbuster medicines that work for everybody. It would start with a theoretical drug target and, after 15 years, \$2 billion on average and an 80% failure rate, drugs would be developed and eventually brought through regulation to the all-too-patient patients who were waiting for the approval.

In the new model, based on the genomic information that we have and phenotypic hospital records, we are able to look at a population and know which are likely to respond to the drug and which are not. We can start with the patients that we know are likely either to respond or to receive the disease, which means that we can start with the patient. With patient consent, we are able to start with their tissues, their genetics and their hospital records, and we are able not to end with a patient waiting patiently for the system to authorise a medicine, but with patients volunteering up-front to be part of that research.

It has been my privilege in my professional as well as my political career to work with inspired NHS clinicians around the country who have been leading this model. I pay tribute to the work of Cancer Research UK as an organisation, but also to Harpal Kumar, whose leadership of that organisation has been transformational.

[George Freeman]

We should be inspired by the fact that breast cancer is now 95% curable. We are within living, touching distance of cancer being a preventable disease or a treatable disease. More than 800,000 people are now living and working with cancer: it is not the death sentence that is used to be. We are in the midst of the most phenomenal revolution led by cancer. We should applaud those involved and learn the lessons of how they have managed to do it, largely through genomics and informatics.

I will share with the House a story that illustrates where the value in the new model lies. During my last project before I came to Parliament, I was working with an NHS clinician who, at the end of the meeting, pointed to a shelf in his office and asked me, "Do you think there is any value in that?" I said, "What is it?" He said, "It is all the data from a £25 million study of 250,000 women at risk of gynaecological cancer, funded by the Medical Research Council and Cancer Research UK." I said, "What have you got?" He said, "All the blood samples, all the genetic samples, and their patient records." "That should be the Ageing Biomarker company," I said. "We should form a company around that asset, because it will help us to identify ageing biomarkers."

The Parliamentary Under-Secretary of State for Health (Steve Brine): May I place on record at this point the work that my hon. Friend has done to get us to this point? He is very modest in not saying too much about it himself—although he mentioned the Westminster Hall debate and the way in which he went out on a limb in response to it—but his understanding of the business and this fight has taken us a long way towards where we are today. I hope he can now conclude his speech as he needs to.

George Freeman: That is very kind. I take the hint from my hon. Friend.

The assets that we have in our health system are phenomenal assets to drive this research model, and I think it is our challenge to release them, but in order to do so, we need patient consent. However interventionist we are as Ministers, we as a system will not and cannot release data on tissues and genetics without patient voice. This research model requires us to empower patients and the charities that speak to and for them. I would like us to think about setting up disease portals in which patients can slide the consent bar on their phones, share their records, and help the charities to drive research.

Finally, we need to accelerate the uptake of innovative medicines in the system, which is what the accelerated access reform that I put together with my right hon. Friend the Secretary of State was all about. I dream of—I think we are within touching distance—a model in this country enabling the NHS to use its genomics and data to drive research. If we reform NICE to drive accelerated access, we give Tessa and the people for whom she spoke the legacy that they really want. We will make this country the leader not just of research, but of accelerated uptake of new treatments.

3.27 pm

Mr Steve Reed (Croydon North) (Lab/Co-op): I congratulate my hon. Friend and neighbour the Member for Croydon Central (Sarah Jones) on securing this

important debate, and on making what I thought was a remarkable speech. I remember her telling me, days after her election, about the loss of her father. It was such a keenly felt loss, but I know how proud he must have felt to see his daughter enter this place—I think he hung on to see that happen. Had he heard her speech—and perhaps he did—I think that it would justify every ounce of his pride in her.

I will start by paying tribute to Tessa Jowell, if I may. She was one of the Members of Parliament representing the London borough of Lambeth when I was first leader of the opposition and then leader of the council. She was a fantastic, supportive local MP. Despite her serious, significant roles in Government, she was always available to talk to me about my role and the community that we both cherished and loved and for which we wanted to do our best. She became my mentor, and she became my friend.

Tessa was always thinking about how we could do more to help people, particularly the most vulnerable. We worked together to open schools and Sure Start centres. I particularly remember that in the mid-noughties, when there was that terrible spike in violent youth crime and knife crime—similar to what we are seeing now—in Tessa's beloved Brixton, where she had started her career as a social worker, she took me to see a community-led project called Exit on the Moorlands estate, one of the most deprived inner-city estates in the country, where there was a horrifically high level of youth engagement in violence. Young people knew by name others who had been killed, including friends.

Tessa took me to see that project, which had been set up by the community. It was supported by youth workers and the police, but with the community in charge, and it was making a dramatic difference to the life chances of those young people by getting them out of danger—getting them out of gangs and steering them back on to a safer path that was giving them back the future that should have been theirs as a birthright. Tessa took me to see that project not just because she wanted the council's support for it, but because she was teaching me an important lesson: it was not my job as a politician to find the answers for people; it was my job as a politician to help people find the answers for themselves, because they would be better answers. I have brought that lesson with me into Parliament; like many of us, I would not be here if it was not for Tessa, and Tessa taught me that people-based politics.

That same compassion, empathy and drive to support and help people is what has led Tessa to turn this great personal challenge in her own life today into a way to bring about change to help others. For that reason, as well as many others, I am very proud to stand here today and support Tessa's campaign.

As we have been hearing, brain tumour research is underfunded and undervalued compared with other types of cancer research, despite the fact that it kills more people under the age of 40 than any other type of cancer and is the biggest killer of children of any kind of cancer. So we need to match the progress made in survival rates for other forms of cancer, such as leukaemia and breast cancer, by focusing much more on brain tumour cancer and what we can do as a country and a society to help people who find themselves living with that form of cancer.

Joan Ryan (Enfield North) (Lab): May I join my hon. Friend in paying tribute to the courage and bravery of our friend, Baroness Tessa Jowell, and particularly her significant decision to make her medical data available? Does my hon. Friend agree that, given the low level of participation in clinical trials, if we are to achieve much better results for patients, the Government and all of us must do much more to encourage participation in these trials in all of our local areas and in our national politics?

Mr Reed: I thank my right hon. Friend for that well-timed intervention. We absolutely need to boost participation in clinical trials. Only 6.4% of adults with this particular form of cancer take part in those trials, whereas over 61% of people with leukaemia participate, so there is a clear need for a major increase in the numbers participating in these trials if we are to get the data we need to learn. I join my right hon. Friend, too, in congratulating Baroness Jowell on her historic decision to become the first patient to consent to share her data fully and openly, in order to speed up the discovery of new cures and ways to help other people; she is an example to so many people in so many ways, but here again we need to learn from Tessa's example, because that is how we will help to find a cure for this terrible form of cancer.

I say to Ministers, who will be responsible for regulation as well as funding, that it is important that regulation is not drawn so tightly that it does not allow for innovation and for new treatments to be developed. We must be open to doing things in different ways and to learning from failure as well as success; we cannot regulate against failure, but we can always learn from it so that we can improve.

We must increase the funding going into the kind of research that will find a cure for this form of cancer and put it on a par with other, perhaps more high-profile, forms of cancer that have attracted levels of funding that are making a bigger difference. In that respect, I put my name on record in welcoming and congratulating the Government on the increase in funding of £45 million—I believe that is the figure—announced since the very moving debate, which many of us attended in the House of Lords, led by Tessa Jowell.

Tessa has been a fighter all her life and now she is in the fight of her life, but how typical it is that she has turned it into a fight to allow others to live well, live better and live longer. Every one of us in this Chamber, and many others beyond, are proud to stand with Tessa today. I would like to say this to her, if I may: Tessa, you have all our love and all our respect. Please keep going and keep being the inspiration to all of us that you have always been.

Hon. Members: Hear, hear!

3.35 pm

Fiona Bruce (Congleton) (Con): In the short time that I have to speak in this debate, I should like to focus on two areas. I want to talk about the important progress that needs to be made in the drive to fight prostate cancer and also, briefly, about the need for more attention to be given to the link between alcohol consumption and several cancers. First, let me say that I appreciate the fact that the Government are committed to improving the cancer services offered by the NHS, and to making

the UK a world leader in cancer research, diagnosis, treatment and care. Many innovations have been introduced, including the cancer drugs fund and the implementation of the independent cancer taskforce's strategy. Cancer survival rates are now at a record high, and our access to the world's leading cancer drugs continues to improve. However, there is always more to do, and that is certainly the case with regard to prostate cancer.

Prostate cancer is the most common cancer in men in the UK. It affects one in 10 men, so barely a family in the land will be unaffected. Indeed, my own grandfather died of it. More than 40,000 men were diagnosed with prostate cancer in 2016, and just over 10,000 men die of it each year. It is relatively rare in men under 50, but it gets more common as men get older, and the average age of diagnosis is between 70 and 74, which is often too late. It has been recognised that earlier diagnosis is the key. The Prime Minister and Health Ministers have considered what more can be done on prostate cancer, and they are looking at a range of options for further activity and taking expert advice. It is clear that the strongest chance of health gain lies in more research—particularly research that focuses on early diagnosis—together with innovative new treatments and care for men with prostate cancer.

I am pleased that, just a few days ago, the Prime Minister announced a very welcome £75 million plan to launch new research into prostate cancer. This will build on the already strong portfolio of prostate cancer research being done, and on the considerable investment that is already being put in. I know that the Department of Health and Social Care works closely with Cancer Research UK, Prostate Cancer UK, the Medical Research Council and others via the National Cancer Research Institute, which is a strategic partnership of the major UK funders of cancer research, and that the spending by that partnership on prostate cancer increased from £17 million in 2011-12 to £26 million in 2015-16.

As I say, more needs to be done, and the Government have indeed announced that substantially more will be done to help the thousands of men affected by this disease every year get treated earlier and faster. More than 40,000 patients will be recruited into prostate cancer studies over the next five years. Those studies will include trial testing, keyhole surgery, different types of radiotherapy, high-intensity focused ultrasound and cryotherapy. Other studies are seeking to identify predisposing hereditary genes, which could help to identify men at high risk, and this will include focusing on men with a family history of prostate cancer and also on black men, one in four of whom will develop the disease. Work will continue on supportive interventions, including exercise and dietary advice, and on the one-stop cancer shops being piloted in 10 areas to catch cancer early and speed up diagnosis, particularly for those suffering with less obvious symptoms. I appreciate the Secretary of State's announcement that these plans will refocus the Government's efforts to develop new treatments in this field.

I now want to touch on the link between alcohol and cancer. Over recent years the Government have exhibited admirable leadership by introducing a range of tobacco control legislation, helping people to reduce smoking, and they are now doing similar work to tackle obesity. Those are both high cancer triggers, and I applaud the Government for that work. Perhaps less recognised is the fact that alcohol can also be a cause of cancer.

[Fiona Bruce]

As chair of the all-party parliamentary group on alcohol harm, I believe that this issue needs more attention from the Government, in the same way as they have looked at smoking and obesity. Indeed, consuming too much alcohol can increase the risk of at least seven types of cancer: bowel; breast; laryngeal, or cancer of the voicebox; liver; mouth; oesophageal, or cancer of the foodpipe; and pharyngeal, or cancer of the upper throat. Without being conscious about how much we drink, there is a risk that many people are drinking in a way that causes those cancers and that is preventable.

I ask the Government to do more to encourage people to drink responsibly to reduce cancer risks, as well as many other health risks. One way would be for the Government to help people better understand what 14 units a week, the amount in the chief medical officer's guidelines, really means. I also ask the Government to meet me and the all-party group to discuss improving the labelling of low-alcohol and non-alcoholic drinks. That would do much to help change habits, promote responsible drinking and prevent cancer and other health risks that can come from drinking even slightly above the chief medical officer's guidelines.

3.41 pm

Peter Kyle (Hove) (Lab): Thank you, Mr Speaker, for being present in the Chamber today. I know that you take the Chair most Thursdays, but I choose to interpret your presence today as a testament to Tessa. He is not in his place at the moment, but it is worth recognising that the Secretary of State was present not just during today's debate but in the debate in the Lords. That was recognised by many of us and very much appreciated.

I want to start by talking about my mum, Joanna Kyle, later Murrell. In 2011, my mum presented to doctors with severe back pain, for which she was given medication but no further tests. In the 18 months that followed that visit, she went to doctors and clinicians and to hospital no more than a dozen times with the back pain, which never went away and only got worse. She was sent for numerous tests on her back, but on her final visit to the GP, when her husband said, "Please run more tests because the pain is not going away," the GP simply replied, "Why on earth would I do that?" A week later, my mum collapsed. She was taken to hospital and diagnosed with stage 4 lung cancer. Within a month, she had died. Her mother had lung cancer, my mum had been a smoker earlier in her life—one would have thought that those were the sort of things that would have been picked up much earlier.

At the point at which my mum was diagnosed, she had only a 21% chance of living a year. If she had been diagnosed at the point at which she first presented to the doctors, in all statistical likelihood she would have seen me, her son, enter the House of Commons. There would have been a very good chance that she would have been here today or, most likely, outside enjoying the weather at her house in Devon.

My mum was not a complainer. She did not push herself forward, and she did not complain, thrust or make sure she got all the attention she needed. This is a good link from my mum to Tessa. Many people who do not know the relationship I have with Tessa might not

see the link between my mother and Tessa, but for me it seems very logical. Tessa has always played a very strong and maternal role in my life, always—always—pushing me forward. For me, the link is an easy one. Tessa, too, is not a complainer, but my God she is a doer. She has always got things done and it is easy to pay tribute to her not just for her stellar career and achieving the Olympics but for her wonderful family. These debates in Parliament are the best testament to her, because amid the anguish of living with cancer, Tessa's first instinct is to make life better for others.

Mr Tanmanjeet Singh Dhesi (Slough) (Lab): Does my hon. Friend agree that although we pay tribute to the incredible bravery and determination of Baroness Tessa Jowell, we also need to pay tribute to the amazing work of Cancer Research UK, which has an impact not just in our country but around the world?

Peter Kyle: Of course I do. My hon. Friend makes an important point. Tessa, too, has been linking with many organisations, bringing them together and focusing attention on them but, just because that is so typically Tessa, it does not make it any less remarkable.

For brain cancer to be tackled, three things must happen. We need to sort out funding, innovation and the use of data, and I will speak about the data. The working group set up by the Department of Health and Social Care said that brain tumour patients would like "their health data to be used for research to speed up development of new treatments. Regulators should respect these wishes."

Lord Freyberg said in the debate in the other place that Britain has a "globally unique research asset" in the NHS. We have cradle-to-grave records covering millions of people, and examples from those records could revolutionise care and research. Those records need to be much better utilised.

That is the data at the very top, but we now see in America how Apple is revolutionising the use of health data down to the individual. Last month a dozen healthcare providers in the US partnered with Apple to provide health records directly on to patients' phones via an app. The information is presented in a way that incentivises healthy choices and empowers patients not only to make the right choices but to have a more natural relationship with their health and health information, and with the professionals who provide it. With our NHS, we have infinitely more potential than any other country on earth to revolutionise health research and the way we manage and maintain our own health. We need far more ambition to realise that.

I end with another quick word about Tessa, because I would not be here if not for strong women like Tessa pushing me forward way before I came to this place and way before I got into politics. In all those situations I knew Tessa and felt her guiding hand gently pushing me forward. She gave me the kind of mentorship that people need. I have articulated to her many times that it has always been a source of regret that we were never able to sit on these Benches together, because I believe hers is the sort of mentorship from which somebody like me would really benefit as they enter this place.

Tessa, to be here today in the same Chamber as you, and to be sharing these green Benches with you for these few moments, is something I will remember for the rest of my life.

3.47 pm

Kevin Foster (Torbay) (Con): It is a genuine pleasure to follow the quality of speech we have just heard from the hon. Member for Hove (Peter Kyle). He may not know it, but we are similar in both having lost our mothers to cancer.

My mother, Linda, was diagnosed with bowel cancer back in March 2011. By that point the cancer had spread to her liver and lungs. She had a couple more good years with us, but she had reached the point where, despite all the treatments, the cancer's progress could not be stopped. She was very stoic in the face of it.

I was a councillor at the time, and my mother knew I had to take time away from my duties. I remember her saying from her hospital bed, "You do know you can tell people about it?" That was quite a decision for her, because she was usually quite a private person—she was always the person in our family who was not ill or unwell. She did not usually want to talk about her issues, but she was clear that I should talk and tell people about it: if people saw my position, I would get publicity and people would want to know why I was away. The idea that I was spending my weekend with my mum and my family is very different from the idea that I was helping my dad care for my mum when she had just come back from hospital.

All the way through, my mum was keen that her experience should be talked about, and she would be pleased that, even today, it is still being mentioned, because she wanted people who have a suspicion to go and get a test and to find out about it. It is better to find out than to worry and not do it.

My mum was 56 when her cancer was picked up in March 2011, and the irony is that my father had been 60 the year before and they had received the bowel cancer test kit for him in the September or October. He dutifully did what he needed to do with it in the bathroom and sent it back. Of course, it came back clear. Had my mother used the kit, it may well have been a very different scenario. The key thing that came out of it for me is that her tumour was located up, over and right the way back down in her bowel, so the more visible signs did not show. There would have been no blood in the toilet because the blood would have dissipated through her system. But a test would have picked it up, which is why it is so important to me that that message is heard, because people do sometimes think this might be embarrassing and find that when they read the instructions of what to do with the test it sounds a bit odd. There is nothing to worry about. People should not just use it because they are feeling ill; they should use it because it is there and it can tell them that there is something wrong.

The Minister spoke briefly to us before we came into the Chamber and I hope, given my family's experience, that real consideration is being given to how the faecal immunochemical test can be expanded and, thus, help save more lives, particularly among the under-60s. The fact that this was started at 60—it was a good initiative, which has helped saved lives—almost sent a message of, "Well, when you're 60 you might get this", whereas plenty of people younger than that get it. Sadly, my mother passed away from bowel cancer at 59, before the age at which she would have got the test in the post in order to try to identify whether she had the illness.

My mother's case highlighted one other thing, which we have seen in other cases: once a doctor has concerns, it is important that we can get the tests done quickly to identify exactly what is wrong. With my mother, it was unexplained anaemia and stomach pain that finally triggered the test to be done, but it can be all sorts of complaints. The hon. Member for Hove (Peter Kyle) gave the example of something being wrong but we cannot quite pin down what. I know the ACE—accelerate, co-ordinate, evaluate—centres are being created, and I am interested to hear the Minister's comments about how he thinks they can be expanded and developed. Where a GP has a concern with a patient—where something seems to be not quite right but they cannot put their finger on exactly what aspect of cancer it might be or whether it is cancer—we need the ability to get the tests done and a diagnosis made quickly, which then means treatment can start.

It is absolutely right to say that cancer is not the death sentence it once was and it is not taboo to talk about it, as it once was. The only thing my mum hated was when anyone called it "The big C". She said, "Oh, for goodness' sake, if you are calling it 'The big C' you might as well say what it is. What a load of nonsense!" That was her reaction; she wanted us to call it cancer, because that is what it is. She used to say, "Look, I've got bowel cancer. It is not bowel with the big C. It is bowel cancer." That was very much her view. For some people, that description helps but for her it gave the idea of not being up front about what it is and this was about being able to get treatment. So I hope something good can come out of her experience.

Thankfully, more people are surviving cancer than used to be the case, but this sort of debate is so important. I say that, first, because it brings this up and it is about sharing personal experience. No one is immune from cancer. I know my family history and I know that in my mid-50s there are some tests I need to have. My mum was worried that I might have her genetic condition and so be more liable to get this, but I just said to her, "Well, if it is, the one thing we can guarantee is that I am going to be one of the monitored people in western Europe for that particular condition. Don't be embarrassed about it, mum." This was certainly an informative experience for me, and I do hope we can do more. I hope that the result of this debate is that more people can be helped and we can get the death rates down even further.

3.53 pm

Heidi Alexander (Lewisham East) (Lab): It is a genuine privilege to speak in this debate, and I congratulate my hon. Friend the hon. Member for Croydon Central (Sarah Jones) and the right hon. Member for Old Bexley and Sidcup (James Brokenshire) on securing it. It is entirely appropriate that this debate has been led by two south London MPs. As a fellow south Londoner, may I start by saying what a special place in our heart is occupied by the very noble Baroness Jowell? There are some people we meet in life who radiate positivity, and Tessa is one of them. She has a lightness of step but a firmness of view that is a formidable combination; there was no way those Olympics in 2012 were going anywhere but London! It is right and proper that this House has the chance to debate her latest and perhaps most important campaign: the need to increase research on, and improve outcomes for, individuals diagnosed

[Heidi Alexander]

with brain cancer. The figures on research funding, and the availability of effective drugs and treatment, speak for themselves, and I will not repeat them, as I know time is short.

Last year, I lost two people close to me to cancer. One was my father-in-law, Nigel Ballantyne. I hesitate to say what I am about to say, as I have questioned whether my own grief has skewed my perceptions of the care that he received. I do not think it has. I also hesitate because I wonder whether today is the appropriate time to raise these issues, but I have concluded that Tessa would not want me to pull any punches.

My father-in-law was told that he had lung cancer when he was on his own, in a hospital bed, with only his mobile phone for company. There were complicating circumstances, but there were no excuses. He had struggled to get an appointment to see his own GP and had been passed from pillar to post for months—a situation admittedly not made better by the usual reticence of a 76-year-old man not wanting to cause a fuss, and his understandable desire to go on that holiday that he had been looking forward to. Having said that, the delay in his diagnosis and the way his diagnosis was delivered were unacceptable. He died six days before the general election last year.

Five months later, a good friend died at home after a long struggle. His wife speaks of how she had to fight tooth and nail to get palliative care support in place on the night he died. She described to me a ward that lacked sufficient nursing staff to administer injections without her physical help.

When the national cancer strategy talks about placing patient experience on a par with clinical outcomes and quality of life, it rings a bit hollow to me. I do not want to sound overly bleak, as I know that there are many wonderful examples of good care with positive outcomes, but we do need to be honest. We need to ask ourselves tough questions about how patients are treated on all steps of the care pathway.

Those living with cancer also need more support. Last Friday, my constituent, Amanda Mahoney, whose breast cancer has recurred four times in seven years, came to my advice surgery to ask me to campaign alongside her to change the face of cancer. She said:

“We’re not all bald, we’re not all having chemo. I don’t want to be told ‘sit on a park bench and wait till it gets you.’”

She wants to continue doing the job she loves—she is an outreach worker with autistic children—but her recurring experience has been employer after employer who does not know what to do and a benefits system that seems to make things harder, not easier.

This issue is not going away. This debate is the product of Tessa’s campaigning. She has been able to do what she does best—make her contribution by making those in power sit up and listen. She has been able to continue her working life. Others should be able to do the same, if that is what they want, and employers should be supported to make that happen.

There is so much more that needs to be said, but in the time available it is impossible to do this subject justice, so I will touch on just one other issue, which I know is also close to Tessa’s heart: our impending departure from the EU, which includes our probable departure from the European Medicines Agency and

Euratom. Promises were made about extra cash for the NHS after Brexit, but, in stark contrast, Brexit has potentially huge negative implications for cancer research and treatment. We need urgent answers.

The continued ability of British cancer sufferers to participate in pan-European clinical trials is critical, especially for those with rarer cancers. We must ensure that we have a reliable supply of medical isotopes for diagnostics and treatments—that supply is at risk as we leave Euratom. We must not become a second-tier country for access to the newest and the best medicines. The next generation of immunotherapies holds great potential. We cannot willingly put ourselves at the back of the queue.

There are not yet answers to those questions, nor are there answers to the chronic NHS staffing crisis, which is exacerbated by Brexit, yet we are 11 months from leaving. We need a global, cross-border approach to research. We need to be a country that is open to talent and ideas from around the world. We need a properly resourced, adequately staffed NHS that is capable of embracing innovation.

Wes Streeting (Ilford North) (Lab): Will my hon. Friend give way?

Heidi Alexander: I am drawing my remarks to a close.

It saddens me that we seem a long way from that aspiration, but if we are to honour the work of people such as Tessa and the memory of people such as my father-in-law, it has to be worth fighting for.

3.59 pm

Rachel Maclean (Redditch) (Con): It is a real pleasure to follow the hon. Member for Lewisham East (Heidi Alexander). I join other colleagues in congratulating the hon. Member for Croydon Central (Sarah Jones) and say that it has been a real privilege to take part in this debate. She has achieved something that we often talk about, but today’s debate has highlighted it, and that is that we really do have more in common. Absolutely everybody in this Chamber will have experienced cancer or its effects at some time in their life. We are all touched by it; it has its own dark logic that spares nobody.

In my research on the debate, I was struck by the fact that cancer has been around since 4600 BC. That was highlighted in the excellent book “The Emperor of All Maladies”, written by oncologist Siddhartha Mukherjee. He wrote the book to help his patients understand what they were fighting. This disease lived in silence until 440 BC when Herodotus recorded a slave removing a tumour from the breast of her mistress. We do not know whether she was successful, but, clearly, things have moved on considerably since then. However, what has not changed is the devastation, pain and suffering caused by cancer.

I find myself in the presence of someone who has been talked about so much—Dame Tessa Jowell. It is a real honour that she was the one to spark this debate, and I and my colleagues pay tribute to her for the fantastic work that she has done. I hope that we will see some real progress.

Brain tumours have touched my life as well. My son’s classmate, Joseph Foote, lost his life in August 2007. His father went on to found a brain tumour charity, which

raised £2 million. He was a real inspiration in our local community. Every single year, as my son gets older and has his birthday, we are aware of the hole in his classroom. When I got involved with the efforts to raise money, I was surprised, like the hon. Member for Croydon Central was, to learn that, of all the cancers, brain cancer was the most common killer of children—I did not know that. The charity has now been merged with the Brain Tumour Charity, and it continues to work really hard.

Of course, there are many other charities. I am delighted that I have been able to support Breast Cancer Now as an ambassador. I will not speak at length about the charity, but it welcomed the launch of the cancer drugs fund in 2016. I thank the charity for the excellent brief that it provided today, and ask whether the Minister will set out the terms of reference for that cancer drugs fund review. We understand that it is under way, and the charity has asked how patient organisations will be involved.

Let me turn to my local hospital, the Alex, part of the Worcestershire Acute Hospitals NHS Trust, which I have mentioned many times in this Chamber. I continue to work closely with the trust. With regard to cancer, I am concerned that our statistics are falling short of a number of key national targets. The trust is still in special measures. It has, unfortunately, let down many of my constituents in the past with long waiting times. That is not good enough, but new leadership is in place. It is beginning to make a real difference in turning around the situation, and that is down to the efforts of the incredibly hard-working frontline staff, and I pay tribute to them.

I have visited the cancer ward at the Alex and seen the chemotherapy that is going on there. I have seen at first hand the care and compassion that the staff display, and I know that it makes a real difference to the people of Redditch at that time in their life.

On cancer statistics, the trust is failing to meet some national targets. There are signs of improvement, which I welcome, but I have a question to put to the Minister and also to my right hon. Friend the Secretary of State, who told me when I was first elected that our trust was one of the trusts he was most concerned about. I call on him to make sure that he continues to keep it at the top of his list, and continues to keep it in his focus, because we want it turned around not just for cancer treatment, but for all the treatments that take place there.

There are some good-news stories for the trust. We have seen some new investment in the form of a new testing service, which has been introduced just recently. Breast cancer patients are benefiting from drastically reduced waiting times, thanks to a test now carried out in the labs at Worcestershire Royal. This has cut the time doctors have to wait before deciding what treatment to give patients from three weeks down to two days.

Tests used to be sent to Birmingham, which meant long waits and added cost, and doing them in-house has massively reduced the time taken to produce the results. That means that doctors can decide the best course of treatment as quickly as possible. In particular, this improves the prognosis for patients with certain types of breast cancer. I hope people begin to see that things are slowly improving, but we must never let the trust slide back again, because my constituents deserve world-class services in cancer and in all other health services.

We all know how important it is that cancer treatment starts early, which is why I welcome today's contributions. Facing a cancer diagnosis and not knowing how long one has to live must be the worst experience that can happen to a human being. As those brave souls fighting cancer know better than us, it is not about counting the days; it is about making every day count—it seems that Baroness Tessa Jowell is definitely doing that. I am pleased the Government are unwavering in their commitment to the resilience of the human spirit and have made cancer their compassionate priority.

4.5 pm

Tulip Siddiq (Hampstead and Kilburn) (Lab): Seb Coe described her as “Mary Poppins in stilettos”. *The Guardian* called her “the ultimate loyalist” and many times rehashed the image of tiny Tessa Jowell throwing herself dramatically under a bus—presumably a London bus. Alan Johnson said she had

“all the warmth in the world but a core of absolute steel”.

The *Evening Standard* said:

“If you cut her veins, you would probably find the River Thames running through them.”

Google Maps decided to get involved and made her a London landmark, placing her between Big Ben and Westminster Hall—most apt, I think.

For me, Tessa Jowell, whom I worked for once, will always epitomise the best of my city, London. She has long been a professional and personal hero of mine. At one point, we were both Camden councillors, although she has achieved a lot more in her life than I ever will. As all Members have already mentioned in this powerful debate, it was Tessa who was fundamental to bringing the Olympics to London; it was Tessa who constantly talked about how we had to go all out to win and about how big prizes were never won by playing it safe; it was Tessa who said the Olympics would teach us Londoners to be resilient and to celebrate our diversity; and it was Tessa who told us the Olympics would show us the extent of our ambition. How right she was.

In the same spirit that Tessa has talked about her medical condition—the cancer that resulted in her having two seizures in a cab, about which she has spoken so powerfully—and with the same resilience, she has said she will use her experience to make life better for others and improve and lengthen the life of cancer victims. She has shown the same ambition in talking about using innovative cancer treatments that do not currently exist in the UK.

Tessa has inspired me to suggest that we in the House work together to launch an initiative similar to Dementia Friends. For those who do not know, Dementia Friends is an Alzheimer's Society initiative that offers extensive information sessions so that people can learn about dementia and what they can do to help. The sessions play a crucial role beyond recognising just the signs of dementia, not least because the way dementia affects people varies hugely. I know we already have brilliant organisations such as Cancer Research UK and care organisations such as Macmillan, but the role of a cancer friends initiative would be different. It would be more about understanding the medical condition, building resilience through networks and creating cancer friendly communities. Formalising such body could support many thousands.

[*Tulip Siddiq*]

Having worked with Tessa, I know she has a strong support network, like no one else, of friends and family, but not everyone has that, as she will be aware from our conversations about loneliness—an important subject put on the map by my late friend, Jo Cox. Tessa would be the first to agree that because not everyone has these networks at their fingertips, it is necessary to consider launching a cancer friends initiative. Such an initiative could also bring profound benefits for those searching for stem cell donors.

I want to mention a constituent of mine, Lara, who has been very brave in the face of adversity. She had a similar condition, but was unable to find a stem cell donor because of her black, Asian and minority ethnic background. If people look into the figures, they will realise that only 60% of patients receive the best match, but if they are from a BAME background, that drops to 20%.

I raised the case of my amazing constituent Lara at Prime Minister's questions, and I talked about the spit drive we had at the O2 Centre in my constituency. Lara actually managed to find a match and is undergoing treatment because of the network that came around her and the community in my constituency that helped her. A cancer friends initiative could certainly help to spread the word.

I want to talk about Hampstead and Kilburn—I think Tessa would approve of me bringing in my constituency, because she happened to mention her constituency every five minutes when we worked together. My constituency is blessed with some of the finest oncologists in the world. The Royal Free Hospital, which everyone will know about, is a European centre of excellence and is celebrating the 20th anniversary of its neuroendocrine tumour unit. It has grown from having 30 patients to having more than 1,800, and it will soon be joined by the Pears Institute, which will be one of the five leading centres of its kind across the globe, bringing clinicians together to research revolutionary new cancer treatments. Hospitals such as the Royal Free have benefited enormously from Tessa's work in Camden, where she started out, but, as we know, her work has touched the whole country.

In 2015, Tessa gave a memorial lecture to mark 10 years since the 7/7 attacks. She said:

"This city, this country, this people are a model of resilience... Resilience is rooted in optimism. Behind the strength to stand firm lies the feeling that tomorrow will be better than today... Resilience relies on a commitment to our way of life but also the feeling that life can improve. Progress is not an illusion even in the darkest of hours."

Tessa was talking about British people, but her words are a perfect testament to the character she has shown in fighting, even after she left these green Benches and was elevated to the red Benches. A model of resilience, a model of optimism, a model of a politician—our Tessa Jowell.

4.11 pm

Wes Streeting (Ilford North) (Lab): I rise today to talk about some very special people with an Ilford North connection. Perhaps even more impressive than crossing the party political divide in this debate, Tessa Jowell crosses an even greater political divide in London—

the River Thames. I say respectfully to my hon. Friend the Member for Dulwich and West Norwood (Helen Hayes) and her constituents that we actually had Tessa first, because, in 1978, a fresh-faced Tessa Jowell embarked on a by-election campaign there. She was defeated, obviously, by the great tides of national politics of the day but, undeterred, she persisted in 1979.

What was so remarkable when I shared the video of Tessa Jowell speaking in the House of Lords in that powerful debate on cancer was just how many of my constituents responded, not just with great love and affection, but with strong memories of meeting Tessa during that by-election 40 years ago. That speaks so strongly of the warmth, empathy and infectious personality that Tessa has brought to her politics. As so many people have said, that certainly made its mark in so many ways on public policy in this country, but anyone who has ever met Tessa has been personally affected by her, and that is why we are all here today, determined to carry forward her legacy in such an important area.

I also want to talk about my constituent Kaleigh Lau. Today is a very special day for Kaleigh and her family—her father Scott, her mum Yang and her brother Carson. Two years ago today, Kaleigh was diagnosed with a diffuse intrinsic pontine glioma, or DIPG, which is a brain tumour located in the pons of the brainstem, for which there is currently no cure. At the time, Kaleigh and her family were told that life expectancy with DIPG was just nine months and that they should focus on making memories. Well, last month, Kaleigh celebrated her eighth birthday, and two years on from that awful day Kaleigh, her family and her huge band of friends and supporters are determined to make history, not memories, as they battle to defeat DIPG.

Their journey during the past two years has not been easy. I have followed the family through their tremendous ups and downs: the 30 radiotherapy sessions that young Kaleigh experienced between April and June 2016; that awful moment in December that year when Kaleigh was in progression, eight months in; the closeness with which Kaleigh almost got on to the convection enhanced delivery treatment programme through the compassionate treatment route, only to be told at the eleventh hour that the tumour had spread and CED would no longer be possible; the 10 more radiotherapy sessions that she underwent in January and February 2017; and the moment when Kaleigh's condition declined to such an extent that the family took her on what they thought would be her last holiday, in March 2017.

Today is also an important day for the family because things changed a year ago today when Kaleigh began experimental treatment in Mexico. By her second treatment, she had regained all her functions. Five other UK families followed her to Mexico. Kaleigh was the first European to receive this treatment. More than 50 people around the world have now undergone the same treatment. None of this has been easy and we do not yet know whether this experimental treatment will be successful, but we know one thing for sure: if Kaleigh had stayed in the UK, she would not be with us today.

Kaleigh's family have spent over £250,000 to fund her treatment so far, and her ongoing treatment costs them £15,000 every four to six weeks. I pay tribute to Kaleigh's remarkably resilient family, particularly her father Scott, with whom I speak regularly. Scott has a full-time job and is a full-time dad. He is an utterly selfless human being,

to such an extent that every time I call him back, without fail his first words are always, “Thanks for calling. I know you must be busy.” I am nowhere near as busy as Scott is, as a father trying to look after and care for his family on top of everything else that they are dealing with. This is why I address my remarks to Ministers.

I thank successive Ministers—most recently Lord O’Shaughnessy—for engaging with Kaleigh’s case, but they will understand the family’s frustration. After three meetings with the Department of Health, two online petition campaigns and a huge fundraising effort to pay for Kaleigh’s treatment, they do not feel that things are really moving forwards. As Scott says:

“How is the UK government going to help Kaleigh now? Not in the future, but now? Without funding we have no treatment. Overnight we have been forced to become an expert on DIPG, a carer, a fundraiser, a counsellor, an adviser, a leader, a beggar. But ultimately we need help from our government to take the burden off us so that we can focus on Kaleigh.”

There are just a few things that I want to say to Ministers in the short time I have left. We need to become a global leader in tackling DIPG, which has already taken over 200,000 children. We can do this through research, spearheading clinical trials and ensuring earlier access to treatment. We need to do more to ensure financial support to access experimental treatment. I understand the ethical dilemmas, particularly where experimental treatment is concerned, but we have to place greater trust in patients and parents who are willing to take risks.

Siobhain McDonagh (Mitcham and Morden) (Lab): I am sure that everyone in the House is paying rapt attention to my hon. Friend’s explanation of Kaleigh’s care and determination, and that of her family. Will he conclude the story and tell us what is going on at the moment?

Wes Streeting: I am so grateful to my hon. Friend for that additional time.

If Ministers cannot fund treatment, let us at least look at funding the flights, accommodation and all the additional costs that families face. It was remarkable listening to the comparison between what Tessa has been through and what Kaleigh’s family have been through in this respect. We need better care plans, advice and guidance. Scott has to do it all himself, to such an extent that he has become an adviser to families around the world on top of looking after his own children. We need to do a lot more to ensure consistency.

Caroline Flint (Don Valley) (Lab): My hon. Friend is coming up with some practical suggestions and creative ways of supporting such families. Does he agree that it is important that the NHS thinks sensitively and creatively about how it can support aftercare once Kaleigh and her family come home?

Wes Streeting: That is absolutely right. I pay tribute to Great Ormond Street Hospital and other great NHS services that have supported the family.

As my hon. Friend the Member for Croydon Central (Sarah Jones) said when she opened the debate, we have all been affected by cancer in some way. The worst experience of my life was losing my nan to cancer when I was aged 10. It is a great source of regret to me that I do not still have that great left-wing firebrand who

occupied County Hall when Mrs Thatcher decided to shut it down, and allegedly threw a brick at the trucks as they rolled into Wapping. Some of that has rubbed off on me.

I hope that, in looking at what we can practically do to support families, Ministers have heard the powerful contributions made today. I want to say to Kaleigh’s family, to Tessa, and to other families who have been affected by childhood brain tumours that their strength, their courage and their resilience, but most remarkably of all, their enormous generosity of spirit in seeking to help others while they go through an enormous struggle themselves should be an example to us all. Tessa, that is the example that we are following today, and we are determined to make sure that our country gets this right for you.

4.20 pm

Siobhain McDonagh (Mitcham and Morden) (Lab): I cannot compete with some of the wonderful speeches that have been made today. My research would be perfunctory by comparison with some of the things that Members of the House have told us. I will leave this debate knowing so much more about brain cancer than I did when I arrived.

My purpose in speaking is simply to say to Tessa: we are with you. You know, Mr Speaker, that politics is a rough old trade, and sometimes you fall out with people—people you think the most of. I just wanted to be here to say to Tessa that whatever the arguments or disagreements, it counts for nothing by comparison with my admiration and my determination to do anything I can to support her in her campaign.

Joan Ryan: Let me grab this opportunity to say something, because I am sure that Tessa can see that she has got these three women here—me, my right hon. Friend the Member for Don Valley (Caroline Flint), and my hon. Friend the Member for Mitcham and Morden (Siobhain McDonagh). We entered this House in 1997 and joined Tessa Jowell on the Government Benches, and we served with her through three terms of the Labour Government. She gave us such fantastic support. I just wanted to leave a rounded picture of Tessa in this very serious debate. I bet she is really a little bit embarrassed at all the praise, but she deserves it. She is such a strong supporter of women coming into this place and getting them through the process to get here. She also has a very ready but very kind wit that we witnessed much of when she was at the Dispatch Box.

Siobhain McDonagh: I thank my right hon. Friend—my very best right hon. Friend in this House—and Members can see so many reasons why that is.

Sometimes we fall out, and perhaps we fall out harder on our own side than we do with parties on the other side. Tessa is extraordinary in her example, as are so many people, particularly in the NHS. At 7 o’clock tonight, I will be holding a reception in the Jubilee Room of the House of Commons for the winter heroes from Epsom and St Helier University Hospitals NHS Trust to say thanks to them. If anybody wishes to join us, there will be a glass of wine and a packet of crisps for them. Thanks to the NHS, thank you to Tessa, and thanks to everybody for their brilliant speeches today.

4.23 pm

Jim Shannon (Strangford) (DUP): It is always a pleasure to speak in any debate, but especially one on cancer. First, as others have done, I congratulate Baroness Tessa Jowell. I see her not in stilettos but as a real soldier and a real warrior. I thank her for her courage and determination. I thank the hon. Member for Croydon Central (Sarah Jones) for setting the scene. To pick out one speaker in particular, with no disrespect to anyone else, I thank the right hon. Member for Old Bexley and Sidcup (James Brokenshire) for his contribution. What a joy it is to see him back in the Chamber again making a valuable contribution, as he always does.

This is always a tough kind of debate to speak in, for a number of reasons. We rightly all use the statistics and numbers that are so informative, but tend to gloss over the pain felt by the families and loved ones. We rightly talk about how far we have come in terms of greater life expectancy, and yet those families who watch this debate with an empty chair beside them cannot share the victory. We are rightly bombarded with requests from charities and families asking us to highlight their particular issue that needs to be addressed. We want to do that, yet we do not have the time to discuss all that needs to be discussed. We rightly discuss value for money in funding research, yet which one of us is comfortable in putting a price on the cost of the quality of life for someone, and which one of us is happy to dictate a cut-off age when someone is too old to be treated or given innovative new drugs? We all seek to do what is right and to do our best, but it can never be enough when it comes to a debate like this. My father is a three-time cancer survivor. He did not die because of cancer—he died three years ago of natural causes. His survival from cancer was down to the good work of the NHS, the skill of the surgeon and the care of the nurses—and it took all of our prayers.

I highlighted in my own press release background information from Brain Tumour Research, which was probably in the paper today. I recently had a photo with a lovely lady called Phyllis Scott, with whom I have had a great friendship over the years, in aid of raising awareness of brain tumours—I know that that is close to the Minister's heart. I wore my country sports hat for the purposes of the photograph, and today I am wearing my MP hat to look at the issue of brain tumours.

Brain tumours reduce life expectancy by, on average, 20 years—the highest of any cancer. The statistics are well known. In Northern Ireland, 344 people were diagnosed in the last year. Some 60% of people diagnosed with a high-grade brain tumour will have a very short life in this world. The figures are shocking, but when we meet someone like Phyllis Scott, the human face is very clear. Some 62% of children who survive a brain tumour will be left with a life-altering, long-term disability. Brain tumours are the biggest cause of preventable or treatable blindness in children, as the right hon. Member for Old Bexley and Sidcup pointed out. Some 91% of adults said that their brain tumour affected their emotional and mental health. Those are the key figures—many of those diagnosed with brain tumours have tremendous issues.

I love the hard-hitting new Cancer Research advert that shows an older couple in bed together as a stark reminder that the issue is not simply surviving, but living with a husband or wife and children. The hon. Member for Redditch (Rachel Maclean) spoke about being a breast cancer champion. I am one too, and I

very much wanted to do that. The number of people diagnosed in the UK went up by 17% between 2006 and 2016. Some 95% of women will survive one year and more than 80% survive five years or more. None the less, every year around 11,500 women and 80 men in the UK still die from breast cancer.

I have asked the Minister about the drugs fund many times, and so many other hon. Members have mentioned it that it would be remiss of me not to do so. The threshold is £30,000, and the hon. Member for Ilford North (Wes Streeting) mentioned putting a price on the drugs that help a young child survive. In Northern Ireland, the Department of Health, Social Services and Public Safety has now endorsed the NICE recommendations on Kadcyla, Ibrance, Kisqali and Perjeta, as a result of the flexibility shown by NICE, tough negotiation by NHS England and willingness to compromise on price by the pharmaceutical industry. However, this flexibility, negotiation and compromise can lead to long delays in decisions. I urge the Minister to consider how we could best provide access to drugs more quickly and urgently to increase the quality time that people have to spend with their loved ones.

I want to put on record my thanks to Cancer Research, Macmillan, Marie Curie and others that make the difference to the quality of life that those who suffer from cancer experience. We must push forward and keep doing all we can, and know in the end that we gave all we had to fight this disease that affects our mothers and fathers, sisters and brothers, sons and daughters, grandchildren, even the person we buy our paper from—all the people we meet every day. Cancer is a blight on society, but if we continue to fight on, someday we will be able to say that we have won, and cancer has lost.

4.28 pm

Caroline Flint (Don Valley) (Lab): I am really glad to join friends this afternoon to pay tribute to Tessa's work. I remember from the last Labour Government how, with Tessa and others, we kept our sanity even when the difficulties were on our own side—some things never change. We were accused of plotting at our dining club, but the only plots were about who would cook the next meal. What I remember is the laughter and joy of those soirées at each other's homes.

Tessa was our first Public Health Minister, and I am so proud and glad that I am also part of that illustrious band. I am sure that she and her family would agree that Labour was best when it was at its boldest, and we have a chance to be bold by supporting Tessa's initiative here today.

4.29 pm

David Linden (Glasgow East) (SNP): I am grateful for the opportunity to sum up the debate on behalf of the Scottish National party, and to acknowledge speeches by the hon. Members for Croydon Central (Sarah Jones), for Dulwich and West Norwood (Helen Hayes), for Mid Norfolk (George Freeman), for Croydon North (Mr Reed), for Congleton (Fiona Bruce), for Hove (Peter Kyle), for Torbay (Kevin Foster), for Lewisham East (Heidi Alexander), for Redditch (Rachel Maclean), for Hampstead and Kilburn (Tulip Siddiq), for Ilford North (Wes Streeting), for Mitcham and Morden (Siobhain McDonagh) and for Strangford (Jim Shannon), and by the right hon. Members for Don Valley (Caroline Flint) and for Old Bexley and Sidcup (James Brokenshire).

As a new Member of the House this has been a very strange week for me, and it is the first time that I have felt quite a lot of emotions. Sometimes the public watch these debates and see Members of Parliaments slinging mud at each other across the Chamber, but no one could help but be moved by some of the incredibly personal speeches that have been made today, and that reminds those watching that we are all human beings after all. People have shared deeply personal stories, and it has been a real privilege to sit through this debate.

Like other Members, I pay tribute to Baroness Jowell for her bravery and for the moving speech that she made in the Lords. I know that when we watched that speech most of us were moved to tears, and I am glad she is here today. I also wish to acknowledge the late Dr Mo Mowlam. I was disappointed that she was airbrushed out of much of the media coverage of the 20th anniversary of the Good Friday agreement, because as an outsider looking in, I cannot help feeling that that agreement would not have been achieved without her. I am currently reading her book, and I cannot help but be moved by the effort that she put into Northern Ireland, and she did all that while going through an illness as well.

As an MP from Scotland, I want to offer a bit of experience from north of the border about our cancer strategies, and describe the commitment and improvement that we want for children and young people with cancer—I will return to that point. There is no doubt that we face many challenges, not just in Scotland but across the UK, when it comes to cancer. One problem we need to grapple with is obesity, which is the second highest cause of cancer. We must be as bold about diet and obesity as we have been about tobacco and alcohol, and everyone should consider that. That is definitely a challenge for me—my colleagues are not here, but they know that I do not have the best diet in the world, and diet and food choices are a real challenge when combating obesity.

We must also channel some focus on to free school meals and the choices made by children. Sometimes we think that cancer is just bad luck or something that comes to people, but there are things we can do to try to avoid it. For example, we know that advertising junk food harms people and puts pressure on the NHS, other public services and our economy. There is clear evidence of the need to curb the marketing of food and drink that is high in fat, salt and sugar. A large number of 11 to 18-year-olds have seen television adverts for those foods, and nearly half of those surveyed had made a purchase based on the marketing they had seen in previous days. We should consider banning such adverts during programmes for children and those under 16, because if we are serious about tackling obesity and reducing the prevalence of conditions such as type 2 diabetes, we must make it as easy as possible for young people to eat healthily and have a good diet. That means seriously reconsidering the marketing of unhealthy food and drink, and reducing exposure to such advertising on TV.

Before I conclude I want briefly to consider cancer and young people. We know from CLIC Sargent that around 4,000 children and young people are diagnosed with cancer every year in the UK. Every day, 11 children and young people hear the news that they have cancer, and every week 10 children and young people die from cancer in the UK. Cancer is the most common fatal disease for teenagers and young adults in the UK. CLIC Sargent's 2016 research found that young cancer

patients often had a long and difficult route to diagnosis, which they felt had a detrimental impact on their treatment and experience.

Cancer costs families in many ways, including financially, as parents report an average additional expense of £600 for every month that their child is on treatment—the hon. Member for Ilford North touched on that. Some of the expenses are travel, extra food, energy bills and car-related costs, including parking. Families are travelling an average of 440 miles a month to access treatment for their children. At this juncture, I want to commend the right hon. Member for Harlow (Robert Halfon), who has been an assiduous campaigner in calling on the Government to scrap hospital car parking charges in England—they do not affect us in Scotland—for young cancer patients and their families.

We have had a good and very moving debate, and I am sure we will return to this subject again, hopefully with more progress. I close by thanking the hon. Member for Croydon Central (Sarah Jones) for giving us the opportunity to discuss this hugely important topic. Above all, I want to thank the noble Baroness Jowell for joining us here today. We are all the richer for having her with us.

Mr Speaker: Just before I call the shadow Minister, I would like to emphasise that I would like the hon. Member for Croydon Central (Sarah Jones) to be able to briefly wind up the debate no later than 4.57 pm. Members can do the arithmetic for themselves.

4.35 pm

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): It is a genuine pleasure to be speaking in this debate on behalf of the Opposition. Indeed, I am speaking in this Chamber for the second time today. Both debates have been on very important issues.

I thank my hon. Friend the Member for Croydon Central (Sarah Jones) for securing the debate, and for her very moving and emotional speech. I also want to thank the other hon. Members who have spoken in this excellent debate: the right hon. Member for Old Bexley and Sidcup (James Brokenshire), my hon. Friend the Member for Dulwich and West Norwood (Helen Hayes), the hon. Member for Mid Norfolk (George Freeman), my hon. Friend the Member for Croydon North (Mr Reed), the hon. Member for Congleton (Fiona Bruce), my hon. Friend the Member for Hove (Peter Kyle), the hon. Member for Torbay (Kevin Foster), my hon. Friend the Member for Lewisham East (Heidi Alexander), the hon. Member for Redditch (Rachel Maclean), my hon. Friends the Members for Hampstead and Kilburn (Tulip Siddiq) and for Ilford North (Wes Streeting), my hon. Friend the Member for Mitcham and Morden (Siobhain McDonagh), who moved us all to tears, the hon. Member for Strangford (Jim Shannon), my right hon. Friend the Member for Don Valley (Caroline Flint) and the hon. Member for Glasgow East (David Linden). They all made excellent contributions. Members throughout the House have been visibly moved by the moving testimonies we have heard.

As has been said, no one in the House or in the country escapes being touched at some time in their life by cancer. I lost my mother-in-law to breast cancer 21 years ago. That was one of the reasons why I joined the all-party group on breast cancer and work with it to

[Mrs Sharon Hodgson]

this day. I thank the Secretary of State for being here. I am very pleased to see him back in place. I know that Tessa and others will be very grateful for his attendance, and for the personal and moving tribute he gave earlier. I also thank the shadow Secretary of State, who also made a personal tribute to Tessa.

I pay enormous tribute to our very good friend and colleague from the other place, Tessa, for her bravery and determination, and for the outstanding speech she gave in the other place. That was another occasion when people were visibly moved to tears, not just in the other place but across the country as it ran on the news all day. She is as much an inspiration now as she has always been throughout her political career. In 1997, as we have heard, she became the first Public Health Minister—she is a predecessor of the Minister who will be responding today. With the then Secretary of State for Education, Lord Blunkett, she set out to build Sure Start, the early years programme of which she should be immensely proud. It has transformed the lives of tens of thousands of children across the country and been a lifeline for parents, some of whom have said that without it they do not think they would even be here today.

I am enormously proud to have played, in a very small way, a part in continuing the fight for early years provision over 20 years on. When I became shadow Children's Minister, Tessa's personal support, advice and guidance were invaluable in helping me fight to protect the legacy she had built. I remember one particular conversation when she said that she had told her officials that she wanted to walk into a Sure Start children's centre and be able to smell the babies, so she would know the centres were being used and that lives were being changed.

Tessa's optimism and ambition has affected us all over the years, especially in the run-up to, and in the aftermath of, the 2012 London Olympics, which, as we heard in detail, she secured as Secretary of State for Culture, Media and Sport. Even since her diagnosis, Tessa continues to inspire us all with her hard work and determination. I wish her all the love in the world, and I really look forward to joining her a little later with her friends and family for a get-together.

As Tessa said in the other place:

"Today...is not about politics but about patients".—[*Official Report, House of Lords, 25 January 2018; Vol. 788, c. 1169.*]

I know from my work over many years chairing or co-chairing two cancer all-party groups that we can and do work together when it comes to tackling cancer. The Minister and I co-chaired the all-party group on breast cancer, along with the former hon. Member for Mid Dorset and North Poole, Dame Annette Brooke. I am still vice-chair of that all-party group, and I pay tribute to my fellow officers for continuing their hard work in the group to raise awareness in Parliament of breast cancer.

I also chair the all-party group on ovarian cancer. Observant Members may have noticed that there is always some cancer campaign going on, and last month it was Ovarian Cancer Awareness Month. For the first time, the all-party group hosted a drop-in photo call, challenging MPs and peers to be a "teal hero". This included wearing a superhero mask and a cape—I do

not know whether the Minister came along and managed to get caught—to raise awareness among our constituents of the signs and symptoms of ovarian cancer. I am sad to say that my hon. Friend the Member for Denton and Reddish (Andrew Gwynne), who lost his mum to ovarian cancer when he was a teenager, came along and, complete with a superhero pose, pipped me to the post for "best picture". I hope that colleagues will join me again next year—I will be looking out for the Minister. Although it was fun, it was for a very important purpose: to raise awareness of the symptoms of ovarian cancer.

Finally in this regard, I pay tribute to the hon. Member for Basildon and Billericay (Mr Baron) for his sterling work as chair of the all-party group on cancer, which regularly unites all the cancer charities and all-party groups in debates and in work throughout the year, and most notably at the Britain Against Cancer conference every December. All-party groups and the many other cancer groups are the perfect example of how cancer is not about politics. I believe that we have seen that exemplified in its best form in the House today, and that in future we can put our politics aside for Tessa and for all cancer patients and truly fight cancer together.

Around 11,400 people were diagnosed with a brain or related tumour in 2015 in the UK. That includes the approximately 470 children under the age of 15 who are diagnosed with a brain or related tumour in Britain each year. I also commend HeadSmart for the work that it does to raise awareness of the symptoms of brain tumours in children. Brain tumours are the largest single cause of death from cancer in adults under the age of 40, and the most common type of solid tumour in children.

There are, of course, challenges to brain tumour research that limit progress in developing innovative treatments. As we have heard, brain tumour research in the UK has been grossly underfunded, with just 1% of the national spend on cancer research being allocated to this devastating disease. That is why the recent announcement that £45 million would be invested in brain tumour research was so very welcome. I hope that some of the funding will be used to create opportunities for collaboration so that research and data can be shared around the world, because there are real and concerning gaps in the research workforce, both at a senior level and in the number of junior researchers entering the field.

There is also insufficient infrastructure for brain research, and the research community is fragmented, with no clear hubs of excellence and limited opportunities for collaboration. We need to address those challenges for the sake of patients and their families so that we can improve the lives of those living with a brain tumour. One way to do that is to ensure that all brain tumour patients are invited to participate in clinical trials, which can lead to significant improvements in survival and quality of life for future patients diagnosed with a brain tumour. However, despite the clear correlation between greater research and improved outcomes, only 3% of people with a brain tumour take part in a clinical trial. That compares with 7% across all cancers, so what steps is the Minister taking to ensure that brain tumour patients are entered into clinical trials?

In June 2017, the Brain Tumour Charity conducted a survey that found that 97% of those with a brain tumour said that they would be happy to share their medical data to help to accelerate research. As we have heard,

Tessa has made the historic decision to be the first patient to consent to sharing her data in the hope that her cancer journey can contribute to new cures that alleviate future suffering. Let me again take the opportunity to commend her for her selflessness. I know that where she leads, others will naturally follow.

For Tessa, the Olympic legacy and Sure Start are just two of many legacies to be proud of, but I think that this legacy will be even greater in its reach and importance. For that, we once again thank you, Tessa.

4.45 pm

The Parliamentary Under-Secretary of State for Health (Steve Brine): On one of the hottest days for a long time, and certainly the hottest day of the year so far, being inside the House of Commons and listening to some of the speeches that have been made has been an absolute privilege. It has been an experience that I, as a Minister—let alone as a Member of Parliament—will remember for a long time.

Let me first thank the hon. Member for Croydon Central (Sarah Jones) for securing the debate. I thought she spoke brilliantly, and set the tone for the last two-and-a-bit hours. But we should not beat around the bush: we are all here primarily because of one person. That person is, of course, Baroness Jowell, who is present, sharing the Chamber with us, and whose strength and grace in the face of her illness have done so much to raise public awareness of the challenges of diagnosing and treating brain cancer. I do not have a long history of knowing the Baroness—in fact, I met her for the first time on Monday—but I am already well aware of her strength of character and her determination to make a difference in this latest campaign.

Like all Members, and especially, I suppose, as the current Minister responsible for cancer issues, I was captivated by the speech that Tessa made in the other place about her latest battle. Our debate today has been emotive and constructive, and I am grateful to the many Members who have had the opportunity to pay a similarly worthy tribute to Tessa's bravery and determination in the House of Commons. For me—and many Members have said the same—perhaps the most memorable line of the Baroness's speech in the other place was this:

“In the end, what gives a life meaning is not only how it is lived, but how it draws to a close.”—[*Official Report, House of Lords*, 25 January 2018; Vol. 788, c. 1170.]

She is giving that line great meaning.

As has been mentioned many times, Tessa also referred in her speech to the importance of living with cancer—living longer with cancer, but living with cancer. As one who was motivated to go into this business in the House by fighting and losing far too many battles against cancer, I would say that, for all of us who are diagnosed with cancer, we are never just our cancer. Tessa is not just her cancer, and she is not just the cancer campaigner that she is now. She is still a mum, and she is still a wife. You spoke at the start, Mr Speaker, about the love. There has been one hell of a love bomb here today. When I have been able to, I have looked over at the Under Gallery, and I have certainly seen some love there this afternoon. It has been incredible and very moving to see it.

I think that what made that line in the speech in the other place so remarkable is that Baroness Jowell has given so much to our country, from being my predecessor

as the first ever public health Minister to giving the country one of its greatest cultural events in London 2012. Through her enthusiasm and courage, she is driving people in the country and around the world to confront not just one of oncology's most difficult challenges, but one of medicine's most difficult challenges. We should not underestimate what a difficult challenge brain cancer is.

Let me say on behalf of the Government that we will do everything possible to meet the challenge. Those who know me as the cancer Minister know that I am impatient and determined—as is the Secretary of State—to do well, to do better, and then to do better again in fighting the big C, or cancer, or whatever we choose to call it. I say that not out of arrogance or ministerial bluster—I write my own speeches—but because I believe that this challenge is one that we can overcome. I was truly inspired when meeting the Baroness for the first time on Monday at the inaugural meeting of the UK brain tumour steering group, so ably chaired by my colleague Lord O'Shaughnessy, who I know has already become a firm friend of hers. So in my brief remarks I shall focus on three areas where we will do more, and which sum up pretty much what every Member covered in their speeches.

The first area is research. On 22 February, just a month after the Baroness's powerful speech, Department of Health and Social Care Ministers met Tessa and representatives from the Eliminate Cancer Initiative at the Cabinet Office to try to find solutions to improving outcomes for people fighting brain tumours. That very day the Department's task and finish working group into brain cancer research published its report on brain cancer research in the UK, setting out how to increase the level and impact of research into brain tumours going forward. The group was set up in 2016 and was chaired by the Department's chief scientific adviser Professor Chris Whitty. It brought together clinicians, charities, patients and officials to discuss how, working with our research funding partners—key in this—we can address the need to increase the level and impact of research into brain tumours.

To back the report, as all Members will know, the Government and Cancer Research UK together announced an investment of £45 million over the next five years to turbocharge research in this area. This will begin—but only begin—to make up for the historical lack of research in this field and further strengthen a number of our existing centres of excellence in places such as Cambridge and the Institute of Cancer Research here in London.

The National Institute for Health Research spent £137 million on cancer research in 2016-17, the largest investment in any disease area. However, according to Brain Tumour Research, even though brain tumours kill more children and adults under the age of 40 than any other cancer, as has been said, just 1% of the national spend by all cancer research funders on cancer research has been allocated to brain cancers. That is why—as everyone has said today—we want to move quickly on beginning further research, and I am pleased to say that the NIHR began inviting applications for the new funding this Monday. We urge researchers to apply, and help us generate the breakthroughs that could give hope to the thousands of people diagnosed with brain cancer every year in our country.

[*Steve Brine*]

My second point is on data sharing. We know that, due to the rarity of many types of brain tumours, it is vital that we use patient data more effectively—the hon. Member for Hove (Peter Kyle) spoke very well about that—ensuring that it is shared safely, securely and lawfully not only between the NHS, charities and academia, but between like-minded countries internationally. The UK has a proud history as a proponent of open data and data sharing, and I give my Government's commitment to work with the Eliminate Cancer Initiative and partners nationally and internationally to make this a reality on brain tumours. The ECI made the point at our meeting on Monday that patients' data must be given for the common good, not the almighty shilling; I know that Tessa shares that sentiment. Tessa's daughter, Jess—who is also here today and whom I met on Monday—said that we support and advocate the sharing of data not as an end in itself, but as a vital means through which to improve patient care and develop new treatments; she is of course a chip off the old block and absolutely right.

Baroness Jowell exemplifies the ambition we have, and we will carry it forward. In the Houses of Parliament tonight, Tessa will launch the global universal cancer databank, and has committed to be the first donor to that databank, which we hope can catalyse the sharing of data across the world and save the lives of many. My right hon. Friend the Secretary of State will be pleased to be there.

Thirdly, and most importantly, I want to touch on patient engagement. We must ensure that patients are at the centre and heart of our work on brain tumours, so we will build on the existing work to develop a clear timeline and plan for reducing the time to diagnosis for brain tumours, which is as important in this cancer as in all others. We will also implement new models of patient care, such as the Cambridge model, and the national roll-out of innovative new tools such as the 5-ALA 'Pink Drink', which is very important. The National Institute for Health and Care Excellence is currently developing a new clinical guideline on brain tumours, which includes the use of 5-ALA, with publication expected in July. We will also redouble the Department's efforts to ensure there are appropriate and ethical frameworks to allow patient access to experimental medicines, and allow for the re-purposing of drugs and the acceleration of the development of new patient-focused adaptive clinical trials, which is so important.

Many Members have spoken so well in this debate. I will not list them all, but it was a pleasure to see my right hon. Friend the Member for Old Bexley and Sidcup (James Brokenshire) back in his place, making his first speech from the Back Benches in a long time. I worked closely with him when he was in the Northern Ireland Office; he is one of the nicest guys in Parliament and he spoke brilliantly about #KeepOliviaSmiling—and it was good to see my right hon. Friend smiling again. He talked about ring-fencing money in the NIHR for brain tumour research for children. The level of research spend in a particular area, such as child-specific tumours, depends on the number and scale of successful funding applications. He will be aware of our joint announcement in February, which included the opening of Cancer Research UK's new children's brain tumour centre of excellence at the University of Cambridge. Maybe he will go along and have a look at that at some point.

My hon. Friend the Member for Congleton (Fiona Bruce) spoke well about prostate cancer, and I was proud that we were able to make that announcement last week. My hon. Friend the Member for Torbay (Kevin Foster) spoke about the ACE programme. I have said before that I do not easily get excited at the Dispatch Box, but I am genuinely excited about these new ACE multidisciplinary diagnostic centres. When people present to their GP with vague symptoms, these centres will provide a chance for them to get in and get an answer—a diagnosis or an all-clear—quickly. I visited one of the ACE centres, at the Churchill Hospital in Oxford, in February this year. The enthusiasm that I heard from the clinicians and patients there gave me real hope, and hope is a key word in today's debate.

I should like to conclude by once again thanking everyone who has made such positive contributions to what has been a really memorable debate. I recognise that we are only at the start of our journey to beat brain tumours, but now is the time for patients, the NHS, charities and industry to come together—as we in this House have done today—both nationally and internationally and to redouble our efforts. The funding we have committed for additional vital research, and our ongoing work to look at every aspect of diagnosis, treatment and care, will help us to deliver ever more positive treatment outcomes for people with brain tumours, but we have a long way to go. This is of course happening alongside our system-wide transformation of cancer services in England through the cancer strategy, which we have debated at length here many times.

Baroness Jowell has been the catalyst for this rapid activity on brain tumours, and it is incumbent on us all to continue to work closely together over the coming months and years to build on this legacy. She is here today, and I know that she will be watching us closely. As Theodore Roosevelt once said, now is the time for “painful effort...grim energy and resolute courage” to beat this terrible disease. And, as I always conclude: for team cancer, the fight goes on.

4.57 pm

Sarah Jones: I should like to thank everyone who has spoken so eloquently and movingly today. I cannot name everyone in the time remaining, but I often stand in awe of the Members of this House, and no more so than today. We have had quite a harrowing week in this place, and it has sometimes been quite dark and difficult. There has been a lot of shouting. However, we have closed the week by talking about human kindness, compassion, love and hope. That is what a drop of Tessa magic does for this place. When I saw Tessa just before the debate, she said that this was not about her or about us, and that she wanted it to be about what comes next and what we should do. I hope—and I have faith—that the Government will prove that Tessa's model of collaboration is more effective than the model of confrontation that we have unfortunately seen so much of this week.

I have here a note from Tessa that I would like to read out. This is odd, because she is just over there, and she could say this herself, but I shall read out a little bit of what she wanted me to say today:

“Living with cancer has taught me so much. I have been so lucky to be surrounded by such love from my family, friends and fellow cancer patients. And today, hearing so many of you talk

about your own fights, reminds me why I love this Palace of Westminster and the people who work here. It was a brilliant Member of this House, who spent far too short a time here, who said ‘we have far more in common than that which divides us’, and today shows how much we can do when we all put our shoulders to the wheel. It was the honour of my life to be one of you, and I shall cheer on from the sidelines as you keep fighting the good fight. So remember our battle cry: living with, not dying of, cancer. For more people, for longer. Thank you.”

Mr Speaker: In rounding off these proceedings, before we move to the Adjournment, perhaps I can thank warmly and from the bottom of my heart the hon. Member for Croydon Central (Sarah Jones) for securing the debate, for what she said in opening it and for the manner in which she did so. I think I speak for everybody in thanking all participants in the debate, both those who made speeches and those who intervened with great piquancy and significance—I say that looking directly at the Secretary of State for Health and Social Care, and, in his absence, thinking of the shadow Secretary of State. Their presence meant an enormous amount.

At the outset of the debate, I asserted with absolute confidence that Tessa was about to witness and experience real parliamentary love—the embrace of parliamentary love. I hope that the warmth of that embrace of parliamentary love has been manifest to her. She cannot have been in any way disappointed by it. Tessa, you are the standing testament to the indomitability of the human spirit and we have heard about that from people who know you so well in so many aspects of your life. I am quite certain, although I do not know it from personal experience—I can see it from the impact on those around you—that it is true of you as a wife and as a mother. It is assuredly true of you as a distinguished Member of Parliament—the Member, for so long, for

the people of Dulwich and West Norwood. I thought that what your successor said about the affection and esteem in which you continue to be held there was worth everything.

It was most certainly true of you as a Government Minister, the details of which have been lovingly recalled to the Chamber this afternoon. Of course, we all know of the significance of what you did on the Olympics and, if I may say so, the significance of what you did by way of Sure Start and early years opportunity. When I briefly did a little work in a support capacity on speech and language services a decade ago, I trogged around the country—what a privilege it was—and visited huge numbers of such settings. There is absolutely no doubt whatsoever that the work you did and the translation from conception to execution transformed the lives of some of the most vulnerable of our fellow citizens. That is part of your amazing public service legacy.

As somebody who is living with cancer you have shone a light on a cruel curse and the need for collaborative, resourced and unflagging devotion to the effort to tackle that curse. The hon. Member for Croydon Central, quoting your letter, said that you loved this place. I hope that it is blindingly obvious to you, Tessa, that we love you—[*Applause.*] These breaches of parliamentary protocol are becoming more commonplace, but I think that this week we can rejoice in them.

Question put and agreed to.

Resolved,

That this House pays tribute to the work of Baroness Tessa Jowell in her campaign to help people with brain tumours to live better lives for longer; recognises the Government’s increased funding for research; and calls on the Government to increase the sharing of health data and promote greater use of adaptive clinical trials.

Fire Safety Remedial Work: Leaseholder Liability

Motion made, and Question proposed, That this House do now adjourn.—(*Kelly Tolhurst.*)

5.4 pm

Marsha De Cordova (Battersea) (Lab): I am pleased to have secured this important debate. The issue of liability for fire safety remedial work is of great concern to many Battersea residents, as it is to people in many parts of the country, and for good reason. The horror of the Grenfell fire made it clear, if greater clarity were needed, that there should be no complacency on fire safety.

While we await the final publication of the Hackitt review, which is investigating the fire safety regulatory system and identifying who is responsible for failures and what system is needed, the interim report stated that the regulatory system, at present, is “not fit for purpose.” I fear that is the result of successive Governments not treating fire safety with the appropriate importance.

Of the 158 social housing blocks with unsafe cladding, just seven have had the cladding fully replaced. One of the blocks waiting for work to begin is Castlemaine Tower in my Battersea constituency. Its residents have known for 10 months that their building, like Grenfell, has unsafe cladding. No data is available on the progress on privately owned blocks, and Wandsworth Council has not published the number of blocks that have the aluminium composite material cladding that has been deemed unsafe. Given the number of blocks in Battersea, it is imperative the council publish that information. I have requested the information from the Secretary of State for Housing, Communities and Local Government.

The Government must get their act together and ensure that fire safety work is carried out, but to do that they need to resolve, as a matter of urgency, questions on what work needs to be done, who needs to do it and who should pay for it. It is the Government’s responsibility to resolve those questions and, so long as they do not do so, the risk of another tragedy is prolonged.

Here we arrive at the crucial question of leaseholder liability. I welcome members of the Sesame Apartments residents association to the Public Gallery. They have come to Westminster desperate to hear reassurance from the Government. They are leaseholders of an apartment block in Battersea that was completed just four years ago and that last year was found not to meet fire safety standards after a fire in the block damaged multiple apartments, revealing that compartmentalisation had failed.

Worryingly, the fire occurred while a “stay put” policy was in place. Subsequent testing found that the cladding was defective and in need of replacement. In light of the fire safety failures, the “stay put” policy was changed to immediate evacuation, and a waking watch system was put in place as a temporary solution.

As we know, such fire safety failures need proper rectification, and that work needs to be paid for. The waking watch and fire alarm system are anticipated to cost approximately £700,000, which is more than £8,500 per flat. Replacing the cladding is expected to cost around £2 million, which is £25,000 per flat. In total, the cost per flat is estimated at between £30,000 and £40,000.

After a tribunal ruled last month that leaseholders of Cityscape in Croydon would be held liable for replacing defective cladding, the residents of Sesame Apartments fear the entirety of those eye-watering costs will fall on their shoulders, which cannot be right. They cannot be held liable for these costs. These are hard-working people who scrimped and saved to buy their flats.

Mr Steve Reed (Croydon North) (Lab/Co-op): I congratulate my hon. Friend on securing this debate. She mentions Cityscape in Croydon North where the leaseholders have a similar problem to the residents she represents. When the issue has previously been raised in the Chamber, the Government have pointed the finger and said that the insurers of the builders, freeholders and managing agents should be bearing the cost of removing and replacing that cladding, but no legal obligation has ever been found on any of them.

The Government are leaving leaseholders hanging with unaffordable debt and living in homes that have become unsealable—homes that they fear are not safe to live in. Does my hon. Friend agree that the Government should act now to get the cladding removed from every building where it exists? They can sort out the legalities afterwards. The only body in a position to act now to keep people safe is the Government. Why do they keep refusing to do it?

Marsha De Cordova: I thank for my hon. Friend for making that valid point, which I will certainly be addressing. He is spot on in saying that the Government are the only people who can respond to this issue and deal with the problems that our leaseholders face.

So many of these people are first-time buyers, and many are living in shared ownership properties. They do not have tens of thousands of pounds to pay for the work that needs to be done, and they have done nothing wrong. They bought their flats in good faith and they are in no way responsible for the fire safety failures. To date, the Government have seemingly agreed, saying that, morally, leaseholders should not be held liable for these costs. But my constituents need those words to be backed up by action. For as long as that does not happen, the leaseholders will be beset by fear. After all, how would we feel if we were told that our home did not meet fire safety standards, that we might be asked to pay £40,000 to rectify that and that our largest financial asset, our home, was now a huge liability? That is the situation that residents of Sesame Apartments find themselves in.

I have heard from a teacher who lives in the block and who had hoped to move in order to start a family, but is now weighed down by this liability, unable to sell and trapped in her home. I have heard from a resident, who spoke to me about the heartbreak of the money they had saved for IVF—in vitro fertilisation—treatment now needing to be set aside for fire safety work. I have heard from another whose pride in getting a foot on the housing ladder was crushed when they were told that, just by owning 25% of a shared ownership property, they are now potentially liable for 100% of the costs. Every resident I have spoken to tells me of the stress and fear caused by this liability hanging over their head.

The same is true of leaseholders across the country. Why are leaseholders being put through this ordeal? The Hackitt review is identifying who was responsible

for fire safety failures, but this is causing anguish. The review might conclude that the Government are responsible, because fire safety regulations are not fit for purpose. It might conclude that the building inspection regime is responsible, because some local authorities have privatised inspections, leading to a serious decline in standards. Or it might conclude that developers are responsible, because they have been cutting costs to maximise their profits. It might conclude any of or indeed all those things, but what it will categorically not conclude is that leaseholders are responsible—of course it won't.

These are working people who have had no say over the regulations, or over the design or the building of the property, yet it seems that, legally, they are going to be held responsible for these life-shattering costs. As anyone would, they are attempting to contest that, but they tell me how powerless they feel in that process.

We are talking about a small community of hard-working people, but they are confronted by a web of opaque freeholders, management companies, insurers and unresponsive developers, none of whom wants to take responsibility. The residents do not have armies of lawyers at their disposal. It is a David and Goliath situation, and the law is not working for these people. But it not just about that, as for the corporations involved their profit lines are at stake, whereas for the residents it is their homes and their lives. There is a real concern that if this is allowed to run its course and the Government do not intervene, the working people will be paying for failures that are not of their own making—that is unacceptable.

The Government seem to recognise that, because they have already said on multiple occasions that they acknowledge that it is morally wrong for leaseholders to be held liable for these costs, but those must not be empty words. The Government have the power to intervene and make this right, and it is their responsibility to make this right. They need to do more than just encouraging freeholders not to pass on these costs. They need to do more than support the Leasehold Advisory Service. They need to step up to the plate and intervene on the behalf of leaseholders.

There are actions that the Government could take. They could, and should, properly look to see whether the developers or the freeholders that profited from cost-cutting and lax regulations are liable for the costs, or they could cover the costs themselves, which is what the residents I have spoken to believe should happen.

If the Government refuse to do that, the least they could do, as suggested by one of the Sesame Apartments residents, is provide loans to cover the costs, thereby allowing fire safety remedial work to begin immediately. The loans could be attached to the freehold and stretched over the 100-year duration of the leasehold, with repayment instalments reflecting that. That would ensure that if leaseholders were held liable, the additional yearly service charge would be close to negligible. It would achieve the key requirements of any intervention: first, it would allow remedial work to begin as soon as possible, thereby minimising the risk and fear of fire; and, secondly, it would allow leaseholders to get on with their lives and not be weighed down by an unaffordable debt. I urge the Government to take action to achieve those goals.

I conclude with two straightforward questions for the Minister. First, it might become clear from the courts that leaseholders are legally liable for the costs. If that

happened, does she think it would be acceptable? Put otherwise, does she think that residents should be held legally responsible for the costs of fire safety work, even though she knows that residents are in no way at fault?

Secondly, if leaseholders are found to be liable, what do the Government propose to do for those leaseholders who cannot afford the remedial work? I am asking, in essence, whose side the Government are on—David's or Goliath's. I thank the Sesame Apartments residents for coming today. I know that they will be listening with interest to what the Minister has to say.

5.16 pm

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Mrs Heather Wheeler): I thank the hon. Member for Battersea (Marsha De Cordova) for speaking so passionately about the situation in which some of her constituents find themselves. I thank all Members for their contributions. I recognise that the recent fire in Sporle Court will mean that fire safety is at the forefront of people's minds in Battersea, although we understand that on that occasion there were no injuries.

Let me begin by making it clear in the widest sense that the Government are committed to promoting fairness and transparency for leaseholders in England. To that end, on 21 December 2017, we announced a package of measures to tackle abuses and unfair practices in the leasehold market. That includes introducing legislation to prohibit the development of new build leasehold houses other than in exceptional circumstances, and restricting ground rents in newly established leases of flats to zero financial value. We are working with the Law Commission to support existing leaseholders, including by making buying a freehold or extending a lease easier, faster, fairer and cheaper. With that context in mind, it is hugely important that leaseholders, like any other residents, are kept safe in their homes.

The fire at Grenfell Tower was a terrible tragedy. The Government are determined to learn the lessons and take all necessary steps to ensure that nothing like it can ever happen again. I wish to set out some of the steps that the Government have taken since the tragedy. The Department's building safety programme, set up immediately after the fire, is working hard to ensure that all high-rise residential buildings are safe from the threat of fire, and that residents feel safe in them. To support that, the Secretary of State appointed an expert panel to ensure that the necessary steps are taken to ensure the safety of residents of high-rise buildings. Following the panel's recommendations, the Government provided advice to building owners on the interim measures that they should put in place to ensure the safety of their residents. We swiftly identified social housing blocks and public buildings with unsafe cladding. All the affected social sector buildings that we have identified have these measures in place.

Mr Reed: The Minister will recall the lethal fire at Lakanal House in 2009. In 2013, the coroner who investigated that tragedy urged the Government to change the fire safety regulations that govern the use of cladding—specifically, approved document B. The Government failed to amend that regulation in 2013 and now, five years later, they have still failed to amend it. The criticism was that it was unclear what kind of cladding could and could not be put on a building. For that reason,

[Mr Reed]

flammable cladding exists on hundreds of blocks today. Will the Minister explain why the Government have done nothing in the nine years since Lakanal House?

Mrs Wheeler: The important thing is that the Hackitt review has already released interim recommendations, which we have accepted. We await the review to report later this summer. That will be the answer going forward.

All the social housing blocks and affected social sector buildings that we swiftly identified had the measures in place. In parallel, we tested different combinations of cladding and insulation to see which of them met the building regulations guidance. We published consolidated advice in September, confirming the results of the tests with advice for building owners. We have also been working with building owners and industry to support remediation work.

At the same time, the Government asked Dame Judith Hackitt to undertake an independent review of building regulations and fire safety to ensure that buildings are safe in future. We are taking forward all of the recommendations for Government contained in the interim report, and look forward to the publication of her final report shortly.

We believe we have identified all affected social housing blocks and public buildings. With regard to private sector buildings, the Government have made the testing facility at the Building Research Establishment available free of charge, and we continue to urge all building owners to submit samples for testing if they think that they may have unsafe cladding. In addition, the Secretary of State wrote to all local authorities in August asking them to identify privately owned buildings with potentially unsafe cladding in their area in line with their statutory duties.

Marsha De Cordova: On that point, my local authority, Wandsworth Council, has still not published any information around those private blocks that could potentially have flammable cladding. Will the Minister take it on herself to continue to press the council to get on with the job and publish the information? She made the recommendations last summer.

Mrs Wheeler: I hear what the hon. Lady says. We have close contacts with Wandsworth Council.

In addition, the Secretary of State wrote to all local authorities in August asking them to identify these properties. The majority of local authorities recognised the urgency of that work and provided relevant information, and we are very grateful for their hard work. However, this is not a straightforward task, particularly when building owners cannot be traced or are unresponsive. We have been in constant dialogue with local authorities ever since. Last month, to support local authorities in that work, we announced a financial support package of £1 million to assist the most affected local authorities in identifying the remaining private high-rise buildings with potentially unsafe cladding.

We are progressing work to issue a statutory direction as to local authorities' reviews of housing conditions in their area in respect of cladding-related issues. We are also working to publish additional operating guidance to support local authorities in assessing the risks to residents posed by potentially unsafe cladding.

These measures will help local authorities to take enforcement action to ensure that hazards in residential buildings in their areas are remediated as quickly as possible. I am confident that these steps will strengthen local authorities' hands when carrying out this work. I can assure hon. Members that, as soon as we are notified of buildings with potentially unsafe cladding, we work with local authorities and the National Fire Chiefs Council to ensure that interim measures are put in place.

The Government have been clear that remediation should be done as quickly as possible, but it should also be done properly. Let us be clear: the remediation of buildings with ACM cladding is a complex process, involving major construction work which needs to be planned, consulted on and carried out carefully. Rushing any phase of the remediation process could jeopardise the safety of residents. I am encouraged that remediation has started on 103 affected social sector buildings and that, of those, seven have finished remediation work. There is clearly a long way to go, but that is significant progress.

I understand that funding is a concern for Wandsworth Council. In the social sector, all the local authorities and housing associations that we have spoken to have indicated that they have no plans to pass on the costs of essential remediation work to individual flat owners within their buildings. We will consider financial flexibilities for local authorities that are concerned about funding essential fire safety works to the buildings that they own.

In the private sector, we continue to urge those with responsibility to follow the lead from the social sector and not attempt to pass on costs. They can do that by meeting costs themselves or looking at alternative routes such as insurance claims, particularly warranties, or legal action.

Mr Reed: Will the Minister give way?

Mrs Wheeler: No, I am going to finish.

We are aware of cases in Battersea where freeholders are seeking to do just that.

Mr Reed: Will the Minister give way?

Mrs Wheeler: No, thank you.

Where building owners are seeking to pass on remediation costs to leaseholders, it is important that leaseholders can access specialist advice to understand their rights. We have provided additional funding to the Leasehold Advisory Service—LEASE—which provides independent, free, initial advice to leaseholders to ensure that they are aware of their rights and are supported to understand the terms of their leases. LEASE continues to provide valuable support to affected leaseholders around the country. On 15 March, the Secretary of State announced an industry roundtable on the barriers to the remediation of buildings with unsafe aluminium composite material cladding.

Mr Reed: Will the Minister give way?

Mrs Wheeler: No, I will not.

I hope that the points I have made have reassured—

Mr Reed: Will the Minister give way?

Mrs Wheeler: No, I will not, sir.

I hope that the points I have made have reassured hon. Members just how seriously we are treating the building safety issues that the terrible fire at Grenfell Tower

brought to light, and our commitment to supporting leaseholders and all residents throughout this process.

Question put and agreed to.

5.26 pm

House adjourned.

Westminster Hall

Thursday 19 April 2018

[MR VIRENDRA SHARMA *in the Chair*]

BACKBENCH BUSINESS

UK Oil and Gas Industry

1.30 pm

Colin Clark (Gordon) (Con): I beg to move,

That this House has considered the UK oil and gas industry.

It is a pleasure to serve under your chairmanship, Mr Sharma, and I thank the Backbench Business Committee for granting me this debate. I am grateful to hon. Members for attending on such a glorious, hot day—it is particularly lovely and warm in this room. It is difficult to sell the oil and gas industry on quite such a hot day, but I am assuming that the air conditioning is running on electricity.

Oil and gas is a massive part of the UK economy. Since 1964, 44 billion barrels have been produced, resulting in £330 billion of production taxes for the Exchequer. The supply chain has an annual value of £30 billion, and every 1 billion barrels of oil are worth £50 billion to the UK economy.

Geographically, the oil and gas industry is centred in the north-east of Scotland, and it has a huge impact on my constituency of Gordon, north-west of Aberdeen, where there are, remarkably, 233 oil-related companies. My hon. Friend the Member for Aberdeen South (Ross Thomson) cannot be here due to illness, but his constituency and those of Aberdeen North, Banff and Buchan, Moray, West Aberdeenshire and Kincardine, and Angus to the south, are also very involved. The industry is spread throughout the rest of the United Kingdom but has a particularly large footprint in Scotland. Some 59 UK constituencies have a major oil and gas presence, from the northern isles, Shetland and Orkney, all the way down the east coast. Apart from Aberdeen, major industrial cities such as Dundee, Glasgow, Newcastle, Hull, Norwich—to name just a few—are very involved in the industry. It employs more than 300,000 highly paid, highly trained people, with internationally employable skills. People from all over the UK work in the sector. It is a truly national industry linking every part of the UK.

At its peak, tens of thousands of offshore workers were transiting through Aberdeen International airport, which is in my constituency. They came from many destinations, such as Liverpool, Manchester, Humberside, Portsmouth, Norwich, Newcastle, Southampton, Exeter, East Midlands, Birmingham, Bristol—that is not naming them all—and the south-east of England, as well as from further afield, including Dublin and Belfast and with connections to Norway, Holland and the rest of Europe.

This is a global industry—the UK at its best. Only this week I discovered that Mozambique has the third biggest discovery of gas in the world and Scottish companies have been involved by the Department for International Trade.

Alex Cunningham (Stockton North) (Lab): I congratulate the hon. Gentleman on securing this important issue. I am sorry that there are not more people here to discuss it, and that I have to leave before the end. He did not mention Teesside, which is of course the real centre of the oil industry. We have enjoyed a great partnership with colleagues in Aberdeen. Some £5 million of capital investment in new fields in the continental shelf is expected this year. Is he aware that companies that employ contractors are having extreme difficulties in recruiting people with the necessary skills for the new jobs now being created? Does he agree that the Government need to do more to improve the skills base to ensure that British workers can work on these British fields?

Colin Clark: The hon. Gentleman makes a very constructive intervention. There were 460,000 people working in the oil and gas industry; there are now nearer 300,000. With the amount of redundancies and people laid off in the industry, we might have expected that unemployment in the north-east of Scotland and on the rest of the east coast would have gone up sharply, but these are highly skilled people with highly transferable skills, and many companies that I visit in my constituency are already reporting a skills shortage, which is a concern that I am sure the Minister will mention.

It is very important that our universities and colleges engage with what the industry wants. One of the criticisms I heard recently was that there is not enough training in digitalisation for engineers. One company, Aker Solutions, a Norwegian company with a large base in Aberdeen, is recruiting from Mumbai because those engineers are trained in digitalisation. It is a serious worry for me that training and recruitment are not matching up.

Returning to my point about Mozambique, DIT had companies from Aberdeen and the north-east looking at the opportunities out there. There was also the Israeli ambassador's lunch the other day—there are now huge finds of gas in the Mediterranean. Skills in the United Kingdom, particularly in the north-east, for example in directional drilling, will play a very big part in that.

I want to focus on the importance of the industry—its longevity, future and strategic importance—as well as Government involvement and the moral questions that surround the sector. The industry has come through some very tough years. As I said, employment in the sector has dropped from 460,000 to 300,000, but most of those people have been employed elsewhere. Employment has held up well, as people have also been employed overseas. Although there has been a downturn in the oil price, the amount of oil being produced pretty well holds up, so the number of people involved may simply move to another part of the world.

By early 2016 the price had declined by 75% in 18 months, so the industry withstood an enormous price shock, as opposed to a demand shock. Other basins stepped up production to maintain market share, most notably the middle east and OPEC. There have since been OPEC cuts and caps, which are helping to provide some sort of cost stability. We are seeing the price move nearer to \$70, which starts to make the UK continental shelf much more profitable, or at least more able to cover its costs.

The main point to make today is that this is not a dying industry. Production will decline from the peak of 4.5 million barrels in 1999-2000—it is now down

[Colin Clark]

to about 1.5 million barrels—but it is still an incredibly important industry for this country.

Andrew Bowie (West Aberdeenshire and Kincardine) (Con): Would my hon. Friend agree that oil and gas is not a transitional industry on the journey through to a decarbonised world? There are many industries and many people who will be using oil and gas as an energy source, and for other reasons, for many years to come.

Colin Clark: I thank my hon. Friend for that point. I am a member of the Environmental Audit Committee, which took evidence from Lord Turner, the former chairman of the Committee on Climate Change. I asked him how long he saw oil and gas being a major source of energy, heat and power, and he said at least into the next century, which is well over 80 years. He went on to say that in terms of an industrial raw material, we just do not know—we could be looking at hundreds of years. It is important that we realise that we probably cannot bring all the hydrocarbons we have to the surface, but that we certainly have to use them better and in a much cleaner way. I know that is a big consideration, particularly in the City of London.

The Minister for Energy and Clean Growth (Claire Perry): I want to reassure my hon. Friend that I, the Government and many industry commentators absolutely see a role for oil and gas in the mix going forward, with a shift towards gas. Technologies such as carbon capture and storage, which I have had the great pleasure of debating with the hon. Member for Stockton North (Alex Cunningham), my hon. Friend the Member for Waveney (Peter Aldous) and others in this House, are part of the way to extend the industry's life even further. The Government are committed to gas—it is not just me; it is other international parties as well—but finding ways that can help us take carbon out to keep the energy supply flowing is also part of that mix.

Colin Clark: I thank the Minister for that intervention. It is very important that we are careful that this industry is not demonised and is not seen as something of the past. It is a constructive industry and it is important that we do not suggest it is a stopgap until we move on to something else. We have to recognise its importance. How we use hydrocarbons responsibly is something we have to get right for generations to come, while reflecting on how we have got it wrong in the past.

Alex Cunningham: There is also the legacy industry from the parts of the industry that have changed. A huge decommissioning industry is growing up. Does the hon. Gentleman agree that contracts around decommissioning should be subject to even greater regulation in order to protect not just the environment but the interests of British workers who need to train to carry out this decommissioning work, which could create thousands of jobs for Teesside?

Colin Clark: The hon. Gentleman must have read my mind, because I am coming on to decommissioning. It is interesting that Hartlepool has already set itself up to take the topsides of rigs. That is pretty remarkable, because I remember that when I was standing for another

election back in 2015 I was told that large vessels come and take the topside off, and then take it away to Turkey or the middle east to be broken up. I was told that, apart from a bit sub-sea, decommissioning was not going to be done in the UK. I am delighted that we are going to carry out decommissioning. This is about how ambitious we are to be involved in it. There are huge opportunities.

Alex Cunningham: There is the opportunity not just to decommission the rigs, but to bring them in, reconfigure them and put them back out on to the Dogger Bank to provide platforms for the people servicing the offshore wind industry. Would the hon. Gentleman support that?

Colin Clark: That is a very valuable point, and I know that the Oil & Gas Technology Centre in Aberdeen is looking at that. The initial idea was that everything would have to be taken down to the seabed, including the concrete installations on the bottom of the seabed. The industry is starting to look at the opportunities. The Oil & Gas Technology Centre is particularly active in thinking about what we can use again and what has significant value. There is a real opportunity with renewables, whether solar or turbines.

The current estimates put the total decommissioning spend at about £60 billion, but the Oil and Gas Authority is targeting a 35% reduction in that cost. Decommissioning has a big effect on the Exchequer, so it is important that we come up with an efficient way of doing it. Companies such as Well-Safe Solutions, based in West Aberdeenshire and Kincardine, are coming up with industry excellence to ensure that we do not learn new lessons every single time we do this. We want as much of the decommissioning industry to be in the United Kingdom. Apart from anything else, morally we should do as much decommissioning in this country as we can safely and in a way that fulfils what we want to do. We should not simply offshore our responsibility to developing countries.

Although there are opportunities for the UK supply chain, it is important to know how much of the cake we will get and what our ambition is. The biggest part of the decommissioning spend is the technical side—the technology and the design. We are already well positioned to do that in the north-east and the rest of the country.

The ambition of the industry, and the vision of people such as Sir Ian Wood, is to extend the North sea's life with small-pool and late-life development. The industry can report growth; it is showing resilience. Oil & Gas UK's "Business Outlook" report, released on 20 March, said that more new investment is expected in 2018 than in the past three years, so things are starting to tick up. Production in 2018 is set to increase by 5%, making it 20% higher than it was five years ago. That is resilience; the industry is not going backwards. Unit operating costs, which were a huge problem in the North sea and got completely out of hand, are now down to about \$14 or \$15 per barrel, compared with a barrel price of \$70. That is not the total cost, but it means that we are now internationally competitive, which is very important.

The supply chain is still under enormous pressure, but revenues will stabilise in 2018. Cash flow and, most importantly, profitability remain a challenge. The service sector is telling companies in the oil and gas sector that they are being squeezed far too much. The problem is

that if the tier 1s and tier 2s put them out of business, they will not be there for tomorrow, and that will be an economic disadvantage to the country.

More exploration is needed to realise the basin's full potential. Transferable tax history, delivered by the Chancellor last year, is expected to remove barriers to late-life investment. The problem was that the tax advantages that a tier 1 company built up may have prevented other investors from getting involved in the oil industry, because they are unable to use the decommissioning tax breaks. That is very important, and it demonstrates the UK Exchequer's broad shoulders.

Maximising the potential of existing fields is key to sustaining production at current levels to 2050. Oil & Gas UK estimates that

"between 12 and 16 oil and gas developments could get the go-ahead this year"—

as the hon. Member for Stockton North (Alex Cunningham) said—

"unlocking investment of around £5 billion."

It goes on to say:

"That's more than the new oil and gas field approvals sanctioned over the last three years combined and promises a much-needed business boost for the supply chain".

It is important that the supply chain starts to negotiate contracts that will sustain it into the future. There is excess capacity, and if the oil producers squeeze too hard we could see a depletion in the number of people involved, and in the long term that will be very bad news.

Norway is always cited as an example. Exploration is tax-deductible in the Norwegian sector, and there are vast reserves. However, when companies find oil, they pay up to 78% tax, compared with the UK sector, for which it can be 20%. The industry reports that the greenfield and major brownfield developments set to be approved this year could yield more than 450 million barrels of oil and gas over time, although that still falls short of the level required to sustain long-term production at current levels.

We cannot underestimate this; the industry is not out of the woods. Oil & Gas UK said:

"The project landscape for 2018 is the healthiest the industry has seen...greater exploration success and maximising the potential within existing assets are essential for the future".

Oil & Gas UK is not pulling its punches. It is saying that we see green shoots in the industry, but if this does not happen they could dampen back down. Oil and gas companies make decisions about investing money, and they are very tough about where they do that. They will invest in the UK continental shelf if it is the right place, but if there is somewhere better to invest, they will do that. It is important that the UK continental shelf remains fiscally one of the best places to produce oil. We must applaud the sector, because it has learned to be leaner. The UK continental shelf is more efficient, and optimism is returning to the sector.

To blow the trumpet of the north-east for a minute—there are several north-east MPs here—

Alex Cunningham: The hon. Gentleman means north-east Scotland. We use "the north-east" to refer to north-east England.

Colin Clark: Quite right. I mean the generic north-east.

The north-east of Scotland has 7% of the population, but 15% of the Scottish economy. I am sure that the hon. Member for Aberdeen North (Kirsty Blackman) will agree that it is the engine room of the Scottish economy. The policies of Her Majesty's Government and the Scottish Government must encourage companies to thrive, and not be damaging. The cost of living in the north-east of Scotland is higher—house prices were driven up by the boom years, so we have the highest council tax bills—and employers feel penalised by what they see to be very high business rates. The empty business property rates have unfortunately backfired and are encouraging landlords to take buildings down. It is important that we invest in the north-east of Scotland—this is a plea to this place as much as it is to Holyrood—and that the money we raise there is spent there.

Over the lifetime of this Parliament, as much as £500 million of extra rates will be raised in the north-east of Scotland. My plea is that we spend that money in the north-east of Scotland, whether on roads, schools, hospitals or other facilities. It is important that we make the north-east of Scotland not only the right place to invest, but the right place to live. If somebody flies in from Houston or comes up from London or Europe, they have to come to somewhere they really want to live, so it is important that we invest in the area.

Andrew Bowie: Does my hon. Friend agree that there is a general feeling in the north-east of Scotland that the region has been undervalued and underfunded by Governments over the past few years?

Colin Clark: Yes, but many parts of the country feel they are underinvested in. The engine room of the Scottish economy is taxed that much more than other areas—if we do not invest in it, we risk killing the golden goose. That is the important thing. I am not saying that other areas are not deserving; I am saying that if we do not invest in the north-east of Scotland and the surrounding area, it will not be an attractive place to live, and it will be very difficult to attract people to work there.

Kirsty Blackman (Aberdeen North) (SNP): Does the hon. Gentleman agree that the same concepts apply to the £330 billion of oil revenues that came to the Westminster Parliament?

Colin Clark: I will not disagree, save that the principle is that that £330 billion was to the UK Treasury, which invested for many years throughout the United Kingdom. As the hon. Member for Stockton North will remind me, not only the original Scottish sector has oil, but the islands, the rest of the UK east coast and now the west coast of Scotland as well.

David Duguid (Banff and Buchan) (Con): I wanted to make this point earlier; it came up in conversation with a Treasury Minister last year. We had to remind that Minister that oil and gas exist not only off the coast at Aberdeen, but all down the east coast, on the west coast, to the west of Shetland and the Northern Isles in general, off Morecambe bay and all around the UK. That is why we call it the UK continental shelf and not just the North sea.

Colin Clark *rose*—

Claire Perry: Will my hon. Friend give way?

Colin Clark: I shall.

Claire Perry: I wanted to do two things, briefly: first, I remind everyone of the wonderful page 218 of the industrial strategy, which shows the productivity gains that the industry has delivered to the north-east—productivity gains driven by a UK Government-wide fiscal policy that supported the industry through the 1970s and '80s. Secondly, I remind hon. Members that the carboniferous formation that has delivered the offshore extraction has also allowed us to explore, in a sensible, environmentally safe and robust way, onshore extraction of such incredibly valuable resources. The formation runs underneath us as well.

Colin Clark: I thank Members for that plethora of interventions—it is good that everyone is so interested on such a hot day.

As I was saying, this is an enormously important industry, which has been the bedrock of the manufacturing industry of the United Kingdom. That is why Her Majesty's Government have invested in it and made this country one of the best places fiscally to produce oil and gas. With the transferable tax history, the UK Government have delivered a massive incentive to invest—other Members campaigned for that for some time. However, it is important that the companies now investing in the industry understand their future responsibilities and that the companies that invested in the past, which have already had the tax benefit, realise that they still have a responsibility.

Fiscal policy makes the UK continental shelf one of the best places to produce oil and gas, and the low corporation tax of the United Kingdom means that the bigger part of the industry, the service sector, is well compensated when operating in the UK. To produce more revenue and grow the whole economy is what we are trying to do. For “business sector” read “jobs”, because employment in the oil and gas industry is picking up, and there is a huge spin-off from the industry. It has been reported that more than half of the companies surveyed expect employee numbers to rise this year. That is a big change.

The north-east of Scotland and the rest of the country involved in oil and gas have seen numbers heavily depleted. As we discussed in a Westminster Hall debate on social mobility a few weeks ago, some businesses are reporting difficulties in recruiting people with certain skills and competencies. That is a worry; perhaps our technical colleges and universities are not producing enough. I had not realised that that could be the case—I expected that Robert Gordon University in Aberdeen or Aberdeen University would be completely focused on the oil and gas industry, but there is already concern about skills shortages.

The oil and gas industry reminds me of the space programme in the US in the 1960s: when oil was \$120 a barrel, the industry could not spend money fast enough—probably throughout the entire world, but particularly in the UK continental shelf. Since the oil price has dipped, the industry has obviously pulled back from training, which is probably the reason for our skills shortage.

We saw a massive dip in training, although it is beginning to pick up again. Government should do everything possible to encourage training and investment in training, because the industry will continue to be important.

In the north-east we have the highest concentration of technicians and engineers in the United Kingdom—in both north-easts—and all sides can recognise that that is hugely valuable all over the UK. It is also important at the Oil and Gas Technical Centre that STEM—science, technology, engineering and maths—learning is an important part of what the oil industry offers.

Recently, the Aberdeen and Grampian chamber of commerce carried out an industry survey including employment and attitudes. I shall give a few of the numbers because it is important for us to understand where the industry is. The picture is a mixed one, but 80% of firms believe the industry has hit the bottom of the cycle and is now starting to go back up. That means we will start to see investment again—and we are. Fifty-four per cent. of the companies expected to be growing, which is very important, because we are clearly coming out of what was a major recession.

Companies also predicted that they will grow new opportunities, as came up in an earlier intervention by the hon. Member for Stockton North. I visited Sparrows, which builds complex cranes. It had a £10 million order for cranes to put on turbine platforms, to lift parts on and off: 105 of those automated cranes at between £50,000 and £100,000 each. That is a huge investment, and there is the industry diversifying out. More than 80% of companies expected to be involved in decommissioning, where the spend will probably be about £40 billion—that is not to be sniffed at and will sustain an engineering industry for a long time. Many sectors in the United Kingdom would like a £40 billion investment.

On Brexit specifically, the survey covered the issue of recruiting talent in future. The figures are worth mentioning: 47% of the companies surveyed believe that there will be no effect; and 33% were worried. I accept absolutely that we have to get immigration right because this industry employs such highly skilled people.

The Oil and Gas Technology Centre, funded by the city region deal to the tune of £180 million, combines academic research, including that of Aberdeen and Robert Gordon Universities, and industry to create value: to unlock the potential of the UK continental shelf, to anchor the supply chain in the north-east—predominantly the north-east of Scotland, in this case—and to create a culture of innovation that attracts industry and academia. The centre is trying to bring all that together.

For a long time, the oil and gas industry operated in silos, with independent commercial organisations. Sir Ian Wood, with one organisation, has been brilliant at encouraging companies to come together. I have to say—I am sure that all Members involved would agree—that the basing of the Oil and Gas Authority in Aberdeen has been an enormous success. I would be delighted were other Ministries to consider basing anything related to oil and gas in Aberdeen as well.

Alex Cunningham: I thank the hon. Gentleman for giving way again and for indulging me so thoroughly, because I have to leave the debate early. He has made a

comprehensive case for investment in skills, innovation and development, but there is also the matter of the workforce. For example, workforce confidence in helicopter transport has diminished considerably in recent times. Since 2009 there have been 65 rescues and 33 deaths involving the Super Puma model. Does he agree that confidence in offshore transport needs to be rebuilt? The Government ought to consider and implement a public inquiry to help build that confidence again—that it is still safe to get in a helicopter to fly offshore.

Colin Clark: That was a valuable intervention. Recently, the British offshore oil and gas industry all-party parliamentary group met Airbus and the unions involved. There is obviously significant concern about the Airbus 225, also known as the Super Puma. At the moment, the Sikorsky S-92 is the main workhorse in the North sea. The problem is that if the 92 were grounded for any technical reason, or if there was any other reason to keep that helicopter on the ground for a week or two to check something, the industry would close down. Commercially, Airbus obviously wants to see the 225 come back in, and that is very much an issue for the Department for Transport. It is important for us to have confidence, because there is no other way to supply oil rigs.

When we had a visit from the Secretary of State for Transport, one or two of his advisers said, “This is brilliant, flying out in a helicopter.” I said, “How do you think they get back and forward?” The journey cannot be done by boat; it can take two and a half hours to fly offshore on a helicopter. Helicopters are important to the future of the oil and gas industry, so I accept the hon. Gentleman’s suggestion that we must restore the confidence of people who work offshore.

Alex Cunningham: Does the hon. Gentleman agree that part of that could be an open and transparent public inquiry? Everyone would be able to see, which would instil the level of confidence that workers are demanding.

Colin Clark: Also, the trade unions and their representatives have to be very careful that they base what they are saying on science, not anecdotal evidence. I have heard one or two things said that made me very worried; I will not say that it was scaremongering, but they undermined people’s confidence in what is absolutely essential. The people who work in the oil and gas industry do not want to see helicopters grounded; they want to be safe and they want to be confident about how they get back and forward from the rigs.

I would like to mention two projects by the Oil & Gas Technology Centre. It has a great ambition for an underwater innovation centre, which is very important to the sub-sea sector. That is a very big part of the constituency of my hon. Friend the Member for West Aberdeenshire and Kincardine (Andrew Bowie), who is no longer in his place. It is also about to create the newly announced decommissioning centre in Newborough, in my constituency, which is trying to be the centre of decommissioning technology and ability, so that the UK plays a key part in it and we do not move it elsewhere.

In monetary terms, Vision 2035 aims to create £1 trillion of revenue over the period to 2035 only. The Oil and Gas Authority has a potential upper level of 20 billion barrels of oil, and that expectation is based on barely a

quarter of what there could be. We want to see the supply chain double to £500 billion over that period. That is an absolutely enormous part of the UK economy paying tax, contributing and investing in people. Through collaboration, the maximum economic recovery that has been developed by the industry could provide £400 billion. Again, that is just up to 2035. The collaborative effort between Her Majesty’s Government and the Scottish Government, shows that when we work together, businesses and jobs benefit. That is pretty well what all our constituents would expect us to do.

The private sector is beginning to have tremendous confidence again in the oil and gas industry. In 2017, there was a staggering \$8 billion of merger and acquisition activity in the sector; Chrysaor invested \$3.8 billion to purchase Shell assets, and that was before transferable tax history. There was also activity in the supply chain that included Wood Group and Amec, which together are to become a FTSE 100 company, and GE and Baker Hughes, which plan to float on the New York Stock Exchange. They are mammoth businesses investing in a lot of people. The variety, size and type of M and A deals last year signal confidence in the UK continental shelf.

We live in a free market economy where Government must create the right conditions for growth, which is why we are today to address the Minister. Anti-business rhetoric of demonising job creators, overregulation or punitive taxes all damage growth, as does demonising hydrocarbons by suggesting that they are somehow a thing of the past that we should not be getting involved in. Achieving inward investment requires a dynamic economy with flexible labour laws, hence our historically low unemployment. High taxes destroy investment and job opportunities.

Government must be very conscious of what they are doing. We need to grow the whole economy, not just take more slices out of bits of it. Past Conservative Governments have made mistakes on that very point, particularly in the oil and gas industry. Deirdre Michie said:

“We need more exploration if we are to get close to recovering the three to up to nine billion barrels”

of oil.

Whenever we speak of oil, the figures are absolutely enormous, as is its economic impact: as I said earlier, 1 billion barrels of oil is £50 billion of contribution to the economy.

The UK has signed up to significant carbon reduction. Hydrocarbon production is presented by parts of the media and politicians in this place—I have heard them on many occasions—as part of the problem. Renewables have become a large part of electricity production, but there is twice as much energy transferred by the gas ring than there is by electricity because, apart from on a hot day like this, this is a country that needs heating in our homes. Natural gas produces half the greenhouse gases that coal does. The UK continental shelf industry is part of the solution, not the problem. Each and every one of us gets up in the Chamber as often as we can to remind people that the industry is a very valuable part of the economy.

As the Minister mentioned, the Oil & Gas Technology Centre sees the future being hydrogen and carbon focused, with unmanned facilities and reusable structures. Already,

[Colin Clark]

BP in the Quad 204 is putting into practice subsea automated structures and vessels, as opposed to rigs. This is a rapidly changing industry—we are changing skills.

I would like to mention a Government elsewhere with a lot of Scots people who moved there many years ago: New Zealand has announced that it will not allow any new offshore development. They are simply offsetting their responsibilities to overseas. They are somehow going to oversee their responsibility for energy, so they are just moving it to a different jurisdiction, where they will have no idea what the ethical and safe practices will be. That is simply pushing away their responsibilities.

Oil and gas are part of the transition, but they are part of our economy, potentially for centuries. It is an incredibly important raw material. As somebody said to me, “You don’t make electric vehicles with wood”—not yet at least. Hydrocarbons, oil and gas and plastics are a major part of those industries. I want people to remember that it is our throwaway culture that polluted our seas, not the existence of hydrocarbons. Already, the UK has slashed emissions by transferring to gas.

I heard recently in a Committee that some would suggest that oil and gas should not be part of the so-called ethical pension funds, should not be considered for green finance, and that somehow we should just turn off the taps and stop using hydrocarbons. Not only is that unrealistic, it is a fairy tale and completely luddite. Hydrocarbons have driven the industrial and green revolution. We would not be where we are if it were not for our use of hydrocarbons. That does not mean that we did not mistakes.

Life would be a lot harsher and the population would be a fraction of what it is. I worry when environmentalists say that, because I wonder whether they are basically saying that there are too many people on this planet and we cannot sustain them. I do not quite know how they will work out which economies should carry on developing and using hydrocarbons, and which developing and third-world economies will somehow be deprived of the development that the western world has enjoyed. Oil and gas has been pivotal in transforming the carbon intensity of the power sector, with cost-effective emission reductions achieved through a significant switch from coal to gas.

I would like to briefly mention fracking, without being overtly political. Everybody should remember that hydraulic fracturing of rock formations has been used in the North sea for 30 years. It has been done very safely and under the jurisdiction of Governments of various parties, who have been very careful how it is delivered. I do not really want it to get into the general narrative that somehow that is not safe, because that would suggest that what we are doing offshore, perhaps thousands of feet below the rigs, is not safe.

Well construction and the UK continental shelf has been absolutely at the top of the industry. Directional drilling and hydraulic fracturing has been developed in the North sea, so we should not just discount it. I ask the Scottish National party and the Scottish Government to remember that there is a science and a very good background to what we have done in the North sea. However, I respect the right of communities to say that they do not want onshore fracking. I also respect the

right of communities to say they do not want onshore wind. But let us be frank: it is about nimbyism. They do not want it in their backyards. That is what it is about, rather than a denigration of the science and technology of those sectors.

Deidre Michie said recently:

“As we move to a lower-carbon economy, the UK needs to meet as much of its domestic demand for oil and gas from indigenous resources”.

I would like to thank UK Oil and Gas, Deidre Michie, the Oil and Gas Authority, the Oil & Gas Technology Centre, and also local organisations and companies that have fed into what we are speaking about. We can see the importance and scope of the industry, which has the potential to produce more than £1 trillion of revenue for the Scottish economy and to all economies of the north-east and the rest of the UK continental shelf. That is absolutely enormous.

The industry has longevity and huge strategic importance. Particularly at these times in the world, when we consider where our energy is coming from, our own gas supplies are of incredible importance and we should be investing in them, if for no other reason than to give us energy security. We must remember that the basin still employs 300,000 people in highly paid and highly technical jobs that drive other areas of research in the economy.

Will the Department for Business, Energy and Industrial Strategy ensure that we have an energy policy that recognises that, on the Department’s own figures, oil and gas will still provide two thirds of total primary energy by 2035? Oil and gas must be a vital component of that policy, which should consider affordability, security of supply and environmental sustainability.

Alan Brown (Kilmarnock and Loudoun) (SNP): I assume that the hon. Gentleman also supports the call for an oil and gas sector deal as part of the industrial strategy.

Colin Clark: The hon. Gentleman must have read my speech—ah, there is a camera behind me! Yes, there should also be a sector deal focused on transformational technology, underwater engineering and decommissioning that drives technology with spin-outs to the wider economy. That is so important with regard to STEM subjects alone. It worries me that young people—students and kids who are still at school—say, “Has the oil and gas industry got any future?” One young man said to me that he was going to work in the car industry, building cars with steering wheels. I said, “Nobody will be driving them in 10 years’ time, but we’ll still need oil and gas, so I would stick to the oil and gas sector.”

My third ask of the Department is to support the high-tech and highly productive supply chain, which has the potential to double its share of the global services market. I ask Departments more broadly to ensure that the UK continental shelf remains fiscally competitive and that we have UK frameworks that strengthen the UK internal market, which is essential to oil and gas.

BEIS has long supported the industry, and we appreciate that one of the Minister’s first visits in her current post was to Aberdeen.

Claire Perry: It was my first visit.

Colin Clark: It was her first visit. She clearly recognises the importance of the sector. Given her unique position, which covers energy and clean growth, I am sure she agrees that natural gas in particular has played a transformational role in reducing greenhouse gases, and I look forward to her continued support.

2.12 pm

Kirsty Blackman (Aberdeen North) (SNP): It is a delight to have the opportunity to speak in this debate. It is always good to have a debate focused on oil and gas; we have not had enough of them recently. I am also delighted to be in Westminster Hall—I feel like I have not been here for some time—and I am thankful for the air conditioning, which is incredibly useful today.

I will not spend an awful lot of time disagreeing with my constituency neighbour, the hon. Member for Gordon (Colin Clark), because I agree with most of what he said, but I will start with a slight disagreement about helicopters. I agree with what the hon. Member for Stockton North (Alex Cunningham) said about people's nervousness. We and the companies involved ask people to undertake dangerous helicopter journeys just to go to work. In conversations with Airbus and other organisations involved with the helicopters, I have said, "It is not me you have to convince that the aircraft are safe; it is the people who are asked to fly on them." To do that, those organisations need to have as many conversations and answer as many questions as possible. That is the only way they will possibly regain the confidence of people in the industry.

Alex Cunningham: On that basis, does the hon. Lady support my call for a public inquiry so that we have full transparency about exactly what happened and what is being done to rebuild confidence in particular models, which are still yet to come back into service?

Kirsty Blackman: I appreciate the hon. Gentleman's question. To be perfectly honest, I am not clear that an inquiry is widely called for; an awful lot of information has been published. If lots of individuals from my constituency and from the industry more widely asked me for such an inquiry, I absolutely would look at that. I am not saying no, but that is not something that people generally have asked me for. They have looked at the evidence that has been published so far and taken decisions on that basis.

I will talk first about the oil and gas industry in general, although obviously I will speak particularly from the perspective of the north-east of Scotland, as Members would expect of an Aberdonian. I will talk about where we have come from, where we are and where we will go with the industry, and about how to get to those places. As I said, some of my asks are not dissimilar to those of the hon. Member for Gordon.

We were in a situation where the industry was overpending significantly. When it was told that it could have a widget today for £400 or tomorrow for £4, it chose to have it today for £400. There was an awful lot of fat in the system. Now the industry is able to make more profit at \$60 a barrel than it was at \$120 a barrel, just because it has slimmed down a lot of those costs. One of the most important things for us to do is to capture that—to ensure that, whatever we do, we do not lose the gains we have made.

We have undoubtedly been through an incredibly painful period. We have had an awful lot of pain and suffering in the north-east of Scotland. I get that. A number of people have found alternative jobs—they have been supported in that by various organisations; the Scottish Government have put a lot of effort into that—but some have not. We do not want to forget that there are people who still have not got through the pain of having to go through a redundancy process. We need to remember that and ensure that, whatever we do, we do not set ourselves up for another fall like the one we had. That is really important.

We had a very competitive system, in which companies were unable to work together or point in the same direction. Local authorities were not particularly good at that, either. What really brought local authorities, the business society and civic society in all of Aberdeen city, Aberdeenshire and the north-east of Scotland together was the bidding process for the city deal. Working together on that was really important. I am pleased that we got a city deal. Anyone who has read anything I have said about the deal will know that I was unhappy about how low level it was—I would have liked significantly more money for my city, and I am not sure that many people in the north-east of Scotland would disagree—but the process was very beneficial, as was the direction that the city and the shire took. I hope that we keep hold of that.

Colin Clark: The hon. Lady is gracious in giving way. Does she worry that there is a perception that the north-east of Scotland is relatively wealthy and therefore will take care of itself, and that sometimes that affects investment in the region?

Kirsty Blackman: I certainly worry that the city deal that was signed was looked at on a different basis from some other city deals. The Scottish Government have put in significant additional funding to the city deal, particularly recognising the issues with infrastructure. I was pleased to hear the hon. Gentleman talk about looking at additional infrastructure projects and so on. The Aberdeen western peripheral route will make incredibly positive changes. No one can wait for it to come—I think we are expecting it in the autumn. It will be hugely positive and will make a big difference, and I think that it will help encourage people to come to the north-east.

Let me turn to where we are now. Companies are working together like never before. I was at the forefront of calling for changes to transferable tax history, but other parties supported them; the Conservative party was behind the call, too. I very much appreciated the Chancellor making those changes in last year's Budget. I would have preferred them to happen more quickly, but we cannot have everything. We are looking forward to their implementation later this year. I could not be clearer about how important they are, and I am sure the Government recognise that.

Just for a bit of information, if a big company owns a number of rigs and one of them is nearing the end of its life, the company has a choice: it could put a lot of work, capacity and people into that installation to try to get the maximum recovery from it, or it could say, "Look, this is not a priority for us. We are focusing on other things." That is completely understandable, but the transferable tax history allows a new company—a

[Kirsty Blackman]

new player in the market—to take over that asset to ensure that the maximum recovery is made from it. That is really positive, and I am pleased that it has happened. That is a helpful measure in terms of maximum economic recovery, which we are fully behind.

Where are we going? I was pleased to hear the hon. Member for Gordon mention Vision 2035, because it is incredibly important and people do not talk about it enough. It is the vision for the future of the Oil and Gas Authority, which so far seems to be doing a good job. It focuses in particular on the north-east of Scotland, but also on the wider industry across the whole of the United Kingdom. Vision 2035 is about ensuring that we get maximum economic recovery, extract oil and gas from the small pools and have a supply chain that is anchored—particularly in the north-east of Scotland—so that once we get to the stage when no oil and gas is coming out of the North sea, everyone will know that the very best supply-chain companies for oil and gas are in the north-east of Scotland and parts of the wider United Kingdom. Then, rather than seeing those companies lifted and based in the US or other countries, they could continue to sell their expertise, with a tax take continuing to come in and be spent here—preferably in Scotland.

We must anchor the supply chain now for the future, and there are a few ways to do that. In relation to small businesses, all too often such businesses in oil and gas come up with a great concept, start working on it, grow the business to a point and then they are sold. I get that that is a way forward for some, but both the Scottish and UK Governments are beginning to ensure that if such companies have the potential to grow, they do not get sold and their concept lost within a bigger international company but can access the finance they need to anchor themselves and have that next step of growth, whether that is through beginning to export or ensuring that their intellectual property is turned into something real that can be sold. That is really important for the supply chain, rather than seeing companies sold on to somebody else who may not pay as much tax here because they are not a wholly owned United Kingdom company.

On maximising economic recovery and exploration, even though we have a super-mature basin we should still be doing exploration; there is more that we can do. I think someone from Statoil said to me, “You’re most likely to find oil and gas somewhere you have already found oil and gas.” We should do exploration in those areas. We have better ways of surveying now than ever before, and of trawling through and understanding the data from that surveying, which will be important going forward. Anything the UK Government can do to ensure that exploration continues, even in a super-mature basin, would be welcome.

Claire Perry: I am really enjoying hearing another perspective from the hon. Lady’s fine city. Could I put on record that I am a little mystified about the Scottish Government’s decision to refuse to allow exploration for gas onshore when we know it is there because it is a geologically identical strata? Ultimately, the same operators would be looking to extract it. We can do it safely and in an environmentally secure manner, because that is what we do in Britain, as we have done demonstrably in the North sea basin. I find that an ideological rather than a practical decision.

Kirsty Blackman: What Governments do in any decision is look for best value—the good things and bad things that would come out of it. The Scottish Government and Scottish Parliament decided that fracking will not happen onshore in Scotland, and it is within that Parliament’s rights to take that decision.

Claire Perry: Will the hon. Lady give way?

Kirsty Blackman: In a moment.

Mr Virendra Sharma (in the Chair): Order. The Minister will get a chance to respond to the debate, and I would appreciate it if she would—

Claire Perry: I am trying to keep us awake.

Mr Virendra Sharma (in the Chair): I will send you another bottle of water.

Kirsty Blackman: Thank you, Mr Sharma. In terms of ideological decisions, the onshore wind decision, taken on a blanket basis across the whole United Kingdom, could be applied flexibly to Scotland, and we would very much like that. There would still need to be a planning process, but it would be great if the blanket ban was not there.

Colin Clark: Almost 50% of turbine applications called into Holyrood to the reporter are then given permission. The hon. Lady just said that the Scottish Government have decided not to allow fracking—as I said in my speech, I think it is nimbyism, frankly, but fair enough, because that is their right—but if local communities and local councils say—

Mr Virendra Sharma (in the Chair): Order. The hon. Member for Aberdeen North (Kirsty Blackman) is not responsible for the Scottish Government. Rather than directing questions to the Scottish Government through her, it is better to ask her a relevant question.

Colin Clark: Thank you, Mr Sharma. I will keep my question to the hon. Lady. Does she agree that there is a contrast between the two positions? Can one give permission for turbines that people do not necessarily want in their local community when one may not believe in having fracking in Scotland? Perhaps she does believe in having fracking onshore.

Kirsty Blackman: I do not believe in having fracking onshore in Scotland, and I am sure the hon. Gentleman would not expect that. The benefits of fracking are not as big as they are made out to be. Were it to be allowed, it would bring very little in the way of jobs or tax take, and the loss to our communities and the upheaval caused in them would be so significant that it would not balance out those jobs and tax take.

I am incredibly pleased to hear the Minister talk so positively about carbon capture and storage. What happened previously in relation to that was a train wreck—it was horrendous. It was awful how the rug was pulled from under it; I could not be clearer in my condemnation. I recognise that it was not the Minister’s responsibility at the time and I do not blame her in any way for that. I am pleased that she is being so positive.

We need to ensure that, whatever we do on decommissioning decisions and changes to allowances made by the OGA, we do not prejudice future carbon capture and storage opportunities. For example, we should not prematurely decommission a pipeline that could be useful for carbon capture and storage. As we do not yet have a full grasp of what carbon capture and storage technology will look like, it is very difficult for such decisions to be made. However, I ask that whatever is looked at is considered carefully in those terms and that carbon capture and storage is considered when any decommissioning decision is made. Any decision on any of that needs to be made very carefully.

I am also of the opinion that decommissioning, if done right, can bring some jobs and some revenue. However, I do not think it will be the biggest windfall in the entire world. I appreciate the action that the UK Government have taken on decommissioning through the OGA, and I also appreciate what the Scottish Government are doing through the decommissioning challenge fund. All those things are positive.

When I spoke to the Oil & Gas Technology Centre, which I will move on to in a moment, it said something interesting about decommissioning. On some rigs, there is an ability to do enhanced extraction techniques, but it is not possible to do them because of all the stuff on the rig that is doing the current extraction techniques. There is a need for a level of enabling decommissioning; taking off some of the widgets currently on the platform in order to put on new widgets so that the platform can be used to do things, but with different technology on it. There are smart things we can do on decommissioning that will ensure that we have jobs, but also that we have a positive way forward and get the maximum economic recovery out of the North sea.

The issue of STEM, which the hon. Member for Gordon mentioned, is important. I have been concerned as an Aberdonian, feeling the pain and seeing the changes and the negative atmosphere in the city, that we would have a situation in which young people would come through school saying, “No, I don’t want to go into oil and gas,” exactly as he said. The Oil & Gas Technology Centre is encouraging young people to get into STEM. Aberdeen Science Centre is doing similarly cool things to encourage STEM, and so is TechFest, which takes place every autumn. Those are all positive things that are supporting young people into STEM.

We do not have the same problems with the numbers of engineers that the north-east of England does—I have previously been told that it is much more difficult in the north-east of England to find some of the engineering skills that are required, but I could be wrong. That is something we could probably work together on quite positively, sharing the information and the positive things we have been doing on that, to ensure that best practice is shared and lots of people are encouraged into engineering.

As the hon. Member for Gordon said, some of the digitisation skills are important. One of the things I talked about with the Oil & Gas Technology Centre was the transferable skills that people get from studying something such as gaming, with the advanced interfaces they use, and how the virtual reality that can be created from that is incredibly positive and useful.

I have a couple more things to say—I am probably beginning to try your patience, Mr Sharma—and a couple of specific asks for the Minister. First, there is

the oil and gas sector deal. I know that she is probably being heavily lobbied on that, but it could not be more important for the industry. We recognise that the Government have been working with the industry on that, and we look forward to that coming through.

Secondly, on the industrial strategy challenge fund, I understand that the bids for wave 3 closed at some point this week. Concern has been raised with me about the length of time the decision-making process will take. That is not so much the time in which funding will come through, but the decision-making process. If no shortlist is created until November, and we are looking at having a shortlist at some point late this year, no decision will be taken until a bit later than that. In reality, the chance that people can employ people and get up and running at the beginning of April next year becomes slimmer and slimmer. The quicker the decision can be taken—not necessarily the quicker the funding can come through—the better for projects being ready to go as soon as possible.

There are a couple more challenges. It is the case that Brexit is a challenge for the industry and that varying suggestions have come out about how much Brexit could cost the industry. I am still concerned about how visas are operating. I do not think the current situation works particularly well. I make a plea for post-study work visas to be brought back for the University of Aberdeen and Robert Gordon University. That would be a huge positive change for us. I know that the pilot took place in three universities in England and has been broadened out slightly, but it still has not come to the two universities in my city, and it would be incredibly positive for our industry.

On another specific offshore industry-type issue, I had a constituent come to me recently who is an EU citizen, but is not eligible to apply for the right to remain because he has spent so much time out of the country working for his oil and gas job that he cannot fulfil the residence requirements. He is a high earner, he pays tax and he is a good contributor to our city, and I am concerned that in these individual cases the Home Office’s policies are obstructive to ensuring that those highly-skilled people are able to stay in our city. That is a specific plea.

I have one last specific plea for the oil and gas industry. I have requested a meeting with the Financial Secretary of the Treasury and I hope that will happen in the near future. There is a major issue brewing around customs, because there is something called the shipwork end-use relief that is heavily used by oil and gas operators. Basically, it is a customs relief that occurs for stuff that is going offshore; the stuff is not eligible for the same customs fees that it currently would be, because it is going offshore. I received reassurance from the Financial Secretary that that would continue to be applied post-Brexit, but the action that Her Majesty’s Revenue and Customs is taking contradicts that.

There is a similar issue on manifests. Currently, paper manifests are okay for making a customs declaration, but we are looking at moving to a situation where electronic manifests are required. I understand that is because of changes in EU rules, but post-Brexit, the Taxation (Cross-Border Trade) Bill is not the same as the EU customs code, so they will possibly be able to revert to paper manifests, but we are not clear. There is an awful lack of clarity around that, and I am concerned that what the Financial Secretary is saying and what HMRC is saying are not the same.

[Kirsty Blackman]

That is becoming really important, because the changes have to be made in the early summer of this year. Companies are gearing up to make changes on the basis of HMRC guidance that is being contradicted by the Financial Secretary. Any assistance that can be given to ensure that those meetings take place and that clarity is given to companies would be incredibly useful.

The industry is in a good place, which is surprising after everything it has been through. There is a positive future. One of the amazing things it is doing is focusing on decarbonisation. That seems a bizarre thing for the oil and gas industry to do, but it has more of a need to do it, and more of a responsibility to do it, because it is the oil and gas industry. I am pleased that that has been written into what the Oil & Gas Technology Centre is doing, and that all the oil and gas companies, working together in ways they never have before, are positive about looking toward decarbonisation.

There is a positive future for the oil and gas industry. We must get it right. We must continue to encourage companies, we must continue to support and work with organisations such as the Oil & Gas Technology Centre and, when industry bodies and companies come to us and say, “This specific issue is a blockage,” we must look at those specific blockages and ensure that we do what we can to get rid of them, listen to industry and make the changes that are required.

2.38 pm

Peter Aldous (Waveney) (Con): It is a pleasure to serve under your chairmanship, Mr Sharma. I congratulate my hon. Friend the Member for Gordon (Colin Clark) on securing the debate, and it is an honour and a privilege to follow the hon. Member for Aberdeen North (Kirsty Blackman).

In the last four years, the oil and gas industry in the North sea has come under considerable pressure, and tens of thousands of jobs have been lost. The industry has adapted and, while challenges remain, it continues to be a vital component part of the UK’s economic base. It still supports hundreds of thousands of jobs and delivers more than half the nation’s oil and gas. There are up to 20 billion barrels of oil and gas still to recover, and the UK supply chain continues to be a world leader, with unrivalled experience in maximising economic recovery from a mature base. The industry makes a consistent contribution of around £1 billion per annum in tax revenues, and the wider tax contribution from across the supply chain is immense.

The Vision 2035 document confirms that the extraction of oil and gas on the UKCS is not a sunset industry. It has a vital role to play in adding to the UK’s energy security, ensuring a smooth transition to a low-carbon economy and creating highly skilled jobs that we can take around the world.

I will first provide a short overview on the national outlook, its successes in the face of adversity and the immediate challenges that need to be addressed. I shall then focus on the southern North sea off the East Anglian coast, where there are specific and exciting opportunities, although work is required if their potential is to be fully realised for the benefit of both the local and national economies.

I am mindful that, in the southern North sea, different energy sectors operate side by side, cheek by jowl—particularly gas, offshore wind and electricity transmission. I pose the question: should they come together and work as one? I am perhaps running before I can walk in saying that, but I will outline a scenario for how those sectors can work more collaboratively for the benefit of industry, people and the places from which those people come.

Notwithstanding the considerable pressures that the industry has faced in recent years, and while in many respects it is still battered and bruised, it is generally in a good place and there is exciting potential ahead of us. In 2017, UK upstream deals exceeded £8 billion. The UKCS production remains stable, despite some start-up delays and unplanned outages. Average unit operating costs have halved, from around \$30 per barrel equivalent in 2014 to \$15 in 2017. There were at least five exploration successes last year, with a combined discovery of 350 billion barrels equivalent. Around £5.5 billion of post-tax cash flow was generated on the UKCS—more than in any other year since 2011.

There is considerable potential to build on those successes this year, with at least 12 new developments, worth around £5 billion of capital investment, expected to be sanctioned, and with production forecast to increase by 5%. Set against that backdrop, 62% of supply chain companies surveyed by Oil & Gas UK have a positive outlook for 2018. That said, considerable challenges must be addressed if that potential is to be realised. Just 94 wells were opened up on the UKCS in 2017—the smallest number since 1973. Development drilling has fallen by around 45% in the past two years, with supply chain revenues falling by more than £10 billion from 2014. Despite the cost improvements for the supply chain, average EBITDA—earnings before interest, taxes, depreciation and amortisation—fell by £1.7 billion from 2014-16. Moreover, cash flow continues to be a major concern.

Even if all the fields discovered last year were developed, the reserve replacement ratio of 0.6 is not enough to sustain production. The fall in investment from 2014-17 means that production decline is likely to increase in the early 2020s. Sustaining efficiency gains is vital if the basin is to continue to attract investment. Moreover, it is important to improve exploration success and the commercial viability of existing discoveries.

A particular challenge that the industry faces, which we have heard about quite a lot today, is to reinvigorate the supply chain and to make it more resilient. It is important that we tackle this task; not to do so would be irresponsible. A strong supply chain will help sustain the industry and will open up significant export opportunities. Operators need to work more collaboratively with their supply chain businesses—sharing information, encouraging innovation and looking at new working practices. Addressing this challenge should be part of the sector deal, and the Oil and Gas Authority and the Government should work with the industry to help promote a new approach to collaborative supply chain working. Much can be learned from other industries, such as car manufacturing in the north-east and the west midlands.

Since 2012, the Government have generally worked well and closely with the sector, improving the fiscal regime and thereby helping to attract inward investment.

That will continue as the driving investment programme is delivered. However, while Government policy is supportive, a number of decisions by HMRC—as the hon. Member for Aberdeen North touched on—have been taken without full and proper consideration of the impact on the oil and gas industry.

A particular example, as the hon. Lady mentioned, is HMRC's decision in January to end long-standing exemptions for shipwork end-use relief from July of this year. For the oil and gas sector, this exemption—known as CIP33—provides relief from customs duties for equipment that is destined to be used in offshore installations, such as spare parts. The decision was taken at short notice, with no consultation with the industry.

Kirsty Blackman: The other thing that particularly concerned me about this was that I received a letter from the Financial Secretary to the Treasury that directly contradicts the decision taken by HMRC, which confused the issue further. The two appear to be giving totally different guidelines on this. It would be great to have clarity.

Peter Aldous: I thank the hon. Lady for reinforcing that point. It is difficult to attract investment, and the Government have worked very hard to make this basin one of the most attractive in the world to invest in, but these sort of noises coming out of HMRC reverberate around the world. A solution needs to be found very quickly.

While much of the industry's focus in recent decades has been on Scotland, when exploration started on the UKCS in 1960s it did so in the southern North sea. That area is now on the verge of a renaissance, with the opportunity of reinventing itself as an all-energy basin, which, with the right policies in place, can play a significant role in the UK's future energy strategy.

The southern North sea is at a critical juncture. For more than 50 years, the basin has developed and delivered strong gas production through a diverse network of offshore platforms, pipelines and onshore terminals. The basin has been well exploited, and the opportunity to identify and develop large, landmark discoveries is increasingly limited. There is potential with both marginal pools and tight gas, but they are increasingly expensive and complex to access, the technical and commercial risks are high and opportunities can often be quickly disregarded as uneconomic.

The challenge for the southern North sea is now to search for innovative business and technical solutions. This challenge is made more difficult by depressed commodity prices, aging infrastructure and increasing unit transportation costs, as production from existing developments continues to decline. The selection of projects is based on their ability to have a big impact, their prospect of success and the potential to achieve it within a reasonable timescale.

There are currently five priorities in the southern North sea. The first is to realise the full potential of decommissioning opportunities for the benefit of the East Anglian region, which I will come on to in more detail in a moment. The second is to unlock potential tight gas developments. The third is to realise the full potential of the synergies between renewables and oil and gas. The fourth, in the light of Brexit, is to find the

best way to work across borders with the Dutch sector. The final one is to minimise production losses due to salting.

It is estimated that 40 platforms in the southern North sea are to be decommissioned by 2022; as I said, it is the oldest part of the basin. That business is worth several billion pounds, with significant job safeguarding and enormous earnings potential for the East Anglian region. However, there is a real and present danger that we will lose much of that work to our European neighbours, where port infrastructures have received investment from their Governments.

East Anglia does not have a level playing field on which to compete with our main competitors in the southern North sea—as I said, on the other side of the sea. Locally, the councils, the New Anglia local enterprise partnership and other supporting agencies, such as the East of England Energy Group, stand ready to support the industry, but there is a need for central Government to get involved and back them if we are to realise for the region the full potential of that significant opportunity.

We need a decommissioning challenge fund similar to that in Scotland, to help to establish a cluster of expertise, as is happening in Dundee with the Tay cities deal. We need to have an aspirational UK local content policy, as already happens with offshore wind. That would help to ensure a return to UK plc, as the Government are already funding between 50% and 75% of UK decommissioning. It would focus operators' attention on using the local supply chain and would help to support the supply chain action plans that have recently been introduced for decommissioning projects. As I said, EEEGR is willing—it is indeed eager—to lead and to host a taskforce to spearhead that initiative. It would be match-funded by other local agencies, although it would need funding from central Government to establish and then help to maintain it.

The other opportunity in the southern North sea with exciting potential is closer collaboration and working between the oil and gas, offshore wind and offshore transmission sectors. If that can be achieved, a significant contribution can be made to addressing the UK's ongoing energy trilemma of keeping costs to consumers affordable, ensuring security of supply and smoothing the transition to a low-carbon economy. We need to integrate energy production activities—for example, in respect of oil, gas and electricity—and share common infrastructure for distributing energy. Doing that will achieve significant economic benefits. The co-location of gas-powered electricity generation with gas production hubs would help to maximise the economic recovery from gas fields. The better utilisation of common infrastructure would improve the economic value of both the associated renewable and the hydrocarbon production assets. Collaboration between those sectors is slowly improving and could be accelerated by facilitating and enabling Government policies.

Two main issues are inhibiting more effective collaboration between the sectors. First, the regulatory regimes are quite separate; some of the regulators are not used to working together and they have different policy objectives. Secondly, cross-sector collaboration is not incentivised, as Government policy is highly sectorised.

A possible starting point for improving the situation and promoting cross-sector collaboration would be consideration of the UKCS as an energy basin, rather

[Peter Aldous]

than a series of separate energy sectors. That integration could be the specific responsibility of the Department for Business, Energy and Industrial Strategy, albeit delivered through parties such as the OGA, National Grid, Ofgem and the Planning Inspectorate.

The three sectors would also benefit from incentives to work more collaboratively. Sector deals provide an opportunity to make it more attractive for the different sectors to work together, at both the developmental and the operational stages. That could include financial support for cross-sector innovation, improved regulatory cohesion, facilitating the movement of workforce skills between the sectors, and research and development. It may well be that a pilot could be set up for such innovative cross-sector working in the North sea. I would welcome the opportunity to discuss that with my right hon. Friend the Minister, along with industry representatives.

During the past 50 years, oil and gas extraction on the UKCS has brought enormous benefits to the UK. It has created hundreds of thousands of well-paid, highly skilled jobs, attracted significant inward investment from all over the globe and provided a huge annual dividend to the Exchequer. The past four years have probably been the most difficult in the basin's life, yet notwithstanding a great deal of pain and personal anguish, it has come through this tough period in better shape than could reasonably have been hoped for and is ready to continue to play a full and leading role in the post-Brexit economy.

Since 2012, the Government have given the industry a very fair hearing and backed it, both fiscally and with the creation of the Oil and Gas Authority. Exciting opportunities lie ahead. It is important that the spirit of co-operation in the oil and gas supply chain continues, improves and, as I have outlined, extends to cross-sector working. It is said that if you go to any oil and gas basin around the world, you will hear Scottish, Geordie, Suffolk and Norfolk accents. We must ensure that that continues for at least 50 or—dare I say it?—100 more years.

2.55 pm

David Duguid (Banff and Buchan) (Con): It is a pleasure to serve under your chairmanship, Mr Sharma. I congratulate and thank my hon. Friend the Member for Gordon (Colin Clark) for securing this important debate. It is also a pleasure to follow my hon. Friend the Member for Waveney (Peter Aldous), the hon. Member for Aberdeen North (Kirsty Blackman) and, although he is no longer in his place, the interventions of the hon. Member for Stockton North (Alex Cunningham).

Before I was elected to this place last year, I myself spent 25 years working in the oil and gas industry, as many of our constituents still do. This is still a hugely significant sector for employment, as my hon. Friend the Member for Gordon mentioned. It still employs 300,000 people around the UK. Many of those people, from around the UK and, indeed, the rest of the world, have made their home in north-east Scotland. As a result, even with the downturn in recent years, unemployment in that part of the country is still very low, at about 1.2%. That sometimes creates an issue for businesses and industries in general when they wish to expand, but for local society it is a nice problem to have.

Many people rightly think of Aberdeen as the oil capital of Europe. I spent the best part of 10 years of my career working in Aberdeen—most of which while living there, but some while commuting from my hometown of Turriff, 35 miles away, where I grew up and where I returned to live after working overseas in the oil and gas industry in the countries of Azerbaijan and Angola. That illustrates the global nature of this industry and, as my hon. Friend the Member for Waveney finished by saying, reminding the world of the expertise that this country still has to offer and will continue to offer is very important.

Many people still commute to Aberdeen from around north-east Scotland. They commute from major towns in my constituency—Peterhead, Fraserburgh, Banff, Macduff and my own town of Turriff—as well as from everywhere in-between. In some cases, people travel up to 50 miles from around north-east Scotland to Aberdeen. Of course, in many occupations, which are often office or desk based, there can be the opportunity to work from home—a practice that is becoming more and more common, but which often relies on a dependable broadband signal: sadly, not always available in rural north-east Scotland or elsewhere around the country.

The idea of working from home has traditionally seemed strange or been difficult for some people to get their head around. The same thing applies to much of the “new” technology mentioned by my hon. Friend the Member for Gordon. In many cases, the technology itself is not particularly new; what has taken longer to change is the culture and behaviours required to get the most out of the technology.

For example, the technology to operate sophisticated offshore installations from onshore has existed since the Forties field came on-stream in the mid-1970s. In fact, it was originally designed to be run from onshore, but that was never quite made to work. Only in recent years has that technology been made to work practically and effectively. That illustrates the recent developments and the developments that we hope to see in the near future.

The oil and gas industry is a major employer in Banff and Buchan, as is the supply chain that supports it. Peterhead is famous as a fishing port, of course; hon. Members have no doubt heard me mention that many times before. However, it is also a major supply port for offshore oil and gas. The Forties oil pipeline, supplying 30% of the UK's oil, comes ashore at Cruden Bay in my constituency. Also in my constituency is the St Fergus gas terminal, through which 25% of the UK's gas is received. North sea gas also supplies the power station in Peterhead.

Peterhead power station was a proposed site for the development of carbon capture and storage, but of course one of the many reasons why that was, unfortunately, abandoned, was the absence of surrounding infrastructure. I am sorry that the hon. Member for Stockton North is not here to intervene at this point, because Teesside has the surrounding infrastructure that we do not necessarily have in north-east Scotland, unfortunately.

Peterhead is also the location of the Score Group headquarters. Score Group is one of the largest employers in my constituency—across the north-east of Scotland, indeed. It consists of 20 different companies across five continents and is one of the biggest employers of apprentices in the whole of Scotland.

The future of the oil and gas industry is positive, as many hon. Members have said, but there needs to be flexibility and openness to change. The Government have supported that, which is most welcome. Transferable tax history was highlighted by my hon. Friend the Member for Gordon. That was a great good-news story from last year's Budget and shows how important it is that we continue to speak up for the oil and gas industry.

It is also great to see support for decommissioning, which is a growth industry with huge potential. As my hon. Friend mentioned, it is like the original installation to begin with, but in reverse. It is like manufacturing: the biggest and most expensive part of it is in the design and strategising. However, we do not need to go looking for the raw material. It is there and we know where it is. It is a great opportunity for Aberdeen, the north-east and the UK in general to become known as a global centre of excellence for decommissioning. I was pleased to hear Maersk recently announce that it is establishing a new, dedicated decommissioning company, with offices in Aberdeen, to make the most of the opportunities our North sea assets provide. That could be a great boost for the Aberdeenshire economy, with close to £40 billion in decommissioning projects up for grabs over the next eight years.

While decommissioning opportunities are inevitable from the more than 400 fields that have ceased—or will cease—production, the industry is far from dead. For example, I found out yesterday that 27% of BP's new exploration is taking place in the North sea. I formerly worked for BP and I remember a time when BP felt that it was looking for the least expensive basins around the world to operate in. It had the economies of scale to be able to do that at a large scale. However, BP also always described the North sea and the UKCS as a whole as its own backyard. It is great to see it coming back. Unit operating costs have reduced significantly since 2014 from \$30 a barrel equivalent to around \$15 in 2017.

The UKCS is still one of the most expensive basins in the world to operate. However, investors and the industry are relatively comfortable investing in North sea oil and gas for other reasons, such as security, stability and access to some of the best, brightest and experienced talent in the industry. Other hon. Members have mentioned other aspects that make this basin more attractive to invest in and how we should make it as attractive as possible.

The Oil and Gas Technology Centre, partly funded by the Aberdeen city and region growth deal, is a great example of how the industry is coming together, not only to fix the inefficiencies and maximise recovery, but to transform the industry for tomorrow. Last year £37 million was co-invested in industry-led projects by the OGTC, with £22 million of that coming from industry partners—more than three times what had been originally expected when the OGTC was set up. Much of that contribution from industry partners has been in kind, as well as direct cash funding. The industry has provided resources such as personnel, as well as access to rigs and platforms for the important field trials to test and optimise the new technology.

The partnership between OGTC, Oil & Gas UK and the OGA—all of which have been mentioned—as well as the different operators and suppliers in the industry, would have been almost unthinkable not that long ago, in my experience. Since the recent downturn, the industry has experienced a modest, yet encouraging recovery,

but the industry has been forced to look inwards and across, including across sectors such as renewables, which my hon. Friend the Member for Waveney (Peter Aldous) mentioned. In my experience, there was always a need for greater collaboration across the industry and sectors. I am glad to say that this is becoming more evident.

I hope that mistakes made in previous recovery phases from previous downturn cycles are not repeated. Too often, we have not gone beyond seeing the green shoots, but when we are actually back in full recovery mode and the pendulum has swung right back to the triple-figure oil prices, we have gone back to the same old inefficient behaviours. Again, we are seeing more evidence that through recent collaboration and Government support, there is a lot less chance of that happening.

Partnering with the industry and bodies such as Oil & Gas UK and the OGA, the OGTC is looking to use the latest technology to transform the oil and gas industry for our low-carbon future. I would like to see the Government do all they can to support this transformation for tomorrow. I understand that the OGTC applied for the industrial strategy challenge fund, as mentioned by the hon. Member for Aberdeen North (Kirsty Blackman), as recently as yesterday. As she mentioned, we hear that decisions on that are not due until November, but I take this opportunity to encourage the Minister to look closely at what it is proposing and accelerate that decision, if at all possible. Even if only a decision of additional funding can be made well in advance of the funding being made available, it would allow planning and budgeting to take place in the nearer term.

In conclusion, I reiterate that the contribution of North sea oil and gas to our economy is not a spent force. Oil & Gas UK has predicted that hydrocarbons will still be providing two-thirds of the total primary energy by 2035. It represents a huge economic opportunity for the UK, particularly in Scotland, but requires industry and Governments to work together to foster the partnership and collaboration I have mentioned, and in many ways continue to develop new and innovative ways of thinking, not just new technology.

Finally, it should be noted—it has been already—that hydrocarbon exploitation is not just about providing energy, although that is an important factor. The UK Government are doing great work in reducing the amount of single-use plastic that the nation uses, but we still have a need for oil and gas as a feedstock for multi-use plastics in the foreseeable future.

3.6 pm

Alan Brown (Kilmarnock and Loudoun) (SNP): It is a pleasure to serve under your chairmanship, Mr Sharma. I congratulate the hon. Member for Gordon (Colin Clark) on securing this debate and thank the Backbench Business Committee for granting it. There have been only three speeches by Back Benchers and several interventions by the hon. Member for Stockton North (Alex Cunningham). Perhaps it would have been better if more people could have been here to participate; I suspect that the fact that it is Thursday afternoon has something to do with it. However, the good thing is that that has allowed much more informed speeches to be delivered, without time constraints. That is to the benefit of what we have heard today. I never seem to get the luxury of speaking from the Back Bench without a time limit and not having to use my red pen.

[Alan Brown]

First, we heard from the hon. Member for Gordon. There was not much that my hon. Friend the Member for Aberdeen North (Kirsty Blackman) and I would disagree with. Typically for a Westminster Hall debate, everybody spoke in unison about the importance of this sector and its bright future. However, I do not think the hon. Member for Gordon had to defend himself for using the phrase “the north-east”. He should not have to stand up and clarify that he meant the north-east of Scotland. If he wants to call it the north-east, he should stick with that and not defend himself.

The hon. Gentleman mentioned that there are 233 companies in his constituency alone working in the oil and gas industry. That is a fantastic statistic, which shows the importance of the sector to his constituency and the wider Aberdeenshire area. He correctly said that the oil and gas industry should not be seen as a stopgap measure while we decarbonise the economy and that it still has a bright future. I echo that sentiment. He highlighted the resilience of the industry, which is why it still has that bright future.

The hon. Gentleman also mentioned the skills gap and the need for training, so I am sure he will welcome the fact that the Scottish National party provided an apprenticeship guarantee while the industry was going through a hard time, as well as a £12.5 billion innovation fund. He and my hon. Friend the Member for Aberdeen North both mentioned the issue that people leaving school and looking into future careers might be concerned about moving into the industry. I echo what they said: there needs to be a drive for the educational understanding that there is still a bright future—an engineering future, with actual opportunities. That is true not just in the UK, but in other countries, as we heard from the hon. Member for Banff and Buchan (David Duguid), who undertook employment abroad and saw the different cultures and experiences that that brings.

My hon. Friend the Member for Aberdeen North and I disagree with the hon. Member for Gordon on fracking. I also clearly support the SNP Government’s taking the decision to ban fracking. It must be remembered that it was done on a cross-party basis. The Labour party and the Lib Dem party support it, and on a wider basis the Green party supports it as well. The hon. Gentleman said that our position is nimbyism, but I would suggest that it is not. The fracking ban has widespread public support in Scotland, and lobby groups elsewhere in the UK would like to see fracking banned. That is before it comes to their doorsteps, if it even does, so that is not nimbyism—it is about people who have concerns about fracking.

I understand that there are some similarities between fracking and the technologies used in the offshore oil industry, as the Minister highlighted, but they are not completely the same; I got a briefing paper from the Library when a constituent raised concerns about why we were banning fracking while still allowing offshore extraction. There are differences. The modern fracking technology was developed from 1999 onwards in Texas—that shows it is different from the offshore technology; they were developed at different times. Interestingly, it was developed in Texas, but Texas has now banned fracking. That tells us that there are widespread concerns

across the world. The Minister said this is ideological, but it is not. The Scottish Government took an evidence-based decision, and they stand by it.

My hon. Friend the Member for Aberdeen North agreed with most things that the hon. Member for Gordon said. She highlighted that one aspect we have seen with the dip in the oil price is that the fat in the system has been trimmed out, and that that needs to be captured. The hon. Member for Banff and Buchan touched on that as well, while also speaking about the work of the Oil & Gas Technology Centre.

My hon. Friend, like other hon. Members, highlighted the importance of Vision 2035 and of allowing developing companies to grow further and to retain their expertise and investment in the UK, rather than being sold off. That is a very important point. The hon. Member for Waveney (Peter Aldous) spoke about resilience in the supply chain. Helping these companies to grow would clearly help the supply chain and the industry’s sustainability.

My hon. Friend finished with what she said were a couple of asks of the Minister. I am a wee bit concerned that, as our economy spokesman, she miscounted the number of asks. It was more than couple! I counted that she asked for: support for a sector deal for the oil and gas industry, which every other hon. Member mentioned; the challenge fund decision; post-study work visas; and consideration of the right to stay regarding the residence of some people who are working abroad. She also highlighted the issue with customs. I think that was more than two asks, but I support her in them.

The hon. Member for Waveney said that there are still half a billion barrels to recover. He highlighted the importance of Vision 2035, and that there has been a drop in development drilling. We need to ensure that picks up for the future. He supported the sector deal and understandably focused on the East Anglian coast and what he called the “southern North sea”. It was a thoughtful contribution regarding the possible collaboration between the different sectors—oil and gas, offshore wind and transmission—and the co-location for generation. That should certainly be looked at. I like the concept of seeing that area as an energy basin and a resource. I would support that.

It was good to hear that the hon. Member for Banff and Buchan has experience of working in the industry. There is nothing better than parliamentarians who can share expertise and insider knowledge of an industry to help to do policy development in a more informed manner. He touched on Peterhead power station in his constituency and said that one of the issues with the carbon capture scheme was not having the surrounding infrastructure. To me, that suggests a policy deficiency. Allowing the development of a potential carbon capture and storage scheme in that location and then pulling the plug without getting to the end, capturing the knowledge and developing the technology that could be applied elsewhere, is a weakness of the Government. They should reflect on that. He highlighted the benefits of not returning to inefficient working practices. I am sure the industry wants to ensure it does not do that.

As other hon. Members have said, there is no doubt that oil and gas has been a success story for both Scotland and the wider UK. There has been a long history with onshore oil. It was first discovered and extracted in Scotland in 1851. Then in 1896, England discovered natural gas. I would just like to point out

that, yet again, Scotland was ahead of the curve when it came to hydrocarbons. In fact, fracking was invented in Scotland. Towards the end of the 19th century, fracking was undertaken in the firth of Forth; but we have seen the light and changed our ways, and I support the Scottish Government's ban.

I will concentrate my remarks on the offshore oil industry in the North sea and Aberdeen area. It has been developed since the 1960s and has been a great success story, which has turned Aberdeen into a global city. It has provided well-paid careers for people and has allowed many, such as the hon. Member for Banff and Buchan, to seek adventures and opportunities abroad. It has also allowed Scottish and UK companies to develop their expertise here and then move abroad. They then develop that expertise abroad, which channels money and resources back to the UK.

The oil and gas industry has been so successful that it has generated approximately £330 billion in production tax alone for the UK Treasury. However, at this point I will bring a bit more negativity to the debate. Some of that money has been frittered away. We do not have the legacy from it that we should. Aberdeen's infrastructure is a case in point.

My hon. Friend mentioned the construction of the western bypass. That could have been done years ago. We could have channelled some of this money into that years ago. If I was to start with a blank sheet of paper and plan how to exploit the natural resources of the North sea using Aberdeen as a hub, a motorway network extending to Aberdeen would be built. That is money going to the Treasury that could be spent better. I am sure that Members from the north-east of England would say the same. The motorway network up the north-east of England took too long to develop. Meanwhile, while oil was generating significant money, we built the channel tunnel to France and a high-speed rail link from London to the channel tunnel. Yet the infrastructure in the north of England and in Scotland was sadly lacking. There was a deficiency, with the money going to the Treasury but not being distributed across the UK.

We should also have had an oil fund. The answer to that request has been a consistent no from the UK Government. Yet Norway's oil fund, which was started in only 1990, sits at £780 billion. That is a fantastic legacy. Norway is also using and investing it wisely. It has the highest proportion of electric vehicles in Europe. It has invested massively in the renewables sector. It is decarbonising the economy while still wisely managing its oil and gas resources. That is forward planning that the UK Government could still do. We need to look at that.

Colin Clark: The hon. Gentleman has to recognise that the population of Norway is 3 million, 4 million or 5 million people. He also has to recognise that the economy is significantly smaller. The whole of the United Kingdom—the different parts of it—has benefited from the moneys that we have made from the North sea. Those have been invested, predominantly economically, and have paid for the downturns while the British economy was not doing so well. I think that it is a bit unfair to make that contrast. Blessed Norway has almost twice the reserves that we have, so there is a contrast in terms of population and investment.

Alan Brown: I will come to the management of the downturn, but I think the hon. Gentleman has helped to make the case for an independent Scotland, so I thank him for that. I was not going there; I would not have touched on an independent Scotland, but I thank him. I still stand by the fact that, in my opinion, the money was going to the UK Treasury and was not distributed to the areas that were generating the wealth.

Interestingly, when it comes to fracking, in 2015 the UK Government promised a shale wealth fund of up to £1 billion for the north of England where fracking is proposed. Perhaps that is a lesson learned. It reinforces the omission of not setting up an oil fund for the benefit particularly of Scotland and other areas of the UK that extract oil and gas.

In Scotland we became used over the years to the scare stories about oil running out before yet again we discovered new oilfields. If we want to talk about not seeing it as a stopgap measure, we obviously need to watch how politicians talk about oil reserves. I certainly appreciate that everyone in this room has been very positive about the reserves that are there, the amount that could still be extracted and the future of the industry. However, other politicians sometimes try to exploit the concept that oil is running out, and we need to be careful about that.

David Duguid: It should be recognised, as I tried to point out in my speech, that it is fair to say that the easiest oil and gas low-hanging fruit to get has been got. There is a future for oil and gas, but, as I said, we cannot use the same behaviours and technologies as before, which is why it is important for Governments and industry to pursue the developments in technology and changes in behaviour required in future to exploit what is left, which is not so easy to get as what came before.

Alan Brown: I do not disagree. Clearly, the industry has shown a lot of innovation over the years and will continue to do so, and obviously it needs to do so to get additional extraction. My hon. Friend the Member for Aberdeen North gave the example of partial decommissioning to allow the technology to be input for enhanced extraction. That is something that industry is looking at now, and I am sure it will continue to innovate.

We know that prices can be volatile; we have had to deal with that over the years. Oil bottomed out at just under \$12 a barrel in 1997 before rising rapidly to \$91 a barrel by 2008. That was under a UK Labour Government. If I go back to legacy issues, I wonder what happened with that money, because there was no way oil projections at that time were going to be based on the oil price increasing dramatically. It was such a windfall with that massive increase in price, but I do not think we have seen the benefits of that, either.

On the point made by the hon. Member for Banff and Buchan about managing the downturn, we have been consistently told that we need the broad shoulders of the UK, but if we look at the support that the UK Government have implemented in the past few years, the spring 2016 Budget reduced the supplementary charge back to 10%, which was a welcome measure. The Red Book predicted that that would cost £1 billion, and yet nearly three times that was given away in inheritance tax to millionaires. That shows skewed priorities.

[Alan Brown]

In the spring 2017 Budget, there was nothing specific for the oil and gas industry, except one paragraph promising another discussion paper. However, it did confirm the lowering of corporation tax. Despite what everybody says about how it grows the economy and creates more tax, the Red Book predicted that that would cost the Treasury £24 billion over the lifetime of this Parliament. That was the Government's Treasury prediction. Let us think what could be done with that £24 billion in terms of infrastructure investment or additional support for the oil and gas industry. In my opinion, it was a lost opportunity.

In the November 2017 Budget, a measure was introduced: transferable tax history. As my hon. Friend the Member for Aberdeen North said, that was genuinely welcome. It is predicted to bring an additional £70 million in revenue to the Treasury, so it was not a difficult decision. That decision supports industry, but it helps the Treasury, so it should have been taken long before. We are still awaiting the appointment of the oil and gas ambassador first promised by David Cameron in January 2016, so the Government really need to provide additional support for the industry.

Yesterday I raised this matter in the debate on industrial strategy. The oil and gas sector deal has been supported by every colleague here today, but I was disappointed that the ministerial response from the Despatch Box yesterday never mentioned the oil and gas industry or Scotland and did not pick up on the point that I had made, along with my hon. Friend the Member for Inverness, Nairn, Badenoch and Strathspey (Drew Hendry). I hope today's Minister will respond. I am sure she is working on the oil and gas sector deal and is positive about it, but it would be good to have that confirmation.

I must repeat my disappointment about the pulling of the CCS fund. That must be a lesson for the Government going forward because it scared the industry and scares away other people trying to make private investment. Again, the Minister has spoken positively about the future of CCS, so it would be good to hear her reinforce that when she sums up.

I appreciate time is moving on, Mr Sharma, so I will try to hurry up, but I want to mention another renewable energy project that has been developed at Grangemouth and would support the Grangemouth refinery: the Grangemouth renewable energy project, which has been successful in the CfD auction. Because it contains biomass, the whole premise of the project is based on securing renewable heat incentive funding as well. The UK Government are looking at retrospectively capping the amount of RHI funding available to projects to 250GWh. That would put the Grangemouth renewable energy project at risk, so I urge the Minister to reconsider, because the project is so innovative. It is a world leader, it would support the Grangemouth refinery, and it could develop industry for export and help grow the UK economy.

We have heard some impressive contributions. All have concluded that the oil and gas industry has a bright future, and I certainly echo that. I look forward to hearing the Government's response.

3.26 pm

Dr Alan Whitehead (Southampton, Test) (Lab): I concur with the hon. Member for Kilmarnock and Loudoun (Alan Brown) and congratulate the hon. Member

for Gordon (Colin Clark) on securing the debate, which has been informed and thoughtful, with excellent contributions. Although we have had a not overwhelming turnout this afternoon, as the Minister reminded me on a previous occasion, there are still two speeches to go, so I hope that my contribution will be up there with those who have already spoken this afternoon.

On where the oil and gas industry is right now, I heartily concur with hon. Members that the outlook at the moment looks much better than had been thought possible a few years ago. Indeed, looking at Oil and Gas UK's "Business Outlook" for 2018, there are substantially more greens and yellows than there have been for a long time, particularly in relation to production, new field approvals, liquids production, capital expenditure and so on. That is a credit to the way in which the industry has cut its costs, increased its efficiency and got itself much better organised in terms of what will be a very different future for the UK continental shelf than has been the case in the past. That change in approach heralds a brighter future not only for 2018, but for a longer period, because of the change in approach. As the hon. Member for Banff and Buchan (David Duguid) reminded us, the circumstances will not be characterised by, to put it bluntly, hoping for another Brent find.

The future is going to be different. It is, as the hon. Member for Aberdeen North (Kirsty Blackman) said, going to be about looking at small pools, at how exploration can advance without there being a bonanza of new fields, and at consolidation of what already exists. As the hon. Lady and the hon. Member for Banff and Buchan reminded us, it is also a question of decommissioning, and how thoughtfully we go about the process. Oil and gas is not an industry where we can just talk about various spending estimates—£35 billion, £50 billion, or whatever. There is a question of decommissioning in such a way that the process for the possible future exploitation of small pools is maintained, rather than taking all the infrastructure away and feeling bad when it comes to getting on with things subsequently because, lo and behold, the infrastructure that could help is gone. The emergence of the OGA and the success that it has already had is an important element in getting some of those issues right for the future, with a greater sense of co-ordination and understanding within the process in the next period.

In other circumstances I might have said that the hon. Member for Aberdeen North had stolen a lot of what I was thinking of saying, but I know it is a coincidence because anyone who knows my office will also know that I am the only person who knows where my notes are, among the huge pile of papers. Nevertheless, she has articulated many of the themes that I wanted to talk about, particularly how we can ensure that the UK continental shelf has a bright future not just because of oil and gas but beyond them. That includes what we are doing to ensure that carbon capture and storage can be advanced. I believe that could happen in the UKCS, not just with a UK repository but also possibly, in the future, a European one. That would also mean being very careful about what was done in decommissioning, to facilitate rather than downgrade that future industry.

The hon. Member for Waveney (Peter Aldous)—I keep wanting to call him my hon. Friend, but convention in this place does not quite allow me to go that far—made a thoughtful contribution. He will know from the various

Committees and other bodies that we have both been on that the opportunity for carbon capture and storage in different forms of gas use has the potential to be important for the future of the UKCS. His suggestion that we can see the UKCS as an entity for energy as a whole was an important thought, and I hope that we shall pursue it. Indeed, my actual hon. Friend the Member for Stockton North (Alex Cunningham) mentioned that there are other practical things to be done by way of decommissioning to produce not just opportunity but infrastructure for industries of the future in the North sea.

I want to give the hon. Member for Gordon an assurance. I do not think it was deliberate, but he chanced on a characterisation of some of those who consider the climate change debate to be an imperative in considering the future of oil and gas in the North sea—that those people would suggest that oil and gas should not have a bright future there. That is not the case. I regard the climate change imperative as encompassing all that we do in connection with energy, as I think does the Minister. However, that does not mean there is not a long-term need for oil or gas; there is a need for both. The question is not whether we have the need, but what we do with the stuff once we have got it, and what sort of responsibility we take for its subsequent use.

An example, which the hon. Member for Waveney will well recall, is the future arrangements that we might have for decarbonising the gas system. One way might be to develop a hydrogen gas economy—a green gas economy—for heating our homes. The cheapest and most efficient way to produce the necessary hydrogen would be through a steam methane reforming system, and that of course needs gas. We can envisage circumstances in which we would take gas from the North sea and make hydrogen from it—possibly in the Teesside cluster that my hon. Friend the Member for Stockton North described—and, to make sure that it would be climate-efficient, the process would need CCS as well. The carbon captured in the hydrogen-making process would be put back into the North sea repositories, which would have been saved by efficiency in the decommissioning process. By a variety of devices, we could have different ways of using what we had, to secure a bright future for the North sea, but it would not necessarily be the bright future that we envisaged hitherto.

It is important to be clear about our intentions for what we extract from the North sea—that what we use should be domestically sourced as far as possible. That would be good news for the UK as a whole, but we would also have the wider responsibility of the climate change imperative behind us. We need to think through what we will do with our North sea products and, on that basis, how we shall sustain the industries that have served the UK so well in the past 40 years or so. I am not one of those who says, “The North sea is finished; it is a mature basin.” There is quite a lot more to get out of that basin. We must do that in rather different ways, with rather different responsibilities, but provided we take that approach the bright future for the North sea and the oil and gas industry there is assured. I hope that we can work together on achieving that in the coming years.

3.39 pm

The Minister for Energy and Clean Growth (Claire Perry):

Thank you for your chairmanship, Mr Sharma. I also thank the members of the Backbench Business Committee

and its Clerks, who have provided us with an opportunity for an excellent debate. I agree that this was a quality debate, not a quantity one, and perhaps if we had more of those we should all be the better for it. I heartily congratulate my hon. Friend the Member for Gordon (Colin Clark)—and he is a friend—on securing the debate, and on an exemplary speech. It was thoughtful, detailed, clear and extremely well informed. Clearly he and other hon. Members in the Chamber have a strong constituency interest, and we debate the issue frequently because we are all passionate about the oil and gas industry and agree about the great value that it brings to the local and national economies.

I asked for and was able to keep the oil and gas brief when I became the Minister for Energy and Clean Growth because I think it is an integral part of the transition to a lower-carbon economy, as well as an enormous provider of productive employment and benefits to the economy, historically and in the future. It was striking to hear the comments of my hon. Friend the Member for Waveney (Peter Aldous), who perfectly combines those two interests, given his chairmanship of the all-party parliamentary group for renewable and sustainable energy and his frequent strong support for the industry.

We also heard excellent speeches from the hon. Member for Aberdeen North (Kirsty Blackman), who cares passionately about the issue and speaks up for it frequently; from my hon. Friend the Member for Banff and Buchan (David Duguid), who I was delighted to hear, because it is always wonderful to hear from somebody who actually knows what they are talking about—we all know what we are talking about, but some of us know more than others—from the hon. Member for Kilmarnock and Loudoun (Alan Brown), who gave a typically doughty defence of Scottish independence and managed to slip in some telling points that I will respond to; and from the hon. Member for Southampton, Test (Dr Whitehead), who I seem to spend a lot of time debating such matters with.

I will not detain hon. Members too long, because it is a lovely sunny afternoon, but I will make a couple of important points. I and the Government fully recognise the importance of the industry to the UK, historically, currently and in the future. It has been an enormous provider of revenue to the Treasury, of centres of excellence in terms of innovation, and of hundreds of thousands of jobs.

It is striking that in the past few years, we have stopped talking about the industry as a declining force, and started to talk again about the opportunities for it in the North sea and other areas. We have now realised that we can integrate those fuels into a lower-carbon economy. There are also incredible opportunities, such as decommissioning, which we in the UK can own as the world faces the same questions about the future of the industry.

There are encouraging estimates of what is left. Vision 2035 has led industry to say that there are between 10 billion and 20 billion barrels of oil equivalent left in the continental shelf, which could be worth up to £1 trillion. If we continue to responsibly explore and extract those hydrocarbons, use them in the most economically effective and responsible way, and work on decarbonisation, there is a great opportunity for north-east Scotland and the whole of the United Kingdom.

[Claire Perry]

The challenge of the security of supply has been interesting in the past few months. The beast from the east, the changes to storage facilities in the UK and the discussions about diplomatic relations with other major gas-producing nations have led to conversations about the security of supply that we have not heard in the past few years.

In fact, indigenous gas production meets 46% of our gas demand and contributes to the balance of trade. We are clear that we have robust gas security for the future, but we may be able to increase the effective extraction of gas from the UK. I do not want to make the debate about hydraulic extraction, but I am convinced that we must soberly test the science, as we are doing through the exploratory phrase, to understand the size of the opportunity and whether it can be extracted, not in a wild west, Texan sense—that is not how we do business in the North sea base or anywhere else—but in the most environmentally responsible manner in the world. We want to test that. We have to be clear that that makes an important contribution to our energy security and our future economic prosperity.

As has been mentioned, I jumped on a plane as soon as I could and went straight up to Aberdeen—I did not drive up the motorway network, because it was not there, and it would have been a long way from Devizes even if it was. Aberdeen is a wonderful city and an amazing place to visit. Looking at the productivity map of the UK, the contribution that fishing, originally, and now this extraction have delivered is clear.

It was heartening to sit down with people from the Oil and Gas Technology Centre at the Oil and Gas Authority and talk to them about what they have been through. It has been a very tough time. They would say that they perhaps took decisions a little hastily—unfortunately, there have been job losses in the local economy—but as a result of going through that trial, the industry is in a better place than ever. It has the resilience to face any future changes in oil prices and an understanding of what it needs to do to build a more sustainable supply chain, and the co-investment that is coming together around the technology institute is very exciting.

It was also heartening to talk to the people from the OGTC about operational decisions, such as how they pulled together through the Forties pipeline interruption to deliver that back on stream more quickly. Of course they will always be competing, but the recognition of what co-working can mean is incredibly impressive.

The OGA has been a driving force for that. I pay tribute to its work, and to that of the offshore petroleum regulator for environment and decommissioning, which never gets enough credit. It is a superb operation with lots of civil servants from the Department for Business, Energy and Industrial Strategy working extremely hard and doing a very good job of regulating and ensuring the safety of the industry. We are aware of the painful losses that have been suffered and we are determined to work together to make the industry more resilient.

Hon. Members have spoken about the uptick in mergers and acquisitions activity, some of which predated the transferable tax history. I am told by industry that that has been such an important part of getting assets out of the hands of those for whom it might not be

economically effective to extract, because they have global interests, and putting them into the hands of smaller operators.

Related to that, there has been an interesting surge in technological investment in things such as reusable tiebacks that enable companies to extract reserves in a more nimble way. That innovation and technology is really exciting. It is excellent that those lobbied-for tax changes, which were passed by a Conservative Government, are delivering. As the hon. Member for Aberdeen North said, there is renewed investment in innovation and drilling—people are getting out there and exploring.

Some of those changes will unfortunately lead to further restructuring and there may be job losses. We all want to build up a healthy ecosystem for the industry that will extend to a broader region and offer additional employment opportunities, particularly in new technology.

The Wood review, which we commissioned, suggested that we should establish a strong independent regulator. That is working well. We are committed to the driving investment principles that have underpinned that success, and we now have a globally competitive tax regime, which places the UKCS in the top quartile globally in terms of post-tax returns.

In total, the Government have provided £2.3 billion of fiscal support to the sector so far. We also committed another £40 million for new seismic acquisition, which has been managed by the OGA, and we co-funded the Oil and Gas Technology Centre through the Aberdeen city deal. I echo the point that the hon. Member for Aberdeen North made about that; it was a brilliant example of co-working. When we put aside our national, local and political boundaries, it is incredible what we can deliver in local areas. That has been a real success.

In response to the debate, I will announce three further things. First, I understand the comments about an ultra-deep water port, which we talked about in our manifesto. We are immediately commissioning a UK-wide scoping study, which will work closely with my Scottish Government counterparts, because they have kicked off a piece of work in Scotland and we want to ensure that we incorporate it. It is important that we look across the UK. If we can get an ultra-deep water port that is economically effective, it could have a material impact on our ability to attract decommissioning business.

Secondly, not for the first time, I listened with concern to the issues about helicopter safety. I understand that it is the only way for people to commute to work, as my hon. Friend the Member for Gordon said. I will write to the Civil Aviation Authority to ask it for reassurance that the measures it introduced on helicopter safety are working, and for what further assurances it can give.

Thirdly, on the issue that the hon. Member for Aberdeen North and others raised about customs treatment, I will instruct my officials to seek clarity immediately from their Treasury colleagues and to write to the industry and to all hon. Members present by the end of the month, so there can be no lack of clarity about what is required.

We have talked a lot about the industrial strategy. Trevor Garlick has done a fantastic job in getting the sector together and pulling together a series of interesting proposals. As I have said before, we must not define a Government's willingness to work with an industry on the basis of there being a big-bang sector deal landing on people's desks. Much of the financial and fiscal

support that we have given to the sector is part of a broader sector partnership that we are committed to taking forward. However, there are some very interesting specific proposals in that deal. One that strikes me is for the decommissioning opportunity, which I am very keen to explore quickly and to bring forward. The House has my commitment that we will do that.

I believe we all share the view that environmentally rigorous extraction of oil and more particularly gas, and the use of that fuel, absolutely has a place in our low-carbon transitions. Our current assumptions are that we will continue to use gas. I understand the question of carbon capture and storage; we have debated it before and I will not run through the debate again. I will only say that we now have private sector partners with very deep pockets who are prepared collectively to invest in that technology through the oil and gas climate initiative; we did not have such partners before.

We also understand that we not only need to decarbonise generation; we also have to put that work within a cluster, so that dealing with industrial emissions can be put into the same infrastructure and framework. There are only five places in the world where CCS plants associated with generation are running purely on subsidy alone, which is effectively what we have been asking for. The other 16 places rely on enhanced oil recovery as a revenue source. Even the Norwegians, who have the sovereign wealth fund that we have talked about, find it very difficult to get pure subsidy for CCS through their Parliament. That is why I have set up the carbon capture council, which is headed by the best brains, including some of our friends from north of the border, to try to work out how we improve the technology in a cost-effective way. What is the irreducible core of cost and risk that Government have to take in order to move this technology forward?

The CCS cost reduction task force is specifically looking at cost reduction proposals and also committed £100 million for innovation, because without that technology we will not decarbonise either generation or industrial emissions, and I want us to lead on CCS.

In conclusion, this is a vital—

Alan Brown: I thank the Minister for giving way, especially when she is just winding up. I raised the Grangemouth renewable energy project and the possible application of a retrospective cap on the amount of renewable heat incentive money that the project can claim. Is that something that she can reconsider? We do not want to put this project in jeopardy.

Claire Perry: I would be very grateful if the hon. Gentleman wrote to me about that, so that I can consider that question and give him a more detailed reply. By the way, if I have missed out any points that were raised during the debate, Members should please feel free to raise them with me and I will try to respond to them.

It has been wonderful to have this debate on such a sunny day. It is 18°C in Aberdeen—I have just checked—so it is a slightly more balmy place than usual for people to head home to. This has been a really fantastic opportunity to reiterate all of our collective support for this industry, which has delivered so much, not only to the north-east of Scotland but to the United Kingdom. I want people to be in no doubt that we are committed to making sure that, yes, we do the economic extraction—I think that

I have described it as being down to the last drop—but that we also think carefully about how we use this fuel in a low-carbon economy, and make the appropriate investments in the future. And once again, I commend my hon. Friend the Member for Gordon for raising this matter in the House.

3.53 pm

Colin Clark: Thank you very much, Mr Chairman, for calling me to wind up.

I am delighted that a few of us managed to come along on such a hot day; usually, in anything above 10°C, the Scots melt. We have managed to hold things together today.

The hon. Member for Aberdeen North (Kirsty Blackman) spoke about helicopters, as did the hon. Member for Stockton North (Alex Cunningham), and I was glad to hear what the Minister said about that issue.

My hon. Friend the Member for West Aberdeenshire and Kincardine (Andrew Bowie) realises the longevity of hydrocarbons, which is important to his constituency and to many of our constituencies.

The hon. Member for Aberdeen North also discussed the city region deal, which has been very important, and the Oil and Gas Authority, which has been very successful to date. We also spoke about carbon capture and storage opportunities. And she is quite right that we have to be very strategic about the infrastructure.

My hon. Friend the Member for Waveney (Peter Aldous) spoke strongly for the opportunities in the southern North sea, and as the chairman of the all-party parliamentary group on the offshore oil and gas industry, he is living proof that this is a national industry.

Back in the days when my hon. Friend the Member for Banff and Buchan (David Duguid) had a real job in the oil and gas industry, he made a contribution to the industry, and Banff and Buchan, where so much of the oil and gas is brought on shore, also makes a real contribution.

I very much appreciate the support for the industry from the Scottish National party Front-Bench spokesperson, from the hon. Member for Kilmarnock and Loudoun (Alan Brown), and from the hon. Member for Southampton, Test (Dr Whitehead), who spoke for Her Majesty's official Opposition. I am glad of the support for domestic production of oil and gas, which can be part of the solution for protecting the environment.

Also, I thank the Minister for her input to and support for the industry in her dual role for energy and clean growth; it is tremendous that oil and gas are part of her responsibility. We must be clear that we can protect the environment while developing hydrocarbons.

The oil and gas industry is growing, it needs inward investment and I appreciate the support both of the Government and of Members here. It has been a great pleasure working under your chairmanship, Mr Sharma; thank you very much.

Question put and agreed to.

Resolved,

That this House has considered the UK oil and gas industry.

3.55 pm

Sitting adjourned.

Written Statements

Thursday 19 April 2018

FOREIGN AND COMMONWEALTH OFFICE

UK Diplomatic Network in the Commonwealth

The Secretary of State for Foreign and Commonwealth Affairs (Boris Johnson): Global Britain is this Government's ambition to increase the UK's national security, prosperity and influence, signalling our resolve to remain a big and influential player on the world stage.

In March, I announced plans to open around 10 new sovereign missions over the next two years, drawing on additional funding granted to the Foreign and Commonwealth Office by the Chancellor of the Exchequer to enhance our diplomatic capability overseas.

During the Commonwealth Heads of Government meeting in London this week, I am announcing the location of nine new missions: six high commissions in Lesotho (Maseru); Swaziland (Mbabane); the Bahamas (Nassau); Tonga (Nuku'Alofa); Samoa (Apia); Vanuatu (Port Vila); and a further three missions, in Antigua and Barbuda (St John's); Grenada (St George's); and St Vincent and the Grenadines (Kingstown). These new missions will strengthen the UK's diplomatic influence in the Commonwealth and help to deliver the UK's security and prosperity objectives.

This expansion of our diplomatic network in the Commonwealth, which marks the beginning of the UK's two-year tenure as chair, demonstrates our commitment to making an even greater success of this historic and important network of like-minded friends.

[HCWS625]

HOME DEPARTMENT

Police Funding

The Minister for Policing and the Fire Service (Mr Nick Hurd): Following the debate on police funding held in this House on 28 March 2018 and the motion of this House, the Government wish to highlight that they are committed to protecting the public and providing the resources necessary for the police to do their critical work. At the 2015 spending review, the Government protected overall police spending (the combination of Government grants to police and crime commissioners (PCCs), police precept, and spending on national priorities such as the police transformation fund) in real terms. Counter-terrorism police grant was also specifically protected.

Before taking decisions on the 2018-19 settlement, the Government were determined to ensure that we continued to enable the police to respond to changing demands on them. I visited or spoke with every police force in England and Wales to better understand the

demands they face and how these can best be managed. I saw for myself the exceptional attitude and hard work of police officers and staff around the country, and listened to the evidence about the genuine increases in demand they are facing.

Crime as traditionally measured by the independent crime survey for England and Wales—widely regarded as the best long-term measure of the crime people experience—is down by more than a third since 2010 and by more than two thirds since its peak in 1995. However, we recognise that there have been material changes in the demands on policing since the 2015 spending review. Demand on the police from crimes reported to them has grown and shifted to more complex and resource intensive work such as investigating child sexual exploitation and modern slavery. At the same time the terrorist threat has changed.

We included four key elements in the police funding settlement for 2018-19 to enable the police to respond effectively: an increase in funding, greater future funding certainty, clear opportunities for substantial improvements in productivity and efficiency, and greater financial transparency to ensure effective use is made of police financial reserves.

Following the spending review in 2015, the Government committed to protecting force-level funding in cash terms over the spending review period, when police precept and Government grant are taken together. The 2018-19 settlement changed this by enabling every PCC to maintain their funding in real terms. This was achieved by a combination of protecting the Government grant to PCCs in cash terms (compared to 2017-18) so PCCs retain the full benefit from any additional local precept income, and increasing flexibility to raise precept without calling a referendum (in England). The vast majority of PCCs used the additional flexibility to increase precept, resulting in an over £280 million increase in funding in 2018-19. In addition, many PCCs have set out proposals to use this extra funding to improve frontline policing.

We are also increasing investment in national policing priorities such as police technology and special grant by around £130 million in 2018-19 compared to 2017-18. This reflects our commitment to support the police to deliver a modern digitally enabled workforce, and to manage major events such as the Commonwealth summit and terrorist attacks. We are maintaining the size of the police transformation fund at £175 million in order to help drive police reform.

Counter-terrorism police is receiving a £50 million (7%) increase in like for like funding when compared to 2017-18, enabling the counter-terrorism budget to increase to £757 million, including £29 million for the uplift in armed policing from the police transformation fund. Once the armed uplift programme is complete, there will be around 7,000 armed officers in England and Wales, which exceeds the number of firearms officers in 2010. This is a significant additional investment in the vital work of counter-terrorism police officers across the country. These specialist armed officers will be better trained and equipped than ever before to deal with the full range of complex terrorist attacks.

Separately, the Home Office has also provided £9.8 million in special grant funding to cover the costs of the police response to the Manchester Arena attack and a further £7.6 million to support the costs in London.

Overall, police funding across the system is increasing by around £460 million year on year, including police precept. The House of Commons debated and voted for the police funding settlement on 7 February, as is done on an annual basis.

The motion debated by the House on 28 March referenced the UK Statistics Authority's recent work on police funding statements. The Government recognise that police funding is a complex topic and are committed to presenting and explaining police funding clearly. The UK Statistics Authority suggested the Home Office should produce a regular analysis of police funding in line with the principles set out in the code of practice for statistics. The Home Office chief statistician is currently considering how this could be achieved.

Police leaders rightly highlighted to me that one year of additional financial support would not be sufficient to mitigate the challenges the police face. It is also important that PCCs and chief constables can plan effectively. Therefore the Government committed at the police settlement to protect police grant in cash terms, and repeat the additional precept flexibility in 2019-20, so long as significant progress is made this year on efficiency and productivity. This approach gives policing the opportunity to make major improvements in efficiency, and use those gains to improve services to the public.

Efficiency and productivity are essential to a sustainable plan to enable the police to manage challenging demands. Since the police funding settlement, I have been working with the Association of Police and Crime Commissioners and the National Police Chiefs Council to agree concrete proposals to save around £120 million through better procurement and use of shared services. We are also working with the police to deliver the benefits of better, digitally enabled working. The motion debated on 28 March called for 10,000 additional officers. The motion did not make reference to efficiency or productivity. If all forces could deliver the same one hour per officer per day of productivity benefits from mobile working as the best in a recent sample with eight forces, this has the potential to free up the equivalent of 11,000 extra officers nationally to provide the proactive policing that committed police officers want to deliver. The Government believe that it is essential that we work with the police to realise these productivity benefits, rather than focusing on extra funding or having a sterile debate on officer numbers alone.

We are also encouraging the police to make effective and prudent use of their financial reserves. As at March 2017 PCCs held usable resource reserves of over £1.6 billion. This compares to £1.4 billion in 2011. Current reserves held represent 15% of annual police funding to PCCs. There are good reasons for holding reserves, including to invest in better ICT to help officers work smartly. However, PCCs' plans for using their reserves must be robust and open to public scrutiny. That is why we set out new guidance in January requiring them to publish their reserves strategies in plain English, with a clear justification for each reserve held, as well as publishing national information on the level of reserves held.

Taken together, the Government have listened to the police, we have substantially increased police funding in 2018-19, we have demonstrated our complete commitment to protecting the public from terrorism, and we have provided the police with the tools to respond to changing demand.

[HCWS626]

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Local Government Finance

The Parliamentary Under-Secretary of State for Housing, Communities and Local Government (Rishi Sunak): I am writing in response to the Opposition day debate on "Reductions in Local Government Funding" of 28 March and the resolution of the House made that day. This Government recognise the vital role of local government in delivering the frontline services which communities across the country rely on. I am writing to the House to confirm the support this Government are providing to ensure councils have the resources they need to deliver vital local services.

In February, the 2018-19 local government finance settlement set out the resources available to councils in England. This is the third year of a four-year offer which was approved by Parliament, as was the case in both preceding years. The multi-year settlement was also overwhelmingly accepted by councils, 97% of which took up the offer in return for publishing efficiency plans. It has provided greater certainty, allowing councils to plan ahead and secure value for money.

Through the settlement, local government has been given access to £45.1 billion in 2018-19 and £45.6 billion in 2019-20. This is an overall increase since 2017-18 of £1.3 billion. This recognises both the growing pressure on local government's services and higher than expected inflation levels. For adult social care in particular, a further £150 million was provided for 2018-19, which we expect will help support sustainable local care markets, in addition to the £2 billion announced at spring Budget 2017. With this, and other measures, the Government have given councils access to £9.4 billion dedicated funding for adult social care over three years.

Informed by the representations received from councils, organisations and members of the public, we are ensuring that the sector is equipped to drive economic growth, to think and act creatively and to deliver for their residents. We are clear that is about more than just the funding. Through additional flexibilities and responsibilities, we are responding to the sector's request for more control over the money they raise as well as the tools to make this money go further.

Local authorities already have a strong incentive to grow their economies through 50% business rates retention and benefit from the additional income that growth in their business rates brings. Over 150 local authorities in 16 pilot areas are incentivised further by retaining 100% of their growth in business rates.

We are also looking towards the future. We are undertaking a review of local authorities' relative needs and resources to address concerns about the fairness of current funding distributions. The consultation has now closed and my Department is carefully assessing over 300 responses from a wide range of stakeholders. We have sought the views of councils, representative associations and others to capture the key factors which should be included in a new funding formula and we will continue to collaborate with local government on this. We aim to implement its findings in 2020-21.

Local government also has a vital role to play in helping the broken housing market. The recent allocation of £866 million from the housing infrastructure fund for 133 local authority projects will help to deliver some 200,000 additional homes, and we have also announced an additional £1 billion of borrowing headroom to enable local authorities in the highest value areas to build more homes for social and affordable rent.

We further announced last month the 45 areas across England we are working with to develop Forward Funding infrastructure projects, with up to £4.1 billion of funding available to unlock a potential 400,000 homes. These

are strategic, long-term projects which will deliver housing not just for now, but for generations to come—creating new settlements, growing places and supporting local authority ambition for growth and regeneration.

This Government remain firmly committed to ensuring local government has the support and resource it needs to deliver its services effectively and efficiently, while protecting hard-working taxpayers from excessive council tax rises.

[HCWS627]

Petition

Thursday 19 April 2018

OBSERVATIONS

HEALTH AND SOCIAL CARE

Provision of adequate, ring-fenced funding for mental health services

The petition of residents of Dulwich and West Norwood,

Declares that there is widespread concern about the deterioration of our mental health services and that those in need of care are receiving inadequate treatment as a result; further that a revolving door of admission, discharge and readmission is emerging, instead of the long term treatment that is needed; further notes that overworked professionals do not always have the time that they would like to spend with their patients to determine the best course of treatment and most appropriate support; and further that welcomes news that the Government is putting some extra funding into mental health services, but is concerned that this is insufficient, and not ring-fenced, and that despite the increase the proportion of funding that many Clinical Commissioning Group (CCGs) are spending has continued to fall, including in Lambeth and Southwark.

The petitioners therefore request that the House of Commons urges the Government to commit to providing adequate, ring-fenced funding for mental health services.

And the petitioners remain, etc.—[Presented by Helen Hayes, *Official Report*, 13 December 2017; Vol. 633, c. 572.]

[P002091]

Observations from the Parliamentary Under-Secretary of State for Health (Jackie Doyle-Price):

The Government are committed to improving mental health services, as described in the Five Year Forward View for Mental Health, and to ensuring staff are in place to deliver these improvements, as set out in the Mental Health Workforce plan, Stepping Forward to 2020-21.

It is the Government's view that Clinical commissioning groups (CCGs) are best placed to make decisions on commissioning mental health services for their communities, based on local need and working closely with local authorities and other partners.

In 2018-19 all CCGs will be required to meet the Mental Health Investment Standard—increasing their spending on mental health services each year. This will be subject to confirmation by their auditors. In 2016-17 CCGs invested £9.7 billion on mental health services, which is £575 million more than the year before.

Transparency around mental health expenditure is a key priority for the Government, which is why we are now publishing every CCG's expenditure as part of the Five Year Forward View for Mental Health Dashboard. This shows that CCG and specialised commissioning funding on mental health in England has risen to a planned £11.86 billion in 2017-18, and that Southwark CCG and Lambeth CCG both reported increased mental health expenditure in 2016-17 over the previous year.

Ministerial Corrections

Thursday 19 April 2018

HOME DEPARTMENT

Kerslake Arena Attack Review

The following are extracts from the statement on the Kerslake Arena Attack Review on 28 March 2018.

Robert Halfon (Harlow) (Con): I thank the hon. Member for Manchester Central (Lucy Powell) for her urgent question, and I thank my right hon. Friend the Minister for his statement. What are the Government doing through the Prevent strategy in schools and colleges? Obviously, Prevent is the thing that stops the conveyor belt to extremism.

Mr Wallace: My right hon. Friend makes an important point. If we are really to reduce the risk to our people, we need to invest in prevention. Although some people have issues with the Prevent scheme, we published the first lot of figures last week showing yet again that more than 200 people have been diverted away from following a path of violent extremism, and schools play one part of that role.

[Official Report, 28 March 2018, Vol. 638, c. 766.]

Letter of correction from Mr Wallace:

An error has been identified in the response I gave to my right hon. Friend the Member for Harlow (Robert Halfon).

The correct response should have been:

Mr Wallace: My right hon. Friend makes an important point. If we are really to reduce the risk to our people, we need to invest in prevention. Although some people have issues with the Prevent scheme, we published the **second** lot of figures **yesterday** showing yet again that more than 200 people have been diverted away from following a path of violent extremism, and schools play one part of that role.

Mr Ivan Lewis (Bury South) (Ind): Will he agree to meet the people leading the review on radicalisation policy in Greater Manchester, the leaders of Oldham Council and of Bury Council, to learn lessons about whether the Prevent programme is in fact working? There are massive differences of opinion on that. Will the Government agree to learn from the review that Greater Manchester is undertaking on radicalisation policy?

Mr Wallace: I am very happy to meet the people undertaking that review, but I must point out that the figures published yesterday and those published earlier in the month show that Prevent is working in many areas.

[Official Report, 28 March 2018, Vol. 638, c. 770.]

Letter of correction from Mr Wallace:

An error has been identified in the response I gave to the hon. Member for Bury South (Mr Lewis).

Mr Wallace: I am very happy to meet the people undertaking that review, but I must point out that the figures published yesterday **and last year** show that Prevent is working in many areas.

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