



HOUSE OF COMMONS

Backbench Business Committee

Representations: Backbench Business

Tuesday 12 March 2024

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Members present: Ian Mearns (Chair); Bob Blackman; Patricia Gibson; Chris Green; Nigel Mills; Wendy Morton.

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Representations made

[I](#): Debbie Abrahams

[II](#): Navendu Mishra and Alison Thewliss

[III](#): Jim Shannon



Debbie Abrahams made representations.

Q1 **Chair:** Good afternoon, and welcome to the Backbench Business Committee. We have four applications before us this afternoon. We normally take them in the order that they have been submitted. The first person on our list is Debbie Abrahams, whose application is on inequalities in dementia. Over to you, Debbie.

Debbie Abrahams: Hopefully my application is self-explanatory, but I will flesh out a bit of the detail. The all-party parliamentary group on dementia, which I co-chair and have done for the past seven or eight years, undertook an inquiry last year specifically on dementia diagnosis. We revealed quite stark evidence on the inequalities in diagnosis rates. You will know that the availability of new therapies, for example, that are coming down the line depends on a timely diagnosis, and a type-specific diagnosis. The first indication is a general diagnosis and you then need to go to a more specific one.

That was the basis of the application to the Committee. This is in the notes but, as an aside, we have variations of 90% in Stoke down to 40% in Devon—that is the range of diagnosis rates that we are talking about. Obviously, that makes a huge difference to the availability of therapies and the care that people receive, so hopefully the Committee will want to support this application.

Q2 **Bob Blackman:** You ticked either the Chamber, which frankly is not going to be available any time soon, or Westminster Hall on a Tuesday. Which would be the answering Department? I assume that it would be Health, or would it be someone else?

Debbie Abrahams: It would be Health and Social Care.

Q3 **Bob Blackman:** Would you accept a Thursday slot if we can give it to you before Easter?

Debbie Abrahams: It is about my availability, unfortunately. By the same token that it is difficult to find time in the Chamber, Thursdays are a very busy day for me.

Q4 **Bob Blackman:** A slot is available on Thursday 21st.

Debbie Abrahams: I definitely couldn't do that; I'm sorry.

Q5 **Chair:** In that case, we will try and sort this out for you. We have to rely on the rota for the right answering Department for a Tuesday in Westminster Hall, and I am afraid that our Tuesdays in Westminster Hall are now full until after Easter anyway.

Debbie Abrahams: I was not expecting it to be otherwise, knowing how busy you all are and how busy business is at the moment. Hopefully I will not have to wait a year for a debate, as I had to in the past. Given that this is of such huge importance and relevance to hundreds of thousands of

people, I hope you will make sure that it happens as soon as possible after recess.

Chair: Okay, thank you very much; that's much appreciated.

Navendu Mishra and **Alison Thewliss** made representations.

Q6 **Chair:** Makes yourselves comfortable. Your application is on health inequalities in liver disease and liver cancer.

Navendu Mishra: Thank you, Chair and Committee, for considering this application. We have seen an 18% increase in liver disease since 2019. In the bit of England that I represent—my constituency is in the north-west—we have seen a 35% increase in premature mortality, compared with the national average. It is quite a serious issue. This is one of those debates that, if granted, would be of interest to Members from all parts of the UK, because sadly it is a disease that impacts everyone. I am not familiar with the details of Scottish health data, but I would not be surprised if that is unfortunately not very good.

The briefing we have been provided is from the British Liver Trust and Liver Cancer UK, which are both national reputable charities. We feel that the debate would be quite important for the House, which is why we have made a joint application.

Alison Thewliss: Speaking to the Scottish data and the relevance of the timing, Public Health Scotland is due to publish new data on health inequalities and liver disease outcomes on 26 March, which makes this topical. Liver disease mortality rates are almost six times higher in the most deprived areas of Scotland, compared with the least deprived areas, so there is a significant health inequality there as well.

My own local health board in Greater Glasgow and Clyde has seen the biggest drop in liver disease mortality across all health boards over the past two decades, with a 47.6% decline between 2003 and 2021. There are interesting things going on there as well. Scotland is very much at the forefront of innovation, prevention and earlier detection of liver disease. There is some very interesting work and research going on there.

From a personal point of view, I am keen to highlight the impact of fighting liver disease. My husband was diagnosed with that and has recovered. Most people associate it with alcohol, rather than other diet issues, so it worth ensuring that that is highlighted, if the debate happens. We need to talk about the impact of obesity as well.

Navendu Mishra: May I add something to what Alison has said? There are two really important points that she has made. One is that the geographical inequalities are quite serious. In my own patch, Stockport is in Greater Manchester, and Greater Manchester integrated care system reported the highest premature mortality rate for liver disease in the country, based on the latest data. Sadly, if you have a lower-income background in a more deprived area, you are much more likely to die early.



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The last point, which is quite important, is that the premature mortality rate for women is almost twice that of men, sadly. It is a serious issue that needs serious consideration in the House of Commons. We would be grateful if the debate could be granted at some point.

Q7 **Chair:** Alison will have just witnessed the offer made to a previous applicant of a Westminster Hall slot next Thursday, 21 March, which would be the first slot in the afternoon. If you were willing to take that, it would get you in before Easter. That might be timely, given that the report will be published the following week.

Navendu Mishra: I don't have an objection to that, but would it be possible to be considered for a debate in the Main Chamber?

Q8 **Chair:** You are not going to get anything in the Main Chamber until well after Easter, Nav.

Alison Thewliss: The new data will not have come out until the 26th, so we would be operating on previous data, but I'm open-minded on that.

Q9 **Chair:** That slot is available. Otherwise, you may be waiting quite some time.

Navendu Mishra: Okay. Is that the 21st?

Q10 **Chair:** Yes, Thursday the 21st and it will be the first slot.

Navendu Mishra: What time is that, sorry, Chair?

Q11 **Chair:** It would begin at half-past one. I understand that the mood music coming back from the House authorities about changing the Standing Orders to bring forward Westminster Hall sitting times is very positive, but that is not going to be in time for you. We are hoping that after Easter Westminster Hall sitting times will begin at 12.30 pm, but for next Thursday it is 1.30 pm.

Navendu Mishra: Forgive my ignorance, Chair, but how long is the slot?

Chair: It will be 90 minutes.

Navendu Mishra: So we can encourage MPs from all parties to come along.

Chair: Yes, indeed. Thank you very much. Next up, Mr Jim Shannon.

Jim Shannon made representations.

Q12 **Chair:** Jim, welcome; you are making sure that your season ticket is still intact. Your application is on glaucoma and community optometry. Over to you.

Jim Shannon: Chair, I thank you and the Backbench Business Committee for giving me the opportunity to request this debate. We have eight Back-Bench names on the request—three from the Conservative party, four from Labour, and myself.



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This issue is important because sight loss costs the economy £36 billion each year. It is almost incomprehensible that it is that much, but it is, with 22 people losing their vision to preventable causes each week. It is estimated that some 700,000 people in the UK have glaucoma. Vision lost to glaucoma cannot be recovered, but with early detection, careful monitoring and regular treatment, most people can retain useful sight for life. For patients with stable glaucoma, optometrists have an ongoing role in monitoring their eye health and helping them to manage their condition.

We ask for debates on glaucoma and community optometry because we believe that community optometry can be the salvation that eye care needs. Optometry services remained open for urgent care during covid, but the number of eye tests in 2020 dropped by 4.3 million. Covid was part of the problem, as people could not have the same tests. We feel that the issue must therefore be debated to highlight the worrying trend and the important role that community optometry will play in reversing it.

This is an observation, not a criticism, Chair: since 2017, eye health has been debated just four times, with no specific debate on glaucoma or the role of optometrists, while dentistry has been debated on at least eight occasions. I am not saying that there is anything wrong with that or that dentistry shouldn't be debated, but demand had led to a backlog of 633,000 people waiting for NHS ophthalmology appointments in May 2022, and the Prime Minister has made cutting NHS waiting lists one of his key five priorities.

Marsha De Cordova, your colleague and my friend as well, introduced a Bill that had support from six parties. I believe this debate is capable of attracting broad support, which is reflected by the diverse list of MPs named in the application. I suggest, very honestly and respectfully, that it is time to debate this matter in Westminster.

Chair: Thank you. Any questions, colleagues?

Q13 **Bob Blackman:** Jim, you have requested a Tuesday or a Thursday. The first date we have available is Thursday 25 April, and you could have the first slot.

Jim Shannon: The Chair will know this; he and I discuss things on a Thursday in the Chamber. I have made the decision that, as of next week, I won't be spending time here on a Thursday. Unless it is something critical or a three-line Whip, I will be going home at 8.45 in the morning.

Q14 **Bob Blackman:** How will we cope at business questions without you?

Jim Shannon: I am afraid it is something I have to do. I think my time could be better spent. Forgive me, Chair, you and I have discussed this at some length over the last three or four weeks. I am not going to do Thursday debates any more. I am going to do what I should be doing and spend the time in my constituency. I apologise for that.

Chair: All is lost, Jim. All is lost.



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Q15 **Wendy Morton:** Yes; Thursdays will not be the same. I have a quick question. You have a range of support there. My usual point is that we are looking for an even split of Government and Opposition Members. You have three Conservative Members on there, and presumably you wouldn't have an issue getting another one just to balance it out. I am nothing if not fair.

Jim Shannon: Yes, I'll make sure that happens.

Q16 **Chair:** Thank you. In that case, Jim, if you are holding out for a Tuesday, we don't yet know the rotas for all the weeks after Easter, but all our Tuesday slots in Westminster Hall are taken for the first fortnight, so it will be some time after that.

Jim Shannon: I appreciate that, Chair. I am not being awkward; I am just being honest with what I need to do.

Chair: Understandable, Jim. Thank you very much. We have one other application, but I am afraid the applicant is not with us, so I will close the public session and we will go into private session.