HOUSE OF COMMONS

Backbench Business Committee

Representations: Backbench Debates

Tuesday 19 November 2024

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Watch the meeting

Members present: Bob Blackman (Chair); Mary Glindon; Chris Vince; Jess Brown-Fuller.

Questions 1-22

Representations made

I: Marsha De Cordova, Sir Julian Lewis and David Mundell

II: Perran Moon

III: David Mundell

IV: Jim Shannon

V: Esther McVey, Graham Stringer and Rupert Lowe

VI: Chris Vince

Marsha De Cordova, **Sir Julian Lewis** and **David Mundell** made representations.

Q1 **Chair:** Welcome to the meeting of the Backbench Business Committee. We will be considering applications from colleagues for debates in both the Chamber and Westminster Hall.

First up, we have Marsha De Cordova on Disability History Month.

Marsha De Cordova: Thank you, and good afternoon, everybody. First, I congratulate you, Mr Chairman, on your election as Chair of the Backbench Business Committee.

Chair: Unopposed is always good.

Marsha De Cordova: Well, it helps. I appeared before your predecessor on many occasions. I also welcome the new members of the Committee.

As you alluded to, I have submitted an application with cross-party support for a debate to recognise Disability History Month, which started on 14 November and runs through to 20 December. The purpose of Disability History Month, which has similarities to Black History Month, is to recognise and celebrate the many achievements of disabled people—from our past, in the present and hopefully in our future—and to recognise the many challenges that still lie ahead of us.

There are over 16 million disabled people living in the UK, and I like to include carers, too, which takes that number to around 20 million. Disability History Month coincides with the UN's International Day of Persons with Disabilities on 3 December. Again, the purpose of that is to celebrate but also to recognise some of the areas in which we need to improve.

I want this debate because I believe we need to champion the rights of disabled people. We need greater equality and equity, but, more importantly, social justice. Over the past 14 years, disabled people have borne the brunt of austerity, whether that is through health inequalities or the labour market, where the disability employment gap remains at 30% after more than 10 years. In the education system, we all know—including you, Mr Chairman—of the challenges around special educational needs and disability.

It would be great to give Members across the House—this is not a partisan issue, because we all have disabled people in our constituencies—the opportunity to celebrate achievements in their own patches, acknowledge some of the challenges and come up with some solutions that we can put to the Government.

Q2 **Chair:** Lovely. Julian, do you have anything to add?

Sir Julian Lewis: I am very happy and willing to support Marsha in this initiative. Like you, Chairman, I have been in this House for a considerable time, and we have seen a change in the make-up of the body of MPs with whom we serve. There are, with this new election, some quite striking

examples of people who have overcome disability to serve in this House, and Marsha herself is a shining example from previous elections.

We do indeed all know somebody who has someone in their family who is disabled. Only today, I was listening, not for the first time, to a group dealing with a condition that arises out of infection, called PANS or PANDAS, which many GPs have not even heard of, and which could be prevented if recognised early enough. Where it is not, it can lead to long-lasting neurological disability. We have the duty try to support and maximise opportunities for disabled people, but also, where there is the opportunity to anticipate and prevent unnecessary disability, by having a debate of this sort we have the opportunity to raise awareness of that too.

Q3 **Chair:** David, do you have anything to add?

David Mundell: No. I am very supportive of this debate.

Q4 **Chair:** I have just a couple of quick questions before I open it up to the rest of the panel. You have asked for a debate in the Chamber, and you have been pretty specific about when you would like that debate to take place. The only time made available to us in the Chamber is on a Thursday, normally—that may change in the future, but normally it is on a Thursday. You have a total of 10 supporters, or speakers. For a Chamber debate, we would expect to have 15 people contributing. We will be in a position to offer you a Westminster Hall debate, certainly, on 11 December. If we offered you that, would you accept it?

Marsha De Cordova: What day is the 11th, without me quickly looking at my diary?

Chair: It is a Thursday. You have asked for a debate on either the 9th, 10th or 11th.

Marsha De Cordova: Yes. I would accept a debate on Thursday the 11th.

Sir Julian Lewis: Thursday is the 12th.

Marsha De Cordova: Do you mean Wednesday then, Chair?

Chair: Oh, Thursday is the 12th. Yes.

Sir Julian Lewis: The old system is the best.

Q5 **Chair:** It is because they give me a list starting "week commencing"—it confuses me. Yes, it would be Thursday the 12th. Alternatively—what would be the answering Department?

Marsha De Cordova: When we have held this debate in the past, it has been the women and equalities Department.

Chair: We would be able to offer you the 10th in Westminster Hall—the Tuesday morning—which would be a 9.30 am to 11 am debate.

Marsha De Cordova: Tuesday the 10th?

Chair: Yes, which would fit your request.

Marsha De Cordova: The 10th is a bit difficult for me. I am doing a disability event in my constituency that morning.

Chair: It has to be either the 10th or the 12th.

Marsha De Cordova: Will we have to go with the 12th. To update colleagues who have just arrived, thank you so much for supporting this application. We are looking at Thursday 12 December, which still falls slap bang in the middle of Disability History Month.

Chair: Any other questions from colleagues?

Q6 **Chris Vince:** Without putting a spanner in the works of what we have just decided—sorry to be not very helpful, Chair—we are agreeing on a Westminster Hall debate, but this is a really important issue. Do you think you could potentially come back to us, quite quickly, with 15 names so we could consider a Chamber debate?

Marsha De Cordova: As background for you, the last time I led a debate for Disability History Month we were lucky enough to have it in the main Chamber. You are absolutely right—that would be the ideal opportunity—but the key thing for us is to make sure we mark the debate. I am fairly certain that we could garner five additional names, but the key thing is to have the debate and that it is heard.

Chair: The other factor is that we have certainty that we will have Westminster Hall on that day, but we do not know whether we will get the Chamber for that day.

Marsha De Cordova: Exactly, and that is the other challenge. I am very happy, and colleagues should be happy, with Westminster Hall. The point is that we get the opportunity to debate this issue. I hope that next year we can get this debate in Government time, frankly.

Chair: Well, you can lean on the Government.

Marsha De Cordova: Absolutely.

Chair: If there are no other questions from colleagues, thank you very much for your presentation. The Clerks will be in touch with you to confirm the details after we have decided at the end of the meeting.

Marsha De Cordova: The two colleagues who have joined us, Shockat Adam and Jim Shannon, are very supportive and are also signatories to the application for the debate. Thank you very much.

Perran Moon made representations.

Q7 **Chair:** The second application is from Perran Moon on domestic production of critical minerals.

Perran Moon: Thank you very much for allowing me to present to the Committee, Chair. I am secretary of the APPG on critical minerals, which is

chaired by my colleague Noah Law. Critical minerals are an essential part of our transition away from fossil fuels, and there is an awful lot of parliamentary discourse about this at the moment. The UK's requirements for critical minerals are met from as far afield as South America, Congo, Australasia, China and Indonesia. However, here in the UK we have huge deposits of key critical minerals, not least in my constituency of Camborne, Redruth and Hayle, but across the whole of Cornwall and large parts of the north-east.

The reason I mention those particular areas is that they have very high levels of poverty and deprivation. We know that as we transition our economy, we will be relying more and more on such minerals. Within these areas, unlike in many other parts of the UK, there is wide acceptance—even willingness—and local support for these minerals to be mined. As I mentioned, they are an essential part of our energy transition. Without them we will really struggle to move away from a from a fossil fuel-based economy. There are hugely significant environmental impacts of domestic critical mineral production too, not least the fact that we currently import from the other side of the world and from areas where there are geopolitical implications, such as Myanmar.

Domestic critical mineral production requires a degree of investment and profile, and part of the debate will be to raise its profile. It is an industry that is ready, willing and able. I have engaged with the industry extensively. It is very keen for the UK Government and Parliament to discuss the issues that are essential to the transition. We would love the opportunity in a Westminster Hall debate to engage with politicians from across the political spectrum and across the UK and to have these discussions. They are discussions that will affect our policies on climate change, business and industry, social cohesion—which I have mentioned—and economic stability. That is why I request a Westminster Hall debate.

Q8 **Chair:** Lovely. Thanks very much for your application. You mentioned that you would take a slot on either Tuesday or Thursday. Can I confirm that the answering Department would be Business and Trade?

Perran Moon: Yes.

Q9 **Chair:** Okay, so there is potential for either 3 December or 5 December. Do you have a preference? The Tuesday debate would be from 9.30 am until 11 am, and the Thursday debate would depend on whether we have got our adjusted timings in Westminster Hall for Thursdays.

Perran Moon: Did you say 9.30 am on 3 December, Chair?

Chair: Yes.

Perran Moon: Then 9.30 am on the 3rd would be the preference.

Chair: Thank you. The Clerks will be in touch shortly.

David Mundell made representations.

Q10 **Chair:** The next application is from David Mundell on World AIDS Day

2024. Over to you, David.

David Mundell: Thank you very much, Chair. I congratulate you on your appointment as Chair and all Committee members on their appointments to this important Committee. I am co-chair of the all-party parliamentary group on HIV and AIDS, which is one of the largest and longest-standing APPGs in Parliament. We are seeking a debate to coincide with World AIDS Day on 1 December to continue to highlight the issues around HIV and AIDS, not just in the UK but globally.

It is very important that we keep the issue high up on the political agenda, because there is a tendency for people to think that it has been dealt with and is in the past. Actually, in England in 2023 there was a percentage increase in the number of people who received a new HIV diagnosis. There are also a number of significant issues globally in relation to HIV and AIDS, with a rise in particular in the number of young women and girls in sub-Saharan Africa who are contracting the disease. So there is a change in the focus and in some of the issues. There are groups within communities who are very highly tested and very aware of all of the issues, but there are many communities in the UK and elsewhere who are still not aware that they may have contracted HIV or are not coming forward for testing.

The principal reasons to have such a debate are to continue to raise awareness, particularly of current trends and statistics, both in the UK and globally; to promote prevention and testing, particularly regarding the use and availability of PrEP; to highlight disparities regarding the parts of society that are most likely to be subject to diagnoses; and to get a reinforced commitment from the Government—because we have a new Government, obviously—and hear from them on this World AIDS Day about their commitment to taking forward the ongoing fight against HIV and AIDS. Coinciding the debate with World AIDS Day would obviously maximise the attention that the debate gets, but it would also show this Parliament at the heart of an important global issue and taking it seriously.

Q11 **Chair:** Thank you, David. I do not know whether you are aware, but one of your colleagues on the APPG, I think, has secured a Westminster Hall debate in the ballot, the results of which have just been announced, on 27 November. The consequence of that is that we would not be able to allocate a Westminster Hall debate on the same subject. There could be a Chamber debate, but it would not be around that date because of other things that are going on. For that, you would need a motion and 15 speakers in total. At the moment, you have the right numbers for Westminster Hall, but, given that that debate has already been allocated, we are placed in this position.

David Mundell: Is that a 30-minute debate or—

Chair: It is a 60-minute debate.

David Mundell: Okay.

Chair: Obviously it is your application before us, and we have to decide what to do. In the circumstances, our hands will be tied on Westminster Hall, as you will appreciate. You may want to go away and think about that, and supply extra names and a motion, to make your application live. Otherwise, it will go on our list, but we will not be able to do anything until you give us the extra names and the motion.

David Mundell: Okay.

Chair: Any other questions, colleagues? No. The Clerks will be in touch, but the ballot was only held this afternoon—

David Mundell: Are you able to tell us which colleague has secured the debate?

Chair: Danny Beales. I don't think he is one of your speakers, is he?

David Mundell: He is a prominent supporter of the APPG.

Chair: Yes, but he is not one of the speakers on your application.

David Mundell: Yes. Okay, thank you very much.

Chair: Thank you, David.

Jim Shannon made representations.

Q12 **Chair:** Next up is our season ticket holder, Jim Shannon. A meeting of the Backbench Business Committee would not be complete without an application from Jim.

Jim Shannon: It is always a pleasure to come to the Committee, Mr Chairman.

For the record, there are two other names, if you want to take them down; they are on the bottom there. That brings it up to the statutory eight that you hope to get.

The reason I have asked for this debate is simply because it has been a long time since there was a debate on autoimmune rheumatic disease; indeed, I cannot recall if there was ever a debate on it, but others might correct me. It is one of those rare diseases. For some time since we have come back, I have hoped to have a debate on rare diseases and in particular on this one, which we have some concerns about.

The Rare Autoimmune Rheumatic Disease Alliance has told me that what needs to change—well, I think it is more about raising awareness, with 3.5 million people in the UK living with rare conditions. The prevalence of a condition, including this one, should not determine the quality of care, but unfortunately it does. Some 170,000 people across the UK have this specific disease. The average time from the onset of symptoms to diagnosis is two and a half years, and 30% of people with a rare disease waited over five years for a diagnosis.

I want to focus on the necessity of this debate and of a Minister to respond to it. We have three asks. The first is to ensure that rare diseases remain a priority for health policy and that we build on the progress that has been made to date through the UK rare diseases framework. Such a framework was introduced in 2019, and it is important that we continue it. Secondly, we want the Government to support the development and better resourcing of specialised networks, and thirdly, we want them to support the development of a NICE quality standard for rare diseases.

As I say, this specific disease affects 170,000 people in the UK, but rare diseases as a whole affect 3.5 million. If it is the opinion of the Committee and yourself, Mr Chairman, that such a debate is necessary, I would like a 90-minute debate, please.

Q13 **Chair:** You have asked for a debate on a Tuesday morning. The only Tuesday that we know of between now and Christmas that will be available is Tuesday 10 December. Would that be acceptable to you?

Jim Shannon: I would take that, thank you.

Q14 **Chris Vince:** Can I ask what the political parties of the two additional signatories are?

Jim Shannon: Reform and Conservative.

Chair: Right, so you are a bit light on Government names. We normally expect half and half, as you know, Jim.

Jim Shannon: I am sure we could get another couple. The thing is, Mr Chairman—you know the situation; you and I talked about it the other day—I don't know every Labour MP's preference for subject matter. It is not just a matter of going up to whoever it might be and saying, "Look, will you add your name to this list?" The question really is, "Are you interested in this subject?"

Chair: I am sure it is not beyond your capability to get a couple of extra Government names to support your debate.

Jim Shannon: I will have two before the day is out.

Chair: Well, in order for us to allocate the debate, we would have to consider it at our next meeting, so we will need the extra names by this time next week, please.

Jim Shannon: Okay. I will get that sorted today. Thank you very much again to everyone.

Chair: Thank you very much, Jim.

Esther McVey, **Graham Stringer** and **Rupert Lowe** made representations.

Q15 **Chair:** Next up is Esther McVey, on the performance of the Medicines and Healthcare products Regulatory Agency. I will briefly declare an interest, because I asked a question about this at Health questions this morning.

Esther McVey: Very good. Thank you for hearing our application this afternoon. I am here with two colleagues who are supporting it, but we have a total of 16 Members who are supporting it. This issue is so important because the MHRA is the body that is responsible for the safety and efficacy of medicines and medical devices. It is the only body that decides if a drug is approved in the UK or not.

Graham and I co-chair the APPG on pandemic response and recovery. We set that up in 2021 and since then the body that keeps being raised with us is the MHRA, for—as people see it—failing in its responsibilities. I will give you just a couple of key issues that have been raised by colleagues and other people and say why we think this is such an important thing to debate.

First is the yellow card reporting scheme, which is for people to report if they feel they have had an adverse reaction to a drug, and how that is followed and used. It is meant to be an early warning scheme for drugs, but an independent review back in 2020 showed that it was too complex and too diffuse and did not really allow for early detection. Most people do not even know about the yellow card scheme. But if you go to Scandinavian countries, they have a mandatory reporting system that we do not have here.

Following on from that, FOIs showed us that the MHRA does not have a process for the investigation and follow-up of yellow card reports. The reason the APPG on pandemic response and recovery is important in this is that it has highlighted what was missing in the yellow card scheme after what had happened there. One of the FOI follow-ups showed that the MHRA followed up only 54% of deaths reported to the yellow card scheme. When other countries stopped using the AstraZeneca vaccine because of an autoimmune condition, we were several months behind—was that because of this failing of the yellow card scheme?

Another issue that has been raised with us is the funding of the MHRA. A report back in 2004 talked about the influence of the pharmaceutical industry and found that the MHRA was unusual in being one of the few European agencies funded entirely by fees derived from the industry. Twenty years on, that question is still being raised; there has been no follow-up there.

Another issue that has caused concern about the MHRA is that the chief executive, Dame June Raine, has talked about how it has moved from a "watchdog" to an "enabler". When it was meant to be a gatekeeper, it was not. Was there a conflict of interest there? It is also worth noting that between 2008 and 2017, only 41% of FOI requests were successful, again calling into question the transparency of the MHRA.

My colleague Yasmin Qureshi, one of the chairs of APPG on hormone pregnancy tests, who is supporting this application, is unable to be here today, but I understand that she has sent a letter of support. The group of MPs on that APPG have really been through a lot and understand the MHRA through the work they have done on Primodos. Theresa May made

sure that there was an independent review of the MHRA in the light of Primodos, and that found that avoidable harms had occurred. Again, that highlights the scrutiny and debate we need to have on this agency. There have been real, devastating impacts on patients. For people to have faith in the pharmaceutical industry and in the medicines and medical devices they are using, they need to know that the regulatory body overseeing them is doing the best job it possibly can. That is why we are coming together to ask for this debate.

Q16 **Chair:** Thank you. Graham, do you have anything to add?

Graham Stringer: Esther has given a fairly comprehensive view. I want to make a couple of general points. We live in a time of breakthroughs in medicine and also, unfortunately, breakthroughs on the other side of the equation: new viruses and germs generally. In that context, it is important that the public have confidence in new medicines and that they can see that those medicines have been properly tested and are safe. There is a danger not just from the bugs that are coming out; if there is a failure of confidence among the public in the medicines that are being produced, they will not be effective, because often you have to use them across the whole of society. That is important.

One of the issues—the Science and Technology Committee dealt with this about three Parliaments ago—is the use of equivalence for new medical devices that are put into bodies. It is always relatively subjective whether there is equivalence or not, and it is not always clear that that has happened.

There is public interest in this issue. I do not think the MHRA has covered itself in glory. It is worrying that it is one of the few such bodies in Europe that is mainly funded by the pharmaceutical industry—we are all aware of the scandals in the industry over the years. A debate about it and what it has been up to would get interest from the public and Members, and hopefully we would get a decent response from the Government.

Q17 **Chair:** Rupert, do you have anything to add?

Rupert Lowe: Thank you, Mr Chairman. I am very happy to support Esther in her request for this debate. There has arguably not been enough scrutiny of the MHRA in Parliament. Its funding leads to questions about conflicts of interest, and it is in the public interest to discuss and debate them. I recently asked a question that threw up the fact that there have been 500,000 yellow card incidents—that is what has come back to my office. As far as I am aware, there is no process for a proper follow-up of those incidents. I think it is a case of saying that good government is transparent government. This entire agency and the entire issue of what happened during those two mad years need parliamentary scrutiny, and arguably it is overdue. Esther covered most of it pretty comprehensively, but that is why I think we need this debate.

Q18 **Chair:** Thank you. You have a dual application—for either the Chamber or Westminster Hall—which covers all the bases, but you have enough speakers, as far as that is concerned. I presume your preference would be

for a Chamber debate if it were available.

Esther McVey: Yes, if it were available.

Q19 **Chair:** We don't know whether we will have the Chamber for 12 December, but that is the earliest date that we would be able to allocate. I think Westminster Hall would be along those lines too. If we offered you that date, would you be able to accept it? It would be the first slot, because you have a motion.

Esther McVey: I could. I don't know whether anybody wants to add anything. Is this Thursday 12 December?

Chair: Correct.

Q20 **Chris Vince:** I don't want the be the one to raise this, but there are only three Government Members on that list.

Chair: Yes, the other thing is that we normally expect half and half, between Government and Opposition speakers. As Chris says, there are only three on the Government side at the moment. I don't think this will be controversial for the Government, because the Health Secretary said he was supportive of a review of the MHRA when I asked him about it this morning, so I am sure you will be able to get some extra Government speakers, and there is time to do it.

Graham Stringer: I can do the 12th.

Rupert Lowe: I can make myself available.

Esther McVey: Okay, so that would be grand.

Chair: That is not confirmed yet.

Esther McVey: Okay. Well, I am writing it in pencil, then.

Chris Vince: I would want it to be on the basis of getting more Government speakers.

Chair: Yes. Any other questions from colleagues? No. Thank you. The Clerks will be in touch with you about the date and time of any debate.

Chris Vince made representations.

Q21 **Chair:** Our final application is from one of our Committee members, Chris Vince—a new Member, already coming forward with an application. Just to make it clear for the public, Chris will be presenting the application and will take no part in the subsequent decision on it. Chris, your application is on the impact of the pelvic mesh scandal and those affected by the findings of the Cumberlege review.

Chris Vince: Thank you, Chair. It is strange being on this side of the meeting.

The first constituent who came to see me in one of my MP surgeries was a victim of the pelvic mesh scandal. She was given a TVT—tension-free

vaginal tape—mesh device through a procedure. That is a plastic device that, when left, goes brittle and breaks down, and it sliced into her organs and internal points in her body; it was a really horrendous thing to hear about. I confess that it was not something I was particularly aware of before I became an MP. She had an appointment and then an operation, which she believed to have fully removed the mesh, but it was later found that not all the mesh was removed, and that some of the plastic had further eroded and caused additional issues with her abdomen. Part of the mesh goes into her groin. She is in a terrible situation. I believe there is now a temporary ban on the mesh, but there are still exceptions under which it can be used.

I will touch on the Cumberlege review, which investigated the scandal. It offered the following recommendations, which I would like to be discussed in the debate: an apology from the Government; the setting up of mesh centres, although there is a long waiting list and the doctors at those centres are often the same people that put the devices in, so independent centres would be good; and financial redress.

I want to emphasise the impact this had on the constituent I spoke to who was a victim of this. She is now unable to work, she cannot exercise and she is in constant pain. This is somebody who had worked full time up to that point, and considered herself very active and did a lot of running, and now that just is not possible. Interestingly—I am thinking back to a previous application—she has developed an autoimmune condition.

Since speaking to that constituent, I have had two other constituents speak to me about the same issue. That is just within my constituency, so I get the feeling that this is something that is affecting a great many people. It is mainly women, although this particular plastic has been used in other procedures as well.

I have given you a list of names. I am a fairly new MP, so getting to know Members of other political parties has been difficult, but I have a fairly even spread, with both Government Members and Opposition Members—albeit from three different political parties and only one from the official Opposition. I have other people who would be interested in speaking; they are all Government Members, but I think more Opposition Members would want to speak on this.

Chair: Yes, this has been debated in previous Parliaments.

Chris Vince: I have reached out to the person who secured the debate previously, but I have not had a response yet.

Chair: Is that Yasmin Qureshi?

Chris Vince: Yes.

Q22 **Chair:** Yes, she led on this issue in previous Parliaments. On the allocation of time, the earliest time we could give you in Westminster Hall, which is your request, is Thursday 5 December. Would that be acceptable?

Chris Vince: Yes, I would make that work.

Chair: Thank you very much, Chris. The Clerks will be in touch with you. That concludes our formal business this afternoon. The Committee will now go into a private session to consider the requests for debates and the allocation of time.