

# Backbench Business Committee

## Representations: Backbench Debates

Tuesday 23 June 2026

Ordered by the House of Commons to be published on 23 June 2026.

Watch the meeting

Members present: Bob Blackman (Chair); Jonathan Davies; Mary Glendon; Will Stone; Martin Vickers.

Questions 1-12

### Representations made

[I](#): John Milne and Helen Grant.

[II](#): Tessa Munt and Gideon Amos.

[III](#): Esther McVey and Graham Stringer.

[IV](#): Ayoub Khan.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]

**John Milne** and **Helen Grant** 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. Apologies to our viewers online: we are starting late because of Divisions in the main Chamber.

The first application that we will hear is from John Milne. The debate title is “Life of Dr Susan Michaelis”, and the application is for a general debate in the Chamber. John, please present your application.

**John Milne:** This application is co-presented with Helen Grant. Dr Susan Michaelis was an extraordinary woman whose contributions spanned aviation, scientific research and public health campaigning. Despite coping with serious illness herself, she spent the final years of her life fighting for everyone living with lobular breast cancer. Lobular breast cancer is the second most common form of breast cancer, but it has no specific treatment. It does not form lumps, so it often gets missed by mammograms.

Susan started the Lobular Moon Shot Project to raise funding for essential research into the biology of this disease, without which no treatment can be devised. More than 465 sitting Members of Parliament now support the campaign, which is more than for any other—even Sinn Féin MPs have signed up. That tells us something important about Susan: she had an extraordinary ability to persuade, to bring people together and to make people care. Susan was due to meet the Health Secretary but sadly died just days before that meeting.

I am thankful for the opportunity to make the case for Susan. I hope that the Committee can see just how much the debate would mean to her family, friends and supporters—and of course to the 22 women who are diagnosed with lobular breast cancer every single day.

**Helen Grant:** I met Susan through our shared experience of battling lobular breast cancer. Cancer is a horrible disease and, as John said, this type of cancer is very hard to detect because it does not really appear as lumps, so it is often missed on scans and mammograms.

Susan was such a brave woman—she was courageous. She was supported by her amazing husband, Tristan. She died in July last year wearing her Lobular Moon Shot T-shirt, which shows her determination even at that stage.

As John said, this is a very big cross-party campaign, with lots of support. The debate would certainly give us an opportunity to press the Government for £20 million over five years, which is the necessary funding to get the research to really save lives.

You may know, Chair, that when Victoria Atkins—our Victoria—was Secretary of State for Health, she promised the funding; she committed to

it. Then we had the general election and everything changed. Again, we think that the debate will give us an opportunity to press the current Government to follow up those promises.

**Q2 Mary Glindon:** Thank you for bringing this application. I have constituents who sadly have the disease. Debate titles need to relate directly to areas of Government responsibility, so would you be content with a redraft to, say, "Government support for the Lobular Moon Shot Project"? You could still raise the life and work of Dr Susan in your opening remarks.

**John Milne:** Yes. If her name is still in there, that is fine.

**Helen Grant:** As long as she is referenced.

**Q3 Mary Glindon:** Given the very short timeframe until your preferred date, would you be willing to accept a debate in Westminster Hall?

**John Milne:** Yes, we would.

**Mary Glindon:** Thank you for being so agreeable.

**Chair:** The Clerks will be in touch with you in due course. Thank you very much.

**Tessa Munt and Gideon Amos** made representations.

**Q4 Chair:** The next application is from Tessa Munt on the impact of the NPPF changes. This is a request for a debate in either the Chamber or Westminster Hall.

**Tessa Munt:** The application we want to make relates to the national planning policy framework, which, as you know, controls housing and development on the green belt. It is going to affect building on greenfield and brownfield sites, and around stations and—this is one of my passions—around helipads, which are needed for air ambulances to be able to land at our hospitals. There is also the fact that it will allow developers but will not allow anyone to protect themselves against it, and that it can contradict the local plan.

I am the chair of the all-party parliamentary group on flooding and flooded communities, and I would point out that the Association of British Insurers strongly objects to the proposals and the changes in the NPPF, because they will allow developers to bypass the sequential test in areas at high risk of surface water flooding. I have to inform you that in my constituency, on the Friday before last, there was a High Court decision cementing this business: any developer can effectively look after his or her own site and ignore the impact on development around it. This very seriously needs to be challenged.

Areas like mine have a number of protections for land—Gideon and I both represent Somerset; I trip a little bit into North Somerset as well, though I regard it all as Somerset—but the numbers that are required will mean that there will have to be housing on land that is at very serious risk of flooding. I could show you videos from last night, when we had



## HOUSE OF COMMONS

thunderstorms. The climate has changed, so we need to offer some protections, because if houses are built in these areas—I do not want to bang on too much about flooding—they will be unmortgageable and uninsurable. Flood Re only goes until the mid-30s and then everybody will be stranded all over again.

To put it into context, a colleague of mine said that it has taken since the dawn of time for the population of Somerset to reach 560,000. I am not sure what it is that the Government knows that makes them think that the population is going to go up by another 75,000, which is 30%, in the next 20 years. Something has to change and we have to make sure that flooded, floodable and flooding land is going to be protected because it is not good for people to have homes built all over the flood zones.

The last thing I would say is that we are happy to take a Thursday. If the Committee was minded to give us the first Thursday session on 16 July, we would definitely be up for that. Because that is the last day of term, it might not be the most popular, but we believe we have a lot of support for our application. I am very sorry that both Gideon and I have to be back in Somerset for 6 or 7 o'clock, so we cannot do the second debate, but we are very happy to offer our services to fill the first slot on that Thursday. Gideon will want to say something, because he knows far more than I do.

**Gideon Amos:** I just wanted to add that while the debates about housing numbers are eternal, this new national housing bank policy framework is radically different from all its predecessors. The Town and Country Planning Association, which is the world's longest established environmental charity, has called it an "unprecedented change". Up until now, if your plan is out of date or you do not have a five-year supply, then a presumption comes in and allows development to happen. Even if you have a local plan on certain sites, the framework will overrule it and say that there is a presumption in favour. It really undermines the plan-led system for the first time, and it will affect all our constituencies up and down the country. It also sets out how housing numbers are calculated, which is a debate in itself.

Having worked through many sessions on the Bill that became the Planning and Infrastructure Act 2025, and having worked most of my life in planning, this is far more radical than any Bill and it is not going to go through Parliament unless we secure a debate. There was a short statement when it was published, however, the five minutes available before the Minister gets up is not sufficient for reading such a massive document. Many views have come out since the consultation. It is urgent because the Government are expected to finalise it at some point in the summer and we are extremely keen to secure a debate sooner. I was hoping the Government would offer a slot themselves, but they did not.

Finally, to emphasise the point about flooding: the UK Sustainable Investment and Finance Association says that there will be 430,000 mortgage prisoners in homes at risk of flooding who are unable to get insurance and whose homes are therefore unable to be sold or remortgaged. These are very serious issues that will have an effect long



## HOUSE OF COMMONS

into the future. We feel this is a significant debate and it has very quickly received cross-party signatures.

- Q5 **Jonathan Davies:** You need four Government Back Benchers for a Westminster Hall debate and seven for a Chamber debate. According to the application you only have three. Would you be able to secure the support of some additional Labour Back Benchers?

**Tessa Munt:** I have no doubt about that. We need four Government Back Benchers?

**Jonathan Davies:** You need four Labour Back Benchers for a Westminster Hall debate and seven for a Chamber debate and you only have three.

**Tessa Munt:** Oh dear, I am very sorry about that. It is my oversight.

**Gideon Amos:** We would be content with the Westminster Hall debate, and we can certainly take that job on and work hard.

**Jonathan Davies:** You will need to let the Clerks know.

- Q6 **Chair:** If you could supply the extra names to the Clerks that would be great.

**Gideon Amos:** We will do that today if we can.

**Chair:** The Clerks will be in touch with you very shortly. Thank you for your kind offer to take the potential graveyard slot.

**Tessa Munt:** That is a pleasure. Thank you very much indeed for your time, all of you.

**Esther McVey** and **Graham Stringer** made representations.

- Q7 **Chair:** The next application is from Esther McVey and Graham Stringer on the performance of the Medicines and Healthcare products Regulatory Agency. It is for a 90-minute debate in Westminster Hall, preferably on a Tuesday.

**Esther McVey:** Thank you Chair and thank you colleagues.

Graham and I are the co-chairs of the APPG on pandemic response and recovery and have been since 2021. Concerns about the MHRA continue and continue from a whole host of different groups. The MHRA is meant to be the body that ensures the safety and efficacy of medicines and medical devices.

The Committee kindly gave us a debate back in January 2025, but sadly, nothing much has moved on from the agency despite the points that we raised. As you will see, Members are still deeply concerned. Some 26 members from a whole range of parties have supported this application. Two colleagues who cannot be here today from the APPG on hormone pregnancy tests, Yasmin Qureshi and Anna Sabine, have also written and supported this application because the MHRA has again let them down and continues to do so.



## HOUSE OF COMMONS

One of the big issues is with the yellow card scheme for reporting suspected adverse drug reactions. It is failing patients. It is meant to be a warning scheme and the canary down the mine. It is meant to alert to issues going on with products on the market and going to patients. However, there is still gross underreporting through the yellow card. People still do not really know what the yellow card scheme is all about. We were deeply disappointed that during module 4 of the covid-19 inquiry it was reported that there was no basis to introduce mandatory reporting of adverse reactions. That is what happens in other countries. That is why they can be many years ahead of us in knowing there is a problem with a drug, stopping people using that drug and not allowing many people to continue on those products and suffer the consequences.

Freedom of information requests have also told us that the MHRA does not hold a process for the investigation of follow-ups to individuals who have reported on the yellow card reports. They also tell us that only 54% of deaths on the yellow card that were possibly linked to the covid-19 vaccine were actually followed up. It is not robust in collecting data, and it is certainly not robust in following up.

There is also a culture of delay and secrecy with the MHRA, and I can give you a perfect example from our last Backbench debate. We raised an issue about not being able to see the minutes for the Commission on Human Medicines meetings for the covid-19 vaccine—the expert working group there. The minutes were published four years later with huge amounts of redactions. When we spoke about it in that debate in January 2025, they removed all of the online minutes straight away. Months later, they put it back up, redacting another 1,500 words. If that does not play into the whole question of secrecy and dodging accountability, I do not think anything does.

Again, the yellow card vaccine monitor was meant to be one of the four key pillars for the vaccine, and it only collected data from 30,000 people between 2020 and 2022—30,000, when actually everybody had the vaccine. It shows again that they are not getting that data. When it did publish the data, it did not actually publish it on what it should have. It just published it on the digital app methodology, so, again, that secrecy is there all the time.

Obviously, there are other issues there. They have always taken a defensive approach. We can highlight that with Primodos, when people were concerned about that. The former Prime Minister, Theresa May, commissioned the independent medicines and medical devices safety review. Baroness Cumberlege delivered that in 2020, and it found that Primodos had caused avoidable harm. To this day, MHRA denies that.

There is a whole host of different patients and different patient groups that have been set up. Those are for Primodos, sodium valproate, surgical mesh, infected blood, covid-19 vaccines, selective serotonin re-uptake inhibitors, which are for certain types of depression and PSSD, hip implants, the PANDA matrix and puberty blockers. Those groups saying

that the MHRA is letting them down. The yellow card scheme is letting them down.

Those groups are now increasing, and puberty blockers are probably among one of the later groups. There is a massive cost to human beings. There is a massive cost to the NHS. We need a debate so that MHRA acknowledges the problems but seeks solutions, of which there are right around Europe. Now, with AI, easy data collection and online systems, they could be servicing the British public a lot better.

**Graham Stringer:** There is not a lot to add to what Esther has said. This is really a matter of patient safety and transparency. With the way MHRA is operating at the moment in all the cases Esther has given, if mistakes are made, they are made in secret, and it is some time later that they are exposed, if that has happened. They seem to think that they are most responsible to the drug companies and not the public, which is a fundamental inversion of what should be the case.

I have two examples. Esther mentioned the debate going on now on the floor of the House about puberty blockers. There is no explanation of the response from them and other bodies dealing with that. The placebo effect, for instance, was mentioned in the Cass report, and they have not dealt with that. There are 19 other instances where they have said that they are not satisfied with the puberty blocker trials, but they have been secretive about it and have not told us why they still acquiesced to it.

I do not think that we can carry on sensibly with a serious regulator of medical devices and drugs that is operating unnecessarily in secret and believes its clients are the drug companies. We need to bring as much parliamentary scrutiny as we can to that. We have asked for the Health Select Committee to look at some different Ministers, and we were going to get it but there was a change of personnel, but we need to keep banging along, asking the right questions and exposing what is going on.

Q8 **Martin Vickers:** Esther, you have requested a Tuesday in Westminster Hall. To give the Committee a bit more flexibility and bring your debate forward sooner, would you also consider a Thursday?

**Graham Stringer:** Would it be one and a half hours or three hours on a Thursday?

**Chair:** It is one and a half hours on a Tuesday or a Thursday in Westminster Hall.

**Graham Stringer:** I didn't know that. What would be the timing of that, Martin?

**Martin Vickers:** It depends whether we were to give you the first or second slot. The first slot is 1.30 pm—

**Graham Stringer:** I meant the timing in terms of dates.

**Martin Vickers:** Dates. Ah.



## HOUSE OF COMMONS

**Q9 Chair:** Just to be clear, if it is a Tuesday, it has to be the answering Department on the rota. If it is a Thursday, it is up to us to allocate. Presumably, Health and Social Care will be answering this, and they basically answer every other week, whereas we have two slots on a Thursday.

**Martin Vickers:** It gives us more freedom.

**Esther McVey:** I could do it on a Thursday, but it would need to be the second debate rather than the first. There were 26 people on it, so if I answer now, I might be knocking some of them out because that was sort of carefully collated, but I guess that we could get back to you on that? What were you thinking, Graham?

**Graham Stringer:** Our major consideration—why we did not apply for the Floor of the Commons—was to have it before the summer, because strange and unexpected things are happening in Parliament at present. That is the prime consideration. If we can have a Tuesday before the summer, we would go for it. If not, we would have a Thursday as a second option.

**Chair:** The Clerks will be in touch with you shortly.

**Esther McVey:** Thank you.

**Graham Stringer:** Thanks very much.

**Ayoub Khan** made representations.

**Q10 Chair:** Our final application is from Ayoub Khan, for a debate on antisocial behaviour in Westminster Hall on a Tuesday morning.

**Ayoub Khan:** I thank you, Chair, and the Committee for considering this application. First of all, I apologise for the absence of the hon. Member for Bermondsey and Old Southwark. He was hoping to attend, but unfortunately he is abroad. I hope we can continue with the small submissions I need to make for this debate.

We all know that not just in my constituency of Birmingham Perry Barr or just in Birmingham but across all constituencies antisocial behaviour continues to blight our communities and impact millions of people on a daily basis. We know it keeps families awake at night, inflicts costs on local businesses and makes people feel unsafe in their own homes. Even with only 37% of victims reporting such cases, there are still over 5 million reported incidents of antisocial behaviour every year, making it more common than any other form of crime in the United Kingdom.

Next week, we will commemorate Antisocial Behaviour Awareness Week and it is in that context that I seek your support in securing a debate so we can discuss the nuts of bolts of policymaking. In recent years, we have had an increasing number of debates on antisocial behaviour in particular forms or in specific places. That speaks to the scale of an issue that extends into so many different realms. With 1.7 million people saying that



## HOUSE OF COMMONS

they experience antisocial behaviour every day, it is impossible to fit everyone's experiences neatly into narrow categories.

The last time we had a debate on antisocial behaviour as a standalone topic was in 2019, so when we collected signatures for this application it was with the intention of doing more than just raising specific concerns or suggesting legislation to tackle certain types of antisocial behaviour. Instead, I, with others, believe that having this debate will allow us to bring every type of antisocial behaviour into focus and discuss the reform needed to address the issues once and for all. That includes: universal support for victims of antisocial behaviour; a specialist housing court to address delays; the removal of barriers to reporting antisocial behaviour, which is frequently raised; increased funding for early interventions and prevention-type programmes; and direct funding for community safety partnerships. That is very varied across different constituencies, which have different pools of funding—we have recently had Pride in Place, which is ringfenced to certain neighbourhoods.

In my respectful application, I say it is important that antisocial behaviour is recognised as a national priority once more and that we seek your support in securing this debate. I suppose I could go on and on, but I thank the Committee for considering something that is an obvious issue across the whole country.

**Q11 Will Stone:** Ordinarily, the answering Department would be the Home Office. On your application you have put the Ministry of Housing, Communities and Local Government. Is there a specific reason why you have done that?

**Ayoub Khan:** I would have no issue with any relevant Department picking it up.

**Q12 Jonathan Davies:** Thank you for your presentation. You have indicated that you would prefer to have a Tuesday debate in Westminster Hall. There are a lot of people wanting debates. Would you consider having the debate on a Thursday if it meant it took place sooner?

**Ayoub Khan:** Yes, I would.

**Chair:** Thank you for the presentation. The Clerks will be in touch in due course.

That concludes the public business of the Committee. The Committee will now go into private session to consider the applications and allocation of time.