House of Commons

Women and Equalities Committee

Cosmetic procedures: follow-up

Second Report of Session 2026–27 HC 307

Women and Equalities Committee

The Women and Equalities Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Government Equalities Office and its associated public bodies.

Current membership

Alex Brewer (Liberal Democrat; North East Hampshire)

Rosie Duffield (Independent; Canterbury)

Dame Nia Griffith (Labour; Llanelli)

Christine Jardine (Liberal Democrat; Edinburgh West)

Kim Leadbeater (Labour; Spen Valley)

Kevin McKenna (Labour; Sittingbourne and Sheppey)

Rebecca Paul (Conservative; Reigate)

Richard Quigley (Labour; Isle of Wight West)

Rachel Taylor (Labour; North Warwickshire and Bedworth)

Nadia Whittome (Labour; Nottingham East)

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via www.parliament.uk.

Publication

This Report, together with formal minutes relating to the Report, was Ordered by the House of Commons, on 9 September 2026, to be printed. It was published on 11 September 2026 by authority of the House of Commons.

Committee Reports are published on the Committee's website at www.parliament.uk/womenandequalities and in print by Order of the House.

Contacts

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Cosmetic procedures: follow-up

1. On 18 February 2026, we published the findings of our inquiry into cosmetic procedures. The report made a number of recommendations to government including the need for the government to "accelerate regulatory action" in the sector, to restrict the highest-risk cosmetic procedures such as liquid BBLs to appropriately qualified medical professionals immediately, and to "require all practitioners performing invasive surgical cosmetic procedures to have specialist training and hold appropriate board certification in the procedures they undertake".[1] It has been almost seven months since we published that report and we have yet to receive the government's response, despite raising concerns with the Department and a Point of Order on the floor of the House. We are deeply disappointed by this significant delay. It leaves important recommendations unaddressed and patients' safety at significant risk.

1 Women and Equalities Committee, Cosmetic procedures, Eleventh Report of Session 2024–2026, HC 869

2. In a letter to the committee dated 3 June 2026, Minister for Secondary Care, Karin Smyth MP, informed us that the Department of Health and Social Care intended to introduce "legal safeguards for the cosmetic procedures posing the highest risks" and planned "to consult on draft regulations in June." The Minister set out the government's intention to issue a formal response to our report "once our consultation setting out our proposed approach and underpinning legislation is published".[2]

3. Although the Minister recognised that there are ongoing "concerns around the government's pace of delivery in this area" and that "regulation has not kept pace with the expansion of the aesthetics industry", these acknowledgements do not appear to have translated into a more proactive or timely approach from government, despite the clear evidence of continuing harm set out in our inquiry.[3]

4. The delay in government action is also at odds with one of the report's key recommendations that "procedures that are deemed high risk such as liquid BBLs and liquid breast augmentations, which have already been shown to pose a serious threat to patient safety, should be restricted to appropriately qualified

2 Correspondence from the Minister of State for Health and Social Care re Regulatory Restrictions around high-risk cosmetic procedures, 3 June 2026

3 Correspondence from the Minister of State for Health and Social Care re Regulatory Restrictions around high-risk cosmetic procedures, 3 June 2026

medical professionals immediately."[4] We heard from multiple witnesses that these procedures pose a major risk to patients' safety, including compelling testimony from Sasha Dean who experienced severe complications from a 'liquid BBL' procedure. Following her procedure, which was performed by an unqualified practitioner in non-sterile conditions, Sasha's body went into septic-shock, and she was in a coma for five days. She told us, "I would like to see [liquid BBLs] banned, basically. I really, really would."[5] The family of Alice Webb, who died after undergoing a liquid BBL, have also called for such high-risk procedures to be restricted.

5. Our recommendations have been echoed by leading professional bodies. In an open letter dated 6 August 2026, the Royal College of Surgeons of England (RCS England) and a coalition of surgical organisations, including the British Association of Aesthetic Plastic Surgeons; the British Association of Plastic, Reconstructive and Aesthetic Surgeons; and the Joint Council for Cosmetic Practitioners and Save Face – who all gave evidence to our inquiry—wrote to the Secretary of State outlining:

> One year on from the government's announcement to act and regulate high-risk cosmetic procedures, the promised licensing

4 Women and Equalities Committee, Cosmetic procedures, Eleventh Report of Session 2024–26, HC 869. A 'liquid BBL' is a non-surgical buttock augmentation procedure where dermal fillers, such as hyaluronic acid, are injected to increase volume and shape the buttocks.

5 Q75 [Sasha Dean]

> scheme has yet to be established. More than a decade after the Keogh Review in 2013 called for comprehensive reform of both surgical and non-surgical cosmetic interventions, nothing has changed.[6]

6. The signatories to the letter also noted that whilst the government has promised to take action on non-surgical cosmetic procedures, "any doctor registered with the General Medical Council (GMC) can legally perform cosmetic surgery, including procedures such as breast augmentation, rhinoplasty, facelifts and liposuction, even if they are not recognised as a specialist surgeon and are not on the GMC's Specialist Register."[7] This, they said, was "unacceptable". The letter goes on to state:

> The consequences of failing to act are not theoretical. Cosmetic surgery involves complex, invasive procedures, and the human cost of inadequate regulation is evident in serious injuries and avoidable deaths, including those following high-risk procedures such as Brazilian Butt Lifts. When cosmetic surgery goes wrong, patients may require extensive corrective treatment and ongoing care, often placing additional pressure on already stretched NHS services.[8]

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6 Royal College of Surgeons England, Open letter to the Secretary of State for Health and Social Care, 6 August 2026

7 Royal College of Surgeons England, Open letter to the Secretary of State for Health and Social Care, 6 August 2026

8 Royal College of Surgeons England, Open letter to the Secretary of State for Health and Social Care, 6 August 2026

The RCS England called for high-risk cosmetic surgery to be restricted to appropriately trained specialists, a recommendation we also made in our report.

7. On 9 September 2026, we held a follow-up oral evidence session to explore the impact of these delays on patient safety, the wider aesthetics industry and whether our recommendations remained valid. We heard from Ashton Collins, Director of Save Face, and Nora Nugent, cosmetic surgeon and President of the British Association of Aesthetic Plastic Surgeons. Both witnesses were adamant that urgent action is required. Ashton Collins told us:

> To date we have helped over 1,200 women who have had either liquid BBL or liquid breast augmentation complications. Over 50% of those women have had sepsis and been hospitalised. A further 40% have needed extensive corrective surgery and ongoing district nurse care. I cannot stress strongly enough how much of an impact that has had on their lives. More recently we have seen women who have had blepharoplasties carried out in people's living rooms and cannot close their eyes. They have to tape their eyes closed to go to sleep. That is a permanent complication that they will be left with for life.[9]

Nora Nugent added:

9 Q9

> We hear about high-profile cases such as the recent liquid BBL death and so on, but there are numerous others who are going around with life-changing complications that have needed surgical treatment and months of dressings and have had months taken out of their lives. It impacts every aspect, not just their appearance; they cannot get back to work.[10]

8. We heard that the situation is getting worse not better, despite widespread media attention of failed procedures. Nora Nugent cautioned that safety in the sector was "sadly no further forward, and probably a little bit backwards".[11] Ashton Collins explained:

> What we have seen as a result of these delays has been further unintended consequences. The last time I came I spoke about the dangers of liquid BBLs being carried out on the high street by unqualified practitioners. Unfortunately those risks have now escalated to a point I do not think anybody could have imagined. You have lay people performing plastic surgery procedures involving scalpels and vast quantities of anaesthetic in people's living rooms and dingy salons on the high street. They are performing facelifts, blepharoplasties, intimate procedures and liposuction, all without consequence.[12]

Nora Nugent also raised concerns about the location in which these procedures are taking place, telling us:

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10 Q10
11 Q3
12 Q2

> it is not about just doing the treatment, it is about being able to have the back up and being to handle it if it something goes wrong [...] the best place to handle a complication is a healthcare environment, not a beauty salon, not a hotel room, not a living room, not a random building, you need emergency equipment available.

She emphasised that "these things are real medical procedures with medical consequences."

9. Ashton Collins described people being asked to pay in advance, with the location of the treatment not being disclosed until the day of the procedure, and being facilitated by people who are "very aggressive. If you try to raise a concern after something has gone wrong or you are very unhappy with the outcome they threaten people with physical violence. We therefore have a lot of people who are terrified to speak out about their experiences.".[13] Both witnesses repeatedly raised concern over the lack of consequences for people carrying out damaging procedures.

10. We asked the witnesses about the government's plans for further consultation on high-risk procedures. Nora Nugent observed: "I've got to be very frank, I think we've already had the consultation, and I think we know the issues we have and it will delay the much-needed regulation further by going through another consultation process."[14] We heard how delays in government action is damaging

13 Q11

14 Q14

public confidence in the system and failing to protect people from "rogue operators".[15] We note that the government itself has recently raised concerns how a "consultation culture has turned a sensible mechanism for sourcing external input into an industry of dither and delay".[16]

11. **CONCLUSION**

It is clear that high-risk procedures are still being carried out and that they are being delivered by unqualified practitioners and in unsafe settings. The delay in government action in this area is prolonging a significant risk to patient safety.

12. **RECOMMENDATION**

We reiterate our previous recommendations that the government should place restrictions on the highest-risk cosmetic procedures immediately and that all practitioners performing invasive surgical cosmetic procedures should be required to have specialist training and hold appropriate board certification in the procedures they undertake. The government should also set out a timetable for wider reform of the sector.

15 Q6

16 HM Treasury, The simplification and agency of government, 7 September 2026

Delays in the government response

13. While we understand that the government sought to align its response to our report with the publication of its consultation, we do not fully accept the rationale behind it. Irrespective of our scepticism on the necessity of further consultation before high-risk procedures can be restricted, the government could have addressed the other issues we raised. Only a quarter of the report's recommendations are related to the proposed licensing scheme for non-surgical cosmetic procedures. The report also made important recommendations relating to the safety of breast implants, cosmetic tourism and body image. We see no reason why the government could not have provided an interim response focused on those recommendations and provided a further response following the publication of the consultation.

14. The continued absence of any response is particularly disappointing for the women who have experienced negative health impacts after having breast implants. Many women submitted written evidence to the inquiry which detailed their personal testimony as to how they felt their lives had been adversely impacted by lasting health problems caused by their implants.[17] We also heard from medical professionals and academics who highlighted gaps in the evidence base regarding the

17 Miss Vicky Tregenza (BIP0106); Miss Shannon Brown (Member at PIP Action Campaign) (BIP0120); Miss Amy Walkers (BIP0086); Mrs Carolyn Diboll (Nurse Associate at NHS) (BIP0110)

long-term safety of breast implants and the possible causes of symptoms commonly referred to as Breast Implant Illness (BII), including a potential risk that implants could exacerbate pre-existing autoimmune conditions.[18]

15. CONCLUSION

Our February 2026 report was the product of extensive evidence provided by patients, medical practitioners, regulators and campaigners. In addition to identifying serious and ongoing harms resulting from the lack of a robust regulatory framework for cosmetic procedures, it made important recommendations in other areas, including on the safety of breast implants. The lack of a timely response to our report risks reinforcing concerns that women who have experienced adverse health impacts after having breast implants are not being taken seriously by healthcare authorities.

16. RECOMMENDATION

The government should publish its response to our February 2026 report without further delay, setting out the action it will take in response to our recommendations and the reasons for the delay in action so far.

18 Q5 [Professor Carl Heneghan]; Q18 [Professor Prabath Nanayakkara]; Qq3–7 [Professor Michael Coleman]

Formal Minutes

Wednesday 9 September 2026

Members present

Alex Brewer

Rosie Duffield

Christine Jardine

Kim Leadbeater

Kevin McKenna

Richard Quigley

Rachel Taylor

Nadia Whittome

Christine Jardine took the Chair, in accordance with the Resolution of the Committee of 2 September 2026.

Cosmetic procedures: follow-up

Draft Report (*Cosmetic procedures: follow-up*), proposed by the Chair, brought up and read.

Ordered, That the Report be read a second time, paragraph by paragraph. Paragraphs 1 to 16 read and agreed to.

Resolved, That the Report be the Second Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Wednesday 14 October at 2.00pm

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Wednesday 9 September 2026

Ashton Collins, Director, Save Face; **Nora Nugent**, Cosmetic Surgeon and President, British Association of Aesthetic Plastic Surgeons Q1–35

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2026–27

Number	Title	Reference
1st	Black people's experiences of homelessness	HC 517

Session 2024–26

Number	Title	Reference
12th	Menstrual health of girls and young women	HC 1265
11th	Cosmetic procedures	HC 869
10th	Discrimination, harassment and abuse against Muslim women	HC 571
9th	Tackling HIV transmission	HC 1249
8th	Female entrepreneurship	HC 711
7th	Female genital mutilation	HC 714

Number	Title	Reference
6th	Equality at work: Paternity and shared parental leave	HC 502
5th	Misogyny in music: on repeat	HC 573
4th	Tackling non-consensual intimate image abuse	HC 336
3rd	The rights of older people	HC 414
2nd	Equality at work: Miscarriage and bereavement leave	HC 335
1st	Women's reproductive health conditions	HC 337
10th Special	Discrimination, harassment and abuse against Muslim women: Government Response	HC 1863
9th Special	Tackling HIV transmission: Government Response	HC 1663
8th Special	Female entrepreneurship: Government Response	HC 1640
7th Special	Female genital mutilation: Government Response	HC 1506
6th Special	Equality at work: paternity and shared parental leave: Government Response	HC 1313
5th Special	Misogyny in music: on repeat: Government Response	HC 1302
4th Special	Tackling non-consensual intimate image abuse: Government Response	HC 911
3rd Special	The rights of older people: Responses from Government, Advertising Standards Authority, Ofcom and IPSO	HC 910

Number	Title	Reference
2nd Special	The prevalence of sexually transmitted infections in young people and other high risk groups: Government Response	HC 865
1st Special	Equality at work: Miscarriage and bereavement leave: Government Response	HC 803