Public Health (Wales) Bill – Stage 3 briefing

March 2016

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

The following briefing outlines the views of BMA Cymru Wales on various aspects of the Bill, and on relevant amendments that have been put forward for consideration during the Stage 3 debate.

Health Impact Assessments
During the Stage 1 consideration of the Public Health (Wales) Bill, we argued that the Bill would be substantially strengthened if it included provisions to place a statutory requirement on public bodies to undertake Health Impact Assessments (HIAs) in specified circumstances. (Our Stage 1 briefing outlining the case for HIA can be accessed here.)

Legislating for mandatory HIA could provide a significant contribution to improving the health and well-being of communities, and position Wales as a world leader in the application of public health policy. It would enable positive health benefits to be maximised in the development of key policies, plans and programmes, as well enabling negative health impacts to be mitigated against. Additionally, it would substantially develop the health in all policies approach already being taken forward by the Well-being of Future Generations (Wales) Act 2015.

We were therefore very pleased to see amendments on HIA put forward by Kirsty Williams AM at Stage 2 which led to a subsequent commitment from the Minister for Health and Social Services to bring forward his own amendments (50, 55, 92, 93, 94 and 98) at Stage 3. We fully support these amendments and would strongly urge Assembly Members to vote in favour of them.

HIAs are well established, with the Welsh Health Impact Assessment Unit (WHIASU) supporting the use of HIAs across Wales in a variety of different circumstances. WHIASU define HIA as:

“A combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”

WHIASU has published a series of case studies which most clearly describe the benefits of using HIA at both a strategic and operational level. HIAs have been successfully used to identify health inequalities, specifically in vulnerable groups, producing evidence-based recommendations for health improvement as well as identifying any gaps in service provision or delivery.
HIA is an open and transparent process which promotes the active inclusion and participation of key stakeholders and communities affected. It can therefore ensure greater involvement of these groups in decisions that affect them. HIA has already been shown to reassure communities and individuals that potential impacts on health and well-being have been adequately considered.

**E-cigarettes**

At Stage 1, we gave support for the Bill’s original proposals to ban the use of e-cigarettes in enclosed and substantially enclosed public places. We are concerned that the use of e-cigarettes in such circumstances can reinforce the normalcy of smoking behaviour; that e-cigarettes contain nicotine which, although less harmful than tobacco, is highly addictive; that e-cigarettes have been found to contain other substances which may harm health; that the WHO has warned of the potential adverse effects of exposure to toxicants and particles in e-cigarette vapour; and that studies have shown bystanders can be exposed to vapour emitted from e-cigarettes. We also advocate a precautionary approach in the current absence of clear evidence on the long-term effects of e-cigarette use.

Recognising there was insufficient support for these proposals, we supported the Minister’s Stage 2 amendments to enable the use of e-cigarettes to instead be banned in a defined list of premises.

We also now support amendments 105, 116, 117 and 122 tabled by the Minister at Stage 3. These extend the list of premises in which e-cigarettes will be banned to include: retail premises; healthcare premises; general and children’s entertainment venues; public playgrounds; sports grounds and centres; schools grounds; hospital grounds and car parks; and youth detention accommodation. We would urge Assembly Members to vote in favour of these amendments.

We would also urge Assembly Members to oppose amendments 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26 tabled by Kirsty Williams AM, with support from Darren Millar AM, as these seek to completely remove the proposed ban on e-cigarettes.

**Smoke-free premises**

We previously expressed support for banning smoking in certain open spaces as we recognise that this can also bring positive health benefits. We noted that whilst voluntary smoking bans have been effective in some areas when applied to open spaces, in others they remain largely ignored and extremely hard to enforce locally. We therefore support those amendments, and consequential amendments, now being proposed by the Minister which will extend the ban on smoking to include school grounds, hospital grounds and public playgrounds. These are amendments 51, 57, 60, 61, 62, 63, 64, 66, 68, 69, 70, 71, 72, 73, 74, 75 and 76.

**Special procedures**

In the evidence we provided at Stage 1, we suggested the Bill should be amended to bring additional procedures under the scope of the proposed licensing system. We are therefore happy to express our support for amendments 28, 29, 30, 31, 32, 35, 36, 37, 38 and 39 proposed by Darren Millar AM, as these would expand the list of special procedures to be licensed.

**Pharmaceutical services**

Whilst expressing support for the general intention of the proposals relating to pharmaceutical needs assessments, we previously called for safeguards to remove the risk of any threat to the viability of dispensing GP practices. We are grateful for the assurances the Minister provided that he will involve us in designing the detail of how pharmaceutical needs assessments will be conducted and that the contribution of dispensing doctors will be explicitly recognised as part of these assessments. Consequently, we would express support for amendment 89 put forward by the Minister which will ensure that when regulations relating to pharmaceutical needs assessments are first made, they will be subject to the affirmative procedure and therefore subject to an enhanced level of scrutiny.