

## AQS 05a Royal College of Physicians

---

Senedd Cymru | Welsh Parliament

**Pwyllgor Newid Hinsawdd, yr Amgylchedd a Seilwaith | Climate Change, Environment, and Infrastructure Committee**

**Bil yr Amgylchedd (Ansawdd Aer a Seinweddau) (Cymru) | The Environment (Air Quality and Soundscapes) (Wales) Bill**

Gwybodaeth ychwanegol gan Coleg Brenhinol y Meddygon | Additional evidence from Royal College of Physicians

---

**1.To what extent does the Minister's response address your concern that the Bill does not go far enough in relation to smoke control?**

The Minister's response partly addresses my concerns. However, I still feel that the Bill should include a power for the Welsh Ministers to roll out smoke control areas Wales-wide. A future Minister may have insufficient regard for ensuring local authorities create smoke control areas where necessary; including this power in the Bill protects against that. I endorse the written evidence of Health Air Cymru: Regulations could provide for a system of exemptions for people who live in very remote areas, but domestic burning in the rest of Wales should be minimised and only using dry/smokeless fuels.

I also endorse the evidence regarding: a ban on sales of wet wood and suppliers should also be legally required to maintain wood at a moisture content of 20% or less; a ban on the sale of traditional bituminous coal, and a move to greener more cost effective alternatives; a commitment to regulation which ensures only the most efficient stoves are available to buy and are fitted and maintained regularly by a competent professional; a move away from domestic burning, accompanied by support for households to move to cleaner alternatives.

**2.The Bill provides that regulations to change either of the review periods must be laid before and approved by the Senedd. To what extent does this satisfy your concern in relation to the inclusion of these powers?**

This partly addresses my concerns. However, 5 years is a long period in this context (and there would be an argument for shortening to 4 years), so there doesn't seem to be a strong argument for allowing for lengthening it. For example, if new WHO

---

guidance was published soon after the 5 year review period, a 5 year review could still be provided, but there would need to be a further update in light of new guidance. In view of this, would it be possible to allow for shortening but not lengthening the review period?