

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[Public Health \(Wales\) Bill / Bil Iechyd y Cyhoedd \(Cymru\)](#)

Evidence from BMA Cymru Wales – PHB AI 03 / Tystiolaeth gan BMA Cymru – PHB AI 03

Public Health (Wales) Bill – Summary of written evidence from BMA Cymru Wales

Dear Assembly Member,

Ahead of the oral evidence session which BMA Cymru Wales' representatives will be attending on Thursday 17 September, we thought it might be helpful to members of the committee if we provided the following summary of the written evidence which we have already submitted for the committee's consideration.

Overall view and our proposal for Health Impact Assessment (HIA)

Whilst we are broadly supportive of the proposals the Bill contains as published, BMA Cymru Wales is disappointed it is not as visionary in its approach as that of the initial Green Paper published in 2012.

We feel the Bill could become more ground-breaking, and more of an international exemplar in the field of public health, through the addition of proposals to place Health Impact Assessment (HIA) on a statutory footing in defined circumstances.

We therefore suggest a requirement for the use of HIA be placed on the face of the Bill, with regulations subsequently being brought forward to specify in exactly which circumstances a mandatory HIA would be required. In the first instance we would suggest that these regulations could require that HIA is made mandatory in relation to Strategic and Local Development Plans, certain larger scale planning applications, the development of new transport infrastructure, Welsh Government legislation, certain statutory plans such as Local Well-being Plans, new NHS developments (e.g. new hospitals) and health service reconfiguration proposals.

Obesity and nutritional standards

We are disappointed that the Bill does not include proposals included in the earlier White Paper to introduce nutritional standards in both pre-school settings and care homes. We believe these proposals should be reinstated as well as being extended to cover hospitals in Wales by way of an update to the implementation of the All Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2012).

We also propose a number of other measures which could be considered, although we recognise these may not all be within the legislative competence of the National Assembly. These include:

- *The introduction of a standardised, consistent approach to food labelling, with all pre-packaged products having front of pack labelling based on a 'traffic light' colour coding system combined with information on guideline daily amounts (now known as reference intake).*
- *A complete ban on the advertising and marketing of unhealthy foodstuffs, to include product placement and inappropriate sponsorship programmes targeted at school children.*
- *Subsidising the cost of fruit and vegetables.*
- *Offering nutrition education and counselling to women who are pregnant or contemplating pregnancy.*
- *Providing education and support aimed at promoting and prolonging the duration of breastfeeding.*
- *Promoting activities that involve physical exercise.*
- *Requiring all NHS premises to clearly display the healthcare risks involved with junk food and drinks.*
- *A ban on the sale of junk food and unhealthy drinks on NHS premises, or the offering of subsidised healthier options.*

Tobacco and nicotine products

BMA Cymru Wales supports the proposals put forward in Part 2 of the Bill.

From our overall assessment of the evidence that is available, we support the proposal to ban the use of e-cigarettes in enclosed and substantially enclosed public and work places because:

- *We believe the use of e-cigarettes in such circumstances can undermine the success of tobacco control measures by reinforcing the normalcy of smoking behaviour.*
- *Although less harmful than tobacco, nicotine (which is contained in e-cigarettes) is nonetheless a highly-addictive substance with many document harmful effects.*
- *E-cigarettes have also been found to contain a range of other substances with negative health implications.*
- *The World Health Organisation (WHO) has warned of the potential adverse effects of exposure to toxicants and particles contained within e-cigarette vapour.*
- *Studies have shown that bystanders can be exposed to vapour emitted from e-cigarette use.*

We also advocate e-cigarettes being licensed as medicinal products which could provide necessary controls on quality and safety, as well as on marketing and promotion.

We support the proposals to extend statutory restrictions on smoking and e-cigarettes to certain non-enclosed public spaces such as hospital grounds and children's playgrounds – recognising that whilst voluntary bans have been effective in some areas, they remain largely ignored and hard to enforce locally. We also support the proposals for additional locations to be brought under the scope of these restrictions through regulations, but only when Welsh Ministers are satisfied that doing so is likely to contribute towards the promotion of the health of the people of Wales.

We support the proposals for a national register of retailers of tobacco and nicotine enforcement and for creating a new offence for knowingly handing over tobacco and nicotine products to a person under the age of 18.

We would urge the Welsh Government to put in place an appropriate budget to ensure that the general public is made fully aware of the implications of the Bill coming in to force.

Special procedures

We support the proposals in the Bill on special procedures and suggest that consideration is also given to including the following additional procedures under the scope of the proposed licensing system:

- *Laser hair removal.*
- *Chemical peels.*
- *Dermal fillers.*
- *Scarification/branding.*
- *Sub-dermal implantation (or 3D implant).*

Intimate piercing

We support the plan to prohibit the intimate piercing of anyone under the age of 16 in Wales and feel the proposals in this section of the Bill are reasonable.

Pharmaceutical services

Whilst we would not oppose the general intention of the proposals in this section of the Bill, we would be deeply concerned if they were implemented in the same way as pharmaceutical needs assessments in England. These have led to the withdrawal of dispensing rights from some English GP practices because the pharmaceutical services those practices provided were not taken into account in assessments of unmet pharmaceutical need.

Many rural practices rely on the additional profit from dispensing to remain viable when catering for small and dispersed registered patient lists. With current GP recruitment problems, we would therefore be concerned that the adoption of a similar approach in Wales could be devastating for rural areas and lead directly to GP practice closures.

We therefore propose that controlled localities (i.e. areas that have been designated as being 'rural in character' such that, in certain circumstances, doctors can provide pharmaceutical services to certain of their eligible patients) ideally be excluded from the proposed provisions of the Bill.

If this is not agreed, we would alternatively propose that those services provided under the General Medical Services (GMS) contract which are similar to extended pharmaceutical services should be required to be considered in any pharmaceutical needs assessments, and that all pharmaceutical needs assessments should include a risk assessment to existing GMS provision of any new approvals to provide pharmaceutical services.

Provision of toilets

We welcome the proposed provisions in this section of the Bill which seem sensible and reasonable.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Rodney Berman', with a long horizontal flourish extending to the right.

Rodney Berman
Senior Policy Executive
BMA Cymru Wales