
BMA briefing – King’s Speech Debate

Economy, welfare, and public services, House of Commons

22 July 2024

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Summary

- The BMA supports the public health and prevention measures as set out in the King’s Speech.
- The BMA has long called for and supported robust measures against smoking and vaping. We support the Government’s intention to bring back the Tobacco and Vapes Bill.
- The BMA supports the Government’s announcement of a Conversion Practices ban, this ban on damaging and unethical intervention masquerading as healthcare, is something the BMA has long called for.
- The BMA also supports the ban on junk food advertising to support prevention of childhood obesity. Implementation of such policy is well overdue.
- Parity of esteem for mental health has been a promise of many governments, this must now be acted upon.
- While the above legislation and policy announced is a positive step towards a healthier Britain, the Government must back this up through engagement with those on the frontline, support for NHS staff, and, in places, significant investment.

Introduction

The BMA recognises and supports the Government’s commitment to cut waiting lists. These commitments come against a backdrop of enormous demand and record delays within the NHS. As of May 2024, there are a [total of 7.6 million cases awaiting consultant-led care in England](#), consisting of 6.38 million individuals – some of whom are awaiting multiple treatments. Within this, 3.1 million patients were waiting over 18 weeks for treatment, while 307,500 had been waiting for over a year.

The BMA is keen to be a constructive partner in bringing down waiting lists. A main challenge to the plan of increasing evening and weekend working will be making sure that doctors are able to take on any additional shifts on top of their contracted hours.

We know that tens of thousands of doctors will not take on additional work due to the various “tapers” that leave them facing extremely high marginal tax rates, or, as in the case of the annual allowance taper, financially worse off if they take on additional shifts. These tax rules need to be looked at to make sure any disincentives for doctors to take on these shifts are removed.

In addition, we need a clear commitment that the Lifetime Allowance will not be reintroduced, which involved punitive taxation rules imposed on doctors’ pensions and saw significant numbers of senior doctors being landed with large and unexpected tax bills and had forced many to consider reducing their hours or even taking early retirement to avoid being financially penalised.

Tobacco and Vapes Bill

The BMA strongly supports the proposal to raise the age of the sale of tobacco products.

There are still [6.4 million adult smokers in the UK](#) and over 100,000 children in England alone take up smoking [each year](#). The vast majority of smokers start before they are 18 years old, and virtually all do by the [age of 25](#). Among those teenagers who try smoking, 70% will go on to be daily smokers. Raising the age of sale is likely to both delay smoking uptake and reduce the number of young people who start smoking in the first place.

Doctors are witnessing first-hand the devastating effects of smoking on their patients. Smoking remains a leading cause of preventable illness and premature death in the UK (accounting for [approximately 74,600 deaths a year](#) in England alone), as well as causing a myriad of health harms including [16 types of cancer](#), heart disease, COPD (chronic obstructive pulmonary disease) and strokes. In England alone it is estimated that in 2019-20, among adults aged 35 and over, around 506,100 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group. Smoking is estimated to [cost the NHS £2.4 billion every year](#) in England.

It is vital that Government act without delay to bring forward this legislation to address smoking rates across the UK.

Long term funding for smoking cessation services will be crucial. Funding needs to be sufficient to reverse the impact of cuts to the Public Health grant. The Public Health grant has fallen by 25% between 2015/16 and 2023/24, on a real terms per person basis, with smoking cessation services suffering some of the most significant cuts with funding falling by 45% in real terms between 2015/16 and 2023/24.

The BMA calls for the Government to ensure that local smoking cessation services are given the funding they need to support people to quit smoking.

Vapes

While vapes were initially introduced as a smoking cessation aid, it is clear that they are now being used more widely than for this intended purpose and, in particular, are increasingly appealing to children. Around [4.5% of young people](#) (11–17-year-olds) in Great Britain are now regularly using vapes. In 2023, [20.5% of children had tried vaping](#), up from 15.8% in 2022 and 13.9% in 2020.

The [World Health Organisation](#) has declared vapes harmful and evidence to date confirms that the dangers of vaping and e-nicotine consumption, though less harmful than that of smoking cigarettes, are of concern, particularly for children.

The BMA supports a ban of all single use vapes, on the grounds of disproportionate and harmful use by children and young people and their adverse impact on the environment.

As laid out in the Bill, the BMA also supports much stronger regulation of all vaping products to ensure they are not manufactured, marketed, and sold in ways that increases their appeal and accessibility to non-smokers, particularly children.

Stronger regulation must be enforced, the BMA also believes that vape flavours should be restricted to tobacco only, vapes should be kept behind the counter and should not be on display in shops and vape packaging should be standardised.

Regulations introduced to regulate and deter the sale of vapes should also cover other nicotine related products, such as nicotine pouches.

Draft Conversion Practices Bill

The BMA welcomes the commitment to outlawing conversion practices. The BMA has long supported a comprehensive ban on conversion practices. These practices unsuccessfully attempt to bring about a change of sexual orientation or gender identity or seek to suppress an individual's expression of sexual orientation or gender identity on that basis.

Conversion practices are abhorrent, damaging, and cruel. They have been debunked as unethical and damaging, preying on victims of homophobia, transphobia, discrimination, and bullying. Those who have been subjected to conversion practices have reported harm including psychological harm, substance abuse, and suicidality. Many conversion practices amount to torture or inhumane punishment under international law; it cannot be right that these harmful practices continue to be allowed for LGBTQ+ people.

It is positive that the proposed ban is trans-inclusive. Transgender people are as likely or more likely to be offered and receive conversion practices than cisgender lesbian, gay or bisexual (LGB) people, with nearly [one in seven](#) transgender people reporting that they have been offered or have undergone conversion practices. **For a ban on conversion practices to be meaningful, it must include both sexual orientation and gender identity.**

[Junk food advertising ban and age of sale regulations on energy drinks](#)

The BMA welcomes the government’s commitment to implement the planned regulations on TV/online high fat salt and sugar (HFSS) advertising, as well as introducing the age of sale regulations on energy drinks.

Obesity remains one of [the biggest immediate causes of preventable ill health](#) and death in England and Wales. In recent years rates of people living with obesity have risen, and both [adults](#) and [children](#) living in the most deprived areas are twice as likely to be obese as those living in the least deprived.

Our members have told us of their concerns about the high rates of diabetes and obesity they see in their work. It has been estimated that the [NHS spends £6.5 billion annually](#) on diet-related ill-health, piling pressure on the NHS, driving down economic productivity, and forcing thousands of people out of the workforce.

In May 2022, the UK Government passed primary legislation as part of the Health and Care Act to restrict advertisements for less healthy products on TV (including paid for on demand) before 9pm, with 24-hour restrictions online (including video and gaming streaming). These regulations were meant to come into effect in January 2023, but the Government took the decision in December 2022 to delay the regulations until October 2025, ostensibly to [‘give industry time to prepare’](#).

These delays were despite knowing that [8 out of 10](#) UK adults supported the Government banning advertising of unhealthy food on TV.

Parts of the food and advertising industries are looking to delay this policy for as long as possible and have had great success in doing so under the previous government.

To bring in the secondary legislation for the 9pm TV/online advertising regulations, the Government must urgently:

1. **Publish the delayed response to the consultation on the secondary legislation mentioned above as soon as possible.** The document is ready for publication and requires only political sign-off to be published.
2. **As soon as this response is published, begin the process of tabling the SI.** This must be laid before the 9th of September to meet the 21-day convention, but we strongly encourage it to be laid as early as possible in July to minimise risk and work around the summer and conference recess periods.
3. **Once these processes are complete, liaise with the Advertising Standards Agency to bring forward their guidance,** review it to ensure it is in keeping with both the letter and spirit of the regulations, then submit for the standard ministerial sign-off process.

For further information on the BMA’s view, please contact: Lauren Taylor, Public Affairs Officer at ltaylor@bma.org.uk