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Weekly Political Update

Week ending 25 May 2012

Westminster

[Deafness, hearing loss and tinnitus](#)

Click on link for full transcript

Item	Summary
Parliamentary Question on timing of the Communications Green Paper	<p>Communications Minister Ed Vaizey MP (Con, Wantage) confirmed that the Government has not made a decision about the timing of the Communications Green Paper, which was due out in the spring but has been subject to delays. He stated that the Communications Review remained on course, and that subject to the legislative programme the Government hopes to introduce new legislation before the end of this Parliament. This was in response to a question from Chi Onwurah MP (Lab, Newcastle).</p> <p>Action on Hearing Loss responded to the initial stage of the Communications Review and we're continuing to work for greater access to broadcast services for people with hearing loss.</p>
Parliamentary Office of Science and Technology publication – ICT for disabled people	<p>The Parliamentary Office for Science and Technology published a briefing note on the use of ICT by disabled people. The Government Relations and Technology teams worked together to feed in to the briefing, using evidence from Action on Hearing Loss's annual surveys and our involvement in the REACH112 project. 'POST notes' are designed to help support parliamentarians in their decision making on issues such as medical advances and communications.</p>

Health/NHS issues

Click on link for full transcript

Item	Summary
<u>Department of Health publication – Power of Information Strategy</u>	Action on Hearing Loss's Locate and Rate tool was included as a case study in the Department of Health's new information strategy - <u>The power of information</u> - which sets a ten-year framework for transforming information for the NHS, public health and social care. Locate and Rate was used as an example of an innovative approach to patient comment.
<u>Written Ministerial Statement - Information strategy for health and social care</u>	Health Secretary Andrew Lansley MP (Con, South Cambridgeshire) announced a number of initiatives as part of the strategy, including the availability of booking and cancelling appointments at GP surgeries for all patients by 2015.
<u>Written Ministerial Statement – Department of Health consultation announcement</u>	Secretary of State for Health Andrew Lansley MP (Con, South Cambridgeshire) announced that the Department of Health is consulting further on proposals to give patients more say and choice over their care and treatment. <i>Liberating the NHS: No decision about me, without me – Further consultation on proposals to secure shared decision-making</i> can be accessed <u>here</u> .

Social Care

Click on link for full transcript

Item	Summary
<u>Parliamentary Question on means test capital limit for residential care</u>	Hazel Blears MP (Lab, Salford and Eccles) asked the Government about the effect of not increasing the means test capital limit for residential care on charities and voluntary bodies in the sector.

Disability issues – employment and welfare

Click on link for full transcript

Item	Summary
<u>Parliamentary Question on referrals to the Work Programme</u>	Shadow Employment Minister Stephen Timms MP (Lab, East Ham) asked the Government whether Jobcentre Plus staff have flexibility in determining which Work Programme prime contractor a claimant is referred to. Employment Minister Chris Grayling MP (Con, Epsom

	<p>and Ewell) responded that the claimant is randomly allocated to Work programme prime contractors by the Labour Market System and not by Jobcentre Plus advisers.</p>
<p><u>Parliamentary Question on Work Programme referrals to charity subcontractors</u></p>	<p>Shadow Employment Minister Stephen Timms MP (Lab, East Ham) asked the Government for what reasons St Mungo's homelessness charity received no referrals from the three Work programme prime providers with which it had contracts.</p> <p>Employment Minister Chris Grayling MP (Con, Epsom and Ewell) highlighted a number of factors which could affect the flow of business from prime providers to specialist organisations, including whether voluntary and community sector partners were tier 1 or tier 2 subcontractors (providing 'end to end' support or shorter, more specialist interventions).</p>
<p><u>Parliamentary Question on errors awarding Employment Support Allowance</u></p>	<p>Derek Twigg MP (Lab, Halton) asked how many errors in the award or refusal of employment support allowance have been identified in the last 12 months in England. Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that this information was currently unavailable.</p>
<p><u>Parliamentary Question on claimants of Employment and Support Allowance</u></p>	<p>Employment Minister Chris Grayling MP (Con, Epsom and Ewell) stated that between October 2008 and August 2011 919,500 people underwent an initial work capability assessment (WCA) as part of a new claim for employment and support allowance (ESA). Of these, 41% were entitled to ESA, 13% were placed in the support group and 27% were placed in the work related activity group. The remaining 59% were deemed fit for work. This was in response to a question from Maria Eagle MP (Lab, Garston and Halewood).</p>
<p><u>Parliamentary Question on entitlement for Personal Independence Payment</u></p>	<p>Mark Lazarowicz MP (Lab/Co-op, Edinburgh North and Leith) asked the Government whether an assessment by the social services department of a local authority which shows that a person with a disability requires care and support will be sufficient evidence of eligibility for the personal independence payment.</p> <p>Minister for Disabled People Maria Miller MP (Con, Basingstoke) responded that the Government intends to move away from automatic entitlement provisions and</p>

	the assessment for the new benefit will instead focus on the extent to which claimants' health condition or impairment affect their day to day lives.
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Disability issues – other

Click on link for full transcript

Item	Summary
Lords Question on BME disabled people	Baroness Thornton (Lab/Co-op) asked the Government what it is doing to address access to and use of disability services by black and minority-ethnic disabled people.

Equality

Click on link for full transcript

Item	Summary
Home Office publication – The Equality Strategy: progress report	<p>The Home Office published a progress report on the Government's Equality Strategy. The report highlights the Government's new cross-departmental Disability Strategy designed to remove barriers for disabled people, and states that 'good progress' is being made in developing an Access to Elected Office programme for disabled people.</p> <p>Action on Hearing Loss is feeding into the wider Disability Strategy through networks such as the Disability Benefits Consortium and Disability Charities Consortium and we have been invited onto the Stakeholder Group for the Access to Elected Office Strategy.</p>

Medical research

Click on link for full transcript

Item	Summary
Prime Minister's Question on science funding	Julian Huppert MP (Lib Dem, Cambridge) sought assurances that sustained funding would be protected for science in the next spending review. Prime Minister David Cameron MP (Con, Witney) responded that he said he could not predict the outcome of the next spending review.

Parliamentary Question on Technology Strategy Board spending	<p>In response to a question from Shadow Business Secretary Chuka Umunna MP (Lab, Streatham), Science Minister David Willets MP (Con, Havant) gave information about the funding allocated by the Technology Strategy Board in areas such as research and development grants.</p>
Lords Question on Life Sciences Strategy	<p>Business, Innovation and Skills Minister Baroness Wilcox (Con) outlined the Government's progress on implementing the strategy for UK Life Sciences and stated that a formal progress report would be published annually. This was in response to a question from Lord Willis of Knaresborough (Lib Dem).</p>

Title: Long-term Conditions Strategy

Source: Department of Health

Deadline: 15 June 2012

[Parliamentary Question on timing of the Communications Green Paper](#)

Chi Onwurah: To ask the Secretary of State for Culture, Olympics, Media and Sport when he expects to publish his Department's Communications Green Paper.[109353]

Mr Vaizey: No decisions on the timing of the Green Paper have been made. The Communications Review remains on course and, subject to the legislative programme, the Government hope to introduce new legislation before the end of this Parliament.

[Written Ministerial Statement - Information strategy for health and social care](#)

The Secretary of State for Health (Mr Andrew Lansley): Today I am publishing *The Power of Information: Putting all of us in control of the health and care information we need*. This information strategy for health and social care in England is our response to *Liberating the NHS: An Information Revolution – A consultation on proposals* which sought views on proposals to transform the way information is collected, analysed, controlled and used in NHS and social care across England and is underpinned by provisions in the Health and Social Care Act 2012.

I am grateful to the many people who provided valuable input into this consultation and to the NHS Future Forum for the excellent work it undertook throughout its listening exercise. Building on the wealth of experience, viewpoints and insights gained through the consultation and the NHS Future Forum's work, this document sets out the overall ambition and early actions to transform our health and our care services to meet our needs and expectations, for now and the future.

For citizens, patients and users of care services, this strategy sets out how a new approach to information and IT across health and care can lead to more joined up, safer, better care for all. The strategy spans information for patients, service users, carers, clinicians and other care professionals, managers, commissioners, councillors, researchers, and many others.

Unlike previous information strategies, this new information strategy does not reinvent large-scale information systems or set down detailed mechanisms for delivery on a national template. Rather, it provides a ten-year framework and a route map to lead a transformation in the way information is collected and used. It starts from the purposes for which information is required, and the opportunities it offers for quality improvement. It aims to harness information and new technologies to achieve higher quality care and improve outcomes for patients and service users.

It enables local leadership and innovation alongside national standards.

There are three key themes in the strategy:

- modern, convenient information access – new online services such as booking general practitioner appointments, access to records online, a new integrated national website and 111 phone number;

- modern information and technology for professionals – improving safety and quality. Standards ensuring systems can talk to each other, consistent use of the NHS ‘number’, work to allow new technologies in maternity services, piloting new barcode technology in care homes to improve medication safety and encouraging ‘clinical portals’ for professionals to view records; and

- patient and citizen rights – information support as a service, and potential changes to the NHS constitution around right to feedback online, access to records online and support for understanding information.

In summary, this strategy sets out the overall ambition and the early actions that will enable information to transform our health and our care services to meet our needs and expectations, for now and the future.

The Power of Information: Putting all of us in control of the health and care information we need has been placed in the Library. Copies are available to hon Members from the Vote Office and to noble Lords from the Printed Paper Office.

[Written Ministerial Statement – Department of Health consultation announcement](#)

The Parliamentary Under Secretary of State, Department of Health (Earl Howe): My Rt hon Friend the Secretary of State for Health (Mr Andrew Lansley) has made the following written ministerial statement.

Today I am publishing *Liberating the NHS: No decision about me, without me – Further consultation on proposals to secure shared decision-making*. This publication forms the Government’s response to the *Liberating the NHS: Greater choice and control* consultation.

'Liberating the NHS: No decision about me, without me' sets out detailed proposals to implement the Government's commitment to giving patients more say over their care and treatment through more choice and control, informed by the consultation process. A further shorter consultation is to be carried out. A small number of focussed consultation questions have been included which seek views on whether our proposals are realistic and achievable.

The accompanying document *'Liberating the NHS: Greater choice and control – A summary of responses'* summarises the large number of comments received during the consultation period. The Government consulted on broad proposals to implement the commitments to give patients and service users more choice and control over their care and treatment and to make the goal of "no decision about me, without me" a reality. The views of patients, the wider public, healthcare professionals and the NHS were sought on how these plans might best be achieved.

The NHS Future Forum ran a listening exercise between April and May 2011. Their recommendations and the Government's response to their report have been taken into account when producing our detailed proposals.

The final round of consultation will run for eight weeks. Views from patients, the wider public, organisations, health professionals and the NHS will again be sought.

Copies of the response and the summary or responses have been placed in the Library. Copies are available to hon Members from the Vote Office and to noble Lords from the Printed Paper Office.

[Parliamentary Question on means test capital limit for residential care](#)

Hazel Blears: To ask the Secretary of State for Health (1) what assessment he has made of the effect of not increasing the means test capital limit for residential care on (a) businesses, (b) charities and (c) voluntary bodies in the sector; [107941]

(2) what savings have accrued from maintaining the means test capital limit for residential care at the same level since 2010.[107942]

Paul Burstow: The Department has not made an assessment of the effect of not increasing the means test capital limit for residential care on businesses, charities and voluntary bodies in the sector.

The decision in the spending review 2010 not to increase capital limits was taken in order to help local authorities, at a time of financial stringency, to maintain the level of services they provide. The spending review 2010 covers Government spending up to April 2015. However, the capital limits are being kept under review in order to monitor the impact of not increasing them.

[Parliamentary Question on referrals to the Work Programme](#)

Stephen Timms: To ask the Secretary of State for Work and Pensions whether Jobcentre Plus staff have flexibility in determining which Work programme prime contractor a claimant is referred to; and if he will make a statement.[108121]

Chris Grayling: The claimant is randomly allocated to Work programme prime contractors by the Labour Market System and not by Jobcentre Plus advisers.

[Parliamentary Question on Work Programme referrals to charity subcontractors](#)

Stephen Timms: To ask the Secretary of State for Work and Pensions what assessment he has made of the reasons for which the St Mungo's homelessness charity received no referrals from the three Work programme prime providers with which it had contracts; and if he will make a statement.[108423]

Chris Grayling: There are a number of factors which could affect the flow of business from prime providers to specialist organisations, such as St Mungo's, including: the difference in provider delivery models, and the relative use of tiered supply chains; whether voluntary and community sector partners are at tier 1 or 2 for particular primes; relatively low rates of "disclosure" of homeless status by claimants which may delay or prevent onward referral to specialist partners; and during the early stage of the Work Programme homeless participants may be supported through the provider's "mainstream" offer before being referred to specialist partners for specific interventions.

In a programme for which the Department has given no guarantees of volumes, it is entirely rational for primes to do the same. Specific reasons for the lack of referrals is a commercial matter between those prime providers and St Mungo's.

[Parliamentary Question on errors awarding Employment Support Allowance](#)

Derek Twigg: To ask the Secretary of State for Work and Pensions how many errors in the award or refusal of employment support allowance have been identified in the last 12 months in (a) England, (b) Cheshire, (c) Merseyside and (d) Halton district.[108439]

Chris Grayling: I confirm that the information requested is currently unavailable. The Department has implemented a programme to measure the levels of official error in ESA; publication of the first report is anticipated for May 2013. This will provide information regarding the monetary value of over and underpayment at the national level and not constituency/local level.

[Parliamentary Question on entitlement for Personal Independence Payment](#)

Mark Lazarowicz: To ask the Secretary of State for Work and Pensions whether an assessment by the social services department of a local authority that a person with a disability requires care and support will be sufficient evidence of eligibility for the personal independence payment.[108864]

Maria Miller: Within personal independence payment we intend to move away from the blanket exemptions and automatic entitlement provisions that exist within disability living allowance and treat every claimant as an individual. As such, entitlement to personal independence payment will not be based upon individuals' specific health conditions or impairments nor on what existing entitlement to other benefits or support they may have, including social care support. The assessment for the new benefit will instead focus on the extent to which claimants' health condition or impairment affect their day to day lives, by assessing ability to carry out key everyday activities. This will ensure that priority in the benefit goes to those people who face the greatest barriers to living independent lives.

While the fact that claimants have entitlement to social care or other support will not be a factor in whether they are entitled to personal independence payment, we do want to ensure that our assessments are based on the best and most appropriate evidence. Evidence is likely to come from a range of sources and individuals will be able to provide us with the evidence they consider relevant and to tell us which other professionals may be able to advise us on their circumstances, for example, GP, nurse, hospital consultant or social worker. Reports produced as part of assessments for other support may form a useful part of this evidence mix.

This suite of information and evidence will allow for a far more personalised approach to be undertaken both on overall entitlement to the benefit and on whether a face-to-face consultation is needed with the individual as part of the assessment. Such an approach will allow for more informed decisions to be made, taking full account of how the health condition or impairment impacts upon the individual.

[Parliamentary Question on claimants of Employment and Support Allowance](#)

Maria Eagle: To ask the Secretary of State for Work and Pensions what proportion of claimants of employment and support allowance in England are placed into (a) the support group, (b) the work-related activity group and (c) the fit for work group.[108020]

Chris Grayling: In England, 919,500 people have undergone an initial work capability assessment (WCA) as part of a new claim for employment and support allowance (ESA), where their claim started between October 2008 and the end of August 2011, the latest data available. Of these, 41 % were entitled to ESA; 13% were placed in the support group; and 27% were placed in the work related activity group. The remaining 59% were deemed fit for work.

The Department regularly publishes data on ESA and the WCA. The latest publication was released in April and can be found on the departmental website at the following link. Table 1a in this publication gives the affected caseload broken down by region.

http://statistics.dwp.gov.uk/asd/workingage/index.php?page=esa_wcaNotes:1. The information above is taken from administrative data held by the Department for Work and Pensions and assessment data provided by Atos Healthcare.

2. The percentages have been rounded and so may not sum to 100%.

3. The figures above only cover new claims to ESA and exclude incapacity benefit reassessments to determine eligibility for ESA. On 20 April 2012 the Department published data on the outcomes of IB reassessment claims at the regional and local authority level at the following link:http://research.dwp.gov.uk/asd/index.php?page=adhoc_analysis

[Parliamentary Question on BME disabled people](#)

Asked By Baroness Thornton: To ask Her Majesty's Government what they are doing to address access to and use of disability services by black and minority-ethnic disabled people, as outlined in the recently published Scope report *Over-looked Communities, Over-due Change*.

The Parliamentary Under-Secretary of State, Department for Communities and Local Government (Baroness Hanham): The Government recognise the issues around access to and use of disability services by people from black and minority-ethnic backgrounds. Our forthcoming cross-government disability strategy will reflect the input of disabled people, including those from black and minority-ethnic backgrounds, and will set out our priorities for ensuring that we can develop ways of tackling those issues.

Baroness Thornton: I thank the Minister for that Answer and the recognition of the particular issues that black and minority-ethnic disabled people face, which require a cross-government approach. The impact assessments of the effect of government policies on welfare reform, for example, are so important because this group is disadvantaged. I therefore seek a commitment from the Minister that the cross-government implementation plan will ensure that there is a strong working relationship between the Office for Disability Issues, the Government Equalities Office and her own department. When might that plan be available for us to look at?

Baroness Hanham: My Lords, as I am sure the noble Baroness knows, the Government are developing the cross-government disability strategy at the moment. It is cross-government, so the answer to her question about whether all departments will be involved is clearly yes. As to when the disability action strategy will be available, there is no date for publication yet as consultations are still going on. They include people from black and minority-ethnic groups.

Baroness Gardner of Parkes: Do other factors come into this? Admittedly, the culture of black and ethnic minorities often means that people care for their own, perhaps better than we do and perhaps putting us to shame in that respect. Apart from that, does the Minister think that there is a lack of awareness? Are these people applying for help, or are they not aware that they need to or could apply for help?

Baroness Hanham: My Lords, the report identifies that quite often they do not apply for help. In part, that is because they are not known to the authorities. A large way of getting around that is for local government or health authorities to ensure that people are aware of the local groups that reflect black and minority-ethnic requirements, and can thereby find out what their needs are. However, I accept what my noble friend says: that in many of

these groups there is a family commitment to look after their own and not to seek statutory help.

Baroness King of Bow: My Lords, I congratulate Scope and the Equalities National Council on the report, which draws to our attention the fact that nearly half of all black and minority-ethnic disabled people live in poverty, which is staggering. Given this extraordinary statistic, will the Minister agree to meet Scope and the Equalities National Council to discuss this point and look at how impact assessments can be improved in the future so that black disabled children in Britain do not have a 50% chance of growing up in poverty?

Baroness Hanham: My Lords, I thank the noble Baroness for that. I cannot give an absolute commitment myself because this goes further than the Department for Communities and Local Government, but I will see who the right person would be and I am sure that I will be able to give a commitment on their behalf that that meeting will take place.

The Lord Bishop of St Edmundsbury and Ipswich: The Scope report highlights certain difficulties that migrants have in accessing services, with that of language among them. Are there any plans for the Government to review the provision of translation services through social services?

Baroness Hanham: My Lords, each local authority can decide what translation facilities it needs for its communities. Some require material to be published in their own language, but very many others just need to ensure that that material is available. It is, of course, necessary now for local authorities and health authorities to ensure that they have access to interpreting services as and when they need them.

Baroness Hussein-Ece: My Lords, I also welcome this very important report, which has shone a light on the desperate need of nearly 1 million people from black and ethnic-minority communities—a growing community. I want to press my noble friend the Minister a bit more. Given that demographics mean that this cohort of people is growing fast, will she consider developing a national race equality strategy, which would create a joint implementation plan for these two strategies, to be led by the Office for Disability Issues and the Government Equalities Office, to ensure that these people do not fall between the cracks and can access services?

Baroness Hanham: My Lords, I have already mentioned the disability plan, which is in the process of being put forward, and where that strategy has advice from black and minority-ethnic groups. The Government do not think that a race equality strategy would add very much to the current position, with its focus on the barriers faced by disabled people. There are duties under the equality strategy, which I think is now 90% introduced. This is not a question entirely of race and disability but of ensuring that individuals have access to the services that they need and are known to the authorities when they need to be so that their requirements are met. That goes across the board. In short answer to the noble Baroness, we do not think at the moment that a race equality strategy would add anything to the Government's position.

Baroness Whitaker: My Lords, will the noble Baroness seek to remedy the omission in the Scope report? It took no account of the needs of people with disabilities from the Gypsy and Traveller community. I remind the House that Gypsies and Travellers are a recognised minority-ethnic community.

Baroness Hanham: My Lords, they are indeed recognised as a community, and I am aware that it is a community on which people concentrate. There should be access to information from them about their needs.

Lord Wigley: My Lords, the noble Baroness will be aware that the report has suggested very strongly that there is a danger of the needs of black and minority-ethnic disabled people falling between the remits of various departments, including the Government Equalities Office, the Office for Disability Issues and the Department for Communities and Local Government. Why is that happening? If there is to be an implementation plan, will she give particular attention to finding a way to ensure that that aspect is addressed?

Baroness Hanham: My Lords, I think that aspect will be addressed by the disability strategy. We already have advice from the black and minority-ethnic groups. The strategy very much takes account of their needs and it then will be a requirement under it that local government, the health service-the people who are commissioning services-know where the people are who need them and can identify what they require individually. The short answer, again, is that that will be taken into account across government in the disability strategy.

[Prime Minister's Question on science funding](#)

Dr Julian Huppert (Cambridge) (LD): Britain has an excellent track record in scientific research and development, despite historically low levels of funding. For this to continue, and to continue to drive so much economic growth, sustained funding is required. Can the Prime Minister assure me that this will be delivered in this Parliament and the next comprehensive spending review?

The Prime Minister: Obviously, I cannot bind the hands of the next comprehensive spending review, but in this spending review we made an important decision to protect the science budget. It would have been an easy target for reductions, and perhaps we could have spent the money on politically more attractive things, but we decided to take the long-term view and to save the science budget because it is a key part of Britain's future.

[Parliamentary Question on Technology Strategy Board spending](#)

Mr Umunna: To ask the Secretary of State for Business, Innovation and Skills how much the Technology Strategy Board spent on (a) collaborative research and development project grants, (b) knowledge transfer partnership awards, (c) knowledge transfer network costs, (d) catapult centre operating costs, (e) catapult centre capital costs, (f) Technology Strategy Board contributions to Small Business Research Initiative contracts, (g) SMART and other grants for research and development to (i) individual companies and (ii) small and medium-

sized enterprises, (h) Technology Strategy Board administration costs and (i) other costs in 2011-12.[108377]

Mr Willetts: The Technology Strategy Board's latest estimated spend figures for 2011/12 are:

	2011/12 (£000 estimated)		
	Total grant spend	Total grant to individual companies	Total grant to SMEs
Collab. R&D	155,292	126,890	28,402
KTPs(1)	19,900	n/a	n/a
KTN(2)	15,900	n/a	n/a
Catapult centres (operating costs)(3)	20,800	n/a	n/a
Catapult centres (capital costs)(3)	21,500	n/a	n/a
SBRI (contract)	5,200	5,200	3,000
Smart	23,400	23,400	23,400
TSB admin costs	23,568	—	—
Other costs	14,891	—	—

n/a = Not applicable (1) The grant for Knowledge Transfer Partnerships goes to the academic partner in the project. The companies in the partnerships each contribute in the region of £20,000 per annum with most KTPs being for a three year period. (2) The grant for Knowledge Transfer Networks is in respect of the operating costs of each KTN. (3) The grant for Catapults is in respect of the development of the network of Catapult centres.

Final spend figures for the year will not be known until July when it is expected that all accruals for 2011/12 will have been fully unwound whereby all invoices relating to the year's activity will have been received and paid by the Technology Strategy Board.

[Lords Question on Life Sciences Strategy](#)

Asked by Lord Willis of Knaresborough - To ask Her Majesty's Government what progress they have made in the implementation of the strategy for UK Life Sciences; and when an implementation plan will be published.[HL318]

The Parliamentary Under-Secretary of State, Department for Business, Innovation and Skills (Baroness Wilcox): The Government are committed to early delivery of the strategy for UK Life Sciences. We have appointed two independent Life Sciences champions, Sir John Bell and Chris Brinsmead, to oversee and drive implementation forward.

Early achievements on implementing the various commitments in the strategy include: The launch of the Biomedical Catalyst jointly administered by the Technology Strategy Board and

Medical Research Council. This three-year £180 million programme opened for applications in April 2012 to UK businesses (SMEs) and academics looking to develop innovative solutions to healthcare challenges either individually or in collaboration. It will support the maturation of an idea from concept to commercialisation; the Clinical Practice Research Datalink was launched on 28 March 2012. This provides researchers with access to patient data for clinical trials recruitment and observational studies; Clinical Trials Gateway website and mobile applications for iPhone, iPad and android devices have been launched. The website will provide patients and the public with information about clinical trials in the UK, with the anticipation that this will lead to patients feeling empowered to participate in clinical research; and at Budget 2012 the Government confirmed the launch of the Patent Box from April 2013. This will be phased in over five years from 2013 to give a reduced 10%. We have committed to publishing progress on implementing the strategy via a formal annual report. In addition, the Life Sciences champions report regularly on progress to Ministers and, every six months, to the Prime Minister.

Parliamentary terms

Early Day Motion (EDM)

Early Day Motions are formal motions for debate submitted by MPs in the House of Commons. There is usually no time available to actually debate an EDM, but they are useful for drawing attention to specific events or campaigns and demonstrating the extent of parliamentary support for a particular cause or point of view. MPs register their support by signing individual motions.

Parliamentary Question (PQ)

Parliamentary questions are oral or written questions to Ministers in the House of Commons and the House of Lords. They are used to seek information, and Ministers are obliged to explain and defend the work, policy, decisions and actions of their departments.

Parliamentary questions are a vital tool in holding the Government to account. The Prime Minister answers to the House of Commons every Wednesday at midday.

Debates

Both the House of Commons and the House of Lords hold debates in which Members discuss government policy, proposed new laws and current issues. All debates are recorded in a publication called 'Hansard' which is available online or in print.

All-Party Parliamentary Group (APPG)

All-Party Parliamentary Groups (APPGs) are informal groups composed of politicians from all political parties. They provide an opportunity for cross-party discussion and co-operation on particular issues. All-party groups sometimes act as useful pressure groups for specific causes helping to keep the Government, the opposition and MPs informed of parliamentary and outside opinion.

Select Committees

House of Commons Select Committees exist to scrutinise the work of government departments. Most committees have about 11 members and reflect the relative size of each party in the Commons. They conduct enquiries on a specific issue, and gather evidence from expert witnesses. Findings are reported to the Commons, printed, and published on the Parliament website. The Government then usually has 60 days to reply to the committee's recommendations.

Select Committees in the House of Lords concentrate on four main areas: Europe, science, economics, and the UK constitution.

Written ministerial statements

Government ministers can make written statements to announce:

- The publication of reports by government agencies
- Findings of reviews and inquiries and the government's response
- Financial and statistical information
- Procedure and policy initiatives of government departments

Private Members' Bills

Private Members' Bills allow backbench MPs or Peers to introduce their own legislation. There are three types of Private Members' Bills:

- **Ballot Bills:** A ballot is held at the beginning of each parliamentary year the 20 MPs whose names come out top are allowed to introduce legislation on a subject of their choice.
- **Ten Minute Rule Bills:** The sponsoring MP is given a slot in which they may make a speech lasting up to 10 minutes in support of his or her bill
- **Presentation Bill:** a Member is not able to speak in support of it and it stands almost no chance of becoming law