

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Weekly Political Update

Week ending 10 February 2012

Westminster

Deafness, hearing loss and tinnitus

Click on link for full transcript

Item	Summary
PQ on tinnitus	<p>Stewart Jackson MP (Con, Peterborough) asked the Government what steps they are taking to assist primary care trusts in treating patients with tinnitus. In his response Health Minister Paul Burstow MP (Lib Dem, Sutton and Cheam) highlighted that tinnitus is in the library of proposed Quality Standards for development by the National Institute for Health and Clinical Excellence (NICE).</p> <p>The Government Relations team has been in contact with Mr Jackson about the importance of prioritising the development of NICE Quality Standards around hearing loss and tinnitus to ensure that these are ready as soon as possible after the implementation of the Any Qualified Provider (AQP) policy and has been working with the British Tinnitus Association on engaging with key decision makers during Tinnitus Awareness Week.</p>

Health/NHS issues

Click on link for full transcript

Item	Summary
Health and Social Care Bill – Report Stage	The Health and Social Care Bill was scrutinised by Peers during the first day of its Report Stage in the House of Lords.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Disability issues – employment and welfare

Click on link for full transcript

Item	Summary
<u>PQ on the benefit cap</u>	Karen Buck MP (Lab, Westminster North) asked the Government for information on the number of households affected by the benefit cap and asked what correspondence had been received on the subject from individuals and institutions.
<u>PQ on numbers in receipt of disability benefits</u> <u>PQ on claims affected by the benefit cap</u>	Shadow Employment Minister Stephen Timms MP (Lab, East Ham) asked the Government what proportion of people in the support group of employment and support allowance are also in receipt of disability living allowance. He also asked about disability benefit claims currently being processed which will now be affected by the benefit cap.
<u>PQ on incapacity benefit reassessment appeals</u>	Gareth Thomas MP (Lab/Co-op, Harrow West) asked how many appeals against incapacity benefit reassessment decisions there have been in each month since May 2010.

Disability issues – social care

Click on link for full transcript

Item	Summary
<u>Joint APPG meeting – social care reform</u>	The quality, integration and personalisation of social care needed more work ahead of the White Paper publication in the spring, attendees heard at a joint All-Party Parliamentary Group meeting on social care reform.
<u>PQ on local authority social care budgets</u>	Yasmin Qureshi MP (Lab, Bolton South East) asked the Government what assessment it has made of the effect of changes to the lower rate of disability living allowance on the social care budgets of local authorities.

Biomedical research

Click on link for full transcript

Item	Summary
<u>PQ on UK biosciences</u>	Adam Afriyie MP (Con, Windsor) asked the

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

	Government what plans it has to encourage growth and innovation in UK biosciences and what steps it is taking to incentivise private investment in this field.
PQ on commercialisation of research	Adam Afriyie MP (Con, Windsor) asked what steps the Government is taking to promote the transfer of innovative university research to the commercial sector.
PQ on research and development spending	<p>Shadow Science and Innovation Minister Chi Onwurah MP (Lab, Newcastle upon Tyne Central) asked the Government what assessment it has made of the UK's progress towards meeting the Innovation Union target of spending 3% of gross domestic product on research and development.</p> <p>The Government Relations team and the Biomedical Research team have secured a meeting with Ms Onwurah at Newcastle University next month, to showcase an Action on Hearing Loss-funded research project and to discuss wider hearing research issues.</p>

Consultations

Title: Personal Independence Payment: assessment thresholds and consultation

Source: Department for Work and Pensions

Deadline: 30 April 2012

PQ on tinnitus

Mr Stewart Jackson: To ask the Secretary of State for Health what steps his Department is taking to assist primary care trusts in treating patients with tinnitus; and if he will make a statement.[93831]

Paul Burstow: The planning and delivery of services is a matter for local commissioners and providers. Considerable improvements in hearing services have been made over recent years including reduced waits for assessment and treatment of hearing problems.

Action taken to support the delivery of services for people with tinnitus includes: publication of "Provision of Services for Adults with Tinnitus—A Good Practice Guide" by the Department of Health in January 2009—this guide provided practical evidence-based advice on how to improve access to, and experience of, tinnitus services. This document has been placed in the Library. Publication of "Shaping, the Future: Strengthening the evidence to transform audiology services" by NHS Improvement in March 2011—this report demonstrates the potential to improve both clinical

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

outcomes and patient experience for people with hearing problems while improving national health service efficiency. It includes examples of several trusts that have successfully tested the introduction of direct access tinnitus services.

This document has been placed in the Library. In addition, from 15 August to 14 October 2011 the National Institute for Health and Clinical Excellence (NICE) and the National Quality Board ran an engagement exercise on the development of a library of NICE Quality Standard topics for the NHS.

The list of proposed Quality Standard topics included tinnitus. An announcement on next steps will be made in due course.

Health and Social Care Bill – Report Stage

Summary

The Bill to create an independent NHS Board, promote patient choice and to reduce NHS administration costs was debated in the Lords at Report stage for the 1st day today.

During the day's debate on the Health and Social Care Bill, Clauses 1 to 5 were debated. A series of Government amendments were made and several probing amendments were tabled. Over the course of the session the Government was defeated following a division on amendment 1 to Clause 1.

Divisions and debates

Amendment 1 to Clause 1

Moving the amendment, Crossbench peer Lord Patel said that there was widespread acknowledgement of the need to recognise mental illness and to give it a similar importance as that given to physical illness.

He explained that the amendment would place an explicit duty on the Secretary of State to promote parity of esteem between mental and physical health services, and clarify that the Secretary of State had a duty to promote a health service designed to secure improvements in the prevention, diagnosis and treatment of both physical and mental illness.

Shadow Health Minister Baroness Thornton supported the amendment, as it flowed from policy commitments by successive governments to consider mental health alongside physical health. She urged the Minister to accept it.

Responding, Health Quality Minister Earl Howe said that achieving parity of esteem for mental illness was a priority for the Government. However, the change in wording would not add any value as wherever in the Bill the word "illness" appeared, it already referred to both mental and physical illness because of Section 275 of the National Health Service Act.

He added that the Government wanted to enhance the role of the NHS constitution through the Bill, and this played an important role in emphasising the importance of mental health. Earl Howe believed that inserting the words "physical and mental" into the Clause suggested that there was a divide between mental and physical illness, rather than a convergence.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Moving away from his brief as his feeling changed over the course of the debate, Earl Howe urged Lord Patel to withdraw the amendment, but committed to revisiting the Explanatory Notes of the Bill to make it clearer that, with respect to Clause 1, "illness" referred to both mental and physical health.

Elsewhere, Liberal Democrat peer Lord Alderdice felt it was regrettable that the Royal College of Psychiatrists, of which he was member, had said that the whole Bill should be set aside. He felt it knew "perfectly well" that would not happen and urged the College, the Minister and other interested parties to find a way to get together again before the completion of the Bill.

Amendment 1 was agreed by 244 votes to 240

Amendment 6 to Clause 2

Moving amendment 6, Crossbench peer Lord Hennessy of Nympsfield said the amendments were designed to bring the highest possible level of consensus on the accountability of the Secretary of State. He was pleased that the Minister had accepted the argument that the "special essence" of the NHS as distilled in the NHS constitution should be enshrined in the Bill.

Shadow Health Minister Baroness Thornton was pleased that agreement had been reached on having the NHS constitution in the Bill. She felt that it was "exactly right" that public funds for healthcare should be devoted solely to the benefit of the people that the NHS served.

In reply, Health Quality Minister Earl Howe said the amendments required the Secretary of State to have regard to the NHS constitution when exercising his functions in relation to the health service. He supported them, as it was right to continue the commitment to the principles set out in the NHS constitution.

Amendment 6 was agreed without vote

Full list of Government amendments made

Clause 1

Amendment 5

Clause 4

Amendment 8

Amendment 9

Clause 5

Amendment 11

Non-Government amendments agreed without vote

New Clause after Clause 2

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Amendment 6 moved by Crossbench peer Lord Hennessy of Nympsfield

Full list of probing amendments

Clause 1

Amendment 2 moved by Crossbench peer Baroness Finlay of Llandaff

Amendment 3 moved by Shadow Health Minister Baroness Thornton

Clause 2

Amendment 5A moved by Shadow Leader of the House of Lords Baroness Royall of Blaisdon

Clause 3

Amendment 7 moved by Crossbench peer Baroness Finlay of Llandaff

Full list of amendments not moved

Amendment 4

Amendment 10

Amendment 11

[PQ on the benefit cap](#)

Ms Buck: To ask the Secretary of State for Work and Pensions what estimate he has made of the number of households which received benefits above the benefit cap in each local authority area; and how many such households he estimates have benefit entitlements of (a) less than £50 above the benefit cap, (b) less than £100 above the benefit cap and (c) more than £100 above the benefit cap in each local authority area.[93739]

Chris Grayling: On 23 January 2012 the Department published an updated impact assessment for the household benefit cap, which estimated that in Great Britain 67,000 households would be affected by the cap, in the first year of its implementation (the financial year 2013-14). Following the concessions won in the House of Commons on 1 February, these figures are of course subject to change ahead of the Welfare Reform Bill gaining Royal Assent. On the basis of the impact assessment, the table, which has been placed in the Library, shows the number of households who receive above the benefit cap that are expected to be affected by the benefit cap in 2013-14 and have entitlements of (a) between £0 to £100 above the benefit cap and (b) more than £100 above the benefit cap in each local authority area. The impact assessment assumes that the situation of these households will go unchanged, and they will not take any steps to either work enough hours to qualify for working tax credit, renegotiate their rent in situ, or find alternative accommodation.

In fact, in all cases the Department is working to support households through this transition, using existing provision through Jobcentre Plus and the Work Programme to move as many into work as possible. The table numbers are rounded to the nearest 100. Areas with fewer than 100 households affected are denoted by "..", as additional disclosure control has been applied to these areas.

For this reason, figures will not sum to the total number of households affected in the January 2012 impact assessment for the household benefit cap.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

[PQ on claims affected by the benefit cap](#)

Stephen Timms: To ask the Secretary of State for Work and Pensions what proportion of claims affected by the benefit cap he expects to have had a duration prior to introduction of the cap of (a) less than six months, (b) six months to one year, (c) one year to two years, (d) two years to five years and (e) five years or more. [93430]

Chris Grayling: On 23 January 2012 the Department published an updated impact assessment for the household benefit cap, which estimated that in Great Britain 67,000 households would be affected by the cap, in the first year of its implementation (the financial year 2013-14). Following the concessions won in the House of Commons on 1 February, these figures are of course subject to change ahead of the Welfare Reform Bill gaining Royal Assent.

On the basis of the impact assessment, the following table shows the proportion of households affected by the cap estimated to have been receiving benefits (a) less than six months, (b) six months to one year, (c) one year to two years, (d) two years to five years and (e) five years or more.

<i>Length of time</i>	<i>Proportion of households capped (%)</i>
Less than six months	19
Six months to a year	12
A year to two years	14
Two years to five years	23
Five years or more	32

Estimates are based on a scan of administrative records held by the Department for Work and Pensions on benefit recipients in February 2011.

Our estimates of the number of households that might be affected by the cap do not take account of any change in household behaviour. We will use the time before the benefit cap takes effect to work with those affected. This will include support from Jobcentre Plus and the Work programme, starting from April this year. We will provide additional discretionary housing funding for local authorities of up to £80 million in 2013-14, and a further £50 million in 2014-15, to help hard cases.

[PQ on incapacity benefit reassessment appeals](#)

Mr Thomas: To ask the Secretary of State for Work and Pensions pursuant to the answer of 26 January 2012, *Official Report*, columns 340-1W, on employment and support allowance: appeals, how many appeals against incapacity benefit reassessment decisions there have been in each month since May 2010; and if he will make a statement. [94608]

Chris Grayling: The Department plans to publish official statistics on outcomes of the work capability assessment for claimants going through the incapacity benefit reassessment process and will be announcing publication on the statistics publication hub in due course. These statistics will include information on appeals heard for these claimants.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

PQ on the effect of the benefit cap

Ms Buck: To ask the Secretary of State for Communities and Local Government what correspondence he has received from (a) individuals and (b) institutions on the potential effect of (i) reductions in local housing allowance and (ii) the proposed household benefit cap. [93965]

Grant Shapps: The Secretary of State for Communities and Local Government, my right hon. Friend the Member for Brentwood and Ongar (Mr Pickles), receives numerous correspondence from individuals and institutions covering a wide range of policies. Local housing allowance rates in some areas are too high and give some housing benefit customers access to properties that even people with above average incomes could not afford. This was not fair to the taxpayer and could not be sustained. We therefore had to make changes to local housing allowance by introducing housing benefit caps and moving to the 30th percentile of local market rents. We want people to continue to have access to decent housing but the support provided needs to be founded on principles of fairness, affordability and making work pay.

The benefit cap supports the Government's plans to make work pay. We want to create a welfare system that encourages people to work and that is based on the principles of fairness and responsibility. We have announced that we will work intensively with those likely to be affected by the cap, giving them immediate support from the Work programme, a nine-month grace period for those who have been in work for the previous 12 months and we will provide up to £130 million for short-term, temporary relief to families who may face a variety of challenges.

PQ on numbers in receipt of disability benefits

Stephen Timms: To ask the Secretary of State for Work and Pensions what proportion of people in the support group of employment and support allowance are also in receipt of disability living allowance.[93424]

Chris Grayling: The information requested is given in the following table:

Employment and support allowance (ESA) by phase of claim and those also in receipt of disability living allowance (DLA)—May 2011					
		Phase of ESA claim			
	Total	Unknown	Assessment phase	Support group	Work related activity
All ESA	662,230	56,470	323,920	72,710	209,140
ESA with DLA	187,180	10,950	44,320	47,720	84,180
% with DLA	28.3	19.4	13.7	65.6	40.3

Notes: 1.
Caseload figures are rounded to the nearest 10; some additional disclosure control has also been applied.
Percentages are shown to the nearest decimal place.
Totals may not sum due to rounding.

2.
Employment and support allowance replaced incapacity benefit and income support paid on the grounds of incapacity for new claims from 27 October 2008.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

3.

Phase/stage of ESA claim is only available from February 2010 onwards.

The phase is derived from payment details held on the source system.

Where the claimant is not in receipt of any benefit payment then the stage of benefit is shown as unknown.

4.

DLA caseloads show the number of people in receipt of an allowance, and exclude people with entitlement where the payment has been suspended, for example if they are in hospital.

Source: DWP Information, Governance and Security Directorate: Work and Pensions Longitudinal Study.

Joint APPG meeting – social care

The quality, integration and personalisation of social care needed more work ahead of the White Paper publication in the spring, attendees of a joint APPG meeting have heard.

Opening the joint APPG meeting on social care reform, Labour Vice Chair of the APPG Disability group Baroness Wilkins argued that the social care system was broken. She called for clarity on the system of entitlement, as well as cross-party consensus to address issues in social care.

Care Services Minister Paul Burstow gave a statement on the feedback and context surrounding the reports on the consultation 'Caring for Our Future' and the Dilnot review into funding.

The two reports had contributed to the work of the Government, with three year review into social care law and the Dilnot funding review, he said.

Explaining that the Dilnot report had looked into integration in social care, the Minister wanted to make clear that more work needed to be done. Other areas also required more attention, the Minister said, highlighting personalisation of social care, addressing earlier stage intervention for prevention, and the quality of social care.

Mr Burstow said the White Paper on social care would be published sometime in the spring but he could not give any precise calendar dates.

The Government's overall vision for the social care system was to change a system "too focused on crisis management" and invest more time into well-being and quality of life, as well as a clearer focus on outcomes, he announced. He said that the Law Commission would look into legislative reform of what the Minister described as a system "under stress", due to a reliance on a bad, out-of-date, legislative framework.

Issues of portability around assessments and focus on the legislation around carers were also issues the Minister wanted to address in the reform of social care. Mr Burstow concluded his initial statement by clarifying that no final decisions or settlements had been made with regards to the recommendations from the Dilnot reform on funding reform.

Labour peer Lord Richard chaired the following Q&A, where ten APPGs had provided the Minister with questions and key points they wanted him to address prior to the meeting.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Responding to comments about home care, Mr Burstow said enabling people with long-term care to have their needs met within their communities was important to the Government. The appropriate use of Telecare and Telehealth needed to be clarified with the aim of rolling out the services to 3 million over the next 5 years, he added.

Mr Burstow asserted the Government would not tolerate the victimisation of disabled and pointed to how a joined-up, integrated organisation of care around the individual's needs would provide clarity in entitlement.

On a request from Labour peer Baroness Wilkins for a positive statement from the Government countering the vilification of disabled people, the Minister agreed the DoH would look into it.

Central Government should make sure local government have a clear legal framework that set the context for their work and ensured that social care moved in the same direction, such as has been pointed to in the 'Think Local, Act Personal' programme, he said.

On quality of services, the Minister stated that quality should not only rest with inspection but across the social care system, with provision, commissioning, and training all being areas that would need to have quality of care as their priority.

Mr Burstow explained that the £35 000 cap suggested by the Dilnot report was meant as a way to insure against risk when planning for future social care needs.

He went on to address questions around housing and said that information and advice needed to be made accessible so people could be made aware of what alternatives were available to them in terms of care and housing options.

Addressing a question of a consolidated bill for carers, the Minister emphasised the need for a comprehensive reform of the system, rather than in bits and pieces. Legislation was described as key to ensuring an assessment regime fit for purpose and ensuring efficiency across.

Mr Burstow concluded the meeting by expanding on the matter of integration and legislation, underlining that integration was about ensuring what was best for the person, not just a systemic matter.

The APPGs' comments focused on the: need for clearer legislation for carers; growing victimisation of people with disabilities in light of disability assessments; need for integration of health and social care to address needs of those with dementia; need for joined-up, independent care for the disabled; lack of adequate housing; central government involvement in local government care provision; loss of homes due to care needs; lack of home care packages; and the need for cross-party and cross-departmental consensus.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

[PQ on local authority social care budgets](#)

Yasmin Qureshi: To ask the Secretary of State for Work and Pensions what assessment his Department has made of the effect of changes to the lower rate of disability living allowance on the social care budgets of local authorities. [93331]

Maria Miller: No such changes to disability living allowance are proposed.

Personal independence payment will replace disability living allowance for working-age (16-64) adults from 2013-14. Eligibility for local authority social care provision is determined by each individual local authority who are best placed to understand the needs of their community. Our intention is that the new benefit is more closely targeted on those who face the greatest barriers to leading full, active and independent lives.

We are still developing the assessment and published details on the entitlement thresholds and revised assessment criteria on 16 January and started a formal 15 week consultation. We are engaging with Department of Health and will continue to work closely with them, the Local Government Association and the Convention of Scottish

Local Authorities as we complete further estimates of the impact of the assessment on people receiving personal independence payment.

[PQ on UK biosciences](#)

Adam Afriyie: To ask the Secretary of State for Business, Innovation and Skills what steps he (1) plans to take to encourage growth and innovation in UK biosciences; [93478] (2) is taking to incentivise private investment in UK biosciences. [93574]

Mr Willetts: On 5 December 2010, the Prime Minister launched the 'Strategy for UK Life Sciences' which builds on many of the actions of the Growth Review. The strategy was launched alongside 'Innovation Health and Wealth—Accelerating Adoption and Diffusion in the NHS', a review of innovation in the NHS by the NHS chief executive. Together they will encourage investment, drive innovation to improve patient care; and enable the life sciences sector to grow further.

The strategy introduces a suite of fiscal measures to stimulate innovation and growth for start-ups and SMEs through to large global enterprise and includes £180 million for a new Bio-medical Catalyst Fund that will support the commercialisation of medical technologies across the research base and business. It will also incentivise early-stage investment to nurture innovative technologies from the academic and commercial sectors to attract private equity investment. We have also announced an expansion of the Smart (R&D grants), the SBRI (Small Business Research Initiative) and the extension of the SME R&D Tax Credit to 225% from April 2012 and will launch the Seed Enterprise Investment Scheme from 1 April 2012 to stimulate private investment into early stage companies.

Measures from the Strategy include:

£310 million to support the discovery, development and commercialisation of research, including £130 million for Stratified Medicine and £180 million for a Biomedical Catalyst Fund.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

Investing up to £10 million per annum, through the Technology Strategy Board, in a Cell Therapy Catapult Centre.

Investing £75 million to expand the European Bioinformatics Institute to provide a new facility for biological data-storage which will support life sciences research and its translation.

Through MHRA, working with industry and other international regulators to create a more enabling regulatory environment for the adoption of innovative manufacturing technology.

Bringing forward in spring 2012 consultation proposals for an 'Early Access Scheme'.

Empowering patients and delivering more choice with better and quicker access to innovative treatments through an enhanced web-based UK Clinical Trials Gateway and supporting patients to gain access to innovative treatments.

Opening up access to anonymised patient data in a safe and secure way.

Helping smaller high risk early stage companies by introducing this year a new Seed Enterprise Investment Scheme (SEIS) offering a 50% income tax relief on investments. To kick start the scheme, the Government will offer a capital gains tax exemption on gains realised from the disposal of an asset in 2012/13 invested in SEIS in the same year.

Introducing in 2013, an above the line R&D tax credit, to improve the visibility and certainty of R&D tax relief to attract large scale innovation in innovation. Details of how the relief will apply to Contract Research Organisations and others when routine R&D testing is subcontracted will be provided at a later date.

We will provide further details on a simpler pre-clearance system for smaller companies (such as spin-outs) making their first claim.

Links to the Strategy for Life Sciences and the NHS Chief Executives Review 'Innovation Health and Wealth—Accelerating Adoption and Diffusion in the NHS' are:

<http://www.bis.gov.uk/assets/biscore/innovation/docs/s/11-1429-strategy-for-uk-life-sciences>

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

[PQ on commercialisation of research](#)

Adam Afriyie: To ask the Secretary of State for Business, Innovation and Skills what steps he is taking to promote the transfer of innovative university research to the commercial sector. [93323]

Mr Willetts [*holding answer 6 February 2012*]: The Department of Business, Innovation and Skills (BIS) supports a range of programmes to encourage and incentivise the application and commercialisation of research generated by the UK research base. These programmes are supported both directly by BIS, and also through organisations that it funds and sponsors, such as the Higher Education Funding Council for England, the Research Councils and the Technology Strategy Board.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

The Government are committed to accelerating the commercialisation of research, following announcements in the autumn statement, and the subsequent publication of the “Innovation and Research Strategy for Growth” and the “Strategy for UK Life Sciences”.

[PQ on research and development spending](#)

Chi Onwurah: To ask the Secretary of State for Business, Innovation and Skills what assessment he has made of the UK's progress towards meeting the Innovation Union target of spending 3% of gross domestic product on research and development. [93938]

Mr Willetts: The UK has not committed to meeting the Innovation Union target of spending 3% of gross domestic product on research and development (R&D). This is in line with the Government's policy not to implement such top-down targets.

In June 2010, the European Council concluded that the Innovation Union policy priorities should be implemented according to national decision making procedures. As the UK's decision making procedure is not to have a target for R&D intensity, the decision not to commit to the Innovation Union target is consistent with the EC's conclusions.

In December, the Government published their Innovation and Research Strategy for Growth. This set out a range of measures being implemented to enable innovative businesses in the UK. These measures include increasing the level of the Small Company R&D tax credit from 200% to 225% by April this year, increasing investment for the Technology Strategy Board to expand the Small Business Research Initiative and increased funding to the Smart programme which provides grants to companies for R&D projects.

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.

UK Council on Deafness are indebted to Action on Hearing Loss and other organisations that have allowed the sharing of their internally produced information relating to policy and Parliamentary activity, with the wider membership. Any views and comments do not necessarily represent the UKCoD view. The information source should always be researched and/or contacted if you require more detailed information.

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