



MINUTES

of the

All Party Parliamentary Group on Skin Oral Evidence Session on the Regulation of Sunbeds

**Tuesday 14th January 2014 (3pm-5pm)
House of Commons, Committee Room 14**

Questioners:

Sir Paul Beresford MP (Chair)
Baroness Masham of Ilton (Vice-Chair)
Rt Hon Cheryl Gillan MP (Vice-Chair)
Baroness Finlay of Llandaff
Marina Khazova (Public Health England)

Apologies:

Pauline Latham MP
Luciana Berger MP
Virendra Sharma MP

Speakers:

Cllr. Roy Gladden (Liverpool City Council)
Megan Worrall (Liverpool Resident and Past User of Sunbeds)
Prof. Alex Elliott (COMARE)
Prof. Harry Moseley (Consultant Medical Physicist at University of Dundee and Adviser to British Association of Dermatologists)
Emma Greenwood (Cancer Research UK)
Gary Lipman (The Sunbed Association)

Other Non-Parliamentary Members Present:

Elizabeth Allen	(Skin Camouflage Association)
Barbara Kemp	(Institute of Tricologists)
Deborah Mason	(BAD)
Nina Goad	(BAD)
Charlotte Fionda	(Skcin)
Anthony Hubbard	(Skcin)
Karen Whiteford	(Dermal)
Mathew Pardo	(Public Health England)
Chit Selvarajah	(Cancer Research UK)
Dr Simon Mann	(Public Health England)
Howard May	(Howard May Consulting)
Gill Perkins	(The Sunbed Association)
Marie Meakin	(Dermatology Nurse)
Phil Carrol	(Derma UK)
Nick Evans	(Chair, APPG on Skin Advisory Group)

Minutes

The Chair welcomed everyone to the meeting, described the procedure and introduced the first speaker.

1. Cllr. Roy Gladden (Liverpool City Council)

Cllr Gladden began by explaining his responsibilities at the Council, which mainly related to social care and health. He then went on to explain the challenges Liverpool faced with regard to cancer - the city had particularly high rates of melanoma. Locally insight work had illustrated this may be exacerbated by large numbers of unprotected outdoor workers, and b) the frequent use of sunbeds in and around the area. Following the presentation of this information Cllr Gladden said he and his colleagues had put down a resolution with other Councils motioning support for an extension of current legislation on sunbeds. This included a provision that users were offered safety goggles, that they were presented with information on the safe use of sunbeds, and that staff should be fully trained to recognise and advise on different skin types. The only way to do this was to legislate (these provisions were not within their power as a Council to introduce).

Cllr Gladden said that his team had met with the Sunbed Association and his impression of the meeting was that it was constructive. He felt that they shared some common ground in relation to extending the current legislation, recognising the need for measures on goggles, education and training.

The Council also found that other councils (London and Nottingham) could take further action on sunbeds (due to local Acts of Parliament). Liverpool wanted to see an extension of the legislation to cover all of England, "It is not about a ban, because that would be silly. Its about adults themselves having a choice about what they do" in full knowledge of the facts.

With local hospitals telling them that they had experienced a 25% increase in skin cancer referrals and that they expected a rise of 40% by 2020, Liverpool was keen to take action that could help alleviate the pressure on local services and prevent further cases of cancer.

2. Prof. Alex Elliott (COMARE)

Prof. Elliott introduced himself and his role as Chair of the Government's Committee on Medical Aspects of Radiation in the Environment (COMARE) and as a Consultant Clinical Physicist at the University of Glasgow. The role of COMARE was to advise the Government on the medical effects of radiation.

In 2007, COMARE was asked by the four UK health departments to look into the safety and control of medical sunbeds. COMARE reported its findings in its 18th report in 2009. It was instrumental in the passage of, and formed the basis of, legislation in Wales and Northern Ireland.

There were three types of skin cancer associated with UV radiation: malignant melanoma, basal cell carcinoma and squamous cell carcinoma. The two latter types were more often termed as non-melanoma skin cancers, which although not life threatening like melanoma skin cancers, can still require major surgery (sometimes causing disfigurement). Apart from skin cancers there were also burns and damage to the eyes.

In sunbeds UVA was predominant but a number were increasingly using UVB and the power of them was gradually increasing to the extent that many were exceeding the strength of mid-day sun so there was a greater carcinogenic potential. Tanning salons often sold access by time rather than by any measurement of dose and so users of these sunbeds may have been unaware that new tubes could give rise to higher doses.

Prof. Elliott said that research had shown that a person's risk of developing malignant melanoma went up by 75% if sunbeds were used during the first three decades of a person's life [**this has since been corrected by CR UK to 59%** - <http://scienceblog.cancerresearchuk.org/2012/07/27/sunbeds-cause-skin-cancer-the-evidence-is-clear/>]. And 82% of sunbed users, used sunbeds before the age of 35.

He said that sunbeds were linked to the stimulation of vitamin D production however this was only a small amount and after a few sessions this had been found to taper off. In one trial 6 out of 33 individuals showed no increase in vitamin D levels. The Committee therefore recommended that vitamin D claims should not be used by the industry.

Prof. Elliott referred to the Sunbed Association which he said had a code of conduct but was limited by the fact that its membership was not complete. There remained therefore many operators that did not adhere to the Sunbed Association's code of conduct.

Moving onto international comparisons, he said that France had a particularly strong regulatory system. Introduced in 1998 and strengthened in 2008/9, there was a mandatory requirement for operators to declare their equipment to the national health authorities, there were 2 yearly inspections and annual safety reports, plus compulsory training courses. Automated equipment was prohibited, as was the use of sunbeds by under 18s.

Prof. Elliott said that there was a petition to bring England's regulatory rules in line with the other UK authorities.

One area of concern was home use. Careful consideration was needed to ensure new rules were not so tough that home use increased as a result.

He said COMARE would reiterate its recommendations that: there be a programme for mandatory regulation, registration and inspection to include a prohibition on the commercial use of sunbeds by, and sale or hire of sunbeds to, under 18s. Staff training, the use of suitable eye protection and the provision of appropriate information should be mandatory. Stronger publicity campaigns should be funded to explain the potential risks associated with sunbed use, with particular emphasis on social media used by teenagers, along with further research into the psychology of tanning and the deleterious ocular effects of UV

Finally, COMARE wished to restate its concerns over the importance of maintaining and permitting access to the excellent UK cancer registry data (internationally recognised to be world-leading) which had enabled epidemiological studies of risk.

3. Prof. Harry Moseley (British Association of Dermatologists)

Prof. Moseley started by stating that there was a very good tool for measuring the link between sunbeds and melanoma and that tool was 'meta-analysis'. He said that if you examine all the studies that have looked into sunbeds and melanoma, you find that only a small number found no link whatsoever - the vast majority found a link. The meta-analysis was not a new study but one that examined all available studies and sought to produce a weighted average. Studies involving a large number of subjects received a high scoring and a low scoring was given to studies that involved fewer subjects. The weight of evidence favoring a link between sunbeds and melanoma resulted in the WHO raising sunbeds to the highest category of carcinogenic.

He said that in Scotland, studies had shown new high power sunbeds were replacing old lower power sunbeds and that these were exceeding accepted national and international standards. This prompted his team to look at the strength of sunbed lamps in England to compare the data. This study started in the North of England, worked down into the midlands, took in six London boroughs and the South of England. Did the sunbeds comply with the standard? 9 out of 10 sunbeds produced UV levels that exceeded the standard. Some were six times as strong as the midday Mediterranean sun. There were limits but no one was enforcing them.

Another key research finding was the high prevalence of unmanned sunbeds (which is not illegal in England but is in Scotland). This was of particular concern for young people as there was nothing stopping them from accessing unmanned sunbeds.

On vitamin D, Prof. Moseley said that you could get this from sunbeds but you were using a carcinogenic agent to increase your levels of the vitamin. The literature concludes that there is a clear association between vitamin D and bone health but oral supplements were a much safer alternative.

4. Emma Greenwood (Head of Policy Development Cancer Research UK)

Emma Greenwood introduced herself and CR UK's activities, which included funding up to £350 million of research and a number of public information campaigns.

She said that it was important to reiterate the statistics. In 2010 there 12,818 new cases of melanoma in the UK and in 2011, there were over 200 deaths from malignant melanoma. In 2010, there over 10,000 cases of non-melanoma skin cancers in the UK.

As previously heard, sunbeds were classed in the highest carcinogenic risk category by the WHO. In 2010, the WHO carried out a meta-analysis of all the relevant studies that did show that sunbeds increased the risk of malignant melanoma independent of other risk factors. The risk of developing malignant melanoma was 59% higher for those that had used a sunbed before the age of 35 compared to those that had never used a sunbed.

She said CR UK did not support the use of sunbeds for topping up vitamin D levels. Oral supplements were the preferred option.

On the current legislation in England, Ms Greenwood stated that following the work of COMARE, CRUK was pleased to support the ban on under 18s. The 2010 Act did allow for further provisions to be made by Ministers in England but this had not been acted upon yet.

CR UK was currently studying the effectiveness of the under 18 ban. The results of this study would be released later in 2014. Preliminary results from Public Health England and the South West Public health Observatory had shown that the number of under 18s using sunbeds had fallen since the ban was introduced but equally under 18s were still using them in some areas (half of these reported burns and all of those who used coin-operated, unmanned sunbeds, reported burns).

CR UK wanted the Government to introduce the further provisions set out in the 2010 Act. These further regulations would include supervision of sunbeds; require prescribed health information; and, a ban on the display of all other misleading health information. England was the only UK nation that did not require supervised sunbeds and the display of health information.

To complement this, CR UK wanted more public information campaigns and a compulsory licensing system of all sunbed operators in England. Tattoo or piercing salons require licensing and registration and CR UK wanted to see the same enforcement measures brought in for sunbeds.

Ms Greenwood said that licensing would enable local authorities to keep records of sunbed businesses and would help them enforce the legislation already in place. Currently local authorities had to enter into criminal proceedings which resulted in a fine – this was time consuming and expensive.

She said that CR UK was aware that members of the Sunbed Association did comply with best practice however as others had already mentioned, the majority of operators were not members and as a result their compliance with a code of conduct could not be measured.

Furthermore, CR UK was of the opinion that licensing should be linked with compulsory training, supervision of sunbeds, the provision of safety goggles and health information. The British and European irradiance standards should also be included in this regime.

5. Gary Lipman (Chairman, The Sunbed Association)

Gary Lipman introduced himself to the APPG. He said he had 31 years experience of working within the industry. He was a British Standards Committee member and a member of the NICE Public Health Topic group on Sunlight Exposure: The Benefits and Safety.

The Sunbed Association or TSA for short was set up in 1995 as the non-profit trade body for the industry. He said their members played a huge role in ensuring safe tanning practices in fully trained and staffed salons.

He acknowledged that sunbed use was a controversial issue but one that seemed to “generate more heat than light”. He said TSA had met with CR UK and Liverpool City Council and presented scientific evidence to them which contradicted some of the media reports of late and the views expressed by some of the witnesses at the session.

With regard to the link with melanoma, Mr Lipman said that these studies were heavily reliant on the same data sources and independent analysis of this data had clarified that any increase in risk was associated with medical equipment and it was this that skewed the results. He said that when professional sunbeds were examined on their own, independently of medical equipment that used UV light, there was no evidence of an increased risk of melanoma.

He referred to two studies that he said were often ignored by the other witnesses, one being a 2006 study from the Luxembourg Institute for European and International Studies and another 2011 study from the Leeds Cancer Research Institute. Neither of these studies could prove a link between sunbeds and melanoma.

The “incessant attacks” on sunbed use were very frustrating for the industry body. Mr Lipman acknowledged the fact that TSA only represented 20% of the market but then this was in his opinion in line with most other trade bodies in other industries. It was wrong to assume that the 80% who were not members, flouted regulations.

TSA was aware of long-standing geographic hotspots of bad practice, including Liverpool. TSA was prepared to work with Liverpool City Council to help route out bad practice.

Mr Lipman then described the training courses offered to members and non-members. TSA required all members to have fully trained staff present at all times.

‘Coin-operated sunbeds’ he said was a term often used to describe unstaffed salons. However, this was incorrect. Many salons with trained staff used a token system, but it was fair to say that central booking systems were becoming the norm.

The introduction of the under-18 ban was fully supported by TSA. From their ongoing investigations they found that under-18 use was not a wide-spread issue. He said TSA worked with Validate UK to investigate and help enforce the under-18 ban and salons required ID from anyone who looked under-21. “This is not a nation-wide problem”.

He said responsible tanning operators were the majority of the industry. An area they did believe needed attention was the use of high-emission tubes. In 2010, a European standard came into effect. Since that time, there had been an inconsistent approach by local authorities. Essex and Hertfordshire County Councils had successfully implemented a system of compliance testing. The TSA was also in the process of setting up its 2nd training session for environmental health officers on the European standard and compliance testing. The first took place in 2011.

Local authorities had the tools to implement compliance testing and it was the responsibility of Government to encourage them to do so. “Any further procrastination” could only be interpreted in the TSA’s eyes as “deliberate indifference”.

Mr Lipman said that compliance testing in other European countries had worked well where regulatory bodies had worked closely with their respective trade bodies. In the Netherlands for example, the authorities and anti-cancer advocates worked hand-in-hand with their sunbed association. As a result nearly 100% of sunbed operators were compliant without the need for regulations.

Progress was being made in the UK. Compliant tube sales rose from 10% in January 2013 to 55% in December 2013.

On the issue of health information, TSA urged clarification on what kind of information was being sought under new regulations. The term ‘health information’ had to be defined properly. A balance had to be sought between positive and negative information.

There was research that confirmed no link with melanoma and there was research that showed sunbeds stimulated vitamin D production. TSA had never supported any medical claims by manufacturers.

On the issue of licensing, Mr Lipman said that TSA could not support blanket licensing. The University of Dundee research (led by Prof. Harry Moseley) was just one good reason why licensing was not practical. The majority of Scottish Councils required licensing and it did not help.

According to Mr Lipman, the majority of concerns surrounding sunbeds were driven by emotion. Statistically he said, more people burn in the sun than on sunbeds, the rest "is just theatre. If the facts are not enough to persuade our opponents, then I rather suppose nothing will".

He concluded by urging the APPG to slow the runaway train of attacks on the industry and reveal the facts about the industry.

QUESTION: Baroness Masham asked TSA for an example of 'bad practice'.

Gary Lipman said that bad practice was the 'misuse' of the product, not the 'use'. Bad practice would be a tanning salon with staff that were not trained that didn't scan peoples' skin type before use.

6. Megan Worrall (Past sunbed user from Liverpool)

Megan Worrall introduced herself and said that when she was 19 she was diagnosed with malignant melanoma. Her sunbed use started from the age of 12 (before the regulations) when she would use the last two minutes of her mothers session. Her mother used a sunbed for medical reasons. Neither thought it would be detrimental to her skin.

By the time she was 15/16 she would go to salons with her friends and would never be asked for ID. They would be proud to show their burns the next day to peers as this demonstrated that they did not get asked for ID. Usage continued until 2011.

[Baroness Finlay apologized for leaving due to parliamentary business]

Ms Worrall said that she had seen a television programme called 'Embarrassing Bodies' that demonstrated the ABCD rule for measuring the shape and appearance of moles. 5 days later, she was referred to hospital. A week after that she had surgery and was told it was malignant melanoma.

This time was, she said, hugely upsetting and disruptive to her studies. She had to have another operation around the first scar to see if the cancer had spread (it hadn't). She also had counseling.

She said she blamed herself for using sunbeds for so many years and she still felt guilty. She still had to go to hospital every three months for an examination of her moles. One recent biopsy, although fine, showed a slight change in the cells. She had had four operations since 2011. Her dermatologist said that if she hadn't of used sunbeds she probably wouldn't .

She said that she had recently got involved in the 'Look to Die For' campaign run by Liverpool City Council. A lot of people had got in touch to thank her for her participation.

QUESTION: Cheryl Gillan MP said that the sunbed association came to see her several years ago and satisfied her that they were a very good organisation that was trying to regulate the industry. What worried her though was that the regulations in England were the most lax. She therefore asked the TSA if it covered Scotland and Wales and if so, how this affected their members and what they thought of the differences in regulations.

Mr Lipman (TSA) said that TSA did cover operators in Wales and Scotland. When the Scottish regulations were being set up, TSA was actively involved in the process. They informed Ken McIntosh MP at the time of the emission standard (2010) and they suggested that Scotland include this in the regulations, but unfortunately this was not included in the end.

With regard to the differences across the UK, Mr Lipman said that the biggest effect would be to introduce a UK-wide emission standard. The issue of under-18s had been dealt with but the next big step was emission compliance testing. For this very reason the TSA was lobbying MPs and local councils to implement testing within the current regulatory framework.

QUESTION: Cheryl Gillan MP said to the BAD representatives present that she had seen the statistic on their website that states the risk of developing melanoma increases by doubles for under 35s. She asked whether the BAD was therefore in favour of a higher age limit.

Prof. Moseley (BAD) said that this probably referred to a study that measured usage in the under-35s (it cut off above 35) - so if your first use was under aged 35 you almost doubled your risk of developing melanoma.

QUESTION: Cheryl Gillan MP asked how many sunbed operators had faced prosecution.

Ms Greenwood (CR UK) said they were aware of just two prosecutions in January 2013 and July 2013.

Mr Lipman (TSA) revisited Prof. Moseley's meta-analysis which he said included medical equipment and home therapy devices "which it shouldn't have" and this skewed the results of the study. Medical equipment was associated with a 96% higher risk of skin cancer, home devices 40% and professional sunbeds if used with someone with sensitive skin was 6% and this was "relative risk rather than actual risk".

QUESTION: Cheryl Gillan MP commented that having heard Ms Worrall's case even the TSA members must agree that continued use by under-18s is something that is entirely inappropriate.

Mr Lipman (TSA) agreed and said that TSA would never support it. Their own code of conduct had an age limit of 16 before the regulations and 18 afterwards.

Prof. Moseley revisited Mr Lipman's comment about the meta-analysis carried out by the WHO. He disputed the claim that the results were skewed by medical equipment. The study did not include hospital equipment as stated by Mr Lipman. It looked at studies on professional sunbeds. He said TSA was possibly confused by the fact that a lot of sunbeds used on the high street should technically not be there. According to the standard they "are to be used for medical use only but they are not in hospitals, they are being used in the high street".

Mr Lipman (TSA) in turn disputed this statement and said that the meta-analysis was an analysis of previous research studies. He said that he didn't accept what Prof. Moseley had said if you combined all the studies and

arrived at a mean average. The TSA had an independent analysis carried out which demonstrated such claims were false and he would make this available on request to the Group.

COMMENT: Sir Paul Beresford MP (Chair) said that this was not going to be resolved in the session and participants were advised to move on.

Cllr Gladden (LCC) commented on the number of prosecutions. He said that LCC had 8 enforcement officers throughout the city and they had responsibility for alcohol, cigarettes and sunbeds. They had over 200 sunbed operators within the city, many of them hair salons. These hair salons did not have to notify the council of they installed a sunbed in their back room. The Council therefore had no idea just how many sunbeds actually existed in the city. With additional legislation, LCC would at least be able to see how many sunbeds there were.

There had been prosecutions but LCC had to give two warnings before criminal proceedings could be taken against an operator. This would only result in a £200 fine. LCC had found that TSA member salons did comply with the regulations and standards. However, the vast majority of sunbed operators in Liverpool and across the UK were not members of the association. These salons “know we can’t catch them”.

COMMENT: Anthony Hubbard (Skin) said he had 20 years experience working on the effects of UV on the skin. It was well established that there was a link between UV and melanoma. It does not matter what the source of the UV radiation is (natural from the sun or artificial from sunbeds, medical lamps, arc welders etc), the radiation causes the effect; the only way that the statement that 'there is no link between sunbeds and melanoma' is when the sunbed is turned off. Conversely, Vitamin D is generated by UVB and not UVA, so how can a UVA only sunbed stimulate Vitamin D? Such a statement reduces the credibility of TSA's argument.

[The bell sounded for a vote in the chamber – Sir Paul Beresford and Cheryl Gillan left the room for 5 minutes]

QUESTION: Baroness Masham asked if inspections are done by local authorities or by Public Health England.

Cllr Gladden (LCC) said they were done by local authorities.

QUESTION: Baroness Masham asked how often inspections were carried out.

Cllr Gladden (LCC) said LCC had 8 inspectors but they had to cover alcohol and tobacco as well. They were working round the clock evenings and weekends to check as many outlets as possible. The problem with the sunbed salons was that they did not know how many there were. Registration by the operator was not compulsory.

QUESTION: Baroness Masham said that she ran a small horse riding establishment and they were checked by the authorities at least once a year and vet inspected the health of the animals very thoroughly. It seemed to her that inspections should be just as regular for sunbed salons.

Cllr Gladden (LCC) said that inspectors could only take action if salons were in breach of the law at that particular time.

QUESTION: Baroness Masham asked whether home use was prevalent.

Cllr Gladden (LCC) said home use was a problem and something that needed looking at.

QUESTION: Baroness Masham said she was concerned about late diagnosis of cancer. She asked whether more should be done in terms of information campaigns.

Deborah Mason (BAD) said that they had held a roundtable with Baroness Finlay very recently and this focused on statistics that suggested 55% of skin cancers were presented late by the patient. Therefore more did need to be done in terms of awareness raising campaigns. That was also the focus of CR UK's efforts.

QUESTION: Baroness Masham asked Ms Worrall what she thought the best way of communicating to young people was.

Ms Worrall said that young people just weren't aware of the risks. More needed to be done to reach out to this sub-set of the population.

Cllr Gladden (LCC) referred to the local campaigns that had led to more people presenting to their doctors and subsequently to dermatologists in hospitals. He warned that resources also needed to be made available for the inevitable rise in cases as a result of these, very positive, campaigns.

QUESTION: Baroness Masham asked whether there should be more education in schools.

Cllr Gladden (LCC) was very much of the opinion that more needed to be done to reach out to school children. Their local campaign was engaging with every school in the city. They were also passing on information to parents (some of whom had been found to present salons with notes giving their 'permission' for their children to use a sunbed).

QUESTION: Marina Khazova introduced herself (Specialist Radiation Protection Scientist at Public Health England). She asked the TSA what they thought of the argument that even if a sunbed was compliant with European standards, it was the total dosage of UV that determined risk i.e. a stronger lamp with a shorter time could equal the dosage of a 'compliant' sunbed over a longer time. Perception that compliant equipment is safe, might therefore be misleading if taken in isolation without control of time spent on the sunbed.

Mr Lipman (TSA) said that dosage would be intensity multiplied by time [Ms Khazova signaled agreement]. The European regulators wanted to know what a safe dosage was, hence the production of the 0.3 standard. That has to be controlled by time. A well-trained salon would know the appropriate time and intensity according to skin type.

QUESTION: Marina Khazova (PHE) quoted from the European standard report: 'To minimise the risk of time and error which might result in sun burn, it is desirable that prescribed sunbed exposure should be no less than 10 minutes'. Ms Khazova asked the TSA what they made of this? I.e. how did this effect the importance of compliance with 0.3.

Mr Lipman (TSA) said that he was surprised when he saw that line in the report because that not what the industry would advocate. The industry knows that time should be determined by skin type.

QUESTION: Marina Khazova (PHE) asked if 0.3 standard was only relevant if time exposure was controlled.

Mr Lipman (TSA) said that all output was relevant to time. It was quite clear in the report. It even said that 0.6 would be acceptable if the time was shortened.

QUESTION: Marina Khazova (PHE) asked TSA how it proposed to deal with legacy equipment that was not 0.3 compliant. She said most of the units used in the country were stand up units/vertical cabins (approximately 67% according to Prof. Moseley's study).

Mr Lipman (TSA) said that whether sunbeds were upright or horizontal they still had to comply with the standard.

COMMENT: Marina Khazova (PHE) said that anecdotally, businesses had told them they would have to go out of business if forced to dispose of their non-compliant legacy equipment.

Mr Lipman (TSA) said such people were misinformed and they just needed to be prepared to adopt change. It made no difference whether the bed was upright or horizontal, such machines could be converted to comply with the standard.

COMMENT: Marina Khazova (PHE) guessed that the average length of a session for a compliant machine was probably 12-15 minutes.

Mr Lipman (TSA) said usually less but this was dependent on the skin type.

QUESTION: Marina Khazova (PHE) asked whether it was practical for users to stand up for over 10 minutes.

Mr Lipman (TSA) said there were many variables to take account of.

COMMENT: Marina Khazova (PHE) said 0.3 was 0.3 regardless.

Mr Lipman (TSA) agreed but said some machines were more efficient at delivering the dose.

QUESTION: Nick Evans (Advisor to the APPG on Skin) asked TSA what it thought of allowing those councils who wanted to license the powers to do so (like LCC) i.e. not blanket licensing.

Mr Lipman (TSA) said TSA believed there to be pockets of the country that required a persistent approach. He said TSA had seen some local authorities implement inspections quite successfully without the need for licensing. Similarly they had seen some local authorities license sunbed operators and ignore the basic requirements advocated by witnesses during the session.

Mr Lipman (TSA) went on to say that TSA didn't object to the principle of licensing as long as it was appropriate and justifiable. The answer however in their opinion was better education and cooperation with trading standards. It was the existing law that needed to be enforced and poor operators should be held accountable and if necessary be put out of business.

Kerry Lloyd (LCC) felt there needed to be caution in allowing optional licensing arrangements, as had potential to widen health inequalities and would need to be done on a wide geographical footprint for it to be effective.

QUESTION: Nick Evans (Advisor to the APPG on Skin) then asked if TSA would object to something that offered Liverpool a system whereby they could exert extra controls.

Mr Lipman (TSA) said that where there are pockets of trouble TSA wouldn't object at all to such measures.

Clr Gladden (LCC) challenged the use of the word 'pockets'. He said LCC had contacted over 100 local authorities to ask for information on their individual areas and they had the same kinds of problems as Liverpool. The TSA should be careful about using the term 'pocket' to describe a population of half a million.

All these councils faced the same problem where they simply could not track the number of sunbeds in use. They were powerless to institute a registry system.

COMMENT: Elizabeth Allen (British Association of Skin Camouflage) said that they saw the scars resulting from the removal of skin cancers and skin grafts for burns. They were also members of the melanoma taskforce. This year HABIA recommended the removal of sunbeds from Level 3 NVQ beauty courses. They were instead focusing on the prevention of skin cancer.

QUESTION: Baroness Masham asked whether they should do both?

Ms Allen (British Association of Skin Camouflage) said HABIA wanted to drop it from the qualifications framework so that it was no longer a popular fashionable thing to use.

Mr Lipman (TSA) said that TSA believed in education and training. He said the HABIA decision was actually a step backwards.

Ms Allen (British Association of Skin Camouflage) agreed education was key but it had to be on the prevention of skin cancers and not on encouraging it.

Sir Paul Beresford MP (Chair) asked all present to send in written form any other comments they may have as a result of, or by way of a supplement to, the oral evidence session. The APPG would then put together a draft report to be sent to all the MPs in the Group for consideration.

He thanked those present for coming and asked TSA in particular to comment on how enforcement of regulations might be improved and whether there was any way of ensuring that 100% of operators were members of an association.

**Mark Johnson
Administrative Secretary
All Party Parliamentary Group on Skin**

17th January 2014
