



PUBLIC PETITIONS COMMITTEE

AGENDA

16th Meeting, 2015 (Session 4)

Tuesday 6 October 2015

The Committee will meet at 9.30 am in the Robert Burns Room (CR1).

1. **Decision on taking business in private:** The Committee will decide whether to take items 5 and 6 in private.
2. **Consideration of a continued petition:** The Committee will consider—

[PE1517](#) by Elaine Holmes and Olive McIlroy, on behalf of the Scottish Mesh Survivors - "Hear Our Voice" campaign, on polypropylene mesh medical devices

and take evidence from—

Dr Lesley Wilkie, Chair, Independent Review of Transvaginal Mesh Implants;

Dr Rachael Wood, Consultant in Public Health Medicine, NHS Information Services Division;

Dr Phil Mackie, Lead Consultant in Public Health, Scottish Public Health Network;

and then from—

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport, and Catherine Calderwood, Chief Medical Officer, Scottish Government.

3. **Consideration of a continued petition:** The Committee will consider—

[PE1480](#) by Amanda Kopel, on behalf of the Frank Kopel Alzheimer's Awareness Campaign, on Alzheimer's and dementia awareness

and take evidence from—

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport, David Fotheringham, Head of Strategy and Delivery - Care of Older People, and Mike Liddle, Policy Manager, Integration and Reshaping Care Division, Scottish Government.

4. **Consideration of continued petitions:** The Committee will consider—

[PE1533](#) by Jeff Adamson, on behalf of Scotland Against the Care Tax, on abolition of non-residential social care charges for older and disabled people;

[PE1549](#) by Alan Clark Young on concessionary travel passes for war veterans;

[PE1554](#) by Jacq Kelly, on behalf of Leonard Cheshire Disability, on improving the provision of disabled-friendly housing;

[PE1563](#) by Doreen Goldie, on behalf of Avonbridge and Standburn Community Council, on sewage sludge spreading;

[PE1565](#) by James Dougall on whole of life sentences for violent re-offenders;

[PE1566](#) by Mary Hemphill and Ian Reid on a national service delivery model for warfarin patients;

[PE1568](#) by Catherine Hughes on funding, access and promotion of the NHS Centre for Integrative Care.

5. **Consideration of a new petition:** The Committee will consider—

[PE1543](#) by Stephen Salters on investigating parental alienation and reviewing civil legal aid.

6. **Witness expenses:** The Committee will consider a claim under the witness expenses scheme.

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The following papers are attached for this meeting—

Agenda item 2

PE1517	Note by the Clerk	PPC/S4/15/16/1
PRIVATE PAPER		PPC/S4/15/16/2 (P)

[The Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women: Interim Report](#)

Agenda item 3

PE1480	Note by the Clerk	PPC/S4/15/16/3
Scottish Government Letter of 24 June 2015		<u>PE1480/M</u>
Petitioner Email of 26 June 2015		<u>PE1480/N</u>

Agenda item 4

PE1533	Note by the Clerk	PPC/S4/15/16/4
Scottish Government Letter of 28 August 2015		<u>PE1533/N</u>
Petitioner Letter of 24 September 2015		<u>PE1533/O</u>
PE1549	Note by the Clerk	PPC/S4/15/16/5
Transport Scotland Letter of 13 August 2015		<u>PE1549/E</u>
Petitioner Letter of 23 September 2015		<u>PE1549/F</u>
PE1554	Note by the Clerk	PPC/S4/15/16/6
Scottish Government Letter of 25 August 2015		<u>PE1554/CC</u>
Petitioner Letter of 25 September 2015		<u>PE1554/DD</u>
PE1563	Note by the Clerk	PPC/S4/15/16/7
Scottish Environment Protection Agency Letter of 4 September 2015		<u>PE1563/D</u>
Petitioner Letter of 22 September 2015		<u>PE1563/E</u>
PE1565	Note by the Clerk	PPC/S4/15/16/8
Scottish Government Letter of 14 August 2015		<u>PE1565/A</u>
Petitioner Letter of 23 September 2015		<u>PE1565/B</u>
PE1566	Note by the Clerk	PPC/S4/15/16/9
Scottish Government Letter of 9 July 2015		<u>PE1566/I</u>

NHS Dumfries and Galloway Letter of 10 July 2015	PE1566/J
NHS Borders Letter of 14 July 2015	PE1566/K
NHS Fife Letter of 15 August 2015	PE1566/L
NHS Lothian Letter of 19 August 2015	PE1566/M
NHS Western Isles Letter of 20 August 2015	PE1566/N
NHS Lanarkshire Letter of 26 August 2015	PE1566/O
NHS Highland Letter of 27 August 2015	PE1566/P
NHS Grampian Letter of 27 August 2015	PE1566/Q
NHS Greater Glasgow and Clyde Letter of 27 August 2015	PE1566/R
NHS Forth Valley Letter of 27 August 2015	PE1566/S
NHS Shetland Letter of 9 September 2015	PE1566/T
NHS Orkney Letter of 25 September 2015	PE1566/U
Petitioner Letter of 25 September 2015	PE1566/V

PE1568 Note by the Clerk PPC/S4/15/16/10

NHS Lothian Letter of 25 June 2015	PE1568/D
Petitioner Letter of 8 July 2015	PE1568/E
British Homeopathic Association Letter of 15 July 2015	PE1568/F
NHS Lanarkshire Letter of 17 July 2015	PE1568/G
Scottish Government Letter of 24 July 2015	PE1568/H
NHS Highland Letter of 27 July 2015	PE1568/I
Scottish Health Council Letter of 13 August 2015	PE1568/J
NHS Lanarkshire Letter to the Scottish Health Council of 30 July 2015	PE1568/J.1
Petitioner Email of 4 September 2015	PE1568/K
Scottish Health Council Letter to NHS Lanarkshire of 5 November 2014	PE1568/K.1
Health and Social Care Alliance Scotland Letter of 8 September 2015	PE1568/L
NHS Greater Glasgow and Clyde Letter of 23 September 2015	PE1568/M
Scotland Patients Association Letter of 24 September 2015	PE1568/N
Petitioner Letter of 25 September 2015	PE1568/O

Agenda item 5

PRIVATE PAPER PPC/S4/15/16/11 (P)

Agenda item 6

PRIVATE PAPER PPC/S4/15/16/12 (P)

Public Petitions Committee**15th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1517 on Polypropylene Mesh Medical Devices****Note by the Clerk****PE1517 – Lodged 1 May 2014**

Petition by Elaine Holmes and Olive McIlroy, on behalf of the Scottish Mesh Survivors – “Hear Our Voice” campaign, Calling on the Scottish Parliament to urge the Scottish Government to:

1. Suspend use of polypropylene Transvaginal Mesh (TVM) procedures;
2. Initiate a Public Inquiry and/or comprehensive independent research to evaluate the safety of mesh devices using all evidence available, including that from across the world;
3. Introduce mandatory reporting of all adverse incidents by health professionals;
4. Set up a Scottish Transvaginal Mesh implant register with view to linking this up with national and international registers;
5. Introduce fully Informed Consent with uniformity throughout Scotland’s Health Boards; and
6. Write to the MHRA and ask that they reclassify TVM devices to heightened alert status to reflect ongoing concerns worldwide.

[Link to petition webpage](#)

Purpose

1. The Committee has invited the Chair of the Independent Review of Transvaginal Mesh Implants, Dr Lesley Wilkie, and the Cabinet Secretary for Health and Wellbeing and Sport, Shona Robison MSP, to give evidence to the Committee following the publication of the Independent Review’s report.
2. The purpose of this paper is to set out the main points of the report and highlight a separate [preliminary opinion by the European Commission’s Scientific Committee on Emerging and Newly Identified Health Risks \(SCENIHR\)](#).
3. A separate briefing outlining the main issues arising from the report is included in Members’ papers.

Independent Review of Transvaginal Mesh Implants Interim Report

4. The Independent Review of Transvaginal Mesh Implants (IR) published its interim report on [2 October 2015](#). A hard copy of the report is included in Members’ packs. In addition two annexes were published with the report, Annex A is a technical report on the use of mesh in Scotland, using routinely available health data, and Annex B comprises of tables reviewing evidence. Both annexes are available to Members from the clerks or can be accessed online at <http://www.gov.scot/Resource/0048/00486662.pdf> (Annex A) and <http://www.gov.scot/Resource/0048/00486663.pdf> (Annex B).

5. The report makes eight recommendations, which are reproduced in the Annexe to this paper. All recommendations suggest action by the Scottish Government's Expert Group on Transvaginal Meshes.

Membership and approach

6. The IR is comprised of clinicians, health professionals, Scottish Government officials and representatives of patients (i.e. the petitioners). The IR examined a number of issues and used a number of sources of information: the experiences of patients; data from NHS Scotland; a systematic review of studies and reviews undertaken on the use of mesh devices from across the world; clinicians' views; legal proceedings; and the method of reporting adverse incidents.

Interim report

7. The report is 'interim' and a final report will be produced once the SCENIHR has published its final report on the matter and the PROSPECT¹ trial has been completed. It is not known when a final report is likely to be published, however the report states that "as the main programme of work has been completed the IR has been able to draw conclusions and make recommendations".

Expert Group on Transvaginal Meshes

8. The Expert Group was established in 2013 to look at improving clinical practice and pathways of care for women who experience complications after the implant of a mesh device. The group suspended its activities during the main work of the IR and was re-formed in August 2015.

Recommendations of the IR

9. The recommendations cover a wide range of issues in relation to the use of mesh devices. In terms of the clinical approach, the IR does not recommend a ban of the use of mesh devices. It does, however, raise concerns about the use of a transobturator approach (rather than the retropubic approach) to routine surgery for stress urinary incontinence (SUI) and the use of mesh in surgery for pelvic organ prolapse (POP). These concerns are raised with the caveat that the IR is waiting for additional evidence to be published, and that there may be circumstances when these procedures are deemed appropriate. Nonetheless the IR recommends that in the meantime the Expert Group "explore further appropriate pathways to ensure the techniques chosen take the differential patient and clinical experience, as well as research evidence into account". In particular, the IR noted that the available data on adverse reactions after POP procedures using meshes is of low quality.
10. The IR makes a number of comments and recommendations on how clinicians make decisions and interact with patients, including improved and robust clinical governance, a multi-disciplinary approach, improving reporting of adverse incidents; knowledge of adverse incidents and better communication with patients. The IR specifically recommended that the appraisal and revalidation of relevant medical staff should include a requirement for evidence of multi-disciplinary working and engagement in audit and reporting of adverse events.

¹ [PROSPECT](#) (Prolapse Surgery: Pragmatic Evaluation and randomised Control Trial) is a trial being carried out by the Centre for Healthcare Randomised Trials looking at the efficacy and safety of mesh used in prolapse surgery in women.

11. The IR identifies a gap in the knowledge of the long term incidence of adverse effects following mesh surgery. In addition, the IR recommends that information gathered in Scotland on mesh procedures is improved.
12. The IR highlights the importance of informed consent and recommends that the information provided to patients is reviewed urgently.

SCENIHR preliminary opinion on mesh

13. The SCENIHR is a European Commission appointed scientific committee that provides opinions on emerging or newly-identified health and environmental risks. It published and launched a consultation on its preliminary opinion on mesh on 8 June 2015.
14. The preliminary opinion found that the clinical outcome following mesh implantation is affected by:
 - properties of the material;
 - product design;
 - overall size of the mesh used;
 - route of implantation;
 - patient characteristics;
 - associated procedures; and
 - the surgeon's experience.
15. The preliminary opinion found that the risks associated with SUI procedures is lower than the risks for POP procedures and the use of mesh for POP procedures should only be considered in exceptional cases. The preliminary report supports the continued use of mesh in SUI procedures and notes the importance of appropriately trained clinicians and the provision of detailed information to patients.
16. The preliminary report recommends the introduction of a certification system for surgeons and that training programmes be developed with European medical associations. The SCENIHR also identifies a need for studies to assess the long term safety and performance of meshes.

Action

17. The Committee is invited to consider the evidence it from the chair of the IR and the Cabinet Secretary at a future meeting.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1480 on Alzheimer's and dementia awareness****Note by the Clerk****PE1480 – Lodged 22 June 2013**

Petition by Amanda Kopel, on behalf of the Frank Kopel Alzheimer's Awareness Campaign, calling on the Scottish Parliament to urge the Scottish Government to raise awareness of the daily issues suffered by people with Alzheimer's and dementia and to ensure that free personal care is made available for all sufferers of this illness regardless of age.

[Link to petition webpage](#)

Purpose

1. This is the tenth time the Committee has considered the petition since it was lodged in June 2013. The Committee has invited the Cabinet Secretary for Health, Wellbeing and Sport to give evidence to the Committee. The purpose of this paper is to brief members in advance of the evidence session with the Cabinet Secretary and to invite members to decide what action to take on the petition.

Background

2. The petition raises two main issues for consideration. The first is awareness-raising of Alzheimer's and dementia, the second is for free personal care to be extended to all those with dementia regardless of age.

Alzheimer's disease and dementia in Scotland

3. In its latest [statistical release](#)¹ for 2015, Alzheimer's Scotland estimates that approximately 90,000 people have dementia in Scotland, of whom 3,200 are under the age of 65. Other publications² by Alzheimer's Scotland note that whilst there are many different illnesses that cause dementia, Alzheimer's disease is the most common. It estimates that 55% of those who have dementia will have Alzheimer's disease.

Free personal care

4. Free Personal and Nursing Care (FPNC) was introduced on 1 July 2002 through the Community Care and Health (Scotland) Act 2002 ("the 2002 Act") and associated regulations, and is available to everyone aged 65 and over who have been assessed by the local authority as needing it.

¹ Alzheimer Scotland (2014) [Statistics: Number of people with dementia in Scotland 2015](#). This statistical release also provides estimate by local authority area in Scotland.

² For example, Alzheimer Scotland (2003) [Alzheimer's disease](#). [Last updated October 2012].

Scottish Government Action

Raising awareness of Alzheimer's disease and dementia

5. The Scottish Government made dementia a national priority in 2007. It set a national target on improving diagnosis rates in 2008 and published an initial 3-year [National Dementia Strategy](#) in 2010. Following a period of engagement with stakeholders that began in 2012, the Scottish Government developed a [second strategy](#)³, published in 2013, which sought to build upon the first.

Free Personal Care for those aged under 65

6. The most significant review of the FPNC policy undertaken since the inception of the policy was by Lord Sutherland, who [reported](#)⁴ in April 2008. No recommendations were made to extend the policy to other care groups.

Cabinet Secretary's statement to Parliament

7. The then Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, made a statement to Parliament on Care and Caring on [8 May 2014](#). This followed the publication of the [report by the Independent Review of NHS Continuing Healthcare on 2 May 2014](#).
8. The review, which was tasked with looking at the provision of continuing care, recommended that the "principles and recommendations [of the report] should apply equally to individuals of all ages". In his statement, the Cabinet Secretary said—

"Having worked constructively with the task force's members, we will also engage with those key stakeholders to look at personal care services that are provided to people under 65 who have complex needs and to examine whether those people are receiving effective support."⁵

Committee consideration

9. The Committee considered this petition for the first time on [17 September 2013](#) and on eight other occasions since. In its letter of 19 November 2013, the Scottish Government stated that it had no plans to lower the eligibility criteria for Free Personal and Nursing Care. Since then, the Scottish Government has advised that it is considering the matter. No timescales have been provided to the Committee for when the Scottish Government's work on this issue will be completed. The Scottish Government's letter of [9 February 2015](#) states that it was still considering what further action it can take.
10. At its meeting on [26 May 2015](#), the Committee agreed to invite the Cabinet Secretary for Health, Wellbeing and Sport to give evidence to the Committee as it was experiencing some difficulty in obtaining answers to its questions on the petition.

³ Scottish Government (2013) [Scotland's National Dementia Strategy 2013-16](#)

⁴ Lord Sutherland (2008) [Independent Review of Free Personal Care in Scotland](#).

⁵ The Scottish Parliament (2014) *The Official Report*, 8 May 2014 (Col 30748)

11. Since that meeting the [Cabinet Secretary has written to the Committee](#) and provided more detail on the issues being taken into account in considering the petition. The Cabinet Secretary again expressed sympathy for the petition, but did not give a firm view on whether she supports the petition nor has she provided a timescale for those considerations to be completed.
12. The Cabinet Secretary's letter indicated that she has already given evidence to the Committee on this petition. On 27 January 2015, the Cabinet Secretary gave evidence on PE1533 (Abolition of non-residential social care charges for older and disabled people), but this is the first time she will appear and talk to this particular petition. PE1533 is being considered separately at this meeting.
13. The petitioner has written to the Committee expressing her concern at the lack of progress the petition has made. She is also concerned that she has been "strung-along" by the Scottish Government. She indicated her frustration at the length of time to wait to get an answer to from the Scottish Government on the question of free personal care for those under 65 with complex needs.

Potential issues to raise with the Cabinet Secretary

14. The Committee has not received a definitive answer as to whether the Scottish Government is supportive of, rather than sympathetic to, the proposal that people under 65 with complex needs (e.g. Alzheimer's) should receive personal care. The Committee has also asked on several occasions for the likely timescale of when the policy in this area will be determined.
15. The previous Cabinet Secretary indicated in his letter of 18 November 2014, that he had raised the issue of funding for social care at the Ministerial Group for Health and Community Care and "we are now considering, at a Ministerial level, what further work could be undertaken". A number of responses from the Scottish Government indicate that it is working with COSLA with regard to charging system for social care. On the specific issue of extending free personal care to people under 65 with complex needs, COSLA's letter of 20 April 2015 indicated that the Scottish Government had not formally discussed the issue with them.
 - The Committee may wish to ask whether the Scottish Government agrees in principle that people under the age of 65 with complex needs should receive free personal care.
 - The Committee may find it helpful to clarify with the Cabinet Secretary what work is being undertaken to explore the extension of free personal care to people under 65 with complex needs and the timescales for this work.
 - The Committee may wish to ask whether an assessment of the likely costs of an extension of free personal care to people under 65 with complex needs has taken place.

Action

16. The Committee may wish to reflect on the evidence of the Cabinet Secretary at a future meeting.
17. Alternatively, the Committee may choose to make a more substantive decision on the petition at the meeting in light of the Cabinet Secretary's evidence.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1533 on Abolition of Non-Residential Social Care Charges for Older and Disabled People****Note by the Clerk****PE1533 – Lodged 1 September 2014**

Petition by Jeff Adamson on behalf of Scotland Against the Care Tax calling on the Scottish Parliament to urge the Scottish Government to abolish all local authority charges for non-residential care services as under Part 1, Paragraph 1, Subsection (4) of the Community Care and Health (Scotland) Act 2002.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition on [9 June 2015](#). At that meeting, the Committee agreed to write to the Cabinet Secretary for Health, Wellbeing and Sport. A response has been received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Cabinet Secretary's submission of [28 August 2015](#) noted that COSLA's Charging Guidance Working Group is considering proposals to raise the threshold for non-residential social care charges. The Scottish Government aims to make an announcement about this in due course.
3. The Committee also asked the Cabinet Secretary what alternatives can be explored to advance the concerns of the petitioner if a timeframe for agreeing how to improve equity and fairness in non-residential care charging cannot be made by the COSLA Charging Guidance Working Group. The Cabinet Secretary reiterated that the Working Group is engaged on an on-going basis and it remains the most appropriate forum for considering issues related to charging for non-residential care charges.
4. The petitioner's written submission dated [24 September 2015](#) reiterated that his main concern is with the fundamental principle of charging people with disabilities for social care. In his view, this is a breach of the human rights of people with disabilities.
5. The petitioner was pleased to learn that the Scottish Government will review the minimum income threshold that applies in the financial assessment for social care. In the petitioner's view, the threshold should be £177 per week for everyone to avoid any unintended age discrimination.

6. The petitioner argues against what he considers to be the Scottish Government's piecemeal approach to social care charging. By way of illustration, the petitioner noted the Scottish Government is considering exempting carers from social care charging where a service was directly attributable to them. This would represent an investment by the Scottish Government of £30 million. In the petitioner's view, it would be more prudent to end the means test for social care, which he estimates would cost £24 million. In this regard, the petitioner asks the Committee to consider writing to the Scottish Government to ask it to reconsider its approach to funding social care.
7. The petitioner also presents figures that show the proposed rise in the income threshold represents a 12% increase over 13 years, whereas social care charges have risen 520% over the same period. The petitioner presents these figures to question the Cabinet Secretary's view that the COSLA Working Group is the most appropriate forum to consult with organisations representing the interests of people with disabilities. In the petitioner's view, this forum does not put all stakeholders on an equal footing. In this regard, the petitioner asks the Committee to consider writing to the Scottish Government to convene a round table discussion with all stakeholders.

Action

8. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To write to the Cabinet Secretary asking whether her department has calculated what it would cost to abolish social care charges for people with disabilities. The Committee may also wish to ask the Cabinet Secretary once again to convene a roundtable discussion with stakeholders;
 - (ii) Take any other action the Committee considers appropriate.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1549 on concessionary travel passes for war veterans****Note by the Clerk****PE1549 – Lodged 28 February 2015**

Petition by Alan Young calling on the Scottish Parliament to urge the Scottish Government to ensure that all war veterans that are in receipt of a War Disablement Pension can get Concessionary Travel passes.

[Link to petition webpage](#)

Purpose

1. This is the third occasion the Committee has considered this petition. The Committee last considered the petition on [9 June 2015](#), when it asked Transport Scotland to comment on whether Transport for London's criteria for its Veterans Oyster Card scheme could be replicated in Scotland's national concessionary travel scheme for older and disabled people (NCTS). Transport Scotland has responded to the Committee and the petitioner has provided his views. The Committee is invited to decide what action it wishes to take on the petition.

Background

2. The Scotland-wide NCTS was launched on 1 April 2006. This scheme operates under the provisions of the Transport (Scotland) Act 2005 and is administered and funded by Transport Scotland.
3. The scheme provides free travel on nearly all local and long distance bus services within Scotland, between Scotland and Berwick-upon-Tweed and between Scotland and Carlisle. Scottish island residents receive two free return ferry trips between their home island and the Scottish mainland every year. The scheme is open to anyone who meets certain criteria, with regard to age and disability.
4. One of the listed criteria for eligibility under the NCTS is being in receipt of a war disablement pension mobility supplement. Transport Scotland also notes that there are a number of injuries listed in the Armed Forces Compensation Scheme that automatically meet the disability criteria for NCTS.

Service personnel injuries

5. A veteran may be able to claim War Disablement Pension if he or she has been injured or disabled during a time of war as a result of service in Her Majesty's Armed Forces before 6 April 2005. The criteria for a War Pensioner Mobility Supplement require a serious impediment to an individual's capacity to walk and are set out in [Article 20 of the Naval, Military and Air Forces Etc. \(Disablement and Death\) Service Pensions Order 2006](#).

6. An individual can claim under the Armed Forces Compensation Scheme where the illness or injury was caused as a result of service on or after 6 April 2005. Unlike the War Disablement Pension, the individual does not need to have left the armed forces before claiming. Awards are made on a tariff based system, with levels graded 1-15 dependent on the degree of severity of the injury, level 1 being for the most severe injuries and Level 15 for more minor injuries.

Scottish Government Action

7. The Scottish Government conducted a [Review of the Scotland Wide Free Bus Travel Scheme for Older and Disabled People](#) in 2009, which recommended that “The Scottish Government should aim to change the eligibility criteria from 1 April 2011 to include HM service personnel and veterans under the age of 60 who were seriously injured in service and are resident in Scotland.”
8. This recommendation was implemented from 1 April 2011, adding the eligibility criteria noted in paragraph 4 of this paper to the scheme.

Scottish Parliament Action

9. Derek Mackay, Minister for Transport and Islands, [wrote to the Infrastructure and Capital Investment Committee on this matter on 19 March 2015](#). In the letter the Minister referred to this petition and outlined the eligibility criteria. The Minister stated:

“I will be following the discussions on this petition with interest but have no plans to extend the eligibility criteria for the NCTS at this time.”

Committee consideration

10. The Committee received a number of responses from stakeholders after its initial consideration of the petition. Views were split.
11. Transport Scotland and the Scottish Veterans Commissioner referred to the terms of the [Armed Forces Covenant](#) which states that the Armed Forces Community should not be disadvantaged in the provision of public services or in dealings with wider society as a result of their time in the armed forces and therefore the criteria for NCTS for those who have been severely injured in the armed forces should be treated in the same way as civilians in similar circumstances. Also Transport Scotland’s view was that treating veterans as a separate category could potentially lead to a legal challenge on disability discrimination grounds from civilians with similar disabilities.
12. PoppyScotland supports the petition and highlighted that [Transport for London \(TfL\) offer free travel on a range of public transport modes](#) for individuals that are:
 - Receiving ongoing payments under the War Pensions Scheme: this includes widows, widowers and dependants
 - Receiving Guaranteed Income Payment under the Armed Forces

Compensation Scheme: this includes widows, widowers and dependants

13. The Committee agreed to write to Transport Scotland to ask whether it will consider replicating TfL's eligibility criteria for veterans in the NCTS.
14. In its second response, Transport Scotland estimates that replicating the criteria of TfL's scheme for veterans in the NCTS (for buses only) would cost around £500,000 per year in current prices. Transport Scotland noted that local authorities may choose to provide local concessions on other modes of transport, in the same way that TfL has in London. Transport Scotland argue that the current scheme is fair for all people with disability and that it has not therefore explored the legal issues of taking the same approach as TfL.
15. The petitioner accepts that the change he seeks may not be able to be achieved until the renegotiation of the terms of the NCTS from 2017 onwards. However he is not persuaded by Transport Scotland's arguments and asks that the Committee take forward the petition and recommend to the Scottish Government that it makes changes to the NCTS.

Action

16. The Committee is invited to consider what action it wishes to take on the petition. Options include—
 - (i) To write to the Minister for Transport and the Islands recommending that he consider extending the eligibility criteria of the NCTS to match that of TfL's veterans oyster card.
 - (ii) To close the petition on the basis that the Scottish Government has set out its position and has no plans to make the changes suggested in the petition.
 - (iii) To take any other action the Committee considers appropriate.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1554 on Improve the Provision of Disabled Friendly Housing****Note by the Clerk****PE1554 – Lodged 3 March 2015**

Petition by Jacq Kelly on behalf of Leonard Cheshire Disability calling on the Scottish Parliament to urge the Scottish Government to take action to ensure that all new homes in Scotland are built to fully meet all the Lifetime Homes Standards, with at least 10 per cent of new homes built to full wheelchair accessibility standards.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition on [9 June 2015](#). At that meeting, the Committee agreed to write to the Scottish Government. The response has been received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. Following its meeting on 9 June, the Committee wrote to the Scottish Government to ask whether it considers that local authorities are provided with adequate guidance about how to assess accessible housing demand in the private, as well as the public, housing sector; whether it views the action taken by some local authorities to develop voluntary targets as a positive development; and whether it considers more could be done to promote the benefits of taking action on both of these issues.
3. The Scottish Government's submission dated [25 August 2015](#) noted that local authorities are required to produce a Local Housing Strategy, supported by an assessment of need. Where a need is identified for specialist housing provision, local authorities should address it. The Scottish Government provides guidance on consideration of specialist provision in this regard.
4. In its response dated [25 September 2015](#), the petitioner highlighted that it considers the Scottish Building Regulations do not meet two of the Lifetime Homes Standards: provision for a through floor lift; and the ability to install a tracking hoist. In its view, these are very important features for a person with disabilities.
5. Leonard Cheshire Disability clarified it is calling for a 10% target, rather than a target based on a local needs assessment, due to the number of people with disabilities and the shortfall of wheelchair accessible homes in the Scottish housing stock.

6. Leonard Cheshire Disability also disputes that setting a 10% target would be unaffordable on the basis that the lack of appropriate housing results in significant costs to the NHS.

Action

7. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To write to the Scottish Government to ask whether it would consider adding the two standards of the Lifetime Home Standards highlighted by the petitioner to the Scottish Building Regulations;
 - (ii) Take any other action the Committee considers appropriate.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1563 on sewage sludge spreading****Note by the Clerk****PE1563 – Lodged 16 April 2015**

Petition by Doreen Goldie, on behalf of Avonbridge and Standburn Community Council, calling on the Scottish Parliament to urge the Scottish Government to ban the use of sewage sludge on land and to look for alternative acceptable methods of disposal as adopted in other European countries.

[Link to petition webpage](#)

Purpose

1. This is the third time the Committee has considered this petition. The Committee last considered the petition on [23 June 2015](#) when the Committee heard from representatives from Scottish Environment Protection Agency (SEPA) and Scottish Water. The Committee agreed at that meeting to defer consideration of the petition to allow SEPA to provide some follow-up information and for the petitioners to comment. The Committee is invited to consider what action it now wishes to take on the petition.

Background

2. Sewage sludge is a by-product of the waste-water treatment process. According to the UK [Department for Environment, Food and Rural Affairs](#) treated sewage sludge - also known as 'biosolids' - has several valuable properties. It:
 - is a readily available alternative soil-building material
 - contains nutrients and valuable trace elements essential to animals and plants
 - is a more efficient and sustainable alternative to inorganic fertilisers and mineral fertilisers such as phosphate
 - provides a source of slow-release nitrogen ideal for use in land restoration
 - is a good substitute for peat in land-reclamation projects thus conserving valuable natural peatland
3. However, sewage sludge can contain heavy metals which may be harmful to humans and animals unless it is applied correctly.
4. All farmers who apply sewage sludge to land must comply with the Sludge (Use in Agriculture) Regulations 1989 (as amended). These Regulations prohibit the use of sludge from waste water (sewage) treatment works and septic tanks being spread on agricultural land unless specified requirements are fulfilled. They also specify certain activities that are not permitted on land following sludge application, until prescribed periods of time have lapsed.

5. In January this year, the Scottish Government commissioned a review of the legislation and guidance in relation to the use of sludge on land. The review has membership from SEPA, the Scottish Government and Scottish Water. The topic was also raised at Portfolio Question Time on [22 April 2015](#) when the Cabinet Secretary for Rural Affairs, Food and the Environment indicated that he hoped the review would report this summer.
6. A Members' Debate was held in the Chamber on this topic [on 3 September 2015](#). The Minister for Environment, Climate Change and Land Reform, Aileen McLeod MSP, responded to the debate and indicated that the sludge review would be reporting to ministers later that month (September 2015).

Committee Consideration

7. During the evidence session on [23 June 2015](#) SEPA and Scottish Water both indicated that they supported the continued use of sludge on land, but that additional regulatory powers are required. SEPA indicated that it would provide the Committee with additional information in writing on a number of topics.
8. SEPA provided details of the number of complaints and 'environmental incidents' in regard to sludge. Those figures show a sharp increase between 2012-13 and 2014-15. The number of inspections has also increased in that period. SEPA provided figures for the types of enforcement action it has taken since 2005-06. SEPA indicated that for the last two years it has responded to 98% of all notification of environmental events within 24 hours.
9. SEPA also provided data on how sludge use has changed over time in Scotland. The application of sludge on agricultural land has increased substantially since 2005, from 17% of the total in 2005 to 52% of the total in 2015. Between 2014 and 2015 there was an increase of 12 percentage points.
10. SEPA provided statistics for sludge use by other European countries. It is not possible to identify an overarching trend in changing sludge disposal in Europe. The figures were up to 2013 and SEPA indicated that Scotland's increase in using sludge on farmland was higher than other countries. Nonetheless several countries have a similar or higher proportion of sludge that is used on agricultural land.
11. The petitioners have provided their comments on the written and oral evidence the Committee has received. They noted the high increase in the use of sludge on agricultural land in Scotland. They also echoed concerns raised during the Committee's last meeting on confusion about local authorities' duties in respect of odour control. The petitioners noted that they had only one meeting with the Scottish Government directly. The petitioners state that they are now seeking a "comprehensive restructuring of the regulatory framework" with the public "respected and protected". The petitioners also call for a single regulator.

Action

12. The Committee is invited to consider what action it wishes to take on the petition. The Committee may wish to write to the Scottish Government to ask when the findings of the Sludge Review and the Scottish Government's response will be made public.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1565 on whole of life sentences for violent re-offenders****Note by the Clerk****PE1565 – Lodged 2 May 2015**

Petition by James Dougall calling on the Scottish Parliament to urge the Scottish Government to increase the maximum possible sentence for violent re-offenders who commit murder to be a whole of life custodial sentence.

[Link to petition webpage](#)

Purpose

1. The Committee first considered the petition on [9 June 2015](#) when it agreed to the Scottish Government asking whether the issue raised in the petition could be taken forward by the sentencing council and information relating to life sentences. A response has been received from the Scottish Government and the Committee is invited to agree what action it will now take.

Background

2. Scots law allows for a judge to set a minimum period of custody that exceeds the prisoner's life expectancy. However, the judiciary in Scotland do not currently have the power to simply impose a whole life order without specifying a determinate period of years and months. In England a whole life order can be made.
3. A conviction for murder carries with it a mandatory sentence of life imprisonment. This does not mean that all (or indeed most) convicted murderers currently spend the rest of their lives in custody. Convicted murderers have their continued detention reviewed by the Parole Board for Scotland once they have served the punishment part of the sentence. The punishment part of a life sentence, for someone convicted of murder, is the part of the total sentence which the court considers appropriate to satisfy the requirements for retribution and deterrence:
 - taking into account the seriousness of the offence(s) for which the person is convicted, any previous convictions and any sentence discount justified on the basis of a guilty plea
 - ignoring any period of confinement which may be necessary for the protection of the public
4. The punishment part is set by the court at the time of passing the sentence and is served wholly in custody; this period could be longer than the expected remaining lifetime of the prisoner. Following the end of the punishment part, a life sentence prisoner will not be released unless the Parole Board is satisfied

that continued confinement is no longer necessary for the protection of the public.

Approach in England

5. The approach in England is similar in that a conviction for murder carries a mandatory life sentence, with the court normally setting a minimum term which must be served in custody before the offender can be considered for release on licence. However, unlike the position in Scotland, the courts also have the power to impose whole life orders (without specifying a determinate period of years and months) in cases where it is considered that the possibility of release on parole should not apply.

Committee Consideration

6. The Committee considered the petition for the first time at its meeting on 9 June 2015. The Committee heard from the petitioner and agreed to write to the Scottish Government to ask whether the Scottish Government considers whether this could be a matter for the Scottish Sentencing Council. The Committee also sought statistics on life sentences and whole life sentences in England and Wales.
7. The Scottish Government confirmed that the topic of the petition could be considered by the Scottish Sentencing Council. The Scottish Sentencing Council will be established shortly and will be chaired by the Lord Justice Clerk.
8. The Scottish Government stated that 52 people were in custody in England and Wales serving whole life sentences. The response also provided data on the ages of prisoners when the punishment part of their life sentences in Scotland has or will expire.
9. The petitioner undertook some analysis of the figures provided by the Scottish Government. He notes that the punishment part of the sentence extends beyond the life expectancy for men in Scotland (76.8 years) in around 1% of cases.

Action

10. The Committee is invited to agree what action it wishes to take on this petition. The Committee may wish to write to the Lord Justice Clerk, in his role as the Chair of the Scottish Sentencing Council, drawing his attention the petition and asking that the petition be taken into account when the Council decides on its work programme.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1566 on A National Service Delivery Model for Warfarin Patients****Note by the Clerk****PE1566 – Lodged 5 May 2015**

Petition by Mary Hemphill and Ian Reid calling on the Scottish Parliament to urge the Scottish Government to implement a National Service Delivery Model to ensure that all NHS boards have the resources to assess warfarin patients who request (i.e. self-present) for self-testing and/or self-management their condition.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition on [23 June 2015](#). At that meeting, the Committee took evidence from the petitioners and agreed to write to the Scottish Government and regional NHS boards. At the time of writing, responses have not been received from NHS Tayside and NHS Ayrshire and Arran. All other responses were received and the Committee is invited to consider what action it wishes to take.

Committee Consideration

2. The Scottish Government advised in its submission of [9 July 2015](#) that the guidelines on self-testing are currently being reviewed by Healthcare Improvement Scotland. The target date for publishing this work is October 2015.
3. The Scottish Government was supportive of the petitioner's work with NHS Greater Glasgow and Clyde (NHSGGC) to develop a local framework for delivering self-testing and self-monitoring to warfarin patients. It noted it would seek to evaluate its efficacy before considering how it might be spread.
4. Following its earlier consideration of this petition, the Committee wrote to all regional NHS Boards to ask: whether they have a service delivery model already; what guidance is provided to staff on self-testing and self-management; whether self-testing and self-management is promoted; what guidance is in place for overseeing the transfer of patients from paediatric to adult care services; and how many patients self-test or self-manage their condition.

Existing Local Service Delivery Models

5. Only [NHSGGC](#) and [NHS Fife](#) already have a service delivery model to enable warfarin patients to self-test/manage. NHS Fife noted, in its experience, self-testing patients can maintain a desired high level of Time in Therapeutic Range.

6. All other NHS Boards stated they do not have a service delivery model and the decision to enable a patient to self-test/manage is for local practices.

Staff Training and Guidance

7. NHSGGC noted the senior staff who manage self-testing have all been offered study leave to attend an external training course on self-testing.
8. NHS Fife stated that one of its two primary pharmacists attended a training course for trainers for anticoagulant self-management at the University of Birmingham Primary Care Department where the UK self-management model was developed. Local guidance was then developed based on this model.
9. None of the other NHS Boards offer training or guidance for their staff on anticoagulant self-testing/management. Although, [NHS Highland](#) noted its staff can contact the Haematology Service if they need advice and [NHS Forth Valley](#) distributes standardised education and patient information leaflets.

Promoting Self-Testing and -Monitoring

10. NHSGGC noted its self-testing programme is actively promoted in posters and patient leaflets located in its anticoagulation clinics. It reports this has led to a 66% increase in adults self-testing.
11. NHS Forth Valley has also produced standardised leaflets available in primary care settings. However, it notes that self-testing is not advocated in the first instance for all patients due to issues regarding on-going maintenance of self-testing equipment. [NHS Borders](#) also expressed concern about the maintenance of home testing devices. It also noted many patients take oral anti-coagulants, which do not require self-testing/management.
12. [NHS Grampian](#) considered that the current evidence suggests it is best to restrict the use of self-testing/management to those who clearly benefit. NHS Borders and [NHS Shetland](#) do not promote self-testing. International normalised ratio (INR) testing is offered instead by clinics or general practitioners.
13. [NHS Dumfries and Galloway](#), [NHS Lothian](#), NHS Shetland and [NHS Lanarkshire](#) do not promote self-testing but did note they are making improvements to point-of-care warfarin monitoring. NHS Dumfries & Galloway is making better use of technology; NHS Lothian is re-establishing its point-of-care testing committee; and NHS Lanarkshire has appointed a lead consultant and lead nurse to its anticoagulant monitoring service. [NHS Orkney](#) advised it does not promote self-testing/management but would await the outcome of the Committee's consideration.

14. NHS Fife noted that 2012 SIGN 129 concluded that self-testing/management is not cost effective. [NHS Western Isles](#) reported its decision not to promote self-testing was influenced by the fact there is no set model and the cost of hardware. Notably, NHS Fife and NHS Highland highlighted that the recent NICE Guidance DG14 has indicated self-testing/management may be cost-effective and their policies will be reviewed shortly in light of this.

Transferring Paediatric Patients

15. NHSGGC noted it has an active warfarin self-testing programme supporting 120 children. For internal transfers, there is a standard operating procedure and the same database is available to practitioners in the adult care services. For transfers to other regions, NHSGGC refers the young adult to their local anticoagulant service provider. In this regard, NHSGGC noted "...difficulties may arise if that provider does not support self-testing!"
16. NHS Lanarkshire noted its paediatric patients are treated principally at the Royal Hospital for Sick Children (RHSC). It stated young adults who are transferred from this hospital will be given the option of either continuing with self-testing or attending the anticoagulant clinic. For those who opt to continue self-testing, the same protocol used by the RHSC will be followed.
17. NHS Forth Valley noted its paediatric patients are also monitored at the RHSC. It stated patient medication and treatment is discussed by Cardiac Liaison Nurses.
18. NHS Shetland and NHS Dumfries and Galloway, noted the incidence of paediatric warfarin patients in their care is rare and any case is managed on an individual basis. NHS Lothian, NHS Borders, NHS Grampian and NHS Fife also stated cases are managed on an individual basis.

Number of Self-Testing/Managing Patients

19. The figures reported by the NHS boards are shown in the table below. Where figures have been provided for all fields, these are listed in order of the highest percentage of self-testing/managing in the warfarin patient population to the least. Thereafter, the NHS Boards are listed in descending order in terms of the number of warfarin patients reported.

NHS Board	Warfarin Patients	Self-Testing/Self-Manage	% Self-Testing/Self-Manage
Fife	4721	60	1.3
GGC	14000	83 adults (also 120 local and visiting children)	0.6 None self-manage.
Dumfries & Galloway	2912	15	0.5
Western Isles	500	2	0.4
Lanarkshire	8574	3	0.03
Lothian	9718	Not held	Not held
Grampian	7337	Not held	Not held
Forth Valley	Circa 3050	Not held	Not held

Borders	1853	Not held	Not held
Shetland	Circa 333	None	0.0
Highland	Not held	27	Not held
Orkney	Not provided	0	0

20. The figures show that the two NHS boards which have a service delivery model also have the highest percentage of self-testing/managing patients. It is also clear that many NHS boards do not hold information centrally on this patient population.
21. The petitioners' submission of [25 September 2015](#) noted with concern that only NHSGGC and NHS Fife have a service delivery model. The petitioners are also concerned that there appears to be a lack of guidance and coherence in the referral of young adults from paediatric to adult care services. They consider this is evidence that aspects of the Scottish Government's self-management and person-centred care strategies are failing and action is needed to develop a national service delivery model.

Action

22. The Committee is invited to consider what action it wishes to take. Options include –
- (i) Write to the University of Birmingham Primary Care Department to ask when and why the UK self-management model was developed; what it involves; whether a cost-benefit analysis underpins the model; what is the estimated number of warfarin self-testing and self-managing patients in the UK; and whether it would recommend the Scottish Government take steps to ensure the UK self-management model is implemented in all Scottish NHS Boards.
 - (ii) Take any other action the Committee considers appropriate.

Public Petitions Committee**16th Meeting, 2015 (Session 4), Tuesday 6 October 2015****PE1568 on funding, access and promotion of the NHS Centre for Integrative Care****Note by the Clerk****PE1568 – Lodged 12 May 2015**

Petition by Catherine Hughes calling on the Parliament to urge the Scottish Government to ensure that Scotland-wide access to the NHS Centre of Integrative Care (NHS CIC) is restored by providing national funding for a specialist national resource for chronic conditions, to uphold NHS patient choice and cease the current postcode lottery by removing barriers to patient access and prevent institutional discrimination by helping to promote the benefits of this care pathway for patients with long-term conditions.

[Link to petition webpage](#)

Purpose

1. This is the second time the Committee has considered this petition. The Committee heard from the petitioner on [9 June 2015](#) and it agreed to seek view from a number of organisations. Responses have been received from those organisations as well as a number of unsolicited submissions.

Background

2. The NHS Centre for Integrative Care (CIC) is located at Gartnavel Hospital in Glasgow and is operated by NHS Greater Glasgow and Clyde. The CIC combines conventional treatments with other holistic approaches such as homoeopathy, acupuncture, counselling and dietary advice. Most patients referred to the CIC are experiencing chronic pain, chronic low energy, and/or chronic low mood or anxiety. However, any patient with a long-term condition may be referred.
3. One of the services of the CIC is the provision of inpatient homoeopathic beds. The CIC is the successor of the Homoeopathic Hospital in Glasgow which has been a part of the NHS in Glasgow since the NHS was founded in 1948. The inpatient service is the only one of its kind in the UK and the centre takes referrals from all over Scotland.

What has prompted the petition?

4. Three NHS boards in Scotland have appeared to have taken the decision to stop funding homoeopathy altogether, including referrals to the CIC in Glasgow. These boards are NHS Highland, NHS Lanarkshire and NHS Lothian.

National Services

5. Scotland already has some national services which are commissioned by the National Services Division (NSD) of the NHS. The NSD [website](#) explains that national commissioning is reserved for very specialist services where local or even regional commissioning is not appropriate. Such services are generally those concerned with the diagnosis and/or treatment of rare conditions.
6. Applications to become a nationally commissioned service are considered by the National Specialist Services Committee. The NSD website outlines [the process for applying](#) and details that applications can be made by:
 - Clinicians and/or hospitals with the backing of their NHS board
 - NHS boards
 - Regional planning groups
 - National groups

Scottish Government Action

7. The previous Cabinet Secretary for Health and Wellbeing, Alex Neil MSP, was quoted at a public meeting as saying:

"Anyone who is worried about the [CIC] closing, there is no prospect of us allowing that centre to close."¹
8. At another meeting, the then Cabinet Secretary was reported to have suggested that the new national chronic pain centre could be located at the CIC². Since then, the Scottish Government has announced³ that the national centre for chronic pain will be sited at Gartnavel Hospital but the exact location has not yet been decided and it is unclear what links, if any, it will have with the CIC.

Scottish Parliament Action

9. On [4 March 2015](#) Claudia Beamish MSP asked the Minister for Public Health, Maureen Watt, about the CIC and its funding arrangements. The minister said, "there are no plans to close the CIC, which we see as having a role for patients across Scotland" and that "the Scottish Government, NHS boards, patients and the public already recognise the CIC as a national resource".
10. A number of written questions⁴ have been asked on the consultation process undertaken by health boards when decisions are made to stop referring patients to the CIC, and they made particular reference to NHS Lanarkshire; the Scottish Government's position is that the decision was a matter for the board. There has also been a motion⁵ relating to the CIC which focuses on the process whereby

¹ The Herald (19 November 2013) [Minister vows to protect homeopathic hospital's future](#).

² BBC News (17 Feb 2014) [Glasgow homeopathic hospital tipped to be pain centre](#).

³ Scottish Government (23 June 2014) [National service for chronic pain](#).

⁴ [S4W-24877](#) by Jim Hume MSP and [S4W-24722](#) & [S4W-24721](#) by Elaine Smith MSP

⁵ [S4M-13084](#) lodged by Elaine Smith MSP

NHS boards' proposed changes to service are determined to be 'major', and therefore would require ministerial approval.

Committee consideration

11. The Committee considered the petition for the first time at its meeting on [9 June 2015](#). The petitioner at the time argued for national funding to ensure the hospital's future and to open up its services to patients across Scotland. She also suggested that the services provided by the CIC and the benefits of those treatments are not known by GPs and patients. The Committee agreed to write to a number of stakeholders seeking views on the petition and with specific questions about the decisions of those boards that no longer refer patients to the CIC.
12. The Committee has received a number of submissions which have in part focused on the efficacy of homeopathy. There are divergent views on this question. NHS Highland and NHS Lanarkshire cite a lack of evidence for the effectiveness of homeopathy (among other treatments) as the reason behind ceasing new referrals. NHS Lothian states that while it has ceased its own homeopathy services, patients can access the CIC should there be clinical reasons for doing so, although the petitioner claims that patients find it very difficult to obtain a referral. The British Homeopathic Association states that many patients' quality of life improves after being treated at the CIC.
13. Both the Scottish Government and NHS Greater Glasgow and Clyde indicate that the future of the CIC is not in jeopardy. NHS Greater Glasgow and Clyde provided the Committee with figures of the number of patients the CIC treats and from what NHS board the patients have been referred from. Since 2011/12, NHS Lanarkshire has consistently been the second highest referring board. The petitioner argues that the information provided falls short of what [was requested](#) by the Committee.
14. The Scottish Health Council outlined its role in the decision of NHS Lanarkshire to stop new referrals to the CIC. It also stated that the decision on whether a board's change to a service is classed as 'major' is for the Scottish Government. If a service change is considered 'major' it requires greater consultation and approval from Scottish Ministers.
15. The Scottish Government stated that it recognises that complementary and alternative medicines "may offer relief to some people suffering from a wide variety of conditions". However, the Scottish Government states that it is for the NHS boards to decide which complementary and alternative medicines and therapies to make available to their patients "in line with national guidance". The Scottish Government indicated that it had offered to work with NHS Greater Glasgow and Clyde to explore how it can assist in raising awareness of the services provided by the CIC.
16. The Scottish Government indicated that it is not usual practice to designate a hospital as a national resource. The Scottish Government highlighted that some

highly specialised clinical services can be designated a national service through the National Specialist Service Committee, as noted in paragraph 6 of this paper.

17. The petitioner is dissatisfied with the responses the Committee has received from the health boards and asks that the Committee invites the heads of those boards to come before the Committee.

Action

18. The Committee is invited to agree what action it wishes to take on this petition.
19. In the context of the Scottish Government supporting the use of complementary and alternative therapies/medicine in the NHS, the Committee may wish to explore further with the Scottish Government the following points regarding patients' access to the CIC:
 - How the Scottish Government's policy reflects the Minister for Public Health's statement that the CIC is recognised as a national resource
 - Whether the reference in the Government's letter of 24 July to national guidance is to a specific publication(s), whether any guidance reflects the Scottish Government's views on of complementary and alternative therapies/medicine and, if not, whether there are any plans to amend the guidance to do so
 - Given that the Scottish Health Council letter states that the decision on whether a board's decision is classed as 'major' is for the Government clarification of the process for classing a service change as 'major' works and what input the Government has had in relation to the decisions of NHS Highland and Lanarkshire to cease referring patients to the CIC.
20. The Committee may also wish to seek an update on the Scottish Government's offer to NHS Glasgow and Greater Clyde to assist with promoting the CIC.