



PUBLIC PETITIONS COMMITTEE

AGENDA

2nd Meeting, 2016 (Session 4)

Tuesday 26 January 2016

The Committee will meet at 10.00 am in the Robert Burns Room (CR1).

1. **Consideration of new petitions:** The Committee will consider—

[PE1595](#) by Alexander Taylor on a moratorium on shared space schemes

and take evidence from—

Alexander Taylor;

Margaret Hutchison;

and will then consider—

[PE1596](#) by Paul Anderson, James McDermott and Chris Daly on the In Care Survivors Service Scotland

and take evidence from—

Paul Anderson;

Chris Daly;

and will then consider—

[PE1597](#) by Bill Welsh on Mycoplasma Fermentans in regressive autism

and take evidence from—

Bill Welsh;

and will then consider—

[PE1599](#) by Richard Morris on adult consensual incest (ACI).

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

[PE1412](#) by Bill McDowell on bonds of caution;

[PE1431](#) by Nick Riddiford, on behalf of the Fair Isle Community, on a marine protected area for Fair Isle;

[PE1477](#) by Jamie Rae, on behalf of the Throat Cancer Foundation, on a gender neutral Human Papillomavirus vaccination;

[PE1493](#) by Peter John Gordon on a Sunshine Act for Scotland;

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

[PE1575](#) by Alex Scott MBE on accessible rail travel;

[PE1578](#) by Martin Keatings on a Forth Circle rail link;

[PE1581](#) by Duncan Wright, on behalf of Save Scotland's School Libraries, on saving Scotland's school libraries;

[PE1582](#) by Karen Harvey on compulsory pet insurance.

Catherine Fergusson
Clerk to the Public Petitions Committee
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The following papers are attached for this meeting—

Agenda item 1

PE1595	Note by the Clerk	PPC/S4/16/2/1
Mark Tilsley Email of 22 December 2015		PE1595/A
Brian Ashcroft Email of 22 December 2015		PE1595/B
East Sussex Association of Blind and Partially Sighted People Email of 22 December 2015		PE1595/C
Lord Holmes of Richmond Email of 23 December 2015		PE1595/D
Vaughan Rees Email of 23 December 2015		PE1595/E
Rona Mackay Email of 30 December 2015		PE1595/F
National Federation of the Blind UK Email of 31 December 2015		PE1595/G
Elizabeth Anne Frith Email of 1 January 2016		PE1595/H
Leicester Disabled People's Access Group Email of 3 January 2016		PE1595/I
Jamie Cuthbertson Letter of 4 January 2016		PE1595/J
Deafblind Scotland Letter of 5 January 2016		PE1595/K
Harry Monroe Email of 5 January 2016		PE1595/L
Elaine Topping Email of 5 January 2016		PE1595/M
Andrew Taylor Email of 5 January 2016		PE1595/N
Thomas Taylor Email of 6 January 2016		PE1595/O
Hazel Macfarlane Email of 6 January 2016		PE1595/P
Sean Howes Email of 7 January 2016		PE1595/Q
Andrew MacAulay Email of 10 January 2016		PE1595/R
Charlotte Bennie Letter of 9 January 2016		PE1595/S
Barbara Walker Email of 12 January 2016		PE1595/T
Mary Neill Email of 13 January 2016		PE1595/U
Ann Armstrong and Nancy Grant Email of 13 January 2016		PE1595/V
Joan and James Thomson Email of 13 January 2016		PE1595/W
Stuart MacMillan Letter of 14 January 2016		PE1595/X
Vivienne and Eric Parry Email of 18 January 2016		PE1595/Y
Guide Dogs for the Blind Association Email of 18 January 2016		PE1595/Z
Anne Rigby Email of 18 January 2016		PE1595/AA
Margaret Hutchison Letter of 11 January 2016		PE1595/BB
Sheila Foster Email of 18 January 2016		PE1595/CC
Margaret Howie Email of 18 January 2016		PE1595/DD
Charlotte Nickson Letter of 19 January 2016		PE1595/EE
William Waddell Letter of 11 January 2016		PE1595/FF
Joan Lord Email of 19 January 2016		PE1595/GG
Inclusion Scotland Letter of 19 January 2016		PE1595/HH
Luncarty, Redgorton and Moneydie Community Council Letter of 19 January 2016		PE1595/II
Mike Nixon Email of 20 January 2016		PE1595/JJ
Ken Miles Email of 20 January 2016		PE1595/KK
Douglas Gilroy Email of 20 January 2016		PE1595/LL
Gillian Taggart Email of 20 January 2016		PE1595/MM
Kinross-shire Civic Trust Email of 20 January 2016		PE1595/NN

Eileen Thomas Email of 20 January 2016		PE1595/OO
Catherine Orr Email of 18 January 2016		PE1595/PP
National Federation of the Blind UK (Leeds & District Branch) Email of 16 January 2016		PE1595/QQ
John McLelland Email of 14 January 2016		PE1595/RR
Katja Leyendecker Email of 5 January 2016		PE1595/SS
Royal National Institute of Blind People Scotland Email of 21 January 2016		PE1595/TT
PE1596	Note by the Clerk	PPC/S4/16/2/2
PE1597	Note by the Clerk	PPC/S4/16/2/3
PE1599	Note by the Clerk	PPC/S4/16/2/4
Agenda item 2		
PE1412	Note by the Clerk	PPC/S4/16/2/5
PE1431	Note by the Clerk	PPC/S4/16/2/6
Marine Scotland Letter of 10 December 2015		PE1431/M
Petitioner Email of 16 December 2015		PE1431/N
PE1477	Note by the Clerk	PPC/S4/16/2/7 (REV)
Petitioner Letter of 18 January 2016		PE1477/J
PE1493	Note by the Clerk	PPC/S4/16/2/8
Petitioner Letter of 20 November 2015		PE1493/BB
Petitioner Letter of 2 December 2015		PE1493/CC
Scottish Government Letter of 18 December 2015		PE1493/DD
SIGN Letter of 19 January 2016		PE1493/EE
PE1517	Note by the Clerk	PPC/S4/16/2/9
Petitioner Letter of 7 October 2015		PE1517/CC
Scottish Government Letter of 9 December 2015		PE1517/DD
PE1575	Note by the Clerk	PPC/S4/16/2/10
Angel Trains Letter of 1 December 2015		PE1575/A
Transport Scotland Letter of 15 December 2015		PE1575/B
Scottish Accessible Transport Alliance Letter of 16 December 2015		PE1575/C
ScotRail Letter of 21 December 2015		PE1575/D
PE1578	Note by the Clerk	PPC/S4/16/2/11
Transport Scotland Letter of 9 December 2015		PE1578/A

SESTRAN Letter of 21 December 2015
ScotRail Letter of 23 December 2015
Fife Council Letter of 28 December 2015
Stirling Council Email of 22 December 2015

[PE1578/B](#)
[PE1578/C](#)
[PE1578/D](#)
[PE1578/E](#)

PE1581 Note by the Clerk

PPC/S4/16/2/12

Professor Dorothy Williams Email of 3 December 2015
UNISON Scotland Letter of 15 December 2015
Scottish Youth Parliament Letter of 15 December 2015
Scottish Government Letter of 18 December 2015
Scottish Parent Teacher Council
Letter of 18 December 2015
Scottish Book Trust Letter of 22 December 2015
EIS Letter of 22 December 2015
Society of Authors Scotland Letter of 22 December 2015
Literature Alliance Scotland Letter of 19 December 2015
School Library Association Letter of 15 January 2016
Petitioner Letter of 19 January 2016
Anne De'Ath Letter of 19 January 2016

[PE1581/A](#)
[PE1581/B](#)
[PE1581/C](#)
[PE1581/D](#)
[PE1581/E](#)
[PE1581/F](#)
[PE1581/G](#)
[PE1581/H](#)
[PE1581/I](#)
[PE1581/J](#)
[PE1581/K](#)
[PE1581/L](#)

PE1582 Note by the Clerk

PPC/S4/16/2/13

Scottish SPCA Letter of 11 December 2015
Scottish Government Letter of 16 December 2015
Dogs Trust Letter of 22 December 2015
British Veterinary Association Letter of 6 January 2016
Association of British Insurers Letter of 17 December 2015
Petitioner Letter of 18 January 2016

[PE1582/A](#)
[PE1582/B](#)
[PE1582/C](#)
[PE1582/D](#)
[PE1582/E](#)
[PE1582/F](#)

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1595: Moratorium on shared space schemes****Note by the Clerk****PE1595 – Lodged 18 December 2015**

Calling on the Scottish Parliament to urge the Scottish Government to place a moratorium on all shared space schemes until safety concerns have been addressed.

[Link to petition webpage](#)

Purpose

1. This is a new petition that was lodged on 18 December 2015 without being open to collect signatures or comments. However, the petitioner has collected over 3000 hard copy signatures and the Committee has received 46 submissions in support of the petition.
2. The petition stems from the petitioners experience and concerns about a proposed shared space scheme in Kirkintilloch. A number of the submissions that the Committee has received on the petition refer specifically to this scheme and a desire to see that the proposal is not progressed by East Dunbartonshire Council. Other submissions highlight experiences and impacts in places where shared space schemes have already been introduced.
3. The petitioner has been invited to speak to the petition and the Committee invited to consider what action it wishes to take. The petitioner has also provided a copy of an [additional guidance note](#) produced by the National Federation of the Blind of the UK for local authorities “to assist the creation of streetscapes which are fully accessible to blind people as required by the Public Sector Equality Duty.” A hard copy of this guidance note is included with members papers.

Background – taken from the SPICe briefing

4. Shared space is an urban design concept that is defined in the Scottish Government’s Designing Streets policy statement as “...a street or place accessible to both pedestrians and vehicles that is designed to enable pedestrians to move more freely by reducing traffic management features that tend to encourage users of vehicles to assume priority.”
5. It is worth noting that this is not a Scottish concept, also featuring in the UK Department for Transport’s Manual for Streets. The idea of shared space is generally acknowledged as originating in The Netherlands as part of the woonerf (living street/recreation area) concept developed during the 1970’s. It is important to note that Dutch traffic law differs from that in the UK so that

Dutch pedestrians can use the full width of a road in a woonerf and cars are restricted to walking speed.

6. Designing Streets is the Scottish Government's key planning policy document on street design. Its policies are used by planning authorities in the drafting of regional and local development plans. They can also be a material consideration in deciding whether to grant or refuse planning permissions for relevant developments.

7. Designing Streets includes a section entitled "Ensuring Inclusive Design", which states:

"Shared Space, and level surfaces in particular, can cause problems for some disabled people. The absence of a conventional kerb in level surfaces can pose problems for some blind or partially-sighted people, who often rely on this feature to find their way around. The lack of visual cues may also pose problems for pedestrians with cognitive difficulties. It is therefore important that level surface schemes include an alternative means by which visually-impaired people can navigate. Such elements can be designed in collaboration with local people, including representatives from local disability groups and access panels. Disability groups should also be invited to provide input throughout the Quality Audit stages. Quality Audits are explained in more detail in Part 3 How to achieve better outcomes. Any design solution should be informed by local context and the local community."

8. More detail on the design of shared spaces, principally aimed at highway engineers and urban designers, is set out in the UK Department for Transport Local Transport Note 1/11: Shared Space.
9. The interpretation and application of the policies set out in Designing Streets and associated UK guidance is a matter for individual planning authorities when drafting development plans or deciding on applications for planning permission.
10. The UK Government commissioned transport consultancy MVA to undertake a study into the impact of shared spaces on disabled people, which reported in October 2010. Amongst its conclusions is the following:

"Among disabled people, visually impaired participants appeared to be the most uncertain in their navigation of streets and tended to have needs and desires that were often different from those with other disabilities. For example, when answering trade-off questions they were more likely to say they would prefer texture defined pavement and road to colour defined pavement and road, whereas mobility impaired and deaf/hard of hearing participants were more likely to say they would prefer colour defined pavement and road. An equal number of those with learning difficulties preferred either option.

The issue of whether shared space areas should be designed with a level surface or not is clearly key. It is already known and apparent from these research findings, that visually impaired people feel more at ease when there is a kerb and mobility impaired pedestrians find it physically easier when there is

none. However, the research suggests, it should be possible to reach workable compromises in street design.”

Scottish Parliament Action

11. In response to an oral from Fiona McLeod MSP in December 2015, the Cabinet Secretary for Social Justice, Communities and Pensioners’ Rights stated—
“In general, shared-space schemes can be appropriate in some settings to put people and place before the movement of motor vehicles, but the decision is very much one for local decision making and local authorities on a case-by-case basis. It is clear that the forum’s members and people like them should be given every opportunity to ensure that the space allocation in their community is absolutely adequate to their needs.”
12. Supplementary to this response, Dennis Robertson MSP asked about a concern “that people with significant visual impairments, dementia and mobility problems cannot orientate themselves through shared spaces because there are no significant landmarks?”
13. The Cabinet Secretary responded that he is “very aware of the problem. Indeed, this morning, I launched the new official place standard tool, which will help local authorities and others to address some of these issues. The point that Dennis Robertson has raised is valid, and every planning authority – indeed, every department of every authority, including central Government – should take full account of it.”

Scottish Government Action

14. The Scottish Government has not reviewed the policies set out in Designing Streets since its publication in March 2010.

Action

15. The Committee is invited to consider what actions it wishes to take. Options include—
 - (i) Writing to the Scottish Government, Heads of Planning Scotland, and the Royal Town Planning Institute for Scotland seeking their views on the action called for in the petition, whether they consider planning policies and guidance on shared space schemes take account of the needs of visually impaired people;
 - (ii) Writing to MACS to ask for its view on the action called for in the petition and whether it would undertake an analysis of the impact of shared space in Scotland;
 - (iii) Any other action the Committee wishes to take.

**Catherine Fergusson
Clerk to the Committee**

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1596: In Care Survivors Service Scotland****Note by the Clerk****PE1596 – Lodged 13 January 2016**

Calling on the Scottish Parliament to urge the Scottish Government to retain our essential, dedicated In Care Survivor Service Scotland in its current form.

[Link to petition webpage](#)

Purpose

1. This is a new petition that was lodged on 13 January 2016. The petition was open for signatures for only three weeks to ensure that it was lodged in time to be discussed at this meeting. During that time, the petition collected 185 signatures and attracted 19 comments.
2. The comments were entirely supportive of the petition. Several comments were from service users of the In Care Survivor Service Scotland (ICSSS) and those individuals were supportive of the service continuing in its current form.
3. The Committee will hear from the petitioners at this meeting who will speak to their petition. The Committee will then be asked to consider what action to take on the petition.

Background

4. Members have been provided a separate SPICE briefing with their papers that sets out background to how and why the ICSSS was set up and the proposed new model for providing services to in care survivors.
5. ICSSS provides a number of services, including counselling, advocacy, informal support, group support and access to records. ICSSS is led by a charity, Open Secret. The petitioners highlight the personal nature of the service, that one person covers all of these roles, as being especially important in helping survivors to build trust.
6. The new model proposed by the Scottish Government is expanded and is based on a broker model, the SPICE briefing outlines the process:

“The new delivery model aims to provide a consistent service for survivors throughout Scotland. The model includes that the initial contact for an individual is made with a communication support worker (not a counsellor) who determines the survivor’s eligibility, provides information about the service and registers them. This support worker will then offer an appointment for a conversation with a personal outcome support co-ordinator trained in personal outcomes approaches. The support co-ordinator will then work with the survivor

to identify their needs, establish personal outcomes and to create a care, treatment and support plan. They will further work with the survivor to broker or commission services to meet these needs.”

7. The petitioners are critical of the proposed model and in particular that the service will move away from a personal service. The petitioners also have concerns that other providers, such as the NHS, will not be able to provide the specialist services for survivors to the standard of the current ICSSS. The petitioners sum up their view in the background section of their petition, saying: “The current model is the model that survivors trust. For some service users it has taken years to develop that trust. A change in service has a potential to cause harm.”
8. In opposition to the Scottish Government plans, the petitioners gathered support for the current service from a number of parties, including several local authorities, Police Scotland, [Celcis](#), and the Scottish Human Rights Commissioner (SHRC).
9. The petitioners provided the Convener a pack with copies of these letters along with a number of other documents, including a report from Napier University that praised the current service and [feedback from users of the service in focus groups](#), which again was very positive. The pack is available to Members on request.

Action

10. The Committee is invited to consider what actions it wishes to take. Options include—
 - (i) Write to the Scottish Government, Open Secret, Scottish Human Rights Commissioner, and Celcis seeking their views on the petition.
 - (ii) Take any other action the Committee considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1597: Mycoplasma Fermentans in Regressive Autism****Note by the Clerk****PE1597 – Lodged 8 January 2016**

Calling on the Scottish Parliament to urge the Scottish Government to commission a properly conducted controlled study (which recognises the intracellular nature of the pathogen) into the presence and role of Mycoplasma Fermentans in regressive autism.

[Link to petition webpage](#)

Purpose

1. This is a new petition that was lodged on 8 January 2016. The petition was not open for signatures and was lodged directly. The Committee will hear from the petitioner and the Committee will be asked to consider what action to take on the petition.

Background

2. The Committee has been provided with a SPICe briefing on the petition separately with Members' papers.
3. The petition refers to a paper by the petitioner, [*Mycoplasma Fermentans and Deciliation as a Precursor to Regressive Autism*](#), published in the Swift Journal of Medicine and Medical Sciences (SJMMS). The paper proposes that the bacteria Mycoplasma Fermentans could possibly be a potential causal factor for autism, and that vaccination (primarily the MMR vaccine) is one likely conduit for how the bacteria comes to be in children.
4. The petitioner's paper references concerns about contamination that can arise during the process of manufacturing vaccines and the presence of Mycoplasma bacteria in those vaccines. The paper states that a "search of the literature on veterinary vaccines reveals the serious concern that Mycoplasmas have generated over many years which may highlight poor 'quality control' and a lack of sufficient care in the manufacturing process." The Committee may wish to explore with the petitioner the relationship between issues with the production with veterinary vaccines and current vaccines for humans.
5. The SPICe briefing notes that the petitioner argues that one possible reason for this "autism epidemic" is vaccination and in particular the MMR vaccine. Other organisations such as the National Autistic Society have cited sources which suggest the increasing prevalence of autism is likely to be because of broadening diagnostic criteria, diagnostic switching, service availability and awareness of Autism Spectrum Disorder among professionals and the public.

Scottish Government Funded Health Research (taken from the SPICe briefing)

6. The Chief Scientist's Office (CSO) sits within the Scottish Government Health Directorates. The CSO's vision "is to support and increase the level of high-quality health research conducted in Scotland"¹ The role is not to be confused with the Office of the Chief Scientific Adviser for Scotland which supports the work of the Chief Scientific Adviser for Scotland whose role is to provide strong leadership on science in the Scottish Government.²
7. The CSO does not invite tenders for specific research proposals; instead it invites bids for funding through what is known as the [Researcher Initiated Grant Schemes](#). The CSO then provides the funding to those whose research proposals are successful. To be eligible for funding from the Research Initiated Grant Schemes, the Chief Investigator (the person who takes overall responsibility for the design, conduct and reporting of a study) "must be a permanent salaried member of staff at a Scottish Higher Education Institution or NHS Board, or have a contract with a Scottish HEI or NHS Board that extends at least 2 years beyond the expected end-date of any submitted proposal".
8. Within the Researcher Initiated Grant Schemes, the Chief Scientists Office runs [two response mode funding committees](#) which consider the applications for research funding. These are the Translational Clinical Studies Research Committee and the Health Improvement, Protection and Services Research Committee. These Committees meet twice a year and proposals are subject to an external peer review process.
9. The CSO also operates within the wider landscape of UK health research funding and contributes to a [National Institutes for Health Research](#) (NIHR) total funding pool in excess of £100m annually. This allows Scottish-based researchers to apply for the majority of the research programmes administered by the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC). It is open for anybody to submit an application to the NIHR.

Action

10. The Committee is invited to consider what actions it wishes to take. Options include—
 - (i) Write to Chief Scientist Office to ask for its views on the petition.
 - (ii) Take any other action the Committee considers appropriate.

¹ <http://www.cso.scot.nhs.uk/>

² <http://www.gov.scot/About/People/Directorates/ChiefScientificAdvisor>

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1599: Adult Consensual Incest (ACI)****Note by the Clerk****PE1599 – Lodged 20 January 2016**

Calling on the Scottish Parliament to urge the Scottish Government to amend the law against incest so that it is not applicable in the cases where participants are both consenting adults over the age of 21. In addition, for those who have been convicted in such circumstances to have both the custodial and non-custodial elements of their sentences reviewed with a view to being quashed in light of any change to the law.

[Link to petition webpage](#)

Purpose

1. This is a new petition that was lodged on 20 January 2016. The petition was not open for signatures and was lodged directly. The Committee will not hear from the petitioner and the Committee will be asked to consider what action to take on the petition.

Background – taken from the SPICe briefing

2. The Committee has been provided with a SPICe briefing on the petition separately with Members' papers.

The current law

3. The Criminal Law (Consolidation) (Scotland) Act 1995 (as amended) ('the 1995 Act') is the main piece of legislation which regulates the law of incest in Scotland. Section 1(1) of the 1995 Act provides that sexual intercourse with certain blood relatives constitutes incest.¹ For men the list of relatives is as follows: mother, daughter, grandmother, granddaughter, sister, aunt, niece, great grandmother and great granddaughter. For women there is a parallel list.² In addition, sexual intercourse with an adoptive parent or former adoptive parent, or adopted child or former adoptive child, is incest (1995 Act, section 1(1)).
4. The 1995 Act sets out three recognised defences to a charge. These are:

¹ Section 1 of the 1995 Act is a consolidation version of section 2A of the Sexual Offences (Scotland) Act 1976, as inserted by the Incest and Related Offences (Scotland) Act 1986. Prior to the 1986 Act the law of incest was based on the Incest Act 1567 which incorporated into Scots criminal law chapter 18 of the Book of Leviticus, using the version of the text of the Geneva Bible of 1562 (*HM Advocate v RM* 1969 JC 52). Note that, despite the provisions of the 1995 Act, the 1986 Act was not repealed until 2011, via para 15, schedule 7 of the Criminal Justice and Licensing (Scotland) Act 2010 (asp 13).

² Section 1(1) applies whether the relationship is one of half blood or full blood (1995 Act, section 1(2)(a)). It also applies even where the relationship can be traced through or to any person whose parents are not, or have not been, married to each other (1995 Act, section 1(2)(b)).

- the accused did not know or had no reason to suspect the person with whom he or she had sexual intercourse was related to the degree specified in section 1
 - the accused did not consent to sexual intercourse or sexual intercourse with that person
 - the accused and the person in question were married at the time the sexual intercourse took place, by a marriage which took place outside Scotland and which is recognised as valid in Scots law
5. The offence of incest is tied specifically to “sexual intercourse”, a phrase long-recognised as meaning penile-vaginal intercourse.³ Accordingly the offence is not applicable to sexual activity between members of the same sex or indeed other sexual activity between a male and female not falling within that definition.
 6. Under section 2 of the 1995 Act it is also an offence for a step-parent, or a former step-parent, to have sexual intercourse with a step-child, or former step-child in certain circumstances. Again, there are defences to the charge which may apply.
 7. Sections 42-45 of the Sexual Offences (Scotland) Act 2009 (“the 2009 Act”) contains a separate offence of sexual abuse of trust, which is broader in scope than the offences discussed so far, in terms of the type of sexual activity covered, but the offence is directed at sexual activity with under 18s.⁴

The Sex Offenders Register

8. Anyone who has been convicted of a sexual offence which is listed within Schedule 3 of the Sexual Offences Act 2003 (‘the 2003 Act’) is automatically placed on the Sex Offenders Register.⁵ The length of time a person is placed on the register is dictated by the sentence they receive for the crime which placed them on the register.
9. Incest and sexual intercourse with a step-child (or former step-child) are relevant sexual offences for the purposes of the register, where the person (other than the offender) is under 18 (2003 Act, schedule 3, paras 49 and 50). The offence of sexual abuse of trust is also a relevant offence in certain circumstances (2003 Act, schedule 3, para 59ZK).

³ MacLennan v MacLennan 1958 SC 105, per Lord Wheatley at 112.

⁴ Subject to several available defences, an offence is committed where one person (A) engages in sexual activity with another person (B) who is under 18, the two people share a household and one of a number of further conditions is satisfied. These conditions include if A and B are members of the same household and A has (or had, or fulfils) “parental rights or parental responsibilities” (PRRs) in respect of B, or if A treats B as a child of A’s family. For more on who has, or can acquire, PRRs see the following SPICe briefing: <http://www.scottish.parliament.uk/parliamentarybusiness/88334.aspx>

⁵ In addition, if a judge deems there to be a significant sexual element to any crime they can also place that person on the Register.

Previous reviews of this area of law in Scotland

10. The last major review of the law of incest in Scotland was by the Scottish Law Commission (SLC). It published a [report](#) on the topic in 1981. This was implemented via the Incest and Related Offences (Scotland) Act 1986 (c 36), the provisions of which were later consolidated in the 1995 Act.
11. In 2007, the SLC also published a [report](#) on rape and certain other sexual offences, which was implemented in the 2009 Act. In the [Discussion Paper](#) which preceded the report the SLC asked whether, given other sexual offences (both existing and proposed), there should continue to be a separate offence of incest.⁶ In its report (para 5.3) the SLC summarised its final position as follows:

“Although some consultees considered that there was no need for a separate offence and others were unsure, the majority favoured retaining the offence. However, there was no suggestion from those consultees that the current definition of incest should be expanded. Accordingly we make no proposal for any change to the existing law in relation to the offence of incest.”

England and Wales

12. The law relating to sexual offences in England and Wales was reviewed between 1999 and 2002.⁷ The 2003 Act replaced the offence of incest with two new wider groups of offences – familial child sex offences (sections 25–29) and sex with an adult relative (sections 64–65).

Scottish Government and Scottish Parliament Action

13. There has been no recent government action or parliamentary consideration of this area of law, other than the 2009 Act, as ready discussed.

The petition

14. The petitioner’s view is the law of incest in Scotland should be reformed as it “unnecessarily and unfairly punish[es] consensual adult incest, breaching the rights to sexual autonomy for all consenting adults that is accepted in other more developed countries.”

Action

15. The Committee is invited to consider what actions it wishes to take. Options include—
- (i) Write to the Scottish Government to seek its views on the petition.
 - (ii) Close the petition under rule 15.7 of Standing Orders on the basis that a majority of consultees on the Scottish Law Commission’s 2007 report favoured retaining the offence and the current definition.

⁶ See paras 6.10–6.30 of the Discussion Paper for a thorough discussion of key policy considerations associated with any change to the existing law.

⁷ An independent review group was set up by the UK Government in 1999. The group produced a consultation paper entitled “Setting the Boundaries” in 2000. The UK Government subsequently produced a White Paper entitled “Protecting the Public” (Cm 5668) in 2002.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1412 on bond of caution****Note by the Clerk****PE1412 – Lodged 14 November 2011**

Petition by Bill McDowell calling on the Scottish Parliament to urge the Scottish Government to amend the law of succession to end the requirement for a Bond of Caution by an executor-dative when seeking confirmation of any intestate estate.

[Link to petition webpage](#)

Purpose

1. This petition was last considered by the Committee at its meeting on 20 May 2014. At that time the Committee agreed to defer further consideration of the petition until after the announcement of the Government's legislative programme.
2. Consideration of the law of succession has progressed since the Committee last considered this petition. The purpose of this paper is to summarise what action has been taken since 2014 and to invite the Committee to decide what action it now wishes to take in relation to the petition.

Background

3. The law of succession is concerned with the distribution of the property of a person who has died. It is divided into two parts – intestate succession (covering the situation where no will is left) and testate succession (where a will is left).
4. An “executor” is the person responsible for gathering in the property of the deceased person and then distributing it to those entitled to inherit it. An executor appointed by a will is an “executor-nominate”, an executor appointed by a sheriff (as occurs when someone dies intestate) is an “executor-dative”.
5. Before being confirmed by the court, an executor-dative is required to take out a “bond of caution”.¹ A bond of caution is an obligation by a third party, “the cautioner”, to indemnify any creditor or beneficiary of an estate against loss caused by maladministration, negligence or fraud on the part of the executor. It is usually provided by an insurance company, although it can also be provided by a private individual.
6. A bond of caution provides protection in those cases where suing the executor would not provide an effective legal remedy, for example because the executor

¹ SPICe has referred to the term in lower case, reflecting the Scottish Law Commission's publications on the topic. 'Caution' is pronounced to rhyme with 'nation'.

has disappeared or is unable to meet the legal claims arising. However, where the insurance company is providing caution, the estate will bear the cost of the associated premium. Only two insurance companies currently provide bonds of caution (Zurich SGS and Royal & Sun Alliance (RSA)) and it has been suggested that monopoly of provision has a negative effect on the quality of service, as well as the level of premium charged.²

7. The Scottish Law Commission (SLC) undertook a detailed review of the law of succession (including bonds of caution) publishing a [Discussion Paper](#) (DP 136) in 2007 and a final [Report](#) (Scot Law Com No 215) in 2009. In the final report, the SLC made a number of recommendations relating to bonds of caution. In particular, after an “overwhelming response” in support of such a move (SLC Report, para 7.11), the SLC recommended abolition of the requirement on an executor-dative to obtain caution before obtaining confirmation (recommendation 66). The SLC further recommended that this change should only take effect in relation to deaths occurring on or after the implementing legislation in question comes into force (recommendation 78).
8. The requirement for an executor dative to obtain a bond of caution is contained in the Confirmation of Executors (Scotland) Act 1823. The Act does not include powers to abolish the requirement for caution by subordinate legislation. Without such a power changes can only be effected by primary legislation.

Scottish Government consultations

9. Since the Committee last considered the petition, the Scottish Government has held two consultation exercises in which questions were asked about bonds of caution.
10. The [first consultation](#) ran from 14 August 2014 to 7 November 2014. The [Government’s response](#) to that consultation was published in June 2015. The Government’s response stated that it would not be able to make changes in relation to the requirement for an executor-dative to obtain a bond of caution at that time. The Policy Memorandum to the Succession (Scotland) Bill, sets out that there “was very little disagreement about the removal of the requirement but there was a significant range of views on what might be put in place by way of protection for estates and beneficiaries which requires further consideration and costing. The decision has therefore been taken to take forward the work on bonds of caution in the second workstream.”³
11. The [second consultation](#) ran from 26 June 2015 to 18 September 2015 with question on bonds of caution being included in Chapter 5. In the consultation document, the Government stated it is “of the view that the requirement [to obtain a bond of caution] should be removed.” This consultation sought views on what safeguards, if any, were needed in order for the requirement to be removed. The consultation stated that in “considering any replacement safeguards we do not simply want to replace the burden of a bond of caution

² Scottish Law Commission, Discussion Paper on Succession (DP 136), pages 110–111.

³ Policy Memorandum, para 14

with another equally burdensome process. Rather, any safeguard needs to be proportionate both in terms of effort and cost.”

Action

12. The Committee is invited to consider what action it wishes to take on the petition. In the first instance, the Committee may wish to write to the Scottish Government to ask for information about the outcome of the consultation that ended in September 2015 and whether the Government is now in a position to set out how it intends to take forwards its intention to remove the requirement to obtain a bond of caution.

**Catherine Fergusson
Clerk to the Committee**

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1431 Marine protected area for Fair Isle****Note by the Clerk****PE1431: Lodged 4 May 2015**

Petition by Nicholas John Riddiford on behalf of Fair Isle Community calling on the Scottish Parliament to urge the Scottish Government to implement a condition of the Council of Europe Diploma to Fair Isle by designating Fair Isle waters as a Marine Protected Area.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition at its meeting on [11 November 2014](#). At that meeting, the Committee agreed to defer further consideration of the petition until early in 2015 and to await the outcome of the assessment of Fair Isle's Demonstration and Research proposal. The Committee has received an update from the Scottish Government and is invited to consider what action it wishes to take.

Committee Consideration

2. The Scottish Government provided an update dated [10 December 2015](#). It noted the independent assessors consider the proposal meets the criteria set out in the marine protected area selection guidelines and Marine Scotland agrees with this assessment.
3. The Scottish Government advises that the next step is to take the proposal forward to consultation, subject to Ministerial approval.
4. The petitioner's response dated [16 December 2015](#) acknowledged the Scottish Government's submission reflected his understanding of the current situation.

Action

5. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To close the petition under Rule 15.7 on the basis that the proposal meets the criteria for the marine protected area selection guidelines and the Scottish Government is likely to consult on the proposal in 2016;
 - (ii) To take any other action the Committee considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1477 on gender neutral Human Papillomavirus vaccination****Note by the Clerk****PE1477 – Lodged 4 May 2013**

Petition by Jamie Rae, on behalf of the Throat Cancer Foundation, calling on the Scottish Parliament to urge the Scottish Government to extend the current Human Papillomavirus (HPV) immunisation programme in Scotland to include boys.

[Link to petition webpage](#)

Purpose

1. This petition was deferred at the Committee's meeting on 12 January 2016 to allow time for the petitioners to provide a submission to the Committee. The Committee has received the petitioner's submission.
2. Prior to the meeting on 12 January, the petition had last been considered by the Committee on [31 March 2015](#). The Committee agreed at that meeting to defer consideration of the petition to after the Joint Committee on Vaccination and Immunisation's (JCVI) had undertaken additional modelling of the cost-benefit ratio of vaccinating men who have sex with men (MSM) and who attend a genitourinary medicine (GUM) or HIV clinic.
3. The JCVI has undertaken this additional modelling and it was discussed at its meeting in October 2015. The Committee is invited to decide what action it now wishes to take on the petition.

Background

4. The petitioner contends that there is inadequate protection for males in the Human Papillomavirus (HPV) immunisation strategy, which is currently restricted to adolescent girls. The petitioner therefore proposes that the HPV immunisation programme should include adolescent boys as well as girls.

Prevalence of HPV infection in Scotland

5. A recent study tested unvaccinated Scottish adolescents for infection with different strains of HPV¹. The study found a low prevalence of infection in 11-14 year olds (1%). In girls aged 15-18 there was a HPV infection prevalence of 15.2%; in the same age group for boys the prevalence was considerably lower at 2.9%. The study concluded that further research was required to define the contribution of female vaccination to the protection of males. This is commonly termed 'herd immunity'.

¹ O'Leary, M.C., Sinka, K., Robertson, C., *et al* (2011). HPV type-specific prevalence using a urine assay in unvaccinated male and female 11- to 18-year olds in Scotland. *Br J Cancer*, 104(7):1221-6.

Committee Consideration

6. The Committee first considered this petition on [11 June 2013](#). It heard from the petitioner and wrote to a number of organisations. The Scottish Government indicated that it is advised on these matters by the JCVI. The Committee has therefore been monitoring the work of the JCVI, which meets three times per year, on this matter since then.
7. A JCVI HPV sub-committee was formed to consider the provision of HPV vaccination. At a meeting in October 2014 the full JCVI considered a report from the sub-committee and recommended the targeted extension of the HPV vaccine to include MSM aged 16 to 40 years who attend GUM and HIV clinics in the UK subject to the programme being provided at a cost-effective price and the outcomes of an eight week stakeholder consultation and peer review. The consultation sought views on the interim statement² of the JCVI by 7 January 2015.
8. The JCVI considered responses at its meeting in February 2015. The [minute of that discussion](#) notes that further work is required to ensure that the proposed extension of the use of the HPV vaccine would be cost-effective at a reasonable price. In addition, the JCVI agreed to explore removing the lower age limit meaning that, under the proposals, individuals under 16 years of age may be able to receive the vaccine. The JCVI decided to wait until the further modelling for cost-effectiveness takes place before coming to a decision on the proposed guidance.
9. At its meeting of [7 October 2015](#), the JCVI received an update from the chair of the HPV sub-committee and from Public Health England on the matter. The minutes of the meeting note that:

The [JCVI] agreed with the HPV Subcommittee that the age for vaccinating all MSM could be extended to 45 as this came out at a practical price within the bounds of cost effectiveness and despite uncertainty in the data after 40 years of age it did not consider that the sexual behaviour of MSM would change between the age of 40 and 45. The Committee also agreed that the lower age limit of 16 years could be removed.

10. While the JCVI is, in principle, in agreement that the HPV vaccine should be provided to MSM, its minutes also stated that:

Before any programme could be undertaken, work is required by [The Department of Health], [Public Health England], local government and NHS England to identify the commissioning arrangements and potential routes for delivery of any programme to vaccinate MSM. The Committee noted that this work would likely be challenging.

² Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373531/JCVI_interim_statement_HP_vacc.pdf

11. The Committee had sought views from the petitioner on the work of the JCVI when its interim statement was open for consultation, however, the petitioner did not respond. The petitioner's recent submission is his first since 6 September 2013.
12. The petitioner raises two concerns: firstly that the JCVI is taking too long to issue guidance on this matter; and secondly that the proposed HPV vaccine programme is not wide enough in its scope to provide protection to men and boys. The petitioner restates the aim of the petition that the Scottish Government extend the HPV vaccine programme to include all boys. Further the petition asks that the Committee write to the JCVI passing on the petitioners concerns.
13. The JCVI HPV Sub-Committee is actively considering the proposal to extend the HPV vaccine program to all boys. The JCVI is reliant on modelling by Public Health England (PHE), which is likely to have completed its work on this topic in 2017. For assurance purposes, Warwick University has been tasked with undertaking its own model on the proposed extension of the HPV vaccination programme. The Sub-Committee heard from Warwick University at its [meeting in the summer of 2015](#), which gave an update on its modelling work. At that meeting, the Sub-Committee also heard from PHE which stated that it "had allocated additional resources to the project to help expedite the work".
14. During General Questions on Thursday 7 January 2016, Jenny Marra MSP asked whether the Scottish Government has plans to extend the HPV vaccine programme to include boys. The Minister for Public Health indicated that the Scottish Government expects the work noted in the paragraph above to be completed in 2017 and that the health service in Scotland will undertake work on how the extended programme could be delivered.

Action

15. The JCVI has agreed to bring forward new advice on the provision of the HPV vaccine to MSM who attend GUM and HIV clinics in the UK. The Scottish Government's policy on vaccines is normally led by the advice issued by the JCVI and it could be expected that the Scottish Government will implement the new practice once formal advice is issued by the JCVI.
16. The Committee may also wish to note the further work that is being undertaken by the JCVI's HPV Sub-Committee on extending the programme of vaccinations to all boys.
17. The Committee may wish to close the petition on the basis that the JCVI has indicated that it will issue guidance that recommends that some men are vaccinated and it continues to work on the wider question of whether all boys should be vaccinated.
18. Alternatively, the Committee may wish to write to the JCVI to ask it for an update on its considerations regarding extending the HPV vaccination to all boys. The Committee may wish to seek in particular the JCVI's views on the timeframe for

PHE to undertake its modelling and whether the JCVI has a timescale for when it thinks it will be able to make a recommendation on whether to extend the HPV vaccine programme to boys.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1493 Sunshine Act for Scotland****Note by the Clerk****PE1493 – Lodged 29 September 2013**

Petition by Peter Gordon calling on the Scottish Parliament to urge the Scottish Government to introduce a Sunshine Act for Scotland, creating a searchable record of all payments (including payments in kind) to NHS Scotland healthcare workers from Industry and Commerce.

[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 asking it to report back to the Committee once consultation feedback is available. An update has been received from the Scottish Government and the petitioner and the Committee is invited to consider what action it wishes to take.

Background

2. In 2003, the Scottish Government published HDL (2003) Circular, guidance that aimed “to establish a common understanding on joint working between NHS Scotland and the pharmaceutical industry...that will help ensure responsibility, transparency and probity in the joint working process’.
3. This guidance asked NHS Board chief executives to establish a register for all NHS employees and primary care contractors and produce local standing orders specifying who is responsible for keeping and maintaining the register.
4. In its letter of 25th January 2015, the Scottish Government advised that it had sought to establish with NHS Boards why action was not taken in 2004 on the HDL (2003) Circular and concluded that ‘even if fully implemented, the circular from 2003 would fail to meet current demands for transparency’.
5. In this regard, the Scottish Government noted that the petitioner’s calls for the register to be made publishable and searchable is an ‘understandable demand’. As such, the Scottish Government committed to seeking wider views from the public. In particular, the Scottish Government aims to establish where there is consensus among stakeholders, including patients and families. It notes that ‘if such consensus can be achieved, then we can make an assessment of any associated resource implications’.
6. Since August 2014, the Scottish Government has been consulting with the petitioner.

Committee Consideration

7. The Scottish Government's updated dated [18 December 2015](#) noted the Scottish Health Council has held several discussion groups to gather views and outcomes from this work are expected in the New Year.
8. The petitioner provided a submission dated [2 December 2015](#) in which he noted he has been in contact with the Scottish Government and the Scottish Health Council.
9. The petitioner discussed the content of the consultation with the Scottish Health Council. However, he noted his confusion as to who was responsible for providing information for the consultation. Specifically, the petitioner would like the Committee to consider asking for clarification of this and whether the information provided was fair.
10. On 20 January 2016, a submission in relation to the petition was received from the Scottish Intercollegiate Guidelines Network (SIGN) in response to submissions on this petition to "put on record the current position regarding declaration of interests of members of guideline groups." The submission from SIGN has been passed to the petitioner to provide him the opportunity to comment.

Action

11. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To ask the Scottish Government to advise of the outcome of the consultation and whether it is minded to introduce a searchable register of interests in the format suggested by the petitioner.
 - (ii) To take any other action the Committee considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****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 purpose of this paper is to draw the attention of the Committee to the letter to from the Cabinet Secretary for Health, Wellbeing and Sport following her appearance at the Committee in October 2015. In addition, the European Commission’s Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) has published its report on mesh devices and this paper highlight’s its recommendations.
2. The Committee is invited to decide what action to take on the petition.

Evidence session 6 October 2015

3. The Committee took evidence from the Cabinet Secretary and Chair of the Independent Review of Transvaginal Mesh Implants, Dr Lesley Wilkie, shortly after it published its [interim report on 2 October 2015](#). 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.
4. Dr Wilkie spoke to the interim report and explained its methodology and conclusions. She explained that the final report is subject to the outcome of the [PROSPECT study](#) into the use of mesh to treat pelvic organ prolapse. The Committee’s questioning focused on the quality of data and data collection. In addition and among other things, the Committee discussed the relationship

between patients and clinicians and raising awareness of possible complications with patients.

5. The Cabinet Secretary stated that she accepted all of the conclusions of the report and gave an apology to the women who had had to campaign to have their voices and concerns heard. The Cabinet Secretary stated that in line with the conclusions of the report interim safeguards will be put in place. She also stated that she wanted to be in possession of the final report before implementing permanent changes.
6. The Committee raised concerns about: the collection of data and the use of codes; the on-going SIMS trial into the use of mini-slings; how well the moratorium on mesh procedures is being observed; and how the recommendations will be taken forward by the expert group. The Cabinet Secretary indicated she would write to the Committee to clarify a number of points; she has done so and the letter is included with Members' papers.
7. The official report of the meeting can be found here: <http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10150&i=93604#ScotParlOR>

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.
9. The Committee explored how the expert group's work would be made available to the public. The Cabinet Secretary agreed that "there should be full openness and transparency around the expert group's work". Members may wish to note that the expert group's papers are not currently available online.

SCENIHR opinion on mesh

10. The final [SCENIHR opinion on mesh](#) was published on Thursday 17 December 2015. SCENIHR's recommendations include:
 - Material properties, product design, overall mesh size, route of implantation, patient characteristics, associated procedures (e.g. hysterectomy) and surgeon's experience are aspects to consider when choosing appropriate therapy.
 - The implantation of any mesh for the treatment of POP via the vaginal route should be only considered in complex cases in particular after failed primary repair surgery.
 - For all procedures, the amount of mesh should be limited where possible.
 - A certification system for surgeons should be introduced based on existing international guidelines and established in cooperation with the relevant European Surgical Associations.

PROSPECT study

11. The final report will be issued after the findings of the PROSPECT study are made available. There is no indication that the study will report prior to the dissolution of the Parliament in March.
12. Given the final report of the Independent Review of Transvaginal Mesh Implants will not be published before the PROSPECT study has published, it is very unlikely that the final report will be published before dissolution.

Action

13. The Committee may consider that this petition is one which the successor Committee should continue to consider in Session 5. The Committee may therefore consider including PE1517 in its legacy paper. There is currently only one petition the Committee has decided to include in its legacy paper.
14. In addition, the Committee may wish to write to the Cabinet Secretary to ask her to ensure that the work of the expert group is made more transparent and to respond to the Committee on how this transparency will be delivered. The Committee may also wish to ask the Cabinet Secretary to update the Committee on whether discussions have taken place with those involved in the SIMS trial in light of the finding of the interim report.

ANNEXE

Conclusions of 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

No surgical intervention is without risk. This Independent Review has shown that mesh procedures for both SUI and POP carry a risk of complications which in some cases are life changing and cannot be corrected. However for the majority such serious complications do not occur. The aim of our conclusions and recommendations is to minimize and manage that potential risk. Input from clinicians and provision of adequate information will allow patients to make informed choices regarding their treatment.

In the process of coming to its conclusions, the Independent Review has considered evidence from a number of sources; this included patient stories, clinical expert opinion, published scientific evidence, legal reports and the rich epidemiological data provided by ISD. It also benefited from presentations from other bodies such as the Chief Scientist Office and the NHS Incident Reporting and Investigation Centre (IRIC). The following conclusions with recommendations (in bold text) are drawn from this evidence and discussion.

Conclusion 1

Robust clinical governance must surround treatment, the decision to use mesh and the surgical approach used. To support decision making, management of the individual patient should take place in the context of multi-disciplinary team assessment, audit and review. The use of a comprehensive information system will underpin this. The Expert Group should address this with NHS planners, including an assessment of any administrative support required for the clinical teams.

Conclusion 2

Evidence of involvement in multi-disciplinary team working, engagement in audit activity and recording and reporting of adverse events should be an important part of consultant appraisal and thus statutory revalidation of medical staff. The Expert Group should work with Medical Directors as Responsible Officers to include this in the conduct and supervision of appraisal. In addition the Scottish Government should consider the alternative methods for the capture of adverse events set out in chapter 8 to determine further the most effective way to ensure complete notification.

Conclusion 3

Informed consent is a fundamental principle underlying all healthcare. There has been extensive work done by the Expert Group which preceded the establishment of the Independent Review, with leadership by both patients and clinicians. This has resulted in an SUI information leaflet and consent form. Following on from this the Independent Review concludes that additional work is

required to ensure that this work is extended to include POP procedures and that the SUI leaflet is reviewed in the light of this work and other recent developments. This should be addressed by the Expert Group as a matter of urgency. Other points highlighted by the Independent Review include the provision of adequate time for discussion and reflection. Patients should be provided with information enabling them to report adverse events if these occur.

Conclusion 4

The Independent Review does not consider that current research studies on safety and effectiveness will provide evidence on long term impact of mesh surgery. The lack of extended long term follow up and related outcome data, including information on quality of life and activities of daily living, should be addressed. The Independent Review recommends the Expert Group highlights this knowledge gap to funders of health research and the research community. Opportunities for routine audit should be explored by the Expert Group in conjunction with NHS Scotland.

Conclusion 5

Good information, as stated before, is essential to good patient care. The experience of the Independent Review has been that there are many gaps although there is information both in a professionally led database (the BSUG database) and routine NHS information (SMR01 and SMR00). It is recommended that the Expert Group works with ISD, BSUG and others to ensure that an information system is developed which is universal, robust, clinically sound and focused on fostering good patient outcomes. Work already underway on consistent coding by ISD will be vital to this endeavour.

Conclusion 6

The Independent Review expressed serious concern that some women who had adverse events found they were not believed, adding to their distress and increasing the time before any remedial intervention could take place. Improving awareness of clinical teams of the possible symptoms of mesh complications together with good communication skills, (including good listening and empathy) is an essential part of good clinical care. The Independent Review concluded that the Expert Group should review the training and information available to clinical teams and find ways of incorporating patient views in multi-disciplinary working. It should also continue oversight of the mesh Helpline.

Conclusion 7

A review of the different sources of evidence available to and considered by the Independent Review (patient experience, clinical expert opinion, research evidence and epidemiological evidence from routine information) has led us to express concern in this Interim Report at the use of the transobturator rather than the retropubic approach for routine surgery for stress urinary incontinence using mesh. The clinical governance arrangements that we have recommended will allow an individual case to be considered in the context of a multi-

disciplinary assessment, including patient views. We await the final publication of key research reports but wish to register these concerns and to recommend that the Expert Group in the following months before the publication of the final report explore further appropriate pathways to ensure the techniques chosen take the differential patient and clinical experience, as well as research evidence into account.

Conclusion 8

Similar concern is expressed, both for effectiveness and adverse events, at the use of transvaginal mesh in surgery for pelvic organ prolapse. The clinical governance arrangements that we have recommended will allow an individual case to be considered in the context of a multi-disciplinary assessment, including patient views. We await the final publication of key research reports but wish to register these concerns and to recommend that the Expert Group in the following months before the publication of the final report explore further appropriate pathways to ensure the techniques chosen take the differential patient and clinical experience, as well as research evidence into account.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1575 Accessible Rail Travel****Note by the Clerk****PE1575 – Lodged 25 August 2015**

Petition by Alex Scott MBE calling on the Scottish Parliament to urge the Scottish Government to take more steps to make the ScotRail fleet accessible to the visually impaired, including standardising buttons on ScotRail's fleet and providing high visibility clothing for its station workers.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition at its meeting on 24 November 2015. At that meeting, the Committee agreed to write to Transport Scotland, Abellio, Angel Trains, Porterbrook, Eversholt Rail Group, the Scottish Accessible Transport Alliance and the European Commission. Submissions have been received from Angel Trains, Transport Scotland, Scottish Accessible Transport Alliance and ScotRail. The Committee is invited to consider what action it wishes to take.

Committee Consideration

2. Angel Trains' submission of [1 December 2015](#) confirmed that all trains it leases to ScotRail comply with the standards set out in the UK Rail Vehicle Accessibility Regulations 2010 (RVAR). It further noted that at present the RVAR does not make it a requirement to standardise the position of buttons in the way described by the petitioner. It raised concerns about the cost and practicality of achieving this and that such a standardisation would need to apply across the UK, not just in Scotland.
3. Transport Scotland's submission of [15 December 2015](#) noted accessibility standards require buttons to be located at a specific height, but do not specify the exact location. It also confirmed that ScotRail's staff has now been reissued with high visibility jackets.
4. Scottish Accessible Transport Alliance's submission of [16 December 2015](#) was supportive of the petition but noted:

To get a solution to this problem is going to be a very long process, partly because of the very long lifespan of rolling stock (30 years or more) and partly because there never has been any standardisation of what buttons are needed and how they should be laid out or whereabouts in the toilet compartment the control panel should be situated.

5. ScotRail's submission of [21 December 2015](#) noted that overall 61% of its existing fleet is fully compliant with RVAR. The remaining stock is being either: refurbished for compliance; replaced with new stock; or withdrawn. Vehicles manufactured prior to 1998 (when RVAR came into force) have to be made compliant before 1 January 2020.
6. Community trade union, which is taking the petition forward on behalf of Mr Scott was provided with the responses and invited to comment on them. However, no comments have been received from Community.

Action

7. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To close the petition under Rule 15.7 on the basis that high visibility clothing has been rolled out to ScotRail's frontline staff; all rolling stock on the ScotRail network is due to be compliant with the UK Rail Vehicle Accessibility Regulations by 2020; and that any purported amendments to the UK Rail Vehicle Accessibility Regulations would need to be addressed to the UK Parliament.
 - (ii) To take any other action it considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1578 Forth Circle Rail Link****Note by the Clerk****PE1578 – Lodged 14 October 2015**

Petition by Martin Keatings calling on the Scottish Parliament to urge the Scottish Government to release funding for and establish passenger rail platforms at: Crossford; Cairneyhill; Torryburn; Valleyfield; Culross and Kincardine; thereby linking Stirling to the Fife Circle.

[Link to petition webpage](#)

Purpose

1. The Committee last considered this petition on [24 November 2015](#). At that meeting, the Committee agreed to write to the Scottish Government, Network Rail, ScotRail, the South East Scotland Transport Partnership (SESTRAN), Fife Council, Clackmannanshire Council and Stirling Council. Responses have been received from Transport Scotland, SESTRAN, ScotRail, Stirling Council and Fife Council. The Committee is invited to consider what action it wishes to take.

Committee Consideration

2. Transport Scotland's submission dated [9 December 2015](#) noted that the proposed reopening of the Stirling-Alloa-Kincardine line through to Dunfermline for passenger services does not feature in the current investment programme.
3. Following the closure of Longannet Power Station, the Scottish Government and Fife Council established a task force to produce an economic recovery plan. As part of this plan, a comprehensive strategic transport appraisal is being taken forward by Fife Council, with the support of the Scottish Government. According to Transport Scotland, "the possibility of restoring passenger services between Dunfermline and Alloa is likely to be considered within this appraisal..."
4. SESTRAN's submission of [21 December 2015](#) noted that in 2009, SESTRAN, Fife and Clackmannanshire Councils commissioned a Scottish Transport Assessment Guidance (STAG)-based study into transport links in the area. The most cost-beneficial solution was found to be extending the existing Glasgow-Alloa service to Edinburgh via West Fife at a cost of £65 million. SESTRAN noted the study would need to be updated and under the COSLA Concordat, transport funding for the Regional Transport Partnerships was largely transferred to local authorities. As such, local authorities would need to provide substantial funding for such a project.
5. ScotRail's submission of [23 December 2015](#) noted the issue raised by the petition is a decision for Transport Scotland.

6. Stirling Council's submission of 22 December 2015 noted that it would work with partners if the proposal was taken forward.
7. Fife Council's submission of [28 December 2015](#) noted "the potential for a forth circle rail link will be considered as part of the wider, strategic transportation assessment and appraisal to be carried out for the Longannet Task Force..." Fife Council noted the assessment is programmed to commence in 2016 and will "...cover a wider study area than the original STAG appraisal completed in 2010..."
8. The petitioner was provided with the responses and invited to comment on them. However, no comments have been received.

Action

9. The Committee is invited to consider what action it wishes to take. Options include –
 - (i) To close the petition under Rule 15.7 on the basis that the potential for a forth circle rail link will be considered by the Longannet Task Force in 2016.
 - (ii) To take any other action the Committee considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 19 January 2016****PE1581 Save Scotland's School Libraries****Note by the Clerk****PE1581 – Lodged 17 October 2015**

Petition by Duncan Wright, on behalf of Save Scotland's School Libraries, calling on the Scottish Parliament to urge the Scottish Government to set out a new national strategy for school libraries which recognises the vital role of high quality school libraries in supporting pupils' literacy and research skills.

[Link to petition webpage](#)

Purpose

1. This is the second occasion the Committee has considered this petition. The first occasion was on [24 November 2015](#) when the Committee heard from the petitioner and decided to write to a number of stakeholders on the petition. Responses have now been received and the Committee is invited to consider what action it wishes to take on the petition.

Background*SPICe Briefing*

2. A [SPICe briefing on the petition](#) notes that the financing of school libraries is a matter for local authorities. It sets out the statutory duties on local authorities to provide “adequate and efficient education” (Education (Scotland) Act 1980) and “adequate provision for library services” (Local Government (Scotland) Act 1973). There is no specific duty to provide libraries in schools.
3. The briefing quotes a 2013 report of a study carried out by Robert Gordon University on behalf of the Scottish Library and Information Council. The report's focus was on the impact of school libraries on learning. The report stated that all secondary schools in Scotland had access to libraries, either through a “dedicated school library, a joint school and community library or from a central authority library service.” The report noted that the majority of libraries were staffed by professional librarians which compared favourably to other parts of the UK and led to a wider curriculum-supporting role for school librarians in Scotland.¹ The report identified a number of positive impacts of school libraries on learning.
4. The SPICe briefing notes that the number of library staff decreased between 2011 and 2012. It also notes that some local authorities have recently proposed cuts to school library services.

¹ Page 1 of [Impact of School Libraries on Learning](#) 2013.

Scottish Parliament Action

5. In an answer to a question ([S4W-24554](#)) by Ken Macintosh MSP on how the Scottish Government is supporting school libraries, Alasdair Allan stated on 3 March 2015:

“The Scottish Government is committed to improving literacy levels across the country as part of the drive to raise attainment and reduce educational inequalities. Local authorities have full autonomy to make decisions concerning school libraries in their areas. We provide support to libraries by funding the Scottish Library and Information Council, the independent national advisory body for the library and information sector. The council actively engages with local authorities about their provision of public and school library services and provides self-evaluation tools to support development of good quality library provision across Scotland. Ministers welcomed the research undertaken by Robert Gordon University in 2013 on behalf of the Scottish Library and Information Council which showed the value of school libraries in terms of supporting learning across the curriculum and raising attainment.”

Committee action

6. The Committee has received 10 submissions on the petition including a response from the petitioner.
7. Unison Scotland’s submission indicated that there have been cuts to the numbers of trained librarians in schools in local authorities across Scotland. The Scottish Parent Teacher Council indicated that its members had reported similar cuts.
8. Unison supported the petition, and highlighted the importance of school librarians to support pupils to understand and evaluate information found on the internet. Unison argued that pupils with less well-off parents benefit the most from good, professionally staffed libraries. The EIS agreed that librarians help promote digital literacy and that an erosion of school library services would serve to widen the inequality of attainment.
9. The EIS highlighted the benefits trained librarians bring to interdisciplinary learning, in supporting teachers and supporting pupils with additional support needs. A number of other submissions identified the benefits libraries and trained librarians bring to learning outcomes.
10. The Committee also received a personal account from a school librarian, Miss De’Ath, who set out the kind of work that she does and her concerns at the proposed reduction in the library service in her local area.
11. The Scottish Government noted that the delivery of education is the responsibility of local authorities. The Government stated that it recognised the importance of school libraries and highlighted the Scottish Attainment Challenge as one way in which the Scottish Government encourages local authorities to make full use of school libraries to improve literacy rates. The Scottish Government confirmed that libraries are considered during school inspections.

The Scottish Government did not consider that it was best placed to take the lead on a national strategy for school libraries, but that it would be happy to be involved in such a piece of work should it be led by another appropriate body.

12. The petitioners welcomed the support their petition has received and agreed that another body may be best placed to lead on a national strategy for school libraries. However, they noted that such a strategy would need to be appropriately resourced and that there are immediate pressures on school libraries which need to be addressed.

Action

13. The Committee is invited to consider what action it wishes to take on the petition. Options include:
 - a. writing to the Association of Directors of Education Scotland to ask whether it would consider leading on the production of a national strategy for school libraries;
 - b. writing to COSLA again to seek its views on the petition and to comment on reports that several local authorities are cutting back on school library provision; and/or
 - c. any other action the Committee considers appropriate.

Public Petitions Committee**2nd Meeting, 2016 (Session 4), Tuesday 26 January 2016****PE1582 Compulsory Pet Insurance****Note by the Clerk****PE1582 – Lodged 24 September 2015**

Petition by Karen Harvey calling on the Scottish Parliament to urge the Scottish Government to make pet insurance compulsory by law.

[Link to petition webpage](#)

Purpose

1. This is the second time the Committee has considered the petition. The Committee heard from the petitioner on 24 November 2015 and agreed to seek views from a number of stakeholders on the petition. The Committee will be invited to consider what action it wishes to take on the petition.

Background

2. There is not a duty to obtain pet insurance, however the [Animal Health and Welfare \(Scotland\) Act 2006](#) provides that a person commits an offence if they do not take such steps as are reasonable to ensure that the needs of an animal for which they are responsible are met. This includes animals' need to be protected from suffering injury and disease.
3. Pet insurance is not compulsory in any part of the UK and the petitioner has not identified any other jurisdictions where pet insurance of this type is mandatory.

Committee Action

4. Following the meeting on 24 November 2015, the Committee agreed to seek views from the Scottish Government, the Dogs Trust, the Scottish SPCA, the PDSA, the British Veterinary Association, the Association of British Insurers and COSLA. Responses have been received from all of these stakeholders with the exception of COSLA.
5. The responses indicated that while there is sympathy for the petitioner's position and agreement that pet owners ought to insure their pets, there is little support for making insurance compulsory.
6. The Scottish SPCA agreed with the comments of some members that compulsory insurance could be seen as a tax on pet owners. The Scottish SPCA suggested that in its view some irresponsible pet owners' behaviour would not be affected the proposal. The Scottish SPCA indicated that many individuals who had been reported to the procurator fiscal's office for failing to provide adequate veterinary care would have been able to afford it.

7. The Dogs Trust indicated that insurance take up is low for pet owners and that there are low levels of awareness of the cost of owning a pet. The Dog's Trust had concerns that compulsory insurance could reduce the numbers of people choosing to own a pet and increase abandonments.
8. The British Veterinary Association (BVA) also promotes pet insurance but does not support compulsory pet insurance. The BVA had concerns that uninsured owners may be reluctant to approach vets and that vets may be placed in a difficult position if an uninsured owner sought treatment for their pet.
9. The Association of British Insurers (ABI) also did not support compulsory pet insurance. One issue that the ABI raised was that compulsory pet insurance may have an inflationary effect on the cost of veterinary care. The ABI also outlined what it and its members do to promote pet insurance.
10. The Scottish Government noted that the Scottish Government advises dog and cat owners to consider taking out pet insurance in the prefaces of the [respective codes of practice](#) for the keeping of those animals. The Scottish Government noted that the cover provided by different pet insurance policies varies and some do not cover all treatment or long-term ailments. The Scottish Government confirmed that abandonment of animals is an offence under the Animal Health and Welfare (Scotland) Act 2006. The Scottish Government's view is that purchasing pet insurance is a matter for individual pet owners.
11. The petitioner addressed many of the objections to her proposal in her submission. She argued that pet owners do not have a right to own a pet and therefore the discussion on her proposal should be focussed on pet welfare. She also argued that if her proposal was phased in, then fears of increased abandonments are unfounded.

Action

12. The Committee is invited to consider what action it wishes to take. The Committee may wish to close the petition on the basis that pet owners already have a duty to provide adequate veterinary care and that there is little support for making pet insurance compulsory.