

PUBLIC PETITIONS COMMITTEE

Tuesday 18 December 2007

Session 3

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PUBLIC PETITIONS COMMITTEE

10th Meeting 2007, Session 3

CONVENER

*Mr Frank McAveety (Glasgow Shettleston) (Lab)

DEPUTY CONVENER

*John Farquhar Munro (Ross, Skye and Inverness West)
(LD)

COMMITTEE MEMBERS

*Bashir Ahmad (Glasgow) (SNP)
*Claire Baker (Mid Scotland and Fife) (Lab)
Angela Constance (Livingston) (SNP)
*Nigel Don (North East Scotland) (SNP)
*Rhoda Grant (Highlands and Islands) (Lab)
*Robin Harper (Lothians) (Green)
*Nanette Milne (North East Scotland) (Con)

COMMITTEE SUBSTITUTES

Jim Hume (South of Scotland) (LD)
Marilyn Livingstone (Kirkcaldy) (Lab)
John Scott (Ayr) (Con)
*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED :

Sister Rita Dawson
Helen Eadie (Dunfermline East) (Lab)
Fiona Martin
Professor Leo Martin
Paul Martin (Glasgow Springburn) (Lab)
Marjorie McCance
Des McNulty (Clydebank and Milngavie) (Lab)
Lynn Merrifield
Cardinal Keith O'Brien
Gil Paterson (West of Scotland) (SNP)

CLERK TO THE COMMITTEE

Fergus Cochrane

ASSISTANT CLERK

Franck David

LOCATION

Committee Room 2

Scottish Parliament

Public Petitions Committee

Tuesday 18 December 2007

[THE CONVENER *opened the meeting at 14:03*]

New Petitions

School Buses (Seat Belts) (PE1098)

The Convener (Mr Frank McAveety): Good afternoon everyone. I call to order the 10th meeting of the Public Petitions Committee in 2007. Please ensure that all mobile phones and other electronic devices are switched off. We have a standing apology from Angela Constance; I welcome John Wilson, who is still substituting for her.

Agenda item 1 is consideration of new petitions. PE1098, which was submitted by Lynn Merrifield, on behalf of Kingseat community council, calls on the Scottish Parliament to urge the Scottish Government to make provision for every school bus to be installed with three-point seat belts for every school child passenger and to ensure that, as part of a local authority's consideration of best value in relation to the provision of school buses, proper regard is given to the safety needs of children.

I welcome Lynn Merrifield and Fiona Martin and their constituency MSP, Helen Eadie. Things are a bit quieter today than they were the last time that I met the petitioners, when our discussion was held against the backdrop of a fairly noisy bus load of young students. The discussion was a good one, nonetheless. As the petitioners know, they have three minutes in which to amplify the thinking behind the petition, after which I will open up the meeting to questions from members. Good luck, Lynn.

Lynn Merrifield: First, I thank the committee for taking the time to consider my petition. I am a mother of two children—my son is six and my daughter is two. When my son started primary school last August, I became concerned about home-to-school transport. When my son started nursery, he was provided with a minibus to take him to his nursery, which was also at the primary school. The minibus had three-point seat belts and our local council requested that there was adult supervision of the children on the bus. That was fine; the parents set up a rota and we escorted the children. Six weeks after leaving nursery, after the summer break, our kids got to primary 1. They were then provided with a double-decker bus that had no seat belts and no adult supervision and

they were just expected to get on the bus and go off to school. The lack of safety measures greatly concerns me and other parents. If there were an accident, how injured would those very small children be?

I have done a lot of investigation into the situation and tried to resolve it with our local council but, unfortunately, I have drawn a blank on many occasions. That is why I am here.

This month, the Vehicle and Operator Services Agency released a statement in our local press. It stated that bus travel is safer than travelling in a car. Although that is true, many parents feel that that is not the case because no protection is provided on the buses. We need to change attitudes and get people to make sure that such buses are safe. Fitting three-point seat belts on the buses would be a step towards that end, as would getting parents to put their kids on the school bus.

During the past year when I have been dealing with the issue, it is unfortunate that I have not had a good response from our local council. It is adamant that it is not breaking any laws and is happy with current home-to-school transport provision. I know that the council is not breaking any laws, but I am also aware that the transport contracts are awarded based on best value. From my research, it seems that contracts are awarded to the lowest tender rather than being based on safety.

I have looked into the situation in other council areas. Moray Council has inserted clauses into its transport contracts to specify that seat belts must be fitted on all school transport vehicles. That council also prohibits the use of double-decker buses for school contracts and tendered local services for school travel. Closed-circuit television equipment is provided to contractors for use on busy school transport corridors.

In my eyes, Moray Council is clearly looking after the safety of children first and foremost, but it also manages to operate according to best value. That raises the question why other councils cannot do the same. Currently in Fife, police officers are travelling on secondary school buses as part of the Fife community partnership. According to Fife Constabulary, community police officers report that although they have to take positive action with pupils from time to time, overall there are benefits in terms of reassurance for the young people, better understanding by the schools and support for the bus drivers.

If we provide children with seat belts and educate them in how to travel safely, the need for police officers on school transport would disappear. There are many benefits in having seat belts on buses. First and foremost, children would

be protected in the event of an accident. Also, unruly behaviour would decrease because they would not be free to move around the bus. They would be travelling in a calmer environment and their parents would feel more confident about putting them on the bus. That in turn would lead to a reduction in the number of parents travelling to school, the number of cars around the school and the amount of pollution.

I sincerely hope that the information that I have provided has been of use to the committee and will aid you in any decisions and actions that you might take. I finish by stating that I am astounded to have learned of the extent of the legislation that governs the welfare of animals in transport. Over and above heavy goods vehicle licensing regulations, the legislation sets out the requirements that vehicles should be well maintained and designed with the welfare of the animals in mind. If it is deemed appropriate to legislate for additional standards for the carriage of livestock in set circumstances, surely it is not only appropriate but compelling that we give the same consideration, if not more, to ensuring that legislation is in place requiring the highest safety standards in the vehicles that are used to transport schoolchildren. To state that seat belts are required in certain vehicles but not in others is derisory at best; it is negligent at worst.

The Convener: Helen Eadie is the constituency member. Is there anything that you wish to add in relation to the petition?

Helen Eadie (Dunfermline East) (Lab): I am pleased to support the petition and the important work that Lynn Merrifield and all the other parents involved have done. Over the years when I was involved in local government, the issue came up a great many times—it has not arisen only recently. It has been raised by many parents, not just in Fife but throughout Scotland. I am sure that, as the work of Lynn and her friends and colleagues becomes more widely known, the website that they are setting up will help to gather more support for their work. Last summer, Lynn organised a public meeting to which quite a number of parents came. Given what it is like trying to get people to come along to public meetings these days, that is a measure of the support for the proposal.

People say that it is safe to travel on buses. It is safe—it is only when something goes wrong and little children are not strapped into their seats that terrible results can arise. We are not trying to legislate for when things go well; we are trying to secure legislation and guidelines so that, when something goes wrong, children are protected. With that, I am pleased to give all my support in trying to further the cause that the petitioners have brought to the Parliament today.

The Convener: Members of the committee may now ask questions to get further details.

Nanette Milne (North East Scotland) (Con): I would like to reiterate what Helen Eadie said about this being a problem throughout Scotland. I have been made aware of the situation in rural Aberdeenshire, where double-decker buses are used to transport children to schools from villages. There is a concern about the arrangements up there, particularly in winter conditions. I have worked on the matter myself.

The petition mentions the yellow school buses. I am aware that they are a very good thing. However, I have no idea what cost is involved for any authorities or institutions that use those buses. Do you have that information?

Lynn Merrifield: Unfortunately, I do not have the information to hand. The only figure that I have to guide you is that, if a yellow bus is doing just one school trip in the day and one in the afternoon, the cost is about £225 per day. It is significantly higher than some alternative options. We need to consider how we can reduce that cost and utilise the buses between school opening and closing hours, so that they help to pay for themselves. I know that local councils have the problem of cost—that is what it comes down to. However, the buses are fantastic. I wish that you could have seen it when we came here to deliver the petition to Frank McAveety. The yellow buses are designed with safety in mind.

There are so many kids travelling around. They deserve to feel safe, and parents deserve to feel that their children are safe. From the parents' side of things, safety is more important than the cost.

Nanette Milne: I absolutely agree. Perhaps we could investigate the matter. I know that the yellow buses are recommended as the ideal form of school transport.

Lynn Merrifield: Yes.

14:15

Rhoda Grant (Highlands and Islands) (Lab): You mentioned that Moray Council specifies in its contracts that seat belts should be provided. You have obviously spoken to your local council about the issue. Is cost the only reason why it will not include a requirement for seat belts in its tender documents?

Lynn Merrifield: No. Fife Council has said that it does not specify the provision of seat belts because the buses operate in an urban area where journeys are shorter and speed limits are lower, so the chances of an accident are greatly reduced. That is why it has not pushed to place an obligation on the operators to provide seat belts, according to a report that was published on 16 March last year. I cannot see why it would not want to do that.

Rhoda Grant: I cannot see a disincentive, apart from cost. It is good that the journeys might be shorter and the chances of an accident lower, but that does not mean to say that there will be no accidents. I can only imagine that such a condition is not included in contracts because the benefit has been balanced against the cost.

Lynn Merrifield: Yes. Dealing with the council has been difficult. I apologise for being so blunt, but sometimes I would be better to speak to the wall. All that I get is, "We're not breaking the law," and, "There's nothing wrong with the buses." We are not questioning the buses' roadworthiness; our concern is their safety. The issue comes down to cost—the council says that the present arrangement offers best value.

I know that the council has looked into ways of reducing transport costs. For example, it has changed the school hours of Inverkeithing high school, which now opens at a different time from Dunfermline high school, to allow a bus to take children from Dalgety Bay to Inverkeithing before going on to take children from Rosyth to Dunfermline. Given that the council already takes such measures, it is almost as if it does not want change, which I find extremely frustrating. The issue is cost and the council does not want change. That is the attitude that we have come up against, which is difficult to overcome.

Rhoda Grant: Do you have any idea of what the cost difference would be? You have looked at the cost of using a yellow bus, but have you looked at the cost of hiring a bus that had seat belts?

Lynn Merrifield: I have but, unfortunately, I do not have the information with me. I could certainly provide you with it.

Rhoda Grant: That would be useful.

Lynn Merrifield: That is no problem—I will get it to you.

Claire Baker (Mid Scotland and Fife) (Lab): You mentioned that your children go to nursery at the same school but use a different mode of transport—a bus that has seat belts.

Lynn Merrifield: Yes.

Claire Baker: Who provides that mode of transport?

Lynn Merrifield: Fife Council.

Claire Baker: Fife Council provides both services?

Lynn Merrifield: Yes.

Claire Baker: Has the lack of seat belts on the primary school bus led to parents—especially of small children—not sending their children to school on the bus but taking them in cars instead?

Lynn Merrifield: Yes, it certainly has. A number of parents in our village will not put their children on the bus purely because of the lack of safety. Each day, three different modes of transport go to and come back from the same school. A double-decker bus takes the primary school children, a minibus takes the nursery school children and a taxi takes two disabled children, one of whom is in a wheelchair. I find that frustrating, because yellow buses are geared up to take all those different groups. If we had a yellow bus, a single mode of transport could take the kids to the same place, thereby knocking out the need for a taxi and a minibus.

Fiona Martin: There is also the issue at the other end, where the school is complaining about the number of cars that are turning up. The school has got the police involved, who give people parking tickets. Much of the problem would be alleviated if all the pupils went on the bus.

Claire Baker: In your opening remarks, you briefly mentioned the enforcement of the use of seat belts on school buses. Do you have anything more to say about that or about behaviour on school buses?

Lynn Merrifield: People have asked how we could police the wearing of seat belts and ensure that pupils put them on. Most of our buses these days have CCTV on them. Rather than working individually, everyone—from transport and education to parents and pupils—needs to work together as a team. In Moray, the parents have signed a charter, under which they will enforce the wearing of seat belts by their children. Children need to be educated in how to travel safely.

Last week, I went to Perth with my daughter, who is two, to see the Yellow School Bus Commission, which was on tour. Once my daughter had got on the bus and sat down, the first thing that she said was, "Seat belt on, mummy." We must educate children in the wearing of seat belts from a young age. We will not be able to do that with secondary school children because it is hard to change the habit of a lifetime. However, I am sure that we had the same problems when seat belts in cars were first introduced. People never used to wear them, until they were told that they had to. It is something that we must put work into.

We could use CCTV and have a three-strikes-and-you're-out policy. We need to monitor the situation. If someone's behaviour was not acceptable and they did not wear their seat belt, a letter would go home to their parents; on a second occasion, there would be a meeting between parents and the education authority; and on a third occasion, they would not be allowed to get the bus for a week, but would have to get a public service bus and find their own way to school. If we try to

change attitudes, eventually that will happen, but it needs a bit of work.

Bashir Ahmad (Glasgow) (SNP): How many children are we talking about?

Lynn Merrifield: In the village I am from, Kingseat, there are 33 primary school children and approximately eight nursery children. Two primary school children go in a taxi. The road that our bus takes is winding and small. With a double-decker bus, the chances of an accident are high—the road is fairly accident ridden as it is. From a parent's point of view, the possibility of 33 children from a little village being injured or wiped out in one hit does not bear thinking about.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): I was under the impression that all buses or coaches that were built after a particular date had to be fitted at source with either a lap belt or a fixed three-point safety belt. Is that not the case?

Lynn Merrifield: That certainly is the case. However, local councils can get round that by using buses that are classed as public service buses, which are not required to have seat belts. That is the loophole that we want closed. Using public service buses helps the council to get lower quotes, because a 37 per cent fuel tax rebate can be claimed for such buses, but not for private journeys.

John Farquhar Munro: Your documentation states clearly that if a seat belt is fitted, it must be worn. That is a lax ruling, is it not? If a belt is not fitted, people do not need to bother, but if it is there, they must wear it.

Lynn Merrifield: That is right.

John Farquhar Munro: It seems a bit stupid.

Lynn Merrifield: I agree.

John Farquhar Munro: Then again, you make the point that local authorities are probably looking at their budgets. You made a point about best value being the lowest price. That seems odd if we consider the cost of an injury to a child on a bus. That is where the cost comes in.

Lynn Merrifield: That is right, but my argument is that we cannot put a cost on a child's life or an injury to a child. I realise that councils have financial problems and that cost implications are involved, but when it comes down to a person's life or an injury to them, no value can be put on that.

John Farquhar Munro: You make an important point about educating children to use seat belts. As an aside, I used to run school buses and I have seen parents come on to a bus, put their child on a seat and put the belt on, but then 50yd down the road, the bairn is out of the seat. There must be a degree of education.

Lynn Merrifield: That requires teamwork from everyone who is involved—parents, pupils, schools, education authorities and transport companies must work together. It is not the drivers' responsibility to ensure that children wear their seat belts. As a parent, I feel that education is everyone's responsibility, so that we can tackle the problem. Once we have got it in children's heads that they must wear a seat belt, they know. My son knows—he gets in the car, sits down and then panics and says, "Don't turn on the engine until my belt is on." It could be exactly the same on a bus, but we need to educate children to get to that point.

John Farquhar Munro: Your petition has a lot of merit.

The Convener: I thought that the petitioners would get sympathy from the committee—we have a former bus driver and a former bus conductor, so they are in with a good shout. I know that his eminence is here, I sometimes paid on the buses, but not always.

Let me ask about the process with the local council. Are you having any dialogue to look at pilot or phased development? Are you engaging with any senior folk in the council, or do you feel that there is a distance at the moment?

Lynn Merrifield: It is like a brick wall. I called the education authority on Friday in response to the news that police officers are travelling on secondary school buses—which I could not believe. I think that it is horrendous that we have police officers on school buses, and I wanted the authority's views on that. A gentleman from the council returned my call yesterday. When I asked whether he was aware of the petition, he said, "Yes, there's a lady from Kingseat going over to Parliament." I told him that that was me, and he said, "Oh yes, I've been briefed about that." I thought that that was good, as I am getting about and everyone is getting to know about me, but the response seems negative. It is almost as if people do not want to do anything because they are happy with how things are. It is almost like a fight—but I am up for that.

Nanette Milne: You mentioned adult supervision on buses. Have you had any thoughts about how that could be provided? I have had experiences of school buses. Plans fell flat simply because parents were expected to provide the adult supervision and not enough were willing to do it. Have you any thoughts about that?

Lynn Merrifield: That is a difficult question. We have asked our school whether we can supervise our bus, as it would make us feel more comfortable. Its response was that it did not want parents to do that because, if there were any issues with someone else's child, a parent could

be perceived as being biased against that child and in favour of their own child. I can understand that.

I would be more than happy to provide adult supervision, as would a lot of parents. There would be a problem with people who work and cannot take part in rotas, but again it is a question of working together and changing people's attitudes. A lot of people do not know that the buses do not have seat belts or that the kids are not safe enough, but once the message gets out a lot of people will say that they are happy to supervise the children on a bus.

We have had that discussion with our own local council. It will not provide supervisors because of the cost so—to settle us a little—our school introduced escorts on our bus. However, they come out of the school budget, which is not fair. It is a difficult issue and it needs a lot of thought and work.

Nanette Milne: I certainly thought that it was a difficult issue—that is why I asked about it.

Lynn Merrifield: Very much so. Also, if someone goes on a bus to provide supervision, someone else could ask, "Are you Disclosure Scotland checked? Can you work with children? We don't know your background." That is a tricky question that needs a lot of thought and work.

Bashir Ahmad: What is the road accident record of the strip of road to the school?

Lynn Merrifield: Unfortunately, I do not have the figures with me. However, I have lived in the village for nine years, and I know that there is an accident on that road, whether it is minor or major, at least every month. It is a windy road. People speed down it and there are accidents all the time.

The Convener: The petition has raised a number of issues. When we received it a few weeks back, it was a surprise that there was a difference between nursery and primary school children in the use of seat belts on buses. It is not solely the problem of Fife Council—the petition probably throws up a complication for other authorities.

I think that the committee would like to explore the issue further and gather more evidence. We could make contact with a number of key agencies to get a fuller picture. The petitioner has raised a number of issues to do with the regulatory framework, guidance and the absence of information, and we could certainly deal with that. I suggest that we contact the Convention of Scottish Local Authorities and the petitioner's local authority to get their perspectives on the issue. Those are two ideas, but I am open to suggestions from other committee members.

14:30

Rhoda Grant: Could we ask the Scottish Government for its comments and find out whether it would be willing to put something in the concordat to ensure that local authorities insist on buses with seat belts?

Nanette Milne: I would like to find out a bit more about the yellow school buses.

John Farquhar Munro: I suggest that we write to the Department for Transport—after all, it legislates on such issues—and find out whether it is preparing to introduce a change to the legislation in the near future that would address the problem.

John Wilson (Central Scotland) (SNP): That is the suggestion that I was going to make. I suggest that, when we write to COSLA, we ask it to be specific about best value. My understanding is that, as I was continually told previously, best value is not always the cheapest option but should be the one that provides best value for the service. There is serious concern that, if local authorities are providing services based on cost, they must ensure that safety considerations are built in.

Although the petitioner spoke mainly about her local area, she has spoken about something that happens throughout Scotland daily. Every morning, two double-decker buses filled with schoolchildren pass by my door and take a sharp bend at no less than 30 miles an hour. I wonder what transport is being provided and what criteria local authorities are using when they award contracts. I was a coachbuilder many years ago and I think that I worked on some of the buses that are being used for those children. I am concerned that, although the buses are suitable in theory for the journeys that are made, in reality their safety would leave a lot to be desired if anything happened.

Nigel Don (North East Scotland) (SNP): Fife Council has been mentioned. I think that the petitioner said that Moray Council had a good way of operating, so perhaps we should contact it and ask what it is doing. I must show my ignorance: are there other road safety organisations? Who do we talk to about such things? It is probably not the Automobile Association.

The Convener: There is an agency called Road Safety Scotland, which we could write to. I have another suggestion, but I will let Helen Eadie in first.

Helen Eadie: I was going to make the point about asking Moray Council to comment. Another road safety organisation is the Royal Society for the Prevention of Accidents. It might be worth while contacting it. I reiterate the point that Lynn Merrifield made about comparing the legislation on

the safety of animals travelling with that on the safety of children. I commend her once more for the work that she and her colleagues have done.

Robin Harper (Lothians) (Green): I have a comment about risk assessment. The record of school buses might be relatively good on accidents, but what happens if a bus with 30 or 40 children is involved in an accident? That gives us a completely different perspective on what kind of risk assessment we should use.

Lynn Merrifield: That is right. Prevention is better than cure. If we tackle the problem before it happens, everyone is happy.

The Convener: It might also be worth drawing the petition to the attention of Scotland's Commissioner for Children and Young People, who may well have the resources to explore some of the issues from a child safety point of view and could take a standard approach.

A fair number of suggestions have been made, so I will explain to the petitioners what will happen. We will seek the views of the various organisations that we have mentioned and the petition will come back to the committee at some time in the relatively near future. That will be drawn to the attention of the petitioners. The petitioners' constituency member has expressed an interest in and support for the petition, so no doubt she will collar me in the corridor every so often to ask me how we are getting on with it. We cannot guarantee to meet the petitioners' expectation in the immediate or short term. However, they have opened up an issue that is worth further exploration and I hope that we will be able to get some positive responses that will move it on a wee bit further.

Having the issue on the record may make Fife Council engage with the petitioners more constructively on it. Cost is an issue and there will always be pressures from other aspects of councils' budgets, but this is about whether the council wants to look at innovative ways through the best-value regime or the retendering regime. I know that it needs to start from the position of looking at the stock that is available for transportation—I am sure that the council is looking at the different varieties and saying, "We cannae put a seat belt intae every one of those the now." However, it would be useful to discuss a staging process. I am sure that Helen Eadie, as a local member, has picked up that point—she will be making herself popular with local councillors. I hope that that has been helpful for you.

Lynn Merrifield: Yes, it has—thank you.

The Convener: I hope that we can move this further forward for you.

St Margaret of Scotland Hospice (PE1105)

The Convener: The next petition is PE1105, by Marjorie McCance, on behalf of the St Margaret of Scotland Hospice. It calls on the Scottish Parliament to urge the Scottish Government to guarantee retention of continuing care provision for patients who require on-going complex medical and nursing care as provided at the 30-bed unit at St Margaret of Scotland Hospice and to investigate whether arrangements for funding palliative care provision at hospices in the context of Health Department letter (2003)18 are fair and reasonable.

We have quite a number of folk at the table. I welcome Marjorie McCance, Professor Leo Martin, Sister Rita Dawson, the constituency member for the area, and Cardinal Keith O'Brien. I thought that I was in trouble when the cardinal came in.

Marjorie—you have three minutes in which to explain why you are where you are, and to tell us your concerns about broad palliative care. We will follow that with a question-and-answer session.

Marjorie McCance: I thank the convener and the committee members for allowing us to present our petition of 60,000 signatures in person. I hope that you have all had an opportunity to read it. I have asked Sister Rita Dawson, who is chief executive of the hospice, and Professor Leo Martin, who is chairman of the board of the hospice, to accompany me to answer questions regarding Scotland's first ever hospice, which is open to all regardless of age, race, creed or colour.

What will happen if the national health service removes £1.2 million? First, there will be the loss of a highly skilled nursing and medical staff. There is no doubt that people with mental health issues and alcohol and drug problems need professional help, but in what way does health care for alcoholics and drug abusers meet or even complement hospice care? The meaning of a hospice in my dictionary is explained as a programme that provides palliative care and attends to the emotional and spiritual needs of terminally ill people. St Margaret of Scotland Hospice meets the emotional and spiritual needs of all patients and their families, irrespective of religion. I do not see the words "drug abuse", "alcohol recovery" or even "mental health improvement centre" under the heading of "hospice".

There is only one thing that is assured in this life, and a noble society affords dignity to that certainty. I believe that we are a noble society, but if we allow Greater Glasgow and Clyde NHS Board to continue with this monstrous decision we are in great danger of losing our nobility. A noble society should perhaps not have to rely on charity,

but on fair distribution of our taxes to all our dying citizens, regardless of how much charity each hospice can raise.

From the figures, the cost per hospice bed does not seem to be in any way fair or reasonable. Why does St Margaret of Scotland Hospice receive only £21,000 per hospice care bed when similar hospices that have fewer beds receive double that amount? I cannot believe that MSPs have been aware of that grossly unfair situation, of the uneven distribution of public money and of the NHS's dismissive attitude to your longest-serving hospice. I look to you, our elected representatives, to correct this totally unjust system, to ask questions of the NHS and to provide a prudent and financially fair way of funding Scottish hospices.

My mother will die with love, care, respect and dignity at St Margaret of Scotland Hospice. You, I and everyone else in Scotland deserve the same treatment. Thank you for your time.

The Convener: Thank you, Marjorie. I know that that was a tough shift for you, so well done. Do the other witnesses have anything to add?

Professor Leo Martin: I would like to provide more background. For the past 27 years—since 1980—we have tried to negotiate a position of stability with the health board and to get a contract with it, so that we can be certain that it will continue to use our services. Over that period, we have been supported by the health board; since 1950, when St Margaret of Scotland Hospice was established, our relations with the board have been good.

However, in the past few years, while colleagues on the hospice board and I were trying diplomatically to make progress for the hospice with the health board, a decision on which we were not consulted and to which we were not privy was made to move 30 care beds for elderly people with complex medical and nursing needs, who have been treated at the hospice for many years, to the Blawarthill site, where the health board will be in charge of care but there will be a new, privately provided facility. We discovered that at the same time as we were about to open a £4.7 million facility, funded from charity, to meet the modern-day care requirements for the 30 beds. It has been a shock to the board and staff of the hospice to find that, at the same time as we were building a facility for the people of Clydebank and the west of Scotland, the health board had contracted for different provision that would severely prejudice the hospice.

There are two wards at the hospice. St Joseph's ward cares for palliative care patients, in what the committee would understand as being more normal hospice beds. Most of those people are

suffering from cancer, but the hospice may take on and care for patients who have other terminal conditions. The 30 beds in St Margaret's ward are for care of frail elderly people. They are also hospice beds, but at that point the frail elderly are receiving their complex medical and nursing care. Funding for the two wards is interrelated—we receive £1.8 million or £1.9 million from the health board. If we lose the hospice beds in St Margaret's ward, almost two thirds of our funding will disappear. At present, we must raise £30,000 every week to stay open. If £1.2 million were removed, we would be in the impossible situation of having to raise £70,000 every week.

A bad decision has been made on which we were not consulted. If we had been allowed input, we might have been able to influence the decision positively. Marjorie McCance's petition calls on the committee to explore options for having the health board reconsider the decision.

14:45

Robin Harper: Has the health board given you any understandable reason for its decision to proceed as it has, without consultation?

Professor Martin: I wish that I could answer that positively, but I cannot. All that we have had from the health board—this has been in the media—is a statement from a spokesperson that the board will continue to support the hospice. The problem is that the board does not appear to wish to support the hospice by providing hospice beds. If that is the case, the whole ethos of the hospice, the ambience and the provision will change. If there was an explanation, I would be happy to give you it, but I do not have one.

Rhoda Grant: Is the board looking to take away from the hospice the palliative care beds or the elderly care beds?

Professor Martin: It is looking to take away the elderly care beds.

Rhoda Grant: Did it give you an opportunity to tender?

Professor Martin: No opportunity was given to tender. The health board tells us that there was a review of provision, given the demographics: the number of beds will go from 90 beds to 60, which will be provided at Blawarthill. We will lose our 30 beds at that point.

Rhoda Grant: What will happen to your current residents? Is the board looking to transfer them? Has it spoken to their families? My understanding is that if you transfer elderly people out of one home into another, a lot of them do not survive the transition very well, unless it is handled sensitively and they are moved in gradually, given time to become accustomed to their new surroundings and allowed to go back home at night.

Professor Martin: We have to contextualise this. The health board is framing the change as being about provision of elderly care. My understanding—the statistics have been provided—is that the people who come into St Margaret's ward normally stay with us for between four and six weeks. Some stay longer, but that is the average length of stay. On that basis, not a lot of notice is required. We also have longer-term residents. People come to the ward in a very poor medical condition and get better after they are received into the ward.

Sister Rita Dawson: We have perhaps six or seven patients who were not expected to live but have been there for some time. Over the past number of years, patients have normally been with us for between four to six weeks. The problem is that we were not consulted about the patients and I do not think that our 30 beds were included in the decision making. The health board's opinion was that the beds were nursing home beds, but they are not. The geriatricians have always referred patients with complex medical and nursing needs to us because we also have the expertise of the palliative care team—one team complements the other. We get patients who would have to remain in hospital if they did not come to the hospice.

The geriatricians are still telling relatives that there is a waiting list of 18 months to two years. A lot of the geriatricians still believe that it is very difficult to get a patient into the hospice. The situation is very serious.

It was very discourteous of the health board not to consult us. We have been providing care for 57 years. I do not think that the board would treat any other provider in the same way. I cannot understand it. We were treated really badly, which is why we are here today to try to protect the most vulnerable people in society.

Nanette Milne: You said that the health board has not consulted you. Did it carry out any public consultation, given that it is reconfiguring services?

Professor Martin: It did not as far as I am aware. I am sorry to sound like a lawyer—that is a terrible lawyer's answer—but that is what I am. I checked the website and the only disclosures that I could get from the health board's press releases were on the decision to save Blawarthill because there was a legitimate campaign in the area to retain that facility in some way, and the announcement that the contract had been let and that the private provider was going to build the new facility. Perhaps other things happened in the meantime, but I am not aware of them as chairman of the board and I certainly do not have any evidence to suggest that such consultation took place.

Nigel Don: Forgive me, but as I represent an area a long way from the scene of the crime, I am genuinely confused about where we are in the process. You say that a contract has been let to refurbish a hospital that already exists. I want to establish to what extent the decisions that you are reasonably complaining about are reversible. What options do the perpetrators now have to correct things?

Professor Martin: Let us hope that the decisions are reversible. My understanding is that the site of the existing Blawarthill hospital is to be redeveloped and that on it some form of public-private initiative facility will be put in place, which will be used by the NHS to provide 60 beds for care of frail elderly people.

Marjorie McCance: St Margaret's already provides such care. Why did the NHS not say to St Margaret's, can you take another 30 beds when the new hospital is being built? If the health board is providing funding for a new hospital to be opened, it will knock down a really old one on the site. The health board says that there is a need to provide care for people with drug abuse and alcohol abuse problems and with mental health impairment. Can those people not go to Blawarthill and let the frail elderly stay where the expertise is?

I advise members to visit a hospice. It is not like going to a hospital—I did not know what the hospice was like until my poor mother ended up in it. The hospice provision is very noble and dignified. Let the private hospital that is to be opened take the drug abusers and the alcoholics. They need help—let them go there, and let the frail elderly stay where they are.

Nigel Don: I live within about 300yd of a hospice, so you are preaching to the converted—I agree with you. That is perhaps why in my previous question I used some pejorative terms, which I should not have used. I still want to know what options are open to those who are making decisions. We cannot reverse things that are irreversible, to state the obvious. I am looking for clues as to what we can try to do, whom we can try to influence and what we can try to achieve.

The Convener: I invite Des McNulty, the constituency member, to speak, because he has been involved with the campaign and the campaigners on the issue. I know that Nigel Don has asked some questions, but Des McNulty can perhaps clarify a couple of issues.

Des McNulty (Clydebank and Milngavie) (Lab): Before I respond to a couple of the points that have been raised, it is worth pointing out that Marjorie and others have collected more than 60,000 signatures for the petition, which is at the back of the committee room—I do not know whether Denis would like to show members the physical proof.

The Convener: Is Denis your young, lovely assistant this afternoon? Did he not use to be in Equity?

Des McNulty: Denis is the provost of West Dunbartonshire Council. We have strong cross-party support from not only that council but from people in East Dunbartonshire and in Glasgow, which the hospice also serves.

There have been two consultation processes. The one in 2000 was a public consultation on proposals for a new facility at Blawarthill hospital. The proposal on which the health board consulted was for a complex of facilities to deal with a variety of needs: residential care needs, out-patient needs, continuing care and care for people with mental health problems. The generic consultation was on whether that would be a good idea. Many people thought that it would be good to have such facilities in Blawarthill, but there was no indication at that point that St Margaret's would be in any way affected. A further study, which was conducted in 2004 and published in 2005, was a balance of care report. It identified that there was a declining need for continuing care beds across the north of Glasgow, but an increasing need for residential care and specialist care for people with mental health difficulties. The most surprising thing is that in the face of evidence that suggested a particular shape for Blawarthill, the health board decided to make continuing care a significant component of provision at Blawarthill and to make no provision for other services, the requirement for which had been identified as increasing.

There was no public consultation, as far as I understand it. The board did not consult St Margaret's about the process, although its decision will have a potentially profound effect on St Margaret's, which is being told that its continuing care provision must go and that it should contribute towards other provision, which the health board knew about but did not address in its reconfiguration of services. There is a question about the integrity of the board's decision about what to put on the Blawarthill site, given the conclusions of the 2005 balance of care report.

There is also an issue about whether the health board has its numbers right on continuing care provision. The board argued for a big proportionate reduction in continuing care provision in the north of Glasgow—the reduction there is bigger than in other parts of Scotland. Given issues about delayed discharges and the evidence from St Margaret's of on-going demand for continuing care, the health board should be asked whether it got its numbers right and whether there is an opportunity to address the situation by acknowledging that we need the 30 beds that St Margaret's provides. That would be the simplest solution.

The other solution is to ask the board to review its plans for Blawarthill, to ascertain whether it can put in place a service that meets requirements without affecting St Margaret's. Nigel Don asked what can be done; I have proposed two possible ways forward.

The petition asks for a review of the arrangements for funding palliative care. The hospice movement is keen to preserve its independence. In 2003 it was agreed that hospices would receive funding of up to 50 per cent of agreed costs. In some ways, the agreement represented a step forward, because in the past hospices had not received such a proportion of the resource. However, the 50 per cent mechanism is a strange way of deciding funding, because as members can see from the additional information that was supplied with the petition, it means that health boards match what the hospices raise through fundraising efforts. All other NHS services are funded on the basis of a flat rate per patient—there is an idea of what care will cost and provision is made accordingly. In relation to hospices, however, funding is determined by the institution's fundraising capacity, which leads to significant differences in the amount per patient that hospices receive.

There seems to be a fundamental inconsistency in such a funding mechanism, which puts much pressure on St Margaret's, given that it is Scotland's biggest hospice and West Dunbartonshire is one of the poorer areas in Scotland. Compared with hospices in other parts of Scotland, where there is less competition or a bigger funding base, St Margaret's is at a disadvantage and its capacity to maintain funding is reduced.

The 50 per cent funding mechanism should be reviewed. It would not compromise the independence of St Margaret's if it were to receive 70 per cent or whatever. Indeed, the percentage approach is wrong; it would be better and fairer to provide an appropriate amount per patient.

We should ask the board whether we can maintain the continuing care beds at St Margaret's alongside the palliative care beds, because all the evidence shows that that model works. Such an approach makes the best use of staff in St Margaret's, is strongly supported by the relatives of people who have been in St Margaret's and is very strongly supported by the local community that I represent and by neighbouring communities, as the number of signatures on the petition clearly demonstrates.

15:00

Nigel Don: I take your point about funding. I do not want to argue with it—in fact, I am not sure that it is arguable. I go back to the point about

where we are with the reconfiguration. Are you happy that, broadly, the number of beds can be made to add up so that we have the right provision at St Margaret's and at Blawarthill? Is that broadly a trade that could be commended?

Des McNulty: There are two options. I suspect that the health board is trying to reduce by too much the provision of continuing care beds in the north side of greater Glasgow. However, it will review the balance of care numbers, so it is feasible that another 30 beds might be required. If so, that would allow St Margaret's to continue, and the health board could continue with its plans for Blawarthill, if that was the best option.

The other option, if more continuing care beds are not needed, is for the health board to reconsider the configuration of the proposed facility at Blawarthill. It is to be a newly built and newly staffed institution, so nothing would be disrupted by changing the balance of what is to be provided at Blawarthill, although making that change would have the great advantage of protecting and maintaining what is provided at St Margaret's.

Nigel Don: Is the timescale for the development at Blawarthill months, years or many years?

Des McNulty: An advert was placed in the *Official Journal of the European Union* to take the matter forward. I do not think that any building work is going on, but it might be due to take place relatively shortly. The health board will need to do some demolition and rebuilding on the site. I do not know where we are with the plans for that or the timescale, but there will be an opportunity before the facility is commissioned to make the adjustments that I have suggested.

Robin Harper: At the beginning of your presentation, you said that there was a scoping exercise in which the health board considered future needs, but what is happening now does not tally with that. It seems that, in a sense, the board is robbing Peter to rob Paul. Is that the case?

Secondly, it is an architectural principle that modern buildings should be flexible. Therefore, any design for the building should allow for flexibility and ease of change to different medical services.

Des McNulty: I certainly agree with the second point. I do not think that it would be a big disruption to change the architecture, and the health board could be asked to consider that; the design should be under review anyway. The board should not build on the basis of a report that is two or three years old. When it finalises the design, it will have an extra three years' worth of information on which to base its decision.

It is important to note that there were two consultations. The one that took place in 2000 was

on the future of Blawarthill and what might be put on the site. A range of things was highlighted. There was almost a shopping list of different types of provision, including care for people with mental health problems, continuing care, extended residential care and out-patient provision.

One of the attractions of the proposal, of course, is the ability to have a range of geriatric provision on a single campus. In principle, that is actually quite a good idea, but I argue that it was never anticipated that St Margaret's would be affected—that came out of the later consultation process. Because of what happened then, we might lose the excellent provision at St Margaret's and create provision that does not meet the requirements that the health board itself identified.

I suppose that we are asking the health board to unpack its decision on Blawarthill in the context of wanting to maintain continuing care provision at St Margaret's. That would be a desirable outcome. The health board could, otherwise, continue with Blawarthill in the context of an increased number of continuing care beds in north Glasgow. Either option would be acceptable from St Margaret's point of view.

Gil Paterson (West of Scotland) (SNP): I thank the committee for giving me the opportunity to speak on the petition. I am here to make it clear to the committee that this is truly a cross-party campaign and that anybody who understands the situation at St Margaret and is willing and able to participate and assist in the campaign is welcome to do so.

The petition is easy to understand and it speaks for itself, but I want to highlight a couple of points. The work that is done in St Margaret is very cost effective. In fact, St Margaret is underfunded for the work that it does. From that perspective, I find it hard to understand why anyone would want to disturb such a good and cost-effective service that has the relevant expertise in place. The idea that the work that is done in such a facility should be shifted to an area with no provision, knowledge or expertise is a strange one indeed.

As a Parliament and parliamentarians, we should consider, too, how St Margaret has been treated. It is most unfair that, at the 11th hour, it is expected to find more money. That is not how responsible Governments or boards should operate. The facility that is most affected is St Margaret's, so I would have expected it to be the first to know rather than the last.

I may be called a bit of an old cynic, but the Blawarthill proposal is a public-private partnership and I question whether it just serves a straight money function of taking money from one heading and putting it elsewhere. If that is the case, it would be doubly unfair to St Margaret's.

John Wilson: On the basis of the evidence that we have heard so far, St Margaret must be commended for the service it provides, but I have concerns about the comparators that St Margaret provides for other hospices throughout Scotland. In their supporting evidence, the petitioners comment on other hospice providers, on disagreements between St Margaret and them and on how St Margaret makes like-for-like comparisons with other hospices.

I want to tease out the issues that are being discussed in the hospice sector. It is clear that getting just over £50,000 a bed cannot be compared with the extreme position of getting up to £275,000 a bed. There are issues about how we provide this type of service.

I agree with Marjorie McCance's comments on need and with the philosophy that people should be treated with dignity and respect at their time of greatest need. If we rely on the hospice service to provide that, we must ensure that it has the resources to deliver its services.

It is clear that there are differences in the hospice service, and I want to draw out the issues that may be being discussed. The St Margaret's petitioners seem to be swimming against the tide in relation to some of their colleagues in other hospices.

Professor Martin: Disagreement is a strong word. It is not St Margaret's intention to make negative comparisons of the other hospices. In certain hospices, there is an understanding, to do with individuality and control, that 50 per cent is adequate. In our hospice, we have looked at the figures over the past 57 years, but we have been prejudiced against because we have been good value for money. We have delivered to the health board at a low cost base over the years, which has meant that the 50 per cent HDL on funding is prejudiced against us. Our historic cost is lower, so we have been funded lower and, because of that, we do not get enough to allow us to do what we would like to do within the hospice.

The figures in front of members are fairly straightforward. They are based on good research that suggests, for example, that while we get £21,254 per hospice bed per year, some hospices get £100,000 a year. We would love to get £100,000 per bed per year—I am sure that we could do some good work with that—but we are realistic. Disagreement is perhaps the wrong word. We believe that the 50 per cent figure does not work for St Margaret's and that 70 or 75 per cent would probably be more accurate in that it would allow us to invest in and build for the future, and provide the service.

There is no sense of this being derogatory about other hospices; there is no sense of us knocking

the views of other hospices. What we are saying is that, for St Margaret of Scotland, which is the largest and oldest hospice in Scotland, there is a need for a far higher proportion of funding for palliative care beds.

John Wilson: While I acknowledge your comments, I am trying to analyse what is in front of us in relation to the hospice service throughout Scotland. As I said earlier, I would like to think that, as a modern and caring Scotland, we provide the resources that are required to deliver all the services that are needed. My concern, and that of Des McNulty and others, is the health board's decision, without any consultation, potentially to reduce the number of beds that can be provided by the hospice and depriving it of vital resources that allow it to deliver a service. That opens up a wider debate about what health boards are doing in relation to care—in this instance the care that is being provided by a very good hospice that is being undermined by decisions that are outwith its control and that are being made without any consultation. We need to ask the health board for answers to our concerns, which are—as I hope the committee agrees—why there was no consultation, why certain decisions have been made and how we should take the matter forward.

The Convener: If there are no further questions from members, I invite His Eminence Cardinal Keith O'Brien to make some concluding comments, before we identify the next stage for the petition.

Cardinal Keith O'Brien: I thank the convener and committee members for considering the petition. It was signed by 60,000 old people. That is bus loads. Young people were singing carols from about 10 o'clock this morning—they were here at about 11 o'clock. I might be accused of speaking from the heart rather than the mind, but the intellectual arguments have already been handed on by some of our group. Others have spoken from the heart of course, especially Marjorie McCance, who has first-hand experience of the hospice because of her mother. When I say that I am speaking from the heart, I am thinking of the individuals who, over the past 57 years, have prepared for eternity in St Margaret's, and of those who are doing so at present.

My pro-life credentials would stand up to scrutiny anywhere. There has been the make poverty history campaign and my visits to countries in the third world—fighting for life there. I think of my fights last year, particularly in opposition to the renewal of Trident—fighting for life in that way, too. From my point of view, being here today is just another fight for life.

15:15

I speak as a Roman Catholic, but many people of other faiths agree with me that life—from the first moment of conception to natural death—is vitally important. In respect of the petition, our concern is natural death: our civilisation and our country will be judged on how we deal with those who are in their last days, weeks or months of dying.

Of course, a necessary part of the debate is the cost of caring for someone who is dying. We should ask questions such as: what more could we do with the money and how could we better utilise the facility? However, we should also consider that the religious sisters of St Margaret have given untold years of service to dying people. The sisters have worked virtually for nothing, apart from their keep. They have also a tremendous army of volunteer helpers who have raised millions of pounds over the past 57 years. All of that has been done to help people to die in comfort, with the required medical aid. Nobody—neither the staff of St Margaret's nor the volunteer helpers—has considered the costs involved. The value of a human life or of helping somebody to die peacefully cannot be measured.

That is my argument, which comes from the heart. Others will use the mind to consider the matter, including the financial implications—how much everything costs and where we could better put another facility. However, each of us has to consider, in our own heart of hearts, how best to do all of this. Members of the Public Petitions Committee have to do that, too. That said, I am not at committee to tell members how best to do things.

I appreciate the serious manner in which the committee is considering the appeal that my colleagues have made. I am glad that you are listening and hope that you will study the petition and take it forward in the most effective way possible, for the good of the country, and its morality, at the present time.

The Convener: Thank you very much. I apologise for the noise, which came from outside the committee room.

The testimony is powerful. Obviously, our purpose is to interrogate issues in detail. In this case, to clarify the issues, we will need to seek the views of the key players in the decision-making process. Given the finality of the decision, we will have to ask questions such as why we have arrived at where we are and whether there is still time to address the issues.

We recognise that commitments on the provision of care for the elderly—or those with acute need—in the north of Glasgow may have been made, but we should still ask what

opportunity the St Margaret's board has to raise issues with the Greater Glasgow and Clyde NHS Board directly and to lobby its members. Such questions would enable you to open up the debate further, to include the implications of decisions that have been taken and your concerns for St Margaret's.

Professor Martin: Over the past few years, we have been trying to get the health board to give us a decision on its thinking and planning. Finally, earlier this year, Sister Rita and I heard of the decision at a meeting with the board's then chairman and chief executive. We thought that the meeting was to discuss a capital contribution to our new build—which we hoped the board would make—but, instead, we were told that the board had decided to close 30 beds and that we should prepare to accommodate a change in need. That was the first we heard of the decision. It was presented to us as a *fait accompli*.

I hope that there is scope for further discussion with the health board. Certainly, I am happy to do that. Des McNulty and John McFall MP have spoken directly to the board and Gil Paterson and other SNP members have also tried to raise the issue. I hope that there is a way forward. However, as Mr Don said, part of the way forward is for the board to demonstrate an ability to change its decision, particularly given the environs in which it finds itself at present. I hope that that can be achieved.

The Convener: I think that we have had a good opportunity to discuss the petition. Indeed, this is probably the longest we have ever spent with individual petitioners. That is not a criticism—I understand why we have done so; it has allowed Marjorie McCance to explain the reality of what is needed and to make clear the emotional commitment that family members and other individuals in the same situation have made.

I am now open to members' suggestions on how we might progress with the petition.

Nanette Milne: We have to write to Greater Glasgow and Clyde NHS Board to find out why it has reached its decision and where it might go from here. As it might be interesting to hear the Cabinet Secretary for Health and Wellbeing's views on the matter, we should also write to the Scottish Government.

Rhoda Grant: I agree with those two suggestions, but when we write to the health board we should ask about the process that it follows on such matters. My understanding is that when health boards change provision, they have to carry out a consultation. I do not think that we can interfere with individual health board decisions, but we can find out whether the various processes have been properly followed, whether

the health board carried out a consultation and whom it consulted. We should also raise with the Scottish Government how hospices are funded and provided for, as it seems that some are able to fundraise while others are not.

Nigel Don: I keep demonstrating my ignorance of this subject—forgive me, but I am not in this business—but I take it that all sorts of organisations know something about palliative care. Indeed, the petitioners in front of us might be able to suggest other organisations that we should consult on technical matters.

Are we best placed to push this matter forward, or should we refer the petition to the Health and Sport Committee? I simply do not know which of us will get to this issue more rapidly, but we need to make something happen quickly. There is no point in having a lengthy consultation or going round the houses; things might have already passed the winning post. We should ensure that it is not that far behind us before we give some people a nudge.

Bashir Ahmad: I think that the committee should do its utmost for this project.

The Convener: Do members have any other suggestions?

Rhoda Grant: Perhaps we should also write to NHS Quality Improvement Scotland not just on palliative care but on the fact that, as I understand the petition, elderly care is being removed from the hospice with the suggestion that it care instead for people with addiction problems. I am not sure how that fits in with the operation of an organisation that provides palliative care or indeed with quality standards in Scotland.

John Wilson: It might also be useful to seek the views of those who provide hospice care. When I attended last Friday's event for St Andrew's Hospice in Lanarkshire, I was struck by the fact that the demand for care exceeds the number of beds available. We need a better picture of current hospice provision, but to get a full picture of what is going on we should also be aware that demand for care exceeds provision. As a result, we need to find out whether hospices feel that demand for their services is greater. I know that there is a quick turnaround in hospices, but is Scotland adequately covered by such services or do we need more provision?

Robin Harper: I agree with all the points that have been made so far. I share Nigel Don's sense of urgency and believe that we need to ask for prompt replies to our inquiries, especially whether the health board has acted within the rules and regulations governing health boards' relationships with outside bodies. If it has operated within the rules, there is an urgent need for a review of the relationship between health boards and charitable

and private providers. The relationship does not seem to have worked properly in this case.

The Convener: Okay. We have a fair number of suggestions. Des McNulty, the local member, may have a helpful suggestion to make—as always.

Des McNulty: I would like to be helpful. There are two issues in the petition, one of which perhaps needs to be addressed more urgently than the other. Hospice funding requires a systematic investigation and is a matter to refer to the Health and Sport Committee, if members agree to do so. That committee is the body that is best equipped to consider that issue in the appropriate depth and detail.

The more urgent issue, from our point of view, is the future of continuing care. My understanding of the rules governing consultation is that there is a requirement to consult if a hospital is going to be shut down, but that consultation is not required for any other decision—even if the decision has considerable consequences, as this one might, for an organisation such as the St Margaret of Scotland Hospice. That is an in-principle issue that we need to refer to the Scottish Government. We need to ask whether the rules governing when a public consultation is required are adequate, bearing in mind the circumstances in this instance.

The committee will want to ask questions of Greater Glasgow and Clyde NHS Board about its role and how it sees the issue being taken forward, but I want to avoid your getting exactly the same answers as we have already got in our extensive correspondence with it. Members who were downstairs earlier will have seen a long clothes-line carrying items of correspondence with the board. The issue is not that there has not been an exchange of information; it is that there is a difference of view. In our view, there is a strong case for retaining continuing care beds at the St Margaret of Scotland Hospice, and we would like your letter to the board to ask how that can be made possible rather than how it can justify its current stance.

Ultimately, there is the possibility of addressing the matter to the Cabinet Secretary for Health and Wellbeing. The cabinet secretary has said in relation to other decisions—for example, regarding accident and emergency departments at Monklands hospital and elsewhere—that when a controversial decision have been made, she is interested in what the public have to say about it. In this instance, the public has spoken very loudly in favour of the St Margaret of Scotland Hospice; I hope that she will apply that principle in this case.

The Convener: I will take comments from members and then allow Marjorie McCance to respond.

Bashir Ahmad: It is said in English, which I learned here, that all is well that ends well; so, we must do something to ensure dignity, respect and care for people at the end. Anything that we can do, we should do.

Nigel Don: I am looking for positive ways forward on this. Am I right in thinking that, if Greater Glasgow and Clyde NHS Board has made a decision, the only way to change that—without going to the law courts, which are no use to man nor beast on any timescale—is to get the cabinet secretary to instruct? Is that a fair interpretation of the practical world in which we live?

Des McNulty: We are not entirely sure about the legal position of the decisions that the health board has taken in terms of its commitments to a pattern of care. I suspect that it might not be too late for a reconfiguration of services. As I said earlier, it is also possible that, if the health board goes back through its numbers and decides that it is scaling down continuing care too much, one option might be to allow the continuing care provision at the St Margaret of Scotland Hospice to be retained.

15:30

The Convener: The petition asks a couple of specific things, but I think that the core issue lies in the implications of a decision not being thought through and the substantial consequences. The debate must be about whether you and the health board can engage in a much more constructive way, looking at the numbers, at the direction of provision and at the future, so that the economics of how you survive as a charitable institution are not jeopardised in the way that the trajectory might suggest. We need to try and get the health board engaged.

We will collate our thoughts so that we can present the health board with the issues that have been raised with the Public Petitions Committee of the Parliament. We have asked the Health and Sport Committee to examine the longer-term consequences of how the funding of hospices in Scotland is allocated generally. The specific issue before us is the staging process that applies to St Margaret's and the implications of it. If that issue is not addressed, your evidence is that you will be unable to continue the current scale of provision, even if you do very different things to survive. We need to tease the matter out a bit further. The issue is also about the factoring that comes in at the health board end.

I asked about representatives from a variety of local authorities making up the Greater Glasgow and Clyde NHS Board. I am sure that the people at the Glasgow end, or those from other parts of the board area, might be saying that anything that

is gained at one end might have consequences for resources at the other end. We need to unravel that point. People are not daft; that is how they behave given the reality that they face.

We need to identify how much time we have—and how much time Marjorie McCance has—to enter into dialogue. Let us have honest discussion and honest brokering between you and the health board. I have probably said enough on the matter—without getting into too much trouble. In fact, I am dealing with Greater Glasgow and Clyde NHS Board at the moment—Tom Divers will not talk to me next time I see him at mass, but that is life.

I invite Marjorie McCance to make some concluding remarks about what she is doing.

Marjorie McCance: I want the committee to understand that it is not just me who has been out collecting signatures; a lot of people have been involved.

Young adults as well as elderly adults are dying at the hospice. People who have just turned adults may be admitted—or they can be over 100. They can die with grace and dignity at the hospice.

Instead of me being with my mum, and instead of the other people being with their relatives who are dying—or who have died during these two months—we have been out on the streets telling people about this horrendous thing.

The NHS partly funds the hospice, and charity partly funds it. It is a great thing coming together. You should hold your heads up high and say, "Look what we provide." It is fantastic care. You are getting the cheapest deal from our tax money. You are giving £21,000 and you are getting phenomenal care for people—it is five-star treatment.

We used to shout about our NHS from the rooftops—but I do not know many people who can do that nowadays. Something has gone wrong; but we can shout about St Margaret's. Please give the hospice fair funding per bed. Find out who distributes the money and give the hospice funding per bed. It should not be about the amount of charitable donations we can raise—going out with a bucket and getting money that way.

The Convener: Thank you very much. We have had a good opportunity to explore some of the fundamental issues that impact on St Margaret's. I know that it has been difficult for you to go through some parts of this process, Marjorie, but you have done really well—be proud of yourself. I say that to the other contributors, too. This has been a very good discussion. Let us hope that we can push the issue forward for you. Thank you for your time.

15:34

Meeting suspended.

15:40

On resuming—

Hospital Parking (Charges) (PE1091)

The Convener: I reconvene the meeting. We have just had a fairly lengthy submission, but it was required because of the issues and the emotion that the petition threw up.

The next petition is PE1091, by Mary Murray, which calls on the Scottish Parliament to urge the Government to review the levying by national health service boards of car parking charges at NHS hospitals, such as the charges that NHS Greater Glasgow and Clyde proposes at Stobhill hospital. Members will remember that we considered a similar petition, PE1086, on 20 November 2007, and heard a submission from the petitioner. Responses from the various bodies to which the committee agreed to write on that petition are outstanding. I have received from NHS Greater Glasgow and Clyde a detailed response to the issues that are raised in PE1086. That response has been provided to members, but we await other responses.

We have with us the constituency member for the area, Michael—sorry, I mean Paul Martin. I used to shout at his father for years, so it is okay. Paul Martin has raised the issue of the impact of parking charges at Stobhill. The petition is a continuation of an issue that Paul Martin has been raising. Do members have any comments, observations or questions? After that, I will invite Paul Martin to speak.

Nanette Milne: The petition is clearly PE1086 in a slightly different guise. It is important that we deal with the two together.

The Convener: The timing of the submission of the petitions was different. Because of the protocol for receiving petitions, we had to bring PE1091 to the committee at a different time. However, the two raise similar issues, so we should try to pull them together in future discussions of responses. Do members have any points to raise on Mary Murray's petition?

Rhoda Grant: We must bear in mind the provision of parking. Sometimes, if no cost is attached, there is no disincentive for folk who are visiting somewhere other than the hospital to use the hospital car parking. The issue is more complex than one of cost. The committee must consider ways of ensuring that hospital parking is available for people who work in or visit the hospital rather than for folk who are visiting places round about. If we cracked that, issues such as parking charges would be solved easily.

The Convener: I do not want to spend much time on this, because we have amplified many of

the points previously. However, Paul Martin may want to clarify a few issues.

Paul Martin (Glasgow Springburn) (Lab): Margo MacDonald is famous for calling me Michael, but now you are doing it, convener.

The Convener: I am having more and more senior moments.

Paul Martin: I want to make several points, to amplify some of Mary Murray's concerns. The petition is different from PE1086 from Chris Paterson, because it refers to the local community experience rather than the staff experience. Chris Paterson lodged an effective and comprehensive petition that described the difficulties that staff have experienced as a result of charges. Mary Murray is concerned about the impact that the charges will have in the local community that neighbours Stobhill hospital. There is documented photographic evidence to prove that contractors already park in sites surrounding the hospital.

Mary Murray's view—which I support—is that, as soon as the charges of £7 per day are implemented on site, staff will tend to park in the streets surrounding Stobhill hospital. Her point is that that would be understandable if, historically, there was a problem with accessing parking on the Stobhill site or if people were abusing the car parking spaces that were available on site, for example to commute to Glasgow city centre. However, like the convener, I have lived in the area my whole life and I know that, historically, there has never been a problem with accessing car parking at the Stobhill site.

15:45

The local residents are concerned that charges will be levied. Their standpoint is, "Why are we implementing a car park charging regime? Is there a need to do so?" There is an issue of principle. The health board has said that it wants to improve car parking on its site, which is an understandable ambition, but it will be dumping on its neighbours by making car parking difficult where they live. Mary Murray's view is that the health board wants to improve car parking at the Stobhill campus but that, in doing so, it will create car parking problems in front of her home and those of her neighbours.

I do not know whether the committee would like suggestions on how to deal with the petition but, given that a great deal of correspondence has already been exchanged on the subject—the people who lodged PE1086 told me that—I am not sure how far we can go without considering the possibility of inviting the health board to appear before the committee. Perhaps the chief executive could be asked to give evidence on the issue, given the seriousness of the situation, which has led to local residents lodging a petition on a

subject on which staff members previously lodged a petition. There may be an opportunity for the committee to take evidence from the minister at the same time. I believe that there will come a point when correspondence has been exchanged, but answers will have to be provided in person to a number of serious questions.

The Convener: Do members have any other comments or observations on the suggestions that have been made?

Nanette Milne: I seek clarification. Will the points that Paul Martin has made be dealt with in the on-going review? If we took up his suggestion, would we be duplicating work that will come to the Parliament anyway, through the review?

The Convener: I am not sure about the process that is involved. I imagine that the review will go to the minister and then to the Health and Sport Committee. That would be the normal procedure.

I think that Paul Martin makes a reasonable call. Once we have received the responses that we have requested, perhaps we could invite the chief executive of the health board to appear before us; I do not know what the process is for that.

A number of assumptions have been made in the policy. One concern is about tackling congestion. That issue is worth looking at, but there are differences across sites, not just in the city of Glasgow but within health board areas.

Rhoda Grant's point was about ensuring that hospital staff and people who are regular visitors to the Stobhill site, either because of their own situation or the situation that a family member faces, can park without being the victims of punitive costs.

I am aware of the site, given its proximity to where I reside—in fact, I should probably declare an interest, now that I think about it. During the development of the medium-secure unit near Stobhill, both contractors parked in residential areas. The fact that the tradition of not doing that has been broken makes it more likely that other people will do the same if a new charging regime is instituted. There is a genuine need for the health board to be interrogated on those issues. It might be useful to have the chief executive appear before us, but I am in the hands of the committee on how we progress matters.

Nigel Don: Again, I come to the issue from the perspective of my experience as a councillor in Dundee, when I inherited the same problem. People parked outside Ninewells hospital rather than pay the parking charge, so I understand the issue. We finished up by having a residents parking permit scheme, at considerable expense and about which nobody was happy.

I think that we need to engage with NHS Greater

Glasgow and Clyde about the need for its policy to be flexible enough to take account of different needs at different sites. I am not sure how that would interact with the review of the general principles that has been undertaken. We need to ask about a slightly different issue, which is a subset of the review: is the board's policy a requirement for every site in Glasgow? We are told that the same approach should not be taken at every site. If I am right in my analysis, we are dealing not with a review issue but with an issue that is specific to NHS Greater Glasgow and Clyde.

Nanette Milne: In Aberdeen, I have experienced the problems that arise when people park in residential streets around hospitals. I know that in Dundee there was dialogue with Dundee City Council and a solution was found. There has been much dialogue between NHS Grampian and Aberdeen City Council, too. Is there such dialogue in relation to parking at Stobhill? If not, perhaps there should be.

John Wilson: I have had a quick glance at the response from NHS Greater Glasgow and Clyde on PE1086. The figures support Paul Martin's assertion that pressure at Stobhill hospital is not the same as it is at other sites. The staff parking ratio is 1:1, so there is no urgent need to introduce charging.

A number of issues emerge from the response. As the convener said, perhaps we should invite the board's chief executive or chair to the committee, to explain exactly what the board is trying to achieve through parking charges. We should try to ensure that Stobhill is not treated in the same way as city centre hospitals, which are targeted because of pressure in the area. The threatened parking charges at Stobhill would put pressure on the surrounding community. Demand for parking spaces is increasing not just at hospitals but at other sites, but the solutions that are proposed do not adequately address the issues that are thrown up.

The Convener: There seems to be willingness on the part of the committee to invite the chief executive or a representative of the health board to the committee. We should agree that in principle and explore the option. The only issue is whether, when the Cabinet Secretary for Health and Wellbeing has considered the review group's findings, the Health and Sport Committee will want to call in key players, and what the timescale for that would be. We might have to deal with that issue behind the scenes. It is a matter of protocol that we should be aware of other committees' roles. Do members agree in principle to invite the chief executive or a representative of the health board to the committee to discuss the issues that are raised in the petition?

John Wilson: I support that suggestion. We should invite the board's chief executive and chair. The chief executive makes recommendations, but the board takes the decision. If the chair and chief executive both come to the committee, they will not be able to blame each other for making the final decision.

Paul Martin: John Wilson is quite correct. We should ask the newly appointed chair to give evidence on a number of issues of concern to members, to do with the interaction with the local community. The community asks why it should have to solve a problem that has been caused by its neighbour—the hospital. People have lived in harmony with Stobhill hospital for 100 years. They have been good neighbours to the hospital and have supported it throughout that time. They now feel dumped on by the fact that the health board wants to create a nice new car parking regime and, of course, charge people for it. That will have an effect on the local community.

In the minutes that I have seen from the review group that has been set up by the minister, there is no evidence that the health board is willing to move away from the commitment that it will provide equity across all hospital sites. The chief executive has advised me on several occasions that he does not want to have different sets of regulations for different members of staff on different sites. He wants equity across all sites.

The original consultation document said that the health board wanted to apply the basic principle that all members of staff would be subject to the car parking regime. That is okay if that is the health board's position on members of staff, but we have to interrogate the chief executive on whether we should have had some engagement to consider, on a case-by-case basis, whether car parking charges had to be implemented. I welcome the fact that the committee is willing to take further evidence.

The Convener: We can leave it at that. I know that Paul Martin commented on the difference between the petition that is in front of us today and the one that we considered a couple of weeks back. However, as there are similar broad themes, I would like to group them together, while recognising that one is more about the residential impact while the other deals more with staff and long-term hospital users. If we agree to that in principle, we will detail behind the scenes what to do in considering the review process.

Paul Martin: I omitted to mention one other point. It would be unhelpful for the health board to take a decision on the matter prior to any committee evidence session. Having dealt with the health board, I know that it is not unusual for it to make announcements during the Christmas and new year period. It would help the committee to receive evidence before a decision is made.

The Convener: We would not want a health board to behave like a Government—of whatever hue.

I thank Paul Martin for his presence. We might make him a permanent member of the committee, considering how things have gone in the past few months. His contribution was helpful, so let us move the petition forward.

Advice Agencies (Annual Monitoring) (PE1096)

The Convener: The next petition is PE1096, on the annual monitoring of advice agencies. The petition is by William McCormack on behalf of Dumfries Welfare Rights, and it calls on the Parliament to urge the Scottish Government to take action, either through new legislation or by enhancing the enforcement of existing legislation, to ensure that all advice agencies that are in receipt of lottery or public funding exceeding £25,000 per annum are subject to annual compulsory monitoring by specialist independent audit or peer review bodies in order to assess the standard of advice that is given to the public by the staff and volunteers in such agencies.

Members have the relevant papers in front of them. Are there any suggestions on how to deal with the petition?

John Wilson: I come from a voluntary sector background. Although I have some sympathy for the petition, the problem for me is that a £25,000 income for a voluntary sector organisation is not a lot of money. Although auditing procedures and the monitoring of charitable and lottery funding can be welcome in regulating advice services, introducing that for organisations that are in receipt of just £25,000 or more could impose a heavy financial burden that would kill off some smaller voluntary sector advice organisations.

I understand the general issue about ensuring that there is sufficient scrutiny of advice services, but I must raise a concern about the petition's threshold of £25,000. Auditors' fees can cost in excess of £1,000 for some voluntary sector organisations. Such scrutiny or checking on an annual basis might impose a further financial burden that might cause some organisations that are doing good works in local communities to fold because they are spending more on scrutiny and regulation than they receive in funding.

16:00

Robin Harper: If the money were available, it might be better spent on training and support for small organisations than on auditing. However, I do not think that it is available.

John Wilson: We need to review the situation and to get an indication of what is happening throughout the advice services. We know about the main service providers—citizens advice bureaux—but a number of organisations with which I was involved provide employment rights advice independently of CABx. A range of organisations are providing advice in various areas. They include independent trade union centres and unemployed workers centres, some of which are not linked to national bodies.

We may want to ask various bodies to respond. We should seek information from Citizens Advice Scotland, Money Advice Scotland, the Scottish Consumer Council and, in particular, the Scottish Council for Voluntary Organisations, which represents and includes among its members many organisations that provide advice. If there is a network that brings together unemployed workers centres, we may want to ask for its views, because I know that many local centres operate on a tight budget. We should submit the petition to such organisations and ask whether what it proposes would be of assistance or would hinder them in their work.

The Convener: It is clear that the petition raises some issues. John Wilson has made some useful suggestions. Do we agree to seek the views of organisations that he mentioned on the petition?

Members indicated agreement.

Public Sector Contracts (PE1097)

The Convener: PE1097, which is also from William McCormack, on behalf of Dumfries Welfare Rights, calls on the Parliament to urge the Government to take action, either through the introduction of new legislation or by enhancing the enforcement of existing legislation, to make it an offence for any local authority or public sector body to award a contract with a value exceeding £25,000 per annum without first adopting a competitive tendering and best value-based approach.

How do members suggest that we deal with the petition? We have spent a lot of time on the matter—the golden figure must be £25,000. We could write to a number of agencies—especially Audit Scotland—to seek clarification of the issues that the petition raises. Both the former and the present Government agreed with the Convention of Scottish Local Authorities, local authorities and all public sector agencies the replacement of compulsory competitive tendering by the best-value approach. Should we invite the views of other agencies and organisations?

John Wilson: SCVO and Citizens Advice Scotland should be asked to comment on both this and the previous petition. Citizens advice bureaux

have their own funding streams, and some receive just over £25,000. What the petition proposes could restrict the funding of bureaux by local authorities. We may also want to seek the Scottish Government's view on the petition, as it funds a number of national voluntary organisations. The Government should be clear about how the public pound is being spent and about whether best practice, which need not be regulatory practice, has been adopted by most funders.

The Convener: Given that, as with the previous one, the source of the petition is Dumfries and Galloway, and given that the local authority is a critical player in the grant mechanisms and in taking an overview through community planning, we should ask Dumfries and Galloway Council for its views on both petitions. Do we accept the recommendations?

Members indicated agreement.

Planning Applications (PE1101)

The Convener: PE1101, from David Milne, calls on the Parliament to urge the Scottish Government to ensure that all relevant planning policies and guidance are adhered to—we clearly have an omniscient petitioner here—and to consider the circumstances under which the Scottish ministers instruct local inquiries when planning applications, such as that for a housing and golf development at Balmedie, are considered. Do members have any suggestions on how the committee should deal with the petition? I would not want the committee to be divided on it on party-political grounds, but let us see.

Nanette Milne: I have stated publicly in the north-east that I am in favour of the development, so it would not be correct for me to take part in the committee's discussion.

The Convener: I respect that. Thank you.

Robin Harper: I have stated the opposite—that I am not in favour of the development—so perhaps I should not take part in the discussion. However, the Liberal Democrats have lodged a motion to discuss the matter in the Parliament, so perhaps it would be better to delay our discussion until after that motion has been debated.

The Convener: Because of the events of the past fortnight, the issue has moved way up the scrutiny agenda. That is the best euphemism that I can use at the moment without ruling myself out of the discussion. As I am not a golf fanatic and do not know the neighbourhood, the only interest that I can declare is that I am a partisan member of a particular party.

I am ready to receive advice from the clerks about whether, given that there are other moves in

the Parliament on the issue, we should consider the petition today.

Fergus Cochrane (Clerk): The petition is not specific to the Balmedie application; it is about the application of planning policy. I am aware of the motion that Robert Brown has lodged, but I do not think that it would prevent the committee from furthering its consideration of the petition.

Robin Harper: I was not saying that the motion would prevent us, but we should take it into consideration.

Nigel Don: I am one of the North East Scotland regional MSPs who has not expressed any view about the Balmedie application and who does not intend to, other than to hope that we can find a satisfactory solution. I suggest that the petitioner is asking for the Government to tell local representatives that they do not have discretion, which is precisely what they do have under planning law and what the Scottish ministers have to call in a planning application. Therefore, I wonder whether the petition is competent—I do not wish to be unkind—in the sense that that is not what it is about. The legislation leaves local representatives the discretion to make a judgment about whether guidelines will be adhered to or whether there are material reasons for deviating from them. That is what the statute says so, at its core, the petition is saying that we should rewrite planning law. Are we going to call on the Scottish Parliament to do that?

John Wilson: It is legitimate for the committee to consider the petition. We should put the circumstances of the past fortnight to the back of our minds and ignore the issues that have arisen. The committee needs to consider the matter fully and it would be useful to consult certain players in the planning framework. It may sharpen the minds of some of those organisations in relation to the recent developments in a particular area of Scotland. If the evidence that the committee receives raises a need to review or change the current planning legislation, it would be legitimate for the committee to undertake that work and recommend that that be done. We should not consider any framework or any legislation to be set in stone; we must examine it.

Organisations that we could approach for advice and information on the basis of previous planning decisions and plans that have been called in are the Scottish Government—although I am not sure what response it would give at present—the Royal Town Planning Institute in Scotland, the Scottish Environment Protection Agency, Scottish Natural Heritage and organisations that own or have interests in large swathes of land, such as RSPB Scotland and the Scottish Wildlife Trust. Such organisations have all been involved in objecting to plans or proposing plans that have been

objected to. I think that the Scottish Crofting Foundation has also objected to various developments in the past. A wide range of organisations that have experience of the planning process—they are too numerous to mention them all—might want to comment.

Rhoda Grant: I agree. We must park the controversial issues and consider the petition on its own merit. We could add a load of statutory consultees for planning purposes to our list of organisations whose views we will seek. I understand that if a statutory consultee does not approve a planning application, that application can be called in. We must consider all that.

John Wilson: What Rhoda Grant said sparked in my mind the idea that some organisations do not have to follow the planning process. If my memory serves me correctly, several organisations that operate in Scotland do not have to apply for planning consent for developments. Consulting some of them, such as the Ministry of Defence, might be worth while.

A more controversial issue is that I understand that, although the Scottish Government could have a view on replacement nuclear power stations, the United Kingdom Government would decide on the overall planning for energy needs. We could consult the UK Government on its reserved powers in relation to planning in Scotland.

The Convener: That is a fair amount of writing for the clerks.

John Wilson: Well, it is the holiday period.

The Convener: Fergus Cochrane's only concern is that the list of statutory consultees might be fairly extensive.

Developments have accelerated on the specific issue that the petition mentions and they will run their course one way or the other, but the petition raises broader questions about the planning process that the petitioner is entitled to raise. The Balmedie application is not the first to have thrown up such difficulties or contradictions, so there would be no harm in the committee exploring some of those issues.

John Wilson and Rhoda Grant have made a series of suggestions, which we will use as the starting point. We will not hold the clerk responsible to the ⁿth degree if so-and-so has not been spoken to, but we need a range of opinions to help us. Does that reassure the clerk?

Fergus Cochrane: Yes.

The Convener: You will see your family some time—do not worry.

Bashir Ahmad: Convener, as you know, I am a newcomer to the committee and to the country.

The Convener: You have been about for a long time—I have seen you.

Bashir Ahmad: Has such a big investment—£1 billion—ever been proposed in Scotland before?

The Convener: I was short by a couple of thousand, but I tried my best.

The planning application that has triggered the issues is substantial and people across parties recognise that. The concern that people have raised, irrespective of where they stand on the application, is about the process and not the quality of the application's ambition.

Bashir Ahmad: Thanks for allowing me to speak again, convener. What kind of conditions does the planning committee have to consider when it receives the application?

16:15

The Convener: There are procedures in place at local government level and in the national planning guidelines. As I understand it, the application in question went through a number of stages. The Government has a role in being able to call in an application. I do not want to dwell on this, because there will be plenty of other opportunities to discuss these issues in the chamber and beyond. It is about the process and the role that people play, whether the local authority convener, the local authority overall, the chief planner or the Government minister. All we know is that the final decision on the matter will be for the Cabinet Secretary for Finance and Sustainable Growth to make. The local member and others cannot be seen to be involved in that process. That is the issue. I do not think that there is anyone here who does not accept that we are talking about a substantial business venture with significant economic benefits for the north-east. The concern that people have, and on which they want reassurance, is that the process has been followed. There is a lot of stuff to do on the petition.

Rural Post Offices (PE1102)

The Convener: PE1102, from Councillor Bill Herd, calls on the Scottish Parliament to urge the Scottish Government to assess the impact that the UK Government's recent announcement on the future of the post office network, both sub-post offices and Crown post office relocation, will have on rural communities in Scotland, such as Galashiels.

I, along with other members, have responded to the recent proposals for the post office network in Glasgow. Although the petition is about rural post offices specifically, I wanted to put on the record the fact that I have raised issues with the Post

Office about closures that affect constituents of mine. I am sure that Bashir Ahmad has done likewise.

There are suggestions about who we should write to. Every member is aware of the issues that are raised in the petition, which might affect them locally. We should certainly write to Postwatch and the Post Office Ltd about the impact of decisions. We should also write to the Scottish Government. I do not know whether what was happening previously is still happening. I have not seen the detail of work on grants to support rural post offices and some urban post offices, too. Do members have other suggestions on how to deal with the petition?

Nanette Milne: The Postal Services Commission would have a legitimate interest in this.

Rhoda Grant: We should also write to COSLA.

The Convener: Okay. There is an opportunity for members here and representatives at Westminster to raise these issues. It is a difficult issue for everybody and it affects all our communities. Do members agree to the recommendations?

Members indicated agreement.

Violence against Women (PE1103)

The Convener: PE1103, from Susan Moffat, calls on the Parliament to urge the Government to prioritise the continuing development of strategic work on violence against women by following the three Ps approach: active prevention of violence against women and children; adequate provision of quality support services for women and children; and appropriate and effective legal protection for women and children.

We have had a chance to look at the papers that were submitted. There is agreement across the committee about the priority that this issue should get and there is general support for the petition. We have identified a number of agencies with which to raise the petition. We can perhaps write to Zero Tolerance Charitable Trust, the Women's Support Project, Scottish Women's Aid, Victim Support Scotland and Rape Crisis Scotland, as well as the Government and other agencies. Is that agreed?

Rhoda Grant: When we are writing to the Scottish Government could we seek reassurance about the removal of ring fencing of funding for women's aid, children's domestic violence funding and supporting people funding? All the pots that fund women's aid are going to have their ring fence removed, which is really worrying.

John Wilson: As well as the organisations that you listed, convener, I suggest that we write to the Association of Chief Police Officers in Scotland.

The Convener: Okay.

Claire Baker: When we write to the Scottish Government, can we ask for information on progress with the violence against women fund, which is due to run out in March 2008? We should ask the Government whether there is a future for that fund or whether it will come to a close.

The Convener: Okay. [*Interruption.*] If anyone has a mobile phone switched on, will they please turn it off? I hope that it is not mine.

I think that we should also pass the petition, for information, to the cross-party group on men's violence against women and children, which has been addressing some of these issues. On the point about grant allocation to local authorities through grant-aided expenditure, the First Minister gave a commitment in the chamber last week that, under the concordat, the matter will continue to be a priority. We want the funding to continue, so we should draw attention to that.

Wind Farm Developments (PE1104)

The Convener: The final new petition today is PE1104, from Professor Dixie Dean, which calls on the Scottish Parliament to urge the Scottish Government to consider the impact of mechanical vibrations that are transmitted down through wind turbine installations on peat, soils, invertebrates, fungi and bioaerosols, which lie at the base of the food chain, when it considers applications for onshore wind farms, and to commission research into the impact of such vibrations on such habitats and species. Members have a brief note on the issue from Professor Dean, which was circulated by the clerk.

Do members have any suggestions on how we should deal with the petition? Again, I think that we should write to a number of agencies. I am not knowledgeable in the area, but I suggest that we write to the part of the Scottish Government that deals with renewable energy and to Scottish Renewables. I had not thought about the consequences for invertebrates, but I understand from the great advice from the clerk that there is an organisation called the Invertebrate Conservation Trust. I can write the first letter that I have ever written to that organisation.

Nigel Don: I wonder how we can get hold of what I might describe as the science community. I have no idea where we will find the right people, but there will be departmental heads in universities who know about these things. I do not know where to find them—we cannot go looking down a hole for these folk—but I bet there is a group of people out there who know something about it.

The Convener: It cannot be beyond our wit to contact perhaps two university departments and say, "Look, this has come to the Public Petitions Committee. If you have time, will you give us your views on the issues that it raises?" Do members agree with that approach?

Members *indicated agreement.*

The Convener: Thank you.

Current Petitions

Sleep Apnoea (PE953)

16:23

The Convener: Item 2 is current petitions. The petitions that we will discuss were lodged and discussed either before the election or since the current committee was established.

The first current petition is PE953, from Ms Jean Gall, on behalf of the Scottish Association of Sleep Apnoea. It calls on the Scottish Parliament to urge the Scottish Executive to increase awareness of the health problems that are associated with obstructive sleep apnoea, to promote proper diagnosis and treatment, and to provide sufficient resources—including resources for adequately funded sleep centres. Members have copies of the written submissions on the petition and other papers that we have had in the past on the issue. Do members have suggestions on how we should deal with the petition? I understand that Scottish intercollegiate guidelines network—or SIGN—guidelines have been produced. Is that sufficient?

Rhoda Grant: I understand that SIGN 73, which covers the matter, is to be updated. If that is the case, we can close the petition and let the matter take its course.

Nanette Milne: I cannot remember exactly, but the issue was raised with me a considerable time ago by a constituent. I think that it was put to me at that time that there is significant variation between health boards in the way in which the condition is dealt with. I wonder whether we should contact COSLA and ask whether the health boards are implementing the guidelines.

John Wilson: The third paragraph in the response from the Government says:

“Responsibility for planning services for those with obstructive sleep apnoea rests with NHS Boards, which are expected to fund them from their general allocations in order to meet the needs of their resident populations.”

It does not give us any detail of what instructions or guidelines are being issued to the boards or what is happening at a local level. As Nanette Milne said, the difficulty is that, if boards do not treat the illness with the seriousness that it deserves, we could find that—as other petitions that we have received have pointed out—there is great disparity in how the illness is dealt with in different NHS boards. The consequences of its not being dealt with properly could be quite severe for the individuals concerned. It would be useful to tease the matter out slightly and write to the NHS boards or to NHS Scotland to find out what instructions are being provided to the boards and what the boards are doing to alleviate the problems that exist.

The Convener: That is not an unreasonable suggestion. The fact that the guidelines have been updated addresses one of the issues in the petition, but there is also the issue of the allocation of resources to the different health boards. We can write to the Scottish Government and health boards about the support that boards are given. That will, hopefully, resolve some of the issues that have been raised in the petition. Is that agreed?

Members indicated agreement.

The Convener: Thank you for your patience.

Plagiocephaly (PE960)

The Convener: PE960, from Ms Claire McCready, calls on the Parliament to urge the Government to ensure that cranial abnormalities and deformities of babies are properly recognised and treated by evaluating babies at birth and at six weeks; that appropriate advice is available to parents, including repositioning advice; and that cranial remoulding therapy is available free of charge from the NHS. Members have copies of the written submission relating to the petition. Do members have any suggestions on how the committee should deal with the petition?

Claire Baker: It is worth recognising that the petition has achieved quite a lot, in that the Government has accepted the need for further research. Arrangements have also been made to ensure that parents are more aware of the condition, and health care professionals are being advised of the need to check for the condition, which was a key request of the petition. There would, therefore, be an attraction in closing the petition. However, it might be worth keeping the petition open until we know what research has been undertaken and it has been completed.

The Convener: That is a reasonable suggestion. Are we all okay with that? We have had a look at the papers and we recognise that progress is being made in some ways, but we want to get the full picture. Does the committee accept that recommendation from Claire Baker?

Members indicated agreement.

Duchenne Muscular Dystrophy (PE965)

The Convener: The next petition is PE965, which is from Dean Widd, on behalf of Parent Project UK Muscular Dystrophy (Scotland). The petition calls on the Parliament to urge the Executive to ensure that sufficient funding and resources are in place to combat problems and to ensure that the care requirements of those with particular types of dystrophy are met. Members have copies of the written submission relating to the petition. Do members have any suggestions

on how the committee should respond to the petition?

Nanette Milne: Again, several initiatives have been undertaken in response to the petition; nevertheless, it would be helpful to know where we are at. We could ask the Government to update us on how it is taking forward some of the initiatives that have been started.

The Convener: Are members happy with that recommendation?

Members *indicated agreement.*

Swimming Pools (Investment) (PE966)

Community Sports Facilities (PE1041)

The Convener: The next two petitions, PE966 and PE1041, are grouped together. PE966, by Robert A Lambert, on behalf of Glenrothes Community Action Group, is about the lack of investment in swimming pools in Scotland; the petition calls on the Parliament to urge the Government to address the report that was published in 2000 by sportscotland on investment in and maintenance of swimming pools throughout the country. PE1041, by Les Trotter, calls on the Parliament to urge the Scottish Executive to take the necessary steps to ensure that the facilities and pitches that are used by all community-based sports clubs are of a standard that befits a leading European nation. Members have copies of the written submissions relating to the petitions in front of them. Are there any comments?

I declare an interest in that I had a meeting on the issue in Edinburgh with Les Trotter and Unite the Clubs, in my capacity as Labour's sports spokesperson.

16:30

Claire Baker: On looking through the papers, I noticed that the representative from Fife Leisure Action Group still seems to be quite frustrated by the process. I have some sympathy; it seems as though local government and the Scottish Government recognise that the need for sporting facilities is a priority, but funding pressures limit any progress, certainly at local government level. I also have sympathy with the position in which local authorities have found themselves in recent years in having to make quite difficult choices about the policy areas in which they prioritise funding. Sport and leisure facilities have been squeezed during that period.

I share the petitioner's frustration that the issue is being moved backwards and forwards. It would not be unreasonable to push the Government for a fuller response than that which we have received. The petitioner raises issues about timetables,

strategy, and ring fencing, and there would be no harm in pushing the Government for a fuller explanation of how it plans to resolve those issues, although the response might be that it comes down to local authorities.

It might be worth pushing the Government, which says in its letter that

"many local authorities failed to adequately maintain facilities".

Questions should be asked about why they have failed and whether that comes down to lack of resources from central Government, or whether central Government believes that it is a result of poor planning on the part of local authorities. Could the changes have been made within the limits of the resources that local government receives?

I am a bit frustrated that the issue seems to get passed over and that no one takes responsibility for how such facilities are funded. People on both sides might need to look at some imaginative and affordable solutions, but no one has given the committee an adequate answer.

John Wilson: Would it be worth while referring the two petitions to the Health and Sport Committee for consideration?

Claire Baker: Can we refer both petitions? Can we keep them live by writing to the Government?

Fergus Cochrane: If the committee has identified issues that it would like to pursue, it can carry on considering the petitions. However, once the committee receives further responses, it might be in a position to refer the petitions formally. I am not aware of the timetable for the Health and Sport Committee's inquiry, which could be under way by the time that any responses came back to us. I can ask the Health and Sport Committee clerks about the timetable.

Claire Baker: It might also be helpful to pursue with the Health and Sport Committee clerks the remit of that committee's inquiry and to get a bit more detail about what it will be considering.

The Convener: This is a big issue, in which I have an interest because of my portfolio responsibilities. In a sense, the answer is partnership; that may be a cliché, but it is true. It is about getting in resources at national and local level, and using incentives and encouragement. One of the petitioners' issues is massive and would require major investment; the other issue concerns local partnerships through sports development.

The committee should still have a degree of ownership of the petitions. The Health and Sport Committee deals with a wide range of policy areas; it has to deal with everything that does not

come under the remit of the Local Government and Communities Committee, so it has to find time to deal with sport. Rhoda Grant is a member of the committee; perhaps she could give us her view.

Rhoda Grant: There will be an inquiry and I guess that we will start to take evidence in the new year. We have the budget reports to do and there is a bill to be considered, too. We are also gathering bits of information on another inquiry. There is probably time to allow the Public Petitions Committee to do some further work on the petitions before referring them on. Could we copy the petitions to the Health and Sport Committee for information?

The Convener: I was about to say that. Can we inform the Health and Sport Committee about the petitions? I imagine that they would be of interest to that committee, because community clubs or voluntary groups would say that they are about encouraging a seven-year-old boy or girl to participate actively in sport whether it takes place on red blaes or black ash or in a run-down pavilion. That youngster will not have such an experience in other areas of their life—sports do not compare with other products that are available in much comfier surroundings.

Why do we not draw attention to the petitions? We should try to spend two or three months on the issues that have been raised. I have met people from clubs in Edinburgh—it is a sad day when a Glaswegian tries to give advice to people from Edinburgh, but that is life—and I think that there is an issue. Those people were passionately concerned and they want to work with all parliamentarians to build up the status of such issues. Let us find out whether we can help them in that respect.

Nigel Don: I do not want to disagree with you, convener, but I wonder whether it would be competent for the committee to delegate work to you. Could you speak to the convener of the Health and Sport Committee, no doubt with help from the clerks, and work out the best practical way forward? That discussion may clearly show how to progress.

The Convener: Okay. We will do that. The petitions will therefore remain live. Thank you for that help.

Leisure Facilities (PE990)

The Convener: PE990, from Derek Rosie and Colin McCall, on behalf of Penicuik Community Education Association, calls on the Scottish Parliament to urge the Scottish Executive to review the provision of community leisure facilities across Scotland. The petition is not dissimilar to the previous petitions. Members have papers on the impact of the closure of leisure centres and

facilities in the Penicuik area. Do members have any suggestions on how we should deal with the petition?

Claire Baker: It would be sensible to group consideration of this petition with consideration of PE966 and PE1041, if that is possible.

The Convener: Okay. We could group it with the petitions on investment in infrastructure and facilities. We need to deal with the general rather than the locational issues, although that is not always the case with petitions, as local issues drive people's concerns. We will group the petitions together and explore the issues.

Jet-skis (PE978)

The Convener: PE978, by Diana Cairns, on behalf of Portobello community council, calls on the Parliament to urge the Government to consider how best to restrict the use of jet-skis in the vicinity of public beaches, particularly in residential areas. We have substantial documentation on the petition.

Do members have views on how to progress the issue? There is now an exclusion zone at the beach in question and the Department for Transport has issued further guidelines on dealing with watercraft users and their impact on public safety.

Rhoda Grant: If that is the case, can we close the petition?

The Convener: Yes. We could close it and invite the City of Edinburgh Council to consider meeting the petitioner to discuss progress on the issues that the petition raises. Do members agree?

Members indicated agreement.

The Convener: I thank members for their patience in dealing with the petition.

Plants (Complaints) (PE984)

The Convener: The next petition is PE984 by Dr Colin Watson, on behalf of Scothedge, which calls on the Parliament to introduce legislation to provide local authorities with the power to deal with complaints about vigorous growing trees, hedges, vines and other plants.

John Farquhar Munro: The petition raises a big issue. It is a growing issue.

The Convener: Yes. Do members have any views on how to deal with the matter?

John Farquhar Munro: I thought that it had been resolved. The petitioner originally suggested that there should be nothing above 2m, and that anything above 2m should be trimmed. However,

two years down the line, nothing seems to have happened.

John Wilson: We should write to the Scottish Government to seek an update on when it will decide how it will address the matter or when it will introduce legislation.

The Convener: That would be the best course of action. We could find out where the Government is with respect to the legislative framework—if there is to be any—and then decide how to deal with the petition.

Broken Glass (PE986)

The Convener: PE986, which was submitted by Woodlands primary school, calls on the Scottish Parliament to urge the Scottish Government to take greater action to protect the public, domestic and non-domestic birds and animals from the dangers of broken glass, to promote the use of plastic bottles as an alternative to glass and to introduce a refundable deposit scheme aimed at reducing the levels of broken glass in public places. Members have a note on the petition. Do we want to seek any organisation's views?

Nanette Milne: The responses that we have had appear to indicate that a deposit scheme is potentially not viable. Should we ask the Government how its policies on antisocial behaviour, waste, recycling and the environment might deal with the issue that is raised in the petition? We need more information.

The Convener: Okay. Are members happy with that suggestion?

Members indicated agreement.

Home Loss Payment (PE988)

The Convener: PE988, which was submitted by Ian Macpherson on behalf of Harvieston Villas residents, calls on the Scottish Parliament to urge the Government to increase the home loss payment. Members have papers on the petition. I invite views.

John Wilson: We could write to the Scottish Government to find out what it is doing about the matter and when it will decide whether home loss payments will be increased.

The Convener: Are members happy with that suggestion?

Members indicated agreement.

School Clothing Grants (PE999)

The Convener: PE999, which was submitted by Jim Milne on behalf of Dundee Anti-Poverty Forum, calls on the Scottish Parliament to urge the Government to review the school clothing grant

system. Members have papers on the petition. I understand that the Government is reviewing school clothing grants. If that is the case, we should close the petition. When the results of the review are announced there will be a chance to discuss the issue in the appropriate parliamentary committee and in the chamber.

John Wilson: The Scottish Government is aware of the petition, but we should ascertain whether the petitioner can be consulted as part of the review, given his interest in the matter.

The Convener: The clerk tells me that the individual who brought the petition is a member of the working group that is involved in the review. He will not have a better chance than that to influence the outcome.

Okay. I take it that the committee accepts the approach to PE999.

Shetland Islands Regulated Fishery (Scotland) Order 1999 (Revocation) (PE1003)

The Convener: Members will be glad that we have reached the final petition for consideration today. PE1003 was submitted by Sydney Johnson and calls on the Scottish Parliament to revoke the Shetland Islands Regulated Fishery (Scotland) Order 1999. Members have papers, which contain the straightforward suggestion that we write to the Government to seek an update on the issues that are raised in the petition. Are members happy to do that?

Members indicated agreement.

The Convener: We have dealt very briefly with the petition, but what we have agreed is the best course of action.

New Petitions (Notification)

Meeting closed at 16:44.

16:43

The Convener: I invite members to note the new petitions that have been lodged since our most recent meeting, which will be timetabled to come before us for consideration in due course.

Nanette Milne: How are we getting on with our progress through the petitions?

The Convener: It is like wading through treacle.

We are approaching what people call the festive period—I call it the seriously stressful period. I am privileged to convene such a good committee and the support that I have had from members during the past months has been helpful. We have had an incredible workload. This has been our longest meeting, as a result of the nature of the issues that we discussed. I wish everyone well during the break and I hope that you come back in January refreshed and willing to face what might be a mountain of petitions. I close the formal part of the meeting, but there are a few housekeeping issues to tidy up, so I ask members to stay back while we do that.

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