



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Friday 15 March 2013

Session 4

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PUBLIC PETITIONS COMMITTEE
7th Meeting 2013, Session 4

CONVENER

*David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Chic Brodie (South Scotland) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

*Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP)

*Angus MacDonald (Falkirk East) (SNP)

*Anne McTaggart (Glasgow) (Lab)

*John Wilson (Central Scotland) (SNP)

COMMITTEE SUBSTITUTES

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab)

Alex Johnstone (North East Scotland) (Con)

Maureen Watt (Aberdeen South and North Kincardine) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Frances Anne Gillies (Barra Youth Council)

Councillor Rae MacKenzie (Comhairle nan Eilean Siar)

Mairi Maclean (Barra Youth Council)

Annie Teresa MacNeil (Barra Youth Council)

Councillor Donald Manford (Comhairle nan Eilean Siar)

Councillor Gordon Murray (Comhairle nan Eilean Siar)

The Rev Hugh Maurice Stewart (Lochs-in-Bernera and Uig Church of Scotland)

Dr James Ward (NHS Western Isles)

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Council Chamber, Comhairle nan Eilean Siar, Stornoway

Scottish Parliament

Public Petitions Committee

Friday 15 March 2013

[The Convener opened the meeting at 14:00]

The Convener (David Stewart): Good afternoon, ladies and gentlemen. I am the convener of the Public Petitions Committee, and I welcome you all to a bit of history. This is the first time since the Scottish Parliament was set up that the Public Petitions Committee has been in the Western Isles. I am delighted that you could all come along to watch and, I hope, participate in our proceedings.

As always, I ask everyone who has a mobile phone or any other electronic equipment to turn it off now, please, as it interferes with our sound system.

I ask the committee members to introduce themselves briefly so that everyone knows who they are. The deputy convener will start.

Chic Brodie (South Scotland) (SNP): I am an MSP for South Scotland and, as David Stewart said, the deputy convener of the committee.

John Wilson (Central Scotland) (SNP): Good afternoon. I am an MSP for Central Scotland.

Anne McTaggart (Glasgow) (Lab): Good afternoon, all. I am an MSP for the Glasgow region.

Angus MacDonald (Falkirk East) (SNP): Good afternoon. I am the MSP for Falkirk East, and I am proud to say that I hail from Sandwick.

Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP): Good afternoon. I am the MSP for Carrick, Cumnock and Doon Valley.

Jackson Carlaw (West Scotland) (Con): I am an MSP for West Scotland.

The Convener: Thank you very much.

Current Petition

Access to Insulin Pump Therapy (PE1404)

14:03

The Convener: Agenda item 1 is consideration of a current petition. PE1404, by Stephen Fyfe, on behalf of Diabetes UK Scotland, is on access to insulin pump therapy. Members have a note by the clerk, which is paper 1, and the submissions.

The committee agreed to invite NHS Western Isles to attend the meeting, and agreed to a

request from the Rev Hugh Maurice Stewart to address the committee on the issue on insulin pumps. I welcome both our witnesses. Thank you very much for coming along, gentlemen.

I will start with the Rev Hugh Maurice Stewart. For the benefit of members of the committee, who are perhaps not experts on some of the details, will you describe your experience of dealing with diabetes in the Western Isles?

The Rev Hugh Maurice Stewart (Lochs-in-Benera and Uig Church of Scotland): Tha mi airson taing a thoirt don chomataidh airson an cothrom seo fianais shoilleir a thoirt seachad air CSII anns na h-Eileanan Siar agus gu nàiseanta. Bu chòir dhuibh a bhith air ur moladh airson an t-adhartas a tha sibh air a dhèanamh mar chomataidh agus am buaidh a tha sibh air toirt air toirt seachad CSII air feadh Alba.

Tha mi eòlach air a bhith a' coimhead às dèidh neach le tinneas an t-siùcair den dàrna seòrsa airson 20 bliadhna, agus tha mi fhìn le tinneas an t-siùcair den chiad dòigh. Chaidh moladh gum bu chòir dhomh CSII fhaighinn anns a' Ghiblean 2011. Fhuair mi trèanadh ann an CCL bhon bhòrd slàinte an seo—trèanadh a bha ionmholta math—an-uiridh, ach tha mi fhathast a feitheamh ri CSII fhaighinn. Chaidh mo chur air cùrsa DAFNE ann an Glaschu, a chaidh a thoirt seachad le NHS GGC, bho chionn sia no seachd mìosan air ais.

Man a tha fios agaibh, nuair nach eil tinneas an t-siùcair air a smachdachadh ceart, tha cunnartan mòr na lùib a thaobh buill den chorp a bhith air a ghearradh dheth, stròcaichean, grèim-cridhe agus bàs. Tha e cudromach gum bi CSII air a thoirt seachad don mhuinntir a tha na h-àrd lighichean a' roghnachadh gum bu chòir fhaighinn.

Tha puingeagan agam ri dhèanamh mu thimcheall CSII gu h-ionadail is gu nàiseanta, ach chan eil fhios agam an e seo an t-àm a bu chòir dhomh sin a dhèanamh no am feum mi fuireach airson cothrom fhaighinn nas fhaide air adhart anns a' choinneamh.

Following is the simultaneous interpretation:

I thank the committee for this opportunity to give clear evidence on the provision of CSII—continuous subcutaneous insulin infusion—in the Western Isles and nationally. The committee is to be commended for the progress that it has made and the impact that it has had on the provision of CSII throughout Scotland.

I know about the issue as I have looked after someone with type 2 diabetes for 20 years and I have type 1 diabetes myself. In April 2011, it was recommended that I receive CSII. Last year, I received training in CCL—critical carbohydrate levels—from the health board here, and that training was commendably good. However, I am

still waiting to receive CSII. Six or seven months ago, I was put on a course about DAFNE—dose adjustment for normal eating—in Glasgow that was provided by NHS Greater Glasgow and Clyde.

As you will know, if diabetes is not controlled properly, there is a big danger that you might lose a limb or suffer a stroke or heart attack or death. It is important that CSII is given to those who the consultants have decided should receive it.

I have other points to make about the provision of CSII locally and nationally, but I am not sure whether to do that now or to wait for an opportunity later in the meeting.

The Convener: Thank you, Mr Stewart. I have some questions to put to Dr Ward, and my colleagues will then follow up with further questions.

Dr Ward, you will know that the Scottish Government's current target is that, by the end of this month, health boards should deliver insulin pumps to 25 per cent of under-18-year-olds. The broader target is to triple the provision of insulin pumps to people of all ages over the next three years. In your letter to the committee, you said that five children have been identified who were suitable to start insulin pumps. How were those children identified? How long have those children had diabetes that was assessed as being suitable for insulin pump therapy? Do you expect that other children will start insulin pump therapy in future years?

Dr James Ward (NHS Western Isles): Those children are managed through a networking arrangement that we have with NHS Greater Glasgow and Clyde, which provides us with specialist paediatric diabetic medical, nursing and dietetic services working alongside our local teams. The children with diabetes were identified over a period and through their engagement with that clinical service. However, I am afraid that I do not have information on how long they have had diabetes.

A process has been followed whereby our local staff have been in receipt of additional training from our NHS Greater Glasgow and Clyde partners. We will be commencing CSII treatment for those children from 29 April this year.

The Convener: As you will know, the committee has taken a great interest in insulin pump provision. All committee members are concerned about the postcode lottery, whereby some health boards are achieving the targets while others are very far behind. As you know, there are now just a couple of weeks before the target must be achieved. I know that you cannot speak for other health boards, but why is there the problem that, despite the policy that has been laid down by the

Scottish Government, those who live in one part of Scotland get the service but those who live in another do not?

Dr Ward: As you said, I am not competent to answer that question on behalf of other health boards. However, I can say that the challenges and constraints of delivering high-quality healthcare in places such as the Western Isles often necessitate our working in partnership with larger boards. For various conditions, we have strong networking arrangements with NHS Highland, NHS Greater Glasgow and Clyde and other boards. We are very determined that the people of the Western Isles should not be disadvantaged by the fact that they live here.

The Convener: Diabetes UK makes the point that those health boards that are not achieving the targets use the common line that there is not a demand from patients, whereas those boards that are achieving the targets never mention that as an issue. Frankly, it seems to me that some boards are using that as an excuse. What is your experience in the Western Isles?

Dr Ward: As with most things, there is probably a middle ground. It has been agreed and established through the Scottish intercollegiate guidelines network's guidelines that CSII treatment can confer a modest benefit in terms of glycaemic control. CSII is of particular value to people who, in trying to achieve close glycaemic control—in other words, good control of their blood glucose—experience hypoglycaemia or low blood sugars. Offering and making available insulin pump treatment has a clear benefit for those groups of people.

There are, of course, patients for whom insulin pump treatment does not result in improvements and for whom the constraint of continually being attached to a device is not what they are looking for. We are looking to offer the option of insulin pump treatment to those patients for whom it would be clinically appropriate, and to do that in a way that is safe and which ensures that high-quality local support is available for education and for emergency services, should people run into problems.

The Convener: Some health boards have told me that they are concerned about the cost of insulin pumps, which is around £2,000—although it varies—but my concern is that not investing in them can sometimes have a cost. You will know that diabetes is the main cause of blindness in people of working age and that half the non-traumatic leg amputations that are carried out are a result of diabetes. The cost to health boards of hospital admissions and serious operations in hospital is much greater than the cost of pumps. Moreover, I understand that there is quite a

considerable stockpile of insulin pumps that the Government has invested in.

Do you feel that the extra funding that you got from the Scottish Government is sufficient to enable you to carry out the work that you need to do in the Western Isles?

Dr Ward: The funding has come in the form of consumables—devices and, I believe, the insulin for the first year.

For us, the financial element has not been an issue at all; the issue has been more to do with the constraints of getting people trained and introducing a new service from scratch with our partners in Glasgow. The funding is not particularly an issue from our perspective.

We are fully sighted on the end-point consequences of diabetes that you mentioned. NHS Western Isles has one of the lowest rates of foot ulceration of any board and we have consistently high uptake of diabetic retinal screening, which is the key intervention to detect changes before people suffer the consequences.

The Convener: That is very positive—thank you for that.

Chic Brodie: Good afternoon. I would like to ask about the target of delivering pumps to 25 per cent of young people with type 1 diabetes by the end of this month. How much consultation was there with medical professionals on that? Were you consulted on how realistic the target was? As the convener said, many health boards will miss it.

Dr Ward: I was not personally consulted, but the Scottish Government has provided detail on the consultation, and I believe that it consulted managed clinical networks on how many pumps would be needed, as well as consulting a number of senior regional planners or board planners on the matter.

Chic Brodie: You said that the problem is not funding but training. When the target was set, was enough consideration given to what would be required of the health boards to support the distribution of pumps?

Dr Ward: It is difficult. There is a lot of talk at the moment about the destabilising effect that targets can have but, when a target comes into play, it undoubtedly results in a focusing of minds. Although we in NHS Western Isles will not meet the 2013 target by the end of this month, we will meet and are likely to exceed it by the end of April. On that basis, if we were looking just at that target, I would defend our position quite strongly. The subsequent target of increasing the provision of insulin pumps, particularly to adults who need CSII, will be an on-going challenge but one that we will work very hard with our partners in Glasgow to address.

Chic Brodie: My final question is born out of ignorance; it relates to the replacement or withdrawal of the pumps. Will people continue to use the pumps for ever? For example, might children come off them at some point? How often will we have to replace adults' pumps?

14:15

Dr Ward: As things stand, people with type 1 diabetes will not stop having that condition. There is research on pancreatic replacements and various other things going on but, at the moment, those people will need insulin. I would expect the question of how we deliver that insulin to be part of a continuing dialogue between the person involved and their specialist adviser, whether he or she is a consultant or a nurse, about what suits the person best.

Anne McTaggart: The documentation that we received from you states that you need only five young people in order to meet the target on delivering pumps. The convener spoke about postcode lotteries. Given that you have already met your target, what would happen if I lived in the Western Isles, or moved to the Western Isles, with one, two or three children with the condition?

Dr Ward: If a child is identified as suitable for an insulin pump, we will facilitate their access to that. We are likely to start six children on the treatment next month, rather than five. We also indicated to the Scottish Government, which is procuring the pumps for us, that we would aim to utilise up to 10 pumps for children this year.

Anne McTaggart: I want to find out whether there will be a decrease in the emphasis on new people who require that treatment after you meet your targets.

Dr Ward: No, absolutely not. Our emphasis is to give people the most appropriate treatment and if that is a pump, then it is a pump.

Anne McTaggart: You mentioned the problem of training. What do you think would fix that issue?

Dr Ward: We have reorganised our diabetes medical and nursing service provision. That process is on-going and we want to strengthen that team further next year. From my point of view, our system for providing that training is already fixed as a result of our network with NHS Greater Glasgow and Clyde, which provides training and on-going support for people. That is already in place.

Anne McTaggart: Are you saying that that is up and running, the problem has been rectified and there are no further concerns in relation to training?

Dr Ward: The staff training is already in place, especially in relation to introducing pumps for children. There is a lot more that we could do in relation to on-going education for patients with diabetes. In particular, we could have systems to deliver training that are more suitable for people living in places such as the Western Isles than gathering everyone together for a week.

Anne McTaggart: I am paraphrasing, but you said earlier that there did not appear to be difficulty with the funding. If there was no difficulty with the funding, what was preventing the training from going on?

Dr Ward: We had to reorganise the team, define the team and then schedule the training with our Glasgow colleagues in order for that to be delivered in advance of us offering to start children on pumps. While we were planning when the training would be delivered, we were also identifying appropriate children who would benefit from the treatment. I am not sure whether I am making myself clear.

Anne McTaggart: How strong is that team now? If one member left, would there be children waiting for a long time?

Dr Ward: No, because we are aiming to build resilience into the team. Small systems are often very person dependent so, as you say, if one person stopped being available, that would have an effect. We are moving away from that.

Anne McTaggart: In what ways have you built in resilience?

Dr Ward: We will have a broader base, rather than a small number of individuals. We are also upskilling the members of our wider clinical teams who provide diabetes care, for instance practice nurses, other community nurses and general practitioners, so that they understand what CSII involves. We have a new consultant physician starting in six weeks who has a special interest in diabetes, which will add a lot of local resilience. We also have the day-to-day contact with our Glasgow colleagues, who provide an in-reach service and videoconferencing, telephone and email support. It is a blend of support for children and their families.

Adam Ingram: I want to tease out the context of the target of 25 per cent of children and young people. For what percentage of children and young people are insulin pumps clinically appropriate?

Dr Ward: That is a difficult question to answer. SIGN guidelines might say between 9 and 14 per cent. The technology assessment talks about clear criteria, as I mentioned earlier, such as people with recurrent hypoglycaemia—low blood sugar—or people who, despite all efforts, cannot achieve

glycaemic control. How we define “all efforts” is a matter of clinical interpretation.

It is probably fair to say that, rather than the issue being defined by constraints, children and young people with type 1 diabetes should broadly be considered for insulin pump treatment. That is certainly our approach. Some of the issues can be determined by clinical factors and others by social or family factors.

Adam Ingram: According to the responses that we have received from health boards, particularly those that have set up paediatric services from scratch, as you are doing, health boards are coming up against some resistance to the use of insulin pumps among children and young people. For children and, in particular, young people, issues such as body image and when their exams are come into play. Perhaps Mr Stewart could comment on that.

The Rev Hugh Maurice Stewart: I appreciate that the young people have all sorts of challenges. They do not want to be different from anyone else. However, again and again I have read evidence from across the world in which children say that their lives have been transformed by CSII. One mother said, “My wee boy was given back to me.” It is excellent.

A lot of work has gone on here in order to treat six children by the end of April. I know that because I know what goes on here, which is very much a result of what the Public Petitions Committee has done and of the hard work of Dr Ward and other professionals. This is not the beginning of the end but the end of the beginning.

In the plan that NHS Eileanan Siar has put together for insulin pump provision for children up to 2015-16, there is a big provision this year and nothing for the next two or three years. That is in the plan that has gone to this committee. If possible, any children who wish to participate should receive provision. Parents have a big input into a young person’s decision making and may well make decisions for them.

The arrangement with the MCN in Glasgow on paediatric provision seems to be working very well. I have a few points, though. Rurality and sparsity of population should not be a barrier to the provision of CSII for children and adults in the Western Isles. Shetland and Orkney, which have much smaller health boards and are much more sparsely populated and geographically diverse, have met the targets laid down in the chief executive’s letter of last February. They have managed it, which shows that it is possible for other health boards, especially NHS Eileanan Siar, to achieve it.

NHS Eileanan Siar has a problem, which lies in the MCN obligate network with NHS Greater

Glasgow and Clyde. It is not the fault of NHS Eileanan Siar that the desired outcomes have not been achieved; it is just that the MCN is not working. NHS Greater Glasgow and Clyde has a waiting list for DAFNE training of adults of 243 people as of last December. The board puts through 100 people for DAFNE training per annum. Any adult from Eileanan Siar who is recommended clinically for CSII goes to the end of the Glasgow waiting list for DAFNE training, so they end up as number 244. If all things remained equal, that would mean three years before they reached the top of the DAFNE waiting list, and DAFNE training is a prerequisite for CSII. That leads to the confusion that appears to be present between the stated policies of NHS Eileanan Siar and NHS Greater Glasgow and Clyde as regards preliminary, structured educational training for receipt of CSII. The stated policy of NHS Eileanan Siar is that the Bournemouth type 1 intensive education, or BERTIE, programme, diabetes education and self-management for on-going and newly diagnosed, or DESMOND, and DAFNE are not appropriate because of the rurality of the location.

The Convener: Perhaps, in particular for those in the audience who are not experts in this area, you could explain in one sentence about the DAFNE training system.

The Rev Hugh Maurice Stewart: Okay. Basically, DAFNE is a form of dietary counting: you look at your plate and you count the carbohydrate content. Based on the totality of that content, you apply a specific dose of insulin to overtake that absorption. There are different types of structured education. Here in the Western Isles, the stated policy is carbohydrate counting. However, having done carbohydrate counting, you cannot go on to adult CSII in Glasgow because Glasgow says that you have to do DAFNE first. You cannot get on to DAFNE because 243 people are before you on the list for Glasgow. It is a David and Goliath situation—Eileanan Siar is David and Glasgow is Goliath.

The MCN arrangement needs to be reviewed immediately as regards quantifiable performance indicators and penalties for non-provision. It is important for the people in Glasgow because they appear to be suffering from a postcode lottery as well—Glasgow is the biggest city in Scotland. We appear to be suffering from a postcode lottery here in the rural Western Isles. With 100 people going through DAFNE training per annum, I suggest that the MCN obligate agreement between us and Glasgow should include a top slice of three or five people—five training provision places could be allocated to Western Isles as part of the obligate network. The Western Isles could then initiate and promulgate a new form of provision and Glasgow could continue as it is. It would work. We would

not be held back by Glasgow. Glasgow has openly said that it does not promote adult CSII.

Adam Ingram: May I bring you back to my question?

The Rev Hugh Maurice Stewart: Oh yes, the children.

The Convener: That was a long sentence.

The Rev Hugh Maurice Stewart: Sorry.

Adam Ingram: Basically, I am trying to establish the criticality of these targets being met. I am trying to establish how high this provision is on the Western Isles diabetic service's priority list. We seem to be getting some conflicting messages. On the one hand, you would like to see all children and young people moving on to insulin pumps; on the other hand, we are being presented with evidence that suggests that that is only clinically appropriate for a certain percentage of children and young people.

I notice also that Dr Ward's report states that, currently, there is an "increasing incidence of diabetes" in the area. I take it that you are talking about type 1 diabetes, Dr Ward.

Dr Ward: No.

Adam Ingram: No, you are not. Can I get some idea as to where insulin pumps fit into your priority list?

14:30

Dr Ward: Before I respond to that question, I go back to the point about the target that you raised in your previous question. Our aim should be to make insulin pumps available to those for whom they are suitable. That availability might or might not result in their staying on the pump, but the issue is one of access.

On your wider point about where CSII fits into the broader challenge that we face with regard to diabetes, we need to identify people with diabetes and ensure that they get the most appropriate treatment and education, most of which at the moment is delivered not by specialists but in primary care. There must also be appropriate screening for complications; we have already heard about foot and eye diseases, but the major killers are macrovascular complications—in other words, heart disease and stroke—and the condition is also associated with kidney disease. As all those factors depend not only on good diabetes control but on control of other risk factors, such as blood pressure, cholesterol, the preservation of kidney function and, crucially, lifestyle issues such as smoking, we have to see diabetes in terms of the person rather than a pump.

Pumps can be useful for some people—indeed, I believe that there are a number of narratives about how they have transformed lives—and across Scotland there is indeed a variation in their utilisation that, from where I am sitting, I cannot readily explain. However, in our local system, all the issues that I have just mentioned are our priorities. Insulin pumps have certainly become a priority, not least because of the target, but it is important that we do not let this single issue destabilise our service provision, and we are working very hard to ensure that that does not happen.

I am, on behalf of NHS Western Isles, looking to commit to delivering the availability of pumps. I regret that we will miss the target by a month, but we are getting there. Over the next two years, we will be working very hard with our partners in Glasgow to deliver training for adults. Mr Stewart has mentioned some of the constraints in that respect; we have to work with our partners in Glasgow and I completely refute the assertion that our relationship with NHS Greater Glasgow and Clyde is part of the problem. Much of our service provision in relation to diabetes and the specialist support that we can draw on is down to our network with that health board, without which we would be in a much worse position.

The Convener: I take the point that you cannot speak on behalf of other health boards, but a concern that emerged in our evidence sessions related to the suggestion that boards did not agree with the science and were saying, “We don’t really agree with insulin pumps; we don’t think that they are the way forward.” My view is that the National Institute of Health and Clinical Excellence has laid down what should be happening and the Scottish Government has set what I think is a very good target, but health boards do not seem to want to go along with that. Perhaps I am being naive, but I think that that way forward is the correct one. What is your perspective on the issue?

Dr Ward: Professionally, I am not a diabetologist. There is a place for insulin pumps but prioritising them above everything else creates challenges in the system. My reading of the guidance is that a lot has been left to the clinical interpretation of suitability and whether people have done everything that they should have done. Moreover, we are not talking about huge numbers here; the cohort of the population with diabetes who have recurrent hypoglycaemia is actually very small.

The Convener: Perhaps the wider question to which Diabetes UK has again given very good consideration relates to undiagnosed diabetes; indeed, there will be people in the gallery today who are diabetic but do not know about it. I was very interested in the high-risk screening approach

that would focus on those who were overweight, were over 45 and had a family history of the condition. Some health boards have taken an informal approach to that but, as you know, there is no Scotland-wide policy on it. How do we detect the missing thousands in Scotland who are diabetic but do not know it?

Dr Ward: Screening happens in many different places, but mostly in primary care. We should also bear it in mind that pretty much everyone visits their GP on a three-year cycle, so there is an audience that can be reached.

Diabetes screening or blood glucose measuring takes place when people turn up for all sorts of other reasons as well as when they present with symptoms. In the Western Isles, we provide screening at the practice level, but we also provide additional screening through our well north approach, and we have screened somewhere in the region of 7,000 adults. We take a much more targeted approach and use glycosylated haemoglobin, which is a more sensitive marker. As has been correctly implied, some treatment is better than none. Someone who does not know that they have diabetes will not get any treatment and they will not be in the treatment or screening programmes. That is absolutely a priority for us.

The Convener: Do you share my view that opticians play a vital role?

Dr Ward: Yes, and not just in detecting diabetes. Opticians can highlight all sorts of clinical conditions and it is good to know that they can now refer directly into the system.

Jackson Carlaw: I have a couple of brief questions on Government engagement. The Cabinet Secretary for Health and Wellbeing meets the health boards annually for board reviews. Was the diabetes action plan specifically raised by ministers at the last health board review that took place?

Dr Ward: As far as I recollect, it was not raised at our most recent annual review.

Jackson Carlaw: On Government engagement with the diabetes action plan, I notice that in 2011, Nicola Sturgeon said that she would write to all health boards to ask what further action they were taking. Did the board receive a letter from Nicola Sturgeon at that time?

Dr Ward: I cannot say whether it was from Nicola Sturgeon but we have certainly received regular correspondence from the Scottish Government health department.

Jackson Carlaw: Right, so there is sustained engagement with the Government about the diabetes action plan and the board’s progress towards achieving the performance levels within it.

Dr Ward: That is correct.

The Convener: My understanding is that when a health board receives a chief executive letter, the board has to jump—metaphorically—to achieve that target. Is that a reasonable summary of the way in which the Government's action plan enforces behaviour change?

Dr Ward: The CELs certainly carry a powerful message.

Chic Brodie: The petitioner's letter says that one of the reasons for the target was because Scotland was at the bottom of the European league table. I am not sure that that is the right motivation for us to do what we are doing.

Have you any indication or evidence of what other, perhaps larger, countries in Europe are doing differently to raise their game as far as the provision of pumps is concerned?

Dr Ward: I do not have any detailed knowledge of the pan-European approach to CSII. You would have to take into account the huge differences between the healthcare systems that are in place and the different approaches to management of diabetes. In many cases, patients could be sent direct to specialists as opposed to going through generalist services. I am more interested in outcomes than processes, to be honest.

Chic Brodie: On that basis, if you had a free hand, what two things would you do to push us up the league table even further?

Dr Ward: With respect to insulin pump provision or diabetes?

Chic Brodie: Insulin pump provision.

Dr Ward: From the perspective of the Western Isles?

Chic Brodie: Yes.

Dr Ward: I would look to understand what people want by taking a person-centred approach. Diabetes UK has done a fantastic job of lobbying the Parliament and others on this subject. Obviously Diabetes UK represents some diabetics but there is a wider local population whose voice I want to be heard.

We also need much more education about what is involved in the provision of insulin pumps. People might have the notion that somehow or other a pump will make it easier for them to manage their diabetes. However, in a lot of ways, pumps do not do that; they put more of an onus on people, who have to check their blood glucose more often and who are at increased risk of losing control of their diabetes if they are unwell.

I am looking for patient involvement and education.

The Convener: To go back to what you said about what we need to achieve, I have recently spoken to the insulin pump users group and, as you might expect, they were evangelistic about insulin pumps. I talked to a number of parents who said that they feel a lot happier about their adolescent children going out on a Friday and Saturday evening when they have an insulin pump. Hypo attacks are very dangerous and have caused a number of deaths.

You may say that that was a biased audience—the young people and their parents were in the room with me. However, I was convinced by the work that they have done. They are the experts in using it, day in, day out. From their perspective, having an insulin pump normalised diabetes.

Dr Ward: That is an important message to hear. I am sure that as we expose more people and their families here to this intervention we will understand more closely what that means for them.

The Convener: I am conscious that we are short of time, but I did not quite complete one question.

The second target is to triple the provision of insulin pumps to people of all ages over the next three years. We are not at the end of that period yet, but looking at the profile of your graph, what is your view on whether that is an achievable target? It is a much larger target for you to achieve.

Dr Ward: I would be disappointed if we did not exceed the target. In taking that step we have to further refine our network with Glasgow. Mr Stewart's description of the constraints contains some accurate points, so we need sort out access to the training and clarity on determining which people are most appropriate. On adult pump provision for this year, we have indicated to the Scottish Government's health department that we aim to have five pumps made available to adults. If we can continue that level of provision we will meet and exceed the target.

The Rev Stewart: I thank Western Isles NHS Board for its structured education on carbohydrate counting. I believe that that should be available to all diabetics—not just children, but adults. I believe that education is the way forward and that investment in education will reduce the long-term costs to the health service. Diabetic healthcare generally, including CSII, should be considered on a consensual, non-partisan, cross-party, trans-parliamentary basis over a 20-year period. Every party subscribes to the idea, and in the medium to long term the health service in Scotland will accrue significant savings by front loading the investment.

The final applause should go to Western Isles NHS Board, which has introduced periodontal provision through the students of the dental

college, which is very useful. There are good things going on here, but we would encourage the health board to do even better.

John Wilson: I have a couple of points. One is for Dr Ward. I picked up earlier, possibly wrongly, your indication that insulin pumps and insulin were available from the Scottish Government for one year. Given the targets that we are trying to achieve—as the convener indicated, we are trying to triple insulin pump use—has the health board identified any issues with the on-going supply of insulin beyond one year, or is additional funding being made available from the Scottish Government to ensure that insulin pumps are continually supplied and insulin is available for all patients?

Dr Ward: There is provision within our prescribing budget for consumables beyond the first year.

John Wilson: That is fine.

Mr Stewart addressed the point about training on the use of insulin pumps, particularly for under-18s. Surely it would be advisable to ensure that training was made available to parents and guardians. As we discussed earlier, it is difficult to get young people to take on responsibility for insulin pumps. Surely that responsibility should be on parents and guardians, as well as those under 18, to encourage and support young people to use insulin pumps so that we can increase their use.

Dr Ward: Yes, the training is for children and their families.

John Wilson: The other issue is the 25 per cent target. The convener referred to tripling that target. In its response to the committee, NHS Lothian surprisingly said that the 25 per cent target was deemed to be very high risk. Do you accept NHS Lothian's assessment, or do you think that the target falls short of what we should be trying to achieve on the uptake of insulin pump use?

Dr Ward: I would have to infer what was meant by "very high risk" to answer that. NHS Lothian might have meant that it would have to divert resources from other initiatives to support people with diabetes—but I do not know.

14:45

John Wilson: What would those resources be? If they are getting insulin pumps from the Scottish Government and are being supplied with insulin, what are the other issues facing health boards in relation to delivery?

Dr Ward: The resource would be staff time—dietetic time and specialist nursing time.

John Wilson: If I may ask another question, convener—I have waited this long, so I may as well get my questions in—is there sufficient funding and are enough trainers available for NHS Western Isles to deliver the training that is

required to ensure that there is specialist knowledge not only in the primary care sector but in the wider community?

Dr Ward: NHS Western Isles has a long record of investing in training for members of staff in primary healthcare teams from the Butt to Barra. Every practice in the Western Isles has a member of staff who has done the Bradford diabetes diploma, and there is an on-going process of training through our medical consultants network, which covers all aspects of diabetes provision.

John Wilson: I commend Dr Ward for that response and for the work that has been done by NHS Western Isles. I look forward to every health board in Scotland following that lead.

The Convener: We are out of time, I am afraid. Our next step is to decide how to deal with the petition. I think that all members agree that the issue with which it deals is important, and it was interesting to get first-hand information from Dr Ward and Mr Stewart.

My view is that we need to continue the petition. We need to write to the Scottish Government to find out its view on the petition and ask what support it will provide to boards that are not meeting the targets.

There was a suggestion from Diabetes UK that we invite the Cabinet Secretary for Health and Wellbeing to give evidence to the committee on the progress of insulin pump delivery by health boards across Scotland.

Chic Brodie: I think that we received seven replies to our request for information. How many health boards have not replied to us?

The Convener: For the current process, we have responses from every health board.

Do members agree to the suggestions that I have outlined, including the suggestion that we invite Alex Neil to attend a future meeting?

Members indicated agreement.

The Convener: We will continue the petition, write to the Scottish Government and invite Alex Neil to come to a future committee meeting—regrettably, that will probably be in Edinburgh, not Stornoway, but you are all welcome to sit in the public gallery at that meeting.

I thank our witnesses for speaking to us and for contributing to a little bit of history in this committee's visit to Stornoway.

I suspend the meeting to allow the witnesses to change over.

14:48

Meeting suspended.

14:50

On resuming—

New Petitions

Interisland Air Services (PE1472)

The Convener: Item 2 is consideration of new petitions, of which there are three. As previously agreed, we will take evidence on two of them. The first is PE1472 by Councillor Gordon Murray and Councillor Rae MacKenzie, on behalf of protecting interisland transport links, on interisland air services. Members have a note by the clerks, which is paper 2, a Scottish Parliament information centre briefing, and the petition.

I welcome the petitioners: Councillors Murray, MacKenzie and Manford. I invite Councillor Manford to make a short presentation of around five minutes to set the context.

Councillor Donald Manford (Comhairle nan Eilean Siar): Thank you very much for giving us the opportunity to speak to you, convener. I also thank my colleague Gordon Murray for allowing me to make the introductory remarks.

What are lifeline services? Lifeline services are exactly that to the communities that depend on them—a lifeline. It is therefore essential that their application is fair and consistent. The Scottish Parliament has an enviable record in considering and establishing the principles of fairness and equity.

Lifeline services, whether by land, sea or air, are supported by Parliaments and Governments, which provide significant funds for that purpose. There are simple and straightforward definitions for lifeline public service obligation services. There is always room for improvement, but they are reasonably clear. What is not clear is the measure for their application or, more importantly, their discontinuation.

Lifeline public service transport services are delivered by local and national Governments, although their importance to the people concerned is not altered by who delivers them. However, there appears to be no measure applied for fairness, equity or consistency, although I am thankful that measures are applied to services such as social care and education, irrespective of who delivers them.

A public service obligation—PSO—is defined as “any obligation imposed upon a carrier to ensure the provision of a service satisfying fixed standards of continuity, regularity, capacity and pricing, which standards the carrier would not assume if it were solely considering its economic interest.”

The SPICe 2011 “Transport in Scotland” briefing explains:

“The rationale for imposing a PSO should be based on the fact that the maintenance of regular air services is ... vital to development of the region where the airport is located.”

The council asserts that the reason for axing the services is based on cost and usage, holding that 25 per cent usage, or up to £80 public assistance per person, is beyond what should be expected or delivered. In the case of the Stornoway to Benbecula service, the figure is £40.

Is that a baseline for all public service obligations? As lifeline PSO transport services are a national provision, it is reasonable that a national criterion should be set at the very least to ensure that application is fair, equitable and not widely different, regardless of the geographical area it is applied to or whether it is delivered by the national or local Government.

Has a baseline of £40 per head, or 30 per cent usage, been established as a national precedent? Could it develop into one that applies to all public service obligations? That would include nearly all the air services and almost certainly all the ferry services.

Through its budgeting, Western Isles Council has established lifeline transport as meriting being in the bottom 2 per cent of budget priority. Is that to apply fairly to all areas and forms of transport or will it vary? It would be devastating if national Government reduced the priority to that level. Do other local authorities apply different criteria? Is there a postcode lottery in lifeline services? Is there now a need for a national standard? That is what we ask the Parliament to consider. Thank you.

The Convener: Thank you for lodging your petition, which is obviously relevant to our visit today. You make an interesting point about comparing PSOs in Scotland with the position more widely. As you well know, public service obligations are developed Europe-wide, and the European Commission clearly has a vital role. I had a look at some figures before today’s meeting and I note that, in general, both France and the Republic of Ireland use PSOs a lot more than the United Kingdom does. What is your view on that? If there are set criteria, why can we not use more PSOs?

Councillor Manford: I entirely agree that we should use more PSOs. We have argued for many years that a lot of the air services to which the air discount scheme is applied should have been made public service obligations, but there were lots of reasons why people were opposed to that. The coalition Government of the day applied the funding, but the carriers that provided the services

on the routes indicated that they might resort to a court action if they were prevented from running them.

There is often a debate about what a lifeline service is and what a PSO is. Sarah Boyack was the transport minister in 2000 and 2001, when the review was done, and it was established in that document that a lifeline service and a PSO are in effect one and the same thing. The service has to be a lifeline service before someone can apply for a PSO to operate it. The PSO is on the carrier, but the legal right to place that onus is obtained by the council or the Government in establishing the need.

Nobody has ever considered the need to evaluate when the service should end. Under the European regulation, when the Commission is persuaded that the maintenance of regular air services is vital to the development of the region where the airport is located, we are allowed to provide them. However, what ends them? I presume that it is when that vital development is no longer needed.

In this instance, a financial line of 30 per cent capacity has been applied. That is worrying given that, in air services, 40 to 45 per cent capacity is a measure of a service that can perhaps wash its face and not need a service obligation. Surely public service obligations exist for anything that falls below that. A measure of 30 per cent is being applied on one service. I am not arguing that that is unreasonable in itself, but does that apply to all services? To answer your question, I would agree with you—and I will be delighted if the Parliament supports bringing the figure down to 10 or even 5 per cent.

The Convener: As you know far better than I do, the Barra and Benbecula routes are marginal routes that are never going to make money. There will always be issues of fragility with those routes. However, we can use the example of other services: the road equivalent tariff is a way of having some Scottish Government subsidy—in effect—to allow people to use key ferry services; and, as you know, the Labour Administration introduced the air discount scheme, which was another form of that.

15:00

Do you think that it is time that we had an overall review of PSOs in Scotland? You will know that the Barra to Glasgow route, which is a Scottish Government PSO, will come to an end at the end of this month. There appears to be some confusion between local government PSOs and Scottish Government PSOs. My view is that we should probably bang a few heads together, conduct a major review and see how we can

support fragile and rural areas. Do you share my view on that?

Councillor Manford: I do not think that there is a difference between Scottish Government PSOs and local authority PSOs. A PSO is a lifeline service. As I understand it, the routes are delivered by local authorities where local authorities have the relevant transport responsibility—it is simple—and they are funded through the Government by public money for that purpose. The Government delivers a PSO where the lifeline service crosses local authority boundaries. That is entirely reasonable and I do not see any problem with that. The Barra to Glasgow route has already spent five years on a feasibility review, and I would be loth to see that one looked at again.

The point that I am making is that if a financial line is applied to a PSO and that financial line is 30 per cent, 25 per cent or £80 per head of people using it—if that precedent is set—that is extremely worrying. You have talked about the discount scheme and the road equivalent tariff. The Stornoway to Ullapool route is a PSO that has in the region of £10 million attached to it, and attempts are being made to improve it again. Of course, we would support that, but there is an argument about fairness and equity. How can one PSO be discontinued while support for another is increased?

The Convener: I will make a final point before I bring in Chic Brodie. In other transport systems, the Government acts as the operator of last resort. You will be aware that, for example, the Government took over a rail service when the franchisee failed. Do you see that as an appropriate role for Government in fragile air services, particularly when PSOs are involved?

Councillor Manford: In the first instance, I would like the Parliament to advise and guide on whether there really should be a baseline service and what that service should be. That would be the best start.

The Convener: Thank you. That was very helpful.

Chic Brodie: Good afternoon, gentlemen. Let me be slightly contentious. I currently have an interest in another airport on the mainland. State aid is aimed at covering losses, and we are told that it is not compatible with the single European market. At a recent meeting of the Airline Operators Association that I attended, we heard that 89 per cent of airports are technically subsidised by the state or by the local region. Have you had any discussion at all with the Scottish Government regarding European state aid assistance?

Councillor Manford: I have been involved in several discussions on transport matters with the Scottish Government. As I understand the rules for state aid, if a service is run for private benefit but is not delivering economic benefit Europe requires a service obligation in order to intervene.

Everything then falls under the national delivery rules. Local authorities are the transport deliverers in certain circumstances and are funded by central Government for that purpose. There have always been—and are—many examples of ferry services that have been transferred from the council to national Government. When power has been devolved to the local authority, it has always been the case that the authority has approached the national Government and said, “Would you like to take this over?” Indeed, I understand that there are many such examples under the ferries review, but to date I have never heard of the Government stepping or muscling in and saying, “I am taking your powers.” The local authority always makes the first approach.

It would be a terribly difficult situation if the local authority has received money to deliver a service, does not do so and applies the money to something else in the full knowledge that the Government will deliver the service anyway.

I hope that that answers your question.

Chic Brodie: A big issue at the moment is the interpretation of state aid with regard to transport. Discussions are on-going, but I am not sure where they will end up.

Another issue that you might be able to help me with is the imposition of other taxes on passengers. Please forgive me if this is not applicable, but do the air passenger duty and other such charges still apply even if local authorities have a legal PSO?

Councillor Manford: The air discount scheme was introduced to counter concerns about the threat of legal attacks or action against a Government for trying to impose a service obligation on a particular route. In such circumstances, the route would have to go out to tender, with the possibility that the organisation running it would lose out and then argue that it had built up the route. ADS was created to deal with such matters—

Chic Brodie: But I am talking about the air passenger duty that the UK Government levies on passengers who travel. Does that still apply under the auspices of a PSO?

Councillor Manford: I beg your pardon, Mr Brodie. I am not aware that it applies directly to the PSO. The PSO sets the top-line figure that cannot be exceeded, and the air service provider requests of the organisation giving it the contract the money

that it needs to make a profit within the constraints set in the contract itself.

The Convener: As we are a little short of time, I ask for short questions and answers.

Angus MacDonald: I should probably declare that I am a weekly reader of the *Stornoway Gazette* and have therefore been following this issue quite closely. I have to say that I was very surprised at the council administration’s decision to axe in its budget the Barra to Benbecula service. As was stated in the ministerial response to a question that I believe the convener lodged about three weeks ago, the onus is on Comhairle nan Eilean Siar to provide this service.

I have a lot of sympathy with having PSOs for lifeline services; indeed, as Councillor Manford has already pointed out, without PSO status we fall foul of European Union rules on direct state aid. However, we have not received in any briefings the exact figures for the number of passengers who use this particular service.

Does anybody have those figures available? It is certainly clear that we need a fair and transparent formula across the country for PSOs, and it has already been stated that the decision by the council administration may set a precedent, which is a concern. Given that, do the petitioners agree that there should be a baseline evaluation for PSOs or, in other words, a national standard?

Councillor Manford: I certainly agree with that. I think that, nationally, we are going to get into a terrible mess now that it has been established that some form of baseline has been set. That probably undermines the whole reason for PSOs being introduced in the first place.

Angus MacDonald: Given that the axing of the service arises from the recent budget, does the petition have the full backing of the administration and the full council?

Councillor Rae MacKenzie (Comhairle nan Eilean Siar): I would like to give brief background information and my personal view, too.

It is a fact that there was a budget and that a majority of councillors were in favour of axing the service, but there was another view, which we are representing here.

The Western Isles Council was formed in 1974 and took over from the original town and county council in 1975, as members know. I was on that council and I am the last survivor of it serving on the Western Isles Council, although others are still around—I suppose that I am the last of the Mohicans. At that time, there was a conscious effort by the Lewis councillors, who represented two thirds of the council’s majority, to improve the situation in the southern isles, which had, as they would say themselves, suffered under Inverness-

shire County Council in comparison with Lewis, which was under Ross and Cromarty County Council. Over the past 38 years since then, causeways have been built, roads have been improved, and ferries have been introduced.

On 19 August 1975 the council minutes referred to the proposed interisland air service, and a couple of months later they mentioned the inaugural flight of the Loganair service.

The vision of the founding fathers of the council has, sadly, been thrown in the bin, on the floor or wherever. After 38 years, the aspiration of linking the islands together has taken a backward step. Gordon Murray and I are from Lewis, and we will probably never need the service on a regular basis—and, we hope, never in an emergency—but many will. That is why we are looking for the committee's help and guidance.

I have an email that is relevant to the present situation. It says:

"Presently we can provide blood transfusions in St Brendan's by arranging it around the flights so we are within the guidelines for the timings in transfusing blood. The blood is therefore in transit for the shortest time possible. If we lose the Barra leg then the blood journey from Lewis to Barra is too long and we will not be able to provide that service meaning patients will have to be transferred away."

That is from St Brendan's hospital.

I cannot, of course, say what a future alternative would or should be, but that sort of thing should have been sorted out before the service was withdrawn.

The Convener: Thank you very much for your background information, Councillor MacKenzie. You certainly do not look like a veteran, so keep up the good work.

Anne McTaggart: I have a supplementary question. Earlier, Councillor Manford mentioned the ferries review. When is that due to be completed?

Councillor Manford: The ferries review is already complete. The plan is now being rolled out and delivered.

The point that I made was that each single ferry route is essentially a public service obligation and has a sum of money attached—there is sometimes a global sum, but the sum can be worked out for each different one.

There are lots of campaigns to increase each ferry service whether it be through ferry fares, increased numbers of journeys, or speed. However, each link will require more PSO money. I am asking the Government and Parliament, for the purposes of fairness and equity, what formula we can use to decide whether the ferry service

should be increased, remain the same, or end. Do you feel that there should be such a formula?

15:15

The Convener: Thank you for that. We are just about out of time.

Adam Ingram: I have been trying to find a parallel to this situation and I hope that the councillors might be able to help me. I am thinking about the closure of other vital services such as rural schools. I know that the Western Isles has had to face such issues, but there is clear guidance, backed by legislation, that would impact on a council's decision to close a rural school. Is that the type of guidance, perhaps backed by legislation, that you are looking for on PSOs? Would you welcome the Scottish Parliament delivering that so that you are not left in the situation that you are in just now?

Councillor Manford: Yes. There has to be an evaluation of how the application of public funds in one geographical area can be measured against the application of public funds somewhere else.

Adam Ingram: Local authorities cannot close a school on financial grounds alone. A number of other criteria have to be met before such closures. You are telling us that a PSO is being scrapped on financial grounds, despite the fact that, as part of its settlement, the council is receiving money to provide the service.

Councillor Manford: That is absolutely correct. Something is being withdrawn without any direct evaluation or reference to the purposes for which it was introduced.

The Convener: This is an interesting and pertinent petition, so I thank the petitioners for bringing it to us. We were talking earlier about the road equivalent tariff and it occurred to me that we need to introduce an air equivalent tariff for PSOs. However, that might be for another day.

Chic Brodie: On what we should do, Councillor Manford's final comment was pertinent. Where is the economic and social benefit analysis to support such action? It is not just an issue for the Government—the council has taken a position—but it is up to us to ask the Government a question and to have the Government ask the council for the details of its analysis.

Councillor Gordon Murray (Comhairle nan Eilean Siar): As Councillor Manford said, our community is running quite a number of transport campaigns at the moment. We wonder how we can argue in favour of those campaigns while withdrawing the service. There is a campaign for a ferry between Lochboisdale and Mallaig, and we want to improve the times for the ferry between Stornoway and Ullapool. Could withdrawing the

service undermine our campaign to secure a flight between Stornoway and Aberdeen through a PSO, or could it reduce ferry services by increasing the need for subsidies? In withdrawing one service, how can we argue for another? We are looking for guidance.

The Convener: I am sure that you have not forgotten it, but I think that the fair fuels campaign should also be added to your list.

We are out of time, so we must consider our next steps. My view is that this is a pertinent petition that we should continue. We should ask the Scottish Government for its views. We agreed to invite Alex Neil to speak to us in relation to the previous petition, and I suggest that we ask Keith Brown, the Minister for Transport and Veterans, to come to a future meeting to address some of the points that have been raised. Do members have a view on the suggestions?

John Wilson: I was also going to suggest that we write to the Scottish Government to seek its views on the issues that have been raised today. It might also be useful to write to other local authorities to ask how PSOs operate in their areas and whether they face any difficulties with them. We should get the responses to those inquiries before we decide whether to invite Keith Brown to a meeting.

Angus MacDonald: I agree that we should wait for the responses before we decide to invite Keith Brown, but that is an option that should be kept in mind.

Jackson Carlaw: I will be contrary, convener. As I understand it, money has been provided for this purpose, and we are being asked to intervene on a matter that has been visited on the community by the council that it chose to elect. Its first remedy is to elect a different council. I am not quite sure what the obligation is that we are asking ministers to take a view on, given that there is a remedy open to the community to deal with the issue.

Chic Brodie: The huge potential that exists for communities such as this one demands action, and it means that people should not have to wait until the next election. The Scottish Government must be asked its interpretation of the situation. I would also like to see a full interpretation of the EU regulations, which apply to member states—of course, we are not yet one of those directly. We should also ask the Scottish Government to investigate the implications of state aid regulations regarding PSOs and provide us with a detailed analysis.

The Convener: Orkney and Shetland are good examples of local authorities with PSOs, as is Argyll and Bute, which has the Campbeltown PSO. I obviously do not want to enter the

constitutional debate but, the last time I checked, we were still a member of the EU.

We do not normally have votes in this committee, but I believe that the majority view—with the exception of Jackson Carlaw—is that we should write to local authorities that have a PSO interest and the Scottish Government. Once we have assessed those responses, we will take a decision on whether to invite Keith Brown to a future meeting.

I thank the three councillors for contributing to our deliberations. You have helped to inform our decision making on the issue. We will keep you up to date with developments.

I will suspend the meeting to allow the witnesses to change over.

15:23

Meeting suspended.

15:25

On resuming—

CalMac Ferries (Wi-fi) (PE1473)

The Convener: The second new petition is PE1473 by Frances Anne Gillies, on behalf of Barra youth council, on wi-fi on CalMac ferries. Members have a note by the clerk—paper 3—which refers to the Scottish Parliament information centre briefing on the petition.

Members will be aware that the BBC reported last week that CalMac had announced that it would make wi-fi available on all its sailings between the Western Isles and the mainland. It expects to introduce that by the end of the year. Therefore, I thank our petitioners for what is the most successful petition that we have ever had—they managed to achieve a change in three weeks.

I welcome the petitioners and I invite Mairi Maclean to make a short presentation of about five minutes, which will be followed by questions.

Mairi Maclean (Barra Youth Council): Hi. I am Mairi Maclean, and I am here with Annie Teresa MacNeil and Frances Anne Gillies to represent the Barra youth council.

We are here today because we are asking the Scottish Parliament—

Jackson Carlaw: I am sorry, but I cannot hear. Could you pull the microphone a little bit nearer?

Anne McTaggart: It is his age. [*Laughter.*]

Mairi Maclean: We are asking the Scottish Parliament to urge the Scottish Government to ensure that a universal system of wi-fi operates on

all Caledonian MacBrayne ferry services from the Western Isles to the mainland, and to provide a specific timescale for implementation.

The introduction of wi-fi on CalMac ferries would be hugely beneficial to local businesses, commuters, young people from the islands and tourists. The benefits are that it would allow greater access to information, would increase work productivity, would boost the local economy, would improve communication links and would make travelling more attractive to CalMac passengers and crew.

We started our campaign in September 2011, when first we wrote to CalMac to suggest the installation of wi-fi. We received a response that indicated that CalMac needed to investigate the idea further. In December 2011, Barra youth council met Comhairle nan Eilean Siar's transport committee. Those who were present at the meeting included regional and local managers, as well as Councillor Donald Manford. The discussion that took place concentrated on the types of technology that could be used. It was agreed that a wi-fi trial would be implemented on the ferry MV Lord of the Isles, which serves the company's longest route between Oban, Barra and Lochboisdale.

It was also agreed that a CalMac representative would liaise directly with Barra youth council. That did not happen, so in February 2012 a further letter was sent, in which we asked for an update. We were informed that there had been no further developments. Further discussion took place between Barra youth council and CalMac in June 2012. We received a letter that stated that a trial would commence in June 2012. That was seen as real progress and a step in the right direction, and we were delighted.

However, problems were quickly identified with the trial. The signal was intermittent, it was accessible only at one location on the ship and it was not widely advertised. No further progress was made on the issue at that point. In October 2012, Barra youth council attended a Highlands and Islands transport partnership meeting with Keith Brown, who is the Minister for Transport and Veterans, Alasdair Allan MSP and Councillor Donald Manford, at which we brought up the issues with the trial. We wanted timescales to be specified and an assurance that wi-fi would be installed on all ferries.

At that meeting, it was agreed that the wi-fi trial would continue and that, if it was deemed to be successful, it would be a good idea to cascade the service to all ferries. We felt that we had been acknowledged and listened to, but there was no real outcome as regards further progress on the issue or a timescale for implementation.

In February this year, Barra youth council attended a meeting with a representative from the Scottish Parliament's Public Petitions Committee, at which we learned about the petitions process and the benefits of engaging in it. That was a major step forward for us, as it was agreed that we would formally lodge a petition on provision of wi-fi on all CalMac ferries.

In the same month, we contacted CalMac to ask for an update. We were informed that CalMac hoped to install wi-fi on its ferries by the end of 2013. We recognised that that was further progress and were again delighted, but we felt that we needed assurance from the Scottish Parliament that implementation would take place and that we were being taken seriously.

15:30

Our campaign gathered momentum when we received letters of support from local businesses, the council's education department, the chair of the Outer Hebrides community planning partnership, Alasdair Allan MSP, Councillor Donald Manford and Angus MacNeil MP. We also collected 380 signatures online and we issued a press release that gave our campaign much wider media coverage.

We were delighted that CalMac issued its own press release stating that it is not just hoping to, but is going to implement wi-fi provision by the end of 2013. However, that did not change our determination to bring the issue to the Public Petitions Committee's table. We are here today because we want an assurance from the Scottish Parliament that it will be possible for any system that is installed to be accessed by all CalMac customers across the Western Isles, including at all the ports—Barra, Lochboisdale, Lochmaddy, Leverburgh, Tarbert and Stornoway.

Secondly, we would like an assurance from the Scottish Parliament that implementation will take place within a specified timescale. We consider our action to be necessary because we want the issue to be taken seriously by the Scottish Parliament and we would like an assurance that it will assist with the issue. We will measure the success of the Parliament when all CalMac ferries throughout the Western Isles have wi-fi that is robust, available, dependable, affordable and widely accessible.

By lodging a formal petition, we are asking the Scottish Parliament to listen to young people, to take our views seriously, to take on board what we are saying and to let our voices be heard. Thank you.

The Convener: Thank you, Mairi. I know that it must be a bit nerve-wracking to come before the

committee, but you made your points extremely well.

I have a couple of questions to begin with. If we look at comparisons with other transport systems, ScotRail has a contractual obligation to put in wi-fi and my understanding is that it has wi-fi on many of its trains. I appreciate that CalMac is looking at the technical issues and burdens, but would you agree that one way forward would be for the Scottish Government to make it a condition of any future tenders for ferry routes that the successful company provides wi-fi on the ferries? In that way, whoever wins the contract, there will be a guarantee that wi-fi will be provided.

Frances Anne Gillies (Barra Youth Council): That would be a massive step forward for the guarantee of wi-fi. It would benefit all the ports in the Western Isles.

The Convener: I am sure that the issues that Barra youth council has raised are similar to issues that people of your age in other parts of Scotland have, particularly in relation to long-distance ferry services. It is an excellent idea. The paper from CalMac states that it is looking at some technical issues and that it has to look at

“satellite, point-to-point wireless and 3G”

as technical solutions. If people are on a seven-hour ferry journey, it is essential that they have wi-fi. I am sure that you know that from your experience of using the internet, but I am also thinking of people in the business community, tourists and so on. The provision of wi-fi would also give CalMac a competitive advantage, would it not? People would be more likely to take the ferry if wi-fi were available.

I think that it is a great petition. It seems to me that it is pretty well coming to fruition, but my preference would be for us to have a concrete guarantee. Thank you again for your comments. I throw the meeting open to my colleagues for questions and points.

Chic Brodie: I take your point, convener. I think that that is right. As far as I am concerned, the letter from Caledonian MacBrayne about the challenges is still a bit open-ended. It states:

“We hope to tender and transition to a new service model during 2013 and the formal procurement process for this has started.”

I commend the petitioners for lodging the petition. It would not be unfair to ask Caledonian MacBrayne for a timeline for the various activities so that we can see whether it is achieving what it says it will achieve, and to ask whether it can accelerate that. It would be reasonable for the ministers who are responsible to ask that question of Caledonian MacBrayne.

The Convener: To clarify another point, you mentioned that you want wi-fi in the ferry terminal buildings. What is the current position in Western Isles ferry terminals? Can you get wi-fi in any of them when you are waiting for the ferry?

Annie Teresa MacNeil (Barra Youth Council): No, we cannot.

The Convener: Thanks for that. I like an absolute response.

Jackson Carlaw: I congratulate you on the petition that you have lodged and its seeming success to date. A pertinent point stuck out for me when I was reading it. You say—I can just imagine it—that you have to go to a particular place on the boat to get a signal. That reminded me of what happened a generation ago, before we had integral television aerials, when I had to stand in a certain part of the room on top of a chair holding my aerial in order to get a picture. I am sure that others in the room remember those days.

If Caledonian MacBrayne's intention is to provide the broadest possible service, we should commend it for its response. However, if that is more about making a statement to give the impression that it intends to provide a service, when the reality is that in every vessel there is only one bizarre spot where you get the signal, I am slightly concerned. Is a key worry for you that what might be provided is a service in name but not in fact?

Annie Teresa MacNeil: Yes, that is a major concern. Because we have lodged the petition, perhaps CalMac is feeling slightly threatened. I have decided that we would not be happy until we are sitting on the ferry and our mobile phones are receiving wi-fi, and we will continue the petition until then.

Angus MacDonald: I thank Frances Anne Gillies, Mairi Maclean and Annie Teresa MacNeil for their contributions. I had a lot of sympathy for the issue before the petition was lodged because, on the many occasions when I have been crossing the Minch, I have wished that wi-fi was available so that I could get on with my work. It begs the question, as Mairi mentioned, how much productivity has been lost collectively over the past few years when wi-fi was not available, particularly on the long journeys such as the seven and a half hour crossing from Oban to Castlebay and Lochboisdale.

I travel quite a bit to Norway, where even small interisland foot-passenger ferry services have had wi-fi services for a number of years. In many ways, we are behind the times. Closer to home, NorthLink installed its first wi-fi system in August 2011 and replaced it with a second system in February 2012. I believe that NorthLink has

around 40 wi-fi access points across its three vessels serving the northern isles.

I am pleased to note that there is a commitment by CalMac to move forward. However, it must be said that CalMac is behind and that other operators are ahead of the game.

Given the success of the petition, what will your next petition be on? Perhaps you can think about that.

The Convener: Broadband extension might be another topic to consider, but I will leave that for another day.

This is an important petition. We certainly need to write to CalMac about the issue. An interesting point was made about NorthLink; Angus MacDonald summed up well what happens in the northern isles. It would be useful to compare and contrast the two operators. Are members content to ask the Scottish Government about whether wi-fi could be a condition for future tenders?

Jackson Carlaw: What are we writing to CalMac about?

The Convener: We are writing to CalMac to ascertain the tender timeline. We also want to clarify whether wi-fi will be implemented across all routes or whether it will apply only to one route. We need to find out the technical answers.

Jackson Carlaw: Can we also clarify the quantitative level of service that it expects will be available on each route, so we can address the issue of just how easily accessible and available it will in practice prove to be?

The Convener: That is a good point. Are members happy with that course of action?

Members indicated agreement.

The Convener: As the petitioners have heard, we are proceeding with your petition. Obviously, we will keep you up to date with developments. It may be that, in the future, we look at the issue again when we meet in Edinburgh. It would be tremendous if we could get the three of you along to sit in at that committee, but that will depend on other commitments.

Thank you for coming along. I really appreciate your comments. You are welcome to stay on and listen to our other petitions for the half an hour or so that we have left.

Annie Teresa MacNeil: If it would be possible, convener, I just want on behalf of Barra youth council to thank CalMac for listening to us, for allowing us to put our point across and for working with us.

I also thank Councillor Donald Manford, Angus MacNeil MP and Alasdair Allan MSP for their

continuing support throughout our campaign; the Outer Hebrides community planning partnership, which has also supported us; young people throughout the Western Isles; local businesses; the education department; *Guth Bharraigh*, the *Stornoway Gazette*, and the *West Highland Free Press*, all of which have written greatly appreciated letters of support. We also thank the Scottish Parliament for bringing Parliament day to the Western Isles and for travelling to Barra to discuss it with us, and the Public Petitions Committee for listening to the Barra youth council, taking our point of view on board and allowing us to have our say.

Last but not least we thank our youth leader Katie Denehy, who has given us 100 per cent support throughout the process. She is an inspirational woman and we are very thankful for everything that she has done for us.

Thank you all very much. [*Applause.*]

The Convener: Technically, I am not supposed to allow applause, but today I make an exception. I have to say that it does not happen very often in my speeches, but not to worry.

I suspend the meeting for one minute to allow our witnesses to leave their seats.

15:41

Meeting suspended.

15:43

On resuming—

2015 Non-domestic Rates Revaluation (Postponement) (PE1464)

The Convener: The third new petition is PE1464 by Peter Muir on behalf of Colliers International on postponement of the 2015 non-domestic rates revaluation. Members have received the clerk's note, which is paper PPC/S4/13/7/4, the SPICe briefing, and the petition. Before I invite John Wilson to make a few comments, I draw to members' attention the fact that when the National Assembly for Wales looked at this issue it set up a fund that would run from 2015 to 2017 to cover businesses that were affected. That might well influence members' views on what we should request of the Scottish Government.

John Wilson: Convener, I think that you have asked me to speak on the matter because I am also a member of the Local Government and Regeneration Committee. I point out that the petition might well have been overtaken by the Scottish Government's decision to introduce a Scottish statutory instrument on the matter, and

that when the committee considered the instrument on Wednesday morning, it accepted the Government's suggestion to postpone the revaluation along the lines that are set out in the SPICe paper.

The difficulty for the Public Petitions Committee is that, although it could write to the Government, the Government's response would be that it has already made its decision, which has been approved by a parliamentary committee and will shortly go before Parliament itself for approval. Of course, Parliament might decide to overturn the Local Government and Regeneration Committee's recommendation, but the Government has set its course and I am not sure where we can take the petition from here.

15:45

The Convener: Should we close the petition now or is there any merit in referring it to the Local Government and Regeneration Committee?

Chic Brodie: My view is that we should close it—given a series of factors including what is happening in the Welsh Government and the Northern Ireland Assembly, and the implications of where Westminster is on a whole series of things. I think we would just go round in a circle.

Jackson Carlaw: I agree, regrettably, that we have to close the petition. Many businesses would have benefited from revaluation, because they are in communities where revaluation would have dictated that they pay less. In difficult economic conditions and in communities that are hard pressed, such revaluation would have been of benefit. The postponement will benefit some, but it will prejudice others and those who benefit will primarily be in areas where there is more economic activity, rather than less. However, if the decision has been taken, as has been reported, it would be fruitless for us to pursue the petition.

Anne McTaggart: I declare an interest, as I sit on the Local Government and Regeneration Committee. Without rehearsing what was said in that committee's debate, the decision has been taken and some businesses will lose out and others will gain. I am not sure that we can take the petition any further; I think that the issue has been decided for us.

The Convener: Are members agreed that because the SSI has been agreed we will close the petition?

Members indicated agreement.

Current Petitions

Ferry Fares (PE1421)

15:47

The Convener: Agenda item 3 is consideration of three current petitions. PE1421, by Gail Robertson, on behalf of the Outer Hebrides Transport Group, is on fair ferry fares. Members have a note by the clerk, which is paper PPC/S4/13/7/5.

I thank Gail Robertson and her team for all the work that they have done on the issue. The three councillors who gave evidence earlier referred to the issue as being one of the key issues in the Western Isles and beyond. I note that we still await publication of the impact study final report. It seems that it would be sensible to wait until we get the final report before we make any further decisions, because that report is crucial to the petition.

What are members' views?

Chic Brodie: I agree, but I think that the wording, in urging the Scottish Government

"not to remove Road Equivalent Tariff"

is rather unfortunate because removal of the tariff is not the case. We are waiting for the impact study from Transport Scotland; in my opinion, we should continue to wait for that. However, I think the petitioner acknowledged that, as far as I am aware, there has been no discussion about removing RET for freight vehicles.

Jackson Carlaw: I would be all for ending RET because it is prejudicial. Only certain islands benefit from it; other islands do not and there are no plans to extend it to the other islands where people feel equally strongly about the issue. I am quite happy for the petition to remain open.

Anne McTaggart: When will the report be concluded?

The Convener: I have no information on the timescale, but we can certainly drop Transport Scotland a note to say that we are very keen to get that information as soon as possible.

Angus MacDonald: I want to clarify a point that was made by Jackson Carlaw. RET is being rolled out to other islands, including Colonsay, Islay and Gigha.

Jackson Carlaw: It is not being rolled out to all other islands that want it.

The Convener: I understand that members might have different philosophical views on RET, but I want to address the content of the petition. It is useful to get that crucial piece of information from Transport Scotland before we determine the

next step. Are members agreed that we will continue the petition until that information is available?

Members *indicated agreement.*

Fair Isle Marine Protected Area (PE1431)

The Convener: PE1431, by Nick Riddiford, on behalf of the Fair Isle Community, is on a marine protected area for Fair Isle. Members have a note by the clerk, which is paper PPC/S4/13/7/6, and the submissions.

It is a familiar story, but as you will know crucial information is required from Marine Scotland; we need the final assessment of the demonstration research proposals to be published before we can make a decision. Do members agree that we should wait for that?

Members *indicated agreement.*

John Wilson: I want to clarify what we are agreeing. Are we agreeing to write to Marine Scotland to ask them when the report will be published so that we can consider it?

The Convener: Yes. We will, in effect, chase them up.

Court Records (Access) (PE1455)

The Convener: The final current petition today is PE1455, by James Macfarlane, on public access to court records. Members have a note by the clerk, which is paper PPC/S4/13/7/7, and the submissions.

Members will know that we were previously short of vital information on the issue. We now have the information, in particular from the Law Society of Scotland, which members will have read. My view is that we should close the petition under rule 15.7, on the basis that what it seeks is broadly impractical, for the reasons that are set out in the responses that we have received.

Jackson Carlaw: Not only is what the petition seeks impractical, but it could be argued that it could be dangerous.

The Convener: Do members agree to close the petition?

Members *indicated agreement.*

The Convener: In summary, we have agreed to close the petition under rule 15.7 on the basis that what it seeks is broadly impractical, for the reasons that are set out in the responses.

That is the end of the formal meeting. As I have said, we are all delighted to have been here today for a little bit of history; it is the first time in the history of the Scottish Parliament that the committee has been in the Western Isles. I thank

everyone in the gallery for coming along—particularly those who gave evidence.

If you are interested in lodging a petition, we would welcome that. Our clerking team is very helpful and can give advice and guidance on future petitions, so please use today as food for thought. If there are issues that you would like to be clarified, my colleagues, the clerking team or I would be happy to help you.

Meeting closed at 15:50.

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