Q13. Joe Schofield asks: how much public money is spent on provision of homeopathy by the NHS in Scotland? Is there sufficient evidence that this is cost-effective?

Answer
The role of the Scottish Government is to provide policies, frameworks and resources to NHS Boards in order that they can deliver services that meet the needs of their local population. Within this context, it is for Boards to determine how best to utilise resources. All NHS Boards are expected to ensure that resources are spent in a way that improves the health and wellbeing of the community and that delivers best value for taxpayers.

The Scottish Government recognises that complementary and alternative medicine (CAM), such as homeopathy, may offer relief to some people living with a range of long term conditions. While we do not fund CAM directly, it is open to NHS Boards in Scotland to make these services available to their patient populations based on assessment of need. All Boards are expected to review their services regularly.

Guidance issued to Boards in August 2005 sets out the framework for the provision of these services across NHSScotland. This guidance is available online.

It would not be appropriate for Ministers to direct NHS Boards to adopt a particular treatment or service, or to direct assessments of their safety or efficacy.

Q14. Paul Langford asks: I would be keen that the NHS in Scotland applies a uniform standard of assessment of efficacy, safety, etc. for all treatments provided. Could the Cabinet Secretary explain why Homeopathic treatments are not subject to the same standards as other treatments, and further, could he consider applying the same standards across the board in future.

Answer
The safety and licensing of medicines is a reserved matter and is the responsibility of the UK-wide medicines regulatory authority, the Medicines and Healthcare products Regulatory Agency (MHRA). The Agency is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe.

Homeopathic medicines are subject to MHRA regulation, either by submitting to the MHRA a dossier on a product’s safety and efficacy, or via a simplified scheme by which safety must still be demonstrated, but efficacy need to be, as long as the licensed product makes no therapeutic claims.
Ask the Cabinet Secretary
12 November 2013

Q15. Maria Kelly asked on Twitter: How much money is spent by NHS Scotland on provision of chaplains? Why aren't they funded by faith organisations directly?

Answer
The Scottish Government does not hold information on spend on Chaplaincy and Spiritual Care services as this is a matter for NHS Boards.

In the past the initiative for chaplaincy appointments did come largely from the faith communities and NHS Boards enabled this to happen. However, spiritual care has been recognised as an integral part of the health care offered and the responsibility for a spiritual care service now lies within the NHS.

Boards are required to ensure that spiritual care and chaplaincy services are available to meet the needs of the local population and are appropriately resourced and monitored.

The present chaplaincy and spiritual care workforce is populated by several categories including: whole-time Chaplains; part-time Chaplains; Denominational or Faith Specific Chaplains; Sessional Chaplains; Honorary Chaplains; Volunteers; and Healthcare Staff.

Officials are in discussion with the Chaplaincy Training and Development Unit in relation to a stocktake and review during 2014/15 of the Spiritual Care guidance issued in 2008.

Q16. Gregor Muir asks: if the Scottish Government are so committed to providing NHS Dentistry why are they withdrawing funding in the form of a cap of GDP allowance from the largest most committed NHS dental practices.

Answer
The cap on the General Dental Practice Allowance (GDPA) is one part of a wider settlement for independent dentists providing NHS dental services in Scotland. The headline award will mean an increase of 2.51 per cent in item-of-service fees (including capitation and continuing care payments). We believe this represents a fair award in what remains testing economic times. The award is worth approximately £4.9m per annum.

As a government we are committed to NHS dentistry, evidenced by significant improvements in access to NHS dental treatment and child oral health. There are now more than 4 million people registered with a NHS dentist in Scotland, an increase of 1.4 million since 2007. And the recently published Report by the National Dental Inspection Programme has revealed that the proportion of primary seven children with ‘no obvious decay experience’ has increased to 72.8 per cent, compared with 52.9 per cent in 2005.
Q17. **Anne Hay** asks: how aware are you of the effects of air pollution on public health, and in particular, the long term effects of this on growing children?

**Answer**
I am very aware of the impact that poor air quality can have on human health, particularly for children, and it is an issue I take very seriously as a public health matter. The quality of Scotland’s air has improved over recent decades for a number of reasons, including better regulation and improved technology, but there are still problem areas, many of these in towns and cities.

Emissions from vehicles are now the main source of air pollutants in Scotland, and the Scottish Government is taking a number of steps to try to reduce such emissions.

We have recently launched Scotland’s Electric Vehicle Roadmap, which aims to make Scottish towns, cities and communities free from the damaging effects of petrol and diesel-fuelled cars by 2050.

We are also encouraging people to reduce the number of journeys they make by car, particularly short journeys where engines are unlikely to work at their most efficient levels and so will produce higher levels of emissions. Not only will this help to reduce air pollution, but if people walk instead of using their car it will have positive effects on their overall health, too.

We have also started work on developing a national Low Emissions Strategy for Scotland. This work is still at a very early stage and will be taken forward during 2014.

Measures such as these will have an enormously positive effect on air pollution levels and public health, not just for children, but for everyone in Scotland.

Q18. The final question comes from Steven Dick of the social enterprise Universal Comedy: Does the Cabinet Secretary believe laughter has a useful place in the health service?

**Answer**
Absolutely. I think laughter has a strong link to our emotional wellbeing and it is important in maintaining our physical wellbeing too. The ability to laugh and the ability to develop a sense of humour is important to patients, their families and to those who work in health and social care services.