The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 9 June 2015

Session 4

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PUBLIC PETITIONS COMMITTEE
12th Meeting 2015, Session 4

CONVENER

*John Pentland (Motherwell and Wishaw) (Lab)

DEPUTY CONVENER

*David Torrance (Kirkcaldy) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)
*Kenny MacAskill (Edinburgh Eastern) (SNP)
Angus MacDonald (Falkirk East) (SNP)
*Hanzala Malik (Glasgow) (Lab)
*John Wilson (Central Scotland) (Ind)

*attended

THE FOLLOWING ALSO PARTICIPATED:

James Dougall
Jim Eadie (Edinburgh Southern) (SNP) (Committee Substitute)
Catherine Hughes
Elaine Smith (Coatbridge and Chryston) (Lab)
Dr Patrick Trust

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Public Petitions Committee

Tuesday 9 June 2015

[The Convener opened the meeting at 10:02]

Decision on Taking Business in Private

The Convener (John Pentland): Good morning and welcome to the 12th meeting in 2015 of the Public Petitions Committee. I remind everyone to switch off their mobile phones and other electronic devices as they interfere with the sound system. I have received apologies from Angus MacDonald, and I welcome Jim Eadie, who is attending as a committee substitute.

Agenda item 1 is a decision on whether to take in private item 4, on our work programme, and item 5, on business planning. Does the committee agree to take those items in private?

Members *indicated agreement.*

New Petition

Violent Reoffenders (Sentencing) (PE1565)

10:03

The Convener: Agenda item 2 is consideration of two new petitions, and the committee will hear from both petitioners.

The first petition is PE1565 by James Dougall, on whole-of-life sentences for violent reoffenders. Members have a note by the clerk, a Scottish Parliament information service briefing and a copy of the petition. I welcome to the meeting James Dougall, who is accompanied by Lindsay Dougall, and I invite him to speak to his petition and explain what it seeks. Please take no more than five minutes, Mr Dougall. After that, we will move to questions.

James Dougall: Thank you very much for allowing me to address the committee. I had a bit of an information technology failure last night and have had to resort to pen and paper this morning, so you will excuse me if I have to pause to read my notes.

I want to address the idea behind the petition by, first of all, looking at some of the reasons why we do not have whole-of-life sentencing on our current statute book and then developing my argument for why we should have such sentences. I came up with four reasons why whole-of-life sentences might not be on our statute book. The first reason that is mentioned is that judges can already effectively sentence for whole of life. Secondly, according to Parole Board for Scotland figures for this year, 73 per cent of life prisoners are not recommended for release. Thirdly, the opportunity for release is required to give prisoners hope and to facilitate their rehabilitation. Finally, the current sentencing regime is a sufficient deterrent.

I will look at those reasons in turn. On the point that judges can effectively sentence for whole of life, I have done some research and can see that that is true. However, the only example that I can find is the World's End murders, for which Angus Sinclair was sentenced to 37 years; he was 69 at the time of sentencing, so he will be 106 before he will be eligible for parole. The 37-year sentence is therefore largely symbolic, given that he had been at large for 37 years. As I have said, that is the only example that I can find where anything approaching a whole-of-life sentence has been given by a Scottish judge. We can do it, but it does not happen in practice.

On the point that 73 per cent of life prisoners are not recommended for release, which, as I have said, I took from this year's Parole Board for

Scotland report, I note that that report also says that of the 27 per cent that were recommended for release, 38 licences or 14.9 per cent were reviewed—in other words, the people who were let out on licence had to be recalled. Twenty-two or 8.6 per cent of those prisoners were recalled to custody, and 11 or 4.3 per cent were not re-released.

Having looked at some of the English statistics—and I have to say that England has a more comprehensive package of statistics available to the public than the Scottish system—I note that the reoffending rate for violent criminals was approximately 20 per cent, and 20 per cent of that 27 per cent bring us back to that magical 5 per cent number. It equates to the 4.3 per cent or the 11 who according to our Scottish figures were not released. That means that 5 per cent of life prisoners are released and go on to reoffend, and it is that 5 per cent that my petition seeks to target.

The third reason that I highlighted for not putting whole-of-life sentences on the statute book was that the opportunity for release is required to give hope and facilitate rehabilitation. In broad terms, you have to agree with the logic: if you want effective rehabilitation, there has to be some hope. However, I come back to the 5 per cent that I mentioned. Those who disregard the rehabilitation on offer, who show that they have no intention of rehabilitating, who have been through a life sentence and who, when released, go on to reoffend yet again—that 5 per cent—are the people whom we want to target with our petition. Those are the people whom we see as being appropriate for whole-of-life sentencing.

The last reason is that there is sufficient deterrent in current sentencing. I like statistics, and I looked through the Scottish statistics for this year to try to justify that argument and to find out whether current sentencing appeared to be a deterrent. I compared the statistics for 2004-05 and 2011-12, just because they are complete—I know that there are other statistics for 2012-13 and 2013-14. If you look at the 2004-05 and 2011-12 statistics, you will see that reoffending has gone down; in 2004-05, there were 0.61 reoffences per offender and in 2011-12, 0.54. As you will be aware, the overall crime rate, too, is going down; the number of victims of homicide in 2004-05 was 137, whereas in 2011-12, it was 93.

Although crime is dropping, custodial sentences are rising, with 15,011 given in 2004-05 and 15,921 in 2011-12. The prison population is also rising—in 2004-05, it was 6,769 and in 2011-12, 8,176—and the number of people who have been in prison for more than four years has gone from 2,919 to 3,078. Crime is dropping, because we are applying tougher sentencing. If we take that to its logical conclusion, is it not clear that whole-of-life sentencing is the most appropriate deterrent, especially for the 5 per cent that I have mentioned?

However, do I really believe that? Truth be told, I do not—I do not believe that whole-of-life sentencing will be an adequate deterrent to the 5 per cent. The 5 per cent will be deterred by nothing; that is the point. We—the public—need to be protected from that 5 per cent, because there is no adequate deterrent for them.

As you know, life sentences are made up of the punishment part, which is for retribution and deterrence, and the intermediate part, which is for protection of the public. I have talked a little about protection of the public; I have talked a little about deterrence; and I would now like to talk a little about retribution.

Does the punishment fit the crime? When I reviewed the most recent official figures, which are contained in a 1996 report, I found that the average life sentence was 11 years and one month. I did my own calculation based on this year's Parole Board for Scotland's report; no exact figures were given, but my rough calculations show that, at the moment, the average amount of time served for a life sentence is approximately 13 and a half years.

I now have to go into my personal situation. The matter that brings me here is very personal, and I make no apologies for that. I realise that the petition addresses a much wider issue and does not address our individual situation, but I think that our situation gives an example of what I am trying to talk about.

My sister Isabelle was 51 years old when she was violently attacked in her own home. She was not just violently attacked—she was chased through the house and stabbed 37 times. She suffered 54 individual injuries. Eventually she fell, jammed between a chair and a cupboard. At least three or four of the stab wounds penetrated vital organs, and she died at the scene. Her partner of 30 years also received three stab wounds.

The offender received a minimum sentence of 26 years. He was 19 when the offence occurred and he will be 45 when he is released, assuming that he gets through the Parole Board. That is the same age as me and six years younger than Isabelle was when she was murdered in her own home. He is a relatively young, fit man, who has already been through the system a number of times, has had custodial sentences and has had many chances of rehabilitation. The situation affects not only me and my sister Lindsay but my mum, who is 82; Isabelle also had six nieces and nephews, the youngest of whom was three at the time of the attack. The individual concerned has already been given opportunities to reform. If we

release him, how can we be sure that he will not offend again? How can we be sure that he is not one of the 5 per cent?

Why did we raise the petition? We raised it to protect other families from similar situations. It is about the only action that we can take in our current situation. I hope that the petition shows that there is support for tougher penalties, not in all circumstances, but for those violent repeat offenders who go on to commit murder.

What are we aiming for? From my research to date, I think that the model that I like the best is the English one.

The Convener: Can I ask you to wind up, please?

James Dougall: No worries, convener. I am in the home stretch.

In the English model, there is a definition in the guidance given to the judiciary on whole-of-life sentencing. I am not necessarily talking about using those words themselves, but the idea that the judiciary has some guidelines to tell them when whole-of-life sentencing is appropriate is something that I would like to see in our legislation. Even though they might be given guidance, judges still have the ability to make their own decisions.

Thank you for your time. I will now answer any questions that you might have.

The Convener: Thank you, Mr Dougall. I am sure that the committee shares your sorrow and grief at the loss of your sister.

The website of the Crown Prosecution Service in England sets out the following guidance on the circumstances in which a whole-life order might be considered appropriate:

"Where the offender is 21 or over at the time of the offence and the court takes the view that the murder is so grave that the offender should spend the rest of their life in prison, a 'whole life order' is the appropriate starting point ... Such an order should only be specified where the court considers that the seriousness of the offence is exceptionally high. Such cases include:

a) the murder of two or more persons where each murder involves a substantial degree of premeditation, the abduction of the victim, or sexual or sadistic conduct;

b) the murder of a child if involving the abduction of the child or sexual or sadistic motivation;

c) a murder done for the purpose of advancing a political, religious or ideological cause; or

d) a murder by an offender previously convicted of murder."

Do you agree with the guidance in England with regard to the circumstances in which a whole-life order would be the appropriate starting point when a sentence is being considered?

10:15

James Dougall: The points in the English model are all very relevant. I hope that something like that will be included in guidance for the Scottish judiciary, if any comes out of this petition. The only thing that I would add is about the reoffending rate; the key thing in our minds is that people who show violent tendencies, who repeatedly do not follow through with their rehabilitation or who take advantage of the opportunities that the system offers them and then go on to commit murder should also be eligible for whole-of-life sentencing.

The Convener: Do members have questions for Mr Dougall?

Kenny MacAskill (Edinburgh Eastern) (SNP): I, too, express my sorrow for your loss. Do you accept that other prisoners in the system who have been given tariffs of, say, 30 years might find themselves ending up with whole-life sentences given that, statistically, the longevity of a prisoner is probably lower than that of the average member of the general public?

James Dougall: I am sure that, statistically, you are probably right.

Kenny MacAskill: Do you also agree that the mandatory sentence for a murder is a life sentence and that although people can be released on parole they are on lifelong licence until the day they die and that they can be recalled not only for committing another offence but for breaches that could relate to aspects of their lifestyle, such as the people with whom they associate, alcohol, drugs or even where they are staying? Do you agree that, although there is no absolute certainty, that provides some ability for the Parole Board to exercise control?

James Dougall: The Parole Board has the ability to exercise control. You have said that licences can be reviewed, and I pointed out in my opening comments that, last year, 38 licences were reviewed and 22 people were recalled to custody. They were obviously not just fraternising with the wrong people or living in the wrong places; they had done something that required a custodial sentence. Eleven of those people were not re-released.

I come back to the 5 per cent that I have mentioned. You are right, but the petition is targeting only a small percentage of people. I think that you are arguing that we cover most cases with the current legislation; we do, but we also need to consider the 5 per cent whom we do not cover and who might have a chance of getting out. In our particular situation, the offender is a relatively young man and, provided that his rehabilitation is good enough from the Parole Board's point of view, he has an opportunity to get

out of prison as a relatively fit man at the relatively young age of 45.

The Convener: Mr Dougall, would you be satisfied if, in those situations in which, in England, a whole-life sentence might be used, the minimum sentence that was fixed in Scotland was more clearly for whole of life?

James Dougall: I am sorry—could you repeat the question?

The Convener: Would you be satisfied if, in the same situations where a whole-life sentence might be used in England, the minimum sentence that was fixed in Scotland was more clearly for whole of life?

James Dougall: That would certainly go a long way. The English model outlines succinctly which crimes can be eligible for whole-of-life sentences. The one thing that the English model does not cover and which is strongly in my thoughts is the reoffending rate. If people have committed violent offences—not necessarily murder—in the past and they go on to disregard their rehabilitation and commit murder, whole-of-life sentencing should be an option.

The Convener: As there are no more questions, the committee will now decide on the action that it wishes to take on the petition. Members have a note by the clerk that suggests a possible course of action. What are members' views?

Kenny MacAskill: The Parliament has legislated for a sentencing council and the Government is in the process of establishing it. It is not yet up and running, but the direction of travel has been set by Michael Matheson. It seems to me that we could write to the Scottish Government and ask whether this would be an appropriate issue for the sentencing council to consider. Having pushed through the legislation, I can say that the whole basis for establishing a sentencing council was to take on board the concerns of not just the judiciary but the public. The council will not necessarily be established in the next few weeks, but I think that the Government's desire is to have the sentencing council established before ministers demit office and face re-election, so there will not be an interminable delay.

Jackson Carlaw (West Scotland) (Con): I would be interested in knowing the incidence of the Crown Prosecution Service's exercising of the option of a whole-life sentence since 2001, which is when the option was extended in Scotland to prescribe a sentence that, in practical terms, is apparently manifestly longer than the anticipated life expectancy of the accused and convicted. Similarly, I would be interested in knowing the number of occasions since 2001 on which the option has been exercised in Scotland. In considering the petition, it would be useful to have some understanding of that. The circumstances are probably too detailed for us to go into at this stage, but it would at least be useful to understand how often those options have been employed in practice.

The Convener: As there are no further comments, does the committee agree to write to Michael Matheson and to take on board the points that Jackson Carlaw has raised? With regard to Kenny MacAskill's point about writing to the Cabinet Secretary for Justice, do we agree also to ask when the sentencing council is likely to be established?

Members *indicated agreement.*

The Convener: I thank Mr Dougall for attending. I suspend the meeting for a moment to allow the next petitioner to take their seat.

10:22

Meeting suspended.

10:26

On resuming—

Continued Petitions

Institutional Child Abuse (Victims' Forum and Compensation) (PE1351)

The Convener: Our next witnesses have not yet arrived, so in the meantime we will move to agenda item 3, which is consideration of six continued petitions.

The first petition is PE1351, by Chris Daly and Helen Holland, on time for all to be heard. Members have a note by the clerk. The petition was lodged in 2010. It has taken five years to get to this point. I very much welcome the announcement of the inquiry. I hope that it will enable all victims of historical abuse to come forward and testify. I put on record my thanks to the petitioners for bringing the petition to the Parliament. I am pleased that the outcome is a formal inquiry with full powers.

John Wilson (Central Scotland) (Ind): I just want to check something. There is no mention in our papers of any conversations or discussions with the petitioners regarding the recommendations that have been made. A statement was made in the chamber by the Cabinet Secretary for Education and Lifelong Learning, and the action has been proposed, but it would have been useful to find out whether the petitioners had any comments on the issues that were raised in the ministerial statement. I am aware that there have been a number of press comments by survivors of institutionalised abuse in recent weeks, including up to the weekend. It would have been helpful to understand whether the petitioners are now happy for the petition to be closed.

The Convener: I am advised that the petitioners were involved in the interaction and recent work by the Scottish Government. We have not had any contact from the petitioners.

Kenny MacAskill: I think that we should close the petition. If there are issues regarding the nature of the proceedings, that should be the subject of a discussion between the petitioners and those who are now charged with conducting the inquiry. I have no doubt that there will be discussions about a whole variety of issues relating to the conduct of the inquiry, such as who may attend and representation.

I think that the petitioners have achieved what they set out to do, and that we should now allow Sheriff O'Brien to enter into a discussion with them. I have no doubt that she will. Previous inquiries have always involved discussions with those with a legitimate interest.

David Torrance (Kirkcaldy) (SNP): I am happy to back Kenny MacAskill. What the petitioners asked for is now in place. The three-year time bar on civil cases will be lifted, too. Everything that the petitioners have asked for is now there so that we may move forward.

The Convener: Does the committee agree to close the petition, on the basis that the inquiry with full statutory powers has been set up, with a commitment given to lift the three-year time bar on civil cases for compensation for historical child abuse?

Members *indicated agreement.*

Single Room Hospitals (Isolation) (PE1482)

10:30

The Convener: The next petition is PE1482, by John Womersley, on isolation in single-room hospitals. Members have a note by the clerk and copies of submissions. I invite comments from members.

Jackson Carlaw: I am happy to suggest that we close the petition. We have written to and communicated with the Government on a number of occasions on the issue, which has also been discussed in Parliament. The Government has no plans to change its current policy, although it has said that it will keep the policy under review. That position has been widely welcomed and accepted on all sides within the Parliament. Given those circumstances, I do not see any productive reason at this time for us to maintain the petition.

The Convener: Do members agree to close the petition?

Members *indicated agreement.*

A Sunshine Act for Scotland (PE1493)

The Convener: The next petition is PE1493, by Peter John Gordon, on a sunshine act for Scotland. Members have a note by the clerk. I invite comments from members.

Jackson Carlaw: Again, we have held this petition open for some time. Interestingly, it seems to have received a fair amount of attention, and I think that the Government indicated that it was interested in some of the arguments that were being made. We are considering the petition again because it has come back to us from the cycle of committee consideration. However, it would probably be more appropriate for us to consider it more thoroughly when the consultation that the Scottish Government is undertaking has reported

back and we have the feedback from that to inform our views further. I suggest that we defer consideration of the petition until that time.

The Convener: Do members agree to write to the Scottish Government asking it to report back to the committee once the consultation feedback is available and to defer further consideration of the petition until that time?

Members *indicated agreement.*

Social Care (Charges) (PE1533)

The Convener: The next petition is PE1533, by Jeff Adamson, on behalf of Scotland against the care tax, on abolition of non-residential social care charges for older and disabled people. Members have a note by the clerk and copies of submissions. Do colleagues have any comments? I am quite concerned about the apparent lack of co-operation over setting up a round-table discussion and constituting a working group that includes representatives of disabled people's organisations. I hope that the committee can encourage a more inclusive and effective dialogue on the issue and prevail on the Scottish Government to be more forthcoming and take on board the petitioner's concerns. Do members agree that we should write to the Cabinet Secretary for Health, Wellbeing and Sport and ask her to respond to the issues and concerns raised by the petitioner?

Jackson Carlaw: I am happy for us to do that, but I have to express a degree of frustration because I feel that the petition is now on something of a merry-go-round. There was widespread concern in the committee when the issue raised by the petition was first aired. We thought that there were actions that could be taken, but that view did not endear itself to the cabinet secretary or elicit her support and sympathy. We were told that these matters were all subject to an agreement through the Convention of Scottish Local Authorities, to which the matters had been divested years ago without there being any progress in the interim. There was an understanding that there would be something of a boot up the backside of the process to try to at least move it along to a point where people might seek and receive some financial relief. I just feel that to then be told that there is a difficulty in getting people to even sit down and discuss the matter is deeply unsatisfactory.

I am happy for the matter to have been divested to COSLA by the Scottish Government, but only if COSLA intends to do something about it. However, it is within the Government's ability to be more direct in its guidance or to evolve a more emphatic policy. When we write to the cabinet secretary, we should say that we accept the process but that, if it does not have an end, we want her to tell us what alternatives there would be to it so that something can be done to advance the concern of people who pay care charges at a level that many of us think is inappropriate and unacceptable.

Jim Eadie (Edinburgh Southern) (SNP): There is clearly an issue, or the petitioners would not have lodged the petition. The point of principle is that, if people are not charged for national health service care but are charged for social care, there is an issue of equity and fairness.

The Scottish Government has said that it wishes to achieve a more consistent and fairer approach to charging. We should recognise that that commitment exists. It should be implemented by the charging guidance working group. The committee should seek further clarity on the timescales for that process and for when we can expect the working group to make recommendations to the Scottish Government and the Government to produce proposals on the matter.

John Wilson: Like Jackson Carlaw, I have concerns about the way in which the Scottish Government has handled the matter. I am concerned about the third paragraph in the cabinet secretary's letter, which says:

> "COSLA's Charging Guidance Working Group already provides a round table forum where COSLA, Scottish Government, local authorities and third sector organisations are able to discuss the issues around charging."

When we write to the Scottish Government, I am keen to find out exactly what its position on the matter is. It was all well and good for the Government to leave it to COSLA's charging guidance working group to work on the matter, but the Government is involved in that working group, so it would be useful to know what input its officials have in it and what the direction of travel is towards a conclusion on the charging regimes that local authorities apply.

An issue that the petitioners have raised in the past is that there is a postcode lottery. Some local authorities charge for social care while others do not and the charging regimes that are applied vary throughout the country. I would like to know what the Scottish Government's input into the debate is and what advice it is giving local authorities throughout Scotland on charging for social care at present and in future.

Jackson Carlaw: I am being unhelpful in taking a second bite at the cherry, but what concerned many of us when the petition was initially heard was that the threshold at which people pay income tax has now increased to more than £10,500—and the Westminster Government has said that, in due course, it will increase to £12,500—but the level at

which people pay care charges has not moved and continues to be applied at something like £6,500, which means that many people who are now exempt from paying income tax or other taxes are now being hit with that tax, which has not been reviewed in the interim. Many people wanted some progressive policy to be attached to that. The delay on that means that many people are being charged when the committee felt that there was a good argument for an equalisation of the basis for the charge.

The Convener: Do we agree to try to encapsulate most of the points that have been raised in our letter to the cabinet secretary and tell her of our frustration that we seem to be going round and round in one giant circle with no end in sight?

Members *indicated agreement.*

The Convener: We will come up with a form of words and write to the cabinet secretary.

Concessionary Travel (War Veterans) (PE1549)

The Convener: The next petition is PE1549, by Alan Clark Young, on concessionary travel passes for war veterans. Members have a note from the clerk and the submissions. I invite contributions from members.

Kenny MacAskill: I think that it would be worth inquiring of Transport Scotland what its position is on Transport for London's eligibility criteria. It seems that there are differences between them. Some of the reasoning put forward by Transport Scotland may apply to London as well, so asking it to comment on that—to see whether there is an opportunity for some parity—would be worth while.

Hanzala Malik (Glasgow) (Lab): I feel strongly about the issue. I have raised it in Parliament as well, where I asked the Cabinet Secretary for Infrastructure, Investment and Cities to explore the possibility of free transport for veterans. I am very supportive of that idea. I think that we should write to the cabinet secretary to say that we now have a petition on the issue, in order to reinforce the case for him to re-examine the possibility of free transport for veterans. I think that that would be helpful.

Jackson Carlaw: I note the comments from Eric Fraser, the Scottish veterans commissioner, who says that it is not an issue that has been raised with him and that he has some concerns about the petition itself. That should at least give us pause for thought in any further discussion that we have.

I am happy to hear the views of those to whom we might write in the interim, but I was struck by the slightly different approach being taken by a number of the organisations that represent veterans. They obviously seek to advance the interests of veterans, but at the same time they want to ensure that it is done fairly and equitably and that there is not something that would lead to the veterans being divorced in some way from the wider community. I was impressed by those remarks too.

The Convener: As there are no other comments, is the committee agreed that we will write to Transport Scotland to consider replicating Transport for London's eligibility criteria for concessionary travel for veterans, and to write to the Cabinet Secretary for Infrastructure, Investment and Cities?

Members *indicated agreement.*

Disabled-friendly Housing (PE1554)

The Convener: The final continued petition today is PE1554, by Jacq Kelly, on behalf of Leonard Cheshire Disability, on improving the provision of disabled-friendly housing. Members have a note from the clerk and submissions.

As there are no contributions from members, I ask that we write to the Scottish Government to ask whether it considers that local authorities are provided with adequate guidance about how to assess accessible housing demand in the private as well the public housing sector, whether it views the action taken by some local authorities to develop voluntary targets as a positive development and whether it considers that more could be done to promote the benefits of taking action on both of those issues. Are members agreed?

Members *indicated agreement.*

10:43

Meeting suspended.

10:44

On resuming—

New Petition

NHS Centre for Integrative Care (PE1568)

The Convener: The second new petition is PE1568, by Catherine Hughes, on the funding of, access to and promotion of the national health service centre for integrative care. Members have a note by the clerk, a Scottish Parliament information centre briefing, the petition and submissions.

I welcome to the meeting Elaine Smith MSP, who has an interest in the petition. I also welcome the petitioner, Catherine Hughes, who is accompanied by Irene Logan from Fibromyalgia Friends Scotland, and by Dr Patrick Trust, who is a retired general practitioner.

I invite Ms Hughes to speak to her petition.

Catherine Hughes: Thank you for the chance to come before your committee as a representative of the patients who depend on the NHS centre for integrative care, given the urgency of the situation and the extreme stress that is being caused to patients, carers and staff.

We are fortunate to have many strong supporters, including the Health and Social Care Alliance Scotland and the Scottish Parliament's cross-party group on chronic pain. The latest individual, who contacted us just yesterday, to offer support is Jane Hawking, who is the former wife of Professor Stephen Hawking.

We are dismayed to be here again appealing to the Government for its intervention. In 2005, when I was part of the successful campaign team that stopped the closure of the inpatient unit—assisted by cross-party political support and intervention—we thought that the hospital's future would be secure. We won the arguments a decade ago by demonstrating that the hospital was cost-effective and that it resulted in significant long-term continuing cost savings to the NHS.

However, our optimism was short lived: it took only five years before NHS Greater Glasgow and Clyde forced through decisions, without patient consultation, that reduced the number of beds from 15 to seven, closed the hospital at the weekends and shut the on-site pharmacy. Now we have had the ultimate blow, as some health boards are taking away the hospital's patients. All that amounts to death by a thousand cuts and to closure of the service by the back door, which will result in running down of the services that are available to patients who are among the most vulnerable and seriously ill people in Scotland.

This is a plea not only to stop harm to a hospital but to put an end to the bullying of patients, which is what it amounts to when health boards tell people that they will be barred from attending a hospital of their choice. Of the 14 health boards in Scotland, just four now regularly refer patients to the centre for integrative care, with others sending just a few patients occasionally, after long battles by GPs and patients.

NHS Highland and NHS Lothian have ceased referrals. NHS Lanarkshire ceased all new referrals to the hospital from the 31 March this year, despite 80.6 per cent of people who responded to its consultation saying that they want access to continue. Patients find that to be shockingly undemocratic. Why did it hold a consultation if it was going to totally disregard the public and patient view? That decision by NHS Lanarkshire to cease referrals exploits a loophole by which health boards can withdraw care despite Government priorities, and it seriously puts at risk the future of the hospital and clinics. Our concern is that if NHS Lanarkshire can get away with this, its example could set the tone for other health boards. NHS Lanarkshire should be stopped right now, and the Government should act.

Unelected health boards seem to be allowed to do anything they like with patients. It is time that the elected Government and Parliament stepped in; after all, health boards state that they are answerable to Scottish ministers.

The tactics are alarming to patients. We cannot have a form of health apartheid in Scotland: a person who is suffering from multiple sclerosis and chronic pain in the Highlands suffers just as badly as a patient in Glasgow who can still gain access to the centre does. We must ask why any health board would wish to deny access to a national specialist centre of excellence that consistently has 100 per cent patient satisfaction ratings. The hospital gives hope to people who have lost faith in the system due to their experiences of fragmented care.

Endless promises to put patients first are, in reality, worthless. Surely boards are acting against Government policy such as the quality strategy, the 2020 vision and the patient charter, which promotes patient choice and access to individualised person-centred care. Health boards are supposed to adhere to it; to disregard it is a violation of patients' rights. Where is the compassion?

We certainly do not have enough specialist services for people with chronic conditions, given the increasing numbers that are being diagnosed year after year. If national funding can be found to secure the hospital's future and to make its unique services available for all patients in Scotland, that will put an end to the postcode lottery and will

allow access to what is considered worldwide to be gold-standard care. We call on the Government to intervene urgently to protect the only hospital of its kind in the United Kingdom.

Part of the reason for the rundown of what is a much-loved modern hospital is that help is basically hidden from GPs and patients. We want the Government and boards to promote the ways in which the unit can assist patients who have long-term chronic and complex conditions by proactively informing GPs and other health professionals and by reviewing how the service is accessed.

Patients totally depend on the hospital, which they call their "lifeline", and it undeniably improves their quality of life. Without it, many patients simply would not cope and would lose all hope. It is well known that the risk of suicide is higher than average among people who have chronic conditions; I honestly do not believe that I would still be alive today had I not been referred to that hospital. Indeed, I wish that I had been referred sooner—immediately on diagnosis—because I think that my life and health would have taken a more positive path with access to care there from the outset. At a time when the right to die is being discussed, where is the patient's right to live? We should help people to make their lives a bit more bearable.

The Convener: Thank you, Catherine.

Jim Eadie: Thank you, Ms Hughes, for your opening remarks. You said that the Greater Glasgow and Clyde NHS Board is unanswerable to ministers. Will you and your colleagues elaborate on that? Are you concerned that NHS boards are going against Scottish Government policy? I am thinking of a statement that was made by Nicola Sturgeon when she was Cabinet Secretary for Health and Wellbeing. She said:

"The Scottish Government recognises that complementary or alternative therapies, including homeopathy, may offer relief to some people suffering from a wide variety of conditions."—[*Official Report*, 2 December 2010; c 31196.]

On homoeopathy she went on to say:

"but the results are clear, with research showing high levels of safety, patient satisfaction, consultation quality, patient enablement, and useful outcomes."—[*Written Answers*, 24 February 2011; S3W-39276.]

Notwithstanding that there is a range of views on the value of homoeopathy, are you concerned that health boards' decisions not to refer people to homoeopathy services within their area, and also to the centre for integrative care, goes against the direction of policy that has been set by the Scottish Government? Perhaps Dr Trust would like to respond.

Dr Patrick Trust: I have absolutely no doubt that boards do not adhere to what the then cabinet secretary requested. I worked previously in the Vale of Leven and was immensely impressed by the patient power there and the fact that the cabinet secretary directed boards to change their plans. Boards are still going against the Government's health plans—they are constrained by finance, so I understand why. I find that staff in the big hospitals are constrained and are unable to speak their minds, which is most unfortunate, but as a retired GP I feel that I am able to speak my mind. I am impressed by the Government's vision for individual care to be as local as possible.

I have no doubt that, as a GP, I would refer a few patients to the centre for integrative care, but I think that we still have a huge problem in that it was the Glasgow homoeopathic hospital—I have doubts about homoeopathy, although I have had many patients who have undoubtedly benefited from it. The centre is not now, however, the homoeopathic hospital; it is the centre for integrative care and it is unique and provides results. I have had patients who have been to all the Glasgow hospitals and who have notes in several sections. They have come to me with a vast pile of notes, and I have seen what has been done by conventional medicine, so I would phone Dr Reilly and ask, "Do you think you can help me with this person?" Some of the changes were dramatic, with quality of life being brought back not just by homoeopathy but perhaps by homoeopathy plus other things. The management of conditions at the centre is fantastic.

It would be criminal not to allow access for patients from throughout Scotland—that is particularly the case for disadvantaged patients. I have not looked at the patients who go to the centre for integrative care—which was previously the homoeopathic hospital—but I came from working in a very deprived area in G83, and I know that the people there are not able to cope well with complicated chronic disabilities.

I was talking with a colleague last week who said that her impression was that quite a lot of the people coming to the centre from Glasgow are from the more deprived areas. The centre can provide fantastic support, which leads to much better quality of life and to a reduced need to call on services.

One of my patients had 106 out-of-hours calls in a quarter. That was when we had co-operatives, which were a wonderful system—the system now is not nearly so good. I referred that patient to Dr Reilly. He was treated as an in-patient; the in-patient beds are very important. He was in for three weeks, and the change was dramatic. He had had three operations.

Jim Eadie: Dr Trust—

Dr Trust: I am sorry—I can go on.

Jim Eadie: Is that information anecdotal? I presume that you would agree that good-quality patient care should be underpinned by a sound evidence base about any treatment's clinical effectiveness and cost effectiveness. What is the evidence, as opposed to anecdotal examples?

Dr Trust: As I have said, evidence is extremely difficult. The evidence from my past practice is that that man is back at work. He had not been at work for at least 10 years, and was calling for care more than 100 times a quarter. He had had his stomach cut open three times unnecessarily.

Quantification of what the centre does is extremely difficult—to quantify anything needs a lot of research. At the Vale of Leven hospital, which Ms Sturgeon stopped being shut, we had three people who were bean counting for us, which was stopped by Greater Glasgow and Clyde NHS Board. It is difficult to say that we have strong evidence because I cannot give you numbers. I am sure that some numbers could be obtained—the health board could obtain the postcodes of people who had been to the centre so that we could see whether they were from more deprived areas. In Helensburgh, where I live, people go off to various services to get help, and they pay for them.

Getting evidence is extremely difficult, but it is very important that people do not view this as a bid to save the former Glasgow homoeopathic hospital: it is very definitely not that. As a GP, I did not use homoeopathy. However, there is evidence from the centre that people who had terrible quality of life and who could not function are now able to function, although I cannot quantify that for you.

John Wilson: In response to Mr Eadie, you indicated that you could not quantify the numbers. Why can we not quantify the numbers? Is it simply that nobody is collating the figures to determine whether or not there is benefit to patients who use the CIC?

Dr Trust: I cannot answer that question; it was answered 10 years ago, in respect of patient benefits. I have been retired for some time now, so I cannot give you such evidence. I am sure that the evidence is available—NHS Greater Glasgow and Clyde can crunch the numbers for you. Looking at outcomes is a totally different thing, however, and it is very difficult to prove that something is working when you do not have someone there doing the studies.

John Wilson: That is the point that I am trying to make. There are a number of issues that we can take up with the Scottish Government and the health boards. If the data are not being gathered, the information will not be available to evaluate the benefits of homoeopathic treatments for patients—not just in Glasgow, but throughout Scotland. Why are the figures not being collated? What about the value of the treatments to the individuals concerned? Ms Hughes spoke earlier about the benefits that have accrued to her and that may have accrued to other patients, too, although that has not been calculated.

I want to nail the issue of why health boards are seemingly deciding to cut back on homoeopathic care. The argument that Catherine Hughes used in her submission is that the reasoning is based on the report on the matter by the House of Commons Science and Technology Committee.

That 2010 report was refuted then rejected by the UK Government. Is it your assertion that health boards in Scotland are using that report to justify their actions in cutting support for the NHS centre for integrative care?

11:00

Catherine Hughes: Yes—that is definitely the case. Just look at the figures—I think that three out of 14 people signed off that report.

To pick up on Patrick Trust's point on whether how people can be helped is quantifiable, research was done by Dr Reilly and a colleague. On the patients who attend the hospital, the research showed—this information is in the petition—that 40 per cent reported fewer consultations with their GPs, 30 per cent reported fewer outpatient ambulatory visits, 36 per cent reported that they had reduced the amount of conventional medication that they required, 70 per cent reported a useful improvement in the presenting complaint, and 67 per cent reported a useful improvement in their general mood and wellbeing. You cannot put a price on that; people's lives are being improved. Money is important, but the centre saves money in the long term. I cannot understand why there is a problem.

John Wilson: I do not disagree with some of your assertions, Ms Hughes, but to return to a concern that you have raised in the petition, if the money is not made available nationally and is dependent on local health boards making referrals and a contribution towards the CIC, what will its future be?

Catherine Hughes: If the centre does not get referrals it will die. That is basically what NHS Greater Glasgow and Clyde is trying to do. Please do not let the centre die. It would be a loss because it is unique to Scotland, the UK and—we think—Europe. It would also be a loss to medicine as a whole.

We have had letters from medical students who went there before the British Medical Association

voted to stop sending them. They reported how much it had improved their learning and understanding and how it made them better doctors, because it was a different branch of medicine and they were taking a holistic view, so it increased their understanding of the patient. When my dad was very ill in hospital, one doctor stood head and shoulders above everyone else. She told me that she had been to the centre as a student. The difference between her and her colleagues was outstanding.

John Wilson: Your petition also raises the lack of consultation of patients and the failure to act on behalf of the patients who have responded to consultation, where it has taken place. You cited figures from NHS Lanarkshire—I know that health board well. Was the consultation negated by the board? Did it lead to false hope for many patients and those who responded to the consultation exercise?

Catherine Hughes: There was a lot of concern about what NHS Lanarkshire did. Its report did not include a patient narrative. Nine people voted for it, three against, and one abstained. It is a concern that the board never even wrote to the patients to tell them that the consultation was taking place. How is that moral? You would have thought that it would have written to the patients who go to the centre to tell them about the consultation, but it did not even write to the patients who live in its area. It did not even tell patients that the clinics are to cease—that is what the plan is. All new referrals will stop, so patient numbers will dwindle.

NHS Lanarkshire is the third-largest health board in Scotland and, because it is a bordering health board, it sends the most patients to the centre, after Greater Glasgow and Clyde NHS Board. Robert Calderwood has made it clear in his annual reviews—I have attended them—and in the press, as was also recently reported by another board spokesperson, that the centre's whole future is dependent on that board sending patients to the centre.

National funding is the only thing that will save the centre—we need to take it out of the health boards' decisions. It is a national hospital that serves the whole of Scotland, so I cannot understand what the issue is. It tried for national funding before, in 1997. Brian McAlorum, who was one of the patients during the previous campaign, came before the Public Petitions Committee in 2004 and asked for national funding. In 1997, that was turned down because the expenditure would not be big enough. Why can it be said that the centre is too cheap? It was said that the expenditure had to be above £10 million, but it was under £2 million, so the centre did not qualify. Is not that a ludicrous situation? The centre saves money for the Government and the NHS in the long run.

John Wilson: You mentioned that it is a national hospital. Surely it is a national hospital only if health boards refer patients to it.

Catherine Hughes: Maureen Watt recently called the centre "a national resource". There seems to be a misunderstanding about something that is thought to be a national resource and how many boards send patients to it. As I said, where is the compassion in the health boards that want to deny those patients access to the centre?

The Convener: Elaine Smith is next.

Elaine Smith (Coatbridge and Chryston) (Lab): Thanks, convener. I do not want to ask a question. I understood that I could come and support the petition. Is that correct? Do members want to finish their questions first? I could then make a statement.

The Convener: You are welcome to speak on behalf of the petition now if you want to do so, or you can wait.

Elaine Smith: I do not want to intrude.

The Convener: Okay. We will move on to Hanzala Malik.

Hanzala Malik: I welcome the petitioners to the committee.

I find the petition very interesting. My understanding of the NHS is that it has different sections, and one section will not really care about what matters in the rest of the health service in terms of saving money—it will not care whether money can be saved elsewhere as long as it is not affected. That is ludicrous.

We ought to support the petition. It is important that we get all the relevant information and the right figures. I appreciate that time has moved on and that the system has almost been disabled by health boards ensuring that fewer patients go to the centre because the full service is no longer available. The damage has almost been done before the decision has been made. Maybe that is deliberate, because that is sometimes how things are wound down. Something is made to look unsuccessful and not very popular, so it is no longer needed. The figures are therefore important.

We do not want only the current figures; I would be very interested in the patient treatment figures from before the cuts. I am very interested to get figures from before and after the cuts to see what effect the cuts have had on the service. We could also perhaps find out from the health boards why they are not sending patients to the centre and what the advantage—or disadvantage—is of not sending them.

The issue is not straightforward; it is actually quite complex, and we need to look at it. I would not want to see a good service go under because some bureaucrat somewhere has made a decision.

Catherine Hughes: Some patients in areas such as the NHS Greater Glasgow and Clyde area who still have access to the facilities may have difficulty in getting to the hospital because their GP does not believe in the model of care that it uses. That is really because the hospital is not promoted well enough, which is why the idea of promoting it and what goes on there should be taken forward as well.

I know that Shona Robison and Maureen Watt visited the centre for integrative care last Wednesday and took away the issue of where all the misunderstanding came from and why the situation has developed. I hope that they will try to rectify that in time, but that will involve the Government making the matter a priority. That is what we are asking for.

Jackson Carlaw: I previously raised the matter with Nicola Sturgeon's successor as health secretary, Alex Neil, because I felt that, given that the 14 health boards had been left to make an evaluation independently, it would have been helpful if the Scottish Government had an overall view of the value of the service provided and thereby established some sort of national expectation or standard in relation to it. The Government declined to do that at that time, so perhaps the visit to which Catherine Hughes referred might lead to something different. It would be interesting to write to the Scottish Government to find out whether that is so.

My understanding is that the majority of health boards have never referred anybody to the centre. Catherine Hughes articulated why that is the case, and it has nothing to do with finance: it is because they do not believe in the model of care that the centre provides. It is a fact that a very significant body of clinical medical opinion regards the centre as a complete and total waste of time and money. I am stating that because that is what is said; I am not offering an opinion as to whether I agree with that assessment, but it is nonetheless enormously influential in the decisions that health boards have reached on the centre.

The centre is in the care of NHS Greater Glasgow and Clyde, and its viability has depended on the number of referrals, to which the witnesses have referred. In recent years, the number of referrals has declined. That could be happening for financial reasons, or it could be happening because health boards that were previously willing to take a favourable view of the centre's model of healthcare are reacting to the pressure to which I alluded a moment ago.

However, unless the Scottish Government evolves a view of the centre that is contrary to the one that it has wished to determine hitherto, it is difficult to see how the facility will remain financially viable. Whatever side of the argument one is on, I do not think one could argue that NHS Greater Glasgow and Clyde should subsidise the facility, to the detriment of other healthcare provision, if it is not being supported by health boards elsewhere in Scotland. I do not know whether Catherine Hughes agrees, but I would have thought that the key to all of this must be the direction or leadership that the Scottish Government wishes to bring to the issue, because I cannot see another prognosis developing without that.

Catherine Hughes: I agree that the Government's direction and leadership are very important. However, we must not forget the consistent 100 per cent patient satisfaction ratings that have been achieved at the hospital. I do not know many other facilities that can boast such ratings, and it does not look very good if a facility that is getting 100 per cent patient satisfaction ratings—as well as saving the NHS lots of money—is being targeted for closure and turned down for support. Where is the common sense in that? To me, that does not make sense.

The sums have not really been done, although from the previous campaign, I remember the calculation that one patient going to the centre saved more than £100,000.

Jackson Carlaw: You referred to common sense, but the problem with common sense is that, in practice, it is not very common and therefore it does not really advance the argument. I am afraid that direction and leadership are required. However much you might point to the evidence that you think underpins a commonsense approach, in my experience that in itself does not guarantee anything.

In a moment, we will sum up what we will do with the petition, but to a large extent I think that what happens will very much depend on the Scottish Government's view, because the health boards are expressing their view by voting with their feet.

The Convener: As committee members have no more questions, I call Elaine Smith.

Elaine Smith: Thank you, convener. I thank the petitioners for coming along to present the petition.

As I said, I am here to support the petition, in which I have a particular interest because my constituents are now being denied access to the centre for integrative care. In addition, the clinic in Coatbridge is due to be closed. Both are totally unacceptable service cuts. The fact that NHS Lanarkshire has stopped supporting the CIC puts

its future in danger, as we have heard. That will be a relevant issue for the committee when it considers the petition.

11:15

Reading your papers, I noticed that Alex Neil said to anyone who is worried about the CIC closing that

"there is no prospect of us allowing that centre to close."

In response, I would say that, unless the CIC receives national funding or the Government directs health boards to refer people to it, that is exactly what will happen.

The committee has a written submission from me, so I will not go into great detail; I will merely add to what I wrote.

The reason that NHS Lanarkshire gave for stopping patients accessing the clinic is that homeopathy is scientifically unproven—I think that that issue was touched on in John Wilson's questions. However, the fact that homeopathy works for many people, as Catherine Hughes said, should be a major consideration. It relieves pain and it saves money. Given that a great many people will testify to the effectiveness of homeopathy, alternative therapies and person-centred care, we should say that, yes, the issue is scientifically unproven—but only as yet. Edward Jenner was ridiculed for using cowpox to cure smallpox, but he was proven to be correct.

I suffer from fibromyalgia and carpal tunnel syndrome, caused by my thyroid condition. I use a technique that is known as Bowen therapy. It works, and it could save me from having to have an operation. Incidentally, NHS Lanarkshire has never offered me a referral to the CIC, which I could probably have benefited from.

Lanarkshire is an area with high rates of ill health, poverty and deprivation. It is outrageous that patients there cannot now access support and alternative therapies, while their neighbours in Glasgow can. It seems to me that sick people will be forced to pay for private treatment if they can afford to, or continue to suffer pain if they cannot. Even just from a simple money-saving perspective, more alternative therapies such as Bowen therapy should be available on the NHS, not fewer.

I want to briefly consider the process by which NHS Lanarkshire decided to stop the referrals. It was appalling and secretive and I think that facts were withheld from the Scottish Government. NHS Lanarkshire relied on stating that the process was approved by the Scottish health council. However, because of the information that NHS Lanarkshire gave it, the Scottish health council did not class the proposal as a major service review. If it had done so, the matter would have been referred to the Scottish Government, which would have had to make a decision.

The figures that the health board gave were incorrect, as hundreds of return patients were excluded. The Scottish health council had questions that were not answered. In a letter that committee members have seen, the Scottish health council said:

"If the developments, information or proposals change and in particular, if it emerges that there is greater patient and/or public concern than currently anticipated, I would ask that you contact us at the earliest opportunity as it may be appropriate to review this position."

I suggest that the situation has changed and that there is wide public concern. Further, the concern of elected members—who represent thousands of people—must show that there is a case for the matter to be referred to the Scottish Government and to be reviewed by the Scottish health council.

Overall, it seems to me that MSPs are not being properly informed about decisions that affect health provision in their constituencies and regions, and I think that that is disgraceful. We are not an irrelevance when it comes to health issues in our constituencies. We should be fully informed about what is going on.

I also responded to the consultation by NHS Lanarkshire. The health board was not courteous enough to personally inform me of its ultimate decision to close a clinic in my constituency and to stop referrals. I had to find that out in other ways.

Basically, the move is a short-term cost-cutting measure that will increase costs in the long term and is causing patients pain and misery right now. In my opinion, the petition meets the criteria that must be met in order for the committee to take action, as it concerns a devolved matter that comes under the direct control of the Scottish Government. I hope that the committee will look into the matter further.

The Convener: Do committee members have any suggestions about what to do with the petition?

Jackson Carlaw: First, I would welcome the committee writing to NHS Greater Glasgow and Clyde to get a proper prognosis, as far as the board is concerned, on the financial plan and the centre for integrative care's viability. We could also ask for some detail on the business case and the support that the health board has received from other health boards in respect of referrals—and for some information about which health boards those are, because it is a limited number.

Secondly, I would like us to write to the Scottish Government, because its attitude to the case that underpins the continuation of the centre for

integrative care is crucial. The Minister for Public Health and the Cabinet Secretary for Health, Wellbeing and Sport have visited it recently, and I would be interested to learn what attitude they came away with and whether they have any plans to bring any direction or leadership to the Government's guidance to health boards on referrals. Both those things would help us better to understand the position.

Hanzala Malik: My point is about the figures. How many patients used the centre before the number of beds was cut? What is the current usage, and who are the current users? Have any of the authorities concerned drawn up numbers for the use of the centre? I suggested earlier that some people are making cuts at source rather than going through consultation. There is something lacking here. We need to find out why people have decided to stop using the service.

John Wilson: I agree with Jackson Carlaw about writing to NHS Greater Glasgow and Clyde. I would also be interested to find out whether there has been a review of the CIC and the services that are delivered there. I would like to know whether the health board intends to cut back on services such as homoeopathy. Although CIC might remain in place while a review is being carried out, some of the services that are currently being provided might be dropped because of the funding issue. It would be useful to find out whether NHS Greater Glasgow and Clyde has undertaken that level of scrutiny.

I suggest that we write to the Scottish health council. Elaine Smith quoted a letter dated 5 November 2014 from the health council to the communications manager at NHS Lanarkshire, and there are a number of concerns about that letter. It would be useful to find out whether the Scottish health council received a response to it.

Finally, I suggest that we write to NHS Lanarkshire. Elaine Smith quite rightly spoke about NHS Lanarkshire's consultation, in which 80.6 per cent of respondents said that they wanted access to the centre to continue. It would be useful to find out the health board's reason for the decision to continue referring existing patients but not to refer new patients. Did NHS Lanarkshire decide to provide an alternative service to the CIC? That is a particularly interesting question in light of the decision to close down the Coatbridge base in Elaine Smith's constituency. It would be interesting to know whether NHS Lanarkshire, while making those decisions, offered to provide an alternative, or whether the service is completely lost to patients who desire that type of care and treatment from the alternative sector.

Jim Eadie: I very much agree with the approach suggested by Hanzala Malik and Jackson Carlaw. I also agree with John Wilson's suggestion that we should write to the Scottish health council.

I am particularly keen for us to write to all the NHS boards in Scotland that have decided either to stop funding services in their area or to stop making referrals to the CIC. Coatbridge has been referred to, but NHS Lothian has also decided to stop funding homoeopathy services. I would like the health boards to explain the rationale for those decisions. I would like to understand, in each case, the consultation process that was followed before those decisions were made. As part of its deliberations, the committee is entitled to have that justification and that insight into the consultation process.

Elaine Smith: Hanzala Malik asked about figures, and I have some here. Dorothy-Grace Elder, who was an MSP and a colleague of mine a number of years ago, has been asking NHS Lanarkshire and the Scottish health council for a lot of information. She eventually found out from NHS Lanarkshire that the total number of patients—new and returning patients—referred to the CIC from 2010 to 2014 was nearly 7,000. That is a lot of patients being helped.

John Wilson: I seek some clarification. I know that Jim Eadie has suggested writing to all the NHS boards—

Jim Eadie: I meant all the NHS boards that have decided to stop funding services or referring patients to the CIC.

John Wilson: Thank you, Mr Eadie. However, you referred to one health board decision that I understand is currently the subject of judicial review. Would that impact on whether we could write to that board to seek answers?

The Convener: We will find that out. We will raise that point.

If there are no further comments or action points, does the committee agree to all the action points that have been suggested?

Members *indicated agreement.*

The Convener: I thank Dr Trust, Catherine Hughes and Irene Logan for their attendance.

11:26

Meeting continued in private until 12:02.

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