



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 2 March 2016

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Scottish Parliament

Wednesday 2 March 2016

[The Deputy Presiding Officer opened the meeting at 14:00]

Portfolio Question Time

Health, Wellbeing and Sport

The Deputy Presiding Officer (Elaine Smith): Good afternoon. The first item of business this afternoon is portfolio questions, on health, wellbeing and sport. So that we can get as many members in as possible, I would appreciate short and succinct questions, and answers to match.

Consultant Vacancies (Aberdeen Royal Infirmary)

1. Lewis Macdonald (North East Scotland) (Lab): To ask the Scottish Government what progress has been made in filling consultant vacancies at Aberdeen royal infirmary in the last 12 months. (S4O-05595)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Consultant vacancies in NHS Grampian decreased by 27.9 whole-time equivalent, or 41.5 per cent, between December 2014 and December 2015.

The Scottish Government increased NHS Grampian's resource budget by 6.7 per cent to £830.1 million for 2015-16. The increase is above inflation and is the largest increase of any mainland board, the budget having increased by 4.6 per cent in 2014-15. The Scottish Government works closely with all boards to support their staff recruitment efforts.

Lewis Macdonald: I welcome the progress that has been made in filling consultant vacancies.

Does the cabinet secretary recognise that her Government's apparent decision to back away from its commitment to a major trauma centre at Aberdeen royal infirmary is causing great concern among clinicians there? Will she undertake to consult and listen to the views of clinicians in Aberdeen about the potential impact of the decision on their ability to recruit and to maintain existing services?

Shona Robison: There is no backing away from anything. Clinicians from all four proposed major trauma sites have been involved in the work of the national planning forum from the outset and continue to be involved. It is important that we try to reach a consensus among the clinical community, and I am optimistic that that will happen. We need to allow people to get on with

the good work that they are undertaking, and I will keep a close eye on matters as they go forward.

Hospital Beds (Availability)

2. Dr Richard Simpson (Mid Scotland and Fife) (Lab): To ask the Scottish Government what average number and percentage of hospital beds was unavailable to new patients in 2015, and how this compared with the average number of bed-occupied days because of delayed discharges. (S4O-05596)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The official statistics show that just over 18,100 hospital beds in all specialties were occupied on average in the quarter ending September 2015. In that quarter, the average number of beds occupied because of delayed discharge was 1,570. The average number of beds occupied because of delayed discharge has reduced by more than 100 beds compared with the same period in 2014.

Tackling delayed discharge is one of this Government's key priorities. Our most recent figures, which were published last week, show that significant progress has been achieved, with an 18 per cent reduction in delayed discharge in December 2015, compared with the previous year. That reflects the significant investment that we have made in tackling delayed discharge and improving the availability of social care, not least the additional £250 million that the Deputy First Minister announced as part of next year's budget.

Dr Simpson: I welcome the fact that there is once again a downward trend. However, in July 2011, at the beginning of this parliamentary session, the monthly figure for bed-occupied days was 20,000, and the most recent available figure, albeit that it is lower than last year's figure, is 46,000. Moreover, the total figure for bed-occupied days in England is 160,000. In other words, our bed-occupied days rate is three times that of England.

Given that we are celebrating the anniversary of the cabinet secretary's promise to end delayed discharges, what progress does the cabinet secretary think will be made over the next period?

Shona Robison: We remain absolutely committed to eradicating delayed discharge. That is the aim, and I am glad that Richard Simpson recognises that progress is being made. In January this year, 606 patients were delayed for more than three days, which is a reduction of 19 per cent on the figure of 752 for December 2015 and a reduction of 21 per cent on the figure of 766 for January 2014. Standard delays of more than three days were never lower than that during the previous, Labour Administration.

Delayed discharge is a tough issue to tackle, but integration joint boards—and, of course, the lead agency in Highland—are absolutely committed to tackling it. We have seen progress already—in Glasgow, for example—and we want that progress to take place everywhere. That is why, of course, the investment in social care of £250 million is important.

Richard Simpson mentioned the issue in England. I do not know whether he has seen the material that has been produced by the Royal College of Emergency Medicine. It has been monitoring on a week-by-week basis some of the challenges in English hospitals. One of the big challenges concerns the availability of care. Of course, England has not invested the resources in social care that we have. I would not use England as a model to emulate. I think that it has huge problems and will continue to have huge problems with the availability of social care.

People on the Autistic Spectrum (Healthcare Training for Professionals)

3. Mark McDonald (Aberdeen Donside) (SNP): To ask the Scottish Government what training is available for health professionals to provide healthcare to people on the autistic spectrum. (S4O-05597)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): A priority of the Scottish strategy for autism is to improve the understanding of autism, focusing on effective education and training for all healthcare professionals.

In partnership with NHS Education for Scotland, the Scottish Government has published an autism training framework. The framework enables all professionals working in the national health service to identify the level of autism expertise that is required for their role and thereafter access appropriate training to meet that need.

Scottish Government funding for training in diagnostic tools has increased the number of practitioners who are involved in autism diagnosis to more than 200 in Scotland.

NHS Education for Scotland is soon to publish a good practice guide for support and intervention in autism. The guide will assist those working across health and social care to plan, adjust and adapt their services for people with autism.

Mark McDonald: Many individuals on the autism spectrum can struggle with certain healthcare interventions, as the intrusive nature of the examination can trigger a sensory meltdown. In light of what the minister has just said about the various packages and support measures that are available, what steps can be taken to ensure that

health boards promote them appropriately to those individuals who work in their area?

Jamie Hepburn: I acknowledge Mark McDonald's interest in these matters and his assiduous campaigning in this Parliament to raise awareness of autism.

In order for people with autism to be met with understanding, all healthcare professionals need an understanding of autism that is appropriate to their role. NHS Education for Scotland has a learning space on autism and a range of resources that help to support workforce development. The training framework that I referred to in my initial answer outlines the knowledge and skills that are required of healthcare professionals, from generic services through to those working in the specialist autism services. It is my clear expectation that all NHS territorial boards should ensure that the staff who need that training are made aware of that opportunity.

I hope that my initial answer reassured Mr McDonald and all members of this chamber that plenty of work is under way. I am always happy to hear suggestions from Mr McDonald or, indeed, any member, about how we can make further improvements.

Rhoda Grant (Highlands and Islands) (Lab): What proportion of the 6,000 rejected referrals to child and adolescent mental health services involved young people suffering from autism?

Jamie Hepburn: I cannot give that specific figure to Rhoda Grant just now. However, I undertake to get back to her in writing.

My clear expectation is that when any individual's application to child and adolescent mental health services has been rejected, some form of support should be put in place. I recognise that there is more for us to be doing in that regard. That is why that will be one of the key focuses of the recently announced £150 million of additional investment over the next five years into mental health services.

Dundee Integration Joint Board (Meetings)

4. Lesley Brennan (North East Scotland) (Lab): To ask the Scottish Government when ministers last met representatives of the Dundee integration joint board. (S4O-05598)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): On 28 January 2016, Dundee integration joint board was represented at a development and networking session that took place for all integration joint board chairs and vice chairs, which I participated in.

Lesley Brennan: Last Thursday, the Scottish National Party administration in Dundee City Council cut £3.5 million from the health and social care integration joint board budget. Dundee City Council is expecting to receive £7 million from the additional £250 million funding for social care. The chief executive has noted that £4 million of that money is already earmarked to cover planned staff costs, including the living wage.

What reassurances has the cabinet secretary sought regarding care packages, especially given the £500,000 cut to care packages for people with learning disabilities?

Shona Robison: Dundee IJB's share of the £250 million will be £7.65 million. After allowing for the living wage and existing local authority social care costs, for example national insurance and pay increase costs for the authority's own social care workforce, the IJB will have an additional £3.8 million to fund its investment in additional social care capacity and the reduction in the charging thresholds.

The important thing about the living wage element of that will be the number—thousands, indeed—of social care workers in the city of Dundee who will receive the living wage. The living wage will apply to around 40,000 care workers across Scotland, many thousands of whom will live in the city of Dundee and will benefit from that. I would have thought that the member would welcome that.

Queen Elizabeth University Hospital

5. James Dornan (Glasgow Cathcart) (SNP): To ask the Scottish Government what action it is taking to alleviate pressure on the Queen Elizabeth university hospital. (S4O-05599)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Although there have been some challenges at the new Queen Elizabeth university hospital, we should remember, of course, that it involved an unprecedented migration of four hospitals to one campus that took place on time and on budget. I want to pay tribute to local staff—some 10,000 of whom are working at the new facility—for that achievement.

Clearly, unscheduled care performance at the new hospital has not always been at the level that either the health board or I would have wished. Nonetheless, local staff have been working extremely hard with the full co-operation and support of the national unscheduled care team. As a result, the latest published weekly four-hour accident and emergency performance was 91.9 per cent for the week ending 21 February, which was up by more than 11 percentage points from the previous week. In comparing the 12-week

period to 21 February with the equivalent period last year, the new hospital has performed nearly 14 percentage points better than the previous sites.

The health board remains committed to meeting and maintaining the national four-hour standard, and we continue to provide all the support that we can to that end.

James Dornan: Could the cabinet secretary confirm whether the establishment of the new hospital has led to an increase or a decrease in emergency and assessment capacity in Glasgow?

Shona Robison: There has been an increase in capacity. The new hospital has developed during the first few months of its existence. One of the innovations that the hospital has developed is the ambulatory care unit, which adds capacity to the assessment unit at the front door of the hospital.

The winter period has been a testing time for all hospitals throughout Scotland, as it is for those in Glasgow. As the figures that I gave to James Dornan in my original answer show, performance is much more sustainable and has improved on where the hospitals were this time last year.

Jackson Carlaw (West Scotland) (Con): I ask the cabinet secretary to pursue two relatively trivial matters, which I believe would improve both the patient experience and that of my constituents who visit the campus.

First, there is rather poor signage for exiting the hospital. There is lots of signage telling people where to go when they arrive, but not how best to leave, with the result that many people are not departing using an exit that would afford them the speediest route home. That could be improved.

Secondly, a rather swanky discharge lounge has been prepared, but unless the patient is being uplifted by an ambulance, there is no provision for them to be uplifted outside the discharge lounge, with the consequence that many patients are having to be wheeled some distance—in all weathers—to the multistorey car park or to a taxi rank. If that could be attended to, with some subtle alteration the patient experience could be significantly improved.

Shona Robison: I will certainly look into both those suggestions, and I will get back to Jackson Carlaw.

Stuart McMillan (West Scotland) (SNP): Can the cabinet secretary clarify whether there could be an opportunity for other hospitals in the NHS Greater Glasgow and Clyde area to help to deliver services in conjunction with the Queen Elizabeth hospital.

Shona Robison: Stuart McMillan raises a good point. The new national clinical strategy points

towards hospitals working together on a network basis. We want to take that forward through the strategy.

Waiting Times (NHS Ayrshire and Arran)

6. John Scott (Ayr) (Con): To ask the Scottish Government what measures it is taking to reduce waiting times in NHS Ayrshire and Arran. (S4O-05600)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government is taking a number of actions to support NHS Ayrshire and Arran to deliver on waiting times, such as providing £2.6 million in 2015-16 to deliver outpatient and diagnostic test standards as well as the legal treatment guarantee. The board has also received £1.3 million from the national unscheduled care fund and more than £433,000 to help to deal with winter pressures during the current financial year.

John Scott: The cabinet secretary will be aware that exactly 10 years ago I organised and led a march of 5,000 people in Ayr to keep open the accident and emergency unit at Ayr hospital, so I welcome the new facility that was opened last week at Ayr hospital.

However, the cabinet secretary will also be aware of occasional but regular spikes in the number of people who present at A and E departments at Ayr and Crosshouse hospitals, and she will be aware of the 35 consultant vacancies in NHS Ayrshire and Arran and recent difficulties in meeting Government 4-hour waiting time targets.

Even with the new facility, is the cabinet secretary confident, given the lack of staff and available beds, that NHS Ayrshire and Arran will be able in the future to meet its waiting time targets in A and E and in other areas including orthopaedics?

Shona Robison: I join John Scott in recognising that the A and E unit at Ayr hospital was saved by the efforts of people locally and by the efforts of this Government. That has led, of course, to £27.6 million being spent on the “building for better care” project, which has given us the new combined medical and surgical assessment units at both the district general hospitals, and the new emergency department at University hospital Ayr.

John Scott mentioned spikes in numbers at A and E. He is correct to point to that issue, with which some A and E departments have more of a challenge than others. Ayr hospital has a particular challenge with that issue and John Scott outlined some of the reasons for that. That said, it is operating better this year than it was last year.

There is more work to be done. Once we are through the winter period, we want to look at what more we can do to improve performance further—particularly performance in the units that experience those spikes and face more challenges around delivering a consistent service. I am happy to keep John Scott informed on what is happening with that.

Community Health Services (Clydebank and Milngavie)

7. Gil Paterson (Clydebank and Milngavie) (SNP): To ask the Scottish Government what support it provides to community health services in the Clydebank and Milngavie constituency. (S4O-05601)

The Minister for Public Health (Maureen Watt): We are planning a single new-build facility in Clydebank, delivered through the hub programme within an overall funding envelope of £19 million.

A new integrated facility for Clydebank already has widespread stakeholder support, including from local politicians and the local community planning partnership. Such a replacement health and care centre build would enable the co-location of multidisciplinary services—including integrated health and social care teams—within a new facility, giving one-stop access and improved accessibility for patients to an increased range of improved quality services.

Gil Paterson: I very much appreciate that £19 million has been provided for the new health centre in Clydebank in my constituency. It has been extremely well welcomed by the community in general. Can the minister outline what the next steps will be, or provide an update on bringing this much-needed facility to fruition for my Clydebank constituents?

Maureen Watt: The initial agreement has recently been submitted to the NHS capital investment group for review and will be considered later this month. Subject to approval being received, it is anticipated that financial close will occur in late 2017 and that construction will begin in 2018.

Child and Adolescent Mental Health Services (NHS Grampian)

8. Alison McInnes (North East Scotland) (LD): To ask the Scottish Government what its position is on the recent child and adolescent mental health waiting time statistics showing that around half of patients in NHS Grampian waited over 18 weeks before being seen. (S4O-05602)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): There has been a significant improvement in those waiting

times over the past few years, despite a significant increase in the number of people being seen. However, the Scottish Government is determined to continue seeing improvements so that all health boards, including NHS Grampian, meet our targets.

The Scottish Government has invested significantly in developing mental health services. There are increased numbers of staff in training and in post, and long waits are being addressed. We have announced an additional £150 million for mental health services over the next five years to help to bring down waiting times and to deliver sustainable improvement to services. Through that substantial funding award, we will be able to extend capacity, improve access to services and promote innovation and new ways of treating children and young people who have mental health conditions, as well as provide psychological therapies for all ages.

Alison McInnes: I thank the minister for his response, but it will be of little comfort to the young people who face an agonising wait for treatment in my region. Over the past year, the minister has responded to my concerns by telling me first that he had an improvement programme and then, six months ago, that he had a detailed recovery plan for NHS Grampian. Perversely, those have both resulted in a continued decrease in performance. Given that, I should perhaps be reluctant to ask the minister what he plans to do next, but I will give it a go. Just what is the minister planning in order to drive down those waiting times and bring about the drastic change that is needed in waiting times in Grampian?

Jamie Hepburn: I will focus first on what has happened in the most recent quarter and the figures to which Alison McInnes just referred. The total number of people who started treatment in the quarter that ended on 31 December 2015 increased by 7 per cent over the same period last year. That means that more children and young people in NHS Grampian are being seen.

I accept that figures that were previously published were not good enough, and I am determined that we see improvements. There have been some improvements in the most recent figures. It is very encouraging to note that the performance against the 18-week target improved month on month during the final quarter of 2015, with 76 per cent of people being seen within 18 weeks during December.

There has been significant work to tackle the longest waits; I have set out the range of investments that we have made. I know that NHS Grampian takes that responsibility very seriously. We have seen the response and we have seen the figures continue to improve, and it is my clear

expectation that that improvement will continue so that the target is met.

Alternative Care Providers (Maintenance of Frontline Support)

9. Jayne Baxter (Mid Scotland and Fife) (Lab): To ask the Scottish Government how it will ensure that front-line patient and carer support from alternative care providers can be maintained, in the light of the reduction in local authority budgets. (S4O-05603)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Integration of health and social care is one of Scotland's major programmes of reform. At its heart, health and social care integration is about ensuring that people who use services get the right care and support, whatever their needs, at any point in their care journey. Our 2016-17 budget sets out our plans to transfer £250 million from the national health service to health and social care partnerships to protect and grow our social care services. That is on top of the £500 million that we are already investing over three years to support the integration of health and social care.

In 2016-17, we will allocate more than £8 million for carer support. That includes £3 million for the voluntary sector short breaks fund and £4.75 million going to health boards for carer information strategies. Much of the funding to health boards is distributed to the third sector, including carers centres. The Scottish Government funding proposals for the coming financial year deliver a strong financial settlement for local government.

Jayne Baxter: I thank the minister for that response. Is he aware that the Scottish National Party's council budget in Clackmannanshire has imposed across-the-board cuts of 7.1 per cent cash—or 8.4 per cent in real terms—on third-sector providers including the Scottish Association for Mental Health and many children's organisations? That comes at a time when those organisations have been asked to pay a living wage and to implement employers' pension contributions of at least 2 per cent. Does not that fly in the face of the Government's stated commitment to the health and wellbeing of children and young people?

Jamie Hepburn: No, I do not think that it does. This Government has a strong record on commitment to children and young people. I note that the original question related to carers. We have just collectively, as a Parliament, passed excellent legislation in the form of the Carers (Scotland) Bill, which focuses strongly on the position of young carers.

I have set out the range of direct funding that we have passed on to local government and to health and social care partnerships from the NHS through the £250 million allocation. Again, that is a strong commitment, and we remain committed to delivering on the ground for all Scottish people, including Scotland's vulnerable people.

The Deputy Presiding Officer: Before we move on, I say that I am afraid that we will not make much further progress unless questions and answers are much briefer.

Support for Older People with Dementia (North Angus)

10. Alex Johnstone (North East Scotland) (Con): To ask the Scottish Government what its position is on whether there is a satisfactory level of support for older people in north Angus with dementia. (S4O-05604)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The new Angus integrated authority is responsible for assessing, planning and commissioning the right level of support for all people with dementia in its four localities, including north Angus. As part of the additional £250 million that has been announced for social care, Angus will receive an additional £5.34 million, including resources to support the growth in social care and the implementation of the living wage, and to address other social care cost pressures.

Angus is taking a strategic approach to moving resources to its enhanced community support initiative, which has now been adopted as the new model of care for older people across Tayside. That approach reflects one of the Scottish Government's key themes in the new national clinical strategy on moving resources and services into the community and towards primary care.

Alex Johnstone: The minister may be aware that, as a result of local circumstances, elderly mentally infirm care in the Montrose and district area is no longer available for those who live in that community. Given the importance of ensuring that such care can be found within an individual's own community, is there anything that the minister can do to ensure that the situation is rectified as soon as possible?

Jamie Hepburn: I thank Alex Johnstone for raising the issue. I recognise that it is an important one. Local service planners were already aware that increasing rates of dementia were challenging the capacity of services in Angus and that arrangements needed to be reviewed. Consequently, a multi-agency review of residential nursing care will commence in April and report to the Angus integration joint board on completion.

There is already a range of activity under way to support that agenda. For example, there are three community mental health teams for older people in each locality; there has been support from the change fund enabling Angus to enhance its dementia liaison team; Angus has had a post-diagnostic support service since 2004; and there are more than 110 staff from health, social care and the voluntary sector as dementia ambassadors. However, I recognise the particular issue that Alex Johnstone has raised and it is on the radar of the integration joint board. The work is under way, and it will be reported back to the board soon.

NHS Greater Glasgow and Clyde (Meetings)

11. Paul Martin (Glasgow Provan) (Lab): To ask the Scottish Government when it last met NHS Greater Glasgow and Clyde and what matters were discussed. (S4O-05605)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Ministers and Scottish Government officials regularly meet representatives from health boards, including NHS Greater Glasgow and Clyde, to discuss matters of importance to local people.

Paul Martin: I attended a meeting of the save Lightburn campaign group on Monday of this week. The chief executive of NHS Greater Glasgow and Clyde was also invited, but he declined to attend the event. Does the minister share my concern that an official paid to the tune of a reported £190,000 per year cannot take the trouble to attend that event? A look at the hospitality registered by Mr Calderwood will show a round of golf or something that he is quite keen to attend, but he cannot take the time to attend an event in the east end to assure local people that their local hospital will not be closing.

Shona Robison: I am not going to get into issues about individuals, but, as I have said to Paul Martin before, I know that local people very much value the local hospital. I also know about the issue from the correspondence that I have had from Parkinson's UK. I have responded to assure it that the contents of the draft discussion paper have not in any way been accepted as concrete proposals by the board, and nothing has come to me for approval.

I have also made it very clear to Paul Martin previously that there would have to be some material change from the position that was held when Nicola Sturgeon was the health secretary in 2011, when she rejected what was at the time a formal proposal to close Lightburn hospital because she had heard repeatedly—not least from local patients and clinicians—that the hospital provided a high-quality service that was greatly valued by the local community.

I noted that the Parkinson's UK submission for this afternoon's debate was stressing very much that it did not want the issue to become party political. It wants support from across the board and does not want it turned into a party-political issue. That is perhaps something that we should all take notice of.

Delayed Discharge (NHS Grampian)

12. Christian Allard (North East Scotland) (SNP): To ask the Scottish Government what progress it is making in tackling delayed discharge in the NHS Grampian area. (S4O-05606)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Grampian has seen a 35 per cent reduction in bed days lost to delay in December 2015 compared to December 2014—the lowest level since April 2015. The partnership has received £2.73 million from the three year delayed-discharge funding, and I expect the partnership to utilise that money to develop community services aimed at reducing unnecessary emergency admissions and delayed discharges.

Christian Allard: I thank the cabinet secretary for her answer, which was welcome news indeed. What impact have junior doctors had on making this welcome reduction? How much has protection of the existing deal for junior doctors helped NHS Grampian's recent success?

Shona Robison: The reduction of delays in Grampian is the result of the continuing hard work and dedication of all health and social care staff across the partnership, including junior doctors. To ensure continued success it is essential that professionals across health and social care continue to work together as part of a multidisciplinary team to maximise people's wellbeing and ensure that they receive the right care, in the right place, at the right time.

Nanette Milne (North East Scotland) (Con): The cabinet secretary will be aware that I lodged an amendment to the Carers (Scotland) Bill to the effect that discharge planning should start as early as reasonably possible on the patient's hospital journey. Does she know whether any hospitals in Scotland are adopting that approach? If it was successful, it would contribute significantly.

Shona Robison: As I understand it, Dumfries and Galloway has been trialling that approach, and we hope that it will provide good practice models for boards elsewhere. I am happy to write to Nanette Milne with a bit more detail on what Dumfries and Galloway has been doing.

Lewis Macdonald (North East Scotland) (Lab): The cabinet secretary will be aware of the continuing high levels of cancelled operations in

Grampian. How far is that issue related to continuing levels of delayed discharge?

Shona Robison: The percentage of operations that are cancelled because of capacity issues remains very small. The figure was around 2.8 per cent in the recent statistics, and that has been pretty consistent over the past few months.

Any cancelled operation is to be regretted, but there are circumstances when emergencies will need to take precedence over planned procedures. That is why we will invest £200 million over the next five years to develop more elective centres along the lines of the Golden Jubilee hospital model.

Outstanding Practice and Contribution in the National Health Service

13. Gordon MacDonald (Edinburgh Pentlands) (SNP): To ask the Scottish Government how it seeks to identify and acknowledge outstanding practice and contribution in the NHS. (S4O-05607)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): We are committed to rewarding the outstanding contribution of hardworking NHS Scotland staff to the delivery of high-quality patient-care services for the people of Scotland. Unlike the other United Kingdom countries, in 2015 we accepted the pay review bodies' recommendation of a 1 per cent across-the-board uplift in pay for all NHS staff from 1 April 2015, which ensured that NHS staff in Scotland remain the best rewarded of such staff in the UK. The pay increase was supplemented by additional measures for the lower paid.

Gordon MacDonald: Over the past couple of years, my family have been grateful for the professional healthcare that hospital staff provide. NHS Lothian organises an annual event to recognise outstanding healthcare practice, and one category offers patients, carers and relatives the opportunity to nominate a healthcare worker who they believe is a true health hero. Will the cabinet secretary join me in encouraging people in the Lothians to nominate a hardworking healthcare professional who has provided exceptional patient care?

Shona Robison: We should welcome any opportunity to recognise the hard work and dedication of staff across the NHS. That is why every year the Scottish Government works in partnership with the *Daily Record* to deliver the Scottish health awards, which recognise the outstanding achievement of staff across a range of roles and disciplines.

East Lothian Community Hospital

14. Iain Gray (East Lothian) (Lab): To ask the Scottish Government whether the new East Lothian community hospital will be fully operational by 2019 and provide at least all of the services that are currently delivered at Roodlands general hospital. (S4O-05608)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The timeline for completing the new hospital remains unchanged and we fully expect NHS Lothian to welcome its first patients there in 2019. The new hospital will be home to a range of services, such as in-patient continuing care beds, mental health in-patient beds and orthopaedic and rehabilitation beds, as well as shared therapies such as physiotherapy, occupational therapy, speech and language therapy, dietetics and music therapy.

NHS Lothian will submit its full business case to the Scottish Government later this year. During the process, options and proposals for surgical services are being reviewed with staff. That work links directly to the issue of maximising all NHS Lothian's assets and ensuring effective use of revenue funds. NHS Lothian's local clinical objective is to improve services in the local community and I am confident that the project will deliver on that.

Iain Gray: The timeline has not been unchanged, because the hospital was due to open in 2009, but I am glad to hear that there should be no further delay. Discussions are under way on reducing day surgery services, eliminating day surgery under general anaesthetic and cutting bed numbers. I have talked to staff about those proposals, which they reject. Will the cabinet secretary tell NHS Lothian that a new hospital should provide more, not fewer, services?

Shona Robison: There will be surgical services at the new hospital. No final decisions have been taken, but a group has been established that brings together clinical and leadership experts, including surgeons, anaesthetists, endoscopists and theatre nurses, as well as trade union colleagues. As part of the review, they will work together to ensure the best outcome for patients.

Although NHS Lothian's business case is yet to be finalised, we are looking at an increase of about 60 per cent in the number of in-patient beds—from approximately 78 to around 132. I hope that that reassures Iain Gray that the number of in-patient beds will increase and not decrease.

Specialist Nurses (Recruitment)

15. Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): To ask the Scottish Government what progress NHS boards have made in recruiting extra specialist nurses and whether the

resources allocated for that purpose have been fully spent. (S4O-05609)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): In 2015-16, the Government invested more than £2.4 million of recurring funding to improve specialist nursing and care, which included the appointment of additional specialist nurses. NHS boards are responsible for ensuring that those funds deliver maximum benefit for patient care and they are submitting regular progress reports on how the funds are being invested. NHS boards are recruiting additional specialist nurses or increasing the hours of existing nurses. Patients are already benefiting from the changes.

Malcolm Chisholm: I welcome the motor neurone disease nurses who we know about and I hope that additional specialist nurses have been recruited for relatively common conditions such as multiple sclerosis and Parkinson's. In the week when we marked rare disease day, will the cabinet secretary say whether any rare diseases have benefited from additional specialist nurses, using models such as that of the single gene complex needs specialist nurses who operate in Edinburgh and other cities?

Shona Robison: The specialist nurses will cover a range of conditions. I can see from the list of specialist nurses who are employed by boards that a wide range of specialties is covered, but I am happy to write to Malcolm Chisholm with some of the detail—the list runs into quite a lot of detail.

Neonatal and Maternity Services (Review)

16. Rob Gibson (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government what progress there has been on the review of neonatal and maternity services. (S4O-05610)

The Minister for Public Health (Maureen Watt): Since the review was launched last year, a chair has been appointed and the review group has been established. The review group has met on five occasions, and it is supported by four sub-groups, which were established in January this year. The sub-groups focus on maternity models of care, neonatal models of care, the workforce, and evidence and data. In total, around 100 national health service staff, academics and other professionals, and service user representatives are involved in the review main group and the sub-groups.

The review has a strong focus on engagement, and events are taking place with service users and maternity and neonatal care professionals in each of Scotland's 14 territorial NHS boards. In addition, further engagement is planned with other interested stakeholders, including professional bodies, academics and third sector

representatives. A communications plan—including a regular newsletter, a blog, a Twitter feed and a website—is in place to inform a wide range of interests.

Rob Gibson: I thank the minister for her detailed answer. What recommendations are likely to be made on upskilling nurse practitioners and extra training for general practitioners to back up maternity services in rural and remote centres?

Maureen Watt: The review group has set up a sub-group to consider workforce issues in relation to maternity and neonatal services. The sub-group will provide recommendations to ensure that we have a modern, flexible and efficient workforce that can deliver safe, effective and high-quality maternity and neonatal services that put mothers, babies and families at the centre of care. That sub-group will consider the role of the workforce in remote and rural locations.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I ask for the review to look closely at the variation in stillbirth levels—which was highlighted in NHS Ayrshire and Arran recently—to determine why those significant variations occur.

Maureen Watt: That work is under way.

Health

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-15766, in the name of Jenny Marra, on health. I call Jenny Marra to speak to and move the motion.

14:40

Jenny Marra (North East Scotland) (Lab): I recognise and thank national health service staff up and down this country for the tireless and professional job that they do in caring for our sick and vulnerable people in communities, surgeries and hospitals the length and breadth of Scotland. That is the way in which we should start every health debate, because, as we know, those staff are the backbone of the NHS. We are proud of them, we support them and we thank them for their work.

However, NHS staff need more than thanks and appreciation. They need the resources to allow them to deliver the high-quality local services that people expect and demand, which is where we politicians enter the fray. While our NHS staff and other public servants work tirelessly, we are today debating the funding challenges, the fiscal options and the political decisions that can enable or inhibit them in doing their job. With the fiscal framework for the new tax powers now agreed, we know that the powers that we have long anticipated will soon be transferred and that, with a good financial deal behind them, we have the potential to truly bring about change.

Nevertheless, there are serious questions for us about what kind of nation we want to be. Do we want to be one that rightly demands better public services and that is prepared to pay for them, or one that rightly demands better public services but finds excuses not to pay for or deliver them? Today, a consensus has emerged among the Scottish political parties, which only the Conservatives break from. With Nicola Sturgeon's announcement on the council tax, we now all agree that, if we want better public services, we need to be brave enough to ask people to pay for them.

Jackson Carlaw (West Scotland) (Con): I am bewildered. The Scottish Government's announcement today on council tax reform is exactly the proposal that the Scottish Conservatives made last month when our tax commission reported. It does not pick up any of the options of the commission of which Jenny Marra was a part but echoes the very proposals that we made. If she is looking for consensus, it certainly exists on this side.

Jenny Marra: I thank Jackson Carlaw for his intervention, but I was more implying his disagreement with our proposal for the extra 1p on income tax.

Labour, the Liberals and now the Scottish National Party have made education a priority for any additional revenue, for right and proper reasons. However, given the challenges and problems that exist in our health service, are we spending enough on our NHS and care services? The evidence that is before us suggests that we are not.

We all share the starting point that health spending should be protected in the Scottish budget. The Scottish Parliament spends a third of the budget on our health service, which is a considerable sum, but we still face persistent and seemingly intransigent problems with ill health, poverty and disease in Scotland. I am sure that every MSP is being told that the general practitioner surgery in their local area is struggling to recruit doctors. Lists are being closed to patients, health boards are stepping in to run general practice and the experts tell us that the very existence of general practice is under threat. In my home city of Dundee, a doctor's surgery in one of the most deprived communities in Scotland is teetering on the brink of survival as the recruitment crisis strangles GP provision, threatening the very existence of a GP practice in that local area.

Recruitment is a huge challenge that health boards and the Government are grappling with. Posts across the country remain unfilled—many for months—with no sign of them being filled in the near future and services are having to be altered to ensure patient safety as a result. The Government's cut in training places for doctors is coming home to roost in our health service. It was a short-sighted decision and I hope that that mistake will not be made again.

We have a huge number of doctors training in this country who then leave to go abroad. There is no guarantee that the trends of previous years, in which doctors have returned to our shores to serve the NHS, will continue. That is one of the biggest recruitment challenges, and it will need some clever thinking over the next session of Parliament as we all know the effect that it is having on our local services.

It is now a full year since Shona Robison made the pledge to abolish delayed discharge from our hospitals within a year. Sadly, she has not been able to achieve that. According to the statistics that were released a couple of weeks ago, there has been a welcome improvement in accident and emergency waiting times, but we still see more than 50 patients waiting for more than eight hours

at the Queen Elizabeth university hospital in Glasgow.

John Mason (Glasgow Shettleston) (SNP): The member talks about hospitals and local services. Do we need to have a shift in health spending towards a more preventative approach, including in GP services, with perhaps fewer resources going into acute services and hospitals?

Jenny Marra: We have had a debate in the chamber before about a shift to a preventative service, but the crux of the issue is about services being delivered locally and that preventative approach being integrated.

I was talking about the statistics that were released by the Scottish Government a couple of weeks ago. We have seen an increase in operations cancelled for non-clinical or capacity reasons; that was addressed at this afternoon's health questions. We have seen missed targets for adults starting psychological therapies and—this is an important point—only 70 per cent of children and young people who need mental health treatment have started that treatment compared with the Government's target of 90 per cent, which is very worrying.

Health boards across the country are facing millions of pounds-worth of cuts or savings, with my own health board seeking to save £27 million-worth of costs over the next couple of years due to rises in agency nursing costs, which the cabinet secretary knows about, and primary care prescribing. There are huge savings to come, with the real impact yet to be felt.

We can all agree that we face many challenges in our healthcare services, and our NHS staff are doing a fantastic job in difficult and pressing circumstances. However, the pressure on our staff and the NHS is set only to grow. What else will give unless we find additional revenue and resource?

Many of my colleagues from across Scotland sit waiting for decisions on services in their local areas. Big question marks hang over services in Lightburn hospital in Glasgow and St John's hospital in Livingston, as well as over many other local wards and services. The injustice of those question marks, and the reason for our bringing this debate to the cabinet secretary, is that it is simply not fair that those questions persistently hang in the air. It is certainly not fair that those question marks will hang in the air until after the May election.

Honest Governments make decisions that are in people's best interests and work with them to manage any change that those decisions bring, but they should have the courage of their convictions and the confidence of their argument. However, it is not right that all those crucial

decisions are left in the balance because the Government does not want to be asked any difficult questions or face any opposition from local groups before the May election.

I expect that this afternoon's debate could be more highly charged than usual—let me explain why. When there is doubt over local services, people need their representatives to stand with them and represent their concerns. There has been a lot of discussion in early hustings meetings, and in panel meetings between the four main parties, about taking politics out of the health debate. Jackson Carlaw is a particularly strong proponent of that. If I may poke a bit of fun at him, that is an interesting position for a Conservative health spokesperson, given the political hot water that Jeremy Hunt finds himself in in England.

Johann Lamont made a similar argument not too long ago, and I think that, mostly, it has worked well. There is a general consensus across the chamber on what needs to be done in the future: health and social care need to be integrated; there needs to be a move away from acute provision; there should be more preventative services based around primary care; pharmacies should have an expanded role around primary care; allied health professionals should have greater involvement; and there should be a much-needed focus on preventative health policies and public health.

We had a good debate in June last year, in which we said that we would support the Government when we agreed with it and when consensus was required to make progress, and that we would hold it to account when necessary. That is our job and our democratic duty.

When change is proposed, and especially when there is uncertainty, people in communities need their representatives to stand shoulder to shoulder with them to represent them through that change or to ask questions of those in power on what the change is, why it is happening and why they do not have the information that they need. Especially when there is uncertainty, there is a danger that rumour and myth will fill the void, and a good Government should do its best to avoid that.

It is that basic right that brings us to the chamber today, because it has simply been abused—I do not use that word lightly—in some of the instances that members will hear about from my colleagues. The fact that decisions that have been on the cards for months have been delayed and delayed for no good reason can lead us only to the conclusion that they are being delayed until the votes have been counted. The truth will remain hidden until any potential electoral consequences have been safely avoided. I do not think that that is a fair and honest way to run the country or our

health service. The Scottish people deserve honest government.

It is not just decisions on the provision of local services, as detailed in the motion, that have been on hold. On several occasions, we have raised the fact that the cancer strategy is months overdue. Even the Tories in England managed to publish their cancer strategy last summer, when both strategies were due, and it includes commendable measures on diagnosis, care and treatment, but we are still waiting for ours, which has been delayed by not far short of a year.

The cabinet secretary has said that the national conversation must be completed, but the cancer strategy was due for publication before she came up with the national conversation, so that is no good reason for its delay. I sincerely hope that the strategy will be published this side of the election, so that people can see it before they cast their votes. That is the crux of the matter—people should have the information that they need on their Government's intention on their local services. We are talking about the most simple democratic transaction.

The Scottish Government has a choice. Will it be brave enough to ask the people of Scotland to pay more for quality local services in the future, or will it be honest and admit that it plans to cut local services after the election? Will the Government allow the people of Scotland to make a judgment on its record on and vision for the health service and the specific decisions in question, or will it try to sneak through the next few weeks without making the hard decisions and expressing its intentions, only to spring them on people after their votes have been cast? That would be a very unfair way to proceed, and I hope that the cabinet secretary will be able to provide us with clarity on that.

I move,

That the Parliament acknowledges the commitment and dedication of Scotland's NHS staff, care sector workers, GPs and other health professionals; believes that people and communities deserve fully-resourced services in their areas; is deeply concerned by reported plans for the potential closures of wards and hospitals in various communities across Scotland, and calls on all parties to ensure the continuation of current services such as the Royal Alexandra Hospital children's ward, the emergency care services at the Vale of Leven Hospital, Lightburn Hospital in Glasgow and the children's ward at St John's Hospital in Livingston.

14:54

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): I am very happy to take part in the debate, which provides a timely opportunity to acknowledge the commitment and dedication of health and social care staff across the whole of Scotland; to reflect on our record and

performance, which I will be extremely happy to put in front of the Scottish people in the next few weeks; and to comment on the actions that are being taken to ensure that Scotland's NHS will continue to be the world-class service that it is.

The budget for 2016-17, which was agreed by Parliament last week, confirms that health spending in Scotland will rise to a record level close to £13 billion. This Government has increased the health resource budget by 6.8 per cent in real terms between 2010-11 and 2016-17, and we will continue to provide real-terms protection. Last week, I confirmed that in 2016-17 more than £500 million of additional funding is being allocated to Scotland's health boards, with a 5.5 per cent increase in territorial boards' budget levels. That funding includes investment of an additional £250 million to support the integration of health and social care and to build the capacity of community-based services—which, of course, the Labour Party asked us to do in a previous debate.

Alex Rowley (Cowdenbeath) (Lab): Practices in Lochgelly, Rosyth and Benarty in my constituency are unable to recruit general practitioners. The same is true in Glenrothes, Leven, Methil and right across Fife. As far as primary care and investment in social care are concerned, the fact is that if we do not have GPs we have a real problem. Is the cabinet secretary worried about that?

The Deputy Presiding Officer: I can give you back time for interventions.

Shona Robison: Of course, that is why we are investing the additional £85 million over the next three years. We want to ensure that we help primary care to develop and overcome the recruitment and retention problems that Alex Rowley highlighted.

The unprecedented funding that I have just mentioned is, of course, matched by a record level of NHS staffing, with over 8.9 per cent more staff now than in 2006. We have record high numbers of qualified nurses and midwives. Over the same period, we have increased the number of medical and dental consultants by 41.8 per cent, and vacancy levels are down.

Neil Bibby (West Scotland) (Lab): Will the cabinet secretary give way?

Shona Robison: Let me make some progress.

This Government will continue to work with the professions to support staff across the NHS in adopting improved clinical practices to deliver world-class services. Health and social care staff should also be applauded for the 18 per cent reduction in delayed discharges in December 2015 compared with the year before, and the huge

improvement in performance in our accident and emergency departments compared with last year.

Those real achievements are to be celebrated, but there is much more to be done. We recognise the demographic changes and other risks, and we have to be prepared for those challenges.

Neil Bibby: Will the cabinet secretary give way?

Shona Robison: Just a minute.

Our recently launched national clinical strategy shows how we can adapt our services to meet those challenges and ensure that we get the best possible value for patients from the resource that is invested in the NHS. This ambitious strategy, which is really a blueprint for the next 10 to 15 years, describes the rationale for patient-centred and stronger whole-system integrated primary, social and secondary care delivery across Scotland, delivered by locally responsive and increasingly multidisciplinary teams. In primary and community care, we will now move forward to build capacity and provide a broader-based mix of professionals in our GP practices and health centres.

Neil Findlay (Lothian) (Lab): Will the cabinet secretary give way?

Shona Robison: I will give way in a minute.

For hospital care, we have achieved much in recent years in streamlining patient journeys within hospitals, but more needs to be done and we must now move on to ensure that once patients have undergone treatment and their condition is stable they are discharged with appropriate support as soon as possible. Once they are home, they will be supported by strengthened primary and community care teams.

Neil Bibby: The cabinet secretary has talked about resources and protecting the NHS budget. NHS Greater Glasgow and Clyde has said that it needs to find more than £1 million a week in savings over the next financial year. Can she confirm whether that is accurate?

Shona Robison: Along with every other board, NHS Greater Glasgow and Clyde's budget has increased to an unprecedented level. However, along with every other board, it has also to make efficiencies. It has delivered efficiencies of 3 per cent in previous years—[*Interruption.*]

The Deputy Presiding Officer: Order, please.

Shona Robison: —all of which have been invested back in front-line services. We will continue to invest unprecedented levels of resources in the health service, and we expect our boards to deliver front-line services with them.

Our long-term commitment to securing and developing local services where possible, and

specialised services where necessary, underpins the clinical strategy. That will ensure that our health and social care services are responsive to the ever-changing needs of the population. The integration of health and social care is, of course, one of the most significant reforms since the establishment of the NHS.

I noted with interest that Labour's motion

"calls on all parties to ensure the continuation of current services"

at a range of hospitals. There is a lack of self-awareness in Labour's ranks. Labour members should reflect on what Labour did for hospitals when it was in power and compare that with what we have delivered.

We should not forget Nicola Sturgeon's very first act as Cabinet Secretary for Health and Wellbeing. On 6 June 2007, she came to Parliament and announced that we were overturning the previous Labour-led Administration's decision to close the highly valued A and E departments at Monklands hospital and Ayr hospital. Although we had been consistent in our belief that the decisions of our predecessors to close those A and E departments were wrong, we recognised the need for a robust evidence base to ensure that services would be sustainable and to repair the trust and confidence with local communities, which had been so damaged.

Neil Findlay: Will the cabinet secretary take an intervention?

Shona Robison: No, I will not just now. I have taken two interventions.

Members: Ooh!

Neil Findlay: There is plenty time.

The Deputy Presiding Officer: Order, please.

Shona Robison: We commissioned independent scrutiny of the options. That process was established, and it has been used three times since we came to power. It is still available to help to inform major service-change considerations. The experts of the independent scrutiny panel emphatically confirmed that our position is correct. The fact that the previous Administration was prepared, notwithstanding the lack of a clear and robust evidence base, to sanction closure of those A and E units beggars belief. What would the impact have been? Since our decision to save those units, they have provided much-needed emergency capacity, and they have had some 830,000 attendances between them. We have not just maintained those departments; we have invested in and enhanced them.

I was also interested to note that Labour's motion specifically calls for retention of emergency care services at the Vale of Leven hospital,

because the A and E department there closed in 2002 under the previous Labour-led Administration. Indeed, the Scottish National Party Government ended a decade of damaging uncertainty by approving the "Vision for the Vale of Leven Hospital" in 2009, thereby securing its remaining emergency services alongside provision of local maternity services and repatriation of a number of specialties.

On Lightburn hospital, I have been clear—I said this during health portfolio question time—that there would need to be a material change to the position in 2011, when Nicola Sturgeon, as health secretary, ruled out the closing of that hospital based on the proposal that came to her.

We have continued to invest in St John's hospital. There is a list of investments that were never made under the previous Labour Administration, and there has been lots of investment since in St John's hospital. The independent review of paediatric services that is being undertaken across Lothian will, of course, report to NHS Lothian in due course.

Neil Findlay: The cabinet secretary referred to the previous cabinet secretary, who took decisions to stop closures. The cabinet secretary could take a decision now to stop any detriment to the children's ward at St John's hospital, but we know why she will not. She will not do it because she intervened, as did her officials, and "bumped" the review—the word that NHS Lothian used—until after the election.

Shona Robison: Let us be clear. There are no proposals for closure of any of the services that are mentioned in the motion. None of those has come to me, and nor has their closure even been approved by any of the local boards.

Neil Bibby: Did the cabinet secretary intervene?

The Deputy Presiding Officer: Order, please.

Shona Robison: None of the closures has been approved—none at all. That is, of course, unlike the record of the previous Administration.

Members will understand why we feel very confident in comparing our record on safeguarding those key local services with that of the Labour Party. Actions speak louder than words.

The Government has not only adopted a rigorous evidence-based approach to developing health policy, but we have been consistent in ensuring the full involvement and engagement of service users and local communities throughout. We have a coherent plan in the national clinical strategy and, of course, the national conversation, which was launched last August, seeks public views on the ideas and asks people what their priorities are. I contrast that with the rag, tag and

bobtail motion that was clearly written on the back of a fag packet and which is to do with trying to save the seats of a number of Labour MSPs; it has nothing to do with wanting to protect vital local services.

Labour has no coherent health policy and is bereft of ideas, with nothing to offer the Scottish people. The paucity of the motion demonstrates that.

I move amendment S4M-15766, to leave out from “is deeply concerned” to end and insert:

“recognises that NHS staffing and funding are at record high levels; supports the frontline NHS resource budget increasing in at least real terms in the next parliamentary session; welcomes the Scottish Government’s record of protecting local services, including saving A&E departments in Monklands and Ayr; endorses the recently published A National Clinical Strategy for Scotland with its aim to provide more care where people need it, with as much care as possible delivered locally, and is committed to maintaining and improving safe and effective local services across Scotland, including in the Royal Alexandra Hospital, Vale of Leven Hospital, Lightburn Hospital and St John’s Hospital.”

15:05

Jackson Carlaw (West Scotland) (Con): It occurs to me, looking at the timetable for the rest of this session of Parliament, that this may be the last full general debate that we have on health. Before my time, we benefited from the experience of Sam Galbraith, and in my time we have benefited from the experience of Dr Ian McKee, Dr Richard Simpson and Dr Nanette Milne, and I think that Parliament will be the poorer for the fact that, when we meet in the next session—although I do not know the CVs of all the potential new MSPs who may be coming—it is likely that we will be bereft of those who have actually had front-line experience in the NHS as medical practitioners. I regret that, so before I thank the staff, I want to thank the MSPs who have contributed to the life of this Parliament with fundamental understanding of the health service based on their experience. *[Applause.]*

I join Jenny Marra in paying tribute to NHS staff and do not demur from the suggestion that it is worth our while to do that and to start many of our health debates with that tribute. I have observed before, however, that it is very much a conceit among those of us in the chamber that health professionals all over Scotland are currently sitting watching our deliberations. Most of them are so busy in the jobs that they do under enormous pressure in their working environments that they must at times find our thanks somewhat hollow. Our thanks are given sincerely, but NHS staff depend on us responding to what they are saying.

Although Jenny Marra set up a couple of straw men to try and disarm me, I have made it perfectly

clear before that the Conservative Party here now has no truck with the health service reforms that are taking place, which were begun by Tony Blair in 1999, continued by the previous coalition Government and are being pursued by current the Conservative Government in Westminster. The health services of Northern Ireland, Wales, Scotland and England may be called a national health service, but they have diverged in their own particular ways, and here in Scotland we in this Parliament are all committed to a national health service in public hands that is free at the point of need and delivery. The debate that I hope we can move towards is about how we can create a sustainable NHS that will secure that model of healthcare into the future. It is the model that we all want to see being pursued.

Jenny Marra moved the motion in slightly more measured tones than I had feared she might. I welcomed the fact that, after the general election—when the Labour Party nationally in the UK had used the NHS again in the hope that that would influence the outcome—Labour members came to this chamber and said that they, too, wished to participate in a non-partisan approach to the development of healthcare in Scotland. I have told the cabinet secretary that I would like to see healthcare being taken out of politics, which is not quite the same thing as taking politics out of healthcare, because this Parliament and all the representatives in it have a duty to pursue the day-to-day management of the health service and the critical issues that arise, even while we seek to work collectively with the Government to agree that broader national consensus.

It does not matter what group of health professionals I meet, whether it is the British Medical Association, the Royal College of Nursing, the Royal College of Emergency Medicine or allied healthcare professionals, because whoever they are they say the same thing. They say that, as professionals, they acknowledge the enormous challenge that is now presented to the health service in Scotland through conditions, some of which were not even in place when this Parliament first met, that potentially undermine our ability to maintain the kind of health service that we want. They say that they want us, as politicians, to find some way to work together to ensure that there is a national strategy that will secure the future of the health service and that enjoys all-party support. I have also told the cabinet secretary that that is not the same thing as her announcing something and then expecting cross-party consensus that underpins her announcement. It requires that we find a way of ensuring that all the political parties, as well as stakeholders more broadly, participate in the work that brings about agreement on that strategy.

I think that “A National Clinical Strategy for Scotland” is an excellent document, but its executive summary candidly states that it is something of a higher-level review of what needs to be done in respect of the shape of healthcare in Scotland that should evolve, and does not get into the detail and the nitty gritty about what will prove to be very difficult decisions that will have to be taken if the strategy is to be secured.

Shona Robison: We expect local boards—not just individually but working with each other; Jackson Carlaw will notice that regional planning is key—to apply the principles of the national strategy to their local services in the next phase of the strategy.

Jackson Carlaw: I thank the cabinet secretary for that. I will conclude my opening remarks by saying this: when we, as a party, took the view that we want to participate in trying to achieve consensus, we recognised that that would mean that we would be required in the next session of Parliament to take some difficult decisions. In the forthcoming election, do we use that potential agenda of difficult decisions as a political football, or do we stand back and accept that it will require a degree of courage in the next session of Parliament for the Government to know that it has a broader level of support?

If the Government can consult the other parties and involve us in the decisions that have to be taken, we will continue to take the view that in the forthcoming election healthcare must be removed from the political debate, and that we must take a constructive approach. We commit in the election to maintaining a constructive approach to how we will deliver a sustainable model of healthcare in the next session of Parliament.

The Deputy Presiding Officer: We now turn to the open debate. I call Bob Doris to be followed by Jackie Baillie—speeches of six minutes or so, please.

15:11

Bob Doris (Glasgow) (SNP): On Monday, I visited a new £12 million health and social care centre that is nearing completion in Maryhill. The Scottish Government has invested substantially in that centre, as it has in the NHS more generally, which this year alone has a record £13 billion budget across Scotland—that represents a substantial real-terms increase. Likewise, there are record numbers of staff—the figure is 9 per cent higher under the SNP Government and there are 11,000 more staff overall, including 2,500 additional nurses and midwives. Another important achievement has been the increase in A and E consultants by an eye-watering 168 per cent.

Are there still challenges? Of course there are, and those challenges are substantial. With a significantly growing elderly population that has increasing frailties and multimorbidities, how could the situation be otherwise? Surely to goodness we can all agree on that, irrespective of who is in charge of Scotland's NHS.

Yesterday, when I mentioned the record staffing levels in Scotland's NHS to a constituent of mine, he was quick to remind me of the significant pressures that are still faced by our nurses—they are also faced by my wife, who is a nurse. My constituent was right to mention that. It is reasonable to say that, although the Scottish Government and Scotland's NHS face substantial challenges, we are approaching those challenges from a position of strength. We should all be able to agree on that, rather than going down the road of scaremongering and fear tactics, which we heard a bit of in Jenny Marra's opening speech.

Paul Martin (Glasgow Provan) (Lab): Will the member take an intervention?

Bob Doris: I am making a contribution. Sit down, Mr Martin.

I am pleased that the Scottish Government has stated in its amendment that it

“is committed to maintaining and improving safe and effective local services across Scotland, including in the Royal Alexandra Hospital, Vale of Leven Hospital, Lightburn Hospital and St John's Hospital”.

That is there in black and white in the amendment. I hope that it halts in its tracks any debate this afternoon—although I have my doubts—about whether the Scottish Government is going to axe those facilities. We are clearly not going to do that. That commitment had been made and it is reiterated today.

I will resist the temptation—although my colleagues may not—to open up the debate about track records in axing services that communities value. The Scottish Government's record, as laid out by the cabinet secretary, is rather better than that of the previous Scottish Executive, which mismanaged Scotland's NHS for a number of years.

I will look at some of the challenges that we face in context. There have been successes along the way, but of course we face a challenge with delayed discharge. However, we should recognise that in the past year alone Scottish Government funding has led to a decrease of 18 per cent in delayed discharges, and we are still doing significantly better than we were doing in 2007, when the SNP Government came to power. There is much to do, but progress has been made and none of us should deny that, irrespective of whether an election is coming up.

Dr Richard Simpson (Mid Scotland and Fife)

(Lab): I do not deny the progress that has been made in the past year, but the member must recognise, as Audit Scotland has done, that on seven of the nine targets things are deteriorating. There were 20,000 occupied bed days in July 2011 and 46,000 last month. I welcome the progress in the past year, but the current situation is more than twice as bad as it was in 2011. That is not progress.

The Deputy Presiding Officer: Mr Doris, I can give you an extra minute.

Bob Doris: Thank you, Presiding Officer.

I make the point to Dr Simpson that we are still doing substantially better than the Labour Party did when it managed Scotland's NHS. When the Scottish Government identifies issues that are arising, it commits money to invest in the area, and it is investing more than £100 million over three years to tackle delayed discharge. That is how to manage the NHS: by keeping a weather eye on it and investing where appropriate.

I had wanted to talk about the positive things that we have done in the NHS, but I will cut out some of that, because I want to say a little about the Vale of Leven hospital. I am speaking more as a member of my family than as a member of the Scottish Parliament. My mother was cared for in that hospital when she had a terminal illness. She received palliative care in the Lomond ward, where she received an exceptional service from the amazing staff. I am sad to say that she has now passed away.

I have seen the vital service that the Vale of Leven provides to people in my home town, although I represent constituents in Glasgow. I do not want to get into a debate about who did what, where and when in relation to services, but I will say that a number of members of my family really value the emergency services that are provided in the hospital. I speak not just as an MSP but as a member of my family when I say that I am committed to those services remaining at the Vale and I am confident that they will do so—people will just have to take what I say as a fact and not play politics with it. The staff in the Vale of Leven hospital do an amazing job, just as staff right across Scotland's NHS do.

I have a list of the things that have improved dramatically in Scotland's NHS over the years but, given time constraints, I cannot read it out. When an election is coming up, the party of government tends to list all the things that it thinks that it has done well and the main Opposition party talks about all the things on which it thinks that the Government is weak.

The things on which we have done well happened not by accident but because of the

national clinical strategy. I hope that, at some point during the debate, someone in the Labour Party will mention and engage meaningfully with the strategy document. It contains lots about how unplanned admissions to hospital, whether via accident and emergency units, day admissions or bed admissions, are going up and up and how we must do far more about that.

In the context of delayed discharge, a key issue is that we must align housing policy much more closely with health and social care policy. I am delighted that health and social care integration has finally happened under this Government and that lots of great initiatives are coming forward. The next step must be to interweave the approach with housing policy to give people who are moving towards the end of their lives or becoming less independent because of their frailties choices in their housing journey.

For many people, the choice will be to stay at home for longer. For some, it will be sheltered or very sheltered accommodation. For others, it will be residential care. For some people, such as my mother, the final weeks of life will be spent in a hospital bed—that is how it has to be. However, when we weave the fabric of health and social care policy and Scotland's NHS, we must think carefully about how we include housing policy.

The national clinical strategy document mentions the issue. The challenge for all parties after the next election will be to make it a reality. The document is superb but, at some point—be it in two, four or six years' time—we will have to review how NHS boards have aligned their policies with the document and how much progress they have made. That will be a challenge for us all.

15:19

Jackie Baillie (Dumbarton) (Lab): I welcome the opportunity to participate in the debate. At the outset, I will say that the Vale of Leven is my local hospital, and I will focus on it today. However, as I have spoken many times in the chamber about the challenging geography of my part of the world and the need for accessible local services, I will not lecture members on those subjects again.

Members know that I will do everything in my power to protect the services in the Vale and that I will work with any Government of whatever political stripe to do so. Equally, I am not afraid to challenge any Government of any political stripe in so doing. My community has petitioned the Parliament, we have held hands round the hospital and thousands have marched through the streets—and believe me, we will do so again.

The staff at the hospital are second to none. Their dedication and hard work are at the centre of

the positive experience of patients. I thank the staff for all that they do, but I acknowledge that, like many staff across Scotland, they are not resourced to do their job properly.

I welcomed the vision for the Vale at the time, as it sought to provide stability and an assurance about services. I visited the Vale in the company of the then First Minister, too. However, let us be clear that, despite that vision, cuts at the Vale have continued. Staff numbers have been cut; bed numbers have been cut; clinics have been cancelled; community maternity unit hours have been reduced; the Christie ward has closed and, as we speak, is being demolished; junior doctor vacancies are unfilled; and now, ward 6 is closing, with the cabinet secretary's agreement.

On top of that is the document that was leaked in January this year about NHS Greater Glasgow and Clyde's proposals to cut services in order to save £60 million. What was the board going to cut? Staff numbers; bed numbers; emergency care at the Vale; community maternity units at the Vale and, perhaps, Inverclyde royal hospital and the Royal Alexandra hospital; the children's ward at the RAH; and more besides.

The cabinet secretary told us robustly that NHS Greater Glasgow and Clyde did not know its uplift for the new financial year, so we were not to worry. I can tell her that she was wrong. It knew roughly the amount that it was due to get and—guess what?—now that the information is in the public domain and all boards know their uplift, the cuts have gone up from £60 million to £69 million, so everything, and more, is back on the table.

When I have asked about the Vale before—the cabinet secretary knows my interest in the subject—the cabinet secretary and the First Minister have talked about the past. The cabinet secretary did it again today. I welcome what they have done for the Vale in the past, but I want to talk about the future, because that is what people in my area care about.

I know that we will be kept in the dark before the election and that the cuts will be rolled out after. If anyone is in any doubt about that, the cabinet secretary's amendment gives the game away. It deletes the part of the Labour motion that talks about retaining specific services and substitutes it with warm words about hospitals—of course buildings matter, but what is in them matters more.

In the amendment, we see the word "safe" before "local services". I want to tease that out a little, because I am told that, if the cuts do not go ahead, emergency and maternity services at the Vale will be deemed clinically unsafe, and we politicians will not be able to argue with that. That possibility is openly talked about by senior clinical

staff, by health board staff and by the Government, too.

The emergency care unit, the medical assessment unit and the minor injuries unit provide services for increasing numbers of local people—1,000 more this year than two years ago. That is of central importance to what is delivered. However, I know that hundreds of thousands of pounds are being spent on locum doctors because the health board cannot recruit junior doctors to the Vale. Will the cabinet secretary guarantee that that will continue? That is at the heart of concerns about safety.

I want the cabinet secretary to guarantee that, whatever happens, she will retain all current services, including the maternity service, which has not been mentioned in any of the commitments that the Government has made to date. I want that guarantee for at least the next five years, and a simple yes in the cabinet secretary's reply will do fine by me.

Bob Doris demonstrated the value of the Vale of Leven hospital. This is not about playing politics; it is about certainty for the local community that he grew up in. I am sure that he will share my concerns about delivering that.

Bob Doris: I know that Jackie Baillie has a track record of seeking to defend the Vale of Leven hospital over the past few years but, as a person who was brought up in the Vale, I think that one or two locals might occasionally accuse her of playing politics over the hospital.

Jackie Baillie: It has been not just a few years—it has been 16 years. I am the first to acknowledge that we have had trouble at the Vale across successive Governments. However, my community would not deny that I am the one who has campaigned against any and all Governments to protect the hospital.

Seasoned commentators will remember the Kerr report. The soundbite for the future delivery of our health services was:

"as local as possible and as specialist as necessary".

Members should make no mistake—the soundbite might be different, but the national clinical strategy is the same. We all agreed with the Kerr report and we agree with much that is in the national clinical strategy. Bob Doris quoted some of the strategy, which I am happy to discuss with him. We talked before, as we do now, about delivering services closer to home, shifting the balance of care and using specialist centres. The same principles are in the national clinical strategy.

Implicit in that, however, will be disinvestment from acute services and changes to our hospitals. I ask the Government to tell us now, before the election, what services it will centralise, what

services it will cut and what hospitals will close. We should not pretend about this. Ministers cannot say one thing in here and to health professionals but another thing entirely to communities such as mine. That would be beyond dishonest.

The Deputy Presiding Officer: I have been overgenerous with the first two speakers. I must now ask everyone else to keep to the seven minutes that I have allowed.

15:27

Stuart McMillan (West Scotland) (SNP): I am fortunate in that I have not had to utilise hospitals very often in my 43 years, but I have a number of friends and family members, as well as many constituents, who have done, and I put on record my thanks to every single person who works in the health boards and in our NHS. They do a fabulous job.

Over the past 10 years, there have been significant changes in Scotland's population and in the needs and demands placed on our health and social care services.

In 2010, in the quality strategy, the Scottish Government set out its strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland in the face of the significant challenges of Scotland's public health record, our changing demographics and the economic environment.

In 2011, the Scottish Government committed to integrating health and social care to address in particular the changing needs of our growing population of people with multiple complex needs, many of whom are older.

In the debate so far we have heard about what some people would argue are legitimate questions about the future. As my colleague Bob Doris highlighted, we have also heard about some party-political aspects of the health debate. One of the things that have been consistent over the past couple of months has been the latest attempts to spread fear over the future of local health services. I would argue that those have been nothing short of just being a campaign tactic.

A few moments ago, Jackie Baillie touched on the leaked NHS paper. There are a few facts that need to be put on the record about that leaked paper. First, there are seven Labour councillors on Greater Glasgow and Clyde NHS Board; secondly, it is and it was an internal discussion paper; thirdly, it is not a definite proposal, a set of proposals or an approved plan; and fourthly, the content has not been approved by the board or referred to the Scottish Government. Certainly, none of the points in the draft discussion paper

has been put forward to the Government for consideration. Finally, any formal proposals will need full public consultation and require Government approval.

Paul Martin: I am not sure whether Stuart McMillan has been given the correct briefing by his resource centre. I confirm for the record that there are 27 members of the Greater Glasgow and Clyde NHS Board; 20 of them are appointed by the Cabinet Secretary for Health, Wellbeing and Sport.

Stuart McMillan: I am not denying that. What I said is that there are seven individuals on the board who are representatives of local authorities and those seven are from the Labour Party, as Mr Martin will be aware.

The second issue that I want to touch on—*[Interruption.]* What was that, Mr Bibby?

The Deputy Presiding Officer (John Scott): Mr Bibby, if you wish to make an intervention, please stand up to do so. Mr McMillan, please continue.

Stuart McMillan: I will highlight a couple of points. It was the Labour Party that wanted to close the A and E unit at Inverclyde royal hospital and it was under Labour that Inverclyde lost its consultant-led maternity unit. NHS Greater Glasgow and Clyde published proposals to change the community maternity units in 2008, but those proposals were defeated by campaigners north and south of the river, as well as politicians from north and south of the river in this chamber. That was one of the few occasions when we united to defeat a set of proposals from that health board.

Jackie Baillie touched on the Vale of Leven hospital. History shows that it was in 2002, under Labour, that the A and E unit was closed at the Vale of Leven, so under Labour there has certainly been a negative record of delivery for the population of the west of Scotland.

As an MSP since 2007, I have a strong record of campaigning to maintain services at the Inverclyde royal hospital and I will never waiver from that position. I am therefore delighted that the Scottish Government is delivering for health in Inverclyde, with positive news in the £19 million that has been confirmed for the new Greenock health centre and the £8 million that has been confirmed for the replacement of the continuing care facilities at the Ravenscraig hospital.

The Scottish Government has a clear vision for the future of our NHS and will continue to take the right actions to ensure that Scotland has an NHS that we can be proud of today and in the future.

The latest figures show that staffing in the NHS has again reached a record high, with more

nurses and more consultants working in Scotland's health service than ever before—11,000 more staff are working in our NHS and that number continues to rise. That reflects the record levels of investment in our healthcare services, with next year's NHS and social care budget recently confirmed to be over £13 billion for the first time ever. The Scottish Government's significant investment has led to growth in the NHS workforce to ensure that people in Scotland get the high-quality healthcare that they deserve.

I am conscious that I have to finish within my six minutes, Presiding Officer.

The Deputy Presiding Officer: You can have up to seven minutes, but that will make us very tight for time.

Stuart McMillan: In addition, the Government is building for the future with a recently announced rise of 5.6 per cent in student nursing and midwifery intakes—the fourth successive increase.

The level and quality of the care that is provided to patients have contributed to people living longer, along with continued advances in diagnosis, treatment and care.

The Scottish Government is also integrating health and social care and has introduced self-directed support, which is empowering people to live more independently.

Looking ahead, I think that various issues will impact on the health resources available. The volume of demand for healthcare will rise, as will the cost, as a result of anticipated demographic changes over the period to 2030, with increased life expectancy. The NHS certainly has huge challenges to face.

The Deputy Presiding Officer: Please draw to a close.

Stuart McMillan: I am sure that every MSP wants to ensure that their communities get the services that they need, delivered by the appropriate range of health and social care professionals working together more effectively. However, it is this Scottish Government that is carrying out far-reaching reforms to our health service and it will continue to consult on how those can be further developed.

The Deputy Presiding Officer: To be clear, there is a generous six minutes for everyone, with an absolute maximum of seven minutes.

15:34

Paul Martin (Glasgow Provan) (Lab): First, I will refer to the comments from Bob Doris and latterly from Stuart McMillan about scaremongering tactics. The save Lightburn group is led by Gerry McCann, who has no political

allegiance to anyone. He has suffered from Parkinson's for more than 20 years, and he made it clear at a public meeting that I attended on Monday that he is committed to ensuring the future of Lightburn hospital. In fact, he said that he was concerned that he had received emails from some individuals referring to scaremongering tactics taking place. He said that it was an insult to his intelligence that people should make such claims.

Bob Doris rose—

Paul Martin: I will let in Bob Doris in a moment—he will get his chance.

Gerry McCann refers to a financial planning document that was prepared, as I understand it, by Catriona Renfrew, a senior official at NHS Greater Glasgow and Clyde. The document proposed £60 million-worth of cuts at that time, and latterly £69 million-worth of cuts. That document is still on the table. I will give way to Bob Doris, who can perhaps explain it in more detail.

Bob Doris: I am delighted at the chance to provide some clarity about my earlier comments. I was not referring to any campaigner or campaign group; I was referring to Labour politicians, though.

Paul Martin: Again, Mr Doris does not refer to a specific Labour politician. Perhaps he can clarify that once again.

I refer members to the members' business debate on Lightburn hospital that I led on 29 September 2011, just after I had been elected to the Scottish Parliament in May 2011, when the hospital was proposed for closure. I was delighted to support Gerry McCann, the leading campaigner of the save Lightburn campaign, and I welcomed the rejection of the health board's proposal by the then Cabinet Secretary for Health, Wellbeing and Cities Strategy, Nicola Sturgeon, which I understand was welcomed by all parties in the chamber. I give Nicola Sturgeon credit for ensuring that the proposal was rejected on that occasion.

In 2013, following that decision, I and other campaigners, along with Gerry McCann, met Alex Neil, the then Cabinet Secretary for Health and Wellbeing, to discuss further investment in Lightburn hospital. At that stage, we were given assurances that Lightburn could look forward to a rosy future that would be about developing the facility.

That is the background, and those were the political commitments that were given in the chamber. At the end of all those discussions, the buck stops with the current health secretary. That is her role, and that is why the issue is political, because it is for her to take a decision.

Shona Robison: Will the member give way?

Paul Martin: I will bring in the cabinet secretary in a second.

Given that background, I was astounded that the financial planning document, which was created by Catriona Renfrew, confirms on page 8 that there is a proposal for the closure of Lightburn hospital. It says that the hospital should be closed. That is not scaremongering—it is a fact.

Does the cabinet secretary—I will let her in shortly—agree that it is a disgrace that the Parliament should be held in such contempt? Despite the former health secretary—now the First Minister—advising the health board that she was rejecting the proposal, the health board has come back in the same parliamentary session and said that it is proposing the hospital for closure. Will the cabinet secretary instruct the board not to propose the hospital for closure, and to withdraw it from the financial planning document?

Shona Robison: I remind Paul Martin that John Brown, the chair of NHS Greater Glasgow and Clyde, said:

“None of the contents”

of the paper

“have been approved by the ... board or referred to the Scottish Government for consideration. This includes the reported closure of Lightburn Hospital or changes to the services provided by the Vale of Leven Hospital.”

As I understand it, Mr Brown, as the health board chair, visited Lightburn hospital to reassure the staff and patients about that.

Paul Martin: The document I have here is a live document that is being considered by the board. It includes the proposal to close Lightburn hospital. I question the cabinet secretary once again. Why is she not instructing the health board that we have already taken a political decision? One of her predecessors, Nicola Sturgeon, took the decision that Lightburn should not close. It was widely consulted on. Why, during the same parliamentary session, should we be revisiting that proposal? It should not be included in the document in the first place. Never mind advising us that it has not come to her once again, she should instruct the board accordingly.

Of course, I would welcome some feedback from the health board. Indeed, the chief executive of the health board, Robert Calderwood, was invited to a public meeting that was held on Monday of this week by the save Lightburn campaigner Gerry McCann, but he declined the invitation. He is an official who is paid £190,000 a year and he cannot take the time to attend a public meeting in the east end of Glasgow. I raised the point earlier that I looked at Mr Calderwood's hospitality register, and it has a number of

entries—it is over five pages long. If he can agree to a round of golf with PricewaterhouseCoopers, he can agree to attend a meeting in the east end of Glasgow.

Let us look at the health challenges that the east end of Glasgow faces. For example, people who live there are 30 per cent more likely to die from heart disease and 38 per cent more likely to die from lung disease. When you compare the statistics for the east end with those for other parts of Glasgow, you see that, as we keep being reminded by the media and many others, someone who lives in Bearsden or Milngavie is likely to live 10 years longer than someone who lives in the east end.

We should do something about those statistics. The kinds of services that are provided in Lightburn hospital offer that very opportunity. I ask the cabinet secretary to join me, along with the save Lightburn campaigners, in sending a very clear message: hands off Lightburn hospital.

15:41

Gil Paterson (Clydebank and Milngavie) (SNP): It does not seem that long since I last spoke on a Labour motion on health. Like the others before it, this one contains patchy research—if it contains any at all—and the usual negative rhetoric that we are coming to expect from the Labour Party in Scotland.

I have looked over the motion presented today and hope to speak on some related themes, namely that we have a committed NHS, a safe NHS and a local NHS, all delivered by dedicated, hard-working staff.

My constituency, like many others across Scotland, is blighted by many health concerns, one of the largest being smoking-related illnesses. I was therefore pleased to read that the Scottish household survey 2014 indicated that 20 per cent of adults in Scotland smoke—a reduction of 3 per cent since 2011. That represents the sharpest reduction in smoking rates since 1999 and is indicative of good progress towards the Scottish Government's target of reducing the number of adults who smoke to 5 per cent or less by 2034. I was also pleased to learn that levels of smoking in the most deprived areas fell from 40 per cent in 2010 to 34 per cent in 2014.

It would be disingenuous of me not to mention the range of actions that we are all aware have been taken to tackle smoking. They include: increasing the age restriction on the sale of tobacco from 16 to 18; an overhaul of the law on the sale and display of tobacco; the establishment of the first tobacco retailer register in the UK; a range of comprehensive awareness-raising

campaigns; and record investment in NHS smoking cessation services.

Jim Hume (South Scotland) (LD): Does the member also recognise my member's bill—the Smoking Prohibition (Children in Motor Vehicles) (Scotland) Bill—as part of the aims and goals that will help to reduce smoking in Scotland as a whole?

Gil Paterson: I very much appreciate that invention and acknowledge the work that Jim Hume is doing. It is good work and it should be supported.

On a safe NHS, Scotland has one of the safest healthcare systems in the world, with record low infection rates and an internationally recognised patient safety programme. I am pleased that Healthcare Improvement Scotland, or HIS for short, is due to be given, from 1 April, the power to close hospital wards to new admissions if there are serious concerns about patient safety. It is fitting that, if it is approved by Parliament, that secondary legislation will take forward a key recommendation from the Vale of Leven hospital inquiry. That proposed legislation will strengthen the scrutiny of our hospitals and give patients confidence that their care will continue to be among the safest in the world.

Hospitals are cleaner and safer under the SNP. There have been major reductions in the number of hospital-acquired infections since 2007. Cases of C diff in patients aged 65 and over have reduced by 86 per cent, and cases of MRSA have reduced by 87 per cent, which is no mean achievement.

Labour's motion speaks about ensuring "the continuation of current services".

I want to provide a couple of local examples where, under the SNP, services are being not only continued but improved.

Earlier today, I asked the Scottish Government for an update on when the new Clydebank health centre will be brought to fruition for residents in my constituency. As a result of tremendous effort on the part of many, the finance secretary, who played no small part in that effort, has been able to announce not only that a new, much-needed health centre in Greenock will be built, but that, as part of a combined capital investment of £38 million, a new Clydebank health centre will be built, which will allow the continuation of community health services in Clydebank. That is a great outcome for two challenged areas. There was the prospect of one health centre, but the local politicians did not fight among themselves about where it should be placed. We should all aspire to behave like that. With a good campaign and reasoned argument, we were able to provide

a health centre in both areas, which is good work in my view.

Just a few weeks ago, the First Minister had the pleasure of visiting Clydebank in my constituency and meeting residents and workers from across West Dunbartonshire and beyond. She gave us a statement confirming that the Vale is a vital part of the local health service in West Dunbartonshire, and she will make sure that it continues to be for many years to come.

Jackie Baillie: Will the member take an intervention?

Gil Paterson: I will come to Jackie Baillie in a minute.

That includes making sure that emergency services are retained in the Vale. Members of the Labour Party either missed the First Minister's statement or did not want to accept it. They were too busy outside Clydebank town hall asking the SNP to put kids before local cuts—that is ironic and rich, coming from the Labour Party. It runs West Dunbartonshire Council, which is about to see its third teachers strike in as many months—

Jackie Baillie: Will the member take an intervention?

The Deputy Presiding Officer: The member is in his last minute.

Jackie Baillie: Oh, that is a shame.

Gil Paterson: Labour pushed through the council a cut of half a day a week of education—

Jackie Baillie: On a point of order, Presiding Officer. The member is misinformed. He should realise that it is SNP cuts that mean that West Dunbartonshire teachers are on strike.

The Deputy Presiding Officer: Jackie Baillie will be well aware that that is not a point of order.

Please continue.

Gil Paterson: The council was forced, at an emergency meeting, to reverse that dreadful decision. That reversal came about because the roof collapsed in on Labour after a public outcry.

I am looking forward to 2016 and 2017. The Vale of Leven hospital is not under threat and never has been, under the SNP. The only time that it was under threat was under Labour, when it was salami sliced time after time.

I commend to the chamber the health secretary's amendment.

15:49

Jim Hume (South Scotland) (LD): I thank Jenny Marra for lodging her motion. It has been a wee while since we had the chance to talk about

changes in our NHS. I truly appreciate the day-in, day-out work of the staff and I take this opportunity, as other members have done, to thank them for their hard work.

The cabinet secretary will remember well that I have campaigned hard for community hospitals across my region, and have been successful in stopping some scheduled closures that were the health boards' preferred option.

We would do a disservice to all our hard-working NHS staff if we did not point out some of the issues that make their lives more difficult at work and present concrete plans to solve some of them. I fully agree with the statement in Jenny Marra's motion that

"people and communities deserve fully-resourced services in their areas".

Since the last time we discussed progress in the NHS, we have seen an increase in vacancies for nurses, midwives, allied health professionals and pharmacy staff to the highest rate in four years. Increasing pressure on the emergency service in the winter months causes thousands more to have to wait beyond the target treatment times that they were promised.

Perhaps one of the most serious failings in the SNP's actions—one that shows how regressive it is in protecting the NHS—is the reduction in funding for those who act as the gatekeepers of the health service that we all hold so dear. I refer to the GPs and our primary care services. It might be appropriate to use the words of the chair of the Royal College of General Practitioners—they might be more persuasive. Last month, Dr Miles Mack said:

"Practice has been deemed to be dispensable in its current form."

He also said:

"We have received reassurance after reassurance that further funding for general practice would be forthcoming until it reached a level appropriate to patient need. Instead, we witness a further reduction and an ever increasing gap between funding for general practice and that for other areas of healthcare",

and

"Patients have every right to worry."

It is difficult to understand how the cabinet secretary can face the Scottish people and state that she has added only 35 GPs in the past five years, that GP training places are only 70 per cent filled, and that increasing need is going unmet in the most deprived areas. The year-on-year cuts in GP funding since 2009 have real consequences, and they will only get worse.

The cabinet secretary's amendment continuously mentions "local"—the importance of local services and local delivery, with as much

care as possible being delivered locally. We agree with that, but the track record shows that, in 2014, more than 100,000 patients travelled to a different health board to receive treatment—not a different hospital, but an entirely different health board.

Shona Robison: That figure will include many people who have had to travel to the Golden Jubilee hospital, which is a national hospital for hip, knee and other procedures. Surely the member is not going to criticise that.

Jim Hume: No. I was going to say that some of those patients will have needed to go to where the expertise is for their operations. However, more than 800 patients have been told they cannot get treatment for capacity reasons.

When a ship is taking on water, it is wiser to plug the holes than polish the door handles, but it appears that the SNP Government's focus has been on polishing the surface of the NHS rather than on supporting its foundations and those who work to hold it together.

When the number of children and young people who are being seen for psychological therapies is the lowest that it has been since statistics were first published, we must stop and ask what is going wrong and how we can fix it. Of the 6,750 children who were waiting for their treatment to start at the end of December, fewer than 1,300 were seen in that quarter. The Government still pats itself on the back over the number of staff who were employed in the past year, yet the gap between headcount and whole-time equivalent is considerable, which shows that more people does not always mean more patient time.

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Mr Hume is not giving the whole picture. I hope that he will concede that more people are being seen by child and adolescent mental health services now than was previously the case.

Jim Hume: More people might have been seen, but demand is greater and the percentage of NHS spend that goes to mental health services is lower than it has been for many years. Only a quarter of nurses and midwives, the largest staff group in the NHS, feel that there are enough staff to do the job properly. It is a serious issue and we cannot be complacent; we have to address a situation that risks having even fewer resources available for communities.

It is dangerous and unwise to plan closures at a time when the health service is under so much pressure and demand is on the rise. Therefore, I back Jenny Marra's call to ensure that current services are supported appropriately—I do not know how anybody could argue against that.

I also remind the chamber of the Scottish Lib Dems' principle that enabling and supporting local and community resources to run the right services for their populations is a strategy that respects those communities and allows them to put people at the centre of service planning and delivery. However, how can we put people at the centre of planning when communities are threatened with the closure of hospital wards and emergency services? Telling communities that they should be empowered to provide more resources locally but then allowing hospitals to shut down is pulling the carpet from under their feet—it is counterproductive, damaging and wrong.

The Scottish Lib Dems will stand on the side of communities to ensure that no unwarranted and unnecessary hospital closures take place, and we will continue to stand up for the rest of the NHS and the principle that everyone has the right to access to the right therapy at the right time.

15:56

Neil Bibby (West Scotland) (Lab): I am pleased to speak in this debate on NHS services, including those at the Royal Alexandra hospital in Paisley.

The RAH is the hospital where I was born; as a child, I was a patient in the children's ward; and my son was born at the maternity unit last year. Therefore, I know from both personal experience and from speaking to local families how important the services that are currently provided at the hospital are. For many people in the Paisley area, the RAH is the NHS and provides the services that so many of us rely on. So when vital services at this hospital are under threat, I will stand up for patients, staff and the local hospital.

As Paul Martin said, and as members will know, the document "Service and Financial Planning for 2016/17 and beyond", which was drawn up by officials at NHS Greater Glasgow and Clyde, was leaked in January. That document shows cuts of up to £60 million that the board will need to make next year—that is over £1 million a week—because of underfunding by the Scottish Government. No one can seriously suggest that the health service is being properly protected if Scotland's largest health board is considering such drastic cuts.

Shona Robison: When Labour asked for half of the resources going to health to go to social care, was that a mistake? The member called for that. Does he still support it?

Neil Bibby: We support protecting the NHS budget. The Government has a strange definition of "protecting" if £1 million a week of savings will have to be found in NHS Greater Glasgow and Clyde.

Like many people in the Paisley area, I was shocked by the report's contents and deeply concerned that work on the proposals has been under way for some time. Those proposals include closing the RAH children's ward, making changes to maternity services and transferring additional cases from the Vale of Leven hospital to the already overstretched RAH. Unfortunately, when it comes to the RAH children's ward, we have been here before, back in 2011 and again last year.

One mum from Paisley recently commented that closing the RAH children's ward would be "devastating and dangerous". She said that, if her son had a seizure,

"how would we get him to the new hospital if the roads are bad?"

She also rightly said:

"Paisley is the largest town in Scotland and the people here deserve their own children's ward."

Another woman recently told the *Paisley Daily Express*:

"My son was in the children's ward too and their facilities are second to none. We take it for granted. How can they justify closing such a vital facility?"

Those are just two comments, but there will be many more right across the west of Scotland because the children's ward at the RAH treats sick children from not just Renfrewshire but other areas such as Inverclyde and West Dunbartonshire. The impact of a closure would be felt across a wide area.

Another deeply concerning issue is that the health board's report states that work is already under way on a proposal to deliver service changes to community maternity units. I say to the health secretary that any downgrading or closure of the maternity services at Paisley's RAH would be completely unacceptable.

Also deeply concerning is the proposal to transfer emergency cases from the Vale of Leven hospital to the RAH. I share my colleague Jackie Baillie's concern about not only the impact that that would have in West Dunbartonshire but the adverse impact that it would have on the RAH. The health secretary will be well aware that, only last year, she was forced to send in a crisis team to the RAH's A and E department as a short-term measure to tackle problems with waiting times.

As we have observed in recent weeks, many people are still waiting more than eight hours to be seen. It would be nonsensical and wrong to add additional pressures to the already hard-working and overstretched staff at the RAH by dumping more cases on their workload.

The on-going uncertainty over the future of RAH services is deeply disrespectful and worrying,

particularly for the families and NHS staff employed at the children's ward.

The health secretary told the *Paisley Daily Express* on 16 January that she would have the final say over any proposals. Therefore, I call on her to provide adequate funding and agree with the health board to give a long-term commitment on the future of RAH services. If Shona Robison gives that much-needed investment and cast-iron guarantee, I will be the first to welcome it, but I am not hearing that.

It is time for straight answers from the Government. The Government amendment does not even mention the children's ward, let alone give a commitment to keeping it. Unlike the health secretary, I am not in a position to take the decisions, but I am in a position to stand up for my constituents and campaign alongside anyone concerned about the RAH.

Thousands of people have backed a petition calling for a stop to the proposals and a long-term guarantee. They are also backing my call that the health secretary ensures that adequate funding be provided to the health board so that the services can be maintained. Those names will be with the cabinet secretary very shortly, and it is time that she listened to the petitioners.

The RAH cannot become a forgotten hospital. This Government was elected on the promise of keeping health services local. It will have broken that promise to my constituents if the proposals go ahead.

I will continue to stand up for my local hospital and the vital services that it provides every single day. As local health campaigner Jack Davidson has said:

"All we need is a commitment, a long-term commitment that services in Paisley will not be affected and we would be satisfied. Until then, we will continue to campaign for that commitment."

I agree.

16:02

John Mason (Glasgow Shettleston) (SNP): As we continue debating the subject of health, we must acknowledge that the health service has been one of the best protected sectors in the Scottish budget over a number of years. At the Finance Committee we have had witnesses who have criticised that and have suggested that we could boost economic growth by cutting the health budget and putting more funding into house building or the like.

We are not in a position where we need to be embarrassed by the health budget; rather, we can be very proud of the health budget that this Government and this Parliament has approved.

The motion raises a range of issues and I will touch on some of them. I will also mention Lightburn hospital, which is not in my constituency but lies close by and is used by some of my constituents.

My first theme is prevention. Over the past five years—and, I think, before I was there—the Finance Committee has spent a considerable amount of time on the subject of prevention, particularly preventative expenditure. Are we able to shift expenditure away from reactive spending and more towards an earlier preventative approach? There are many examples of what might be done in different sectors. For example, in justice we spend more on young people and hopefully save later on by needing to spend less on prisons; in education, we spend more on the early years, and hopefully have less of an attainment gap in the teenage years.

In health, the question is whether we can spend more in the community and less on hospitals. At a recent Finance Committee meeting I was ridiculed by colleagues when I suggested that part of me would like to close hospitals.

Paul Martin: Will the member give way?

John Mason: I will finish this point.

The serious point is that, if we are successful in preventative spending, then we should need fewer hospitals.

The difficult question that arises, of course, is the timing. Would we close hospitals first and spend the money that is saved in the community, or should we spend on both hospitals and the community for a period and hopefully close hospitals later on?

I was interested to read a front-page article in last week's *Herald* focusing on comments by the ex-chair of Greater Glasgow and Clyde NHS Board, Andrew Robertson. He suggested that Scotland has too many acute receiving hospitals and that there should be one hospital for 400,000 people, which would mean 12 or 13 hospitals for the whole of Scotland in place of the present 29. That is a subject that we must think about seriously.

Paul Martin: Of course, I will listen to local people before I listen to the former chair of Greater Glasgow and Clyde NHS Board.

Does John Mason think that Lightburn hospital should close at any point in the next 10 years—yes or no?

John Mason: I will come to Lightburn hospital shortly, but first I will deal with the theme of preventative spending, which is mentioned in what I thought was a very helpful briefing for the debate from the RCN. Among other things, it says:

"What a community is used to in terms of the services it has close at hand may not be the service it needs for the future ... It is also very worrying that the debate continues around acute services in isolation ... If Scotland and her politicians are serious about moving care out to the community, then we need to see investment in prevention, and a shift away from debate around single acute services."

It is clear that the other side of the picture is that many people have a very warm relationship with their local hospital. Public campaigns on any potential hospital closure are easily started, and politicians of all parties tend to latch on to such campaigns, especially before an election.

Would it ever be possible for politicians across the parties to agree that we wanted to reduce the number of hospitals in the long term and that none of us would campaign to keep particular ones open? I am not sure whether that could happen; I very much doubt that it will.

As I said that I would, I move on to Lightburn hospital, which lies in Carntyne, just north of my Shettleston constituency. In one sense, it is hardly a hospital at all, compared with the likes of Glasgow royal infirmary and the Southern general, which are huge. Lightburn hospital is very small in comparison, it has relatively few beds and much of its valuable work is with day patients who are suffering from, for example, Parkinson's disease.

I receive mixed comments about the hospital from constituents. Some feel that it is outdated and that the resources would be better invested in GP practices or in keeping people in their own homes, while others are very supportive of it, not least because it is actually in the east end, is easier to get to than Stobhill, and is basically smaller and friendlier.

Given that the mental health beds at Parkhead hospital are also being phased out, I have to say that I find it strange that we potentially face the prospect of the east end of Glasgow having no major health facility other than GP practices and health centres. The south side of Glasgow has the modern Victoria ambulatory care and diagnostic centre and the north has Stobhill, but the east end has nothing like that. I find that a bit strange, given that our health record is so poor, and that point is made by Parkinson's UK in its briefing.

Stobhill may not be on the moon, but in practice it might as well be. It is very difficult to reach by public transport from our part of the city. At a time when we want people to take more responsibility for their own health, it seems strange to move the facilities that we have further away, so I find myself torn between the view that Lightburn is perhaps not absolutely necessary in its present form and the view that, if we look at the bigger picture, we see that there are fewer and fewer health facilities in one of the least healthy parts of our country.

Therefore, my question—and it is only a question at this stage—is whether we need some kind of ACAD or other intermediate facility in the east end of Glasgow, which would mean that there was some level of care between that provided by GPs and that provided by the royal infirmary.

Health is benefiting from record levels of funding, but I think that most of us agree that there needs to be a shift to more preventative spend. I urge all the parties to take a long-term view and to consider whether we need or can afford all the hospitals that we have at present.

16:08

Neil Findlay (Lothian) (Lab): I will start by echoing the sentiments of others and paying tribute to the staff who work in our NHS, who often go above and beyond the call of duty to look after and care for us. I declare an interest, in that my wife is employed as a clinical support worker at St John's hospital and my daughter, who is a student occupational therapist, is a weekend domestic there, too. Like so many doctors, nurses and support staff I know, they epitomise the care, professionalism and values of the NHS.

However, those workers do not want warm or patronising words; they want action, because they are under pressure like they have never been under pressure before. In Lothian, that pressure is at breaking point. Through freedom of information requests, I have discovered how, privately, senior management at NHS Lothian are unequivocal about the source of those pressures and how decisions made by Government are impacting on services, staff and patients.

Papers in my possession talk about pre-existing financial pressures, recurrent cost pressures and how the NHS is facing growing demand with reducing resources. With delayed discharge and poor social care, the biggest scandal in Scotland's healthcare system, in my opinion, has been exposed.

In July 2015, the chief executive of NHS Lothian said that the position had "deteriorated significantly" in recent months as a result of, among other things, market failure in Edinburgh and the City of Edinburgh Council's budget deficit. Let us pause to digest that assessment by the chief executive of NHS Lothian. He clearly states that the crisis in social care is being caused by the marketisation of the service and exacerbated by the serious financial pressures that councils are facing as a consequence of Scottish Government budget decisions. That is resulting in persistent bed blocking, with space grabbed wherever it becomes available, including patients being boarded in the Western general hospital's

oncology department, emergency areas and day surgery units.

Let me read the chamber this quote from NHS Lothian:

"The position has deteriorated significantly in recent months with an 80% increase in delayed discharge since March 2015, resulting in the highest number of delayed discharges since"

when? Since 2007.

"To operate efficiently there is a requirement to discharge 85 patients a week the current level is 40."

This cabinet secretary, who said that she would end delayed discharge, is now overseeing a crisis in delayed discharge in Lothian. I see her shaking her head, despite the evidence from NHS Lothian. She needs to wake up and smell the coffee.

Shona Robison: Mr Findlay should not worry—I am always awake and always taking action to address these issues. That is why we have provided an extra £2 million funding to City of Edinburgh Council. I know that Mr Findlay does not want to hear positive news about that council receiving an additional £2 million to help eradicate delayed discharge in the area, but I assure him that it is absolutely focused on doing that. Perhaps he might welcome that.

The Deputy Presiding Officer: I can give you a little extra time, Mr Findlay.

Neil Findlay: In addition to that, we have seen operations cancelled and, this week, the performance of A and E at St John's and the ERI called the poorest in Scotland. NHS Lothian now has an overspend of £26 million, and St John's has an £11 million maintenance backlog. The chief executive has said:

"the deterioration in the delayed discharge position is having a negative"

impact,

"resulting in cancellation of elective surgery and in turn this is having knock on effect in having to purchase private sector support to meet treatment time guarantees impacting on our financial position."

He also said:

"The current position is not sustainable for any system but even more so for one with its own capacity pressures."

According to NHS Lothian, 4,500 operations have gone to the private sector, and there is no infrastructure for delivering orthopaedics. Only last week, we learned that one in four GPs in Lothian has closed or restricted their lists. Moreover, after almost four years of inaction, the children's ward at St John's has been subject to a paediatrics review that puts its status as a 24/7 service under serious threat. It has closed to in-patients twice in four years, and there is huge concern about its future. Eight thousand people have signed a

petition calling for it to be retained as a 24/7 unit, but public concerns have been arrogantly dismissed by the health board chairman, who said that he would not listen to them.

NHS Lothian wanted the review to report as soon as possible, because it said that any delay could fuel further uncertainty around the future of the ward. Of course, we now know that the review has been delayed until after the election following the intervention of the cabinet secretary and her civil servants. She cannot deny that fact.

However, the plot thickens. Last week, I received the latest answers to freedom of information requests on the paediatrics review. The proposal to have this review, which threatens service provision at St John's, was made public in August 2015. However, I now have evidence that on 23 February 2015—or five months before it was announced—NHS Lothian senior officials briefed West Lothian's two constituency MSPs, Angela Constance and Fiona Hyslop, that there would be a Lothian-wide review. However, they said not a single word to their constituents. There was no press statement and there were no letters to the thousands of concerned local people. There was nothing but a vow of silence, because that suited them politically.

Where are Angela Constance and Fiona Hyslop for this important debate? It is my contention that they deliberately kept that information from their constituents knowing that there would be an outcry in the communities that they were elected to represent. Those two politicians concealed what they knew from the public whom they are supposed to serve, and they have many questions to answer about the matter. I assure members that those questions will be asked.

16:15

Richard Lyle (Central Scotland) (SNP): This is where it gets interesting.

I have been a member of the Health and Sport Committee for many years, and the topic under discussion is particularly important to me. I have always supported the NHS and the SNP Government's efforts to safeguard and improve it.

I remember Labour's plan to close Monklands hospital's A and E services during its time in power. Since the SNP came to power in 2007, those plans have been halted, emergency services at the Vale of Leven hospital and at St John's hospital have been maintained, and proposals to close Lightburn hospital have been rejected.

Under the SNP Government, NHS staffing levels are at a record high. An additional 11,000 staff have been employed, which is an increase of

9 per cent. That includes more than 2,500 more nursing and midwifery staff. The number of GPs has increased by 7 per cent, and investment in their services has increased, as well.

Neil Findlay: Will Mr Lyle take an intervention?

Richard Lyle: No, I will not.

The number of consultant vacancies has decreased, and the future of the NHS in Scotland looks bright with the 5.6 per cent rise in student nursing and midwifery intakes. That is the fourth successive increase in as many years.

I also note that investment in the NHS under the SNP Government is unprecedented. In this year's budget, an additional £500 million has been provided for health spending, which gives a record total investment of nearly £13 billion. New investment of £250 million has also been announced to support integration of health and social care.

All territorial boards are receiving real-terms annual increases in funding. With increasing numbers of patients and more complex illnesses to treat, the Government has continued to support the NHS and to ensure that it can meet the demands that are placed on it. There have been significant investment and improvements in primary care, with an increase in the primary care fund and a 13 per cent increase in spending on GP services.

It is recognised that Scotland has one of the safest healthcare systems in the world. The Government has worked tirelessly to ensure that hospitals are as clean and safe as possible. Since 2007, there has been a major reduction in the number of hospital-acquired infections, and cases of MRSA have decreased by 87 per cent. A hundred inspections are carried out each year by Healthcare Improvement Scotland and, as of 1 April, it will have the power to close hospital wards to new admissions should there be concerns about patient safety.

Social work and NHS staff now visit clients in their homes, and about 78,000 people in Scotland benefit from free personal care. Despite an increase in the elderly population, the number of patients in care homes fell by 1,289 between 2000 and 2014. Expenditure on personal care services to older people in their own homes rose from £158 million in 2004-05 to £364 million in 2013-14. The Government saw the passing of the Carers (Scotland) Bill to ensure that carers receive all the support that they need, and it announced funding for care worker training.

Labour has charged the Scottish Government with failing to tackle delayed discharge. However, compared with a decade ago, the number of standard delays is down by 62 per cent. In

December, delays were down 18 per cent compared with that point in the previous year. Delayed discharge is clearly a priority for the Government, because it announced £100 million funding in 2015 to combat the problem.

It is simply untrue that the Government has failed to reduce A and E waiting times. In fact, they have improved significantly, with 94.9 per cent of people being seen within four hours at A and E sites across Scotland this past December. Cancer patients are also receiving faster treatment. The worst performance under the SNP Government was 91.5 per cent, in the first quarter of 2014. However, that is still significantly better than Labour's best performance of 84.5 per cent in the first quarter of 2007. By the final quarter of 2014, 94 per cent of patients were treated within the 62-day standard.

Furthermore, the Government has not neglected mental health; under the SNP, funding for mental health has increased by almost 40 per cent and, since 2009, the number of clinical staff working in child and adolescent mental health services has increased by 28 per cent.

Jim Hume: Will Richard Lyle take an intervention?

Richard Lyle: No, I am sorry. I do not have time.

The Government has announced more than £54 million to improve access to mental health services and it has launched a £15 million mental health innovation fund.

Public health has improved tremendously, with decreases in the number of smokers and the number of alcohol-related hospital stays. Prescription charges have been abolished, to the benefit of many low-income families, and the premature mortality rate is now 19 per cent lower than it was in 2006. I am sure that everybody is enjoying those statistics. I am.

To conclude, the Scottish people are extremely happy with the NHS. In a recent survey, 89 per cent of Scottish in-patients said that overall care and treatment was good or excellent. Furthermore, there was a 21 per cent increase in public satisfaction between 2006 and 2013 under the SNP.

As I have said before—I agree with Jackson Carlaw on this—the Labour Party needs to stop using our health service as a political football and to stop talking it down. Our health service is well funded and well resourced, and we should be proud of it and of its hardworking staff. I have no doubt that the SNP Government will continue to work to ensure that the people of Scotland receive the best healthcare possible, free of charge.

16:22

Alison Johnstone (Lothian) (Green): It is universally acknowledged that the NHS and our network of social care services in every local authority are an incredible national asset, so I, too, acknowledge the contribution of all the NHS staff, our GPs and our carers, who really are at the heart of the service.

However, funding is absolutely key, so the Greens will set out our long-term fair and progressive tax proposals within the next two weeks. This morning, we welcomed the Government's having fallen into line with the proposals that the Greens made—during the recent budget process—on vacant land, a fairer council tax and ending the council tax freeze.

Of course, as colleagues have mentioned, the most cost-effective measures are those that prevent ill-health in the first place. Addressing poverty and health inequality is paramount. Wellbeing must be at the centre of Government policy, because being healthy is not simply about not being sick.

The focus on a truly healthy life starts before conception, by supporting the growth of community-based projects such as the Pregnancy and Parents Centre in south Edinburgh, which is a welcoming not-for-profit organisation that works with parents-to-be and their families, and by supporting organisations such as the Cyrenians, that work with people who find themselves homeless or vulnerable. We increase our national health by supporting local authorities to provide free fruit and practical food education—through the growing schools initiative, for example—and by working towards free school meals for all primary pupils. I welcome the progress that is being made in some of those areas.

Physical activity is key too, and we can make it easier for our young people to be active by investing—as the Royal Society for Public Health's directors urge—10 per cent of the transport budget on walking and cycling, which would ease congestion and cut air pollution. Air pollution is causing more than 2,000 deaths each year, but action by the Scottish Government to address that invisible killer is dangerously slow. We can also encourage physical activity by working with local authorities to create exciting outdoor play spaces in our schools and more affordable access to sports facilities, which are prohibitively expensive for many people.

We have to address poverty and inequality if we want Scotland to be well. When over 200,000 children live in poverty, and the Institute for Fiscal Studies advises us that that figure will rise by 100,000 due to on-going austerity, we have to use every means at our disposal to mitigate the

impacts. I am hopeful that we will use the powers that are coming to Parliament to do so, at least in part by abolishing benefits sanctions.

While we focus on reducing health inequalities in Scotland, we need to focus, too, on ensuring that we work with all those who deliver healthcare in order to enable them to continue to deliver the high standard of care that everyone in Scotland should expect. A living wage plus for carers is important.

We have heard that bed blocking is costing us a fortune, and every week in Edinburgh, some 5,000 hours of social care go unmet. That has to change.

A focus on primary care is essential because 90 per cent of patient contacts are with GPs and other primary care professionals in our communities. We have to act to ensure adequate training, recruitment and—which is important—retention of GPs, because the world is very eager to recruit our well-trained medical professionals.

I welcome the relationships that are being built across parties by the BMA, the RCGP and the RCN. Last night I was pleased to take part in a debate on public health with colleagues from across the parties and the Royal College of Paediatrics and Child Health. The manifestos of those organisations leave us in no doubt as to their experience-based and well-evidenced views on how the Government and Parliament can improve health outcomes and deliver the broader national consensus of which Jackson Carlaw spoke.

Engagement among clinicians, Parliament and the public is essential and welcome. As we have heard, public meetings are taking place this month as part of a review of in-patient hospital care for children in NHS Lothian, which has a deadline of 18 March. The independent expert review is being undertaken by the Royal College of Paediatrics and Child Health, which was asked to do so by NHS Lothian. However, all our citizens—young and old—are entitled to safe, effective and sustainable patient care.

With the increasing birth rate and West Lothian's growing population, it is essential that paediatric services at St John's hospital be protected and properly resourced. The West Lothian population is expected to increase by 25,000 within the next 19 years, so this is not the time to diminish or centralise services, or to ask people to travel to services in Edinburgh, for example, where National Records of Scotland estimates population growth is set to outstrip previous growth forecasts, with an expected increase of more than 28 per cent over the next 25 years, including a 27 per cent increase in children under 15. Andrew Burns, the leader of the City of

Edinburgh Council, has rightly noted that that growth, which is

“not far off a one-third increase in the population ... comes with massive challenges.”

A future-proofed health service, with facilities that are as local as possible, is essential for dealing with that challenge.

The cabinet secretary has assured Parliament that there are no proposals for closure, but nor is there a guarantee that, for example, paediatrics at St John's will not be downgraded or closed. Delay and uncertainty cause unnecessary stress for patients and staff. Staff concerns led to a downgrading of the ward last summer. Reliance on expensive locums and increased overtime requirements demonstrate the need for a fully resourced plan for the future. There is understandable dismay that the people of West Lothian will not find out until after the election what the future holds for them and for St John's. I ask the cabinet secretary and NHS Lothian to take every step to ensure that the report is published before the election.

In closing, I say that we all have a duty to do all that we can to improve Scotland's national health. In order to do so, we must invest in and properly support all those who look after us, whether at home or in our hospitals.

The Deputy Presiding Officer: Before we move to closing speeches, I invite everyone who has taken part in the debate to return to the chamber—in particular, front-bench spokesmen.

Neil Findlay: On a point of order, Presiding Officer. I am a bit confused. During the debate this afternoon we have had extended time, and we have had Opposition member following Opposition member. Was there a reason for that? Surely it was not because SNP members did not take up their speaking slots this afternoon.

The Deputy Presiding Officer: I do not believe so, Mr Findlay. I do not think that that was a point of order. The speaking order is a matter for the Presiding Officers, and how members want to use their time is a matter for them. However, I will reflect on what you said and perhaps speak privately to you on the matter subsequently, if you wish.

I call Jackson Carlaw. I can give you a generous seven minutes.

16:30

Jackson Carlaw: Thank you. In summing up, I will go back to where the debate began, with Jenny Marra's opening speech and the part of her motion with which the amendment agrees, which is the tribute that is paid to NHS staff. I do so because some of the decisions that will require to

be taken as part of the national clinical strategy for Scotland are extremely far reaching and will depend on the widest possible engagement of all parties concerned, not just in the Parliament but in the wider NHS.

In that regard, there are issues to which the Government will need to give consideration. The “NHSScotland staff survey 2015” considered employee engagement, which it measured with reference to five standards. Staff should be:

“Well informed ... Appropriately trained and developed ... Involved in decisions ... Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued”

and

“Provided with a continuously improving and safe working environment”.

Under the part of the survey report that is headed, “Involved in decisions”, it says:

“Including staff in organisational decision making has the potential to obtain valuable new opinions, ideas and solutions. It can also promote employee trust in the organisation and their senses of ownership and responsibility in respect of changes made.”

It must therefore be of concern that of 29 main questions that were posed to NHS staff, responses showed a negative change on 17, no change on eight and improvement on only four. The cabinet secretary said that it is vital that we learn from the findings. It is significant that of the five standards, responses on two were up but responses on three were down, as was the overall experience of staff in the NHS in 2015.

That is not an encouraging background if we want, in the next parliamentary session, not just to pay tribute to staff but to carry staff with us in the difficult decisions that require to be made. I have a question for the cabinet secretary. Given that there is an understanding that a series of difficult decisions must be made if we are to secure the future of the health service in the next session, how does she envisage harnessing non-partisan, cross-party potential in the Parliament to the purpose of arriving at a strategy on which we can all agree? My concern is that although there have been some productive individual discussions, they are not necessarily informed or harnessed in a way that enables political parties in the Parliament to feel that they are contributing meaningfully to or being included in a strategy behind which I think that we could all unite. That is a potential weakness.

It is also terribly important that the assessment by NHS staff in 2015 is addressed and the trends reversed, because if staff do not feel that they are included in a progressive understanding of the changes that are taking place, resistance will develop, which will potentially exacerbate fears

and divert us into conversations that are entirely unhelpful.

I do not say that to dismiss what has been said this afternoon. Members made powerful speeches about some of the hospitals that are mentioned in the Labour motion. In particular, members made powerful comments about how the Lightburn hospital is the only facility in the east of Glasgow and about the attention and support that it received in the Parliament in 2011 and 2012.

A point that the national clinical strategy for Scotland does not touch on is that there is sometimes a sense that the national health service is enfolded in a ball of cotton wool, so that it is almost a little like a Soviet-style bureaucracy. We need to find a way to overcome that. Let me illustrate what I am saying. My mother has been in the new Queen Elizabeth university hospital for the past two weeks, so I have been there more than I might have expected to be. I should say that it is a fabulous facility—I know that there are issues with the accident and emergency unit, but beyond that I have been very impressed.

Yesterday, I was contacted by a gentleman from the hospital, who phoned me up and said, “We need you to come in tomorrow or tonight, Mr Carlaw, to complete a next-of-kin patient questionnaire.” I said, “Well, that’s really going to be difficult, because I’m unable to get there tonight.” He asked, “Have you a next of kin who can do that?” and I said, “No, I don’t. Would it be possible to complete the survey over the phone?” He said, “Well, it would be very unusual, but I will ask.” He went away and came back. “We’re in business,” he said. “The highest levels have approved my asking you these questions over the phone.”

In relation to my 85-year-old mother, question 1 was: “Is your mother pregnant?” I said, “Well, not to the best of our knowledge.” Question 2 was: “Has your mother got gunshot wounds or any bullets lodged inside her person at the present time?” I said, “Not so far.”

I understand that such questions have to be asked at various times and in various places, but I am sure that that story strikes a chord in the minds of members, because there is still within the NHS a sort of cumbersome bureaucracy that sometimes seems to stand in the way of common sense. My mother was in the hospital at the time and was quite obviously not suffering from gunshot wounds—although my sister said that she should ask for a pregnancy test, just to be sure.

I hope that that rather ludicrous way of illustrating the point touches a chord with people. There is sometimes a layer of something that must be addressed if we are going to have a health service that is as efficient and effective as it can

be. It is a weakness of such a large, monolithic system.

I finish where I began. Obviously, there are day-to-day management issues, concerns about pressure points and staffing issues, all of which it is perfectly legitimate for us in this chamber to tackle the Government on. It is right that we ask the Government what its solutions and approaches to those issues will be. Sometimes, I worry that the Government’s answers to those points are concerned more with the headline the next day than with tackling substantively the underlying issue that the particular pressure point, statistic or piece of information has revealed, and that is a weakness.

However, on the general, strategic approach to the future of Scotland’s health service, we need to find a way of working together. If the SNP forms the Government that will lead us in the next session of Parliament, it has to tell us how it intends to achieve that. Rather than dictat, there must be genuine consensus involving all the politicians in this Parliament.

16:37

Shona Robison: In his opening speech, Jackson Carlaw struck a constructive tone. I welcome his support for the national clinical strategy. I will make it my personal business to look at the questionnaire that he mentioned, because he makes a fair point about the fact that, sometimes, questions are asked even though it does not make much sense to ask them.

Bob Doris gave a very moving speech. His personal testimony about the value of the services at the Vale, particularly with regard to the palliative care that was provided to his mother, reminds us all about how important those services are. He also made a fair point about the need to align housing policy with health and social care. That is a point that is well made and which I believe has been taken on board in the new world of integration.

Quite rightly, Jackie Baillie paid tribute to the dedication and hard work of staff and agreed with the principles of the vision for the Vale. That is to be welcomed. With regard to the position on junior doctors, it is important that the Vale and other hospitals remain a good training environment for junior doctors. I fully support that and will continue to support that. If Jackie Baillie has read the national clinical strategy, she perhaps needs to read it again, because it is explicit about the key role of local hospitals. Indeed, it is explicit about delivering healthcare as close to home as possible—and, indeed, in people’s homes, where that is possible.

Where the strategy discusses specialist services, it is clear that it is referring to the requirement for hospitals to work together on networks to overcome some of the recruitment and retention issues that we face, and that those specialist services are once or twice-in-a-lifetime services that people are willing to travel to receive.

Jackie Baillie: I think that the cabinet secretary would acknowledge that the debate is not just about hospital buildings; it is about what services are in them. That is the concern of my local community. I therefore wish to press the cabinet secretary on whether she considers the emergency care and community maternity services that are currently delivered at the Vale of Leven hospital to be clinically safe. Does she anticipate that anything will change?

Let me be honest with the cabinet secretary. My fear is that decisions are made by clinicians that we as politicians cannot challenge, and my fear for the services is that, unless Glasgow gets to cut them, they will be deemed clinically unsafe.

Shona Robison: The services across the NHS in Scotland are all clinically safe. We would not be providing services that are not clinically safe. That is kept under constant review, and I would want that reassurance.

The vision for the Vale is very clear on the services that are core to it. As I have said to Jackie Baillie before, the value of emergency care at the Vale this winter was there for all to see. We need only look at the figures for the number of people who were seen at the emergency facilities at the Vale.

There is a unique set-up at the Vale, as Jackie Baillie knows, when it comes to the numbers of patients who can be seen in the medical assessment unit. The level there is quite high, and the staff transfer patients only when that is required. I have said time and again that the value of those facilities to the west of Scotland hospitals is very important.

I welcome Paul Martin's welcome for Nicola Sturgeon's decision back in 2011 to keep Lightburn hospital open. He made some very important points about health inequalities in the east end of Glasgow, on which I fully agree with him. As we have said, the difference is that Nicola Sturgeon had a proposal in front of her to close Lightburn hospital; I have no such proposal in front of me to close Lightburn hospital. The health board has been clear that no such proposals have been approved by it, let alone come to me.

Paul Martin: Just to clarify, I am asking the cabinet secretary to ensure that the decision that was taken by the then health secretary, Nicola Sturgeon, is adhered to. It was taken only a few years ago, but the health board is already

backsliding—it wants to revisit the decision. I ask the cabinet secretary to tell the board to think again.

Shona Robison: As I have said in the chamber time and again, there would have to be a clear material change from the position in 2011. I do not see what that material change has been. I have said that before to Paul Martin in the chamber.

Gil Paterson rightly welcomed the investment in the health centres in Clydebank and Greenock, and he reiterated the commitment that the First Minister made to the Vale of Leven hospital at the Clydebank town hall meeting.

I want to ensure that Jim Hume understands—I am sure he does—the investment that we are making in primary care services. There is an additional £85 million over the next three years in mental health. There is an additional £150 million over the next five years. Within that, the mental health element for primary care is around £10 million. We very much recognise that we need to do more within general practice and primary care to support mental health services.

Neil Bibby mentioned the RAH. I again pay tribute to the staff in the RAH. The A and E performance for the most recent week, the week ending 21 February, was 92.4 per cent. It is not 95 per cent, but that is not a bad level of performance, given where the RAH was last year. That hospital has dramatically improved its performance at its front door, and I thought that that would be welcomed.

Neil Findlay mentioned a number of issues about Lothian. To be clear, NHS Lothian's resource budget will increase by 6.3 per cent—an above-inflation increase. In addition, it will be a beneficiary of the accelerated movement to parity so it will get £14 million of additional NHS Scotland resource allocation committee funding as part of the 2016-17 settlement.

Of course, Lothian has also been allocated resources to tackle delayed discharge and it has received an additional allocation of resource for social care. On delayed discharge, I can tell Neil Findlay that, as of January 2016, there were 131 delays over three days. That compares with 255 delays back in October 2006. There were 76 delays over two weeks compared with 204 in October 2006 and 47 delays over four weeks compared with 160 under the previous Administration in 2006. Yes, we have more work to do, but of course Neil Findlay will not recognise any of the progress that has been made.

On increasing capacity, as we announced last year, we plan to spend £200 million to create a network of six centres for elective surgery across Scotland. Two of those centres will be based at St John's hospital and at Edinburgh royal infirmary,

but of course Neil Findlay is never one for welcoming good news.

Neil Findlay: Will the cabinet secretary take an intervention?

Shona Robison: No. I think that we have heard enough from Neil Findlay today, quite frankly.

I absolutely recognise some of the issues that Alison Johnstone raised around the need for more preventative work. That is why the national clinical strategy focuses on the role of primary care and the role of the community health hubs in bringing services together, not just in the statutory sectors but in the voluntary third sector, which has an important contribution to make.

I will finish on this point because I see that time is against me. Throughout the debate, we have heard Labour members complain about the resources for the health service. We have provided record resources to the health service; there is a real-terms increase. At no point during the budget process did the Labour Party come forward and ask for more money for the health service. Indeed, it supported 50 per cent of the money being given—quite rightly in my view—to social care services.

Yet again, we have an example of the Labour Party coming here and saying one thing and then saying a completely different thing the next day or the day after that. It needs to have a more coherent vision and policy for the health service, otherwise why should anybody take it seriously?

16:47

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I will begin by making what will probably be my last declaration of interests: I refer to my entry in the register of members' interests and say that I am a fellow of two colleges and a member of the BMA and a number of other medical organisations.

I thank Jackson Carlaw for his kind remarks about me and Nanette Milne as the two remaining medical members.

I will depart from my usual summing up, in which I refer to a lot of different members and address the issues that they have raised. If members will indulge me, I want to give a report card on the NHS over the past few years.

I will start with where we are in consensus. First, all the parties in the Parliament share a commitment to the continuation of Scottish Labour's assertion—which is where we departed from Labour in England—that we have an NHS in Scotland that is a traditional public service based on collaboration and co-operation, not on competition or on opening commissioning to

include the private sector. That is a major statement from the entire Parliament that really distinguishes us from the rest of the United Kingdom.

Secondly, there is agreement across all the parties on the absolute need for health and social care integration. If we do not have that, as Audit Scotland said, we will need 6,000 more acute beds. That is bad anyway, but also we cannot afford it, so we need health and social care integration. That was tried under Labour with our joint futures programme, but it needed legislation and I hope that the new integration joint boards will deliver integration.

I recognise many of the good things that have been done by successive Governments since the Parliament opened. Public health measures such as the introduction of new vaccines for meningitis, human papilloma virus and shingles will improve the health of our community. I welcome Scotland's world-leading approach in developing a new treatment for hepatitis C, and I note that NHS Tayside is leading on that. It is an enormous advance that is to be welcomed.

I welcome the fact that the SNP has continued, extended and deepened the patient safety programme, which is vital. We should recognise the reduction of 17 per cent in hospital mortality, which is extremely welcome, and the reduction in premature mortality.

Bob Doris: I have two reasons for intervening. First, I pay tribute to Dr Simpson for the contribution that he has made to health during his time in Parliament, as I have seen in my much shorter time here. Secondly, I highlight one of the areas in which he has been involved on a cross-party basis as a member of the Health and Sport Committee: the development of a much better system for access to new medicines. That achievement is an example of what we can do when we work on a cross-party basis, and I pay tribute to Dr Simpson for the part that he has played in it.

Dr Simpson: That particular aspect demonstrates what happens when the parties work together in the committee system.

I also highlight the reductions in stroke, cardiovascular disease and suicide. Gil Paterson and other members have mentioned other areas of improvement such as the reduction in smoking—especially in the number of adolescents starting—and in alcohol consumption.

However, in the rest of my speech I will present the problems on the other side. My central concern is that, although the SNP Government is very good at talking up the things that it does well, which is entirely appropriate, it fails to recognise quickly enough when things are not going right.

Jackson Carlaw made a good point in summing up about the survey of NHS staff attitudes, because that reflects where we are. Morale in the health service is on a descending curve. If we, and those in the next session of Parliament, do not recognise that, we are in trouble.

Let us look at some of the areas in which we have not made progress. We have the highest number of drug deaths anywhere in Europe, yet the alcohol and drug partnership budgets are being cut by £16 million, unless the health boards provide that money. That amount is within the increase that has been announced, so there is not in fact an increase but a cut to the ADP budgets.

I highlight to the cabinet secretary that the conversations that I have had already with a number of ADPs indicate that boards are subjecting them to substantial cuts in staffing. There are big cuts in Edinburgh, for example.

What about obesity, which is the other big public health issue? The report card on the Government's progress reads:

"Slow Progress; Limited Success; Requires More Effort".

Those are not my words—they are from Obesity Action Scotland's report card on the Government's obesity route map. The level of obesity—the number of people who are overweight or obese—is 65 per cent in Scotland, and for children it is 68 per cent. That cannot continue. Life expectancy in Scotland will reverse if we do not tackle that problem, and I hope that Parliament will address that problem very seriously in the next session.

The SNP is very good on aspirations, and we share those aspirations, but it must admit when things are not going well. It came to power attacking Labour on hidden waiting lists, and introduced a highly complex new waiting times system. It was then faced with a gaming scandal in NHS Lothian in 2011.

I have raised as an issue the fact that, in Glasgow, social unavailability now applies to one in three patients. That means that one in three citizens of Glasgow, when they are presented with an appointment, says, "I can't make it." There is something wrong with an appointments system that produces that result. I am not saying that there is gaming, but there is something going on there. The rate of social unavailability is much higher in Glasgow than it is in Lanarkshire, despite the two health boards being fairly comparable.

The SNP's second prong of attack when it came to power in 2007 was that it would not cut hospital beds, but 15 per cent of those beds have gone. We can debate whether that is appropriate but, nevertheless, the SNP made a manifesto promise not to cut beds.

The third prong of attack was on the closure of local hospitals. Much of Labour's motion and many of the contributions from colleagues on my side of the chamber today have related to the uncertainties around the failure to make clear statements about some of those hospitals. We know that change is going to occur; without change, we cannot survive. On the other hand, delaying or prolonging the report on St John's paediatric unit is not acceptable, because planning blight causes doctors not to apply for jobs in the unit, which makes it less safe and likely to be closed on safety grounds. It is interesting that the Government's motion refers to the safety of such services.

Then we come to delayed discharges. Of course, the SNP members talked about the progress over the past year, and I got up and welcomed it. Nevertheless, the situation is twice as bad as it was in 2011 in terms of bed occupied days. We have to accept what Audit Scotland said, which was that seven out of nine targets were missed and that the situation was deteriorating. Unless we start with an honest debate, we cannot adopt the clinical strategy and try to drive it through.

I welcome the fact that we are talking about bed occupied days. If people stay in hospital for longer than six weeks, that is a very bad thing, but on the other hand the measure of bed occupied days strongly affects what is actually happening.

Let us look at another promise. One of the cabinet secretary's predecessors, Nicola Sturgeon, promised that every health board would look at boarding out and that we would try to tackle that. However, 130,000 patients were boarded out in the past two years, and there are two boards that do not even have the capacity to report on boarding out. If they do not have that capacity, how are they even beginning to look at that issue?

Since 1999, we have been driven by targets. Targets have served the Parliament, the health service and our citizens extremely well, but I have to say to colleagues that they will need to be looked at and addressed. Some of the targets are now causing considerable clinical problems. It is perhaps at the margin to begin with, but they are part of the reason why staff morale is dropping, as Jackson Carlaw said.

The particular target that I want to draw attention to is the legal requirement that everybody have their in-patient and day-case treatment dealt with within 12 weeks. We passed the bill on that in 2011, and I warned at the time that it was not a good law.

As Paul Gray said to the Health and Sport Committee, a 100 per cent target is radically

different from a 95 per cent target. The marginal costs of reaching a 100 per cent target are massive. If the boards cannot use the Golden Jubilee national hospital, which is expensive, they have to use the private sector. I have colleagues who are praising the Government for that target because, on the back of treating bunions and other small things, they are getting great holidays in the West Indies.

If you give somebody a legal guarantee, it is a guarantee in law. That legal guarantee has not been met for 32,000 patients since it was put into practice in December 2012, and the target has not been met once since the law was passed. That is a bad target, and it needs to be looked at again.

In the few minutes that I have left, I want to refer to a couple of other things. In relation to the increase in the number of staff and comparisons with 2007, I have to say to the cabinet secretary that we have 5 per cent more population than we had then. That is reflected, for example, in general practice. The number of patients per head of GP has gone up by 10 per cent; every GP is dealing with another 500 patients. That is a huge rise.

Jim Hume referred in his speech to the GP crisis. That was not recognised for a long time. I warned about it in 2010; I said then that we needed a new contract, but nothing happened. A new contract is now going to come in, but I have to say that it will not be a salvation.

The situation is that there are 500 empty GP posts. In Edinburgh, one in four practices has no patient choice—they have restricted access. Patients have to go to the patient allocation system to be allocated to a practice, and we have patients queueing at 8 am on a Tuesday morning to be the first 30 to be accepted by a practice. That is simply not acceptable. We have a crisis and, unless we admit that and accept it, we are not going to advance.

I will finish by mentioning two other things. One is dementia. When 50 per cent of patients with a diagnosis of dementia are admitted to hospital but the dementia is not recorded on their notes, how can we manage dementia in hospital? That is a huge challenge for the acute sector, but it is not happening. Those findings come from a Scottish research paper, based on Scotland.

We have all failed to tackle health inequalities, which have got worse since the Parliament was founded. That is the fault of all parties and all Governments, and it needs to be addressed after the election. Health is a fantastically challenging portfolio. We share a vision on 2020 and share a vision on the new clinical strategy but, as I have said, my one regret is that the SNP has too often denied problems over the past seven years. It has waited until they were inescapable and then

thrown a little bit of money at them. That is no way to govern. We must have a common purpose and agreement on the way forward. If we have those things, this Parliament, which I will watch from afar with great interest, may begin to solve our problems. We have a world-leading NHS in Scotland but, unless we do that, we will not maintain it.

Business Motion

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-15773, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 8 March 2016

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Stage 3 Proceedings: Land and Buildings Transaction Tax (Amendment) (Scotland) Bill

followed by Stage 3 Proceedings: Higher Education Governance (Scotland) Bill

followed by Legislative Consent Motion: Armed Forces Bill – UK Legislation

followed by Business Motions

followed by Parliamentary Bureau Motions

5.30 pm Decision Time

followed by Members' Business

Wednesday 9 March 2016

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Culture, Europe and External Affairs;
Infrastructure, Investment and Cities

followed by Scottish Conservative and Unionist Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 10 March 2016

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Stage 3 Proceedings: Lobbying (Scotland) Bill

followed by Stage 3 Proceedings: Scottish Fiscal Commission Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 15 March 2016

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 16 March 2016

9.00 am Stage 3 Proceedings: Land Reform (Scotland) Bill

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Education and Lifelong Learning

followed by Continuation of Stage 3 Proceedings: Land Reform (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 17 March 2016

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Stage 3 Proceedings: Private Housing (Tenancies) (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.30 pm Decision Time—[Joe FitzPatrick.]

Motion agreed to.

Parliamentary Bureau Motions

17:01

The Presiding Officer (Tricia Marwick): The next item of business is consideration of seven Parliamentary Bureau motions.

Motions moved,

That the Parliament agrees that the Air Quality (Scotland) Amendment Regulations 2016 [draft] be approved.

That the Parliament agrees that the Assessment of Energy Performance of Non-domestic Buildings (Scotland) Regulations 2016 [draft] be approved.

That the Parliament agrees that the National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2016 [draft] be approved.

That the Parliament agrees that the Pharmacy (Premises Standards, Information Obligations etc.) Order 2016 [draft] be approved.

That the Parliament agrees that the Procurement (Scotland) Regulations 2016 [draft] be approved.

That the Parliament agrees that the Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Modifications) Order 2016 [draft] be approved.

That the Parliament agrees that the Reservoirs (Enforcement etc.) (Scotland) Order 2016 [draft] be approved.—[*Joe FitzPatrick.*]

The Presiding Officer: The question on the motions will be put at decision time.

Decision Time

17:01

The Presiding Officer (Tricia Marwick): There are three questions to be put as a result of today's business. The first question is, that amendment S4M-15766.1, in the name of Shona Robison, which seeks to amend motion S4M-15766, in the name of Jenny Marra, on health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)

McGrigor, Jamie (Highlands and Islands) (Con)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brennan, Lesley (North East Scotland) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)
 Wilson, John (Central Scotland) (Ind)

The Presiding Officer: The result of the division is: For 76, Against 42, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S4M-15766, in the name of Jenny Marra, on health, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Buchanan, Cameron (Lothian) (Con)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Goldie, Annabel (West Scotland) (Con)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McGrigor, Jamie (Highlands and Islands) (Con)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)

McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brennan, Lesley (North East Scotland) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hilton, Cara (Dunfermline) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Rowley, Alex (Cowdenbeath) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)
 Wilson, John (Central Scotland) (Ind)

The Presiding Officer: The result of the division is: For 75, Against 43, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament acknowledges the commitment and dedication of Scotland's NHS staff, care sector workers, GPs and other health professionals; believes that people and communities deserve fully-resourced services in their areas; recognises that NHS staffing and funding are at record high levels; supports the frontline NHS resource budget increasing in at least real terms in the next parliamentary session; welcomes the Scottish Government's record of protecting local services, including saving A&E departments in Monklands and Ayr; endorses the recently published A National Clinical Strategy for Scotland with its aim to provide more care where people need it, with as much care as possible delivered locally, and is committed to maintaining and improving safe and effective local services across Scotland, including in the Royal Alexandra Hospital, Vale of Leven Hospital, Lightburn Hospital and St John's.

The Presiding Officer: The next question is, that motions S4M-15774 to S4M-15780, in the name of Joe FitzPatrick, on approval of Scottish statutory instruments, be agreed to.

Motions agreed to,

That the Parliament agrees that the Air Quality (Scotland) Amendment Regulations 2016 [draft] be approved.

That the Parliament agrees that the Assessment of Energy Performance of Non-domestic Buildings (Scotland) Regulations 2016 [draft] be approved.

That the Parliament agrees that the National Health Service (Scotland) Act 1978 (Independent Clinic) Amendment Order 2016 [draft] be approved.

That the Parliament agrees that the Pharmacy (Premises Standards, Information Obligations etc.) Order 2016 [draft] be approved.

That the Parliament agrees that the Procurement (Scotland) Regulations 2016 [draft] be approved.

That the Parliament agrees that the Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Modifications) Order 2016 [draft] be approved.

That the Parliament agrees that the Reservoirs (Enforcement etc.) (Scotland) Order 2016 [draft] be approved.

Fairtrade Fortnight

The Deputy Presiding Officer (Elaine Smith):

The final item of business is a members' business debate on motion S4M-15422, in the name of Fiona McLeod, on Fairtrade fortnight. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes that Fairtrade Fortnight 2016 will have the theme, Sit down for breakfast, stand up for farmers!; understands that it will run from 29 February to 13 March and will be celebrated across Scotland, including in the Fairtrade-status local authority of East Dunbartonshire and its Fairtrade towns such as Lenzie, Bearsden and Milngavie; believes that the fortnight will bring together shops, cafés and delicatessens in these communities with farmers and producers in similar-sized towns across the world who are being paid a fair price for their foodstuffs thanks to the work of the activists from the Fairtrade network; supports the continuing status of Scotland as a Fairtrade nation and the underpinning and celebration of the country's achievements; believes that these inspire innovative and groundbreaking new ways to make trade fairer for farmers, and notes the view that public bodies and private businesses should be encouraged to procure fairly-traded products.

17:05

Fiona McLeod (Strathkelvin and Bearsden) (SNP): I thank all the members who signed my motion to allow it to come before Parliament in what will be my final members' business debate.

It is fitting that the debate is about fair trade. I have worked on Fairtrade fortnight, which is from 23 February to 13 March, in Parliament and in my constituency during my years in Parliament.

The tagline of this year's Fairtrade fortnight is "Sit down for breakfast, stand up for farmers!", which is an important message to send out across the world. "Sit down for breakfast" chimes with the Government's belief in having a healthy lifestyle and starting the day right with a healthy breakfast. The tagline combines the idea of having a healthy breakfast with having a healthy respect for farmers around the world.

Scotland has a great reputation in fair trade. We became one of the first fair trade nations in 2013. A majority of our local authorities have now achieved fair trade status. My own local authority of East Dunbartonshire achieved it in 2007 and numerous towns and villages around Scotland have also achieved it. I have been doing a lot of travelling around the country in the past couple of months and, as I drive into a town or village, it is wonderful to see its name emblazoned with pride over its Fairtrade status symbol. In my constituency, that includes Lenzie, Bearsden and Milngavie.

What is amazing about the way in which Scotland has approached fair trade is the fact that

we have done it as a community and across generations. Schools can achieve Fairtrade status. Churches were among the first organisations to get involved in the fair trade movement. In my constituency, eight schools have achieved Fairtrade status.

I think that I have said "my constituency" about three times, Presiding Officer, and I am not going to stop saying it because I have only three weeks left to do it.

The Deputy Presiding Officer: I think we will indulge you.

Fiona McLeod: Thank you very much, Presiding Officer. In three weeks' time, at midnight, I cease to be the member of the Scottish Parliament for Strathkelvin and Bearsden so, if members will indulge me, perhaps I can take this opportunity to thank my constituents for supporting me during the past five years.

There is something very special about representing the constituency that I have lived in all my days because it means representing neighbours, family and friends, and it has been a great privilege for me to be able to do that since 2011.

In my constituency of Strathkelvin and Bearsden, a large number of events are going on during Fairtrade fortnight and I will mention just a couple of them. Last weekend, on 28 February, Lenzie held its big breakfast as a Fairtrade town for the third or fourth time in a row. This year, thankfully, they did not ask me to judge the cakes. My friends will know that I am not averse to a nice bit of cake, but being faced with 30 cakes before 10 o'clock in the morning starts off feeling great and ends up feeling less so. I felt sorry for the people whose cakes came at the end because I am sure that I did not judge them to the same standard. This year, they had a colouring competition instead, which was much more sensible.

The Bearsden and Milngavie fair trade group had a stall in the foyer of one of my local supermarkets. The supermarket already stocks and sells Fairtrade products, but that was an opportunity for the Bearsden and Milngavie fair trade group to highlight not only the work that the supermarket is doing but, more important, the work that Fairtrade does to support farmers and producers all around the world.

I cannot not mention the Balmore Trust coach house, in my constituency, which was set up over 25 years ago, long before most folk understood what fair trade is. The Balmore Trust coach house has raised more than £1 million through selling fairly trade goods—that is £1 million raised in my constituency. [Applause.] More important, that £1 million has been reinvested in farmers and

workers around the world to give them a decent wage for a decent day's work.

There are other initiatives across my constituency that have been trailblazers, including Fairtrade nurseries. In the past couple of years, we have begun to take those for granted. We have seen Fairtrade flags outside our primary schools, and we are increasingly hearing about Fairtrade nurseries. Those were piloted in East Dunbartonshire, and their success ensured that we now see them throughout Scotland.

Another thing that was piloted in East Dunbartonshire in 2010 is school uniforms made from fairly traded cotton. I have talked about that before in Parliament, and the work that some of my constituents have done on that has been really important. It goes back to what I said earlier about fair trade reaching across generations. When a child goes to primary school and everything—right down to the basics of their uniform—comes with a Fairtrade label on it, that means that our youngest children are talking about what fair trade means. They now have Fairtrade school uniforms as well as Fairtrade footballs.

I remember the day that I was made a minister. When you are made a minister, you get all the abuse—the Opposition parties do not single anyone else out—but I got no abuse and the Labour Party members commented on the fact that, just the week before, I had been at a Fairtrade event for Fairtrade footballs. However, I have gone off at a tangent there.

When our young people go to school and find that their school uniform has a Fairtrade label on it, and they play football with a Fairtrade football, that is really important. They are learning at the earliest stage that, no matter how much we talk about injustice and inequalities in Scotland, when they wear their school uniform and play with their football, those have not been made by child labour in other parts of the world. That is a very important lesson for our young folk to learn. That is in no way to downplay the inequalities that exist in Scotland, but it puts into perspective for our young folk how awful life can be for young people around the world.

I took part in the Procurement Reform (Scotland) Bill debate, although procurement is not really my subject. Nevertheless, it was important—in that debate and in the resulting act—that we talked about ethical procurement and fair trade in procurement. Perhaps that is one of the best examples of how this Parliament and this Government understand that, through fair trade, we can ensure that everything that we do is done with respect for people not just here in Scotland but around the world. *[Applause.]*

The Deputy Presiding Officer: I hope that you feel that you were suitably indulged, and not just because part of your constituency was in mine before the boundary changes.

17:14

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I welcome this debate on encouraging fair trade in Scotland and congratulate Fiona McLeod on securing it. I join her in congratulating all the individuals and businesses who have endeavoured to support farmers and producers around the world and who have endorsed the fair trade ethos. That involves, of course, ensuring that the process of producing goods protects workers' conditions and that the trade of those goods preserves the workers' environment and supports them financially.

In 2006, the then Scottish Executive and the Welsh Assembly Government collaboratively agreed criteria for fair trade nation status. The criteria required that we achieve a range of nationwide targets set by the Scottish Executive. Those included encouraging the take-up of fair trade groups in local authorities and in higher education institutions, achieving fair trade status in our cities and promoting fair trade products as a natural choice for all consumers. They also required a commitment from this Parliament to make annual statements in support of fair trade as a principle, to mark Fairtrade fortnight each year and to encourage faith groups, schools, trade unions and business networks to pledge their support.

The conclusion of the 2012 report that measured progress in Scotland against the criteria states:

"the evidence admitted demonstrates in the opinion of the Forum that Scotland has now met the criteria agreed between the Welsh Assembly Government and the Scottish Executive 2006 and can therefore declare itself a Fair Trade Nation."

That is certainly something to celebrate and should encourage members here to continue to raise awareness in our constituencies of the availability of fair trade options.

In my local community, we have the excellent Goldenacre fair trade, which runs a regular stall at Inverleith St Serf's parish church in Ferry Road. The stall has been in the Traidcraft top seller category for three years in a row. It also accepts food donations to be distributed to the Tenants and Residents in Muirhouse group, which runs a community shop and food bank in a neighbouring community. Its purpose in north Edinburgh is to provide high-quality and fresh products to the community, to promote the fair trade ethos and to give crucial support to low-income families in the area. Its tireless work was recognised in 2015 with

accolades at the Lord Provost fair trade awards. The annual award, now in its 10th year, recognises the differences that residents, businesses and schools make in promoting fair trade in Edinburgh. The award categories include “fair trade achievement” and “fair trade faith community”.

This debate falls in a week of awareness campaigns that look to highlight the difficulties faced by farmers across the world in an increasingly competitive global market and seek to show how local solutions can provide an answer to global problems. The “sit down for breakfast, stand up for farmers!” initiative draws public attention to the many millions of farmers and workers in developing countries who strive to produce our food but live with uncertainty about where their next meal is coming from.

This is a week in which businesses can improve their fair trade credentials by highlighting, through social media, their achievements in promoting products and their commitment to the fair trade ethos in the long term. Campaigners and businesses up and down the country will hold hundreds of breakfast events as part of Fairtrade fortnight 2016, with the #youeattheyeat hashtag used to spread the word on social media.

The Fairtrade Foundation knows that consumers value businesses that have the ethics of fair trade, social responsibility and the wellbeing of farmers and workers as a central feature of their activities. By doing so, they demonstrate that profit can and should work to the benefit of all and that there should be no room for exploitation. According to the Fairtrade Foundation report of 2013, half the world’s hungry people—nearly 400 million—are estimated to live on small farms. Without the protection of fair pay and conditions, those farmers struggle to eat.

We can play a small part in changing their circumstances simply by making a different consumer choice. If we have the means to, we should choose fair trade and use the pound in our pockets to improve the wellbeing of millions throughout the world.

17:18

Liam McArthur (Orkney Islands) (LD): I, too, thank Fiona McLeod for securing the debate. I acknowledge her long-standing commitment to fair trade and congratulate her on making the debate possible. On the subject of congratulations, if I can draw on another of her lifelong passions, I make her aware that Stewart Bain of Orkney library was voted librarian of the year. I am sure that she will join me in offering him her congratulations.

I participated in a similar debate two years ago, which was led by George Adam. At that stage, we

were looking forward to Scotland achieving fair trade nation status. This year’s theme, as Fiona McLeod indicated, is “Sit down for breakfast, stand up for farmers!” Given the mess that is being made of common agricultural policy payments at the moment, I am tempted to point out that some farmers and crofters are making much the same plea. I was sorry that Fiona McLeod and I were unable to organise a fair trade breakfast. It is the most important meal of the day, and it would probably have helped me to get through this morning’s Scottish Parliamentary Corporate Body meeting.

As other members have said, the fair trade movement is going from strength to strength right across Scotland, so I will, like them, draw on examples from my constituency. Westray and Papa Westray have been in the vanguard. I had the privilege of helping them to launch their bid for fair trade island status shortly after my election in 2007. On that occasion, the genuine enthusiasm for the endeavour that existed among members of the community of all ages was very evident.

That is epitomised by the progress that has been made by Westray Chutney. I think that Ann Rendall is now the first Orkney Fairtrade food producer. She has gained Fairtrade accreditation for most of the products in her range, which is a real achievement that shows genuine commitment. Therefore, it is no surprise that Westray junior high school attained fair achiever status—I think that it had done so by the time of the last fair trade debate in which I participated. Then, it was the highest award that it was possible for a school to attain. Since then, it has won the Margaret Demidecka award, which is the United Kingdom award for the best Fairtrade school initiative.

Not to be outdone, pupils at Kirkwall grammar school, which is another Fairtrade school in my constituency, have also been busy. Theo Ogbhembe remains the driving force at KGS. Last week, along with the local primary schools—Glaitness and Papdale—KGS was able to host a visit by Pamela L’Intelligent, who spent time with pupils. She is one of the many remarkable women who are involved in the fair trade movement. She started work at 13 in a sweatshop in Mauritius and learned English by listening to the BBC World Service. She had never been out of Mauritius before she came to Scotland last year for Fairtrade fortnight. I am absolutely convinced that her engagement with the young people in Orkney will have a real and lasting impact on them and their commitment to fair trade in the years ahead.

That commitment extends far more widely in Orkney. It is worth putting on record the efforts of the NorthLink Ferries staff, who have been using Fairtrade and local goods as part of their

hospitality offering. I understand that they are wearing Koolskools Fairtrade cotton polo shirts and that they will host the “Ferry to a Fairtrade Future” event on 10 March. Those endeavours are all very commendable in spreading the word.

I also pay tribute to Orkney Islands Council for the role that it has played in bringing together what is a genuine community effort.

Pamela L’Intelligent claims that fair trade changed her life. According to Theo Ogbhembé,

“it’s putting schools at the heart of the movement for change; it’s great for young people because it’s fun and is part of something happening all over the world; and it’s great for farmers, who are earning a fair price, and feeling the support of people on the other side of the world.”

I again thank Fiona McLeod. I do not know whether her speech this evening was her final speech, but I certainly welcome her efforts on this issue and others on which we share a common interest. I thank all those who are involved in events in Orkney and across Scotland, and I wish the movement and the people whom it supports continued success in the future.

17:23

George Adam (Paisley) (SNP): I, too, thank Fiona McLeod for bringing the debate to the chamber. I was convener of the cross-party group on fair trade for a number of years, and I have led previous debates on the issue. We had a full house for Fiona McLeod’s speech, so I wondered where all those members were for the four years in which I led the debate. I am taking that entirely personally and will take it up with them at a later date.

Fair trade is a very important issue to Fiona McLeod, whom I have known for a very long time. She has been a mother figure to me—I mean that in the best way, not in an negative way. She has scolded me when I have needed to be scolded and has made me feel better when I have needed a shoulder to cry on. If I am lucky enough to represent the good people of Paisley after May, I will dearly miss her in the chamber.

The Deputy Presiding Officer: Mr Adam, have you heard the adage about stopping digging?

George Adam: Perhaps I should start talking about fair trade now.

Fairtrade fortnight is extremely important, because it is the focus for everyone involved in the movement in Scotland to get together. Indeed, it was during a previous Fairtrade fortnight that we announced our becoming a fair trade nation.

Interestingly, the fair trade movement in Scotland has moved on from churches and various religious organisations doing things out of

the back of cars, selling goods at fêtes and so on, to having shops that specialise in such goods, as well as mainstream shops selling them. I think that seeing such a change in my lifetime is incredible.

As has been mentioned, one of the things that this Fairtrade fortnight is focusing on is the “Sit down for breakfast, stand up for farmers!” campaign. Fiona McLeod talked about good healthy breakfasts, but I have to say that, when I watched my wife Stacey eat a Fairtrade banana fritter first thing this morning, my thought was that it was not precisely what I would call healthy. It might be very good for the people who are trading those goods, but I do not think that it was a healthy breakfast. Nevertheless, my wife is doing her bit for Fairtrade fortnight, and she will probably eat that as often as possible.

On its website, the Fairtrade Foundation, in relation to the campaign, quotes Martin Luther King, who said:

“Before you finish eating breakfast in the morning, you’ve depended on more than half of the world.”

As always, Martin Luther King summarises everything in a nice line that we can easily quote decades later, but he makes clear the situation that people all over the world are in. Large businesses have been terrible in how they have worked with people, and the conditions that those people work in, too, are terrible. The fair trade premium offers such individuals the chance to rebuild and, indeed, to educate their communities. During my time as the convener of the CPG on fair trade, we spoke to women’s organisations and heard that women are not encouraged to get an education. However, as a result of the fair trade premium, people had managed to set up schools and ensure that they got not only that education but a trade, and that they were able to trade their goods fairly.

At a very basic level, that is what fair trade is all about. Yes—it is great that Scotland is a fair trade nation, but the question is what we do and how we deal with that. We are telling the world that we will not stand back and allow big business to dictate things. A classic example is sporting goods. The sponsorship of major sporting organisations automatically makes such products look better—indeed, it makes them look cool. However, an £80 pair of trainers—I might be talking 1980s prices here—costs only £10 or £20 to make. That is morally wrong, and we need to encourage everyone else to look closely at such issues when major sporting events are held. I know that the Glasgow Commonwealth games, for example, were a fair trade event. I certainly think that sporting endeavours and sports organisations are the way forward and how we can take all this to the next stage.

I thank Fiona McLeod for bringing this debate to the chamber and for all her help, support and guidance over the years. I know that I have not been easy to work with and deal with, but she has been an absolute saint.

Liam McArthur: Hear, hear.

George Adam: In conclusion, I should say that this is all about our place in the world and about Scotland showing the world that we want to be part of it, that we want to make a difference in people's lives and that that is part of who we are.

17:28

Jamie McGrigor (Highlands and Islands) (Con): I, too, congratulate Fiona McLeod on what has been a very good parliamentary career and on securing time in Parliament for this debate.

Governments around the world are looking to trade as a driver of economic growth and poverty reduction, and trade is central to the sustainable development goals that make up the new global poverty reduction and sustainability framework that has been adopted. However, as we are all aware, trade can be something of a blunt tool that can harm as well as help poverty reduction. We must ensure that the policies of government, be it at local, Scotland or United Kingdom level, join up with those goals to ensure that we do not undermine the needs of the poorest people in our world. Otherwise, we could be giving with one hand and taking away with the other.

Trade also brings something that might be even more important than poverty reduction: it empowers people and encourages entrepreneurs to start smallholdings and take control of their own lives. By ensuring that such farmers, many of whom live in the least-developed countries in our world, can produce and sell their goods to fair and decent standards, we also give them a better chance in life. Those farmers are usually members of co-operatives that have their own elected representatives, which facilitates decision making on how profits are spent. That system has had tangible benefits for small-scale farmers, and profits that have been raised have often contributed to building schools and roads and other structural improvements—including, of course, new water wells and irrigation—that have been prioritised by the community.

Fairtrade products often taste better. I refer particularly to the bunches of small yellow bananas in cellophane bags, which always seem to be better than the other ones. I do not know why.

The effects of fair trade practices are clear for all to see. There are now 1,210 Fairtrade-certified producer organisations in 74 countries worldwide,

and more than 1.5 million farmers and workers in Fairtrade-certified producer organisations.

Scotland's contribution to that effort is notable. In order to be recognised as a fair trade nation, Scotland had to meet a number of criteria to demonstrate that people had sufficient knowledge of and interest in fair trade. As part of that process, it was found that 100 per cent of counties and local authority areas had active fair trade groups that were working towards Fairtrade status, and that at least 55 per cent of local authorities and all cities achieved Fairtrade status. Highlands and Islands, which is my region, is a fair trade zone, and Oban, which is my local town, became a Fairtrade town in 2006.

As a fair trade nation, Scotland has been a key contributor, which has helped to maintain momentum for the cause. The Scottish Fair Trade Forum has been crucial in engaging businesses and suppliers across Scotland in embracing the principles of fair trade. I am pleased to see that the West Coast Delicatessen in Ullapool is on a four-page list of fair trade suppliers, which goes on to include Marks and Spencer in Inverness, for example.

The situation should not be taken for granted. Many farmers who supply necessities such as food and clothing for consumers—they are basic needs that we have come to take for granted—are too often left without those items themselves. Producers are sometimes forced to work for genuinely exploitative employers without the essential employment rights or, indeed, human rights that we have been accustomed to in the western world. Fundamentally, fair trade provides vital protection and support for those producers. Producers have even gone as far as to say that farming would be impossible without it.

Fair trade does exactly what the name suggests; it is about making trade fair and ensuring decent working conditions and wages. That, in turn, leads to individuals having more control over their own lives and gives them dignity and respect.

Every member of the Scottish Parliament, member of the public and consumer worldwide has the opportunity to contribute to the effort by adapting their everyday choices. I very much hope that people will continue to do so.

17:33

The Minister for Europe and International Development (Humza Yousaf): I thank Fiona McLeod for lodging the motion and securing the debate. I know that she does not like praise, but nonetheless I hope that she will indulge us, as this is her last members' business debate, although

her speech was not her last one—I am sure that she will make contributions in the next few weeks.

I concur with what George Adam said. Fiona McLeod has been a great example, particularly to first-timers in the Parliament such as me and those who seek to represent a constituency. If we were half as good as her at doing that, mentioning our constituencies and looking after their interests, we would be doing not a bad job. I say to her well done for being at the forefront of the issue that we are discussing, and I thank her for setting a very good example for first-timers such as me.

I want to put into context the issue that Fiona McLeod has raised. People still suffer a huge amount of poverty that we can sometimes forget about. Of course we have poverty in Scotland, and many of us see that in and around our constituencies, but I am talking about the absolute, abject poverty that one third of the world still faces. Two billion people still live on less than \$2 a day. That is unbelievable. A third of the entire human race lives on less than \$2 a day. It is almost unimaginable how people make a living or a life with such small amounts. As we know from many reports, particularly those by Oxfam, there is plenty of wealth around the world to compensate for that.

Fair trade fits into our ambitions, as the First Minister highlighted last summer, in terms of the implementation of the sustainable development goals, or global goals. They are applicable not just to the developing world but here in Scotland too, and the First Minister was resolute in saying that we must follow through and implement those goals in Scotland. Fair trade is part and parcel of that. As many members have said, we are one of only two fair trade nations in the world and, as Jamie McGrigor mentioned, that was not the result of a simple tick-box exercise; robust and quite challenging criteria had to be met in order to achieve that status.

Many members have mentioned the theme of this year's Fairtrade fortnight, "Sit down for breakfast, stand up for farmers!" I had the great pleasure of being at the launch of the schools event for Fairtrade fortnight in Govan's Pearce Institute, where we were joined by many schools from up and down the country to celebrate and launch Fairtrade fortnight. Schools and young people are definitely the key to the fair trade movement and to ensuring that its flame continues to burn brightly.

There are 1,000 schools in Scotland that are part of the Fairtrade schools scheme, and 400 schools already have Fairtrade status. When I spoke to the primary school and high school children, I was amazed by the number of schools that now have a fair trade society, a fair trade club, fair trade stalls or a fair trade tuck shop. It is

incredible, and the young people's understanding of fair trade and why it is important is much greater than when I was in school. It was not that long ago, but when I was in school I did not know much about fair trade. It was hardly mentioned at all when I was growing up, but now many schools and a lot of our children seem to know about the value of fair trade and why it is such an important thing to be involved in.

It is important that our children know about fair trade, because often they are the ones who challenge adults' attitudes. I spoke to a father who was there with his daughter, who was picking up an award for the work that she had done on fair trade. He told me that when they go shopping it is his daughter who tells him to pick that bag of rice or those tea bags or that chocolate, because they are Fairtrade products, as opposed to other products. The children are very much shaping the adults' attitudes, which is why getting young people into the fair trade movement is important.

Another reason is that fair trade is about fairness for children. Although we are standing up for farmers, many farmers who are part of fair trade schemes have told me that they do not want fair trade simply because they are greedy or want more money, or even because it is inherently fair—although that is a respectable reason to back fair trade—but because of their children. Every farmer to whom I have spoken has mentioned their children's education. When I was in Malawi, farmers said that they wanted fair trade because they want to send their children to school and they have to pay school fees and pay for jotters and uniforms and other things. It is always about the children. We should support fair trade because it is the fair thing to do, but the connection between children here understanding fair trade and children who are getting education in some of the most underdeveloped parts of the world is something that we sometimes lose sight of.

The Scottish Government is pleased to support a number of Fairtrade products, and not just the usual ones. We often hear about chocolate, coffee and bananas, and I am delighted that, through our international development fund, we have supported Just Trading Scotland; I know that many members, including George Adam, have been involved in promoting that organisation. It promotes Kilombero rice from northern Malawi and it has created the 90kg rice challenge, which asks schools, colleges and other groups to sell 90kg of rice, which is the amount that a Malawian rice farmer would need to sell to allow him or her to send a child to secondary school for one year. Just Trading Scotland has recently rebranded its product. It looks great and it is in some retail shops up and down the country, which is good.

Not only are there new food products, but there are non-food products. Bala Sport, the Fairtrade football company, is starting to make inroads as its footballs become more readily available. When the Minister for Sport, Health Improvement and Mental Health, Jamie Hepburn, and I launched the walking football network just the other day, we used Bala Fairtrade footballs.

Presiding Officer, to end my remarks, there are many reasons to support fair trade. There is the inherent fairness, most definitely, but there is also creating a better and fairer society, not just for today's farmers but for the next generation of farmers—the next generation of adults in the developing world. Changing our shopping habits is one of the easiest things for us to do. The consequences of doing so are certainly far reaching.

We in the Scottish Government are delighted to support Fiona McLeod's motion and I am delighted that she lodged it. I encourage everybody who is listening or watching, including members here in the debating chamber, to continue to buy Fairtrade products for the betterment of our society and for a fairer world.

The Deputy Presiding Officer: Thank you, minister, and thank you to all members who stayed and participated in this evening's debate. That concludes Fiona McLeod's last members' business debate, which was on the subject of Fairtrade fortnight.

Meeting closed at 17:40.

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