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Wednesday 21 September 2016

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Scottish Parliament

Wednesday 21 September 2016

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

Portfolio Question Time

Justice

Police Scotland (Meetings)

1. Maurice Golden (West Scotland) (Con): To ask the Scottish Government when the Cabinet Secretary for Justice last met Police Scotland. (S5O-00151)

The Cabinet Secretary for Justice (Michael Matheson): I regularly meet representatives of Police Scotland. I met the chief constable on 7 September to discuss a range of issues.

Maurice Golden: The harm to Scottish businesses and communities that metal theft causes is well documented and has been recognised in the chamber. Between April and July, 417 metal-related crimes were reported, which equated to a £600,000 repair bill. How is Police Scotland prioritising other environmental crime, such as illegal waste sites, illegal waste exports and fly tipping? How is it linking with key stakeholders such as the Scottish Environment Protection Agency?

Michael Matheson: As the member will recognise, decisions on how the police prioritise such issues are an operational matter for the chief constable and local commanders. The member will be aware that we introduced legislation in the previous parliamentary session to tighten regulations on matters that relate to metal dealers and to ensure that a proper regime is in place to minimise the risk of stolen metal finding its way into scrap metal dealers. Those measures are starting to come into force across the country. In September, the new requirement for any payments to be made through a bank account came into force.

On the other aspects that the member raised, if he has a concern about how the police are handling or prioritising any issue in his region, he is at liberty to discuss the matter with the local commander. By and large, my experience of the police service in my constituency is that, when there is a concern about environmental matters or issues such as illegal dumping, the partnership between the local authority and the police is essential to dealing with the issues effectively. That may be through the different means that the council has, including covert means that can be

used to catch those who dump items illegally. A range of measures can be taken through the local authority working partnership with the police.

Powers are out there that can be utilised, but how they are handled locally is an operational matter for the local commander. If the member has concerns that are specific to his region, he should discuss them with the local commander, who can explain and discuss the matter in much greater depth.

Claire Baker (Mid Scotland and Fife) (Lab): Last week, *The Courier* reported that a police whistleblower has said that morale among officers in Fife is “dreadful” and that the number of staff who can respond to incidents has been “decimated”. It also reported concerns that the force came close to not being able to pay salaries in recent months.

The attitude so far to concerns that have been raised has not been good enough. Does the cabinet secretary recognise serving officers’ claims? Those officers are dedicated to the force but are working in increasingly difficult circumstances. How will the Government respond to the continuing concerns over the police budget?

Michael Matheson: Let me deal with the salary issue. Police Scotland’s response to the issue was very clear when it stated that the claims are “untrue”. That is pretty unequivocal. The member may choose not to accept that, but that is the reality of what Police Scotland and the Scottish Police Authority have said. The suggestion is simply not true.

On the morale issue, the member will be aware that Police Scotland conducted its first staff survey in order to establish a baseline for a range of concerns, including how the service responds to issues that serving officers raise, and to look at how it could improve on that. The Scottish Police Authority stated that it would take forward an action plan to address such issues where it saw that there was room for further improvement. Over the next two years, the SPA, along with Police Scotland, will take that work forward.

The police have also said that they will undertake dip sampling. During the year, they will sample a number of officers to see whether, in specific areas, the measures that are being taken are addressing the concerns and issues that have been raised. There is on-going work to address those issues.

I do not dispute the fact that some officers might not be happy with how things are going in the area in which they operate. That would be the case in any big organisation of any nature and particularly in an organisation that has undergone significant change, as has happened with the Police Service of Scotland. Equally, I can assure the member that

Police Scotland and the SPA are committed to addressing issues as and when they are raised. Their approach is to ask officers for their views on how the service is performing and then to consider how they can address the issues that have been highlighted as part of the staff survey.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): What impact is Police Scotland's disclosure scheme for domestic abuse—Clare's law—having on tackling the scourge of domestic abuse?

Michael Matheson: We had a worthwhile debate in the Parliament last week on the proposed new domestic abuse offence. I am sure that all members unite in recognising that there is no place for domestic abuse in Scottish society.

The Police Scotland disclosure scheme for domestic abuse is one of a number of interventions that are being taken forward to help to eradicate domestic abuse from our society. The disclosure scheme has now been rolled out across Scotland. In the period from 1 October 2015 to 1 September this year, there were 926 applications, of which 391 resulted in information being provided to a person who was potentially at risk of abuse.

There is no doubt in my mind that the scheme that Police Scotland operates is very valuable. The figures for the past year demonstrate the scheme's value in helping to prevent the possibility of individuals being exposed to domestic violence. I know that Police Scotland is committed to continuing to respond to requests that it receives for access through the scheme and that it will consider every case individually.

Liam McArthur (Orkney Islands) (LD): The cabinet secretary will be well aware of the reports last week that police stations in Dumfries and Galloway are under threat of closure, with echoes of the earlier closure of countless police counters across Scotland. Police Scotland has said that the move in Dumfries and Galloway is part of a wider look at resources across Scotland. What assurances can he give that local police stations across Scotland will not face similar threats of closure?

Michael Matheson: The member may or may not be aware of the further detail that Police Scotland has given about those proposals. Police Scotland is consulting and engaging with the local community on proposed changes to the use of police stations in the Dumfries and Galloway area. A number of the stations are not fit for purpose or are too large for the way in which they are used. Police Scotland is considering forming partnerships with other public bodies, whether that be the local authority, health partners or housing associations, to identify more suitable solutions in

order to continue to deliver some form of service in particular areas. A number of the stations do not have counter services and have not had them for some time.

I realise that Dumfries and Galloway is a slight distance from the member's constituency, but I say to him that Police Scotland intends to consult the local community on the proposed changes of use of the facilities. In my constituency, a police station that did not have a counter facility and which was of limited use to the police closed, but the police moved in beside the housing department in the community. That provides a much better service, with a counter service delivered locally. That has enhanced the delivery of the service although, technically, there is no longer a police station in the place where it was.

The way in which the police engage and work in partnership with other public bodies in local areas can be enhanced in a number of ways, which include sharing premises. Part of the work that Police Scotland is doing in Dumfries and Galloway is about exploring those matters and engaging. I have no doubt that members who represent the area—one of whom I see here today—will seek to be involved in that process.

The decision on what action is to be taken will be for the local commander, following the consultation and engagement process. Given that, over the past couple of years, Liam McArthur has called for more local decision making in such matters, I hope that he will welcome that approach to ensure that decisions are not taken at a central level in the organisation or by the Scottish Police Authority but by local commanders, following engagement with the community.

Neil Findlay (Lothian) (Lab): When the cabinet secretary last met Police Scotland, did he discuss the historical undercover policing scandal? Will he order a Scottish inquiry into undercover policing? Representatives from all parties in Scotland support the call for an inquiry—does he?

The Presiding Officer (Ken Macintosh): Please answer briefly, if at all possible, cabinet secretary.

Michael Matheson: As I said, I always discuss a range of issues when I meet representatives of Police Scotland. I am well aware of Neil Findlay's repeated call for the Pitchford inquiry to apply here in Scotland. I share his disappointment that the United Kingdom Government refuses to allow that, because that would be the most effective and reasonable way to deal with the concerns that relate to the activities of undercover units from the Metropolitan Police Service in London. I will consider and in due course set out what response we will make in Scotland.

Dog Fighting

2. Mark Ruskell (Mid Scotland and Fife) (Green): To ask the Scottish Government what action it is taking to detect, prevent and prosecute dog fighting offences. (S5O-00152)

The Minister for Community Safety and Legal Affairs (Annabelle Ewing): The Scottish Government supports the vital role of the Scottish Society for the Prevention of Cruelty to Animals and the police in dealing with organised dog fighting. Scottish ministers have granted authorised inspectors from the Scottish SPCA the same powers as local authority inspectors in relation to animal welfare offences under the Animal Health and Welfare (Scotland) Act 2006. The powers differ from those of police constables only in relation to the arrest of an offender.

Dog fighting is a largely clandestine activity, and detection by enforcement bodies is greatly dependent on information supplied by concerned members of the public. The prosecution of all offences reported to the Crown Office and Procurator Fiscal Service is a matter for that agency.

Mark Ruskell: It is quite clear that we need to redouble efforts in Scotland. The Scottish SPCA has reported to us that, for example, the police have successfully prosecuted only one individual for dog fighting since 1991. We know that there is a particular link in Scotland to the activities of criminal gangs, so will the Scottish Government consider setting up a task force on animal fighting to share information, track those who have been convicted of animal abuse in the past and help bring more cases to conviction?

Annabelle Ewing: Having listened to what Mark Ruskell said, I would say what I said in my first response: detection of such a highly secretive crime is largely dependent on people coming forward, and we would always encourage people with relevant information to make it known to the police and the Scottish SPCA. In the period 2013 to 2016, only one case involving dog fighting reported to the COPFS led to a successful prosecution and conviction. I think that the case awaits sentencing; obviously, that is a matter for the independent judiciary.

If Mark Ruskell wishes to bring us further relevant information, we will be happy to look at it.

Oliver Mundell (Dumfriesshire) (Con): Will the minister join me in welcoming the presence in the Parliament of the Dogs Trust and set out what action the Scottish Government is taking to tackle illegal dog breeding?

The Presiding Officer: The question was more about dog fighting than dog breeding. Minister, can you respond very briefly?

Annabelle Ewing: I welcome all groups who come to the Parliament to communicate with MSPs, and I welcome the Dogs Trust in that respect. In my capacity as an MSP, I will meet the Dogs Trust during the week and I will listen to anything that it has to say on the subject that Oliver Mundell raised.

Police Scotland (Cash Shortfall)

3. Maurice Corry (West Scotland) (Con): To ask the Scottish Government how it will fill the reported £21 million cash shortfall faced by Police Scotland. (S5O-00153)

The Cabinet Secretary for Justice (Michael Matheson): The Scottish Government is in regular contact with the Scottish Police Authority, which is taking steps to manage the in-year financial position.

Maurice Corry: The Scottish Police Federation recently published a statement by a whistleblower from within Police Scotland. It said that police officers

“are being told not to be proactive and investigate drug dealers because”

that

“could cause overtime”.

Why are police officers being prevented from incurring overtime in their fight against drug dealers?

Michael Matheson: Maurice Corry may be aware that Police Scotland responded to that matter and said that there is no ban on overtime.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I ask the cabinet secretary to advise Mr Corry that, so far, the United Kingdom has kept £72 million in VAT levied on Police Scotland—the only police force in the whole of the UK to have VAT levied on it. Given that the UK has now granted a VAT exemption to academy schools, which previously paid VAT, that does not seem just to be perverse but in fact to be punitive.

Michael Matheson: The member raises a reasonable point, although it caused some murmuring from our Conservative colleagues. It seems that there are double standards in the way in which Her Majesty's Treasury in London operates when allowing the recovery of VAT. It changed the VAT law to allow academy schools, which are centrally funded by the UK Government, to recover VAT, but it has chosen not to do that for Police Scotland. That means that Scotland has the only force in the UK that is unable to recover VAT. Since Police Scotland's establishment, that has cost the Scottish taxpayer £76.5 million, or between £25 million and £30 million per year. In

addition, there is an extra £10 million for the Scottish Fire and Rescue Service.

It is perfectly reasonable that Police Scotland should be on an equal footing with other police services within the UK, including national forces such as the Police Service of Northern Ireland, and treated as a centrally funded organisation in the same way as academy schools are treated. HM Treasury should recognise that that discriminatory approach towards Police Scotland is simply unacceptable.

Maybe the Conservative members will stand up for Police Scotland, rather than just doing the bidding of their colleagues at Westminster.

Colin Smyth (South Scotland) (Lab): Does the Cabinet Secretary for Justice accept that the cost-cutting proposals from Police Scotland to close eight police stations in Dumfries and Galloway—on the back of the closure of the police control room, the scrapping of traffic wardens, the closure of public counters in numerous police stations, the cut in opening hours and the massive cull of civilian staff posts—will be a further erosion of services for the people of Dumfries and Galloway? Will he acknowledge that it is peripheral and largely rural regions in areas such as the south of Scotland that lose out most as a result of the Government's obsession with centralising police services?

Michael Matheson: I mentioned to the member who asked an earlier question that decisions about any changes to the use of police stations in Dumfries and Galloway are a matter for the local commander.

Over the next three to four months, a consultation exercise is being undertaken with the local community and stakeholders, including the member, if he wishes to participate in that process. That is an opportunity for the police service to consider if there are better ways to use its resources. For example, one of the options is to have shared services with other parts of the public sector, bringing them closer together to make sure that they build stronger partnerships. There is an opportunity to look at shaping the service to make sure that it is able to meet local demand in the Dumfries and Galloway community.

I am sure that the member will welcome the fact that such decisions will be made by the local commander, with oversight from the Scottish Police Authority. Criticisms of changes where local commanders were not able to make those decisions were often voiced in the chamber in the past. This time around, Police Scotland is taking exactly that local approach, with oversight from the Scottish Police Authority. I would have thought that the member would welcome that.

Highland Prison

4. Edward Mountain (Highlands and Islands) (Con): To ask the Scottish Government whether it considers that the proposed location for the new Highland prison is the most appropriate site. (S5O-00154)

The Cabinet Secretary for Justice (Michael Matheson): On 27 June 2016, the Scottish Prison Service announced that it was pausing the planning consultation process on the proposed site at Milton of Leys to ascertain whether a viable alternative option for the location for the replacement of Her Majesty's Prison Inverness was available elsewhere.

Following discussions with the owners of the Milton of Leys site, a proposed alternative site was brought forward that had not previously been available as a potential prison site. A full assessment is currently being undertaken and we anticipate an outcome within the next three or four months.

Edward Mountain: I welcome all the work that is being done by the governor and her team at Porterfield prison to make use of very limited and outdated facilities.

Twelve sites were originally proposed. The consultant who looked at the issue used a traffic-light system: seven were classed as red—for those who do not understand, that is a no-go; four were amber, meaning that they have potential but are not perfect; and one was green.

I have made three requests to meet the chief executive of the SPS, who at first said that he would meet me, but who has twice subsequently refused to do so.

Why was a red site selected originally and why was the green site considered only after a local outcry over the decision that had been made?

Michael Matheson: The member should recognise that the SPS has chosen to pause the approach that it was intending to take in the Inverness area and is exploring options, with a site that was previously not available being considered as a possible site for building a new establishment in the Inverness city area.

I do not know whether the member was on the recent visit by MSPs to HMP Inverness to look at the existing conditions, but I am sure that he would recognise that the conditions there are unacceptable for staff and for prisoners and that the facility requires to be replaced. That is why we are determined to ensure that there is a new prison in the Inverness area to service the Highlands and Islands. Once the assessment of the new site that has come along as an option has been completed, we will be in a position to make a final decision on the appropriate choice for the

replacement of the existing establishment in Inverness.

The Presiding Officer: I apologise to members for the fact that we could not take any more supplementary questions or make further progress on this topic.

Culture, Tourism and External Affairs

Brexit Negotiations

1. Clare Adamson (Motherwell and Wishaw) (SNP): To ask the Scottish Government whether it will provide an update on its participation in the Brexit negotiations. (S5O-00161)

The Minister for UK Negotiations on Scotland's Place in Europe (Michael Russell): At this point, formal negotiations between the Scottish Government and the United Kingdom Government concerning Scotland's place in Europe have not yet commenced. The Prime Minister has undertaken that the Scottish Government will be fully involved in preparations for the forthcoming negotiations with the European Union. Scottish Government officials have been in talks with the UK Government to establish how that commitment can be delivered in practice. To that end, last Thursday I met the Secretary of State for Exiting the European Union for an initial discussion.

Progress on establishing a formal mechanism for Scotland's proper involvement has been slow, but we hope to inform Parliament about an agreed format soon. Of course, I undertake to update members regularly as negotiations begin, in line with the Government's commitment to report regularly to Parliament and its European and External Relations Committee.

Clare Adamson: I welcome the minister to his post.

During the Scottish independence referendum campaign, David Cameron said:

"We are a family. The United Kingdom is not one nation. We are four nations in a single country."

Does the minister agree that, as Scotland voted to remain within the family of European nations, that position is legitimate and should be respected during the Brexit negotiations?

Michael Russell: I very much agree with that. Before the referendum, the Scottish Government consistently argued for a quadruple lock to be included in the European Union Referendum Act 2015 in order to ensure that the will of all the nations of these islands is reflected. The UK Government ignored that request. That has put the people of Scotland and Northern Ireland, as well as the people of London and Gibraltar, into a

position in which they will—possibly—be taken out of the EU against their democratic will.

The First Minister has previously outlined that it is imperative that the democratic will of the Scottish people be reflected in our future relationship with Europe. The Scottish Government will consider all options, as the chamber asked it to, to ensure that the vote of the Scottish people to remain part of the European Union is respected. To that end, we will hold the UK Government to its promise to give the Scottish Government a meaningful role in the negotiations with the EU, in order to reflect our specific and devolved interests.

Jackson Carlaw (Eastwood) (Con): The minister said that progress was slow in his meeting with the secretary of state. However, did he discern from that meeting when, after agreement is reached, there might be a commencement of discussions in which the Scottish Government would participate? Will he confirm that it is the Scottish Government's intention to make every possible success of those discussions on behalf of Scotland and not to seek in any churlish way to scupper them in an attempt to justify a second independence referendum?

Michael Russell: Mr Carlaw once again displays his obsession with independence. I advise the Tories to get over it and to treat this matter in the same way in which those of us on the Scottish National Party benches are treating it, which is in an engaged and positive way.

I am more than willing to say that I enter into any possible discussions whole-heartedly and with a commitment to make them succeed. I hope that I would hear the same from the UK Government, because the UK Government will have to respect the devolved competences that exist, the interests that exist in Scotland and the need for Scotland to be—in the words of the Prime Minister—"fully involved" and "fully engaged". I will make the commitment, and I expect to see it from the UK, too.

Brexit (Impact on the Arts)

2. Joan McAlpine (South Scotland) (SNP): To ask the Scottish Government what engagement it is having with the cultural sector regarding the impact of Brexit on the arts. (S5O-00162)

The Cabinet Secretary for Culture, Tourism and External Affairs (Fiona Hyslop): The Scottish Government is discussing Brexit with Scotland's key cultural bodies and it is engaging with sectoral initiatives. I have asked the culture and historic environment bodies that are sponsored and funded by the Scottish Government to assess the range of potential impacts and, in particular, to be sensitive to the

impact on their own employees who come from other European Union member states. Freedom of movement is of key importance for the cultural sector in particular. Creative Scotland has conducted a survey of the cultural sector seeking information on potential impacts and has submitted the results of that survey to the European and External Relations Committee's call for evidence.

Joan McAlpine: Is the cabinet secretary aware of concerns, as outlined by the group known as culture counts, that cultural organisations elsewhere in the European Union might be reluctant to partner United Kingdom and Scottish cultural organisations in funding applications?

Fiona Hyslop: Yes, and that is of deep concern. We have not even started Brexit—we are examining the processes—and we do not know what form Brexit will take. Currently, there are 21 organisations involved in projects worth £8.2 million under the creative Europe programme. It is important to remember that, until the UK leaves the EU, it is still within the EU, and those networks and relationships must continue. We can measure exports and imports but—this is an area of concern—how can we measure opportunities lost because of concerns about relationships?

Lewis Macdonald (North East Scotland) (Lab): The cabinet secretary will be aware of the importance to the Scottish arts and culture sector of the audiovisual services directive, which provides shared regulation not just among European Union countries but among member states of the European Economic Area that are outwith the EU. Is the Scottish Government engaging with the sector to identify how to protect those advantages, particularly given that that directive is in the process of being reviewed?

Fiona Hyslop: I have already spoken to the Creative Industries Federation on precisely that point. I have previously attended—and led for the UK—discussions on the digital single market and on audiovisual regulations. The relationship will change because the UK will not be part of those discussions, so the issue will be about what the opportunities for Scotland are. More important—as the UK and Scotland would have been the chief beneficiaries of the move to a digital single market—the impact is not just what has been lost now but what might be lost in the future.

Cross-border Tourism (Northumberland and Cumbria)

3. John Lamont (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government what discussions it has had with Visit Northumberland, Visit Cumbria and local authorities regarding promoting cross-border tourism. (S5O-00163)

The Cabinet Secretary for Culture, Tourism and External Affairs (Fiona Hyslop): There is clear mutual interest for cross-border collaboration. As well as the long-standing informal linkages between VisitScotland and relevant tourism bodies in the north of England, the Scottish Government understands that Carlisle City Council, Cumbria County Council, Northumbria County Council, Dumfries and Galloway Council and Scottish Borders Council continue to work together to develop cross-border tourism as they build on the borderlands initiative.

John Lamont: I am pleased that the cabinet secretary mentioned the borderlands initiative. One of the strands of that initiative is to build and promote the borderlands as a tourist destination but, after an encouraging start, there is a feeling among some stakeholders that progress has stalled. To date, no strategy or development plan has been published. I acknowledge that to move it forward will require the co-operation of the United Kingdom and Scottish Governments, as well as local councils, and the Scotland Office has confirmed to me that it shares my desire to move the initiative forward. Does the cabinet secretary agree that the Scottish Borders has a lot to offer as a tourist destination and will she pledge to do more to promote cross-border co-operation on tourism?

Fiona Hyslop: With my new responsibilities for tourism, I will take a close interest in tourism in the Scottish Borders and the rest of the south of Scotland. I am due to meet the other tourism ministers from across the UK and—with their agreement—I will ensure that that is an item that we discuss.

Standing Council on Europe (Reports)

4. Mike Rumbles (North East Scotland) (LD): To ask the Scottish Government whether the standing council on Europe plans to publish a report on Scotland's relationship with the European Union and, if so, when. (S5O-00164)

The Minister for UK Negotiations on Scotland's Place in Europe (Michael Russell): The standing council on Europe, which has now met in plenary on two occasions, is providing on-going advice to the First Minister and other ministers.

The Scottish Government is determined to protect our place in Europe and will explore all options to do so. The standing council is therefore undertaking work on the options that are available to Scotland for our future relationship with the European Union. As that work is informing our negotiating position, elements are obviously confidential, but I am committed to sharing as much of the work publicly as possible, as early as I can.

The standing council is also engaging widely with a range of individuals and organisations to further develop our understanding of the details of our relationship with the EU in a range of fields. Through that process, information is being shared and views are being gathered as openly as possible across a range of topics including the environment, human rights, and higher and further education.

Mike Rumbles: I commend the Government for its forward thinking in setting up the council and especially in looking at options. However, in the Rural Economy and Connectivity Committee this morning, I asked the Cabinet Secretary for Rural Economy and Connectivity if he had set up a team of civil servants to design options for our Scottish system of farm payments post-2020, after we have left the EU, because that is an entirely devolved matter. From his response, it turns out that he has done absolutely no forward thinking on the subject. Will the minister encourage Fergus Ewing to put his thinking cap on?

Michael Russell: I would encourage everybody to put their thinking caps on. It would be quite nice to see thinking caps on the Liberal Democrats, if that is not something that baffles them; I would like to see thinking caps on the ministers in the United Kingdom Government.

It is important that we all consider the range of options. I have found Fergus Ewing to be very forward thinking on these matters. He attended the first event that I attended, which was organised for stakeholders. He has another event this week—I think that it is in Moffat on Friday, on the forestry sector. He is talking to the relevant sectors; he is looking at the potential of those sectors; and he is trying to come to some conclusions. It will not all be done in an afternoon, even if the Lib Dems think that it can be.

Emma Harper (South Scotland) (SNP): I understand that the standing council recently considered the impact of Brexit on human rights and social protections. Does the minister agree that, as legislation in those areas is reserved, there is a very real risk that advances that have been made in those areas could be threatened?

Michael Russell: That is a very important point and I agree with the member.

There is a risk that the social protections that we currently take for granted could be impacted by an exit from the EU. The work that is being undertaken by the members of the standing council has highlighted the extent to which an exit from the EU could create a gap between the current protections that are enjoyed across a range of areas, including employment law and human rights, and any future policy making in those areas outwith the EU framework.

The standing council will undertake further analysis and engage widely to ensure that Scotland's interests are protected in future; that there is no regression from the current range of protections that are enjoyed by all citizens; and that we continue to move forward, as obviously there is a European dynamic in both social protection and human rights.

The standing council benefits greatly from the input of Professor Alan Miller, who is a United Nations envoy on human rights.

North Coast 500 Route

5. Rhoda Grant (Highlands and Islands) (Lab): To ask the Scottish Government what plans it has to develop tourism facilities on the north coast 500 tourist route. (S5O-00165)

The Cabinet Secretary for Culture, Tourism and External Affairs (Fiona Hyslop): The Scottish Government is a member of a multipartner group that was recently established by Highlands and Islands Enterprise to lead on the strategic delivery of the opportunities that are offered by the north coast 500. The main objective of the group, which includes the Highland Council and north coast 500 among its membership, is to ensure that economic benefits are spread across the north Highlands.

The Scottish Government is also a key partner in the tourism redevelopment of Inverness castle, which acts as the start and finish point for the route, and which will, when finished, encourage tourism throughout the Highlands.

Rhoda Grant: The cabinet secretary will be aware that the route has succeeded way beyond expectations, which has impacted on infrastructure. Will the Scottish Government help the Highland Council fund essential maintenance and upgrades along the route to ensure that it is as safe as possible, given that a lot of the route is still single-track road? Will the cabinet secretary work with HIE to ensure that there is sufficient accommodation—accommodation is lacking in some of the smaller villages along the route—to help to cater for the increased visitor numbers?

Fiona Hyslop: Success is a good thing to have and I congratulate everybody involved. It obviously brings with it challenges. Some of it is about promotion; some of it is about facilities; and I will bring the transport issue that was raised by the member to the attention of the Minister for Transport and the Islands.

Brexit (Impact on Tourism)

6. Monica Lennon (Central Scotland) (Lab): To ask the Scottish Government what recent assessment it has made of the impact of Brexit on Scotland's tourism industry. (S5O-00166)

The Cabinet Secretary for Culture, Tourism and External Affairs (Fiona Hyslop): We still do not know what form of Brexit the United Kingdom Government seeks to pursue, so any impact assessment at this stage is speculative. However, we continue to engage with the tourism sector to listen to its concerns with regard to what Brexit may mean both for European Union visitors to Scotland and for the many EU citizens who are employed in the sector, making up nearly 17 per cent of the total sustainable tourism workforce.

I have discussed those issues with industry bodies including the Scottish Tourism Alliance and the British Hospitality Association. More recently, I met EU citizens at Deanston distillery who work in tourism.

Monica Lennon: Scottish Labour would use the powers of the Scottish Parliament to give local authorities the ability to introduce a tourism tax locally should they wish to do so. Does the cabinet secretary agree that the devolution of power to local authorities to allow them to raise revenue from untapped streams would be a welcome boost to Scotland's tourism industry following the Brexit vote?

Fiona Hyslop: I was trying to work out what the connection to the Brexit vote was in that question.

The issue of a tourism tax was raised a number of times by Monica Lennon's colleagues in the previous session of Parliament. I know that some local authorities, and the Labour Party, are keen on it, but there are some issues. We are the country with the second highest-taxed tourism sector in the whole of the EU, so putting additional burdens on the sector may be problematic.

It is possible now—we do not need Brexit—for the UK Government to reduce VAT on tourism. If it was to do so, that may allow more flexibility, but at this point we have very serious concerns about the current level of taxation on the tourism sector.

Stuart McMillan (Greenock and Inverclyde) (SNP): Last year, Scotland's first ever marine tourism strategy was published, with a heavy emphasis on increasing the numbers of international tourists who sail. What would be the implications for Scotland's marinas if visa controls were instated for EU sailors and tourists arriving in Scotland?

Fiona Hyslop: Again, that is one of the unknowns and uncertainties of Brexit. The suggestion of visa controls for visitors and those such as sailors who support the marine tourism industry is a very serious concern indeed. Those are the practical issues with which we are engaging in trying to identify what the implications are and trying to persuade the UK Government to get into a position that is least worst in relation to Brexit.

Maeshowe Closure

7. John Finnie (Highlands and Islands) (Green): To ask the Scottish Government for what reason the Maeshowe cairn at the Orkney UNESCO world heritage site has been closed without consultation. (S5O-00167)

The Cabinet Secretary for Culture, Tourism and External Affairs (Fiona Hyslop): The Scottish Government is very concerned about the closure of Maeshowe. I have expressed my concern to the chair of Historic Environment Scotland, along with our support for an early resolution to mitigate the health and safety concerns for staff and visitors that were identified following a new assessment in August that was triggered by HES's decision to put on temporary hold the proposed infrastructure project.

The care and management of Maeshowe is delegated by Scottish ministers to Historic Environment Scotland, and HES is responsible under health and safety legislation for taking whatever steps are necessary to manage the safety of visitors and staff at the properties that it manages. The point has been forcefully made to me in the past that the Scottish Government should not interfere with direct operational decisions, but I understand that HES is in urgent discussions with Orkney Islands Council about an early resolution.

John Finnie: It is reassuring to hear the cabinet secretary's words. She will be aware that Maeshowe is number 4 on the HES visitor list.

The cabinet secretary may well be aware that locals have suggested four alternative methods to keep the site open. I have had a number of representations, and people are very concerned given that the site is not only a United Nations Educational, Scientific and Cultural Organization world heritage site but a significant part of the islands' heritage, not least with the winter solstice coming up.

I am glad that there has been some dialogue. I ask that the cabinet secretary goes back once again to encourage a situation that will ensure that educational visits can continue to access the site. There are alternatives—it just requires the will of HES to address the problem. The cabinet secretary's assistance would be appreciated.

Fiona Hyslop: Historic Environment Scotland has been looking at the issue for some time. There are not only four options—there are in fact five options that were looked at previously. The situation requires discussion not only with HES but with others, including the council.

Anyone who has visited the site will be aware of the speeds at which cars on the neighbouring road are travelling. There have been 12 incidents since

March, and I understand the seriousness of the situation, but we are working constructively to find a positive solution.

Liam McArthur (Orkney Islands) (LD): I welcome the cabinet secretary's comments. Does she believe that the decision to announce the closure without any prior consultation has damaged HES's reputation for partnership working? Given the on-going efforts of the council and HES to reach a resolution, will she ask that the proposed closure on the 25th of this month be suspended pending the outcome of those further discussions?

Fiona Hyslop: A health and safety assessment was carried out in August and some time was allowed to see whether a resolution could be reached and what could be done by way of mitigation. I cannot interfere in issues that are operational matters for HES, particularly in relation to health and safety, but it is necessary to obtain constructive ideas on how to resolve the situation. Maeshowe is a fantastic site, and it is extremely important that we celebrate it and that we provide access for educational purposes and for visitors. I will do everything that I can to encourage Orkney Islands Council and HES to seek a resolution.

The Presiding Officer: I thank members and ministers.

NHS Staffing

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-01554, in the name of Donald Cameron, on NHS Scotland staffing crisis.

14:41

Donald Cameron (Highlands and Islands) (Con): I am delighted to open this afternoon's debate on staffing in Scotland's health and social care services.

I begin with a tribute to the incredible work that dedicated staff in our national health service and social care sector carry out on a daily basis. It can be difficult work, with long hours, often in challenging circumstances. The efforts of staff frequently go unnoticed, yet professionals in the NHS and care sectors are still among some of the most dedicated public servants of all. They need our support so that they can get on with doing what they do best: caring for patients, treating illness and saving lives.

However, that work is under threat. It has become clear that the NHS workforce is overstretched and is struggling to meet the ever-increasing demands on front-line services. In the past few months, I have met patients, medical staff, pressure groups, professional associations and individuals, and their message is clear. Across the board, staffing levels in the NHS are in crisis. It is a deep, systemic problem that cuts across the whole workforce. It is occurring in not just one branch of the medical profession but many; it is occurring in not just the NHS but the social care workforce; and it is occurring in not just rural Scotland but right here in Edinburgh and in other urban centres.

We know that the problem will get much worse. We have an ageing workforce, many of whom will shortly retire. Bodies such as the Royal College of Midwives say that there is a "retirement timebomb" in nursing and midwifery, as one in five staff are due to retire over the next decade. The situation is worse in general practice. The Scottish Government's own figures say that one in three general practitioners will retire in the next 10 years. That puts further pressure on those who are left to battle the increasing demand. In many senses, it is a vicious circle.

Members should not listen to me; they should listen to the professionals and bodies such as the British Medical Association, which says:

"Vacant posts place immense pressure on the service. When NHS boards cannot fill a post other doctors within the team have to cover the workload or the service may be reduced. Staff are asked to work increasingly longer hours and more intensely to fill the gaps."

I am aware that in the previous session of Parliament efforts were made on a cross-party basis to try to avert the crisis in a collaborative manner, but the Scottish National Party Government sat on its hands. Therefore, in many ways, this afternoon's debate is a lament for that lost opportunity. We are now reaping the whirlwind, because the crisis is upon us.

I have no hesitation in condemning the sheer lethargy of the Scottish Government, which has brought us to this point. Often in politics, some of the most robust arguments that we have are about stark, vigorous policy choices that a Government has taken, for better or worse; but not here. Despite the repeated warnings, there is no sign of vigour. Instead, we have inertia, listlessness and a Government sleepwalking through this crisis.

What answers does the Government bring? It has two standard responses. We are told that patient satisfaction is at an all-time high, and that NHS staffing is at record levels. We are then presented with a wall of numbers—a barrage of statistics—as if that provides all the answers.

Let me save the Government some time this afternoon by looking at its claims. On patient satisfaction, patients are, of course, the most important people in our health service. Their care is paramount and it is our job to ensure that they have access to world-class healthcare, free at the point of use and based on need. It is obvious that patient satisfaction is one benchmark that we can use to measure the NHS; however, it is fundamentally important that we have sufficient numbers of highly trained staff to surround that patient and provide the care. Patient care and staff wellbeing are intrinsically linked and although the Scottish Government might be able to talk about patient satisfaction today, if the NHS remains chronically understaffed and staff numbers and morale plummet, that satisfaction will vanish overnight.

On staffing levels, the Scottish Government, and the First Minister in particular, like to tell us repeatedly that staff numbers sit at record levels and that the NHS has never employed more people. However, record numbers of staff does not mean that there are enough staff. Again, members should listen not to me, but to the professionals. For example, the Royal College of Nursing has said:

“the increase in staff is not keeping pace with demand ... and, even more worrying, almost 600 posts”

have

“been vacant for three months or more.”

Listen to the Royal College of Radiologists, whose United Kingdom workforce report last week said:

“The mismatch between growth in workforce and demand is even more marked in Scotland where the consultant workforce grew by 3% between 2010 and 2015 and the number of CT and MRI scans each increased by 55%.”

Let us not forget the key role that radiologists play in several aspects of NHS care, especially cancer treatment.

The picture is very simple and clear: demand is outstripping staff numbers. As a result, merely parroting the line, “There are record numbers of NHS staff,” is no answer to this crisis. There are record numbers of people getting old in Scotland and record numbers of demands being placed on the NHS. It is quite simply selling a fantasy to say that our NHS is coping under SNP stewardship. Rather like the band on the Titanic, the Government is trying to reassure us that all is well when, patently, it is not. Nobody buys that.

Willie Rennie (North East Fife) (LD): I agree with much of what the member has said, but he will recognise that with GPs the issue is not just increasing demand but a change in the nature of the workforce. The Royal College of General Practitioners has said that it will be more than 800 GPs short by 2020, and the situation has got worse in the past year. Does the member think that the Government is doing enough in that regard?

Donald Cameron: No, the Government is not doing enough, and I will come on to GPs in a moment.

Let us stick with the RCN, which has said several times:

“without changes to the way health services are delivered, there's a risk that Scotland could return to the ... 'boom and bust' years, where health boards targeted the nursing workforce for cuts, simply to balance the books”.

My central charge against this Government is one of failing to take responsibility. The Government must recognise that this is not the fault of the previous Administration; that it is not the fault of Westminster; that it is no good trying to distract us by pointing to what is happening in England or Wales; and that after almost a decade in Government, with five more years to go, the buck stops with it.

While we are on the subject, I note that the Government amendment contains that toxic mixture of belligerence and avoidance of responsibility that we have grown used to. Brexit is blamed, as if these staffing problems somehow came into existence only on 24 June. The UK Government's approach to the NHS in England is criticised—though notably without mention of the fact that health spending has increased at a significantly greater rate in England than it has in Scotland over the past five years.

While on the topic of comparing our position with that of the NHS in England, I will—if I could be permitted—quote from the Bible:

“First remove the beam out of your own eye, and then you can see clearly to remove the speck out of your brother’s eye.”

I have been around for only a short time, but even I know that health policy was devolved completely, and without reservation, to the Scottish Parliament in 1999; that the SNP has run the NHS for almost a decade; and that when it comes to the state of the NHS workforce in 2016, only one party and one Government is culpable.

The longer the SNP tries to dodge those issues, the worse the problems will get. We are in the depths of the most serious crisis to affect the NHS in years, and it is time for the SNP to take responsibility and—belatedly—to take action.

Let me touch briefly on a few issues that I hope other members across the chamber will explore in more detail, but which time does not permit me to cover.

On locum and agency costs, as we revealed last week, the NHS spent almost a quarter of a billion pounds on locum doctors and nurses last year. That is a £41 million increase on the previous year; some health boards even doubled their spend on them. The cost of that is one thing, but it also reveals the massive staffing problem at the heart of the NHS, especially when the money could go towards employing permanent staff. Again, do not listen to me: listen to the professionals. The Royal College of Nursing has said:

“an increase in bank and agency staff is an expensive temporary fix, does not address staffing shortages and is not sustainable in the long term”.

Let me talk about the social care workforce, as it is not just our NHS staff who are under pressure; our social care workforce is stretched and getting older. A study that was conducted at the end of last year noted that 62 per cent of social care staff had to carry out additional work most weeks and, worse still, around 90 per cent said that they felt that the amount of support that was available to the people for whom they cared had been reduced.

Last week, the Health and Sport Committee heard from social care workers and leaders in the sector. The latter said that around 60,000 extra social care staff will be required in Scotland to meet growing demand as a result of our ageing population. Quite frankly, we are at breaking point.

There is a consensus that the future of primary care will involve the creation of multidisciplinary GP hubs, with a number of health professionals working alongside GPs in the community. We

welcome that direction of travel, but to achieve that, we must recognise that more staff will be needed with a broader skill mix and that there is currently a shortage of those other professionals in any event. If there are already workforce issues among advanced nurse practitioners, physiotherapists, dentists and mental health workers, realising that multidisciplinary vision becomes all the more difficult.

Where do we go from here? I am the first to accept that there are societal factors, outwith everyone’s control, that make solving the crisis challenging. I accept that medical advancements are keeping people alive for longer—clearly, that is to be welcomed—and that it is a challenge to find people to take up posts in some of the most rural communities in Scotland, such as my Highlands and Islands region. I accept that recruiting to some parts of the medical profession and certain disciplines is harder—for example, to general practice—and that, to our shame, health inequality still exists in many parts of the country, which puts additional pressures on our health services. However, I do not accept—and none of us can accept—that it is enough simply to carry on as we are. The Government must not only take responsibility; it must begin to tackle the crisis head on.

Neil Findlay (Lothian) (Lab): Donald Cameron is probably almost at the end of his speech. At what point will we get an apology from the Tory party for all the things that it has done and for all of its policies that have exacerbated health inequality? It is as culpable as the SNP is on that.

Donald Cameron: We need clear, focused workforce planning that is based on the best data available to plan for the years ahead. I will point to one example of what can be done with regard to investment. The Scottish Conservatives have committed to fighting for an increase in the amount of money that is spent on general practice. We would increase the share of the budget that goes to general practice from 8 per cent of the total NHS health board spend in Scotland to 10 per cent by 2020. That is supported by the Royal College of General Practitioners. So far, we are the only party to call actively for such a pledge.

In an interview in April, the First Minister admitted that the share of funding that was going to general practice had to increase. She said:

“I’m not disputing the key point here which is that we’ve got to increase that percentage.”

With respect, what is the Scottish Government waiting for?

The Scottish Government talks a good game about investing in primary care, but the facts say something totally different. Only a few days ago, the Royal College of General Practitioners stated

that we will have 830 fewer family doctors by 2020 if we do not act now. We are losing the equivalent of almost one GP a week. The Government's response was to say that it had created more training places. However, we heard from a GP giving evidence to the Health and Sport Committee yesterday that not only will the Government not fill the additional 100 places that have been created, but there are still a number of unfilled places from the previous recruitment round.

Everyone in the Parliament cares about our NHS, but words are not enough now. The Scottish Government's programme for government was weak on short-staffing, supporting primary care and supporting our hard-working doctors, nurses, social care workers and other health professionals. Scotland deserves better. The staffing crisis requires immediate actions, but there is a long-term aspect to it too. We have to create a sustainable NHS that is properly staffed over not only the next five years but the next 25 years. We have to raise our line of sight beyond the present and look to the future and the health service that will exist in, say, 2041. How will it be staffed to cope with the many of us who will be needing more care?

It was once said that

"a politician ... thinks of the next election; while the statesman thinks of the next generation."

In respect of the NHS and its staff, every one of us across this chamber should aspire to be the latter.

I move,

That the Parliament recognises the serious staffing crisis taking place in the NHS and has no confidence in the Scottish Government's workforce planning for the NHS; believes that the Scottish Government has not done enough to prevent this crisis, despite warnings from patient and medical organisations; commends the dedication of all NHS and primary care staff who work tirelessly to provide the best care possible; believes that they should be supported fully and not be put under increasing pressure due to chronic short-staffing; notes the pressures that are also falling on the social care workforce and the important role that these workers play in society, and calls on all parties to work together to support the NHS in order to meet growing demand.

14:56

The Cabinet Secretary for Health and Sport (Shona Robison): I am very happy to take part in the debate, which provides another opportunity to acknowledge the extraordinary commitment and dedication of our health and social care staff across Scotland. I pay tribute to them. It is also an opportunity to ensure that those staff have the right environment in which to continue to provide a world-class service. I will come on to that in a moment.

I am pleased that Jackson Carlaw is sitting next to Donald Cameron. It is very appropriate because I remember that when he was health spokesperson for the Conservatives, Jackson Carlaw often made the point in this chamber that no party was in a position to criticise the record of other parties on the NHS, given that—I am almost quoting him here—the Tories are in charge of the NHS in England and Labour is in charge of the NHS in Wales. The tone of the Tory motion today is therefore a surprise, because it talks about having

"no confidence in the Scottish Government's workforce planning".

Indeed, Donald Cameron has just cited the figure of 830 GPs that the RCGP says is required. However, just this weekend, the RCGP issued a news release estimating a deficit of 8,371 GPs in England. Surely, therefore, the accusation that the Tories are making today in this chamber about the Scottish Government's workforce planning must also be true of their own Government, which is in charge of NHS England. How can it be otherwise?

Another example of that double standard—which I am sure Jackson Carlaw would never have had when he was his party's health spokesperson—was demonstrated at last Thursday's First Minister's questions, when Ruth Davidson cited "pockets of meltdown" when referring to NHS Scotland. That was interesting because that quotation originated from a report that examined 94 hospitals, only three of which are in Scotland, and 87 of which are in England and are under the control of the Conservative Government at Westminster. So, yes—SNP members will point out the double standard in the Tories coming to the chamber to criticise our record on the NHS, when the record of their own party in government in England is woeful, to say the least.

I could quote many organisations that are saying much more powerful words about the record of the Tory party in charge of the NHS in England. We have to look only at the junior doctors strikes that have been happening in England and compare that to the constructive partnership relationship that we have with our professions here, north of the border.

Jackson Carlaw (Eastwood) (Con): The cabinet secretary has sought to paraphrase things that I do not quite remember saying. However, what I did in the previous session of Parliament was work extremely hard for five years at saying that we would make a success of Scotland's health service only if all the parties worked in a bipartisan way, and that that required the Scottish Government to take the initiative in working with the other parties in the Parliament. We have only until the end of this session of Parliament to do

that, after which it will be too late. However, that initiative has not been taken by the Government: it has not approached our party or the Labour Party. The Government is determined to go its own way, but it is not making a success of that.

Shona Robison: Patently, that can be refuted. I have met the Opposition parties in this session, as I did previously, and as have other SNP ministers, so what Jackson Carlaw said was just factually incorrect.

Let me look at the claim about the cost of employing agency staff in Scotland's NHS that was the basis of Ruth Davidson's attack. The NHS in England spent a staggering £3.7 billion on locum nurses and doctors last year—up £400 million on the previous year. I am clear that agency spend in Scotland is too high and we want to reduce it, but the fact remains that agency spend here is very low, at 2 per cent of the overall staffing budget. Of course, any organisation that is the size of the NHS will have occasionally to use temporary staff to fill short-term gaps in the workforce. We are working closely with NHS boards to reduce that, but the fact remains that Scotland spends, proportionally, one third of what is spent on agency staff in England. Mr Cameron would do well to heed the very wise words—which are on the record—of Jackson Carlaw when he was health spokesperson.

I also want to be clear about this Government's record on staff numbers. In Scotland, we are better equipped to deliver services than we have ever been, but there are challenges. Under this Government, NHS Scotland staffing has risen by over 11,000 staff to an historically high level. Consultant numbers are at a record high with almost 5,200 in place, which represents a 42.9 per cent increase. Nursing and midwifery staff have increased by 4.6 per cent and—let us be clear—96 per cent of medical training places in Scotland are filled, with fill rates for GP training up 4 per cent on last year.

John Scott (Ayr) (Con): On staff numbers, will the cabinet secretary note the growing difficulty in getting appointments following GP referrals in NHS Ayrshire and Arran and elsewhere, and the increasing number of times the 12-week waiting time is not just breached but utterly ignored by NHS Ayrshire and Arran?

Shona Robison: I acknowledge that posts in some specialties and posts in some geographic areas are particularly difficult to fill. That is why we talk in the national clinical strategy about the need to consider appointing specialist staff on contracts that cover more than one site; we could make it more attractive by recruiting them to a district general hospital that is perhaps linked to a teaching general hospital. We are looking at all

ways of making those posts more attractive, and we have had some success with that.

I recognise the particular challenges that we have within general practice, which is why it has been such a key focus for me personally and for the Government. Extensive efforts have been made through the primary care transformation fund: we will invest £85 million over the next three years, we are working with the BMA on a new GP contract from 2017, and we have got rid of the quality and outcomes framework and all the bureaucracy that went with it. It is absolutely unfair for Donald Cameron to claim that we have not been giving primary care and general practice the priority that they need. Of course we have.

Although we have the highest number of GPs per head of population in the UK and the number has risen to an all-time high, we recognise that we need to do more. We need more GPs—we accept that—but it is not all about securing numbers. We have increased the training places for GPs in order to grow our GP workforce. We are encouraging trainee doctors into general practice and helping to make it a more attractive option, and we are encouraging former established GPs to return to practice. We accept that we need to do more and that we need to have multidisciplinary teams around GPs. We are working to do that, but it is not simply a numbers game.

Alison Johnstone (Lothian) (Green): The multidisciplinary team will, of course, consist of midwives and health visitors. In Glasgow, the healthier, wealthier children initiative has had a significant impact on the health of people who are at risk of poverty who have received more than £11 million in benefits that they might not have known about had it not been for those well-informed midwives and health visitors. Will the Government commit to Green Party manifesto calls that that scheme be rolled out across Scotland?

Shona Robison: Yes. I very much welcome the contribution that is made by health visitors, midwives and others through the healthier, wealthier children project, which we funded. We must ensure that everybody—NHS staff and their partners in income maximisation—sees tackling health inequalities as part of their role. I can commit to supporting the roll-out of the project; we can build it in through the workforce plans. The multidisciplinary model for primary care with link workers and others lends itself well to tackling health inequalities and to income maximisation.

NHS boards are required to have the correct staff to meet the needs of the service and to ensure high-quality patient care. We are working closely with boards—and, of course, through the new world of integration—to support their efforts on workforce planning and recruitment. We will

work with the RCGP, the BMA, the RCN and others to take that forward.

We have a vision through the national clinical strategy, and I intend to introduce proposals for a regional and national planning system, in a draft national healthcare workforce plan, by the end of the year, with the plan to be published in spring next year.

Alex Rowley (Mid Scotland and Fife) (Lab): Will the cabinet secretary give way?

The Deputy Presiding Officer (Linda Fabiani): You are far too late, Mr Rowley.

Shona Robison: We will consult widely on that workforce plan, and will enshrine safe staffing in law. That is important and was in the programme for government. We have a commitment to maintain free tuition and bursaries for nurses and midwives—which, again, is something that the UK Government has ditched. In conclusion—

The Deputy Presiding Officer: Yes, please.

Shona Robison: We value the work of all our NHS and care staff, whether they originate from Scotland or elsewhere. European Union citizens working in Scotland, who account for approximately 5 per cent of the workforce, make a huge contribution. We want to do everything that we can to ensure that they continue to work here in the NHS and care services.

I hope that we have a productive and constructive debate this afternoon. I will continue to work with other parties on the NHS and our care services—but that is a two-way street. I expect other parties to come forward with constructive proposals. I hope that we hear a few more of those this afternoon than we have so far.

I move amendment S5M-01554.4, to leave out from “the serious” to “and calls on” and insert:

“the increased demands on the National Health Service, including in general practice and primary care; welcomes investment to address pressures in primary care and endorses the Scottish Government’s aim of increasing the proportion of the NHS budget being spent on primary care, community care, mental health and social care in each year of the current parliamentary session; commends the dedication of all NHS and primary care staff who work tirelessly to provide the best care possible; notes that approximately 1 in 20 of NHS Scotland’s doctors come from elsewhere in the EU, and believes that the UK Government’s reckless actions over Brexit threaten NHS Scotland’s ability to recruit health and care staff in the future; condemns the UK Government’s plans to scrap free tuition and bursaries for nursing and midwifery students in England and fully supports that both free tuition and nurse bursaries will be retained in Scotland; further notes that proposals for national and regional workforce planning for health and care will be published later in 2016, and that this will seek to give parity of status to mental and physical health; believes that the creation of Scotland’s first graduate entry programme for medicine, which will support students who work in the Scottish NHS after they qualify,

will help attract people from a wider range of backgrounds to medicine and increase the number who chose to work in Scotland’s remote and rural areas; welcomes the continuing positive partnership between the Scottish Government and the BMA that meant Scotland was the first part of the UK to abolish the bureaucratic Quality and Outcomes Framework and which will support the negotiation of a new GP contract in 2017, and looks to”.

15:08

Anas Sarwar (Glasgow) (Lab): Having listened to the health secretary, I see it becoming clearer by the day that Scotland’s NHS, the patients who rely on it and the staff who work in it are being let down by the Government and the cabinet secretary. Let us accept the reality that the NHS is already independent in Scotland. The Scottish Government sets the NHS’s budget, decides its priorities and oversees delivery, so it is time to stop attempting to shift the blame and instead accept responsibility. This Government has been in charge for almost 10 years.

Shona Robison: Will Anas Sarwar give way?

Anas Sarwar: Not just now. The crises in workforce planning have happened not despite the Government but because of the Government’s record and decisions. The cabinet secretary chooses to use Jeremy Hunt’s record as her measure of success. Is that the limit of our ambition for Scotland and Scotland’s NHS?

I give the health secretary the fact that she is better than Jeremy Hunt, but I hardly think that being the second-worst health secretary in the UK is much of a compliment. We have heard a lot today about the failures in England and Wales, but is it not surprising that the Scottish health secretary, who is responsible for Scotland’s NHS as part of the Scottish Government and as a member of the Scottish National Party, wants to talk endlessly about failures in England and not to talk about what is happening here in Scotland?

There is a reason for that. The health secretary laughs at the failures instead of taking them seriously. Patients’ treatments are being undermined and staff are being undermined, and she finds that funny.

Shona Robison: Will the member clarify whether he will vote with the Tories tonight?

Anas Sarwar: I will vote for our NHS workforce, whose members dedicate their lives to working for an NHS that the health secretary is letting down every single day. After almost 10 years of a sticking-plaster approach, we are seeing the consequences of the Government—consequences for patient care and consequences for our overworked, undervalued and underresourced NHS workforce. I ask the health secretary please not to stand here and use those dedicated

everyday heroes as cover for her failures. The Government's absolute mess in workforce planning has let those people down and they deserve more than her warm words or her fake moral outrage.

We know that all is not well in our NHS. Today, in Scotland, there are massive numbers of vacancies across health boards. In primary care and hospitals, the number of vacancies that are left unfilled by the Government is leading to the expected standards of patient care being missed, and the situation is getting worse. There are 2,500 nursing and midwifery vacancies in our NHS and the figure is going up, not down. Within that figure, there are 300 mental health nurse vacancies, although mental health services are meant to be a priority for the Government. That is a direct result of decisions that the Government has made.

When Nicola Sturgeon was the health secretary, she cut the number of training places for nurses and midwives, and that decision is now coming back to haunt our hospitals. Presiding Officer,

"This widening gap in staffing is not sustainable and puts even more pressure on existing staff who are working flat out on our wards and across communities. Nursing staff are already feeling unable to provide the care they would like to and in fact the last NHS staff survey showed that only a quarter of nursing and midwifery staff feel that there are enough staff to do their job properly."

Those are not my words but the words of the Royal College of Nursing in Scotland. What are the consequences of that failure? More stress and strain on our already overworked and overstretched NHS staff. One in 20 of our NHS workforce is off sick at any one time, which is the equivalent of six MSPs being off sick indefinitely. We would not accept that as tolerable in our place of work, so why is that acceptable in our NHS workforce?

What has that situation meant? It has meant a massive rise in private agency spend. The use of private agency nursing has increased by 600 per cent across the country and risen by 1,000 per cent in the cabinet secretary's area. Last year, £25 million of taxpayers' money was spent on that because the Government cannot do its job properly.

The situation with GPs is no better. Our primary care sector, which for most people is the front line of our NHS, is in crisis. Every day, we hear of the challenges that our GPs face, which are a direct result of the decisions that the Government has made. There has been £1.6 billion of cuts in primary care, with the consequence that one in four GP practices is reporting a vacancy; one in four GP training places is unfilled; there is a record number of early retirements—277 in NHS Greater Glasgow and Clyde alone; practices are closing—17 have closed in NHS Greater Glasgow and

Clyde alone; and too many GP practice lists have been closed. I notice the silence when the Government is presented with the hard facts.

GP practices are increasingly turning to locums for cover, but some cannot secure the locums that they need. According to the RCGP, there is a desperate need for an additional 830 GPs by 2020 to meet demand. The Government has taken too long to recognise that it has a problem and it is now not doing enough to solve the problem.

The mess does not stop there. We have more than 400 whole-time equivalent consultant vacancies in our hospitals, which is directly affecting patient care.

Joan McAlpine (South Scotland) (SNP): Will the member take an intervention?

The Deputy Presiding Officer: The member is concluding, Ms McAlpine.

Anas Sarwar: The mess in the NHS is of the Government's making. We have a complete and utter failure to do proper workforce planning: nursing vacancies are up; midwifery vacancies are up; GP vacancies are up; consultant vacancies are up; waiting times are up; and private agency spend is up. The crisis in the workforce means that the situation is no longer sustainable. It is time that the cabinet secretary listened, woke up and acted for the NHS.

I move amendment S5M-01554.2, to insert after "short-staffing":

"notes the 2,500 nursing and midwifery vacancies, including more than 300 mental health nurse vacancies, and the recent RCN survey, which recorded 9 out of 10 nurses reporting that their workload has got worse; further notes the 1 in 4 GP practices reporting a vacancy and the call by the RCGP for an additional 830 GPs; condemns cuts to local services, which are placing even greater pressure on NHS staff; further".

Shona Robison: Not one idea.

Anas Sarwar: You are in government.

The Deputy Presiding Officer: Could I have some quiet and respect for the back benchers who are about to speak, please? [*Interruption.*] I said please; I may not next time.

We move to the open debate, with speeches of about six minutes. The timing is fairly tight. I call Ruth Maguire, to be followed by Brian Whittle.

15:15

Ruth Maguire (Cunninghame South) (SNP): I welcome the opportunity to speak about the crucial issue of health. I recognise the challenges in our national health service. Importantly, I also recognise the responsibility that we all have to work constructively to tackle the challenges—

some of today's language has not really contributed to that.

Staffing numbers are important: the link between safe and sustainable staffing levels and high-quality care is well established. I welcome the Scottish Government's commitment to enshrine safe staff levels in law, work on which will begin this year, as well as the cross-party support for such a move.

On staff recruitment and retention, I would gently ask members to reflect on the importance of highlighting, where we can, areas of good work and practice. We should perhaps ask ourselves whether if that all folk hear is cries of doom, gloom and crisis it is likely that they will want to work in the area. Perhaps a constant narrative of only what is wrong damages more than it fixes.

We know that an ageing population is a major issue facing the NHS. As our population lives longer, people's health and social care needs grow greater for longer periods in their lives. However, with the health of all citizens being so inextricably linked to their socioeconomic situation, perhaps an even bigger issue facing our NHS is deep-seated health inequalities. Those inequalities stem from wider issues of generational poverty and deprivation, with whole communities experiencing poor health and prolonged issues.

Such inequality is brought into sharp focus in looking at life expectancy figures in my constituency of Cunninghame South. The highest rates of male life expectancy—about 84 years of age—are found in Whitehurst Park in Kilwinning; the lowest rate occurs in Fullarton in Irvine, where life expectancy for new-born males is 66 years of age. There is a difference of 17.5 years, but the communities are only a short distance apart—about 5 miles or so.

We need to be very clear that providing the healthcare system to which we all aspire requires much more than increased staffing levels and a fixation on numbers. The Scottish Council for Voluntary Organisations has said that the challenges of historic and deep-rooted health inequalities

“can only be met by switching focus to preventative methods, tackling economic inequality and empowering people to make choices about the care they receive.”

That is exactly what our new health and social care partnerships aim to deliver. They represent a radical integration of health and social care—perhaps the most radical reform in healthcare in Scotland since the formation of the NHS.

As well as better addressing the needs of older people, who are major users of health and social care services, a shift to community services paves the way to empower a truly community health service. Working with integrated authorities, social

care, community care, primary care and general practice will deliver the reforms needed for successful community health services.

Supporting the shift in the balance of care away from acute settings towards primary and community care is not just about access to GPs, but about access to multidisciplinary teams of professionals centred around those GPs. It is about raising awareness of where the right place is to get help and managing pressures on GPs and hospitals. I welcome the Government's commitment to recruit up to 250 community link workers to work in GP surgeries during this session of Parliament.

Returning to my constituency, I will highlight some recent good work by our health and social care partnerships. The Kilwinning locality planning forum has identified the following priorities: to engage with local early years nurseries to hear direct from parents; to introduce GP visiting sessions in local nursing homes; and to make occupational therapy advice available in the local pharmacy.

Irvine locality planning forum has prioritised addressing issues of social isolation, which we know impacts on people's health; improving low-level mental health and wellbeing, particularly among young people; and improving access to local physiotherapy for those with musculoskeletal concerns. Those are locally agreed priorities and actions, and that is a new way of working in and with the community, so I look forward to watching progress on that.

Much of today's debate will focus on our health staff and will highlight the important role that those workers play in society. In commending the dedication, professionalism and commitment of those workers, I would like to mention the contribution of EU citizens to that workforce. As the cabinet secretary said, a considerable number of our workers come from elsewhere in the EU, with 14,000 such people working in our health and social care sector. We greatly value the work of EU citizens in the NHS and social care, and across Scotland—their contribution to our society is valued. I look forward to continuing to support the Scottish Government as it works to ensure that their rights and their place in our nation and our NHS workforce are protected as we continue to develop and improve Scotland's health service.

15:20

Brian Whittle (South Scotland) (Con): It was interesting to hear the Cabinet Secretary for Health and Sport pretend to support cross-party collaboration and then accuse Labour of perhaps voting with us—we can draw our own conclusions as to her sincerity.

I spent the parliamentary recess researching health inequality, its causes and the long-term solutions. I had the opportunity to speak to many organisations that have knowledge of the topic, including medical organisations such as the British Medical Association, the General Medical Council, the Scottish Association for Mental Health and the Royal College of Midwives. Those conversations highlighted several issues that are directly related to health inequality and its implications for the NHS workforce.

Shortages in GPs, nursing staff, mental health specialists and consultants were a consistent theme. For example, we have a chronic shortage of midwives in many areas across Scotland, but vacancies for newly qualified midwives are not being properly advertised or filled. According to the Royal College of Midwives,

“It seems that a lot of the midwives have been offered Bank jobs instead of substantive posts. They should have been offered permanent posts so it is a bit of a fudge”.

Many midwives are set to retire in the next few years yet, at the same time, many of Scotland’s newly qualified midwives are looking elsewhere to build their careers thanks to a lack of opportunity and, crucially, job security in Scotland. We need them to work in our NHS.

In primary care, GPs are the front line, not only for treatment but for health education and tackling health inequality. If we get the right support and resources to our GP practices, they can take pressure off secondary healthcare. The Scottish Conservatives whole-heartedly support turning GP surgeries into community healthcare hubs, where not just GPs but a range of expertise in areas such as mental health, physiotherapy and nutrition are under one roof. That would allow patients to receive more targeted treatment faster, thereby reducing the need for secondary treatment at hospitals.

Healthcare professionals tell us that what they want most is to have the time that they need to treat their patients without feeling like they are watching the clock. Time is the reality of what we are debating today—time for those professionals to be able to make a longer-term, substantial and ultimately more beneficial intervention for the patient. Consistent and sustainable staffing and retention speak directly to increased time with patients.

As I have already discussed in the chamber, preventable disease costs our NHS in Scotland several billion pounds a year and a monumental amount of time. According to many in the health service, the epidemic of preventable disease is the greatest danger to the survival of our NHS in the next 20 or 30 years. The Government and the Parliament need to start paying better attention to that. Type 2 diabetes, which is linked to obesity

and inactivity and which is an increasing cause of amputation and blindness, costs our NHS over £1 billion a year, which is 12 per cent of the Scottish health budget.

Osteoarthritis and other musculoskeletal conditions, which are exacerbated by obesity and inactivity, cost some £354 million a year in Scotland. There is a rise in poor mental health but, according to mental health organisations such as SAMH, that can often be prevented by encouraging lifestyles with greater physical and mental activity and by fostering a culture of inclusivity. Heart, chest and stroke conditions, which continue to be a major cause of deaths in Scotland, are again often linked to inactivity and obesity.

Despite consistent investment and a real desire to tackle the issues, health inequality and the attainment gap continue to grow. Albert Einstein said that

“We can’t solve problems by using the same kind of thinking we used when we created them”.

yet for years Governments of all stripes have taken an attitude towards the NHS that has focused on doing more of the same with added money.

The health of the nation does not exist in a vacuum. It will take collaboration across the chamber and across portfolios to effectively set a path to a healthier Scotland. Without the development of a structured and progressive active healthy lifestyle programme that is accessible to all, health inequality cannot be overcome and therefore the attainment gap cannot be closed.

Lack of understanding regarding the choices available, lack of finance, disability and being a member of the lesbian, gay, bisexual, transgender and intersex community are among the many issues that are cited as barriers to participation in an active lifestyle. The Parliament can start to remove those barriers. We can take the hard decisions, thinking longer term, or we can decide that the issues are too difficult to tackle—because we do not quite understand them, because we have an election to think about or perhaps because we have a constitutional issue to chew on—and leave them for the next Parliament to deal with.

Maree Todd (Highlands and Islands) (SNP): Will Brian Whittle consider the effect of the welfare reform measures that the UK Parliament brought in on the very groups that he just mentioned, and the fact that health inequality, which he is alluding to, is related to wealth inequality?

Brian Whittle: I note with interest that the SNP throws the issue down to Westminster again.

Larry Page, the Google founder, said:

“if you choose a harder problem to tackle, you will have less competition.”

This Government’s insistent tinkering round the edges of the health of our nation reminds me of a quote by Montgomery Scott, the chief engineer of the Starship Enterprise. He said:

“The more they overthink the plumbing, the easier it is to stop up the drains.”

This Government should stop what it is doing. It is not working; the plumbing is backed up and the Government should do something better. The Scottish Conservatives commit to giving our health service the resources and structure that are needed to recruit and retain a workforce and allow it the time to take the lead in tackling preventable conditions, so that we can once and for all shed the unwanted tag of being the sick man of Europe.

15:27

Sandra White (Glasgow Kelvin) (SNP): As other members have done, I recognise the demands that are being put on the NHS, including primary care and general practice, and I commend all the workforce in the health service—and I mean all the workforce, from porters and domestic staff all the way up. Without them, the health service would not be able to work and I thank them all for their hard work and dedication.

When I read the Tory motion I had to shake my head. The party across on that side of the chamber supports an austerity agenda that has led to massive budget cuts that directly affect our most vulnerable people. At Westminster, that party is presiding over the biggest-ever crisis in the health service in England. Thank goodness that it is not in charge in the Scottish Parliament—that is one thing that we desperately do not need.

The Tories and Labour—I will come to Anas Sarwar’s speech shortly—do not like to be reminded of various things that are happening, but it is worth setting out the differences between the health service in Scotland and health services in other parts of the UK. Scotland’s core accident and emergency departments have outperformed those in the rest of the UK for the past 17 months—that is a fact. If Scotland’s GP ratio was the same as England’s, we would have 931 fewer GPs, which would be a reduction of 19 per cent—that is a fact. Indeed, we have the highest number of GPs per head of population—that is a fact. Agenda for change staff are better paid in Scotland than they are anywhere else in the UK—that is another fact. The entry pay band is £881 more than it is in England, and it is £1,300 more than it is in Northern Ireland—that is a fact. We have maintained a no compulsory redundancies policy—that is a very important fact—whereas in

England there have been 19,650 compulsory redundancies since 2010. That is the reality of the NHS under the Tories.

Liz Smith (Mid Scotland and Fife) (Con): Will the member take an intervention?

Daniel Johnson (Edinburgh Southern) (Lab): Will the member take an intervention?

Sandra White: No. I want to come on to Anas Sarwar’s speech. I will not take any lessons from the Labour Party. When it represented the people of Glasgow—including its most deprived areas—in Westminster, at Holyrood and in the council it did not improve one thing. I will not take any lessons from Mr Sarwar.

I want to look at the bigger picture across Scotland than some members have touched on. I believe that the SNP Government and previous Governments—Administrations, as they were called then—did their best to lead the way on preventative measures. The SNP has picked up on that very well, because prevention is the best way forward. It might not get a result tomorrow but, in the long run, it is the best way forward.

Let us look at some prevention measures. There is the breast screening programme for 50 to 70-year-old women every three years—even women who are over 70 can self-refer to the programme. The bowel screening programme, which I was delighted to help launch with Alex Neil when he was the health secretary, has been a fantastic success.

I see that Mr Sarwar is his usual ignorant self, turning his back to the Presiding Officer in the chair. Perhaps the Presiding Officer would like to say something, as I note that he is not interested—

The Deputy Presiding Officer: That is for me to decide.

Sandra White: I point that out for you, Presiding Officer.

Routine cervical screening for 50 to 64-year-old women, every five years, has also been a fantastic success. There is a flu immunisation programme and a new screening service for abdominal aortic aneurysms, which is fantastic as well. It is all about prevention.

Let us not forget one of this Scottish Government’s really great success stories: the free school meals programme, which is doing a fantastic job in ensuring that kids who come from areas that cannot afford it are getting a nutritious meal. We should all be very proud of that. It is helping to reduce poverty and to improve diet as well.

As others have done, I would like to mention a couple of organisations. The SCVO, which Ruth Maguire mentioned, said:

“Preventing problems from degenerating into crises, or preventing problems arising in the first place, should remain a priority, given that it delivers better outcomes for the people who use services and also saves the public sector money.”

The RCN mentioned the fact that

“Community, health visiting and district nursing teams offer core health care services across communities, delivering care to people of all ages in their homes and local areas. The Scottish Government is already investing in health visiting which provides universal services for children up to the age of five.”

I think that that is a pretty good success story.

15:32

Neil Findlay (Lothian) (Lab): I declare an interest as both my wife and daughter work for the NHS.

Every day, we see and hear of our NHS and social care system coming under huge and increasing pressure. We have a GP crisis—one that is coming but one that is here now. Is it really a surprise to learn that, if you cut the GP budget and leave the service short of almost 1,000 doctors, you end up in the state that we are in, with 39 practices with closed or restricted lists in my region, Lothian?

Is it a surprise that we hear from nurses, mental health professionals, clinicians, physios, occupational therapists and so on the same plea for someone—anyone—to address the staff shortages that they are all experiencing? All those people have a burning desire to do their best for the patients they care for, but all the while they are being worn down by pressures, shortages and the decline in staff morale while their services are propped up by agency staff, locums, bank staff and the private sector.

My fear is that that is only going to get worse. I spoke to NHS Lothian today and it is trying to find £90 million of so-called savings, and next year it will be £60 million. That is a 6 to 7 per cent cut, year on year, yet the Government claims that it is not cutting NHS budgets. However, if health inflation is 6 per cent and boards are getting increases of only 1.7 per cent, that is surely a cut.

Shona Robison: Will the member give way?

Neil Findlay: I will give way to the cabinet secretary if she can tell me where the boards are going to get that money.

Shona Robison: We have been very clear with boards, and many of them have already maintained the same level of alcohol and drug funding, and we are working with the others to

ensure that the level of service continues. Many boards have already done that, and I hope that NHS Lothian follows suit.

Neil Findlay: NHS Lothian told me today that it has no money to fill that gap in its budget, and I absolutely understand why.

One of the most pressing areas of concern is mental health provision. This year, NHS Lothian reported that only 44 per cent of patients who needed psychological therapies had been seen within the 18-week waiting time, and that 126 people had to wait for over a year. I have had constituents wait up to 380 days for post-diagnosis dementia support. Further, this week, we saw the health survey that showed the link between deprivation and poor mental health.

That gets to the crux of the issue: the health inequalities that scar our country. I see no concerted cross-Government effort to address that issue. Where is the redistribution to eliminate the root cause of health inequality, which is poverty? Why do we see councils that are in the front line of that fight having their budget slashed? I did not hear Sandra White mention that Glasgow City Council has got one of the worst local government settlements of any council in the country. How will that address health inequality?

Sandra White: Just to correct the member, Glasgow City Council has the highest investment of any mainland council. Perhaps if the member's Labour colleagues on the council spent that money on things that help people in need, they might get somewhere.

Neil Findlay: What a pathetic response. Sandra White is supposed to be representing the great city of Glasgow in this chamber and demanding more resources for her constituents, but she is overseeing a crisis in local government in the city. That is what she is doing.

Where are the policies that will put meaningful, long-term and sustainable resources into those communities? To take an example from my region, why is the Blackburn local employment scheme—an employment scheme for young people in one of the most needy communities in the region—threatened with closure because of cuts to the schools budget? What impact will that have on the health and wellbeing of young people in that area? Is it not a scandal that the cabinet secretary who is responsible for that project, Keith Brown, will not even meet me and the people who run it to discuss the issue? Last week, I got a letter from him refusing such a meeting.

The Parliament has powers to raise funds and end the cuts. The Government is making the political choice not to do so, and the healthcare system is suffering as a consequence.

The biggest failure of all is in social care. Last week, the Health and Sport Committee heard from 25 social care workers, and their words should make us all sit up and take notice.

Shona Robison: Will the member give way?

Neil Findlay: No, I am in my last minute.

The social care workers said that they do not feel valued by society or their employers, although they feel valued by their clients; that there are never enough staff; that they do not get paid for travelling time or for gaps between visits; that some of them have to buy their own uniforms and pay for their own mobile phone calls; that, in the opinion of many of them, induction training is patchy at best; and that they did not know who supports the carers' wellbeing, which was an issue because many of their colleagues suffer from the effects of drugs, alcohol or depression. Quite rightly, they asked how on earth we are going to attract the carers of tomorrow on the terms and conditions that are currently received.

Finally, I had hoped that, in this debate, the Tory party would have shown some uncharacteristic humility. However, members of the party that has cut public spending with relish, who have cheered on David Cameron and George Osborne's every budget, now have the brass neck to come to the chamber and pose as the great defenders of the NHS. In moving the motion, Donald Cameron should have had the common decency at least to look embarrassed.

15:39

Gil Paterson (Clydebank and Milngavie) (SNP): Only last week, I spoke in a Labour debate on local health services, which in itself was a bit ironic. However, today's debate is something else. We are here to debate a so-called national health service crisis.

I should really take the opportunity to check that today's debate is not meant for Westminster. I need to check because the words "crisis" and "no confidence" in Donald Cameron's motion are the words that are being uttered by patients, families and professionals about the current situation in NHS England, which is run by his Tory colleague Jeremy Hunt.

However, hold the presses—the Tories came across a report showing, according to Ruth Davidson, that NHS Scotland is facing "pockets of meltdown". The report linked to an article that stated that

"hospital accident and emergency performance is now the worst it has ever been"

and to another story that said:

"we ended last financial year with trusts reporting the largest deficit in NHS history".

That does not sound good at all for Scotland.

As the cabinet secretary said, out of the 94 hospitals that are covered in the report, only three are in Scotland, namely, Aberdeen royal infirmary, Ninewells hospital in Dundee and Raigmore hospital in Inverness. What the cabinet secretary did not say is that the accident and emergency performance levels for the areas in which those hospitals are located are 96.7 per cent for NHS Grampian, a phenomenal 99.2 per cent for NHS Tayside and 97.5 per cent for NHS Highland. The core A and E performance for Scotland overall in June was 95 per cent compared with under 86 per cent in Tory-run England, and under 79 per cent in Labour-run Wales. Overall, Scotland's core A and E departments have outperformed the rest of the UK for the past 17 months.

Alex Cole-Hamilton (Edinburgh Western) (LD): Will the member take an intervention?

Gil Paterson: You would have a cheek. Oh, my apologies. I mistook you for a Tory—carry on.

Alex Cole-Hamilton: That has never happened before. I thank the member for giving way.

How does the constant misdirection to what is happening in other parts of the United Kingdom make up for the fact that there are patients languishing on waiting lists and in hospitals in the jurisdiction where Gil Paterson's party has been in power for the past 10 years?

Gil Paterson: As my colleague pointed out, thank God it is us in power, because your record is the statistics that I am citing. It does not matter what performance indicator we look at; the Scottish Government outperforms any other, including your own.

The headline of the story about the aforementioned deficit reads "NHS hospitals in England reveal £2.45bn record deficit". The original reference to meltdown is targeted at Tory-run NHS England, but here we are debating a report that has no relevance in Scotland.

I agree with the motion in commending the staff across NHS Scotland for their hard work and dedication. During the term of this Government we have seen our staff ensure that our hospitals are cleaner and safer. There have been major reductions in the number of hospital-acquired infections since 2007. The number of cases of *Clostridium difficile* in patients aged 65 and over has reduced by a whopping 86 per cent, and the number of cases of MRSA has reduced by 87 per cent. NHS Scotland has one of the safest healthcare systems in the world, with record low infection rates and an internationally recognised patient safety programme.

In primary care, I am proud to say that my constituency has benefited significantly from big investments in the Golden Jubilee hospital. As a result of the tremendous effort on the part of many people, the previous finance secretary, who played no small part in that effort, was able to announce that a new, much-needed health centre in Greenock will be built. That is not in my constituency, but a new Clydebank health centre that is in my constituency will be built as part of a combined capital investment of £38 million.

Neil Findlay: Will the member take an intervention?

Gil Paterson: No, thanks.

That will allow the continuation of community health services in Clydebank. With mental health provision high on the Government's agenda, I understand from NHS Greater Glasgow and Clyde that primary mental health services will form part of the new health centre, which will be the focal point for primary healthcare in Clydebank. For me, that only adds to the evidence of the importance of this area to the SNP Government.

Despite those positive results and the steps that have been taken by our NHS, Tories both here and in Westminster, through narrow-mindedness and self-interest, have taken Scotland into uncharted waters. With approximately one in 20 of NHS Scotland's doctors coming from elsewhere in the EU, the Tories are threatening our NHS not just through front-door cuts to Scotland's budget but via the back door using Brexit, which threatens our ability to recruit health and care staff in the future.

For the Conservatives to hold this debate on health is a bit rich and there is a considerable dose of Tory brass neck in calling it today. I commend the cabinet secretary's amendment to the Parliament.

The Deputy Presiding Officer: I remind members that, in all contributions, they should speak through the chair. I call Jamie Greene.

15:46

Jamie Greene (West Scotland) (Con): From listening to the speeches today, it sounds as though Sandra White and her colleagues on the SNP benches really like facts, so here are some facts—there are shortfalls in GPs; consultant vacancies are up; nursing vacancies are up; and agency use is up. The problem is that those are facts that the SNP members do not like and do not want to listen to.

I would like to talk about what really matters in this debate—the people. The people who are involved in this complex, ever-growing and ever-demanding system are the ones who are really

affected by the decisions that we make in this Parliament and by the decisions that are made by the health authorities that manage those services. Those people are patients; they are also nurses, doctors, GPs, consultants and locums. They paint a picture of the NHS in Scotland today.

I will focus much of my speech on the area that I represent, West Scotland, because it is the people there who write to me to tell me their frustrations, their woes and their battles.

Before we look at the areas where there is much work to be done, it is entirely right and appropriate to pay tribute to the staff who work in the NHS, for often as we stand here and debate and discuss the bigger picture, they are looking after our friends and parents, sons and daughters, neighbours and colleagues. My region is primarily looked after and covered by NHS Greater Glasgow and Clyde and by NHS Ayrshire and Arran. I am deeply troubled by many of the statistics that I read, and I am deeply troubled by the stories that I hear from the people who have contacted me in my short time as an MSP.

I have three areas of concern. The first is waiting times and targets. In NHS Ayrshire and Arran, psychological therapy waiting times have been sitting at 73 per cent of people being seen within 18 weeks, where the target is 90 per cent. What does that mean? It is not just a number—those are people who are waiting to see a specialist for things such as cognitive behavioural therapy or talking therapies; those are people who may be suffering from depression or addiction.

The overall 18-week referral-to-treatment target is 90 per cent, but it is currently being met just 74 per cent of the time. In Inverclyde, one constituent who contacted me a few weeks ago said that she was told of a three-month wait for a mammogram after telling her doctor that she had discovered an unusual lump—three months of worry and distress. After persisting in daily phone calls to Inverclyde royal hospital, she managed to get an earlier appointment, but it should not have to be a case of he who shouts loudest gets an appointment.

My second area of concern is vacancies. The vacancy rate for consultants in North Ayrshire and Arran is double the Scottish average, at 16 per cent. Just yesterday, as I walked to the chamber, I chatted with the people from the Parkinson's UK charity at their information stand just metres away from here. They told me that in Ayrshire, there is just one single Parkinson's consultant when there should be three. I was told about people who have been waiting 18 months for an appointment.

The vacancy rate for consultants in that health board area is 25 per cent for cardiology, 50 per cent for orthodontics, 22 per cent for child and

adolescent psychiatry specialists, and a staggering 35 per cent for geriatric specialists. Those are very high vacancy rates. I accept that those are specialist areas and that recruitment can be difficult in certain parts of Scotland, but more ought to be done.

Shona Robison: Will the member give way?

Jamie Greene: I would like to make some progress, please.

It is clear that a culture of poor workforce planning is contributing to the staffing bill. Temporary staff are not just an occasional requirement, as the cabinet secretary claimed in her opening speech.

A third important area in the west of Scotland is wellbeing. The results of the 2015 Scottish health survey, which were released yesterday, show that pitiful progress has been made. Two thirds of Scots are classed as overweight, with 28 per cent classed as obese. Very little has changed in seven years.

The same survey shows that 21 per cent of Scottish adults smoke, whereas the figure is 17 per cent for England. A quarter of Scots are classified as drinking to harmful or hazardous levels, and alcohol-related morbidity has increased. The new Scottish index of multiple deprivation data has shown that, in my area, Greenock and Paisley have been consistently among the 5 per cent most deprived areas in Scotland since 2004.

What has the SNP Government done to tackle those issues in nine years? As the Scottish Conservatives pointed out yesterday, areas across Scotland have experienced very little improvement in wellbeing. In addition, we have a First Minister who, as Cabinet Secretary for Health and Wellbeing, made decisions that resulted in the current crisis, and yet she still refuses to take personal responsibility for the very issues that we are discussing today.

There is a £69 million black hole in the funding for NHS Greater Glasgow and Clyde, and a £30 million black hole in the funding for NHS Ayrshire and Arran. Both those health authorities have major on-going problems with delayed discharge, and thousands of bed days are lost each month.

Although this debate will focus on politics and policy with regard to the NHS, I sincerely hope that it is the voices of the people of Scotland, who are suffering after nearly a decade of the SNP being in power, that we listen to the most.

15:52

Alison Johnstone (Lothian) (Green): We in the chamber agree that the NHS faces serious

workforce challenges, and it is vital that workforce planning is thoroughly scrutinised. We agree that no part of our health service is more valuable than its dedicated staff.

However, the challenges that we face should not be underestimated. Audit Scotland tells us that there will be a 50 per cent increase in the number of people aged 75 and over by 2030. It is essential that workforce planning properly anticipates those pressures and that our approach to an ageing society is positive and focuses on enabling people to maintain dignity and independence in old age.

My party supports parity of esteem for mental and physical health, and we support the balance of care shifting towards preventative spending. However, we cannot look away from the injurious effects of cuts to local and national Government budgets. Cuts cannot deliver a properly resourced system of community-based care and social care, so we have to use all the powers that this Parliament has to challenge those cuts.

Conversations about an ageing society should not obscure the fact that too many people in Scotland are not living longer. There is a huge disparity in average life expectancy between the most and least deprived parts of Scotland—as Ruth Maguire pointed out—and the parts of Scotland where staff and resources are under the greatest pressure are often badly affected.

We must not let conversations about an ageing population divert our attention from the wealth of compelling evidence that shows the benefits of early intervention and spending on the early years. In March this year, the centre for research on families and relationships, which is a consortium involving seven Scottish universities, published a paper on financial vulnerability, which was a clarion call for the Scottish Government to do stuff that works.

Earlier, I mentioned the healthier, wealthier children project in NHS Greater Glasgow and Clyde, which has been shown to put money into families' pockets: in six years, there has been more than £11 million extra in benefits for thousands of pregnant women and their families. It will take focused workforce planning to ensure that we have sufficient numbers of midwives and health visitors with enough time to deliver such projects, but I welcome the cabinet secretary's assurance that the initiative will be rolled out across Scotland. I also draw her attention to the impact that workforce shortages have on unpaid carers. Young carers in particular deserve the financial support that our young carers allowance proposals could provide.

The ambitions for the integration of health and social care are clear. We all want services to work in a joined-up way, but the workforce planning that

is required is complex. By working with organisations such as the BMA, the Royal College of General Practitioners and the RCN, we must ensure that the models that we use are the right ones. As we have heard, the RCGP estimates that, by 2020, we could have a shortfall of 830 GPs. That is why I give my full support to the college's call to increase the proportion of NHS spending on general practice to 11 per cent. A third of GP practices across NHS Lothian have been forced to restrict their lists and, in some parts of Edinburgh, up to half the surgeries are unable to register new patients. We are all aware of the challenges.

I acknowledge that some good steps towards improving GP recruitment and retention have been taken. I welcome the new GP training bursary and the new graduate school of medicine, but those actions are long overdue. Yesterday, as we have heard, Dr Elaine McNaughton from the Royal College of General Practitioners gave evidence to the Health and Sport Committee. She argues that professionals have spent 10 years highlighting the retirement bulge.

Recent studies show that widening access to careers in medicine can improve the care that we provide to communities that are typically underserved and underresourced. I call on the Government to ensure that a more diverse range of young people are able to enter health professions, and I acknowledge that the need for that is recognised in the Government's motion. Flexibility around university entry requirements is another way to deliver a more diverse body of medical graduates.

In addition, we badly need to do more to retain the doctors who are trained in Scotland. I welcome the 27 per cent rise in the number of junior doctors who are applying to train here, but we cannot deny that many of the doctors whom we train relocate. We need to have a realistic approach to workforce planning that acknowledges that complexity.

That highlights the need for welcoming and inclusive immigration policies in Scotland, and I am deeply concerned about the impact that withdrawing from the European Union could have on our ability to recruit and retain health and social care staff. That is why it is surprising that a motion on staffing problems in the NHS has been lodged by a party that has done so much to jeopardise the careers of doctors, nurses and social care staff from the EU who have given so much to the NHS, but who now have no certainty over whether they can remain here.

When a Conservative UK Government is overseeing a deterioration in services in the English NHS, which, in the words of Chris Hopson, the chief executive of NHS Providers,

"is increasingly failing to do the job it wants to do, and the public needs it to do, through no fault of its own",

and when junior doctors in England have felt compelled to strike, I find Donald Cameron's motion rather unhelpful. Moreover, the motion invites the Parliament to express

"no confidence in the Scottish Government's workforce planning",

yet it

"calls on all parties to work together".

In my view, it sends a mixed and unhelpful message and provides no answer to the crisis.

The RCN has called on

"all stakeholders, including politicians and health care professionals ... to put vested interests to one side and work together for a common cause—to ensure our NHS is sustainable for the future."

I believe that that is the approach that we must take. If we do not, we will not be able to develop and deliver a sustainable and responsive health and social care service.

15:58

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I will start on a note of consensus, with which I hope that everyone agrees. There is not a party or a person in the chamber who would say that we should scrap the NHS and have something different. We are having a debate about how we all wish to improve the performance of the NHS to support the people in our country with a free-at-the-point-of-need health service. That is very much the Chinese model of providing healthcare, which goes back thousands of years. People only paid their medical practitioner when they were well, and they had access to their skills when they were ill. In essence, that is what our NHS is about.

The history of how we got here is a long one. If we look at death records from the Victorian era, we find that around 50 per cent of them show that the person concerned died without any medical attendant certifying the cause of death. Access to health services 150 years ago was a privilege available only to the few.

In 1911, Lloyd George introduced an old-age pension for the first time, and that started to lay the basis for the provision of support to people who could not necessarily afford to provide it for themselves. I should also say that my Aunt Stewart registered as a nurse in 1923, a year after the establishment of the nursing register, and her sister registered a year later.

In 1945, my father, at the rather elderly age of 41, graduated—

Neil Findlay: Will the member give way?

Stewart Stevenson: I will, if the member wishes.

Neil Findlay: Perhaps every time the member gives this speech, he should alert me and Jackson Carlaw so that we can leave the chamber. We have heard it umpteen times before, but I am sure that it will entertain the new members. [*Laughter.*]

The Deputy Presiding Officer (Christine Grahame): That was a cruel intervention.

Stewart Stevenson: I thought that it was one of Mr Findlay's kinder interventions; after all, he is a man not known for his passivity in engaging with his opponents. Indeed, I welcome his hostility, as it is a clear indication that I am on the right path. [*Laughter.*]

My father graduated MB ChB in 1945 at the relatively advanced age of 41. That was, of course, before the health service was established. He very much welcomed its establishment; he was the traditional old-style GP whom we used to have in the 1950s and 1960s. The front room of the house was the surgery; there were no ancillary staff; his working hours were 7.30 in the morning until 9 o'clock at night; and the range of services he provided and the skills he had were probably substantially fewer than those of a nurse practitioner in today's GP practices. We have come a very long way indeed.

In fact, when I worked as a nurse in 1964, our staffing levels were substantially worse than they are now. I remember one weekend when we worked 13 hours a day on Saturday and Sunday, and there were only two of us on duty in the ward when there should have been six. That was not an uncommon occurrence. Things have therefore got better, although they are yet to achieve perfection.

We have an ageing population. I am not, thanks to Gil Paterson, the oldest person speaking in the debate, but I am one of those who might reasonably expect in the near future to make greater calls on the health service. Like many of my age group, I am benefiting particularly from screening programmes, most recently in my case—and I know that everyone in the chamber wants to know this—from bowel screening. Details will be available at the back of the chamber later. Of course, my wife and others of her age group have for many years experienced different kinds of gender-related screening that are appropriate to them. Brian Whittle is absolutely right: preventative care is a very important part of achieving health for us.

I want to say a word or two about rural services, given that much of my constituency is essentially rural. When I first got elected in 2001, I found it impossible to get either an NHS dentist or even a private dentist, such was the shortage. Now we have a good dental health service, partly because

of the actions of the previous Administration, which have been continued and supported by the present one. However, that service is threatened by Brexit, because most of the new dentists come from Poland. They are excellent dentists, and they are highly respected and valued by people in their communities. That pattern is, of course, repeated across the country. I should also say that my first dentist was unqualified, so it is clear that we have made enormous progress in dentistry, too.

It is worth saying that although we have many more GPs, it is increasingly difficult to get them to work in rural practices. The work is harder and more diverse, and it takes more time. I therefore very much welcome the support that has been given by NHS Grampian and the Government in looking for more GPs to work in rural practices. I am thinking in particular of GPs who are in training; we have training practices, and those GPs learn a lot and realise that living in a country location is good for their personal, mental and physical health and presents an opportunity to support people in communities right across rural areas.

I will say a final thing—

The Deputy Presiding Officer: A very brief final thing.

Stewart Stevenson: Let us get the Tories really on message on preventative care and get them supporting minimum pricing for alcohol. That would be a good start.

I could give members another dozen examples if I had time.

16:05

Daniel Johnson (Edinburgh Southern) (Lab): I follow Stewart Stevenson with a little trepidation. I do not know quite how I will follow that speech, but let me make an attempt.

When we think of a doctor, we think of a GP. We can all picture ourselves in the GP's office sitting perhaps with a degree of trepidation waiting for an injection; with a degree of hope that he will put our mind at rest because the symptoms that we have worried about for the past few months are not as bad as we feared; or maybe with frustration, trying to hold down our child as the GP takes his temperature. The reality is that the family doctor—the GP—is the guardian of our health service, and we love the health service. It looks after us and our families. Our GPs are the gatekeepers to access to the health service and provide continuity of care.

Indeed, GPs are the future of the NHS. We have heard a lot so far in the debate about the integration of services and preventative therapies. Alison Johnstone was right to point out the

pressures and requirements that an ageing population will place on primary care. Those things take resource or—if we do not wish to use the euphemism “resource”—money and people.

We have talked a lot about facts. It is a fact that the RCGP has estimated that, in real terms, funding for primary care has fallen by more than £1 billion. I welcome Shona Robison saying that primary care is her top priority, but in reality, the proportion of spend on primary care has fallen from 9.8 to 7.6 per cent, and a quarter of GP vacancies are unfilled. Although the 4 per cent increase in GP training places that are being filled is welcome, that only takes the figure up from a third of places being unfilled to 69 per cent being filled. That is not really a record to be proud of.

It is easy to trade telephone number statistics and try to claim that there are billions of pounds-worth of investments or cuts, but the reality is that, in primary care, there are difficulties in getting appointments and even—for someone who is moving to a new area—in registering for a GP. That leads to pressure on acute care and in our hospitals.

To try to get to the realities and because I wanted to do something, I held a summit with local GPs and health board officials. I probably wanted to be reassured that things were not as bad as we politicians were making out. I hoped to be told, “Well, there are facts, but don’t worry too much,” but it was worse than that: local GPs and health board officials used the word “crisis” more than I did.

Members may all be aware of the Southside surgery situation, which has hit the headlines recently. That surgery faced retiring partners, ageing patients, expensive locums backfilling vacancies and unaffordable premises, which meant that it had to hand back the practice to the health board. It was the sixth practice in Edinburgh to do that. The 5,000 patients that it looked after could possibly have been absorbed by other practices, but all the other practices in our area are full as well—half of all GP practices in south Edinburgh are closed to new patients. We are stuck in a vicious cycle: it is hard to recruit, which makes the job harder for GPs and puts new doctors off coming in.

The health board officials painted a pretty difficult picture. They are supportive of the practices that are under those pressures and they want to step in, but they told me that they lack the simple measures and powers that they need. They would like to take on premises, but their lawyers tell them that that would be regarded as speculation, and they cannot afford the increased costs of employing GPs directly as doing so is more expensive than employing them through GP practices.

The future of our health service is in primary care. It is about integrating services and providing physiotherapy, dentistry and pharmacy on site. It is about having better facilities and other professionals on site. However, resource is needed to do that.

The doctors would probably like that, too. Doctors do not want to take on the risks of running a business; they want professional support and a good place to work in. If we want to attract new GPs, that is what they want. Indeed, probably one of the most worrying lines that I heard at the meeting that I held was that the GP partnership model is dead. I did not say that; that is what the professionals said.

What this Parliament needs to do is not just talk about the telephone number stats but recognise the issue and that we need to make changes. If we want GPs to do the job that we all value and recognise, we need to make changes and give health boards the ability to deal with the situation as it occurs.

This is a real crisis that has a real impact on our constituents. It is not good enough, frankly, to make comparisons between what we have here and what exists in other parts of the UK, because that does not change the reality that our constituents face every day. We need to face up to the situation, empower health boards and deliver the resource, training and investment that our primary care needs if it is to face the future.

16:10

James Dornan (Glasgow Cathcart) (SNP): Some political decisions leave us with our mouths hanging open at the sheer lack of self-awareness involved. James Kelly’s relaunch of his relaunch of his call to repeal the Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012 two days before the old firm game is one such decision. Then there is this debate. Less than a week after the leader of the Opposition made a debating point that seemed to many, from what I have seen on social media, to be a deliberate attempt to mislead the Parliament on the matter, we have the Tories coming back to the chamber on the same thing.

I will read out some very uncomfortable words from a newspaper report:

“The NHS has begun drawing up a formal list of hospital departments which will be closed amid the worst financial crisis in the history of the health service, officials have revealed. Hospitals will embark on a ‘glut’ of closures, with Accident & Emergency units and key services for the elderly among those stripped out and centralised, NHS leaders have said.”

That is not about the situation here in Scotland and it is not happening under our cabinet

secretary for health; it is about the Westminster Government and the NHS in England, and it is Jeremy Hunt who is responsible for that. However, the Tories here have the gall to talk about the NHS in Scotland being in crisis. The reality is that it is the NHS down south that is saying:

“We are seeing more and more pressures on staff trying to run harder and harder. We are reaching breaking point.”

There is a difference between the situation here and that down south. There is a lot of work to be done here on the NHS, but it has been put under a lot of pressure. There has been no acknowledgement from the Tory side of the chamber, which I understand, or from the Labour side, of the pressures that Scotland has to put up with because of Westminster’s continual cuts and the continual pressures from its on-going austerity and welfare inequality.

The Tory backbencher, Jamie Greene, said that we have to do more about the problem of alcohol. In the history of the Scottish Parliament, no Government has tried harder than this one to take on the curse of alcohol in Scotland. The party that more than any other has stood in the way of our trying to ensure that we can defeat that curse is that mob over there, although thankfully there were not as many of them at that point.

The Deputy Presiding Officer: Be careful with your language, please, Mr Dornan. I do not like the use of the word “mob”.

James Dornan: Is it unparliamentary, Presiding Officer?

The Deputy Presiding Officer: I think that you could be more polite and still make your point.

James Dornan: Okay, I will do that. Thank you.

Jackson Carlaw: Will the member take an intervention?

James Dornan: No, not from you.

The Deputy Presiding Officer: Sit down, Mr Carlaw.

James Dornan: Brian Whittle talked about the “sick man of Europe.” Scotland has deservedly had that reputation for some time, but it has not built up in the past 10 years. That situation built up over 60 or 70 years.

Brian Whittle: Will the member take an intervention?

James Dornan: If you sit down, I will take an intervention in a minute. Okay?

Brian Whittle: I feel that you are obliged to take an intervention.

James Dornan: If you would only listen to what I said—

The Deputy Presiding Officer: Please speak through the chair, gentlemen.

James Dornan: Yes, Presiding Officer.

That situation built up over 60 or 70 years and cannot possibly be cured in 10 years, particularly if we have not had the means to deal with it. We are only now starting to get some of the powers that will deal with it.

I am more than happy to take an intervention now.

Brian Whittle: That situation has built up over a period of time but, over the past 10 years, what has happened to health inequality in this country? Absolutely zip—nothing. You have had no impact at all on health inequality in Scotland. Hold your head in shame.

James Dornan: That is the reason why my language has not been as pristine as it usually is, and I apologise for that, Presiding Officer.

I have to hold my head in shame, yet Brian Whittle is a member of the party that has been in control of our purse strings for hundreds of years. The Tories and Labour have been in control of us for hundreds of years. We have never had the powers to be able to take on things like health inequality. We have never been able to grab such problems and deal with them, but Brian Whittle tells us that we should hang our heads in shame.

The Conservatives are the ones who are bringing in the austerity measures and welfare cuts and making sure that the poorest in our country are having to live in worse conditions than they have had before. I am surprised that people such as Neil Findlay and others are not backing us but, half the time, are supporting the Conservatives on this.

Neil Findlay: Of the powers that the Scottish Government does have, which of them have been used redistributively?

James Dornan: It is difficult to be completely redistributive when we do not have all the powers, and we are only getting powers now. That is not the point. How many mitigations have we had to put in place related to the Welfare Reform and Work Act 2016?

Neil Findlay: You have done nothing.

James Dornan: Mr Findlay knows that that is rubbish, but he should feel free to make silly gestures.

Donald Cameron’s opening speech was interesting. He talked about a missed opportunity for us to make a difference. There have been two missed opportunities. One was on 18 September 2014 and the other was just a few months ago, when we voted to leave the European Union

instead of staying in it. If members think that things are bad now, they should wait until Brexit kicks in.

That takes me on to what this debate is all about. It is meant to be about staffing in the health service. As Stewart Stevenson mentioned, we are not going to be able to staff the health service if we ban people from coming here to work. We need the dentists from Poland and the doctors from elsewhere across the world. Some 20 per cent of UK hospital doctors are from outside the UK. We need them, yet the Conservatives, with their immigration and their Brexit, are banning those people from coming here.

Donald Cameron mentioned the Bible, quoting what it says about a beam in one's eye. I suggest that the part of the Bible that he should have quoted is:

"Let him who is without sin cast the first stone".

The Deputy Presiding Officer: Will you wind up, please, Mr Dornan? You are over your time.

James Dornan: I will.

I suggest that, if we are going to have such a debate, we should have an honest debate that is based on both sides accepting that we are working under extremely difficult circumstances and that there are issues to be dealt with. Let us not pretend that everything is rosy elsewhere and that we are sitting on our hands, because the cabinet secretary has been working very hard to make things better.

16:17

Jeremy Balfour (Lothian) (Con): I agree with Mr Stevenson that no member in the chamber wants to see the NHS in Scotland fail. We all understand its importance and the place that it has within our society. Our families, our friends, our neighbours and even we ourselves have benefited from the treatment that we have received from doctors, nurses and other professionals. As I have mentioned before in the chamber, on at least three or four occasions, the intervention of the NHS has saved my life and allowed me to be here today.

However, we need to be honest about where the NHS in Scotland is and what its future is. When someone goes to see a doctor, they will often be given the bad news before the good news—the diagnosis before information about the treatment. The bad news is that primary care in Scotland is failing and is in a critical condition. Unless something is done by this Government now and in the next few years, we will see more and more GP practices close, GPs walk away and patient care decline.

Why is NHS primary care in Scotland feeling so bad? We have heard many reasons, but I will

briefly highlight a few. First and most obvious, there is a funding issue. Primary care services get only 8 per cent of the national health service budget, which is simply not enough, given our ageing population and the many new techniques that are required. We have heard that, in real terms, the amount of money that primary care receives has not gone up in the past 10 years under the SNP. The money has been given to hospitals to meet targets set by politicians, yet even those targets are being missed. Two constituents contacted me this week about waiting lists in NHS Lothian, which seems to be disregarding the waiting time targets that the Scottish Government has given it. One of my constituents has waited 48 weeks for an appointment with a consultant and the other was referred by their GP in June but still has no date to go to hospital. Is the minister aware of that? If so, will she intervene with the management of NHS Lothian?

There is also a lack of investment in our buildings. GP surgeries are often no longer fit for the 21st century. It is no longer acceptable to go to an old Victorian house, such as the one in which Mr Stevenson's father perhaps worked; people need to go to buildings that are disability friendly, open for all, good for doctors and good for patients.

Secondly, younger doctors are simply deciding to go not into general practice but rather into specialties in hospitals. Younger people want a better work-life balance than, perhaps, Mr Stevenson's father. They do not want simply to work all hours as he did, and hospital is often a better option for them. Is the workload too much? Often, general practices now have to recruit salaried employees rather than partners. If we look at the numbers in Scotland, we will see that the number of salaried GPs is increasing while the number of partners is going down. The system cannot survive that.

Thirdly, the population in certain parts of Scotland, particularly the central belt, is increasing and putting pressure on general practices. For example, in Edinburgh, in the past 10 years—since the Government came to power—50,000 more people have wanted to register with a GP. There are simply not enough spaces left. I will again give an example that came in to me by email this Tuesday. My constituent said:

"I have today spent an hour on the pavement outside my local GP surgery queuing for a registration form. There were about 30 disappointed people who could not register because the Brunton Place Surgery only does 25 new patients per week."

That is not for people to go and see their GP; it is simply to register before they want to go and see their GP. That cannot be acceptable in 21st-

century Scotland. It is not the fault of the GPs; it is the fault of the Government for its lack of strategic thinking and planning.

I will briefly outline some of the practical solutions that can turn that situation around. First, there needs to be a plan. Not a plan for tomorrow or a plan that will throw some headline money a certain way, but a plan that will give us a long-term solution that will encourage young doctors to become GPs and will make general practice something that they want to go into. Secondly, we need to stop asking doctors to keep filling out form after form. I came in on the bus this morning with a GP who told me that his job would be much easier if he did not have to tick boxes and fill out papers. Doctors became doctors not to be administrators but to help people with their medical care.

If somebody gets a tear in a sail when they are sailing, it does not matter and will not affect the boat much. However, if that tear gets larger, the boat will become more and more difficult to sail. There is a tear in our NHS in Scotland. The question is whether the Government will let it get bigger and bigger or deal with it in a proper, mature fashion.

The Deputy Presiding Officer: I call the last two speakers in the open debate, Alex Cole-Hamilton and Maree Todd. It will be a very tight six minutes, Mr Cole-Hamilton.

16:23

Alex Cole-Hamilton (Edinburgh Western) (LD): About 48 hours after I was elected to the Parliament, a strange thing happened: people, initially in small numbers but then in a steadier stream, arrived at my local office with prescriptions. Stapled to those prescriptions were letters from the Parkgrove and East Craigs medical practice saying, "Help us. Contact your MSP. We cannot go on like this." I had never heard of the like. GPs in a popular and well-regarded medical practice in our nation's capital were actively seeking the help of their patients to contact their elected member of Parliament to talk about the abject distress in which their surgery found itself.

That is happening among not just GPs, but other professions, whether paediatrics, nursing, allied health professions or midwifery. There is a fundamental and existential crisis in our health service, but members of the Government party repeatedly say, "Crisis? What crisis?" That is the sentiment of the debate.

I find it astonishing that the SNP is seeking to amend the motion by deleting the word "serious" from the phrase

"serious staffing crisis taking place in the NHS".

That is a measure of how the SNP Government regards the problem.

The problem manifests itself at every turn in our waiting rooms, hospitals and casualty departments. The eyes of several entire professions are fixed firmly on an SNP Government with its fingers rammed in its ears. Just two weeks ago, I raised the matter directly with the First Minister at First Minister's question time and she sought to give me something of a beat-down on it. She said that, if we half-closed our eyes and looked at it in a certain light, the number of GP trainees was actually at 92 per cent of the number of vacancies. What utter nonsense that turned out to be. The Royal College of General Practitioners, whom I met yesterday and who presented evidence to the Health and Sport Committee, monitors the situation exceedingly closely and says that it has no idea where that figure came from. Not only that, but—this is astonishing—50 per cent of those who are training to be GPs at the moment are not domiciled in Scotland and are not expected to practise in Scotland, yet they are training in Scotland. That shows that the Government's sole response to the crisis is not working and needs to be augmented.

All told, since the Liberal Democrats first raised the problem during FMQs a year ago, we have lost 90 further GPs. I would say that is serious. When half of the trainee GPs are not domiciled in Scotland and do not plan to practise in Scotland, I would say that is serious. At this rate, we will have 1,000 fewer GPs than we need by 2020. I would say that is pretty damn serious.

Considering the perfect storm of the ageing demographic and our surging populations in certain parts of the country, we need to meet the investment that our GPs put into our communities with proper investment in GPs. Ten years ago, that investment accounted for 9.8 per cent of the health budget, but that figure has decreased to a shocking 7.4 per cent. The Liberal Democrats support the RCGP's call for the figure to be 11 per cent of the overall NHS spend.

However, we must do much more than that. I offer three particular solutions for the Scottish Government to consider. First, we need to box clever. Right now, 10 per cent of all appointments at GP practices could easily be dealt with by the minor ailments unit and community pharmacists, yet a lot of people are still not aware that that facility is available. The SNP has still to meet that challenge. In addition, 30 per cent of all appointments have something to do with MSK—musculoskeletal—conditions. In Grangemouth, where GPs have had to divert all their MSK cases to physiotherapists, we have seen a massive reduction in their workload as a result. Most important, one in four patients who present to

Scottish surgeries does so with an underlying mental health condition. As I said to the First Minister two weeks ago, that will not be solved by having link workers in surgeries. We need fully-trained, qualified and full-time mental health practitioners in our surgeries, not just link workers. Link workers are fantastic, but they are not going to give people that primary care when and as they need it.

Secondly, we need innovation. I support what the Scottish Government is doing with the nuka model in Forfar. There are many global examples that we could well see replicated in the Scottish NHS.

Thirdly, we need to do much more with the planning system. Right now, there is a proliferation of housing developments in my constituency. Although the SNP is addressing the undeniable housing need by building tens of thousands of new homes, it is not building a single new community because there are no new health centres being built along with those homes. I have written to the health secretary's colleague in the Cabinet, asking her to look at planning legislation and to review section 75 orders so that we can compel developers to build new health centres to support communities that are otherwise going to present yet another drain on our already struggling surgeries.

I will finish, Presiding Officer—

The Deputy Presiding Officer: I ask you to finish now, please. Sorry.

Alex Cole-Hamilton: It is a deadly serious problem—

The Deputy Presiding Officer: I appreciate that, but you are reducing the time for other members.

Alex Cole-Hamilton: You have finished my speech for me, Presiding Officer. It is a deadly serious problem and—

The Deputy Presiding Officer: Thank you very much.

Alex Cole-Hamilton: We have to take it more seriously, which is why we will support the motion at decision time.

The Deputy Presiding Officer: Thank you very much. I call Maree Todd. You have a very tight—even tighter than before—six minutes. As you are the last speaker in the open debate, I warn those members who are not here that everybody else who took part in the debate should be in the chamber for the winding-up speeches.

16:30

Maree Todd (Highlands and Islands) (SNP): First, I declare an interest: I am a pharmacist registered with the General Pharmaceutical Council and, until my election in May, I was employed by NHS Highland.

During yesterday's economy debate, the Conservative member Murdo Fraser urged those of us on this side of the chamber to be

“less dismal, less miserable, less downbeat and less pessimistic, to be more positive, more cheerful and more hopeful and to show some real leadership in seizing the opportunities for the future.”—[*Official Report*, 20 September 2016; c 19.]

Today, I urge my Conservative colleagues to take a dose of their own medicine and to look at some of the success stories in NHS Scotland as well as the opportunities to innovate.

First, our having an ageing population is a real success story. People in Scotland are living longer, healthier lives. Nowadays, people with complex medical conditions are living longer and more fulfilling lives at home than ever before, and there are more effective treatments available than at any previous time.

Scotland's NHS receives record funding and we have record staff numbers and the highest number of GPs per head in the UK. Scotland got rid of the much maligned and bureaucratic QOF payment system, and nursing students in Scotland continue to have free tuition and bursaries. That represents a commitment to ensuring that the NHS is equipped to provide a first-class service to all in the future, despite Scotland's changing needs.

Let me tell members more of what I really welcome from the Scottish Government. As someone who worked in a psychiatric hospital for 20 years, I welcome the focus on mental health and its parity of status with physical health. This is the first Government of Scotland to have a mental health minister and the first country in the UK to have mental health waiting time targets. I welcome the extra money that is coming to mental health to invest in primary care settings.

Let me tell members about some of the innovations that are happening in the Highlands and Islands region. A couple of weeks ago, I visited the centre for health sciences in Inverness. I met trainee surgeons from all over Scotland who were attending a surgical boot camp, which is an award-winning training package, rich in simulation. The opportunity to conduct research into medical education is making the Highlands a more attractive place to work. I met a talented young surgeon who has chosen to come and work in Raigmore to take up that opportunity. Such innovations pay dividends.

Last week, I visited the University of the Highlands and Islands, which has a new school of health, social care and life sciences. On offer are nursing and allied health professions courses and, very soon, there will be a graduate-entry medical programme. There are challenges in rural recruitment and the university is keen to align and develop its curriculum and research to meet our region's needs and to help drive forward different models of health service delivery. Such innovations pay dividends.

Let me tell members about some of the changes that are occurring in my own profession and about how care is delivered in pharmacy. The move away from the supply of medicines towards sharing our expertise in choosing the right medicine is part of a much bigger picture of developing the multidisciplinary team, so that everyone works to their full potential and doctors only do what only doctors can do.

The chronic medication service, which encourages joint working between doctors and pharmacists to improve the care of patients with long-term conditions, means that a year-long, serial prescription can be issued, which vastly reduces the number of GP visits and enables the pharmacist to prevent and to address medication-related issues.

The minor ailments scheme, already very successful for some of our population, could be extended to cover more people and conditions. In addition, with the extra training available in clinical skills and prescribing, pharmacists will be able to do even more to help to reduce avoidable harm, to help patients to make the best use of their medicines, and to free up GP time to focus on the more complex cases.

When Ruth Davidson spoke last week about the NHS facing "pockets of meltdown", she was talking about the havoc being wreaked on the NHS in England by her own Conservative Government at Westminster. The Scottish service has been bucking the trend south of the border by resisting privatisation and posting a long series of improvements in all the areas in which the statistics are plummeting fast in England.

There will always be pressures on the NHS, but the devolved service, under the control of the Scottish Government, is coping remarkably well compared with its counterparts in the rest of the UK. Despite the cuts, staffing levels and patient satisfaction are at record highs. That is why, when I was working as a pharmacist and I went to conferences down south, my medical and pharmacy colleagues would say, "You're really lucky to work in Scotland." There is no doubt that there are challenges ahead, but we in Scotland are rising to meet them.

The Deputy Presiding Officer: We move to the winding-up speeches. I call Colin Smyth to wind up for the Labour Party.

16:35

Colin Smyth (South Scotland) (Lab): I declare an interest as a councillor in Dumfries and Galloway. Also, when I was elected in May, I was employed by Parkinson's UK, although that employment has now ceased.

This year, we celebrate 68 years of Labour's greatest achievement: our national health service. The principle that, no matter someone's class, race, age or financial circumstances, they should be entitled to quality healthcare free at the point of use is as important today as it was when Nye Bevan spearheaded the establishment of the NHS.

Another principle that Labour subscribes to is that if, seven decades on, we still want quality healthcare, we need to properly value our health and social care workforce. However, as we have heard in the debate, the reality for health and social care workers in Scotland does not match that principle. There have been plenty of warm words about the workforce, but what they really want is fair pay and conditions and proper staffing levels.

Shona Robison: I hope that the member will do what Neil Findlay failed to do, which is to recognise that, from 1 October, the Government is going to pay the living wage to care workers working with adults. Will he welcome that?

Colin Smyth: I absolutely will, and I will come on to speak in detail about what the Government needs to do to review the way in which that policy has been implemented. It is an important policy and we support it but, frankly, the implementation has been chaotic.

As I said, there have been plenty of warm words about the workforce, but we need fair pay, conditions and staffing levels. Speaker after speaker has rightly highlighted the recruitment and retention crisis that Scotland faces. One in four of our GP practices reports a vacancy, and we have a ticking time bomb of GPs queuing up to retire. In the health board in my area of Dumfries and Galloway, the number of GPs has fallen from 134 in 2012 to 118 this year. A quarter of GPs are looking to retire in the next decade and there are more than a dozen vacancies, with GP practices facing cuts in hours and possible closure.

The Royal College of General Practitioners predicts that, by 2020, Scotland will have a GP shortfall of 830, just to bring coverage per head of population back to 2009 levels. Further, that does not take account of the added pressures on GP

services—we have an ageing population who need more clinical care than ever before. The crisis is not just in GP numbers, as the picture is no better when it comes to consultants. There are more than 350 vacancies, nearly half of which have existed for more than six months.

What about nursing and midwifery posts? There are 2,500 vacancies, including more than 300 mental health nurse vacancies. The cabinet secretary said that there has been an increase in nursing and midwifery staff in post, but that fails to acknowledge that the increase has not kept pace with demand. It does not acknowledge that the vacancy rate of 4.2 per cent in June 2016 is an increase from 3.7 per cent over the year, with almost 600 nursing and midwifery posts lying vacant for three months or more.

The consequence of high vacancy rates and training posts going unfilled across the health and social care sector is an increase in the burdens on existing medical staff, adding to already unsustainable workloads.

The Government's utter failure to carry out proper health and social care workforce management and planning is shown when it comes to how it implements even positive policy initiatives that we support. The cabinet secretary raised the living wage and rightly said that, from 1 October this year, integration joint boards will be required to ensure that the living wage is paid to care workers. Labour very much supports that aspiration, and I need no lectures about the importance of the living wage. As I said, I was a councillor and I am proud to have played my part in ensuring that Dumfries and Galloway Council was the first council in Scotland to achieve living wage accreditation. I am also pleased to tell the cabinet secretary that all commissioned social care workers in Dumfries and Galloway will receive the living wage from 1 October.

However, I can also tell her that the funding provided by the Government to meet the commitment was nowhere near adequate. *[Interruption.]* It is true; I am happy to share the figures with the cabinet secretary. They show quite clearly that, because the fact that Dumfries and Galloway is a low-wage economy was not taken into account when it came to allocating funding, the cost is actually more than the funding that was provided for the area.

With just 10 days to go, councils and providers across Scotland are scrambling around, trying to put in place quick fixes in their procurement policies to meet the deadline. Those fixes may get them through the next year, but they are unsustainable and will not guarantee care workers the living wage in the long term without a serious rethink by the Government. The buck for that stops squarely with the Government.

The policy initiative was landed on local government at the eleventh hour of funding negotiations between the Government and the Convention of Scottish Local Authorities—if we can call the imposition of cuts a negotiation. The first that social care providers knew about the policy was when they read about it in the newspapers. No proper calculation was made of how much it would cost. The Government's so-called national estimate of £40 million, including its unrealistic assumptions about funding, has now been widely ridiculed.

It has been a classic case of the Government almost grabbing defeat from the jaws of victory. I hope that the Government will review the implementation of the policy. First, it should ask local councils exactly how much it will cost to implement the living wage, instead of relying on its fantasy figures. Secondly, it should provide a sustainable, long-term funding formula that takes account of factors such as rurality. Thirdly, I hope that the Government recognises the importance to social care workers of not only the living wage but training and career progression. Finally, I hope that it will show some respect to providers by involving them in those talks.

Despite the crisis and those challenges—

The Deputy Presiding Officer: No, I am afraid that you had to stop at “finally”. It was a good point.

Aileen Campbell will wind up for the Government. Minister, you have a very tight eight minutes.

16:41

The Minister for Public Health and Sport (Aileen Campbell): The Conservative motion

“calls on all parties to work together”,

and we are always ready to do that. When the Conservative Party is ready to come forward with any ideas or policy initiatives, we will listen, but sadly they have been lacking in its members' speeches today.

Although I extend that hand across the chamber, I also want to be robust in articulating the strong record that we have, because that record both reflects the challenges that we face and demonstrates the progress that we have made and the actions that we are taking in seeking to address those challenges.

Much of the discussion has been about GPs, and in that context we should bear in mind that, no matter how uncomfortable the truth is for members on the Tory or Labour front benches, we have the highest number of GPs per head of population in the UK. Indeed, if we had England's GP ratio, we

would have 931 fewer GPs. We have substantially increased—by 100—the number of new training places for GPs across Scotland this year, which is one of a number of initiatives to grow our GP workforce, encourage trainee doctors into general practice and make being a GP a more attractive option.

Liz Smith: Will the minister give way?

Aileen Campbell: We are funding initiatives to encourage established GPs to return to practice, we are continuously looking at how we can support and improve primary care and GP services, which Gil Paterson mentioned, and we are investing £85 million over three years to put in place long-term, sustainable change within primary care so that it can better meet changing needs and demands, including support for recruitment and retention.

Miles Briggs (Lothian) (Con): Will the minister give way?

Aileen Campbell: I was going to give way to Liz Smith.

Liz Smith: The University of Aberdeen said that because of the Scottish Government's capped fee policy it can take on fewer medical students than it could if that policy was not in place. What does the Scottish Government say about that?

Aileen Campbell: The Scotland-domiciled proportion of intake to Scottish medical schools is 48 per cent, and we want to ensure that we offer all opportunities to anyone who wants to study in our institutions.

It should be noted that none of our actions or activities has been driven by Government in isolation. This Government has always valued the strength of our relationship with those who provide the health services that we value so highly. By working alongside the BMA, we have been first in the UK to abolish the bureaucratic quality and outcomes framework, and that will support the negotiation of a new GP contract in 2017, which is a point that Maree Todd made well in her excellent speech. By working with doctors, we have avoided the confrontation with junior doctors that has dogged the UK Government. We are working with GPs on the new contract and we are working with our consultant workforce.

We have seen NHS staff numbers rise to a record high, with more consultants, nurses and midwives delivering care for the people of Scotland. We are indebted to our dedicated staff who, according to the last survey, remain committed to their roles and willing to go the extra mile at work. We are determined to continue to attract and retain the best talent in the healthcare profession and to improve the experience of our staff. That is why earlier this year the First Minister

announced a £27 million package of support to increase staffing levels throughout the NHS, including training of 500 more advanced nurse practitioners and support for nursing and midwifery students who are experiencing financial hardship.

Miles Briggs: Will the minister outline how many GP positions remain unfilled from the previous recruitment round?

Aileen Campbell: It is an on-going process. I ask Miles Briggs this though: has he made any representations to the UK Government, because if we were suffering the same GP ratio problems as England is, there would be 931 fewer GPs?

We lead the UK in the development of mandatory nursing and midwifery workload and workforce planning tools that help health boards to plan for the number of staff that they require.

I said at the start that this Government does not shy away from the challenges that we face. The workforce is ageing, recruitment and retention remain issues, and we need to shift the shape of our NHS so that it is responsive to local needs and delivers more community-based services with a focus on early intervention and prevention—a point made by Ruth Maguire and Brian Whittle. Those aims require sophisticated planning and co-operative working; that is why, along with our partners, we are developing a national healthcare workforce plan.

We already have confidence in workforce planning in our NHS but, in line with our manifesto commitments and the need to see the pace of change increased, we need boards to give workforce planning a much higher profile. That work must also be cognisant of the new context of integration joint boards and health and social care integration.

Many members have made useful and constructive comments. For example, Ruth Maguire and Sandra White described eloquently the societal inequalities faced in Scotland. I know members are laughing but I also want to point out Brian Whittle who, to be fair, also talked about the need for the way in which we cope with inequalities to be rooted in prevention and early intervention.

The review of targets and the appointment of the former Chief Medical Officer—an evangelist for empowering people and communities, and for shifting people from being passive recipients of care to being active agents of change in their own lives—is a collective opportunity to shape the future tone of the NHS. On that, Alison Johnstone made excellent points on the need to be continually active on the early years—again, I commend the early years collaborative and the many income maximisation workstreams that are happening. Alison Johnstone also made excellent

points about doing what we can to support our carers, and that is an area that I am actively pursuing as we implement the Carers (Scotland) Act 2016.

Maree Todd spoke with passion and authority about work on mental health and the real-life impact that national initiatives are having locally; they are also ensuring that our professionals work at their full potential. Stewart Stevenson also made excellent points, drawing on the post-Brexit burach left by Messrs Cameron, Johnson, Farage and the rest of them and the impact of that on our valued EU dental staff who contribute to our communities and to our NHS.

There were, however, some comments that were less constructive. I acknowledge that Neil Findlay cares about tackling inequalities, but he fails to recognise progress on areas that, deep down, I think he agrees with. We know that there is work to do in order to see the culture change to one that properly values our social services workforce and the work that they do daily on our behalf to allow others to live in dignity. However, to fail to recognise the investment that we have put in to enable the payment of the living wage for social care workers from 1 October is completely disingenuous—that is investment in staff and a huge positive step forward that this SNP Government has made and of which I am proud.

I reassure Alex Cole-Hamilton that much of what he spoke about regarding MSK is being acted on. Like James Dornan, I found the lack of awareness among some of the Tory members to be absolutely astounding. They say that the Government should do more about inequalities in society, when it has been their party that has pursued the harsh and unfair programme of welfare reforms, brought in the bedroom tax, cut budgets and peddled an unhelpful narrative of skivers and scroungers. They need to have a long, hard look at themselves and really think about the dreadful impact that their party has had on families and communities, leaving public services to pick up the tab.

My remarks contain details of actual activities and investments to tackle the challenges that we face in responding both to the needs of our fantastic and dedicated NHS staff and to the changing societal demands placed on our NHS. We have an NHS that is valued by this Government and is supported to respond to the country's needs. We are not blind to the challenges but are determined in our efforts to tackle them. We will work with those who have the same desire to do the best that we can for our NHS.

16:50

Miles Briggs (Lothian) (Con): I am pleased to close this afternoon's debate, which has allowed members from across the chamber to highlight the real challenges that our NHS is facing, as well as giving Stewart Stevenson the opportunity to tell new MSPs about his personal and family medical history.

My colleague, Donald Cameron, set out specific concerns about recruitment of GPs, nurses and consultants; I wish to back up those comments.

Alison Johnstone, Neil Findlay and Jeremy Balfour outlined the pressures on GP services—in particular, the severe challenges that are faced by NHS Lothian, which is the region that the four of us represent. One third of GP practices in NHS Lothian have stopped accepting new patients, and the figure is about 40 per cent in Edinburgh, with NHS Lothian predicting that the figure is set to become half of all GP surgeries. That is the crisis that we are here to debate today.

We have a growing population, but quite simply our GP services cannot keep up with that growing demand. People in the capital are increasingly concerned about the situation, and about its impact on provision of local health services and the time it takes to see a GP. Only this morning, my colleague Ruth Davidson and I were presented with a patients' petition containing 1,208 signatures that have been collected locally by our constituent Mrs Denise Palmer in support of saving the Southside surgery in Newington. I commend Mrs Palmer for her initiative in gathering those signatures from fellow patients, and I will send her petition to NHS Lothian. As Daniel Johnson outlined, the Southside surgery is the sixth practice to be taken over by NHS Lothian in recent months, after repeated efforts to recruit two new GP partners failed.

I have to say that, to date, the Scottish Government's focus on the GP crisis in Lothian and across Scotland has not been acceptable, and the press release announcement in June that said the Government was developing a locum pool of retired GPs in Lothian has not exactly given confidence to health professionals and patients that the SNP Government is working to deliver a long-term and sustainable Scottish GP workforce that is fit for the 21st century.

We need to support our GP sector. That is why Scottish Conservatives have been very clear that we are committed to increasing the share of NHS funding for general practice to at least 10 per cent of health spending by 2020. That additional resource is critically important if we are to attract new GPs, given that nearly one in five GPs will be considering retirement over the next decade. As we have heard, the Royal College of General

Practitioners has warned that Scotland could face a deficit of 830 GPs by 2020. Our hospitals are also experiencing recruitment difficulties, with just five of 16 vacancies in emergency medicine having been filled.

The Scottish Government—and the First Minister, as a former health secretary—cannot say that we have not been warning about recruitment problems among consultants, GPs and nurses as they have been building up on this Government's watch. Scottish Conservatives, alongside the medical professional representative organisations, have consistently warned about the problems and have demanded more action.

In August, the Scottish Government announced the opening of applications for 100 new GP training places. However, the fact that the Scottish Government has failed to fill those places in the past, alongside the fact that a quarter of training places in GP surgeries remain unfilled, does not fill the profession with confidence that the workforce planning is being done and that workforce needs are being met by the Government.

As Alex Cole-Hamilton outlined, the fact that only half of all medical students who are studying in Scotland are Scotland-domiciled clearly shows that the training of our future GPs is an issue that this Government has not been focused on addressing.

Shona Robison: I take it, therefore, that Miles Briggs does not acknowledge that the introduction of a new graduate medical school with a focus on primary care and rural areas is a good thing. Is not that something that he could welcome?

Miles Briggs: The cabinet secretary is not taking the point that half of all medical students who are studying in Scotland are not Scotland-domiciled, which means that they might leave our country. The Government has not tackled that.

There is a bigger point that back-bench SNP members have not really understood: our Scottish NHS does not depend on the SNP, but on the workforce that delivers our health services day in and day out.

We welcome the fact that the Scottish Government is moving towards GP hubs and multidisciplinary teams, which have the potential to move patient care in the right direction, and to deliver the health service to patients when they need it and where they need it. However, that cannot and must not become a cover for staff shortages in our health service. Also, if the move is to reform the patient experience and patient access to services, there must be a cultural change that will bring all health professionals together.

The Scottish Government must outline its plans for investment to develop better IT and communication systems because those systems will be important in ensuring that patients see the right health professional. If the GP hub network is to work, the issue of patient-data responsibility needs urgently to be addressed.

Since being elected, I have had the pleasure of meeting many professionals who work day in and day out in our health service. I am sorry to say that the overwhelming message that they have given me is that they feel demoralised and, in many cases, undervalued by the Government. One GP whom I met in Parliament last week told me that the service is literally crumbling around him and that the professionals who are involved feel that Scottish Government ministers simply do not understand the severity of the situation.

It is clear to anyone who works in our health service that it faces a major workforce planning challenge. When health boards are spending £248 million on temporary agency staff, alarm bells should be ringing in Bute House. That situation is clearly contributing to the budget pressures on all NHS boards and it is unsustainable. The briefing document that was provided by the Royal College of Nursing Scotland ahead of today's debate states that

"against the backdrop of funding decisions by health boards based on making savings, increased demand for services and a health reform agenda, there is no single workforce plan supported by clear data to build on for the future."

There is "no ... plan". That is what professionals are telling the cabinet secretary. That is a shocking indictment of this Government's planning and management of our NHS workforce.

We want our NHS to be the very best that it can be—the best health service in the world delivering the best care to people across Scotland. After nine and a half years in office, it is time that SNP ministers took responsibility for the NHS workforce crisis that they are presiding over.

Business Motion

16:57

The Deputy Presiding Officer (Christine Graham): The next item of business is consideration of business motion S5M-01571, in the name of Joe FitzPatrick on behalf of the Parliamentary Bureau, setting out a business programme.

The Minister for Parliamentary Business (Joe FitzPatrick): I move the motion on behalf of the Parliamentary Bureau. The motion was agreed at the Parliamentary Bureau meeting this week and I hope that members will support it.

I move,

That the Parliament agrees the following programme of business—

Tuesday 27 September 2016

2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Scottish Government Debate: Securing the Interests of Scotland's Rural Economy following the EU Referendum
followed by Standards, Procedures and Public Appointments Committee: Standing Orders rule changes – mandatory committees' remits
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 28 September 2016

2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions
 Education and Skills
followed by Scottish Labour Party Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 29 September 2016

11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
 12.45 pm Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Scottish Government Debate: The Expansion of Early Learning and Childcare Provision

followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
 Tuesday 4 October 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 5 October 2016
 2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions
 Health and Sport
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business
 Thursday 6 October 2016
 11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
 12.45 pm Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time

The Deputy Presiding Officer: The Presiding Officer is behind me, so I can move. *[Laughter.]*

The Presiding Officer (Ken Macintosh): The question is, that motion S5M-01571, in the name of Joe FitzPatrick on behalf of the Parliamentary Bureau, be agreed to.

Motion agreed to.

Parliamentary Bureau Motions

16:58

The Presiding Officer (Ken Macintosh): The next item of business is consideration of three Parliamentary Bureau motions. I ask Joe FitzPatrick to move, en bloc, motions S5M-01570, on the office of the clerk, S5M-01572, on the designation of lead committees, and S5M-01573, on the variation of standing orders.

Motions moved,

That the Parliament agrees that, between 4 January 2017 and 31 January 2018, the Office of the Clerk will be open on all days except Saturdays and Sundays, 14 and 17 April 2017, 1 May 2017, 26 and 29 May 2017, 15 September 2017, 1 December 2017, 22 December (pm), 25 and 26 December 2017 and 1 and 2 January 2018.

That the Parliament agrees that the Rural Economy and Connectivity Committee be designated as the lead committee to consider and report to the Parliament on the draft memorandum of understanding to be entered into by the UK Government, the Scottish Government, the Scottish Parliament and the Office of Communications (Ofcom).

That the Parliament agrees that, in relation to First Minister's Questions on 29 September—

(i) in the first sentence of Rule 13.7.A1 “30 minutes” be replaced with “45 minutes”;

and

(ii) in Rule 13.6.2 “6” be replaced with “8”.—[Joe FitzPatrick]

The Presiding Officer: The questions on the motions will be put at decision time, to which we will come very soon.

Decision Time

17:00

The Presiding Officer (Ken Macintosh): There are four questions to be put as a result of today's business. I remind members that if the amendment in the name of Shona Robison is agreed to, the amendment in the name of Anas Sarwar will fall.

The first question is, that amendment S5M-01554.4, in the name of Shona Robison, which seeks to amend motion S5M-01554, in the name of Donald Cameron, on a national health service staffing crisis, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Evans, Mairi (Angus North and Mearns) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)

McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Hamilton, Rachael (South Scotland) (Con)
 Harris, Alison (Central Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)

Stewart, David (Highlands and Islands) (Lab)
 Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Abstentions

Finnie, John (Highlands and Islands) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 62, Against 55, Abstentions 6.

Amendment agreed to.

The Presiding Officer: The question is, that motion S5M-01554, in the name of Donald Cameron, on a national health service Scotland staffing crisis, 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 (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Evans, Mairi (Angus North and Mearns) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)

Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Hamilton, Rachael (South Scotland) (Con)
 Harris, Alison (Central Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)

Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Abstentions

Finnie, John (Highlands and Islands) (Green)
 Greer, Ross (West Scotland) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 62, Against 54, Abstentions 6.

Motion, as amended, agreed to,

That the Parliament recognises the increased demands on the National Health Service, including in general practice and primary care; welcomes investment to address pressures in primary care and endorses the Scottish Government's aim of increasing the proportion of the NHS budget being spent on primary care, community care, mental health and social care in each year of the current parliamentary session; commends the dedication of all NHS and primary care staff who work tirelessly to provide the best care possible; notes that approximately 1 in 20 of NHS Scotland's doctors come from elsewhere in the EU, and believes that the UK Government's reckless actions over Brexit threaten NHS Scotland's ability to recruit health and care staff in the future; condemns the UK Government's plans to scrap free tuition and bursaries for nursing and midwifery students in England and fully supports that both free tuition and nurse bursaries will be retained in Scotland; further notes that proposals for national and regional workforce planning for health and care will be published later in 2016, and that this will seek to give parity of status to mental and physical health; believes that the creation of Scotland's first graduate entry programme for medicine, which will support students who work in the Scottish NHS after they qualify, will help attract people from a wider range of backgrounds to medicine and increase the number who chose to work in Scotland's remote and rural areas; welcomes the continuing positive partnership between the Scottish Government and the BMA that meant Scotland was the first part of the UK to abolish the bureaucratic Quality and Outcomes Framework and which will support the negotiation of a new GP contract in 2017, and looks to all parties to work together to support the NHS in order to meet growing demand.

The Presiding Officer: I propose putting a single question on Parliamentary Bureau motions S5M-01570, S5M-01572 and S5M-01573. If any member objects, please say so now.

There being no objections, the next question is, that motions S5M-01570, S5M-01572 and S5M-01573, in the name of Joe FitzPatrick, be agreed to.

Motions agreed to,

That the Parliament agrees that, between 4 January 2017 and 31 January 2018, the Office of the Clerk will be open on all days except Saturdays and Sundays, 14 and 17 April 2017, 1 May 2017, 26 and 29 May 2017, 15

September 2017, 1 December 2017, 22 December (pm), 25 and 26 December 2017 and 1 and 2 January 2018.

That the Parliament agrees that the Rural Economy and Connectivity Committee be designated as the lead committee to consider and report to the Parliament on the draft memorandum of understanding to be entered into by the UK Government, the Scottish Government, the Scottish Parliament and the Office of Communications (Ofcom).

That the Parliament agrees that, in relation to First Minister's Questions on 29 September—

(i) in the first sentence of Rule 13.7.A1 "30 minutes" be replaced with "45 minutes";

and

(ii) in Rule 13.6.2 "6" be replaced with "8".

The Presiding Officer: That concludes decision time.

Good Food from Angus

The Deputy Presiding Officer (Linda Fabiani): The final item of business is a members' business debate on motion S5M-00302, in the name of Graeme Dey, on promoting good food from Angus. I presume that it refers to the place rather than the person. The debate will be concluded without any question being put.

Motion debated,

That the Parliament welcomes the establishment of The Food Life in Angus; understands that this collective is made up of local producers and aims to promote good food from Angus; believes that this is part of a growing effort across Scotland to promote good quality, sustainable and local food; welcomes the Scottish Government's commitment to implementing the Good Food Nation policy, and notes calls for it to take further steps to promote Scotland's food and drink sector, including the appointment of a National Chef to champion Scottish produce.

17:04

Graeme Dey (Angus South) (SNP): I thank colleagues on the Scottish National Party, Labour and Green benches for supporting the motion, thereby enabling the debate to be brought to the chamber. I also thank those colleagues who have remained behind to support the debate this evening.

There was a time not so long ago when I might not have been able to stand up in the chamber and extol the virtues of a thriving, diverse Angus-based food and drink sector. Back in 2011, as a new member of the Rural Affairs, Climate Change and Environment Committee, I attended the Royal Highland Show and dropped in on a fantastic event that was being hosted at the Scotland's Rural College stand. In essence, it pitched areas of the country against one another in a food wars contest, allowing visitors to sample produce from each competing region and vote for the best one.

Front and centre in that event was the wonderful—and sadly lamented—savour the flavours initiative from Dumfries and Galloway. I recall returning from the show and dashing off a letter to our local council asking whether it could pull together such an offering and help to promote it on behalf of Angus. I recall even more clearly the response that I received, which was disappointing to say the least. However, times change, and Angus has begun to develop a reputation for more than just smokie, soft fruit, game and preserves production, hugely important though those are.

Now, when people think of Angus, they also think of the high-end vodka and gin that are produced by Ogilvy Spirits and Arbikie highland estate distillery. I credit Alison Smith, the head of economic development at the council, and her team for helping to facilitate the upsurge in interest

in what the county has to offer. Given the response that I received back in 2011, it is heartening nowadays to hear local food and drink businesses praising the council for the support that it provides for them.

Alongside all that, there is the emergence of the food life: a group of local Angus businesses that have come together to put Angus on the map—as they say—for its excellent food and drink, and to make local produce available to residents and visitors alike.

If members in any way doubt the progress that has been made in this area, they should look at the four nominations for the rural parliament's innovators award for Angus, which was established to mark the rural parliament coming to Brechin early next month. Three of those nominations were food and drink related. First, there was the aforementioned Ogilvy Spirits, which is an award-winning farm diversification project masterminded by Graeme and Caroline Jarron, who use home-grown potatoes to make vodka and the base spirit for gin and who have now branched out into cocktail mixes.

There was also Angus farmers market, which is held regularly in Forfar and Montrose. A final contender for the award was the food life: the collective of Angus-based fishermen, farmers, retailers, food vendors and primary producers. Earlier this week, the food life was announced as the winner—and a popular winner at that. I dropped in on one of the group's pop-up food events a few weeks ago and was amazed to see the turnout from far and wide to support it. The queues for the Artisana patisserie van, Muckle Backit Oven pizzas, Sacred Grounds Coffee beans, Kirrie Ales and the Gin Bothy were heartening to say the least, especially considering that the location of the gathering was not a well-populated Angus town but the small coastal settlement of Easthaven—a venue that would have required pretty much every visitor to travel a decent distance. There is no doubt that the food life has struck on something.

Equally, there is no doubt that the food and drink sector in general is thriving in Angus and is gaining a national and international reputation. Ogilvy Spirits and Arbikie highland estate distillery—which is located in my Angus South constituency—are at the forefront of that. Arbikie has just won two gold medals at *The Spirits Business's* first luxury masters competition and is now branching out into whisky as well as gin and vodka, including chilli vodka. Its products are being sold to the USA, Hong Kong, China, mainland Europe and the Caribbean. Ogilvy Spirits has won a raft of international awards. Having focused initially on exporting to the rest of the United Kingdom, the company is now actively

exploring branching out into the Japanese, Malaysian, US and Australian markets.

All told, it is reckoned that the food and drink sector in Angus provides employment for in excess of 1,800 people, with a 2.5 per cent increase between 2014 and 2015. As those new elements prove their reliability and capability to supply on a scale, it is hoped that those who wish to do so, and whose products are suitable, will be afforded the opportunity to bid for public sector contracts. Supporting local businesses and shortening food supply chains must be part and parcel of procurement.

Having done the parochial bit, I will focus for a moment on Scotland's performance on food and drink. In 2014, Scotland's food and drink sector generated turnover of approximately £14.4 billion, up almost 3 per cent, and gross value added of approximately £5.3 billion, up 5.2 per cent from 2013. Food and drink manufacturing continues to account for a large share of the sector's turnover, currently standing at 73 per cent, with a GVA of 71 per cent.

Over the period 2008 to 2014, turnover growth in Scotland's food and drink manufacturing sector was 21.4 per cent. In that respect, it outperformed the sector in the UK, which had turnover growth of 13.3 per cent. That contrast is even more stark when we take Scotch whisky out of the equation. In Scotland and the UK, the growth has been driven by the increased turnover that has been generated by the food manufacturing sector. Between 2008 and 2014, the turnover of Scotland's food manufacturing sector increased by 43 per cent, whereas the turnover of the sector in the UK increased by 21 per cent. In other words, the growth of food manufacturing in Scotland is running at twice the rate of the UK average.

The good news continues. Between 2008 and 2014, the level of research and development investment by Scottish food and drink companies doubled, and sales of Scottish brands in the UK have risen by around 35 per cent since 2007. Exports of food beyond the UK have risen by more than 50 per cent since 2007 and have broken the £1 billion barrier.

We must credit the producers for that positive picture, but we must also credit those who have played and are playing their part in promoting the sector. I am referring to people such as the former Cabinet Secretary for Rural Affairs, Food and Environment, Richard Lochhead, and James Withers and his team at Scotland Food and Drink.

Given the upward trajectory, we can, of course, do more. I would like to make the case that, as part of that process, the Scottish Government should seek to appoint a national chef, as per its manifesto commitment. It strikes me that we are

missing a trick in that regard. Our food has a global reputation and we have chefs of international standing. There are cookery displays at every domestic food promotion event. Let us appoint one of those top-notch chefs to a role promoting Scottish produce and the multitude of dishes that it can deliver to an already receptive international audience.

Talking of good food, I would like to finish with a plug for the taste of Angus event that I am hosting in the members' dining room immediately following the debate. It will afford members the opportunity to sample some of the best produce that Angus has to offer, along with the aforementioned vodka and gin.

The Deputy Presiding Officer: Thank you, Mr Dey. I look forward to taking up the invitation; that sounds good.

17:12

Peter Chapman (North East Scotland) (Con): I refer members to my interests in agriculture, which are listed in my entry in the register of members' interests.

I am sure that colleagues across the chamber will join me in paying tribute to all those who have played a role in making the food life in Angus such an extraordinary success. I note that the food life has won the rural innovator award from the Scottish rural parliament, and I look forward to the opportunity to meet its team when I attend the rural parliament in Brechin at the beginning of next month.

Angus is well known as a county that produces some of our finest food, from the Angus glens that produce fine cattle and sheep to some of the most fertile soils in Scotland, in which malting barley, quality wheat, seed tatties and delicious fruit and vegetables are grown. Let us not forget Arbroath smokies—what a treat they are! As Graeme Dey rightly pointed out, gin has been added to that list, along with many other products. That is a testament to the unique combination of hard work, innovation and respect for tradition that makes our food production industry such an excellent field, if members will forgive the pun, especially when we enjoy such success in exporting our quality produce.

Despite the fact that produce of such excellent quality is grown in Angus, the people who produce those world-beating goods face significant challenges. Times are hard on Scotland's farms and profits are difficult to find.

I am delighted to support our food and drink sector and, over the past fortnight, I have been fortunate enough to talk to many of the companies that have made such a success of Scottish

produce. The produce of our food and drink sector has a value of £14.3 billion, which makes it the largest manufacturing industry in Scotland. That, allied to the fact that the industry is growing strongly, represents an incredible achievement by all those at Scotland Food and Drink and everyone in the supply chain that supports the sector.

Of course, as the motion rightly points out, national organisations cannot always drill down into the detail that is needed to promote the unique selling points of local areas and specialist products. The food life will fulfil within the fertile landscapes of Angus the role that Scotland Food and Drink performs for the whole country, and I congratulate my colleague Graeme Dey on securing this evening's debate. We all need success stories such as that of the food life.

However, as most of us will be well aware, the billions of pounds that we hear so much about during Scottish food and drink fortnight are not making their way back to farmers. We know that the food chain is not working well, and farmers are taking far too much risk and putting in way too much effort for the meagre returns that they receive. That much is obvious, with farm profits falling every year for the past three years and Scottish farm debt at a record high of £2.2 billion, which is up 9 per cent, or £177 million, on the year.

We can continue with our success in food and drink only if we ensure that, as well as promoting quality produce, we look again at the whole supply chain. Too small a share of what the public spends on food flows back to the farmer, and the people who produce the raw material on which our successful food and drink industry is built must get a fair share of the cake if they are to survive and to continue to produce some of the finest food in the world.

17:16

Rhoda Grant (Highlands and Islands) (Lab): I, too, congratulate Graeme Dey on securing this debate on the importance of food and drink in Angus. His motion pays tribute to the food life in Angus group, which is working to promote Angus as a foodie destination.

As others have pointed out, with the success of the Arbroath smokie, the group already has a head start. When the smokie secured protected status, my constituents and I were inspired to seek similar protection for Stornoway black pudding, with similar success. It is important that the Parliament celebrates the excellence of our products and protect their names and reputations.

In his motion, Graeme Dey congratulates the food life in Angus on winning the Angus section of the Scottish rural parliament's rural innovator

awards. He then goes on to congratulate the other winners, which included Bùth Bharraigh, the cosy homes east Sutherland scheme, Sleat community council, Sula Brookes and her dynamic dancers and dancing monkeys classes, Inspired by Autism, Ulva ferry local development office, the Rockfield centre, the Mull and Iona sustainable transport project and the Mull and Iona food trail, all of which are located in the Highlands and Islands. The food life group is therefore in very good company indeed.

It is good to see collectives achieving such recognition. The food life in Angus is very similar to Bùth Bharraigh, which is a community-owned co-operative run by and for small businesses on Barra and Vatersay. It provides local businesses with a shop to sell their produce in, which is something that none of them could have been able to sustain on their own, and its success has given local people access to local crafts and produce, something that they previously had only on an ad hoc basis—if they knew the supplier, for example.

There are challenges for such enterprises. I know Bùth Bharraigh has had difficulty finding affordable premises of the size that it requires; its current shop is due to be demolished, and it is struggling to find an alternative. The location of the shop is important, because Bùth Bharraigh wants it to be close to the pier and harbour to make the most of the increase in the number of cruise ships coming to the islands. Some of the alternative locations are some distance away and although they would still be accessible to locals, they would not be as accessible to visitors, who might not know where to look.

I have met the co-op members, the council and community councils, and I will continue to work with them on finding a solution. It is really important that that co-op is able to continue the success that it has had in growing small businesses. Given that, because of the cost of transporting food to the islands by ferry, food poverty is also a real issue in some of those areas, the ability to access high-quality local food is good not only for local businesses but for the health of the population. Some fantastic food is now available for sale locally.

Graeme Dey mentioned gin in his speech, and a mark of the success of Harris gin is that it recently ran out of bottles and had to ration stocks. Luckily, as I have just heard, it now has more bottles, and rationing has come to an end. As a result, there is delight all round.

Given how important it is for the Parliament to recognise organisations that make such contributions to their communities, I am happy to join in congratulating the food life on its innovation and success.

17:19

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): It is cruel that Graeme Dey has brought to Parliament today the subject of promoting good food from Angus, because today is one of my two no-food days in an attempt to contain the ever-expanding waistline. That is caused entirely by my love of food, much of which is good-quality Scottish food. I am not necessarily pleased with my colleague about that.

Graeme Dey omitted, of course, one of the gems of his area that I and others enjoy: the Forfar bridie. I am quite mystified by that. I understand that it has protected status. I beg your pardon—I have just had a whisper from Graeme Dey that the Forfar bridie might be from Angus but it is not from his constituency. Therefore, he may be forgiven.

I thought to myself that we might pray for an Indian summer. We have not put the barbecue away, and I see a smokie sitting on our barbecue wrapped in a piece of tinfoil with some Graham's spreadable butter, which includes oilseed rape, of course. That was brought to the peak of culinary excellence by a farmer on a farm adjacent to Peterhead. It is, of course, Scottish butter. The smokie would also have garlic from Elgin. I now know that, while watching and smelling that delicious food from Angus cooking on the barbecue, I would be able to sip gin from an Angus distillery. Even better, we could get sloes from Dumfriesshire, which is the best place to get them from, and make sloe gin whose sweetness would absolutely augment that food.

I am beginning to slaver in anticipation of the event that will take place at 6 o'clock. There are still 350 calories that I am allowed to eat today, so I hope to join Graeme Dey.

Notwithstanding the excellent food from Angus, we are missing the crème de la crème of food. I have a secret deal that I will reveal for the very first time. At the election before the most recent one, my Conservative opponent was a fisherman called Michael Watt, whom I get on with extremely well—he is a very nice chap. He supplies me with cod roe. There is nothing on earth that I love more than cod roe. We will have to move it up the food chain, as well. I think that the new name for it is Scottish white caviar. I look forward to seeing its being marketed as that.

In all seriousness, the Scottish Government, with the support of members across the chamber, promotes the good food nation policy, because what we eat determines our health, our girth and much of our economy. Peter Chapman correctly referred to the economic value of good-quality food. We are not going to compete with the rest of the world on price where food is concerned—that is very unlikely; there are very few things that we

can compete with on price—but we will always be able to compete on quality.

I am delighted to find that Angus is stepping up to the mark in seeking to meet and perhaps even overtake at some distant point in time the quality of the food that we have produced for many years in the north-east of Scotland.

I congratulate the food producers of Angus on their efforts and look forward to tasting more of them in the future. It is not just about farmers, of course. I also look forward to eating the ripening brambles that I see on my hedgerows as part of the natural foraging that provides excellent food from Scotland's nature bounty, which we can all enjoy.

17:24

Alex Johnstone (North East Scotland) (Con): It gives me great pleasure to congratulate Graeme Dey on bringing the motion before Parliament and to join him in welcoming the establishment of the food life in Angus to promote good food from Angus.

The farming industry in Scotland has been at the cutting edge of development for most of its time. It is important to remember that we are an industry that is capable of producing on both the large and the small scale and that what we have achieved in recent years in particular is a skill in the production, processing and marketing of food products that has made us still more of a world leader. It is that innovation that has allowed us to continue to express ourselves in the production of food on both the large and small scale. Nowhere focuses that more accurately than Angus, where the very large and very small exist side by side and are equally successful.

I must say a few words about Stewart Stevenson and his continual complaints about girth: it is something that we need to learn to tolerate, Stewart. I can assure everyone that I am not having a no-food day.

Stewart Stevenson: May I, through the chair, remind the member that I have done a deal with his wife to keep an eye on his waistline, because while I continue to oppose him politically, I value him as a person and a contributor to the human race.

The Deputy Presiding Officer: Be gracious, Mr Johnstone.

Alex Johnstone: I thank the member for his concern. He did mention, however, his habit of putting smokies on the barbecue. Some might like that sort of thing, but I have to say that they have never tasted a smokie until they have tasted it right off the fire; only then, when it is hot, newly cooked and still has the fresh taste of the smoke

about it, will they understand the significance of the smokie in its natural environment.

Angus has demonstrated a great deal of ingenuity in food production over the years. For example, the soft fruit industry that exists there and in surrounding counties was once an industry that produced fruit only in a single season, often all ripening on the same day, but it is now an industry that has extended its growing season massively over the period of the summer to one that runs from spring to autumn, and it has become a vital part of our economy.

However, it has to be said that that vital part of the economy is very dependent on labour coming in from other countries. I will be seeking to work with farmers in Angus and surrounding areas to ensure that that supply of labour is not interrupted by any changes that are afoot.

Angus is also a great producer of staples. Potatoes, including seed potatoes, and grain production are large-scale operations in the county and many of the larger farmers demonstrate extremely high levels of efficiency in that.

There are fewer livestock in Angus now than there were in times past. Nevertheless, their quality remains extremely high and Forfar mart is one of the main focuses in the area for trading that livestock.

Yes, it is the case that we in Scotland are good at producing food. We are also good at processing it and good at selling it. The opportunity is there to give Scotland's food production industry its head. Given the right level of support, it is the people who are involved in the industry who will take it forward and show that ingenious ability to make profit from food production. That is why I would always encourage the minister to give support where he can but to have faith in the ability of the people in our farming and food producing communities.

The Deputy Presiding Officer: I call Fergus Ewing to close the debate. You have around seven minutes, please, cabinet secretary.

17:28

The Cabinet Secretary for Rural Economy and Connectivity (Fergus Ewing): This has been an excellent debate, ably led by Graeme Dey, who paid excellent tribute to all the food producers from his constituency in Angus. He provided us with a comprehensive catalogue of mouthwatering temptations; indeed, the list of food and drink and successful produce and businesses was so long and tantalising that I thought that it was less of a speech and more of an à la carte menu. And why not? "Angus à la carte" has a certain ring to it, does it not? The breadth, depth and variety of the

food and drink that farmers and businesses in Angus produce are quite remarkable and a great tribute to those people and to the success of food and drink in Scotland.

I thought that it was slightly churlish of Graeme Dey to spurn the Forfar bridie, which he did not include in his list of producers and foods. I have heard of instances of jilting the bride, but that must be the first instance of jilting the bride, Presiding Officer. [*Interruption.*] Yes—members saw that one coming.

Stewart Stevenson talked about slaving. We will have to ask the Standards, Procedures and Public Appointments Committee to review the standing orders and to prohibit references to slaving in the future in order to ensure decorum and good conduct in this chamber.

Let me be serious. The growth of the food and drink sector has been remarkable, as Mr Dey and other members have said, and it is right to pay tribute to all those involved, not least the farmers, because when we use the phrase “food and drink” in Scotland we are not mentioning farmers and crofters, who are the people who actually produce the food. That is an omission that I have resolved to put right. I will continue to do so. The quality of the food and drink that is produced from Scotland’s natural larder is key to its success.

I acknowledge the leadership of my predecessor, Richard Lochhead, and the work of James Withers. I am proud to endeavour to continue their work. I think that in recent times the Scottish Government has been able to provide some practical assistance. For example, since 2008, 18 awards of food processing, marketing and co-operation grants totalling £23.3 million have been made to businesses in Angus alone. That shows the solid continuing contribution from the Scottish Government, which I hope we can maintain.

There have been a number of successful initiatives, some of which have been mentioned. The think local programme supported many initiatives over the past few years, such as the promotion of food from Argyll. The connect local service is delivered through a £3 million Government investment, to support local food and drink producers individually and collectively. The plans to establish a national chef have been mentioned; we will bring forward plans in due course, which will focus attention on the matter.

Our aspiration that Scotland becomes a good food nation is, I think, shared by all members and has many strands to it. For example, the aspiration is that it will become

“the norm for Scots to take a keen interest in their food”,

that

“People who serve and sell food—from schools to hospitals, retailers, cafes and restaurants—are committed to serving and selling good food”,

and that

“Everyone in Scotland has ready access to the healthy, nutritious food they need.”

That applies especially to children in disadvantaged circumstances. I am thinking of, for example, fresh salmon—our excellent farmed salmon sector is one of Scotland’s success stories, as I said when I opened the aquaculture Europe 2016 conference at the Edinburgh international conference centre yesterday evening—and venison, which is underrated but is, I understand, the most nutritious meat, and for which there might be more possibilities.

The Scottish Government established the Scottish Food Commission in the wake of the good food nation discussion. The commission is chaired by the estimable Shirley Spear, of The Three Chimneys fame. I think that we are working together, across parties, to promote the continuing success of Scotland’s food and drink.

Rhoda Grant mentioned Isle of Harris Distillers Ltd. While I was on holiday this year I had the pleasure of visiting the distillery and partaking of some of its produce. I recommend the distillery to all—as I do the other new gin and whisky distilleries throughout the country, which are another success story of recent years.

I do not know whether this is an apocryphal or a true story, but I heard that on the night of the formal opening of the Harris distillery, which produces excellent gin, people consumed every drop of the product that had been distilled up to then. If what I said is not true, it might be defamatory if it is interpreted in a negative way, which of course is not how I wish it to be interpreted. In seriousness, the success of our craft brewers—some of which, such as BrewDog, have grown to garner international fame—and new distilleries throughout the country, supported, I am pleased to say, by our enterprise network with a bit of encouragement of people such as me, has been part of the framework that has allowed Scotland’s food and drink industry to go from strength to strength.

My job is to continue that work. I pledge to do so with members from across the chamber. I value their support and appreciate that it does not seem to have been infected by the virus of party politics. Of all the things that unify us and dispel the somewhat partisan nature of our proceedings, there can be nothing that does so with greater effect than food and drink. I pay tribute to all the people from Angus who are here this evening and who have achieved so much from that county and for their country.

The Deputy Presiding Officer: I have been so busy thinking about what is going on at the Angus event that I almost forgot to turn on my microphone. I close the meeting.

Meeting closed at 17:36.

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