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Wednesday 1 November 2017

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Scottish Parliament

Wednesday 1 November 2017

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

Portfolio Question Time

Economy, Jobs and Fair Work

Motorways (Noise Levels)

1. Richard Lyle (Uddingston and Bellshill) (SNP): To ask the Scottish Government what action is being taken to alleviate the noise levels impacting on residents since the completion of the M8, M73 and M74 improvement programme. (S5O-01385)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): Significant work has been undertaken to mitigate the effect of the M8, M73 and M74 motorway improvements project. During the construction phase of the project, 24 acoustic barriers or noise bunds were created on the M8 and A725. That mitigation was provided in each instance in which the predicted noise increase as a result of the project was more than 1dB. Furthermore, the fact that low-noise road surfacing, which produces less traffic noise than previous types of road surfacing, was used in the construction of the new road is benefiting all neighbours to the project.

Richard Lyle: I thank the cabinet secretary for that answer but, quite honestly, what he says has been done has not been done for the residents that I am speaking about. He will be aware of the on-going case of the noise and other impacts that are faced by my constituents in Burnacre Gardens in Uddingston. What assistance can the cabinet secretary provide me with in facilitating a meeting between my constituents and the chief executive of Transport Scotland in order to work towards a positive outcome for all involved?

Keith Brown: I have, of course, previously had discussions on the issue with Richard Lyle, who will have been sent a response from the chief executive of Transport Scotland agreeing to his request to meet him. I will be happy to discuss the matter further with the member after that meeting.

I say to Richard Lyle and to all other members who have had an involvement in the project that, although there is no question but that it has been a hugely beneficial project, it has necessitated some disruption and inconvenience to the local population. That is true of all major transport projects. I am very grateful to Richard Lyle for the support that he has given for the project while—

quite rightly—raising issues of concern to his constituents. As we both know, the project represents a huge benefit to central Scotland and to the transport network of Scotland. It has involved £0.5 billion of investment and the establishment for the first time of a motorway between Glasgow and Edinburgh.

Economic Growth

2. George Adam (Paisley) (SNP): To ask the Scottish Government what action it is taking to encourage economic growth. (S5O-01386)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): We are taking a number of actions to support long-term economic growth, including significant investments in transport—one of which I have just mentioned—and digital connectivity, and we are supporting investment in our cities and regions.

Moreover, we are expanding funded early learning and childcare facilities to improve young children's outcomes and reduce barriers to parents participating in the economy. In addition, we have invested more than £5 billion in the higher education sector over the past five years, and a further £1 billion has been allocated in 2017-18.

To boost Scotland's trade, exports and international connections, we have established a board of trade, and we are establishing permanent trade representation in Berlin and Paris to add to our innovation and investment hubs in Dublin, London and Brussels.

George Adam: The Fraser of Allander institute believes that up to 80,000 jobs could be lost to Scotland on the back of a hard Brexit. Does the cabinet secretary agree that that is simply unacceptable, and that it proves that the United Kingdom Government is playing fast and loose with the future of many Scots families as it continues to struggle to come to terms with the European Union during the Brexit negotiations?

Keith Brown: George Adam and the Fraser of Allander institute underline the real risk that Brexit poses to the Scottish economy. The European Union is the largest single market for Scotland's international exports. In 2015, exports to the EU were worth £12.3 billion, which represented an increase of £520 million on 2014. The Fraser of Allander institute's research estimates that, in 10 years' time, gross domestic product is expected to be more than 5 per cent lower than would otherwise have been the case—that is £8 billion in 2015-16 terms.

The institute also estimates that leaving the single market and the customs union threatens 80,000 Scottish jobs in a decade's time. In fact, the BBC reported only this week that the Bank of

England believes that up to 75,000 jobs could be lost in the UK financial sector alone in the event of a hard Brexit. It is therefore no wonder that, in its latest economic commentary, the Fraser of Allander institute says:

“In looking forward, the greatest cloud on the immediate horizon remains the Brexit negotiations.”

That is why we are using all the powers at our disposal to grow the Scottish economy. It is also why the UK Government should accede to the request of my colleague Michael Russell and release all the analysis that it has done of the effect of Brexit on various sectors and parts of the UK in order that we can take the best possible decisions to protect the Scottish economy from the Tories’ obsession with Brexit.

Dean Lockhart (Mid Scotland and Fife) (Con):

Figures that were released last week showed that the United Kingdom economy expanded by 1.5 per cent compared with growth of only 0.5 per cent in Scotland under the Scottish National Party.

The SNP is clearly trying to blame Brexit for Scotland’s economic underperformance, but the reality is that Scotland’s economy under the SNP has been lagging behind for years—years before Brexit—and future growth under the SNP is forecast to remain low for years to come. When will the cabinet secretary start taking responsibility for delivering the economic growth that Scotland deserves and stop blaming Brexit and others for this Government’s economic incompetence?

Keith Brown: It is interesting that, when the previous figures came out, which showed Scottish growth at four times the rate of that of the UK, the member did not ask me to take responsibility for that.

The head-in-the-sand attitude is appalling. It is not only me saying it, or even the Fraser of Allander institute, which members on Mr Lockhart’s side of the chamber like to quote regularly; it is the Bank of England and every other economic commentator. The UK has the lowest projected growth of all the EU countries. It is simply the case that Brexit is the major threat to this economy. Mr Lockhart might disagree with that, but, if so, that means that he disagrees with every economic commentator.

Perhaps Mr Lockhart is saying that there is no threat at all from Brexit. He certainly seems to be sanguine about it. However, there is a huge threat from Brexit. It would be interesting to know whether he supports the call that Mike Russell has made for the detailed analyses that the UK Government has conducted to be released so that we can better inform our decisions on the Scottish economy. Does he support that or not, I wonder.

Jackie Baillie (Dumbarton) (Lab): The one thing that we can agree on is that year-on-year comparison of gross domestic product figures shows that the Scottish economy grew by 0.5 per cent in a period when the equivalent UK growth was 1.5 per cent. I am interested to know what the Scottish Government is doing to close the gap. Specifically, in the context of reducing capital infrastructure projects, would the cabinet secretary consider a fiscal stimulus for the construction industry?

Keith Brown: We have done exactly that in the past, as the member knows, including—not least—the fiscal stimulus after the decision on Brexit. However, decisions on capital expenditure, as with those on revenue expenditure, would be for my colleague Derek Mackay to answer. He and I were discussing this very issue as recently as yesterday afternoon.

Of course, we want to maximise capital investment in the economy. We have seen the benefits of that over many years, with the Queensferry crossing, the M8 bundle and the other infrastructure work that should have been done years ago by various other parties in the chamber but which it has been down to this Scottish Government to bring forward. We will continue to do that to the maximum of our ability using not only the resources that are available to us but any new means, such as the Scottish national investment bank, that might help us to increase capital expenditure. On that, I think that Jackie Baillie and I share the same aim.

The Presiding Officer: Questions 3 and 4 were not lodged.

Carbon-free Economy

5. Linda Fabiani (East Kilbride) (SNP): To ask the Scottish Government how it promotes the carbon-free economy. (S5O-01389)

The Minister for Business, Innovation and Energy (Paul Wheelhouse): The Scottish Government undertakes a range of activities not only to promote but to accelerate Scotland’s transition to a low-carbon economy. To name a few, we have committed a further £60 million to support innovative low-carbon energy projects through the low-carbon infrastructure transition programme; committed to the Scottish energy efficiency programme, making available a minimum of £500 million over the initial four-year period from 2017-18; and promoted low-carbon actions through Greener Scotland to encourage changes in consumer behaviour that households can take.

Linda Fabiani: I know that the minister recognises the contribution that East Kilbride has made to the Scottish economy in the 70 years

since it became Scotland's most successful new town. *[Laughter.]* For the benefit of Mr Wheelhouse's fellow minister, I hasten to add that Cumbernauld is rather good as well—*[Laughter.]*—as is Glenrothes.

Does the minister recognise that, in terms of zero waste, recycling, green transport and industrial innovation in relation to the circular economy, East Kilbride could easily become an exemplar of the carbon-free economy in Scotland, and will he undertake to meet again with the members of the East Kilbride task force to discuss East Kilbride's future in that regard?

Paul Wheelhouse: I am glad that Linda Fabiani managed to keep the peace in the chamber—I am sitting next to Jamie Hepburn, so I was nervous for a while.

I welcome East Kilbride's ambition to become a carbon-free model location. Linda Fabiani is quite right—we have met the task force. The meeting was very positive. As I have just reinforced, the Scottish Government offers a number of policy measures and funding opportunities that are aimed at accelerating the transition to low-carbon growth. Those go beyond the three examples that I gave, with further support available for business communities and individuals.

In response to Linda Fabiani's request, if she agrees to my doing so, I would be happy to ask my officials to offer a meeting with representatives of East Kilbride, whether that is the local authority or other parties, to explore how sources of support from the Scottish Government and our agencies might best be utilised to support East Kilbride's very laudable aim to be a low-carbon model. I would be happy to meet the task force, or others, once that discussion has taken place.

Business Growth (Areas of High Unemployment)

6. Jenny Gilruth (Mid Fife and Glenrothes) (SNP): To ask the Scottish Government what action it is taking to stimulate business growth in areas with high unemployment. (S5O-01390)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): The Scottish Government uses all available levers to create the economic conditions to stimulate business growth in areas with high unemployment. Working closely with a wide range of partners, including the enterprise agencies, Skills Development Scotland and local authorities, we work to ensure that businesses of all sizes and sectors can access the support that they need to grow and create employment opportunities.

Jenny Gilruth: The unemployment rate in my constituency is almost 11 percent, which is the highest rate in Fife. What are the Scottish

Government's proposals for creating jobs and apprenticeships in areas of high unemployment in order to ensure that more of our young men and women get into work and stay in work?

Keith Brown: Jenny Gilruth mentioned unemployment figures. It is true that the figures are different in different parts of the country. However, we have the highest employment figures on record—2,655,000 people are in work. We have higher employment rates and lower unemployment rates than the United Kingdom—the Conservatives have never mentioned that—with 91,000 more people in employment than in the pre-recession peak. Youth unemployment rates continue to outperform UK rates. That comes on top of our fulfilling, four years ahead of schedule, our commitment to reduce youth unemployment by 40 per cent.

Although those are positive figures, we recognise that there are still many barriers to people getting into work. We are continuing to work to improve labour-market conditions—not least by expanding the range of opportunities that are available to young people through our apprenticeship programme and our £96 million investment to deliver fairer employment support services through the new fair start Scotland programme, which Jamie Hepburn recently announced in a statement to Parliament.

The latest employment figures, which came out last week, show that the Scottish economy continues to perform well against a difficult backdrop, with the UK Government's lack of clarity on Brexit and its proposals to leave the world's biggest single market posing the single biggest threat.

Even with those good figures, we must redouble our efforts in areas where we still have issues. Jenny Gilruth's constituency is not far from my constituency: we face similar challenges. We have the opportunity to address those challenges through some of the measures that I have outlined.

Section 36 Applications (Caithness, Sutherland and Ross)

7. Gail Ross (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government how many section 36 agreement applications are in progress in the Caithness, Sutherland and Ross constituency. (S5O-01391)

The Minister for Business, Innovation and Energy (Paul Wheelhouse): In the Caithness, Sutherland and Ross constituency, eight applications made under section 36 of the Electricity Act 1989 are in progress. Of those, four are with the planning and environment appeals

division—the DPEA—to administer the public local inquiry process.

Gail Ross: Does the minister agree that there is incredible potential in Caithness, Sutherland and Ross for renewable energy—in particular, from hydro and wave technologies? Will the Scottish Government work to ensure that any new policies on wild land will factor in the need for renewable energy that is not necessarily wind generated?

Paul Wheelhouse: The Scottish Government is very strongly committed to supporting continuing growth of the renewable energy sector—not just in Caithness, Sutherland and Ross, but across Scotland—as a key driver of economic growth. Nevertheless, we recognise that we need, through the planning system, to ensure that each application is considered on its merits and that we take into account any potential detriment to our natural environment.

Gail Ross mentioned wild land. Although “wild land” is not a formal designation, it is important to recognise that it is taken into account in making determinations on planning applications. It is also important to stress that Scottish planning policy is clear that development may be appropriate in wild land areas where impacts can be

“substantially overcome by siting, design or other mitigation.”

Any future revisions to Scottish planning policy will be subject to consultation.

As Gail Ross has identified, a number of technologies have less impact on wild land than wind power does. We very strongly support investment in hydro power, which was mentioned, and in wave and tidal power and offshore floating and fixed-installation wind farms, in order to enable development of our vast renewable resources with, we hope, minimal impact on areas including wild land.

Edward Mountain (Highlands and Islands) (Con): Although section 36 appeals are free, they incur considerable legal costs. Highland Council, which represents local views, is finding those appeals to be a real financial burden. Will the Scottish Government help the council with extra funds, given the number of wind farms in the Highlands that are being decided on under section 36 powers?

Paul Wheelhouse: We believe that we resource local government well to deliver the services and planning functions that it delivers on our behalf and on behalf of communities. We are obviously prepared to listen to particular concerns about the volume of activity, but we have been here before. Areas of the country have had waves of investment in renewable energy—I am familiar with the Scottish Borders and the rest of the south

of Scotland—and issues have been managed well at local level. However, if there are particular issues, I encourage Mr Mountain to make them known to the minister who has responsibility for planning, Kevin Stewart, who will be able to take forward any concerns that he has.

Economic Growth (North Ayrshire)

8. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government what it is doing to grow the economy of North Ayrshire. (S5O-01392)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): The Government is committed to promoting economic growth across all our communities, including those in North Ayrshire. Our substantial investment in infrastructure, regeneration and business support helps to deliver inclusive growth and economic resilience, by creating and retaining jobs in communities across the area. For example—it is just one example—the Scottish Government modern apprenticeship programme has supported more than 800 modern apprenticeship new starts in North Ayrshire in each of the past four years. We recognise that apprenticeships are an essential way for all employers, regardless of size and sector, to develop their workforce and contribute to business and economic growth.

Kenneth Gibson: Does the cabinet secretary share my concern that neither North Ayrshire nor Ayrshire as a whole are keeping up with economic or income growth in Scotland and the United Kingdom, such as they are. What specific steps will the Scottish Government take to narrow that growing gap and to tackle unemployment, in particular in the over-40 age group?

Keith Brown: Kenneth Gibson is entirely right to draw attention to that. Of course, we are focused on areas where there may be a lag, compared with other communities in Scotland. As I have stated already, the Government is committed to promoting economic growth across all our communities.

However, I want to take cognisance of the proactive and positive steps that have already been taken by North Ayrshire Council, South Ayrshire Council and East Ayrshire Council, and their plans to create a new partnership to boost the Ayrshire economy. That is a tremendous step and one that other local authorities will be looking at with interest. The proposal to establish an interim Ayrshire development board and to explore options to deliver a single Ayrshire economic vehicle that will aim to drive change across the three council areas is an example of partnership working in action.

For our part, the Scottish Government will continue to support the Ayrshire councils as they develop that approach to working with all partners. We will make sure that the agencies for which we have responsibility work with the partners and, of course—as we have stated many times—we have the on-going commitment to explore an Ayrshire growth deal. It would be far better if we were able to have the UK Government working with us on that, but we will also consider any other possible options to improve economic performance and income growth in North Ayrshire, as the member suggests.

Jamie Greene (West Scotland) (Con): Does the cabinet secretary share my concern that the number of people in work in North Ayrshire has plummeted by 10 per cent since his Government came to power a decade ago? What words of comfort does he have for the people in North Ayrshire that that negative trend will reverse any time soon?

Keith Brown: Much of what I said in my previous answers addressed that matter. Success will undoubtedly look like something that is born of a partnership. The partnership that we see already through the initiative that has been taken by the three Ayrshire councils is very promising, not least in terms of the commitment that I have just given that the Government's agencies will work with that partnership. We encouraged it to happen in the first place and we have said that we will respond positively to the suggestion from the three authorities for an Ayrshire growth deal. Once again, I state that we want the UK Government to be part of that growth deal, which it has so far refused to do, in order that we can do exactly as Jamie Greene and Kenneth Gibson suggest, which is to increase employment opportunities in that part of the country.

Brexit (Economic Impact Analysis)

9. Ash Denham (Edinburgh Eastern) (SNP): To ask the Scottish Government whether it has had sight of the economic analysis that has been carried out by the Department for Exiting the European Union. (S5O-01393)

The Cabinet Secretary for Economy, Jobs and Fair Work (Keith Brown): I am sorry to say that the Scottish Government has not had access to any analysis that has been carried out by the Department for Exiting the European Union on the economic impact of leaving the EU on either the United Kingdom or the Scottish economy.

Ash Denham: Figures from the London School of Economics and Political Science show that every single part of Scotland and the UK as a whole will be adversely affected—even in the event of a soft Brexit in which single-market membership is maintained. Does the cabinet

secretary agree that the UK Government cannot keep its assessment of the impact of Brexit from the Scottish public and Scottish businesses? Will he reiterate calls for the paper to be published?

Keith Brown: Ash Denham is exactly right. The question is why the UK Government does not want to share the paper with the Scottish Government. We have responsibility for the economy of Scotland, as we are constantly reminded by members on the Tory front bench, but the UK Government does not want to share the figures that it has commissioned, and which have been paid for by taxpayers in Scotland and the rest of the UK.

I wonder why the UK Government does not want us to see that analysis. It seems that the only part of the UK that thinks that there will be no impact from Brexit is that part of the UK just over there—the Tory part of the chamber—where they are convinced that there is no problem with Brexit. If that is the case, the UK Government should release the figures.

As Ash Denham said, the LSE research highlighted that no part of Scotland will be unaffected by a hard Brexit. The Scottish Government has repeatedly called on the UK Government to publish its assessment of the impact of Brexit. The Scottish public have a right to know the effect that leaving the European Union will have on their communities, jobs and livelihoods. Surely the members of the Conservative Party should back the call from Mike Russell to UK ministers to release the analysis right away, for the benefit of the people of Scotland.

Finance and the Constitution

United Kingdom Government (Meetings)

1. Tom Arthur (Renfrewshire South) (SNP): To ask the Scottish Government when the finance secretary last met the United Kingdom Government and what was discussed. (S5O-01395)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): I met the Chief Secretary to the Treasury on Thursday 26 October, along with Mark Drakeford, the Cabinet Secretary for Finance and Local Government in the Welsh Government, plus the permanent secretary to the Northern Ireland Executive. As I have advised the Finance and Constitution Committee, the agenda for the meeting included discussion of the prospects for the inaugural United Kingdom autumn budget and an update on Brexit, including on any progress on European Union programmes and guarantees. I also used the opportunity to once again call on the UK

Government to reverse its planned cuts in expenditure, lift the 1 per cent pay cap for all public service workers and provide sufficient resources for pay rises across the UK that at least match inflation.

Tom Arthur: In the course of those meetings, was the UK Government able to explain why it is reducing the railway allocation budget to Scotland by £600 million?

Derek Mackay: No, there certainly has not been a satisfactory explanation of that. Members might be aware—they certainly should be—that the UK Government wants to change the previous formula, which was overseen by the regulator and which in essence provided a share of investment in the railway based on how much of the railway is in Scotland. The UK Government has proposed to change that and thereby reduce the resources to Scotland and not give us the resources that we require to maintain and develop the railway in the fashion that we all wish to see. I encourage all political parties to engage on that important issue to ensure that we get a fair deal for the railway in Scotland.

Murdo Fraser (Mid Scotland and Fife) (Con): I understand that, during the finance secretary's meeting with the Treasury, he pushed for more public spending. What additional level of borrowing does he think the Treasury should undertake? How much would that borrowing cost and over what period would it be repaid?

Derek Mackay: To understand that, Murdo Fraser would have to understand the financial headroom that the UK Government will have. Because of economic performance and a range of other factors, the UK Government will have more flexibility than it thought it would have, so it is no longer necessary to enact vicious cuts in public services across the UK and in Scotland.

Murdo Fraser: How much?

Derek Mackay: There can be a sustainable borrowing regime that uses a current budget balance to invest in infrastructure in a sustainable way.

Murdo Fraser: How much?

Derek Mackay: Murdo Fraser just says, "How much?" He is disregarding the information that I have given him, including the point about the important fiscal lever arising from the financial flexibility resulting from economic performance. That makes the point that the reductions that the UK Government proposes are unnecessary and ideologically driven, and it does not surprise me that Murdo Fraser wants to join that club.

James Kelly (Glasgow) (Lab): Does Mr Mackay accept that, if the Scottish budget is to address the substantial issues that he is

responsible for, such as giving public sector workers a real-terms pay increase, lifting children out of poverty and ensuring a proper settlement for local government funding, we require a step change in taxation from the Government and not simply tinkering around the edges, as he did with last year's budget?

Derek Mackay: I welcome James Kelly's point, which in essence is about using the powers of this Parliament. The First Minister and I have said that we will launch a discussion paper that sets out the context of the issue and the principles that we believe in. That discussion paper's publication is imminent.

I invited all the political parties in the chamber to contribute their tax propositions to that paper. We know where the Tories are on tax cuts for the richest in society and the cuts to public expenditure that would go with them. The Liberals and the Greens have given me propositions to consider. I got an awfie nice letter from the Labour Party outlining what it says it believes in, or what Alex Rowley says he believes in, because the Labour Party has only an interim leader at the moment. I look forward to the Labour Party actually having a leader in place. When it has one, perhaps it will be able to engage in budget discussions in Scotland in the mature and responsible manner that has been absent from them so far.

Our discussion will raise the tone and the level of debate on how we fund our public services. I look forward to that engagement in the chamber.

Budget (Local Government Services)

2. Neil Findlay (Lothian) (Lab): Mr Mackay might tell us what he believes in once the First Minister tells him what he believes in.

To ask the Scottish Government how the budget will address the impact of reductions in local government finances to services in Lothian and across the country. (S5O-01396)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): At least I have a leader I can believe in, which is more than the Labour Party has had for some considerable time.

The 2018-19 budget will continue to treat local government fairly, despite the cuts to the Scottish budget from the United Kingdom Government. The overall increase in spending power to support local authority services this year amounts to an increase of more than £383 million, or 3.7 per cent, compared to 2016-17.

Neil Findlay: When Mr Mackay was a council leader, he believed in cutting the school week to save money. Now, council leaders are having to look at eye-watering cuts to essential services—

services that civilise our community. How can we address the appalling health and other inequalities in our community when jobs will be lost and education, social work, environmental services, libraries and youth work will all be cut because of decisions being made by someone who used to be a council leader and who should know better?

Derek Mackay: It is unfortunate that Neil Findlay wants to personalise the issue. When I was a council leader I was able to invest in schools—new build and refurbishment; target support in early years; expand free school meals across the area; and ensure that there was great support and that attainment was improved. I am proud of my record as a council leader.

I am also proud of my record as a finance secretary who has taken a number of actions, including delivering—not just talking about—the pupil equity fund to specifically target attainment in schools across the country, and delivering to local government a fair settlement, which I have described as an increase to resources for local government services. Of course I will work constructively with the Convention of Scottish Local Authorities; indeed, I will meet it later today. We will engage in a mature and responsible discussion on financial matters, something which seems alien to Neil Findlay.

Richard Lyle (Uddingston and Bellshill) (SNP): How many local authorities chose not to use their power to increase the council tax to fund local services?

Derek Mackay: It might be a surprise to some Labour members, but it was actually eight Labour councils that chose not to increase the council tax but to freeze it. One could assume that the local government settlement was so satisfactory that those councils did not need to use those powers in an election year, although I would argue that they should have. Of course it is a matter for them, but all local authorities should use their local tax-raising powers responsibly. It remains the case that only Labour authorities chose to freeze the council tax, at the same time as telling anyone who would listen that they did not have the resources to do the job, when it was a very satisfactory and fair arrangement for local government across the country.

Gordon Lindhurst (Lothian) (Con): Does the cabinet secretary agree that Edinburgh Leisure, which provides affordable leisure facilities on behalf of the City of Edinburgh Council, could be devastated by the twin effects of a cut to its budget of several hundreds of thousands of pounds next year and a potentially enormous bill for business rates if the Scottish Government takes on that aspect of the Barclay review recommendations?

Derek Mackay: Gordon Lindhurst will be aware that many people welcomed my actions on the Barclay review, and that we went beyond a number of the Barclay recommendations. There are some recommendations that require further consideration and the issue of arm's-length external organisations is one on which further engagement is on-going. As we approach the budget and the end of the year, I will give further consideration to the implementation plan that I have previously announced.

ALEOs are given reliefs of approximately £50 million—I will check the record on that and, if I am off, I will confirm; I will double-check the figure, but I think that it is less than £50 million. To put that figure into some context, the overall settlement for Edinburgh in support of local services and in the tax changes that we made available amounted to an increase of nearly 4 per cent, which was an increase of more than £30 million for local services in the city.

I will continue to engage on the Barclay recommendations and will conclude the matter before the end of the year.

Scottish Futures Trust

3. Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Government what action it is taking to review the operation of the Scottish Futures Trust to help improve transparency. (S5O-01397)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): There are no current plans to review the operation of the Scottish Futures Trust. Like all Scottish Government non-departmental public bodies, the SFT has in place appropriate accountability and corporate governance arrangements to ensure the effective stewardship of public funds.

Jackie Baillie: I am very disappointed to hear that, because it is clear that some of the profits are considerable and I would have thought that, across the chamber, members would share a desire to secure best value.

My Westminster colleague Stella Creasy moved amendments to bring transparency to the tax relief arrangements of contractors who are involved in public-private partnership/private finance initiative contracts, yet the Scottish National Party failed to support those amendments. Some companies could be making even greater profits due to United Kingdom changes to corporation tax. Why is the SNP against greater transparency from the UK Government, and also against greater transparency in its own backyard?

Derek Mackay: Coming from Jackie Baillie, that is really incredible, as she supported Labour's PFI model over the years. Our model is far superior to that in terms of transparency, accountability, value

for money and the contribution that it has made to the infrastructure of Scotland.

Audit Scotland will continue to do its work under its work programme, and previous Audit Scotland reports to parliamentary committees have said that the level of information has been satisfactory. However, I am happy to continue to engage with members on the on-going operation of the SFT.

Ivan McKee (Glasgow Provan) (SNP): How do interest rates compare under the non-profit-distributing scheme with those under PFI?

Derek Mackay: Interest rates are lower under NPD than under PFI. The total, all-in interest rate cost across the NPD and hub is less than 5 per cent.

Borderlands Growth Deal

4. Finlay Carson (Galloway and West Dumfries) (Con): To ask the Scottish Government what discussions the finance secretary has had with United Kingdom ministers regarding the borderlands growth deal, which has been announced by the UK Government. (S5O-01398)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): In his statement to Parliament on 5 October, the Cabinet Secretary for Economy, Jobs and Fair Work confirmed that we were looking at the borderlands inclusive growth deal. Mr Brown said that we would enter into detailed discussions with local authorities to explore a deal to support their aspirations. He called on the UK Government to work with us to support inclusive economic growth for all of Scotland through a coherent and planned programme.

Finlay Carson: I am pleased to hear that the Scottish Government is collaborating with the UK Government on the deal.

When visiting Stranraer on 8 April 2016, John Swinney announced five key pledges for significant investment in the south of Scotland, including a multimillion-pound investment in the Stranraer waterfront redevelopment, and a pledge to improve journey times by road, which constituents took as a commitment to upgrade the crucial A75 and A77. With the borderlands growth deal now moving forward, what additional funding will the Scottish Government commit to the people of Dumfries and Galloway to ensure that those pledges are fulfilled?

Derek Mackay: I advise Finlay Carson that the end figure is generally agreed at the end, and I say that to be constructive. We enter into dialogue with the local authorities and the UK Government—and sometimes, helpfully, with businesses and local partners—to arrive at the best possible deal, especially as there are other

interests and contributors in any city deal or, in this case, local arrangement.

We will engage in this constructively. We will make resources available once we have arrived at a deal and I can answer the question more accurately once we know what the contributions might be and the shape of the deal crystallises.

Colin Smyth (South Scotland) (Lab): Having been involved in the borderlands initiative since its inception in my previous role as chair of Dumfries and Galloway Council's economy committee, I am pleased that the Scottish Government and UK Government are now taking an interest in the borderlands. By now, the finance secretary will have received proposals from the five borderlands councils for that growth deal. Will he give a commitment that the proposals will be considered for funding as part of the development of his draft budget this December? Will he urge the UK Government to ensure that it considers the proposals as part of its November budget so that we can see real investment in the borderlands sooner rather than later?

Derek Mackay: It was a bit churlish of Colin Smyth to talk about who created the initiative. I was previously involved as a junior minister, so I know that the Scottish National Party has always been involved and interested in the initiative.

To be constructive, I say to the member that we are engaged in discussions. We want them to progress. We are being positive and constructive, and we hope that the discussions will lead to appropriate investment and co-operation in the area. That might well not feature as early as partners would like, but we have to arrive at the deal to be able to know what economic contribution there might be. Of course I would consider it in this year's budget if a deal could be concluded in time, but that is for all parties to agree. I hope that it can be progressed in a satisfactory fashion.

Small Business Bonus Scheme (Glasgow)

5. John Mason (Glasgow Shettleston) (SNP): To ask the Scottish Government how many businesses in Glasgow receive support from the small business bonus scheme. (S5O-01399)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): The most recent statistics, published yesterday, estimate that almost 10,000 properties in Glasgow are benefiting from the small business bonus scheme this year, which is a 2 per cent increase on last year.

John Mason: I should perhaps declare that my own office benefits from the scheme and does not pay rates, but the saving is not for me but for the Parliament.

Does the cabinet secretary accept that, for many small businesses, the small business bonus scheme is a huge advantage because they feel that they are often struggling to compete with big businesses, and they are very much hoping that the cabinet secretary will continue the scheme in future?

Derek Mackay: Yes, I envisage continuing. I suspect that John Mason is right and that a number of constituency offices are beneficiaries of the scheme. More than 100,000 properties in Scotland are in a similar boat. The scheme has been very well received as a lifeline for our town centres.

I have been able to do a range of things on business rates that have made a difference, but I know that the SBBS is valued and a review that will be carried out will ensure that we maximise the economic and social benefits of the scheme.

Retail Sector (Growth)

6. Gordon Lindhurst (Lothian) (Con): To ask the Scottish Government what support it provides to encourage growth in the retail sector. (S5O-01400)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): The Scottish Government recognises the value of a successful and vibrant retail sector.

In response to recognised challenges to high street retailers caused by the growth in e-commerce, the impact of austerity and inflationary pressures, we encourage growth by providing various mechanisms of support to the sector, including a highly competitive non-domestic rates package, with the average rateable value of retail units having reduced at the 2017 revaluation by over 1 per cent.

Gordon Lindhurst: Footfall in Scotland dropped in September by the biggest amount in more than a year, exceeding the United Kingdom rate. Does the minister accept that any rise in the basic rate of income tax would further hurt businesses by taking money out of the pockets of Scottish consumers and reducing their ability to spend in Scotland's shops?

Derek Mackay: The discussion paper that I am about to launch will put tax issues into context. There is, of course, a relationship between tax and how we choose to spend the resources that the Government might raise.

We have taken a number of actions on business rates, including lowering the poundage, increasing the support for the small business bonus, and changing the thresholds to lift more people out of paying the large business supplement, as well as looking at the Barclay recommendations on the

growth accelerator and no rates liability until occupation. All those interventions are helpful in supporting the retail sector. In addition to that, the town centre action plan and other interventions have supported retail.

If we are going to debate tax, we should do it in an informed way. It would be helpful if all parties could contribute to the debate in a mature fashion so that we can make the right decisions for all parts of Scotland, including businesses.

Scottish Growth Scheme

7. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government whether it will provide an update of the progress being made by the Scottish growth scheme. (S5O-01401)

The Cabinet Secretary for Finance and the Constitution (Derek Mackay): Work has been undertaken to develop and design the Scottish growth scheme, working with financial institutions and our enterprise agencies. Currently, there are two distinct products under the scheme: the £200 million Scottish-European growth co-investment programme, which was launched on 16 June and is aimed at companies seeking equity investment of £2 million or above; and the new and additional funding to the small and medium-sized enterprises holding fund to support equity funding up to £2 million. Work is progressing with a number of companies seeking to access investment support under the European programme. At this stage, six companies have been referred to the European Investment Fund to be considered for investment from EIF-accredited venture capital fund managers, with five engaging in direct discussions with investors.

Liam McArthur: When the scheme was launched more than a year ago, we were told that support would be largely

"in the form of guarantees and loans"—[*Official Report*, 7 September 2016; c 32.]

However, no loans or guarantees have been paid out. Why should businesses have any confidence in the scheme if, 14 months after it was announced, it is still not doing what it said on the tin?

Derek Mackay: I must correct Liam McArthur: the announcement in the programme for government described what we were launching, which was launched earlier this year. There has been engagement with European opportunities, and there has also been specific engagement with banks, partly around the guarantee element to ensure that we get the right products. There is a £500 million commitment over the three-year period, and I am convinced that we will fulfil our commitment to doing this in a fashion that best supports economic growth through a range of

tools at our disposal. We will continue to design this in such a way that, in the fullness of time, it gives businesses the support that they say to us they need.

Health

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-08536, in the name of Anas Sarwar, on health. I invite all members who wish to speak in the debate to press their request-to-speak buttons.

14:42

Anas Sarwar (Glasgow) (Lab): I am delighted to open the debate.

Every day, we are made aware, either through our work in the Parliament or through our own personal experiences, of the heroics of our national health service staff as they support, care for or treat patients in Scotland's NHS. Working in the NHS is not easy; there are demands on time and resources in what is a rapidly changing environment, on top of the priority to care for ill patients and communicate with worried relatives and friends. All the staff who work in the NHS deserve our thanks, and I know that every single member today will agree with that.

However, our thanks alone are not enough; staff in our NHS also need the Government's support. On the evidence that has been placed before us by the independent experts at Audit Scotland, the NHS in Scotland, NHS staff and patients are being failed by this Government and this cabinet secretary. Last year, the Cabinet Secretary for Health and Sport was forced to come to the chamber to give her response to the worst Audit Scotland report since devolution on the state of Scotland's NHS. This year's report, "NHS in Scotland 2017", shows no progress; in fact, performance is declining in some cases.

A decade of Scottish National Party mismanagement of the NHS is being felt by staff and patients, so for the benefit of SNP members who might not have read the Audit Scotland report let me set out some of its findings. On the funding of the NHS, the report says that

"NHS boards had to make unprecedented levels of savings in 2016/17",

and we know that Shona Robison has asked health boards to find an additional £1 billion in cuts over the next four years. That is complete financial mismanagement of the NHS, and it is affecting patient care.

In statements lifted directly from the report, Audit Scotland says:

"people are waiting longer to be seen".

It goes on to say:

"The number of people that waited over the standard 12 weeks for their first appointment increased by over 300 per cent (from 21,500 people waiting in the quarter to March

2013 to 87,500 people in the quarter to March 2017). Of these, the number of people that waited over 16 weeks for their first appointment increased ten fold, from 5,000 to almost 58,000 people.”

On in-patients and day cases, the report says:

“The number who waited over the guaranteed 12 weeks for their treatment increased by over 800 per cent, from 1,450 in the quarter ending March 2013 to 13,300 in the quarter ending March 2017. The past year has seen a marked increase in people waiting longer than 12 weeks—an additional 7,500 people waited over 12 weeks in the quarter to March 2017 compared with the same period in 2016.”

It goes on to say:

“People living in the most deprived areas of Scotland, compared to those living in the least deprived areas ... are most likely to be diagnosed with breast, colorectal and lung cancer at stage 4, the most advanced stage of the disease, whereas those living in the least deprived areas are most likely to be diagnosed at stages 1 or 2”.

Every statistic is a person failed by the cabinet secretary and the Scottish Government.

It is a scandal that the overall health of the Scottish population continues to be poor and that significant health inequalities continue. It is not just a health issue; it is also an inequality issue.

On cancer, which is Scotland's biggest killer, the report lays bare the fact that, after referral for treatment, one in eight patients is not being treated on time. In some parts of Scotland, that figure increases to as many as one cancer patient in every five not starting their treatment on time. Given that we know the direct correlation between diagnosis and treatment starting and survival rates, it is shameful that the cabinet secretary has allowed that failure to continue. Those are not just statistics or numbers; they are the lives of Scots who are being let down.

I will move on to the workforce. It was Nicola Sturgeon's decision to cut training places. There are 3,500 nursing and midwifery vacancies in our NHS, one in three general practitioner practices reports a vacancy, and one in six consultant posts is vacant. That is why the cabinet secretary would do well to listen to the commission that we have set up to identify ways to address the workforce crisis that Scotland's NHS is facing. We hear first hand from staff and experts where the failings are and what Scotland needs to deliver for staff and patients. The cabinet secretary is welcome to attend the commission's next meeting. We can discuss how to reverse the cuts in training places for nurses and midwives, and consider ways to attract more nurses and reduce drop-out rates and the best way to clamp down on private agency spend, which has skyrocketed to £175 million a year under this cabinet secretary and this Government.

We know that staff morale is at a low ebb, because the staff tell us so. That is in part due to the long-term pay restraint that the Government has forced on staff. Every single SNP back bencher voted for the pay cap. It finally looks like the pay cap will be broken because of the fantastic campaigning of staff, trade unions—including Unison, the Royal College of Nursing, the GMB and Unite the union—and Labour colleagues. Although we welcome the mention of ending the pay cap in the cabinet secretary's amendment, there is still no firm commitment that a real-terms pay increase will be delivered for NHS staff. That is in part why we cannot support the Government's amendment.

The SNP has been 10 years in government, and there has been no acceptance of any responsibility. What is the result of those 10 years? There are too few nurses, GP practices are closing, consultant vacancies are unfilled, cancer patients are being failed, services are being cut and patient care is being put at risk.

The report from the experts concludes that

“Over the past five years, overall performance has declined in six of the eight key performance standards”;

that

“The majority of key national performance targets were not met in 2016/17 and wider indicators of quality suggest that the NHS is beginning to struggle to maintain quality of care”;

and that

“Scotland's health is not improving”.

After more than a decade in government, that is a damning verdict from the independent experts, which should mean that every single SNP MSP hangs their head in shame.

On the specific issue of service reform, the First Minister said at First Minister's questions last week:

“when we bring forward proposals for change, we find that the impediments to that change sit on the Opposition benches”.—[*Official Report*, 26 October 2017; c 17.]

What utter nonsense. In all my time in this Parliament, the cabinet secretary has never come to this chamber in Government time to make the case for a major service change that Labour has then opposed. I give her this opportunity today: can the cabinet secretary stand up and name just one service change that has been proposed and that she supports?

The Cabinet Secretary for Health and Sport (Shona Robison): I supported and approved the proposal to centralise the cleft palate service and surgery in Glasgow.

Anas Sarwar: That does not answer the question. There was no vote on that proposal, so

no one voted against it. I am asking when the cabinet secretary has ever come to this chamber in Government time and supported a proposed change and had a—[*Interruption.*] Okay, does she support the changes at the maternity unit at the Vale of Leven hospital or the maternity unit at Inverclyde royal hospital? Does she support the proposed closure of the kids' ward at the Royal Alexandra hospital? Does she support the proposal to close the Lightburn hospital? Each and every single one of those involved a promise that was made before the election and a service that is under threat now.

Another promise was to eradicate delayed discharge in 2015. We now know that the SNP Government's failure to do so has cost the NHS more than £100 million in the past year. One of the key reasons why delayed discharge remains a problem is that there have been cuts to the budgets of local councils, which provide social care. Rather than accusing the Opposition of being an impediment, it is time for the cabinet secretary to start listening to the ideas of members on these benches.

The cabinet secretary can use the powers of this Parliament to stop the cuts and invest in social care instead. She can end the cuts to and increase the number of training places in our NHS and care sector. She can deliver the national guarantee for care workers. She can ensure that all workers are given appropriate training and that no worker has to deal with the insecurity of a zero-hours contract—there is silence from the SNP benches on that.

Time after time, the First Minister and the cabinet secretary have been forced to come to the chamber to defend their failures—failure upon failure, day after day, with patient after patient let down and staff member after staff member overworked, undervalued, underresourced and underpaid. When NHS staff come forward, the reaction is to unleash smears on television debates rather than actually listen to the concerns.

In the cabinet secretary's amendment, there is zero recognition of the failings that are laid at her door by Audit Scotland, zero recognition of the Government's responsibility and zero recognition of the impact of 10 years of SNP mismanagement. There is a total and utter abdication of responsibility while the experts who have authored damning report after damning report are dismissed. There is refusal to take heed of the warnings that are issued by trade unions. There is passing the blame and passing the buck. How many more times can the cabinet secretary come to the chamber to defend her failings and the failings of her department before the First Minister does what is best for Scotland and appoints a new cabinet secretary for health?

The cabinet secretary has broken promises to staff and patients, failed on NHS funding, failed on workforce planning and failed on waiting times. It cannot go on. I say to the cabinet secretary that this is not funny. This is a cabinet secretary who is out of her depth, out of ideas and out of time.

I move,

That the Parliament notes the publication of the Auditor General's report, *NHS in Scotland 2017*; believes that many of the issues addressed in the report are the result of mismanagement by the Scottish Government over the last decade; further believes that NHS staff and patients alike are being let down by the Scottish Government's leadership of the health service, and condemns the Scottish Government's mismanagement of the health service in Scotland.

14:54

The Cabinet Secretary for Health and Sport (Shona Robison): It is very disappointing that Anas Sarwar and the Labour Party are going to vote against lifting the pay cap in tonight's vote. That tells us everything that we need to know about Labour's position.

I reiterate that we have increased training places for nurses to 2,600—

Jackie Baillie (Dumbarton) (Lab): Will the cabinet secretary take an intervention?

Shona Robison: I will give way in a minute.

We have increased training places for nurses to 2,600 over the current session of Parliament, and we have delivered the real living wage to NHS and adult social care staff because we do what we can in leadership—I say to Anas Sarwar—to deliver the real living wage wherever we can. Perhaps others should take a leaf out of our book.

I welcome the latest annual overview of our NHS from Audit Scotland and, of course, I accept all its recommendations. As the health and care needs of the people of Scotland change, it is vital that our NHS evolves to meet the challenges that that presents. Our nation has the welcome challenge of having an ageing population, but we also face the consequences of often deep-rooted health inequalities—a challenge that will not be addressed by the actions of the NHS alone.

Neil Findlay (Lothian) (Lab): Will the cabinet secretary take an intervention on that point?

Shona Robison: I will do so in a second.

Audit Scotland's report recognises that our course of action is the right one. It acknowledges our continued focus on safety and improvement, it acknowledges that levels of patient satisfaction are "at an all-time high" and it recognises that achievements are being made in terms of reducing delayed discharge, which is something that this Government is committed to doing.

Neil Findlay: The cabinet secretary rightly said that we will not address health inequality through health services alone. Does she agree that savaging—yet again—the local government budget will increase health inequality, increase the education attainment gap and fail to narrow the gap between the life expectancy of the poorest people and that of the wealthiest people?

Shona Robison: I very much recognise the role of local government, which is why we transferred £250 million into social care in order to make sure that people get their services. Perhaps Neil Findlay should spend more time criticising the UK Government's welfare reform, mitigation of which is costing this Parliament and Government £350 million every year—[*Interruption.*]

The Deputy Presiding Officer (Christine Grahame): I am sorry, cabinet secretary, but will you sit down for a moment? I sat in on the debate and saw that Anas Sarwar was listened to. I want to hear what the cabinet secretary and other members have to say, please. Thank you.

Shona Robison: The achievements that Audit Scotland recognises are a testament to the hard-working staff of our NHS, and to their commitment to caring for the people of Scotland, for which I thank them.

We have been clear for some time that in order for the NHS and our care services to meet the increasing demands and expectations that are placed upon them, we require the twin approaches of investment and reform. The status quo is simply not an option.

We have seen that performance challenges are best addressed by working with front-line staff. Like those in the rest of the UK, our accident and emergency departments have faced increasing demands. In Scotland, we have worked with the Royal College of Emergency Medicine and front-line staff: that work started under Alex Neil. The result of that approach has been that Scotland's core A and E departments have been the best performing in the United Kingdom for at least two and a half years. Waits of more than four hours in A and E have, since 2012, reduced by 10 per cent, but over the same period they have increased by 180 per cent in England and 56 per cent in Wales. We have therefore welcomed representatives of NHS Wales to Scotland so that they can try to learn from our A and E experience.

Building on that approach, we have established the elective access collaborative programme, which is led by Professor Derek Bell, to work with front-line staff and the Academy of Medical Royal Colleges and Faculties in Scotland to drive improvement in performance. That builds on the additional £50 million that I announced earlier this year to improve waiting times performance.

I have also formed the new expert ministerial cancer performance delivery group to drive forward service redesign and improvement. That is backed by nearly £5 million of new investment and is underpinned by our £100 million cancer strategy. The early focus of the group's work is to drive improvement against the 62-day cancer target, because although the average wait for treatment is six days from when a decision to treat has been reached, I accept that some patients are waiting too long.

Mike Rumbles (North East Scotland) (LD): Will the cabinet secretary take an intervention?

Shona Robison: Yes, certainly.

Mike Rumbles: I just have a brief question—

The Deputy Presiding Officer: I am sorry, Mr Rumbles—you have to wait for me to call you.

Mike Rumbles: I am sorry.

The Deputy Presiding Officer: Mr Rumbles.

Mike Rumbles: Does the health secretary consider that the level of service that patients in North East Scotland receive from NHS Grampian is satisfactory?

Shona Robison: NHS Grampian has improvements to make, which is why we are working with that health board and other boards on elective treatments, for example. Mike Rumbles will be aware that NHS Grampian is getting its share of £50 million, which we expect to deliver improved performance.

Investment is clearly part of the solution, which is why we will have increased the health resource budget by £2 billion by the end of this session of Parliament. However, the most significant changes to our health and care system are not coming in the acute sector. I believe that there is consensus in Parliament and beyond that we must not only increase resources, but shift the balance of resources toward our community health services.

Lewis Macdonald (North East Scotland) (Lab): Will the cabinet secretary give way?

Shona Robison: I will not, at the moment.

In December 2015, Labour called for the “vast majority” of health resource Barnett consequential to be invested in social care, so this Government has continued to invest in social care: indeed, this year there is almost half a billion pounds of front-line NHS investment in social care and integration. In primary care, we will increase funding to 11 per cent of the front-line NHS budget by the end of this session of Parliament—an increase of £500 million, of which £250 million will directly support general practices.

We are also committed to shifting resource to mental health services and child and adolescent mental health services, which is why we are investing to increase the number of mental health services staff in a number of key settings, including A and E and primary care clinics, by increasing funding to £35 million per annum to support 800 staff. That is on top of the additional £150 million over five years that was announced in 2016 for improvement and innovation in mental health services. Work is under way with the Scottish Association for Mental Health and the NHS's Information Services Division to review referrals to CAMHS, and I am happy to announce today that Mr Andrew Rome has been appointed to chair the review of how our mental health legislation meets the needs of people with learning disabilities or autism, which we committed to in our mental health strategy.

The need to ensure that we have the workforce that we need now and in the future is why we published the first ever national workforce plan, which set out the actions that are required nationally, regionally and locally to improve workforce planning practice and to enable better projections about the number, shape and nature of our future workforce. Alongside that, we are bringing forward safe staffing legislation to ensure that we have in place in the NHS and the wider care sector the levers to get the right staff in the right places.

The devotion of our health service staff to the ethos of the NHS is the most powerful driver of change and improvement, and it is one of many reasons why we believe that it is right to lift the 1 per cent pay cap. We will work with unions and employers to deliver that as soon as possible.

Jackie Baillie: Will the health secretary take an intervention?

Shona Robison: I do not have time.

We will also ensure that we continue to pay at least the real living wage to all NHS staff and all adult social care staff, including for sleepover hours.

Last December, we published our health and social care delivery plan, which is the framework that sets out the key actions that we will deliver to make that change happen. The Audit Scotland report sees the early positive signs of that work, in particular in relation to delayed discharge. Aileen Campbell, the Minister for Health and Sport, is taking forward groundbreaking work on public health, which is building on what we have done on smoking, alcohol and tackling obesity.

As I said, health services cannot tackle health inequalities alone. That is why we are committed to free school meals, to the baby box, to free personal care and, of course, to mitigating the

impact of the UK Tory Government's welfare reforms by investing £350 million in helping the most vulnerable people. That is why, in our programme for government, we declared our intention to implement the proposed Frank's law, and it is why we support income-maximisation efforts through the principles of programmes including the healthier wealthier children initiative, which is supported by Alison Johnstone and the Greens.

There is no magic bullet, but by making significant and sustainable improvements in our services through the twin approaches of investment and reform, we will ensure that our NHS continues to meet the needs of our people long into the future. I am pleased that we have record levels of patient satisfaction in the Audit Scotland report.

The Deputy Presiding Officer: Please conclude, cabinet secretary.

Shona Robison: I am proud of Scotland's health and care services.

I move amendment S5M-08536.2, to leave out from first "believes" to end, and insert:

"recognises the challenges faced by the NHS and endorses the recommendations in the report; shares the report's conclusion that NHS staff are committed to providing high-quality care; believes that the Scottish Government should work with unions to lift the pay cap and ensure that all NHS and adult social care staff in Scotland are paid at least the real living wage; notes the report's observation on the impact of health inequalities, and welcomes efforts such as supporting income maximisation through the roll-out of the principles of the Healthier Wealthier Children programme."

15:04

Miles Briggs (Lothian) (Con): As an Edinburgh MSP, I begin by saying how shocked I was to see the cabinet secretary celebrating the closure of Edinburgh's cleft lip and palate unit. That is something for which families across Edinburgh and the Lothians will never forgive the Government.

Shona Robison: Will the member take an intervention?

Miles Briggs: No; I do not have enough time. We have heard enough already.

I want to praise the people who work in our health service. It is always a pleasure to meet those who work day in and day out in our NHS. As we have heard, they are working in a difficult and challenging environment. I record the Scottish Conservatives' support for and thanks to each and every person who works in our NHS.

I cannot be the only member of the Scottish Parliament who feels a sense of déjà vu today,

given that it is only a year since we debated the last shocking Audit Scotland report on our NHS. A year on, it is clear that the challenges are becoming more acute.

I will focus on two important priority areas in which we can help to address the crisis: general practice and palliative care. Given the increasing crisis that faces our GP surgeries across Scotland, it is undeniable that the SNP has failed to invest in GP surgeries over the past 10 years. Figures from the Royal College of General Practitioners show that only 7.3 per cent of the health budget in Scotland is spent on general practice, compared with 9 per cent in England, despite the SNP repeatedly saying that it is committed to shifting the balance of care to the community.

Maree Todd (Highlands and Islands) (SNP): Will the member give way?

Miles Briggs: No. I do not have time.

Audit Scotland said last week in its report that it “is still not clear” how moving more care into the community will be funded. The Auditor General for Scotland gave the same warning back in 2008; it seems that little has changed in the intervening period. Conservative members believe that investment in general practice is the first step to truly shifting more care into the community setting.

Last year, the First Minister announced £500 million of investment for primary care, which she said would

“increase spending on primary care services to 11% of the frontline NHS budget.”

Scottish Conservatives had called for that approach and for additional investment in our GPs, so we welcomed the shift in NHS spend at the time. However, it then emerged that only half the money would go directly to general practices, and there has been further confusion among the SNP’s parliamentarians about exactly where the money is intended to go.

It is clear to Conservative members that not enough funding is going directly to general practice. We are all aware of the problems that the lack of investment is causing. One in four GP practices in Scotland is operating with a vacancy, and there is a projected shortfall of 856 GPs by 2021. One GP surgery closes every month, one in 11 surgeries is not accepting new patients, and a record 52 practices have been taken over and are being run by health boards.

As we have heard today, ministers are quick to say that Opposition parties are not proposing ideas but are just being critical without being constructive. I do not accept that. Last week, the Scottish Conservatives launched our save our surgeries campaign to highlight the problems and to propose potential solutions for general practice.

Conservatives want more medical school places to be made available to Scottish students from all backgrounds, and we want Scottish medical students to be encouraged to stay in Scotland and work in our NHS.

Maree Todd: Will the member give way on that point?

Miles Briggs: It is a shocking indictment of the SNP Government’s record that only 50 per cent of training places in our Scottish university medical schools are made available to Scotland-domiciled students, even though ministers accept that a key factor in where a medical student will choose to work is the postcode on their Universities and Colleges Admissions Service application form. *[Interruption.]*

The Deputy Presiding Officer: Ms Todd, please sit down.

Miles Briggs: The cabinet secretary might not like to hear this, but she should start listening to her predecessor, Alex Neil, who is sitting right behind her. He has been making exactly the same points.

We want patients with complex needs to be given longer appointments, so that GPs are able to deliver holistic care. We want investment in front-line technologies in order to make long-term savings, and we want redesign of services. Just this week, the Health and Sport Committee heard how Scotland is not realising the opportunities that health technology presents to improve people’s lives, to make our health services more sustainable and to modernise healthcare provision.

We want general practices to receive 11 per cent of health funding—not 7 per cent for general practice or 11 per cent for primary care, but 11 per cent for general practices.

Shona Robison: For clarity, is Miles Briggs saying that there should not be investment in the wider multidisciplinary team to support GPs, and that all the money should go just to GPs?

Miles Briggs: Building the team in general practice around GP hubs is the future. Our proposal supports that approach. The cabinet secretary might not want to look at it, but the crisis is in general practice. People are giving up, and they cannot get appointments. If we do not invest in general practice, the system will get worse, as the Government’s record shows. There is a huge bill for locums. In short, we want to save our GP surgeries.

Another matter about which I believe all parties in Parliament are united on delivering progress is palliative care. The Scottish Government, in its health and social care delivery plan, promised to double provision of palliative care and end-of-life

provision in the community by 2021, but there has been very little progress and no announcement on how that investment will be delivered. I believe that investment in palliative care services in the community—which is desperately needed: 11,000 Scots each year miss out on the palliative care that they need before they die—can reduce accident and emergency admissions and unplanned hospital stays, which will take pressure off acute health services. It would also allow patients who are nearing their life's end to receive the type and quality of care that reflects their personal choices.

Can the cabinet secretary therefore, in closing the debate, provide the detail that organisations that work in palliative care want about how much and where additional resources for palliative care services will be invested?

To conclude, I say that the Audit Scotland report is yet another indication of the Government's repeated failure to deliver the policies and leadership that are required to make our NHS sustainable. It is now clear, as each day, month and year passes, that the Government has run out of ideas to make the reforms and changes that we need so that our NHS can meet the challenges of the demographic challenges that all our communities and populations will face, and truly to deliver the NHS that we all want. Patients and families across Scotland deserve better. The people who work incredibly hard day in and day out in our NHS deserve better. In short, Scotland deserves better.

I move amendment S5M-08536.1, to leave out from "the Scottish Government over" to end and insert:

"successive Scottish administrations since 1999; further believes that NHS staff and patients alike are being let down by the current Scottish ministers' leadership of the health service; condemns the mismanagement of the health service in Scotland and the long-term failure to shift the balance of care towards community services; notes the Auditor General's comments that 'It is still not clear how moving more care into the community will be funded' and the Royal College of General Practitioners' concerns regarding the underfunding of general practice in Scotland, and calls on a greater share of the health budget to be invested in general practice."

15:11

Alex Neil (Airdrie and Shotts) (SNP): I begin with something that I think we are all agreed on and which has already been referred to, which is that the single-biggest contributor to ill health in Scotland is the level of poverty and inequality that we have in our society. There is no doubt at all in my mind that an analysis of mortality rates over the past seven years or so shows a clear and direct correlation between levels of poverty and mortality rates. The stalling of the average life

span in the past seven years is, I believe, a direct result of the impact of austerity on the poorest families in Scotland, particularly those who have suffered enormous cuts to their benefits and who rely on state benefits for their wellbeing. Let there be no doubt about that link.

No matter how good our health policy is, health policy alone cannot solve the problems; it must be part and parcel of a much wider programme of economic and social improvement targeted at the poorest people in our communities. I say that in particular to Anas Sarwar, whose attention I draw to a report done by one of the best research organisations in the whole country, NHS Health Scotland. Two years ago, it did a study to identify the most effective policy interventions to reduce health inequalities in Scotland. It estimated that the single most effective intervention was not keeping that hospital open or shutting that ward, or anything to do with the health service; its research found, beyond any reasonable doubt, that the single most important intervention that can be made to reduce health inequalities in our society is to pay everybody the living wage. The universal application of not a Tory living wage but the real living wage is the best way to reduce health inequalities in our society.

Colin Smyth (South Scotland) (Lab): Will Mr Neil confirm that the report that he referred to also called for progressive taxation and for income tax to be increased to tackle high levels of poverty, which the Government has so far failed to do?

Alex Neil: As someone who lived through the Blair years, I will not be taking any lessons on redistribution from a Blairite Labourite who supported all of his policies. However, let us not descend into cheap party-political jibes; let us do what I always do and rise to the occasion.

Having made the point about inequalities and the living wage, let me turn to the Conservatives. I do not say this as a cheap jibe, but I know of young GPs in Glasgow—very good GPs—who have applied to emigrate to Australia. I have also spoken to many older GPs who, in years gone by, would not have retired until they were at least 65 but who are now retiring in their early 50s. Why? Because of the tax changes made to their pensions by George Osborne and company, which are leading to a massive reduction in the pension that they can earn over a lifetime of work. That is what GPs are telling me.

One of the most massive changes in the tax treatment of GPs' pensions was introduced by Osborne without looking at the consequences. When I ask GPs what impact that change has had, nearly all of them tell me that they are retiring early because it is not worth their while, pensionwise, to work beyond their mid-50s. They retire on a Friday, collect their pension on the following

Monday and maybe do a couple of days of locum work a week from then on, for a few more years, to get some extra money. The health service loses the other three working days that it would have had from them if the Tories had not made a mess of the pension fund.

There has also been another effect of that change. When it was introduced, there was a 40 per cent reduction in the availability of out-of-hours work for GPs in Glasgow. When I talk to those GPs now, they say, "What is the point of working? If I do out-of-hours work, I will need to retire at 45 instead of 55, because I won't get a decent pension."

The point that I am making is that, if we are going to tackle the challenges in today's health service—which I hope that we can do more jointly, across the chamber—we will need to be able to influence other policies that are having a very negative effect on things such as GP retention. Health policy is important, of course, and we must rise to the challenge that has been set by the Auditor General. None of us is or should be complacent. However, let us also recognise that, if we really want a first-class health service, we need a living wage and a pension policy that will keep people working as GPs and not force them out of the service, with the consequences that that brings.

I say to all members that we should look at the issue as a whole, not just in terms of our own localities.

15:18

Jackie Baillie (Dumbarton) (Lab): The NHS is one of our country's most valuable assets and it is undoubtedly one of Labour's proudest achievements. Irrespective of politics, we all hold our NHS and all the staff who work in it in the highest regard. Their dedication and service are greatly appreciated. However, the doctors and nurses—in fact, all the staff—are struggling because they are overworked and underresourced.

I say as gently as I can to the cabinet secretary that patient satisfaction is with the doctors and nurses, not with the SNP Government. Audit Scotland's most recent report on the NHS in Scotland is a damning indictment of the SNP's mismanagement of our health services, and it is not the first one. We have Audit Scotland reports stretching back over the past few years that should have served as a wake-up call for the SNP, yet here we are again—and the cabinet secretary is in denial, completely blinkered about what is going on on the ground.

The report shows us a multitude of challenges, from missed targets to concerns about the quality

of care. Seven out of eight key performance targets have been missed, patient waiting time guarantees are out the window and cancer treatment standards are declining—and that is just the tip of the iceberg.

Staff are undervalued and are under immense pressure, agency spending on doctors and nurses is spiralling out of control, our ambulance service is struggling, significant health inequalities remain and health boards are being forced to make huge cuts year on year.

I want to make the current situation real for the cabinet secretary and the chamber by talking about the impact that it is having. The Oakview medical practice, a GP practice in the Vale of Leven, is so concerned about waiting times for emergency breast cancer referrals that it contacted me. An emergency referral is made when the GP strongly suspects that there is evidence of breast cancer; it is not routine. In such situations, it is critical that women are seen immediately. Women currently have to wait eight weeks before they get any treatment—eight weeks that could cost them their lives.

There are also the huge orthopaedic waiting lists. There are real human consequences behind those delays. Alan Howie, who was referred for spinal surgery in June 2016, waited for more than a year, in pain, to receive that surgery. Robert D'Arcy, who was referred for knee surgery in June 2016, waited for 10 months. Bill McLaughlin, who was referred for surgery on both knees in August 2016, waited six months for surgery on one knee and more than a year for surgery on the second one. Jonathan Brown, who was referred for knee surgery in August 2016, waited for eight months. Andrew Taylor, who was referred in September 2016, received an out-patient appointment with a spinal surgeon in July 2017—hooray!—but needs to wait for a further year before any operation will be considered.

John Martin, who was referred for treatment for spinal stenosis in September 2016, waited for a year to see a consultant. Duncan Stewart received his orthopaedic referral in October 2016 but had to wait 11 months for his operation. Alex Hutton, who was referred for orthopaedic treatment in December 2016, was first told that he would wait until March 2017. He was then told that he would wait at least another 40 weeks. He paid for private surgery because he could not wait any longer. Andrew Cordell, who was referred for general surgery in January of this year, was offered his seventh appointment in August after several cancellations. That appointment was also cancelled by the NHS, and he did not know when he would be seen. He has had to go private because his condition is so severe.

That represents a small slice of my casework on waiting times. It makes uncomfortable reading. All the examples that I have shared with the chamber involve people who have waited and waited and waited. Shona Robison's treatment time guarantee is utterly worthless to them. They have waited for a very long time, often experiencing chronic and worsening pain. Frankly, the cabinet secretary has failed them.

What is Shona Robison going to say to all those people and the many more in the constituencies of every MSP in the chamber? An apology would be a start, but that is no longer enough. She should vacate her office and let someone else take charge—someone who will put the needs of patients and staff front and centre of all that they do. Dare I even suggest that we bring back Alex Neil?

I want to finish by talking about the Vale of Leven hospital and the proposal to cut out-of-hours services, which are the most basic of services and which should be delivered locally. Local GPs have consistently said that shutting the out-of-hours service at the Vale of Leven hospital constitutes an unacceptable clinical risk to patients, yet NHS Greater Glasgow and Clyde is ploughing on with its proposals without consulting local residents and patients. It is doing so despite the health secretary's promises that there would be extensive engagement with my community. The health board is ignoring her, so perhaps it really is time that she left the building.

15:24

Brian Whittle (South Scotland) (Con): I declare an interest, as I have a close family member who is a healthcare professional working in the NHS.

The backdrop to this debate is the recently published Audit Scotland report, which states that

"the majority of key trends show that Scotland's overall health is not improving, and in some areas is deteriorating".

Surely that is the key measurement by which we should all be judging our NHS.

The report goes on to say that

"Average life expectancy ... is consistently lower than most European countries ... Healthy life expectancy ... has remained almost the same since 2009 ... Overall mortality rates were higher in 2015 and 2016 than in 2014",

and the number of drug-related deaths is up, with Scotland now having

"the highest drug-death rate in the EU."

It also says:

"A recent study by the Scottish Public Health Observatory .. shows that Scotland is less healthy ...

compared to countries with similar socio-demographic profiles."

Aileen Campbell: Does the member also recognise the report into drug deaths in Scotland that directly correlated their increase with the policies of the Conservatives in the 1980s? Does he think that his Conservative Government should be following austerity policies at this point in time, given that we know that inequality is at the root of many of the health problems that we have in this country?

Brian Whittle: The minister has absolutely no shame, given that the SNP cut the budget for dealing with drugs. You have absolutely no shame if you can stand up in this Parliament and give us a going over on drug-related issues when your Government cut the budget. That is how you make sure that drug-related deaths go up.

The quotes that I read out are not my words but the words of experts on the ground, and I hope that the SNP Government, the health secretary and her team will not try to refute them. If the situation that those quotes describe is the case, the SNP Government and previous Governments have to accept that it happened and is happening on their watch.

The Government's responses to the issues have been at best sluggish and reactionary. We have the much-heralded mental health strategy in response to calls for parity between physical and mental health in an ever-increasing mental health crisis, which has had a very lukewarm response from front-line mental health experts. Last week, Aileen Campbell launched a diet and obesity consultation with the goal of making Scotland a healthier place to grow up in. After 10 years in government, it is as if the SNP has been caught unaware. It cites changes in demographics and an ageing population as if Scotland aged a decade overnight. No forward planning, no vision and, crucially, no heed paid to the warnings of the profession.

While we are on the subject of lame political jargon, please stop saying, "We know there is more to do." For there to be more to do, you have to have done something in the first place and, as the Audit Scotland report states, Scotland's overall health is not improving.

In the time that I have left, I want to speak to the Scottish Conservative amendment, which points to the view of the Royal College of General Practitioners that there has been an underfunding of general practice in Scotland.

I recently spoke to GPs and the practice nurse in a GP surgery in Kilmarnock, and the picture that they painted was not a good one. They readily admit that they are in crisis and are short staffed, a situation that is compounded by the fact that

several partners are approaching retirement age. In the same local area, a GP practice with surgeries in Fenwick, Kilmaurs and Crosshouse handed the practice back to the NHS. Fenwick surgery is now closed for good and of the remaining two surgeries, one has been taken over by GPs, with the other remaining under control of the NHS board. Four surgeries are in crisis in a small area, and those are by no means isolated cases. The situation is being replicated across the country, especially in areas outside major population centres. Continuity of care is a major concern in our GP surgeries and, without it, costs will soar.

Being a GP is no longer the destination of choice that it once was for doctors. For the benefit of Alex Neil, I note that the British Medical Association has said:

"Scotland is facing significant recruitment problems. An ever increasing and complex workload, combined with falling resources, has led fewer doctors choosing to training as a GP, while senior doctors are choosing to retire early or work abroad for a better work-life balance."

I have to say that I would rather listen to them than to Mr Neil.

The crisis cannot be fixed overnight. It takes 10 years to train a doctor. Action would have had to be taken a decade ago—incidentally, 10 years is the length of time that the SNP has been in government for. We need more doctors to choose general practice as their destination of choice, which requires the delivery of a more attractive proposition, not necessarily just in monetary terms.

The RCPG states that the standard 10-minute consultations are increasingly unfit for purpose. If we are to give our GPs time to do the job that they want to do, we need to consider the support that they can access from allied health professionals such as speech therapists, physiotherapists, occupational therapists, dieticians and so on. Further, the role of the pharmacist has to be redefined. They are willing and able to shoulder some of the load. GPs, along with allied health professionals, pharmacists, nurses, health visitors, midwives and many others are the healthcare professionals who will reduce the burden on our hospitals.

The starting point has to be the health and wellbeing of our healthcare professionals, especially if we are to tackle the preventative health agenda. That is my advice for Aileen Campbell's gambit on her diet and obesity consultation—she should start with those who are charged with delivering the outcomes of the Government's consultation.

Our nurses, midwives and doctors are reportedly unhealthier than the national average.

We need to create an environment in which our healthcare professionals have the opportunity to live a more active, healthier lifestyle, and they will then be better equipped to advise those they care for. That is what we mean by connected and innovative thinking.

If Aileen Campbell does not deal with the issue, her consultation—like so many others over the past 10 years—will end up on the shelf just gathering dust. Reactive strategy documents driven by media headlines, instead of planning and implementing the changes that our health professionals are so desperate for, is just not good enough. It is time that the SNP Government started listening to our healthcare workers on the front line and, after 10 years of mismanagement, taking the action that is required to support our NHS staff.

The Deputy Presiding Officer: I know that it is difficult for members not to use the term "you", but I ask that members name the member they are referring to for the *Official Report*. Addressing members by name is one of the Parliament's protocols.

15:30

Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of members' interests, in particular to the fact that I am a registered mental health nurse who holds current registration with the Nursing and Midwifery Council and to my honorary contract with NHS Greater Glasgow and Clyde.

As a mental health nurse, I know first hand the challenges that our NHS faces and the pressures that it is under, but my experience of our health service puts me in a position where I can truly argue that it is this SNP Scottish Government that is best placed to tackle the issues.

The Audit Scotland report makes it perfectly clear that demand for health services continues to rise and that previous approaches of treating more people in hospital are no longer sufficient—nor is treatment in hospital the option that most patients want. The report highlights that the Scottish Government is transforming the healthcare system by moving more care out of hospitals and into community settings; it also makes it clear that

"Integration authorities are beginning to have a positive impact"

on the care of the people they serve.

Delayed discharge, like most of the issues facing our NHS, is not unique to Scotland, but it is highly encouraging that this Government is taking decisive action to tackle it. For example, the Audit Scotland report points to a substantial 22 per cent reduction in delayed discharges in Aberdeen,

which it attributes directly to the health and social care partnership.

At this point, I commend NHS Lanarkshire for its hospital at home project, which spans North Lanarkshire and South Lanarkshire health and social care partnerships. As an alternative to hospital, hospital at home's multidisciplinary teams, which include consultants, advanced assessment nurses, allied health professionals and community psychiatric nurses, deliver specialist and comprehensive care to frailer older adults in their own homes. Research shows that most older adults would prefer to remain in their own homes when possible, so the service not only facilitates patient choice but allows for them to be cared for safely and effectively reduces unnecessary hospital admissions.

Audit Scotland's report recognises that the reforms that the Government is implementing, particularly in the area of integration of health and social care, which includes mental health services, will ensure that our NHS is able to deliver against the increasing demand that it faces.

I have been a mental health nurse for more than 30 years. In that time, there have been many periods of transformational change. Over the years, we have seen huge differences not only in how we view mental illness but in how we care for and treat people who are suffering from mental illness.

I was pleased to note that, earlier this month, a report from the Mental Welfare Commission found that the number of young people with mental health problems in Scotland who are treated in non-specialised wards has fallen by more than 40 per cent. That reduction was so significant that it was acknowledged by the Conservative spokesperson on mental health, Annie Wells, who lodged a motion highlighting the issue. Her motion was signed by 12 of her Conservative MSP colleagues, and by some on my benches, too. It makes a welcome change that the NHS is not being used as a political football and that cross-party support can be found on this subject, if not on others.

Alex Cole-Hamilton (Edinburgh Western) (LD): I absolutely share the support shown by Conservative members for that motion and the points that it contained. What does the member say about the freedom of information response that the Liberal Democrats published last year showing that some children are waiting up to two years in some health board areas for first-line treatment from child and adolescent mental health services?

Clare Haughey: If Alex Cole-Hamilton listens to the rest of my speech, he will hear me address some of those issues.

The Mental Welfare Commission report also highlighted a substantial decrease in the number of hospital admissions of adolescents, which is attributed in part to the expansion of child and adolescent mental health services, and, in particular, to the use of intensive home treatment teams. Because of that service, young people are able to stay at home with family, remain in contact with friends and continue to attend school while receiving the care, intensive interventions and treatment that they need from a dedicated team of mental health crisis practitioners. During such an acute episode of illness, the maintenance of emotional and social contacts with significant people is hugely beneficial to recovery. That shows just how vital the investment in CAMHS has been to improving patient outcomes.

Spending on mental health has increased by 42.6 per cent under the SNP, and in 2017-18 NHS investment in mental health will exceed £1 billion for the first time. Over the past seven years, almost £20 million has been invested to increase the number of psychologists working in CAMHS, and that has led to an increase of almost 60 per cent in the number of psychologists working in the specialty. In fact, the number of professionals working in CAMHS has increased by 50 per cent in the past decade, which is an investment in the future of our youth but also in our NHS staff, to whom we all owe a huge debt of thanks for the work that they do. I do not dispute that there are issues that the Government will have to work on but, as the Audit Scotland report says, a lot of positives can be taken from it, too.

Improving the nation's health in the long term requires more than acute care. Unfortunately, there is no quick fix—not in Northern Ireland, in the Tory-run NHS in England, or, indeed, in the Labour-run Welsh NHS. However, the Scottish Government is implementing the reforms that we need here in Scotland, and we are seeing the signs of positive change already. Good-quality healthcare is the cornerstone of a decent society and we in the SNP will always strive to provide that for the people of Scotland.

15:36

Jamie Halcro Johnston (Highlands and Islands) (Con): As I drive into Kirkwall from my home in Orkney, I get a good view of the new hospital that is being built to serve the islands. It is curved, sleek and futuristic in design. It will have only single rooms, which is something that I have already heard a few local folk complaining about, because it is easier to have a blether when you are on a ward—you cannot please all of the people all of the time. The new hospital will be a welcome addition to health facilities in Orkney. It will mean that local people will be treated in

modern, up-to-date facilities, and staff will have a workplace that meets their needs. However, a new hospital is only part of the NHS provision in Orkney, and I will speak more about that later.

My experiences of Scotland's NHS, both personal and through family and friends, are similar to those of the vast majority of people who engage with our public health system. Free at the point of use, it is staffed by hard-working, compassionate and committed people who work long hours.

We all come to NHS debates in the chamber from broadly the same position—that of seeking the best outcomes for the greatest number of patients. The NHS is a truly cross-party endeavour; we have all had a hand in its creation and maintenance, and we all share a concern for its future. That is the reason behind the scrutiny that it receives. We raise issues because we value the NHS, we want to protect it and we want to ensure that, as we approach the 70th anniversary of the NHS, there will still be an NHS in Scotland in another 70 years' time.

Across the Highlands and Islands, a number of high-profile issues have been brewing for some years, which have come to a head in recent months. I have spoken previously about the long wait that many local cardiac patients are forced to endure before they receive out-patient treatments or appointments. Scotland's declining performance against waiting time targets has been particularly acute in my region's health boards, especially in NHS Grampian, but the performance there has a knock-on impact on services in Orkney and Shetland. In cardiac services, it is nothing short of a crisis, which the health board believes will get worse before it gets better.

The cabinet secretary will recall some of our correspondence on that issue and the revelation of an agreement to ship patients as far afield as Newcastle to be treated. Some people have appeared to defend that position by saying that no one has taken up that option. Of course they have not—it is simply not a realistic option for most patients with heart conditions in Shetland or Orkney.

We also know from Audit Scotland's report the enormous strain facing general practice around Scotland. Those pressures are most keenly felt in rural areas. Ask those rural communities about their experiences over the past 10 years and they will point to a decimation of local health services under this Government. For many, particularly those living in Scotland's remote and rural communities, the future risks being one with ever-increasing distances between patients and the health services on which they rely.

Take the island of Stronsay in Orkney, where the threat of a reduced service now hangs over the community after the resident medical team was suspended in May while the board undertook a review. The review has now been concluded, but I understand that there is still no date for the reinstatement of the medical team and that, at a public meeting on the island, the medical director of NHS Orkney warned that Stronsay would likely face losing its resident team in the future and becoming part of a rotation system. Can the cabinet secretary give an assurance to people on Stronsay that they will not lose their medical team?

In Caithness, local people have taken to the streets, such is their concern over the future of hospital care in their area and the potential effects, particularly on palliative and maternity care. There is a sharp contrast between their dignified protests and the mess that has been made of the review of services by the health board and the Scottish Government. My colleague Edward Mountain has lodged a motion, which I support, praising the efforts of Caithness health action team and of the community and highlighting the view that palliative care for terminally ill people is best kept local.

In Keith in Moray, residents are campaigning for a new health facility to replace the ageing and increasingly unsuitable Turner memorial hospital and Keith health centre. Even the staff at the existing facilities recognise the limitations that they are forced to work under. Will the cabinet secretary give some hope to those campaigners and staff that she accepts the strength of their arguments? Will she take up the matter with NHS Grampian at the earliest opportunity?

General practice and community-based care are supposed to be at the heart of the Scottish Government's future planning yet, despite their increasing significance, Audit Scotland has pointed to an information desert and an integration of health and social care that lacks credible planning to realise the potential benefits.

All of those local concerns have their root in national policy. In NHS Orkney, there is an outgoing chief executive but seemingly no planning for the future and no clearance for the board to advertise for a successor. As a small board, NHS Orkney does not have a deputy chief executive to take over. Where is the succession planning? The situation has led to the suggestion that the Government perhaps envisages the board having a joint chief executive with NHS Shetland, which would be the first step toward forming a single board for the northern isles. Can the cabinet secretary confirm that that is not the Government's intention?

Before closing, I would like to briefly touch on some positive news that was in the media on

Monday, when we heard that Macmillan Cancer Support has employed a cancer nurse, who will provide clear and accurate advice online to people seeking information about their diagnosis. For someone diagnosed with cancer, or anyone who has just been informed that they have a serious or life-changing illness, it can be a bewildering time.

Sandra White (Glasgow Kelvin) (SNP): Will the member take an intervention?

Jamie Halcro Johnston: I have not got time, I am afraid.

The Deputy Presiding Officer: The member is in his last 30 seconds.

Jamie Halcro Johnston: Ensuring that patients, particularly new ones, have clear and accurate information about their treatment process and where to access support could make a difference by making the whole process less daunting for people living with a serious diagnosis.

I hope that the Parliament will not mind if I take this opportunity to give my personal thanks to all the staff at the Macmillan ward in Kirkwall for their fantastic work in supporting the patients they look after, and particularly to Eileen Cooper, who has now retired but who was always a reassuring face for my mother when she was receiving her treatment.

We have thousands of fantastic NHS staff working hard to give the best possible care as locally as possible in remote and rural communities across Scotland—if only we had a Scottish Government with the same ambitions.

15:43

Neil Findlay (Lothian) (Lab): I declare an interest in that my wife is a clinical support worker in the NHS and my daughter is a domestic and will, I hope, soon start work as an occupational therapist.

The NHS does not operate in isolation; it operates within a society and within communities and, along with other public services, it shapes those communities and the lives of the citizens who live in them. This year's Audit Scotland report on the NHS, like those for last year and the year before, is set against a background of massive pressures on all our public services. It is those same public services that have, over the decades, jointly contributed to improving the health of the nation, by increasing life expectancy and eradicating disease. However, that major and significant progress has now stalled and, according to Audit Scotland, life expectancy in Scotland

"is lower than in most European countries".

Indeed, it is lower than in Wales, Northern Ireland and England. The figure in Scotland is 2.3 years less for men and 1.9 years less for women than in Tory England.

The health budget takes up 43 per cent of Parliament's budget. Despite the inflated claims about budget increases, Audit Scotland identifies on page 12 of its report that revenue funding increased between 2015 and 2017 in real terms by just 1 per cent and that, in 2017-18, the budget falls by 0.1 per cent. The inflated claims that the Government makes are simply untrue.

Shona Robison: Neil Findlay is incorrect, because Audit Scotland says that that happens only if the £250 million for social care is taken out. Labour asked us to ensure that that was transferred to social care. If that is added in and we are talking about revenue increases, we see that there has been a real-terms increase in each and every year.

Neil Findlay: There you have it: Audit Scotland is not telling the truth on the budget.

We see health boards and the Government engaged in all sorts of sleight of hand to try to balance the books. Loans are being renamed brokerage, there are late allocations of cash, capital funding is being used as a temporary patch to revenue budgets to pay the day-to-day bills, reserves are being used up and there are various other accountancy manoeuvres.

On the Health and Sport Committee, it has been impossible to get a minister or civil servant to admit that cuts are being made. They claim that they are efficiencies or savings, but my understanding of savings is that we save money to spend it on something else. The £390 million identified is not savings but cuts, such as the shameful cuts to the drugs and alcohol budget. That money is not being saved to spend on anything else. There is no money saved, just services cut. The integration joint boards, just as they begin to do their work, have been tasked with identifying yet more cuts.

We see money wasted on agency spend—the figure is heading for £200 million. Locum spend is £109 million, and some practices rely on locums to keep their doors open. The drugs budget is increasing and negligence costs are up, which is hardly surprising as staff are buckling under pressure. Emergency admissions are up, the number of procedures is up and drug death rates are the highest in Europe. People are waiting longer for appointments, the number of people waiting for in-patient day case treatment is up and only one of eight performance targets is being met.

I turn to sleepovers for people working in social care. We all supported the introduction of the living

wage for social care, but for some members of staff, the underfunded introduction of the living wage is causing their wages to go down, because their sleepover shifts have been cancelled. That must be addressed now.

All those things are impacting on quality of care, with patient complaints up and GPs telling us that workload is impacting on the quality of care that they can provide. I must say to Alex Neil that, in the summer, I held a drop-in session for GPs in my area, and a significant number of them came to speak to me. They mentioned all the other pressures that they are under, and many of them told us that their practice was one resignation away from closing, but not one of them mentioned pensions.

All this is about people. It is about people dying, people waiting for treatment, people being unable to get an appointment, people waiting on social care, people being stuck in hospital—people being failed by this Government. Meanwhile, persistent deep and widening inequality continues.

It is easy to lift points from the report to beat the Government with, but it is up to us to provide alternatives. Let me suggest a number of them. I suggest that we use the powers of this Parliament to introduce progressive taxation policies to fund public services. I suggest that we reverse the disgraceful cuts to Scotland's councils. The Government does not seem to understand that it will make no impact on health inequality if it cuts council budgets, because education, social work, environmental services, housing, youth work and all other council services contribute to improving health and wellbeing. In addition, it cannot improve educational attainment and narrow the gap between pupils from the poorest families and those from wealthiest families if the attainment fund is used to pay janitors' wages. That will not help in any way.

Why do we continue to be at the mercy of the big drugs manufacturers, who are screwing the NHS on generic drugs? *The Herald* recently reported that the price of one antidepressant rocketed 27-fold in the past four years. I believe that we should have a publicly owned and publicly run drugs manufacturing facility for generic drugs. It could save us a fortune.

On recruitment, where is the big, continuous national recruitment process for the NHS? Where are the television, newspaper, Facebook, Twitter, bus, cinema and billboard adverts? Where is the work in schools to get people to join the NHS? Where are the big campaigns to recruit GPs, electricians, nurses and brain surgeons? I do not see them anywhere.

The Deputy Presiding Officer: You must conclude, Mr Findlay.

Neil Findlay: The private sector is all over such campaigns; we are not.

The Deputy Presiding Officer: Thank you very much.

15:49

Stuart McMillan (Greenock and Inverclyde) (SNP): I have a quick question for Anas Sarwar, just as he is about to leave the chamber. Does he agree with the contents of the Audit Scotland report? He does not want to answer.

The Deputy Presiding Officer: Anas Sarwar, you cannot answer from a sedentary position. If you want to answer, the usual method would be to get up and intervene.

Anas Sarwar: I am happy to support Audit Scotland's conclusions and, if Mr McMillan wants me to be the health minister, I am happy to take over from Shona Robison at her convenience.

Stuart McMillan: I am grateful that Mr Sarwar has clarified that, because, on page 5, the report says:

"The Scottish Government, in partnership with NHS boards and integration authorities, should (paragraphs 71–78):

- develop a capital investment strategy to ensure the NHS Scotland estate is appropriate for delivering more regional and community-based services".

I wanted to get that on the record because of some of the scaremongering that has come from the Labour Party in the past about health services and hospitals closing. From Mr Sarwar's point of view, I thought that it would be good to get that on the record.

Anas Sarwar: Will the member take an intervention?

Stuart McMillan: Just one wee minute, please.

Mr Sarwar spoke earlier about staff morale, which is crucial to the delivery of our services. I agree that it is vital for our services. If politicians could raise their concerns in a more responsible way, our staff, patients and communities might be more aware of particular issues that are being raised.

Anas Sarwar: Will the member take an intervention now?

Stuart McMillan: One wee minute.

Once again, the chair of NHS Greater Glasgow and Clyde has had to put out a press release and state that Inverclyde royal hospital is not going to close. He said:

"Reports such as this undermine the valuable contribution that the hospital and its staff make and cause unnecessary worry and alarm ... The hospital has a long

term future and will continue to play an important part in the delivery of healthcare in Greater Glasgow and Clyde.”

Mr Sarwar and his colleagues continually go to local and national newspapers and state that the hospital will close, so he owes my constituents and the population of Inverclyde an apology. I will take his intervention now.

Anas Sarwar: Stuart McMillan owes an apology to the NHS staff whose pay rise he voted against. He owes an apology to the people of Inverclyde for voting against—or, I should say, abstaining on—a vote to protect maternity services at Inverclyde royal hospital. No one is talking about the closure of Inverclyde royal hospital—

Stuart McMillan: Shame!

Anas Sarwar: —we are talking about the services within it, which he should be brave enough to stand up and defend. He defends the SNP and Shona Robison, not his constituents. He should be ashamed of himself.

The Deputy Presiding Officer: That was a long intervention. Mr McMillan, always speak through the chair.

Stuart McMillan: In Mr Sarwar’s contribution—he is sitting there waving; that is pretty childish, Mr Sarwar—he once again attempted to talk down the population of and the health service in Inverclyde. Shame on him for doing so.

Jackie Baillie: Will the member take an intervention?

Stuart McMillan: No, I have taken enough time already, Ms Baillie. I am sorry.

Health will always be used as a political football, as we have already heard from the Labour Party today. Locally, at every single election, Labour claims that IRH will close, but it is not going to close. If it were to be in that position—*[Interruption.]*

The Deputy Presiding Officer: Just a minute, Mr McMillan. I cannot hear anything above the mumbling and grumbling. If your intervention is not taken, Ms Baillie, just be quiet.

Stuart McMillan: If IRH were going to close, NHS Greater Glasgow and Clyde would not have invested in it: £1.2 million on the refurbishment of the accident and emergency department and at the main entrance; £600,000 on improvements to the outside of the hospital and the car park area; £4.3 million on a new clean room for ophthalmology patients undergoing intravitreal procedures; and £6.5 million on the replacement of Ravenscraig hospital. The issue of Ravenscraig hospital had been there for a long time—certainly before 2007—and it was this SNP Government that closed the hospital and replaced it with the new Orchard View unit.

There was also £2.5 million spent on the new IRH main boiler house. The list of investments goes on, so I recommend to Labour Party members that they do some research before they attempt to talk down IRH and Inverclyde.

There is also £22 million to be invested in the new Greenock health centre. That will replace the current facility, which requires regular maintenance and investment.

Labour continuously talks as though everything in the NHS was rosy when it was in power. Labour members certainly seem to have short memories. They seem to have forgotten the utter shambles that was NHS Argyll and Clyde, which was disbanded under a mountain of debt of more than £70 million. Then there was the situation in NHS Western Isles, which Audit Scotland did sterling work with, as did the Parliament’s Audit Committee during its inquiry to help sort out the health board. Neil Findlay spoke about brokerage. The SNP Government had to put brokerage in to sort out that particular health board.

Labour’s record on the NHS is not one to be proud of. I would not trust Labour to run the shops to get my messages, never mind run the NHS or the country. There are challenges facing the NHS and some management decisions have beggared belief, including the fact that, this time last year, NHS Greater Glasgow and Clyde undertook a maternity review while the national maternity review was under way. That was a waste of time and money and it certainly caused unnecessary distress and anxiety for my constituents and the maternity staff, a point that I raised with the new chief executive of the health board this year.

I know that the Presiding Officer is about to tell me to wind up—

The Deputy Presiding Officer: And that is what we are all going to do.

15:56

Alison Johnstone (Lothian) (Green): Audit Scotland’s report is clear about the challenges that the NHS faces. There is severe financial strain on the system, demand continues to rise, and the number of people waiting for their first outpatient appointment has increased by almost 45 per cent in the past five years. Targets are not being met, and the Cabinet Secretary for Health and Sport has already conceded that there is unlikely to be significant progress in meeting those targets next year. The problems are urgent.

My amendment to the motion was not selected for debate and my time is brief, but I want to focus on actions that the Green Party believes will help

with staff recruitment and retention, and tackle health inequalities.

The NHS struggles to recruit and retain staff, and there are disastrous staff shortages in our social care sector. Last year, the Scottish Government promised to produce a comprehensive health and social care workforce plan, but it has not been delivered. Audit Scotland's report states, one plan "became three plans" and part one is not a detailed plan to address workforce issues but a "broad framework" to consider future challenges.

Audit Scotland believes that

"The Scottish Government is likely to find it challenging to provide any more detail in the next two plans ... due to a lack of national data on the primary care and social care workforces".

It is unacceptable that, 10 years into its management of the health service, the Government has failed to develop a robust approach to workforce planning, and does not yet have the data necessary to begin that work. The BMA points out that our existing workforce data is seriously lacking. Posts filled by locums are often not included in vacancy data; proper workforce planning should address that.

No one in this chamber or beyond is reassured to hear that NHS staffing is at record levels, because it is quite clear that the increase in staff is not keeping pace with demand. We simply cannot go on losing practising staff and their expertise. The BMA feels that unnecessary hurdles prevent doctors from returning to work. The RCGP also calls for NHS Education for Scotland to support and expand its GP returner programmes. Those are sensible proposals that must be taken forward.

If we really want to tackle problems with staff retention, we have to lift the public sector pay cap, which has eroded the value of pay, and I welcome the growing agreement on that. Coupled with inflation, and high levels of unpaid overtime, the public sector pay cap has left staff feeling undervalued and demoralised. We know that a retirement bulge is on the horizon, and we cannot afford to lose staff to other sectors.

Low morale is also eroding general practice. We are losing GPs while demand rises, and the Audit Scotland report notes that its previous projections of demand on GP services might be an underestimate, so we are not prepared. General practitioners in the most deprived areas of Scotland need more support. They are likely to have longer patient lists and more patients who have complex medical needs. However, last year, ISD data showed that practices in the 20 per cent most deprived areas of Scotland received less cash per patient than practices in the least deprived areas. GPs in remote and rural areas

also face particular challenges, but we cannot allow patients in deprived areas to be underfunded, which is why I am calling for a renewed focus on health inequalities

In 2015, the First Minister told members that the new GP contract was

"a good opportunity to revise the allocation formula to ensure that it reflects the varying needs of GP practices in different local communities."—[*Official Report*, 3 December 2015; c 21-2.]

Again in 2015, the cabinet secretary stated:

"we need to ensure that all the challenges that are faced by those practices operating in more deprived communities are recognised in the resources that are provided to primary care"—[*Official Report*, 15 December 2015; c 65.]

and she advocated tackling health inequalities in communities through the new GP contract. Yes, there are issues with commercial confidentiality, but we need an open public conversation about tackling unmet need in deprived areas. Commitments around link workers are promising, but let us embed money advice workers in practices, too. The Govan SHIP—or social health and integration partnership—project proves what difference a little bit of protected time for GPs makes, and there is a strong case for rolling out that way of working.

This Parliament should also look at tackling drug price inflation, as it is an aspect of NHS spending that should be reduced without its having a negative impact on service delivery. I am also alarmed about the impact that Brexit could have on the price of generic and biosimilar medicines, but I have little time left to talk about that.

Labour's motion speaks of "mismanagement". I do not believe that every aspect of the NHS in Scotland has been managed well, nor do I believe that every aspect of the NHS has been managed adequately. Although not selected, my amendment made it clear that I and my party believe that the Government has been far too slow to address the serious challenges that the NHS faces, and I am far from convinced that current proposals for safe staffing legislation will deliver genuine improvements to patient care or working conditions for staff in our hospitals or communities.

The Government's amendment speaks to changes that I welcome, such as lifting the pay cap and rolling out family income maximisation services, but it is too complacent. It does not acknowledge systemic workforce problems or that the Government's response to demographic challenges has been overdue and inadequate, and I therefore cannot support it.

That said, Labour's charge of "mismanagement" is broad and general. A motion that advanced more specific criticism and, indeed, solutions would have gained greater support, but this motion

is wholly negative with no suggestions for improvement, and I find that difficult to support, too. I am not clear whether Labour supports shifting the balance of care away from the acute sector, or whether we should continue to commit service delivery to hospitals. The Government supports such a move, but the resource shift is insufficient, and I suggest that it is high time that we discussed honestly the resources that are required to properly fund both health and social care in this country.

The Nuffield Trust report, "Learning from Scotland's NHS", emphasises that a "polarised, hostile political context" inhibits sensible discussion about the NHS, so I will not support the Labour motion. However, the Government should take no comfort whatsoever in the fact that I am not supporting Labour's motion on this occasion. It is a reflection of the urgent need for parties to work together on these key issues, not my satisfaction with their decisions.

The Deputy Presiding Officer (Linda Fabiani): You must close, please.

Alison Johnstone: Like Alex Neil, I believe that we must acknowledge that responsibility for public health does not lie solely with the Scottish Government's health directorate or with the NHS. Every portfolio that we look at has an impact on our national health.

The Deputy Presiding Officer: Ah, I see that Alex Cole-Hamilton is eager and ready. He will be followed by Maree Todd.

16:02

Alex Cole-Hamilton (Edinburgh Western) (LD): I thank the Labour Party for lodging the motion and bringing the debate to Parliament, and I assure it of our support tonight. Although we also support the solutions offered in the Government amendment, particularly with regard to lifting the public sector pay cap, the amendment does nothing to recognise the considerable failures in the Government's administration of the health service or to address the crisis in waiting times, workforce planning or the chronic underresourcing of mental health services in this country. We cannot support such a piecemeal response.

The Audit Scotland report paints a picture of incremental decision making that has been wholly inadequate to the scale of the challenge, and it speaks to a crisis in our NHS and in our social care work force and the causes behind it. I have pointed many times to the interruption of flow at every level of our health service. That interruption is manifest in A and E waiting times, the cancellation of elective surgical appointments and, most crucially, in the amount of time that our citizens must wait for life-saving treatment. The

interruption is caused in part by delayed hospital discharge. The absence of a night-time bed check at home, which costs just £80 a night, can result in a patient languishing in a hospital bed for a year after being declared fit to go home, at a cost of more than £400 a night. That interruption persists, because of the disconnect between the political language deployed by this Government around prevention and health promotion and its failure to deliver both on the ground.

The Government suggests that the parties opposite are bereft of solutions. We have offered solutions aplenty, but they are continually ignored and rebuffed.

Where is the national falls strategy that the Parliament voted for when it backed an amendment in my name in the new year? Where is the 11 per cent of NHS funding for general practice, which enjoys the support of the majority of members but has yet to be realised? Where is the new suicide prevention strategy to replace the one that expired last year? There are solutions aplenty, but they are all rebuffed and ignored. I will focus the remainder of my remarks on that point.

To put it simply, in our efforts to put mental health on the same footing as physical health, we are nowhere. On any given day in Scotland, a quarter of citizens who present to doctors' appointments will do so with an underlying mental health problem. People with a physical complaint will receive treatment and prescriptions for their problems almost immediately, but those who suffer ailments of the mind will endure a waiting time that is measured in months, if not years. That delay costs lives; we see that in the 8 per cent rise in suicides last year.

Two years ago, I was the first responder to the suicide of a man in the heart of Edinburgh. I watched him die. I had an ambulance there for him 90 seconds later, when it was of no use whatsoever to him. I have always reflected on the fact that, had he sought help for his troubles when he first started to feel unwell, he could have expected to wait 90 days or more for first-line support and treatment.

We should consider the research that my party has published which shows that there are children in some parts of Scotland who have to wait upwards of two years for treatment in child and adolescent mental health services, there are no tier 4 beds north of Dundee, thousands of in-patient CAMHS referrals are turned away for want of staff, and there is no consistent provision of counselling in our schools and colleges. I am tired of calling that a national outrage and being met with profound inaction by the Government. If the cabinet secretary is looking for a legacy, above all things let dealing with that be it.

The Labour Party has been slated in the debate for not offering possible solutions in the motion, but I do not blame it for calling out the Government in that manner. The first step to solving a problem is to admit that there is one in the first place. However, week after week in debates such as this one, at First Minister's question time and during topical question time, we see the Administration seeking to turn the eyes of the Parliament south to Westminster and to NHS England in search of absolution for its dereliction of duty. Therefore, I thank the Labour Party for lifting the veil and for once again laying bare the inadequacies of the Government in the area.

Mark Twain once said:

"The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not."

The Scottish Government, for reasons best known to itself, would rather not act on the myriad of solutions that Opposition members offer, and it finds it manifestly difficult to swallow the strategies of others. As a result, my party and I stand with the Labour Party in its reassertion of the challenge against which the Government has been found wanting, and I assure the Labour Party of our support tonight.

16:08

Maree Todd (Highlands and Islands) (SNP): I remind members that I am a pharmacist who is registered with the General Pharmaceutical Council.

I welcome the Audit Scotland report. It is a really helpful document, and it will certainly be useful for us to reflect on the recommendations. Contrary to the sentiments that are expressed in Labour's motion, the report is not all doom and gloom. Nobody is complacent about the challenges that face the NHS in Scotland, but the negative view that is perpetrated in Labour's motion really does not chime with reality.

The report recognises the innovative work that is being done to tackle delayed discharge, to integrate health and social care, and to embed realistic medicine in Scotland. It also recognises that patient satisfaction is at an all-time high, with 90 per cent of in-patients reporting positive experiences during treatment. It highlights the fact that patient safety indicators are continuing to improve—and no wonder. The Scottish patient safety programme is admired the world over for its approach to improvement. It works so well because it is incredibly empowering for the staff on the ground.

We know that there are some things that we do really well in Scotland, and they are highlighted in the report. Our A and E departments have

outperformed those of the rest of the UK for two and a half years. There are all sorts of debates about targets and whether they help or hinder us in our quest to improve health, but the four-hour A and E target is useful. It is a canary-in-the-mine target: it tells us something about the health of the whole system. It definitely tells us something about how things are going in the A and E department—the level of trolley waits—but it also tells us about the level of unscheduled care, such as how well primary care systems are working and whether it is possible for people to get help in the community and avoid coming to hospital at all. If admission to hospital from A and E is needed, how busy is the hospital? How easy is it to find a bed? Is there a problem with delayed discharges, causing a bed shortage?

Health and social care integration is essential, and Scotland is leading the way on it in the UK. Meeting the A and E targets demonstrates that we are making progress, so hitting the A and E target so consistently and for so long is a huge achievement, which should not be underestimated. That is why the Welsh Labour Government recently sent a team to learn from NHS Scotland's success in hitting its A and E targets, which is something that Wales has not done for years.

That brings me to my next point: in Scotland, England and Wales we have three health systems, run by the three main parties that are represented in this chamber. Go compare, guys. We have heard that the Labour Government in Wales is nowhere near hitting its A and E target and hopes to learn from us, but what is happening in England, where the Tories are in power? We are heading into winter and there are predictions that already overstretched A and E departments in England could struggle to cope if they have a flu outbreak such as the one experienced in the southern hemisphere. High bed occupancy rates have been cited, which are caused by lack of funding, especially in social care, and to which staff shortages are a contributing pressure.

Last December only 79.3 per cent of patients were seen within four hours in A and E in England, compared with 92.6 per cent here. The rate of attendance at A and E is increasing all over the UK, probably because of our ageing demographic, which of course is even more acute in Scotland. However, in Scotland A and E attendance has increased by about 3.4 per cent in the past five years, while in England it has increased by 11.8 per cent. It is similar for emergency admissions: in Scotland they have increased by 3.4 per cent, whereas in England they have increased by 14 per cent. The situation with bed occupancy is similar. A safe level of bed occupancy is below 85 per cent. Last winter in Scotland that level ran at an average of 83 per cent; in England it is over 90 per

cent and on some nights it is over 95 per cent. It is almost impossible to make direct comparisons on delayed discharges because of the different data collection methods, but what is indisputable is that delayed discharges are going down in Scotland and going up in England.

Workforce issues are a concern for us all. The nursing vacancy rate in Scotland is 4.1 per cent; in England, it is now over 10 per cent. The number of folk applying to university nursing courses in the UK fell this year by a whopping 20 per cent, which is the largest fall in any UK subject, according to UCAS. Yet again there are substantial differences between the UK nations. Applications are down 4 per cent in Scotland, while they are down 23 per cent in England. That is clear evidence of the difference that it makes to have a bursary and no tuition fees.

Miles Briggs would not allow me to intervene on the issue of general practice, so let me touch on the issue now.

Neil Findlay: Will the member give way?

Maree Todd: I am in my last minute.

Let me remind Mr Briggs that we are in the process of negotiating the first-ever Scottish-only GP contract. Let me remind him that that situation came about only because the UK Government threatened to impose a new contract upon practices against the will of the BMA. Mr Briggs likes to quote the BMA and I heard Brian Whittle quote the BMA, so let us listen to a quote by Dr Alan McDevitt, the chair of the BMA Scottish GP group. He said:

“General practice in England is in a state of crisis”—

Miles Briggs: It is not doing well in Scotland.

Maree Todd: That is what he says—

“Scotland has its problems too, but it could be a lot worse”.

That is what we are saying: there are problems and nobody is denying them—

The Deputy Presiding Officer: Ms Todd, you must come to a close.

Maree Todd: —but it is significantly worse elsewhere.

16:14

Richard Leonard (Central Scotland) (Lab): Today’s debate is a national debate of the highest importance, because last week’s Audit Scotland report is a stark warning to us all—a warning that our national health service itself is sick and in need of treatment.

To begin with, I want to pay tribute to all the staff who work so hard to keep our NHS going day in

and day out, night in and night out, still caring for and curing our sick, and that is despite the obstacles put in their way by this failing SNP Government. I speak from very recent, very personal and very close family experience of hospital care over an eight-week period where nursing shifts were never fully staffed so breaks were never fully taken and where resources were finite but nursing and caring were without bound. I want to thank those staff in the Queen Elizabeth hospital, but I also want to thank all the staff right across the NHS. They deserve so much better than they are getting today from this Government.

That means that the Scottish Labour Party demands, for the avoidance of doubt, not just an end to the public sector pay cap and an immediate return to free and responsible collective bargaining, but an end to the political choice of the economics of austerity as well.

The time has passed when the cabinet secretary can come to this Parliament and plead that we have record levels of NHS investment when we know that every single health board across Scotland is required to make cuts. The time has passed, too, when the cabinet secretary can get away with telling us how much worse it is in England and Wales when the Cabinet Secretary for Finance and the Constitution in this Parliament simply implements the same headline taxation policy as the Tory chancellor in Downing Street, simply implements the same public sector pay policy as the Tory chancellor in Downing Street and simply implements the same public sector pensions policy as the Tory chancellor in Downing Street.

We know that that time has passed, too, when the NHS Pay Review Body concludes:

“The scale of efficiency savings that the NHS is required to make appear to be bigger in Scotland than in other parts of the UK, with the Scottish Government telling us that Health Boards will be expected to make 3 per cent efficiencies in 2017/18.”

That is why last week’s Audit Scotland report is all the more damning, because it underlines the demands and pressures facing NHS staff in the last financial year. It makes it clear that the SNP is not building up but running down our NHS. NHS boards, according to Audit Scotland, are having to make unprecedented levels of savings and are finding it increasingly difficult to identify the levels of savings needed. In fact, so many savings are being demanded by this SNP Government that—I quote the report—

“There are signs that the NHS’s ability to maintain quality of care is under pressure”.

We know that, in GP surgeries across Scotland, practice lists are getting longer, leading in some areas to them being closed altogether; GP

vacancies are persisting; and staff morale is plummeting.

However, perhaps the most terrible indictment of the SNP Government is Audit Scotland's assessment that life expectancy remains lower in Scotland than in most European countries and that the trends are not getting better but getting worse. That is why we have to make tackling Scotland's shameful health inequalities a matter of national priority and, in my view, why we now need dedicated health inequality impact assessments on every policy proposal from the Scottish Government and its agencies.

For too long, we have allowed poverty and inequality to persist, local government budgets to be cut and our economy to stagnate on a failed model of low pay and low investment. This cannot go on, which is why we need a living wage, strong trade union organisation and a growing economy. It is why we need progressive taxation with greater redistribution including a new wealth tax, which is an idea whose time has come.

As the Audit Scotland report clearly shows, it is time for wholesale changes in Scotland. We know that change will not come from the Tories, and it is not coming from the SNP, either. To the cabinet secretary this afternoon, I say this. For the sake of our public services and all those people who depend on them, stop expecting health boards to make unsustainable savings, stop centralising services away from communities and stop slashing the budgets of our local councils. For once, after 10 years in power, start to use the powers that this Parliament has got and raise the necessary funds to alleviate the crisis. If the Government will not do it, let me tell the Parliament that the Scottish Labour Party will. We will stand up for the NHS, because it remains, in the words of Aneurin Bevan,

"a triumphant example of the superiority of collective action and public initiative".

The question for this Parliament and MSPs in the chamber is: who will have the courage to join with us?

The Deputy Presiding Officer: I have noticed that members are starting to forget that they should always speak through the chair. I have to cut the time of the last few speakers. I call Fulton MacGregor, to be followed by Annie Wells. Speeches of five minutes, please.

16:20

Fulton MacGregor (Coatbridge and Chryston) (SNP): I remind Parliament that I am the parliamentary liaison officer for the Cabinet Secretary for Health and Sport.

It beggars belief that we are once again listening to Anas Sarwar and the Labour Party talking down the hard work of staff in the NHS in Scotland and promoting a motion that is devoid of solutions or remedies. *[Interruption.]* They all say at the start of their speeches that they want to thank NHS staff, but they go on to criticise the work that those staff do, day in and day out.

No-one claims that our health service is perfect—SNP members have said today that it is not—but facts are facts, and the NHS in Scotland consistently outperforms that of Tory-run England or Labour-run Wales. In these times of austerity that have been imposed on us by the ruthless UK Government, we should reflect proudly on that. At times, the other parties want us to feel the Scottish cringe, but we will not. We are doing as well as we can in the circumstances.

It is interesting that an ITV Wales news broadcast item was filmed last week in my local hospital—although that is slightly misleading, because it is in Alex Neil's area, which borders mine. Before I go on to the content of the broadcast, it would be remiss of me not to point out that if Labour had had its way, there would have been no filming at Monklands hospital because there would have been no Monklands hospital A and E department in which to film. Every day, thousands of people from across Coatbridge and the rest of Lanarkshire have their lives saved at Monklands. I am thankful that the SNP took over the running of the NHS in Scotland 10 years ago. Ten years on from that decision, we are now in a position in which a business case is being prepared for Scottish Government funding for a new or fully refurbished hospital—a state-of-the-art facility to take us into the new era and face the new health challenges.

Yesterday, not content with the plaudits of the Welsh Government and with waiting times of under four hours, the chair of NHS Lanarkshire launched a new rapid emergency assessment care team at the hospital, which will provide better and more patient-centred care. When ITV Wales came to Scotland to report on how the NHS under an SNP Government compares to the NHS under a Labour Government in Wales, it was entirely appropriate for the news team to choose Monklands—the decision on which was one of the first signs that the SNP puts the health and wellbeing of the people of Scotland first and foremost.

It turns out that it is not only ITV Wales that is looking to the Scottish NHS for pointers; the Welsh Government has confirmed that it is looking to learn lessons from Scotland, and NHS Wales has sent staff on fact-finding missions. In the summer, the Nuffield Trust produced a report entitled

“Learning from Scotland’s NHS”. When will the Labour Party come to the table?

The SNP Government has consistently prioritised the NHS from day 1, as opposed to Scottish Labour’s policy of shutting down hospitals. Labour wants to pick out parts of the report and miss out others, which is all part of its on-going sustained effort to turn our treasured NHS into a political football. I do not remember hearing Anas Sarwar mention—maybe it never happened, but Anas Sarwar has left the chamber—the privatisation agenda of the UK Government or the savage cuts to public spending that are putting more and more pressure on our public services. That would be too much; that would mean him having a go at the Tory Party, as he should. He wants to be on the Tories’ side, but Miles Briggs has made sure on Twitter today that he is not on Labour’s side, so it is not a friendship that is reciprocated in the debate.

The Government has committed additional above-inflation spending to our NHS, while spending in other UK countries falls. That fact has been highlighted by other members, but it is still worth saying that the budget has gone up under the SNP Government. The SNP has made ambitious and challenging changes to how the NHS is run in Scotland. The on-going integration of healthcare and social care is welcome and necessary, although it is complex.

Monica Lennon (Central Scotland) (Lab): Will the member take an intervention?

Fulton MacGregor: No. I am running out of time.

Richard Leonard: You have two minutes!

Fulton MacGregor: No—I have a minute.

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

Fulton MacGregor: Patient satisfaction in Scotland is at an all-time high, as members have said, and life expectancy and survival rates for chronic conditions are up.

Staffing is also up, which is crucial. There are more than 12,000 additional staff since 2007, thanks in no small part to the Scottish Government’s policy of free tuition, supported with bursaries, for student nurses.

As I have said, we cannot ignore that the NHS faces massive challenges and that there is a lot of work to be done. Integration of healthcare and social care is a massive task, but it is necessary not only to ease the burden on hospital beds, but to ensure that everyone who is able to be out and about in their own home and community can be.

I am coming to the end of my time, so I will just say that Labour members should not be standing

up in the chamber to speak to motions such as the one that we are debating. Labour members should be apologising for actively campaigning to condemn us to Tory Governments for which we did not vote and, therefore, to having austerity forced on us. They should be—

The Deputy Presiding Officer: You must close, Mr MacGregor.

Fulton MacGregor: Labour members should be congratulating the Scottish Government for acknowledging challenges while providing for the best and most progressive health service in the UK. I will leave it at that.

16:25

Annie Wells (Glasgow) (Con): I am pleased to have the opportunity to speak in today’s debate on such an important issue: our NHS.

Last week, Audit Scotland’s report exposed the SNP’s mismanagement of the NHS since it came to power more than 10 years ago.

As Ruth Davidson pointed out, the report rightly highlights the reform that is taking place. Of course, Conservatives acknowledge the challenge that the NHS crisis would present for any Government.

When it comes to NHS Scotland, however, it is time that the SNP Government took urgent action to bring our health services up to standard. Hospitals are short staffed, workers are stressed and the SNP Government is repeatedly failing to hit waiting time targets, on which I will focus.

Waiting time figures have become a symbol of the performance of the health service. We see them in newspaper headlines and we hear about them in Parliament. Politicians keep a close eye on what is happening in our regions and constituencies.

One thing is clear: the SNP is repeatedly failing to meet the targets that it set. It is significant that Audit Scotland highlighted that only one out of eight key waiting time targets was met in 2016-17. According to the most recent statistics, performance in six of the eight waiting time targets has declined over the past five years and has remained static in one.

Out-patient figures are particularly stark. Over the past 12 months, there was a 99 per cent increase in the number of people who waited more than 12 weeks for their first out-patient appointment, and a 132 per cent increase in the number who waited more than 12 weeks for in-patient or day-case treatment.

The statistics are so bad that the health secretary was forced to admit last weekend that

the waiting time targets will not be met by the end of next year.

Let me highlight just one case from Glasgow on which I have been working. I recently dealt with a constituent who was put on the waiting list for an orthopaedic out-patient appointment last December, but will not see a specialist until later this month. The constituent has had to wait almost a year.

In addition to missing key waiting time targets, the SNP is missing other targets. Two and a half years ago, the SNP wanted to achieve zero bed blocking in our hospitals, but its lack of action has resulted in concerning figures. Audit Scotland revealed that bed blocking cost the Scottish NHS more than £100 million in the past year and that, under the SNP, more than 500,000 bed days were lost as a result of the delayed discharge from hospital of patients who were ready to leave. That is the ripple effect of the SNP's failure to provide adequate community care for elderly people.

Hospitals carried out 14,000 fewer operations in Scotland this year as cash, bed and staff shortages left patients waiting longer for surgery.

Mental health waiting times, too, repeatedly lag behind the 18-week target for patients to be seen after referral. The latest figures show that in the last quarter only 80.7 per cent of children and young people were seen within the target timescale.

Clare Haughey: Will the member give way?

Annie Wells: I have already had to cut my speech.

For adult psychological therapies, the proportion was 72.4 per cent, which is nearly 18 percentage points less than the Scottish Government's target of 90 per cent.

The hospitals in my region—Glasgow—consistently appear in the lists of hospitals that have the worst waiting times. The SNP talked up the Queen Elizabeth university hospital as a flagship hospital for the city, but patience is now running thin among Glasgow residents about waiting times. Figures for A and E waiting times show that just 79 per cent of patients were being seen within four hours, which is the lowest rate in the country. The Audit Scotland report highlights the fact that one in eight cancer patients nationally is not being seen within the 62-day referral timescale for urgent case treatment, but for Greater Glasgow and Clyde NHS Board the figure was even worse, being nearly 3 per cent behind the national average and 4 per cent down from the same time last year.

Those are inexcusable figures. When we see the targets not being met year on year, it begs the question why more is not being done. Although

ambitious waiting time targets may be the glossy way of reaching out to voters, unless the Scottish Government is willing to make ambitious changes, as is highlighted in the Audit Scotland report, the waiting time figures will continue to be the symbol of an NHS that is failing to meet the needs of our country.

16:30

Sandra White (Glasgow Kelvin) (SNP): For the very first time, I will agree with one word that Annie Wells mentioned in her speech. She referred to it as “our” national health service. It is our health service, but I will not take anything from the Tories, who are driving people to food banks and making their health so much worse that they have to go to hospital because they cannot eat and cannot heat their houses. We will take no lessons from the Tories.

I turn to Labour. Yes—health is important, as has been said before. Stuart McMillan mentioned healthcare being treated as a political football. Anas Sarwar can sit there and smile away, but this is not a competition about who will be the next Labour leader, although that seems to be what you want to turn it into. It is a disgrace that you have put something as important as health in a motion but have absolutely no ideas whatsoever. All you can do is negativity; you offer nothing at all.

I want to ask everybody here in the chamber and in the gallery, while Labour members talk about more money for the health service, to remember who was responsible for privatisation. You talk about privatisation—

The Deputy Presiding Officer: Will you speak through the chair, please, Ms White?

Sandra White: I am sorry, Presiding Officer.

You brought in the private finance initiative to the health service. You brought in PFI in a certain way, did you not? You privatised hospital car parks—

The Deputy Presiding Officer: Ms White—would you please speak through the chair and not directly to your Labour colleagues?

Sandra White: I apologise once again. I did not realise what I had said. I get very angry about this point.

We now have hospitals at which the people who work there—the staff whom we rely on—cannot afford to park in the car parks. Why? It is because of the PFI deals that were done by the Labour party. The car parks are far too expensive. It was a PFI deal that brought in privatisation of the health service through the car parks and has made them so expensive that we cannot even buy them out. I urge the Labour party, and anyone else

who wants to listen, to reflect on that. Privatisation was leaked into our health service by the Labour Party and the PFI deal on the car parks.

I turn to the Audit Scotland report, which is very good. We have to look at it: it is not all doom and gloom. Hearing what the Labour Party and the Lib Dems and the Tories have to say about it, I might think that we live in a third world country, as someone in the Labour Party said. It is not like that; they should stop scaremongering to the people out there who use the health service. Let us just read some of what the report says.

Kezia Dugdale (Lothian) (Lab): Will the member give way?

Sandra White: No. I am sorry.

Let us see what pages of the report are worth noting. Increased funding is mentioned on page 12. High patient satisfaction, which has already been mentioned, is on page 7. There is reference to

“a strong culture of continuous improvement”,

as cited in the Nuffield Trust's report, on page 23, and the report highlights the consistent policy direction. However, Labour cannot stand anything that is not negative. Is not that rather sad?

The report goes on to say:

“Scotland has had a consistent overall policy direction in health for many years and there is broad consensus on the aim that everyone will be able to live longer, healthier lives at home or in a homely setting.”

I am glad about that, and I think that Labour members should listen. That is on page 4 of the report. The report also says, on page 27, that building blocks for transformation are being put in place, and that activity is on the way up, and it says on page 4 that there is a positive image of change, stating that

“There are also early signs that changes in the way services are planned and delivered are beginning to have a positive impact.”

That is good news. I am not saying that everything is absolutely rosy, but those are good and positive points, and I think that the public have a right to know about them, instead of hearing constant scaremongering.

I turn to the NHS staff, who are very important. Under agenda for change, staff in Scotland are better paid than staff anywhere else in the UK. Band 5 nurses in Scotland are between £225 and £309 a year better off than their English counterparts, and entry pay is £881 higher in Scotland than it is in England. Surely to goodness that is a good news story. More than 20,000 compulsory redundancies have been averted in Scotland, which is the number of compulsory

redundancies that there have been in the English health service.

Surely to goodness Labour members should look at the positives as well as at the negatives, which are all that they seem to look at. In Scotland, a consultant's salary can be up to £2,000 higher, and there is the very important issue that Anas Sarwar constantly goes on about—the ending of the 1 per cent pay cap. The SNP did that; Labour did not.

16:36

Donald Cameron (Highlands and Islands)

(Con): I welcome the opportunity to close for the Scottish Conservatives, although I, too, have an eerie sense of déjà vu. This time last year, I stood up in the chamber and raised the many issues that were contained in Audit Scotland's 2016 report. I noted how very few targets had been met; how we needed to address the growing workforce crisis; the rising stress levels that affected our staff; and the fact that Audit Scotland had repeated its calls for the Government to begin the process of transferring more responsibility from acute services to the community. What has changed since then? Frankly, not much.

Only one of the eight performance targets was met—the same as last year. There is a major workforce crisis, with £171 million having been spent on agency staff—the same crisis that we warned about last year. Little progress has been made on shifting the balance of care—the same as last year. There is also a severe lack of clarity about how the Scottish Government will achieve its rebalancing—again, the same as last year. In fact, the criticism is not just the same as last year; the same recommendations have been made in virtually every Audit Scotland report since even Labour was in government.

Let me speak about the NHS at its best. I was in Raigmore hospital in Inverness on Friday, visiting a family member who was fulsome in their praise of the treatment that they had received. I saw for myself nursing care and medical care of the highest quality, as well as hospital staff who were welcoming and helpful. As I have said, that was the NHS at its best. How do we marry that positive experience of NHS Highland with the dire picture that is painted by an independent auditor in the report? NHS Highland was the worst-performing board in Scotland on achieving the target of 12 weeks from referral to out-patient appointment.

Notwithstanding the efforts of our hard-working nurses and family doctors, the report again lays bare deep, systemic problems in our NHS. Time and again, members have warned the Government about the impending workforce crisis, which many have alluded to in the debate.

Clare Haughey: I am keen to know how the member reflects on the impact of Brexit on European Union nationals here and the huge decrease in the number of Nursing and Midwifery Council registrations over the past financial year. How is that going to help us to staff our NHS?

Donald Cameron: As I have said many times, the idea that the workforce crisis began on 24 June 2016 is ludicrous. Clare Haughey should know that.

Time and again, we have spoken of the need to implement rather than simply talk about strategy. Time and again, we have flagged up the concerns of Audit Scotland only for those concerns to fall on deaf ears. What have we heard from the Scottish Government? We have heard the usual mantra, “At least it isn’t as bad here as it is in England”—from the First Minister last week and from Maree Todd today. The SNP is in complete and total denial.

Fulton MacGregor: Will the member take an intervention?

Donald Cameron: No.

People in Scotland know that that is mere deflection. They care about what happens here in Scotland. For once, will the SNP just admit that it has got it wrong on the NHS?

The Scottish Government likes to talk about patient satisfaction, which I accept is high. However, as BMA Scotland has said, that level of satisfaction

“will only get harder to maintain”.

The BMA reports that

“nurses and doctors have found increasing worries that the volume of work faced is compromising the quality of care we give to our patients”.

Before SNP members crow about the small morsels of achievement in the Audit Scotland report, will they at least front up to the fundamental problems that exist?

Maree Todd: Will the member take an intervention?

Donald Cameron: No—I have already taken an intervention and I have limited time.

Instead of talking about challenges and difficulties to overcome, will the SNP accept the sheer enormity of the problem at hand?

I want to turn to some of the important remarks that members from across the chamber have made. Miles Briggs spoke about the huge problems that general practice faces. He mentioned our constructive suggestions that more medical school places be provided for Scotland-based students and that a 15-minute minimum

appointment time be introduced for GP appointments.

I must address what Alex Neil said. He wants to blame anyone but his own Government. His holding George Osborne accountable for the GP crisis is ludicrous. Not once in its briefing for the debate does the Royal College of General Practitioners mention pensions; it is all about low morale, workload pressure and underfunding.

In a telling contribution, Alex Cole-Hamilton captured the sheer frustration of the many members of all parties who keep making suggestions, keep scrutinising the Government’s actions and keep getting ignored.

Jamie Halcro Johnston made an excellent point at the start of his speech: he said that everyone has a stake in the NHS, because we all played a part in its creation and maintenance. That is why scrutiny of it is so important.

Jackie Baillie spoke movingly about the human stories behind the statistics. It is so easy when discussing reports such as Audit Scotland’s to forget the human element of the crisis in the NHS.

Either the Scottish Government can listen to the concerns that have been raised by Audit Scotland, the professional bodies and the people who are on the front line or it can continue to wallow in its delusion and spend another year talking instead of taking action. The cabinet secretary should reflect on the debate and take the recommended action that is required to ensure that, come this time next year, a different tale is told: a tale in which our workforce does not feel burdened by diminishing support and stretched because of staff shortages; in which our doctors, nurses and others can deliver the excellent patient care and service that they have spent years honing; in which targets are met and patients are treated within the specified waiting times; and in which community services become empowered to diagnose and treat local residents so that hospitals can deal with more complex cases. That is the goal, but it is only by taking decisive action that it will be achieved.

16:42

Shona Robison: I start by making it clear that I have never once said that everything in the Audit Scotland report is rosy, but neither is everything in it negative, as the Opposition would try to portray it. The truth is that it is a balanced and very fair report that lays out not only the challenges but where progress is being made. I think that Donald Cameron has been the only Opposition politician in the debate to say anything positive about the report, which he did by accepting the report’s findings on patient satisfaction. In that respect, the debate has lacked any balance at all.

I want to respond to some of the issues that members have raised. Miles Briggs talked about the resources that are being put into shifting the balance of care. We have made a clear commitment that, over the course of the parliamentary session, £500 million will be shifted into community services. For the first time, more money will be spent on community health services than elsewhere. That will lead to the changes that are required in primary care and will ensure that general practice is a more attractive proposition, so that we can attract young doctors into general practice.

There are more medical training places than ever before—we have significantly grown the number of undergraduate medical places in Scotland. We are committed to widening access to the medical profession to all talented young people in Scotland. The 50 places that we added in 2016 that are targeted specifically at widening access to candidates from a wider variety of backgrounds have been maintained for 2017, and we have set up two pre-medical entry courses that are targeted at those from less advantaged backgrounds to ensure that we can attract the best candidates into medicine, regardless of where they come from. In addition, of course, we have set up the first graduate medical school to boost the number of medical trainees here in Scotland.

Miles Briggs: Can the cabinet secretary tell Parliament when the GP shortage in Scotland will be resolved?

Shona Robison: It will be resolved when we get in place a new contract and primary care model that is more attractive to young doctors. The truth is that not enough young doctors want to go into general practice. That is why we, along with the BMA, are bringing in a brand-new contract that will revolutionise general practice in Scotland. It is just a pity that Miles Briggs is not getting behind those efforts.

On the resources going into palliative care, I will write to Miles Briggs with an update.

Alex Neil, quite rightly pointed to the fact that tackling health inequalities cannot be done by the NHS alone. He was quite right to talk about the impact of welfare reform on the health of our nation and to point to the significant report from NHS Health Scotland that says that one of the single most important actions that can be taken is delivery of the real living wage. We should all show leadership in that direction, should we not?

John Scott (Ayr) (Con): With regard to showing leadership, the cabinet secretary will recall that I recently raised with her NHS Ayrshire and Arran's intention to close the chemotherapy unit at Ayr hospital and move it to Crosshouse. Will she intervene in that decision and ensure that

chemotherapy is delivered both at Ayr and Crosshouse?

Shona Robison: As John Scott knows, that issue was raised—I think by him—at the Ayrshire and Arran NHS Board annual review meeting. I have been clear with that health board, as I would be with any board, that any such proposals have to involve full consultation with the local community, and the local community has raised strong concerns about the proposal that we are talking about, which John Scott and I both heard at that review meeting.

Jackie Baillie talked about agency spend but, funnily enough, did not mention the fact that the Audit Scotland report said that there had been a reduction in agency spend over the past year. Again, that shows a lack of balance in what has been chosen to be highlighted.

Jackie Baillie: I think that the cabinet secretary will recognise that the bulk of my speech was about the people in my constituency who have had to wait for treatment. The treatment time guarantee is out of the window. Some of them were waiting for a year. What does the cabinet secretary say to them?

Shona Robison: I say to them and to Jackie Baillie that we are working hard with Derek Bell and others to make the same changes to elective care as have been made to unscheduled care, delivering huge improvements, backed by £50 million this year. I do not think that it is acceptable for patients to be waiting the length of time that Jackie Baillie has highlighted and I take the issue very seriously indeed. However, what is more important is the action that has been taken to address the issues that Jackie Baillie and others have raised in the chamber this afternoon.

Brian Whittle talked about the alcohol and drugs budget. Of course, what he failed to mention was the £20 million in the programme for government to boost the alcohol and drugs budget.

Brian Whittle: Will the member take an intervention?

Shona Robison: I do not have time because I have a lot of people to get through.

Clare Haughey outlined the progress that is being made on CAMHS staffing and quality of service.

Jamie Halcro Johnston raised a number of issues. I do not have time to go into them just now, but I will write to him, particularly about the concerns about the health service on the island of Stronsay. However, I put on record the fact that the exploration of single island authorities that is going on is being done at the request of the councils. Any coming together of public services on the islands must be done in a way that is

satisfactory for the needs of the local people, who must be fully consulted about any changes in that direction.

Neil Findlay talked about what the Audit Scotland report says about money—many others, including Richard Leonard, did so as well. The Audit Scotland report is categorically clear that there has been a real-terms increase in the health budget. It says it in paragraphs 10, 11, 12 and 13. Of course, if we include the £250 million that was passed to social care—which Labour called for—we can see that there has been a real-terms increase in each and every year. Audit Scotland then goes on to say that the issue is not just about money but is about reform and changing the ways in which things are organised and services are delivered. That is exactly what this Government is getting on and doing.

On recruitment, again, Neil Findlay could not be more wrong. Huge efforts are going on to recruit in schools and to open up modern apprenticeship opportunities in the health service for young people. All of our boards use every opportunity and every media outlet to recruit staff where and when they can.

Alison Johnstone focused on health inequalities. I reassure her that every opportunity is being taken in developing the new GP contract and the new model of primary care to deliver better care and to better reflect deprivation.

The Deputy Presiding Officer: Come to a close, please.

Shona Robison: I am sorry that I have not been able to respond to all the comments, but I will write to the other members about the issues that they raised.

16:50

Colin Smyth (South Scotland) (Lab): Today's debate has been a bit like groundhog day: another year, another damning Audit Scotland report. We have seen 10 years of SNP mismanagement of our NHS. Last year's report described the NHS as being in its worst state since devolution; a year later, very little has changed.

The latest report may only be a week old, but its conclusions are all too familiar. The NHS budget for 2017-18 is decreasing in real terms, out-patient waiting lists are up 15 per cent—

Shona Robison: Will the member give way on that point?

Colin Smyth: I know what the cabinet secretary will say, but let us hear it again for the third time.

Shona Robison: The Audit Scotland report is absolutely clear that there has been a real-terms increase in the budget each and every year,

particularly if the £250 million for social care that Labour asked us to transfer is included. The member is factually incorrect.

Colin Smyth: The cabinet secretary's problem is the Government's dodgy double-counting—it includes that £250 million in the local government budget. The Audit Scotland report is very clear about that double-counting by the Government.

Maybe the cabinet secretary wants to get to her feet to tell us that Audit Scotland is wrong when it says that out-patient waiting lists are up 15 per cent. No? What about in-patient waiting lists being up 12 per cent?

The overall health of the Scottish population, plagued by inequalities, is described as "poor". The cabinet secretary does not get to her feet to contradict that; nor does she get to her feet to contradict the fact that we have a lower life expectancy than most European countries. Drug-related deaths, which are the highest in Europe, are on the rise, there is a recruitment and retention crisis among nurses, GPs and consultants and in social care, there are increasing levels of spending on locums and there are increasing maintenance backlogs in NHS buildings.

Furthermore, only one out of the eight key performance indicators is being achieved. We have seen a spiralling downwards trend from just four indicators being met in 2013, to three in 2014 and two in 2015. That was entirely predicted—seven years ago, Audit Scotland, the BMA, the RCN and others warned that the crisis that we face was going to happen. Their warnings were ignored by the Government, whose slowness to respond has let down patients and staff. Even today, as Alex Cole-Hamilton has said, the SNP's amendment fails to take any responsibility for the failings that Audit Scotland highlights year after year.

As the Auditor General says in the report, there is consensus on the need for change, and in particular the need to shift the balance of care from hospitals to the community. Despite that being the Government's policy for a decade, progress is painfully slow and in many areas we are going backwards.

As Anas Sarwar highlighted, last week the First Minister tried to pass the buck and blame the Opposition for the lack of progress. She said in the chamber that, when the Government brings forward proposals for change in the NHS, the Opposition opposes them because we do not want to do the tough stuff.

Richard Lyle: Exactly.

Colin Smyth: Of course, Nicola Sturgeon and the cabinet secretary—and Richard Lyle, who is shouting from a sedentary position—cannot give

us a single example of our opposing change. Let me give those in the chamber and the First Minister an example of what not doing the tough stuff is. It is when the Government has the tax powers to make different choices, to stop the cuts and to be genuinely progressive but it fails to use those powers and instead simply tinkers around the edges. That is not doing the tough stuff—it is soft, weak government; it is also short sighted.

As Anas Sarwar revealed, the Government's failure to tackle the delayed discharge problem costs the NHS more than £100 million a year. The cabinet secretary promised to eradicate delayed discharge two years ago. *[Interruption.]* The cabinet secretary shouts again from a sedentary position that it has gone down. She promised to eradicate delayed discharge two years ago, but she has failed to do so. From September 2016 to August 2017, more than half a million bed days across Scotland were occupied by delayed discharge patients.

Based on the most recent figures, which are for 2013-14, every one of those bed days cost £214, and that is a conservative figure that is set to rise in December. That is a cost to the NHS of £110 million for keeping people in hospital when they are fit to leave. We know that many people cannot leave hospital because, after £1.5 billion of cuts to local councils since 2011, the care package of support that they need in the community simply is not there.

It is on the funding of the NHS and social care that the report really exposes how divorced the Scottish Government's rhetoric is from reality. *[Interruption.]*

The Deputy Presiding Officer: Excuse me, Mr Smyth. Can we have a bit of quiet in the chamber, please? It is very rude when Mr Smyth is trying to close the debate.

Colin Smyth: Day after day, we are subjected to press releases from the Government telling us that money is pouring into the NHS. As Neil Findlay highlighted in his speech, the Government is in denial over cuts. If I took a blade and ran it across my hand and it started to bleed, and I asked a Government minister what that was, he would say, "It is an efficiency saving."

However, the Audit Scotland report is very clear. It says that NHS boards—

The Deputy Presiding Officer: Quiet please! Not you Mr Smyth—you carry on.

Colin Smyth: I know that the SNP members do not want to hear about the Audit Scotland report, but it is very clear. It says:

"NHS boards made unprecedented levels of savings in 2016/17 but failed to meet the overall planned savings target. ... This is because there is a gap between the

funding and income they receive and ... how much it costs them to deliver services."

The Government needs to start being honest with the public and to admit that health boards are being forced to make cuts to services that have nothing to do with change, but everything to do with desperately trying to balance the books.

Jackie Baillie, in her usual passionate contribution as the member for championing the Vale of Leven hospital, brought home to us all the human impact of those cuts on her constituents. What a contrast to Stuart McMillan's ranting, in which he failed to say that he supported the retention of maternity and children's services at the Inverclyde royal hospital.

Jackie Baillie also highlighted the impact on our "overworked and undervalued" health and social care staff, as she rightly described them. That is backed up in the Audit Scotland report, which says that "morale is deteriorating". Across the NHS and social care, we face a recruitment and retention crisis. One in three of our GP practices reports a vacancy, and we have a ticking time bomb of GPs queueing up to retire. The Royal College of General Practitioners predicts that, by 2021, Scotland will have a GP shortfall of nearly 856, and that is just to bring coverage back to 2009 levels.

Again, the Government was warned. In 2008, Audit Scotland called on the Scottish Government to collect comprehensive data on the numbers of GPs and GP practice staff, in order to support proper workforce planning. In 2014, the royal college also warned that the underfunding of GPs was putting patients at risk. Those warnings were ignored, and by 2015-16 the proportion of NHS spending that was allocated to GP services was at an all-time low. So, no, contrary to what the cabinet secretary said, the crisis facing GPs will not be solved when a new GP contract is signed.

The Government's failure to listen is not just in relation to GPs: there are 3,500 nursing and midwifery vacancies, more than 950 of which have been vacant for three months or more; 476 consultant vacancies; 543 vacancies among allied healthcare professionals; and 159 pharmacist vacancies. The consequence of those high vacancy rates is an increase in the burden on existing staff, which adds to their already unsustainable workloads.

Yet the Scottish Government has continued to impose a pay policy that means that someone entering nursing today is £3,400 worse off in real terms than someone who entered nursing seven years ago. Even today, the SNP amendment does not commit to a proper pay increase for NHS staff, and let us not forget that just a few months ago, when given a chance to scrap the pay cap, each

and every SNP MSP voted against a motion to give our NHS staff a real-terms pay increase.

As well as failing to back a real-terms pay rise for NHS staff, the SNP amendment pays lip service to the issue of health inequalities, calling on Parliament merely to note the issue. When a boy who is born in a deprived community in Scotland is likely to die 30 years younger than a boy who is born in our most affluent areas, the Government should not just be noting it—it should be thoroughly ashamed of it and, more importantly, it should be prepared to tackle it.

In his contribution, Alex Neil chose to quote selectively from the 2014 Scottish public health observatory report, which made clear that the solutions to health inequalities cannot be tucked away in the national health service. However, he failed to say that the report called for

“Interventions that redistribute income, such as increasing ... income tax”.

As Richard Leonard said, it is time that we made tackling health inequalities a national priority and that we realised that we cannot tackle health inequalities unless we begin to tackle wealth inequalities. It is time that we had an open and frank discussion about what we want from health and social care and committed to paying for it by using progressive taxation to end the cuts to social care. It is time that we had a coherent and joined-up change programme that is built on genuine consensus with staff and the public and is driven forward by the Government. It is time that the SNP and the cabinet secretary for once took responsibility for the failings that are set out in yet another damning Audit Scotland report that has been published on this Government's watch. When we come to vote, it is time for Parliament to stand up for our NHS, hold the Government to account and back Labour's motion.

Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017

The Presiding Officer (Ken Macintosh): The next item of business is consideration of motion S5M-07795, in the name of Clare Adamson, on behalf of the Standards, Procedures and Public Appointments Committee, on the Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017.

17:00

Clare Adamson (Motherwell and Wishaw) (SNP): Earlier this year, Parliament approved new standing orders to prepare the way for the implementation of the Lobbying (Scotland) Act 2016. Those allow the Parliament to confirm details of the operation of the act via lobbying resolutions. The committee is seeking Parliament's agreement to a resolution that sets out the specific arrangements for the Commissioner for Ethical Standards in Public Life in Scotland when the commissioner makes a report to the Parliament under the act following their investigation of a complaint.

First, the resolution provides that the commissioner's reports are to be made in writing, which includes in electronic form. Secondly, it specifies arrangements for Parliament's consideration of the commissioner's reports, including that they are to be referred to the Standards, Procedures and Public Appointments Committee. Finally, the resolution sets out new procedures for the Parliament to exercise its power of censure under the act. That would involve the Parliament responding to a motion of the committee to censure a person who is the subject of a commissioner's report and who is found to be in breach of the act.

On behalf of the Standards, Procedures and Public Appointments Committee, I move,

That the Parliament, in exercise of the power conferred by section 41 of the Lobbying (Scotland) Act 2016 (“the 2016 Act”) makes The Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017 and—

(a) resolves that with effect from the day after this resolution is made the provisions which are contained in paragraphs 1 to 4 of this resolution shall come into force; and

(b) notes that in accordance with section 48(1) of the 2016 Act the Parliament has consulted the Scottish Ministers.

ANNEXE

SCOTTISH PARLIAMENT

LOBBYING (SCOTLAND) ACT 2016 (REPORTING PROCEDURES) RESOLUTION 2017

Made 2017

Coming into force in accordance with paragraph (a)

That the Parliament –

(a) in exercise of the power conferred by section 41 of the Lobbying (Scotland) Act 2016 (“the 2016 Act”) resolves that with effect from the day after this resolution is made the provisions which are contained in paragraphs 1 to 4 of this resolution shall come into force; and

(b) notes that in accordance with section 48(1) of the 2016 Act the Parliament has consulted the Scottish Ministers.

1. Citation

This resolution may be cited as the Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017.

2. Reports by the Commissioner for Ethical Standards in Public Life in Scotland

A report to the Parliament by the Commissioner for Ethical Standards in Public Life in Scotland under Part 3 of the 2016 Act must be made in writing.

3. Parliament’s consideration of report

(1) A report made in accordance with paragraph 2 shall be referred to the committee mentioned in Rule 6.4 of the Parliament’s Standing Orders (“the Committee”) for consideration.

(2) Following consideration, the Committee shall, where appropriate, report to the Parliament, with its recommendations.

4. Exercise of power of censure

Where the Committee recommends censure of any person who is the subject of a report, such censure may only be imposed by the Parliament:

(a) in pursuance of a motion to that effect by a member of the Committee, and

(b) after notice of that motion has been given to the Parliament by a member of the Committee.

EXPLANATORY NOTE

(This note is not part of the Resolution)

The Lobbying (Scotland) Act 2016 (“the Act”) establishes a registration regime for “regulated lobbying”, as defined in the Act. In doing so it makes provision for a lobbying register which is to be operated by the Clerk of the Scottish Parliament (“the Clerk”). The Clerk along with the Commissioner for Ethical Standards in Public Life in Scotland (“the Commissioner”) have responsibilities for oversight and enforcement of the Act. The Act sets out various reporting obligations on the Commissioner, and section 41 requires the Parliament, by resolution, to make provision about procedures to be followed when the Commissioner submits a report to the Parliament under Part 3 (Oversight and Enforcement) of the Act. This Resolution makes provision in that regard.

Paragraph 2 provides that whenever the Commissioner reports to the Parliament under Part 3 of the Act then that report is to be made in writing.

“Writing”, for the purpose of the resolution, attracts the wording contained within the Interpretation and Legislative Reform (Scotland) Act 2010. It is stated there that “writing” includes typing, printing, lithography, photography and other modes of representing or reproducing words in a visible form; and that expressions referring to writing are to be construed accordingly. In consequence, a report by the Commissioner can, for example, be in electronic form.

Paragraph 3 makes provision for the Parliament’s consideration of a report made by the Commissioner under Part 3 of the Act. In the first instance, it is to be referred to the committee mentioned in Rule 6.4 of the Parliament’s Standing Orders (currently, the Standards, Procedures and Public Appointments Committee). That committee will then consider the relevant report. This might involve, for example, simply noting the content. In other circumstances, the nature and content of the report is likely to require the committee to report to the Parliament, with its recommendations.

Paragraph 4 makes provision for those circumstances in which the committee, having considered a report from the Commissioner, recommends censure of the person who is the subject of that report. Censure may only be imposed by the Parliament itself, and not by the Standards, Procedures and Public Appointments Committee, or by any other committee of the Parliament. The process for censure requires a motion to that effect by a member of the Standards, Procedures and Public Appointments Committee.

Rule 8.4.1 of the Parliament’s Standing Orders provides that a motion can be amended (except as otherwise provided in the Standing Orders).

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

Business Motion

17:02

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-08583, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 7 November 2017

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Ministerial Statement: Apology to those convicted for same-sex sexual activity that is now legal

followed by Stage 1 Debate: Forestry and Land Management (Scotland) Bill

followed by Financial Resolution: Forestry and Land Management (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 8 November 2017

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Rural Economy and Connectivity;
Environment, Climate Change and Land Reform

followed by Stage 3 Proceedings: Child Poverty (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 9 November 2017

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Parliamentary Corporate Body Questions

followed by Preliminary Stage Debate: Writers to the Signet Dependants' Annuity Fund Amendment (Scotland) Bill

followed by Stage 3 Proceedings: Seat Belts on School Transport (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 14 November 2017

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 15 November 2017

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Culture, Tourism and External Affairs;
Justice and the Law Officers

followed by Equalities and Human Rights Committee and Education and Skills Committee Debate: Prejudice-based Bullying and Harassment of Children and Young People in Schools and Review of Personal and Social Education

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 16 November 2017

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by 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

and (b) that, in relation to First Minister's Questions on 9 November, in rule 13.6.2, insert at end "and may provide an opportunity for Party Leaders to question the First Minister".—[Joe FitzPatrick]

Motion agreed to.

Parliamentary Bureau Motions

17:02

The Presiding Officer (Ken Macintosh): The next item of business is consideration of two Parliamentary Bureau motions. I ask Joe FitzPatrick, on behalf of the Parliamentary Bureau, to move motion S5M-08569, on approval of a Scottish statutory instrument, and motion S5M-08570, on office of the clerk dates.

Motions moved,

That the Parliament agrees that the Renewables Obligations (Scotland) Amendment Order 2017 [draft] be approved.

That the Parliament agrees that the Office of the Clerk be closed on Wednesday 27, Thursday 28 and Friday 29 December 2017.—[Joe FitzPatrick]

Decision Time

17:03

The Presiding Officer (Ken Macintosh): There are six questions today. I remind members that, if the amendment in the name of Shona Robison is agreed to, the amendment in the name of Miles Briggs will fall.

The first question is, that amendment S5M-08536.2, in the name of Shona Robison, which seeks to amend motion S5M-08536, in the name of Anas Sarwar, on health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, 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)
 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)
 Gougeon, Mairi (Angus North and Mearns) (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)
 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)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (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)
 Swinney, John (Perthshire North) (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)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 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)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 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)
 Mason, Tom (North East Scotland) (Con)
 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)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 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)
 Tomkins, Adam (Glasgow) (Con)

Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 58, Against 59, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S5M-08536.1, in the name of Miles Briggs, which seeks to amend motion S5M-08536, in the name of Anas Sarwar, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Bowman, Bill (North East Scotland) (Con)
 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)
 Corry, Maurice (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Greene, Jamie (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Mason, Tom (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 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)

Dugdale, Kezia (Lothian) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 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)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 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)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (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)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 29, Against 88, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S5M-08536, in the name of Anas Sarwar, on health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 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)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 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)
 Mason, Tom (North East Scotland) (Con)
 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)
 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, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)

Allan, 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)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Green)
 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)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (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)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 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)
 Swinney, John (Perthshire North) (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)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 53, Against 64, Abstentions 0.

Motion disagreed to.

The Presiding Officer: The next question is, that motion S5M-08569, in the name of Joe FitzPatrick, on the approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Renewables Obligations (Scotland) Amendment Order 2017 [draft] be approved.

The Presiding Officer: The final question—sorry, I have missed a question. The penultimate question is, that motion S5M-07795, in the name of Clare Adamson, on the Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017, be agreed to.

Motion agreed to,

That the Parliament, in exercise of the power conferred by section 41 of the Lobbying (Scotland) Act 2016 (“the 2016 Act”) makes The Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017 and—

(a) resolves that with effect from the day after this resolution is made the provisions which are contained in paragraphs 1 to 4 of this resolution shall come into force; and

(b) notes that in accordance with section 48(1) of the 2016 Act the Parliament has consulted the Scottish Ministers.

ANNEXE

SCOTTISH PARLIAMENT

LOBBYING (SCOTLAND) ACT 2016 (REPORTING PROCEDURES) RESOLUTION 2017

Made 2017

Coming into force in accordance with paragraph (a)

That the Parliament –

(a) in exercise of the power conferred by section 41 of the Lobbying (Scotland) Act 2016 (“the 2016 Act”) resolves that with effect from the day after this resolution is made the provisions which are contained in paragraphs 1 to 4 of this resolution shall come into force; and

(b) notes that in accordance with section 48(1) of the 2016 Act the Parliament has consulted the Scottish Ministers.

1. Citation

This resolution may be cited as the Lobbying (Scotland) Act 2016 (Reporting Procedures) Resolution 2017.

2. Reports by the Commissioner for Ethical Standards in Public Life in Scotland

A report to the Parliament by the Commissioner for Ethical Standards in Public Life in Scotland under Part 3 of the 2016 Act must be made in writing.

3. Parliament’s consideration of report

(1) A report made in accordance with paragraph 2 shall be referred to the committee mentioned in Rule 6.4 of the Parliament’s Standing Orders (“the Committee”) for consideration.

(2) Following consideration, the Committee shall, where appropriate, report to the Parliament, with its recommendations.

4. Exercise of power of censure

Where the Committee recommends censure of any person who is the subject of a report, such censure may only be imposed by the Parliament:

(a) in pursuance of a motion to that effect by a member of the Committee, and

(b) after notice of that motion has been given to the Parliament by a member of the Committee.

EXPLANATORY NOTE

(This note is not part of the Resolution)

The Lobbying (Scotland) Act 2016 (“the Act”) establishes a registration regime for “regulated lobbying”, as defined in the Act. In doing so it makes provision for a lobbying register which is to be operated by the Clerk of the Scottish Parliament (“the Clerk”). The Clerk along with the Commissioner for Ethical Standards in Public Life in Scotland (“the Commissioner”) have responsibilities for oversight and enforcement of the Act. The Act sets out various reporting obligations on the Commissioner, and section 41 requires the Parliament, by resolution, to make provision about procedures to be followed when the Commissioner submits a report to the Parliament under Part 3 (Oversight and Enforcement) of the Act. This Resolution makes provision in that regard.

Paragraph 2 provides that whenever the Commissioner reports to the Parliament under Part 3 of the Act then that report is to be made in writing.

“Writing”, for the purpose of the resolution, attracts the wording contained within the Interpretation and Legislative Reform (Scotland) Act 2010. It is stated there that “writing” includes typing, printing, lithography, photography and other modes of representing or reproducing words in a visible form; and that expressions referring to writing are to be construed accordingly. In consequence, a report by the Commissioner can, for example, be in electronic form.

Paragraph 3 makes provision for the Parliament’s consideration of a report made by the Commissioner under Part 3 of the Act. In the first instance, it is to be referred to the committee mentioned in Rule 6.4 of the Parliament’s Standing Orders (currently, the Standards, Procedures and Public Appointments Committee). That committee will then consider the relevant report. This might involve, for example, simply noting the content. In other circumstances, the nature and content of the report is likely to require the committee to report to the Parliament, with its recommendations.

Paragraph 4 makes provision for those circumstances in which the committee, having considered a report from the Commissioner, recommends censure of the person who is the subject of that report. Censure may only be imposed by the Parliament itself, and not by the Standards, Procedures and Public Appointments Committee, or by any other committee of the Parliament. The process for censure requires a motion to that effect by a member of the Standards, Procedures and Public Appointments Committee.

Rule 8.4.1 of the Parliament’s Standing Orders provides that a motion can be amended (except as otherwise provided in the Standing Orders).

The Presiding Officer: The final question is, that motion S5M-08570, in the name of Joe FitzPatrick, on the office of the clerk, be agreed to.

Motion agreed to,

That the Parliament agrees that the Office of the Clerk be closed on Wednesday 27, Thursday 28 and Friday 29 December 2017.

Pancreatic Cancer

The Deputy Presiding Officer (Christine Grahame): The final item of business is a members' business debate on motion S5M-07829, in the name of Clare Adamson, on pancreatic cancer awareness month. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes that November 2017 marks Pancreatic Cancer Awareness Month, and that 16 November 2017 is World Pancreatic Cancer Day; congratulates all of the pancreatic cancer charities and their supporters on working tirelessly to raise awareness of the condition; notes that this year's campaign, Demand Better, For Patients, For Survival; encourages action to increase awareness of the disease by, for example, wearing purple, lighting up local landmarks, using purple in social media posts and profiles, sharing knowledge with friends and family and getting involved in a wide variety of fundraising events over the year; understands that pancreatic cancer is one of the least survivable cancers and is the fifth most common cause of cancer death in Scotland; notes that there is currently no screening or early detection test for pancreatic cancer, although some are in development, which is progress that needs encouragement since early diagnosis can improve a patient's chance of survival by ensuring early access to treatment; appreciates that the need for early diagnosis makes awareness and knowledge of the disease all the more important, and welcomes all efforts in this cause.

17:09

Clare Adamson (Motherwell and Wishaw) (SNP): I thank members who will speak in what I believe is the first members' business debate on pancreatic cancer awareness month, and I thank those who supported the motion that secured the debate. I welcome to the gallery the ambassadors for Pancreatic Cancer UK, sufferers of pancreatic cancer and their family members and friends.

This is the start of a month of activities to raise awareness of pancreatic cancer. I am by no means an expert on the issue, but over the past three years I have been privileged to meet pancreatic cancer ambassadors, families and sufferers, and many professionals who dedicate their lives to supporting treatment of and research into the disease.

I thank my parliamentary assistant, Nicola Mcmanus, who first sparked my interest in and informed me about the disease. Nicola's mother Cathy's journey through the disease is all too familiar and heartbreaking. Having had her symptoms mistaken for many less-serious conditions, it was her referral to a diabetes consultant that first raised the possibility of pancreatic cancer. Nicola's mum was then already at stage 4 of the disease, and died a few short months later.

I want to mention the family of William Begley of Shotts, who also died very shortly after diagnosis in the late stages of the disease. Mr Begley's family have been very keen to raise the learning points and improvements for all levels of care from their father's, and their, experience of the journey through pancreatic cancer, and they have worked constructively and respectfully to have their concerns raised. Although I did not know Mr Begley, I have met his daughters and they are living proof that he was an exceptional father and role model and, in their words, "a fair man".

I am sure that everyone in the chamber will have been touched in some way by this cruel and unforgiving cancer. The theme of this year's pancreatic cancer awareness month campaign is "Demand Better. For Patients. For Survival". That is important because the survival rate is one of the poorest for any cancer. There is no early detection or screening available for pancreatic cancer, although early detection might be available in the future; research is currently being done on that.

It is worth mentioning and airing the most common symptoms. They include stomach and back ache, unexplained weight loss, indigestion and changes to bowel habits, including floating faeces. Other symptoms include loss of appetite, jaundice—yellowing of the skin, or itchy skin—feeling and being sick, difficulty swallowing and recently diagnosed diabetes. It is really important that people understand that those symptoms might all indicate the possibility of pancreatic cancer, and that people who are suffering from any of them should seek the advice of their general practitioner.

I mentioned that research on early detection is under way, but I also want to highlight some of the world-leading work that is being done in Scotland today with the support of Cancer Research UK. Cancer Research UK has identified pancreatic cancer as one of its four priorities because of unmet need, poor survival rates and limited improvement in outcomes in the past decade. It has invested £10 million in its precision panc project, which is being led by Professor Andrew Biankin at Cancer Research UK's Beatson institute for cancer research in Glasgow. Precision panc aims to speed up the recruitment and enrolment of pancreatic cancer patients in clinical trials that are right for individual patients. The researchers will use the genetic profile of each cancer to offer patients and their doctors a menu of trials that might benefit them. The three trials that are currently planned as part of precision panc will be led by the Cancer Research UK clinical trials unit at the Beatson west of Scotland cancer centre. In centres around the United Kingdom, it will recruit a total of 658 patients, who will be helped on to suitable clinical trials that are ready, up and running.

This is all about raising awareness of pancreatic cancer, which is very important, because in 2015 812 people in Scotland were diagnosed with pancreatic cancer and, of them, 749 have died from the disease. Its five-year survival rate is less than 7 per cent across the UK, which is the worst five-year survival rate of the 20 most common cancers. That figure has hardly changed in the past 40 years, and unless action is taken now, pancreatic cancer is set to become the fourth-biggest killer cancer in the UK by 2026.

I am therefore pleased that the Scottish Government has committed to funding the precision panc initiative and to supporting the University of Glasgow, which aims to personalise treatment of pancreatic cancer, speed up scientific discovery, and improve survival rates. However, that is just the start of what is needed. Pancreatic cancer has attracted only 1.9 per cent of the UK's cancer research funding, and many of the people who are in the gallery tonight want to see that being changed through their fundraising activities and recognition of how important research into the cancer is.

This month, colleagues from across the chamber and everyone else can do their bit to highlight pancreatic cancer. We want to light Scotland up in purple; we want our towns to highlight historic buildings by lighting them up in purple, especially around 16 November, which is world pancreatic cancer day. I also want friends and colleagues to consider coming along on 29 November to the parliamentary event for Pancreatic Cancer UK, at which they will be able to meet many of the clinicians and researchers who are trying to improve outcomes of the disease.

I ask everyone to wear purple, tell people why they are wearing purple, and talk about the disease and its symptoms. It is only by being open and talking with one another that we can care for one another and ensure that we begin to tackle pancreatic cancer.

17:16

Miles Briggs (Lothian) (Con): I start by congratulating Clare Adamson on securing this important debate. As a co-convenor of the Parliament's cross-party group on cancer, I am pleased that we are having this debate during pancreatic cancer awareness month. As Clare said, it is great to see so many members wearing purple. The fact that the parliamentary tie is purple makes it a great opportunity for all the gentlemen in Parliament to spend the next month highlighting the concerns. I look forward to lots of purple being displayed on local landmarks and across social media, as we aim to increase knowledge and understanding of pancreatic cancer.

I strongly agree with what Clare Adamson said about the critical importance of raising awareness of pancreatic cancer as we focus on early diagnosis, which can improve a patient's chances of survival and help to make much-needed progress in improving the very low survival rates, which have remained at the same level for the past four decades.

It is a massive concern that 80 per cent of people who have pancreatic cancer are not diagnosed until the cancer is at an advanced stage, and that those who are diagnosed are nearly six times less likely to live for five years than are people who are diagnosed with most other types of cancer in Scotland today.

I am pleased that, in 2017, we will see a potential step change in the future treatment of pancreatic cancer, following the biggest-ever investment in research into the disease in the UK by Cancer Research UK—the £10 million that has been mentioned. Precision panc is an ambitious programme of research that seeks to uncover the molecular profile of individual patients who have pancreatic cancer, learn more about the disease and pave the way for patients to enter clinical trials in a way that matches their tumour biology to the type of treatment. That world-leading research is being led by Professor Andrew Biankin and his team at the University of Glasgow. I know that we all wish them great success in that.

With some experts now warning that pancreatic cancer could become one of the UK's top four killer cancers by 2026, the outcome of precision panc is hugely important to us all across the United Kingdom. Clare Adamson's motion rightly commends the role of pancreatic cancer charities, and I join her in praising all of them for the role that they play.

Pancreatic Cancer UK is actively involved in our cancer CPG and it does excellent work in raising the profile of issues around the disease. I pay particular tribute to two stakeholders who are involved in Pancreatic Cancer UK—Lynda Murray and Kim Rowan—who attend the CPG and have direct experience of the impact of pancreatic cancer on their family members and friends. In preparing for today's debate, they highlighted the struggles of family members who have lost loved ones to the disease. Lynda was incredibly brave in producing a report on her late father William Begley's journey through pancreatic cancer. I was pleased to be able to forward a copy of the report to the Cabinet Secretary for Health and Sport, and I have asked some follow-up questions to suggest recommendations and improvements to care in Scotland.

Families and friends of loved ones lost to pancreatic cancer have made it very clear that significant improvements are required in order to

improve current treatment of people in Scotland who have the cancer. Specifically, they would like the Scottish Government to take a lead in developing a multidisciplinary diagnostic centre approach to pancreatic cancer; to consider targets for survival rates for less-survivable cancers such as pancreatic cancer; and to be ready to copy the fast-track surgery model that is currently being piloted south of the border, if the evidence points to its being a success. They also want an end to delays in receiving magnetic resonance imaging scans and a reduction in waiting times for chemotherapy treatment for patients who have suspected and diagnosed pancreatic cancer. I would be grateful if, in closing the debate, the minister will comment on where the Scottish Government is on those matters.

I very much welcome today's debate and the opportunity that it gives Parliament to focus for the first time on pancreatic cancer. I hope that the debate and pancreatic cancer awareness month will help to get more people in communities across our country talking about the disease, its potential symptoms and early diagnosis. Much progress needs to be made in the years ahead, so I hope that MSPs from across the chamber will continue to speak about the issue and keep pressure on the Scottish Government to help to improve early detection, diagnosis and treatment.

17:21

Maree Todd (Highlands and Islands) (SNP): I thank Clare Adamson for bringing this important topic to the chamber. I am pleased to contribute to the debate, and I am hopeful that together we will help raise awareness of the disease.

Pancreatic cancer charities have been working tirelessly to make their "Demand better. For patients. For survival." campaign known throughout the UK. The colour purple is integral to spreading knowledge and awareness of the cancer. I had hoped to wear a purple jacket today, but I had a laundry crisis—my apologies. *[Laughter.]* Charities are using the phrase "Turn it purple" to encourage people to get involved in the awareness campaign and, in November last year, we saw the Kelpies, along with many other landmarks, turned purple as part of the campaign.

Over the past 40 years, improvements in prevention, detection and treatment have revolutionised cancer medicine, and survival has doubled. However, as we have heard, progress has not advanced equally for all forms of the disease. Pancreatic cancer has not seen much improvement at all, and the five-year survival rates are frankly dire at just over 3 per cent in Scotland. It is the worst survival outcome for any of the 21 most common cancers, and the figure has not improved for almost 50 years.

The biggest problem is that 80 per cent of people with pancreatic cancer are diagnosed at an advanced stage, when it is too late for the surgery that currently is the only potential cure. Indeed, most patients die within three to six months following diagnosis. I am very grateful to Cancer Research UK for its pioneering precision panc project—which, as we have heard, aims to speed up recruitment and enrolment of pancreatic cancer patients to clinical trials that are right for the individual patient—and for its tripling of investment in research. I really hope that its efforts pay dividends.

Pancreatic cancer is not a rare disease; it is currently the fifth biggest cancer killer in the UK and, if trends continue, it is, as Miles Briggs has pointed out, set to overtake breast cancer as the fourth most common cancer killer by 2030, partly because survival rates are improving for everything else. There is currently no screening or early detection test for pancreatic cancer, although some are in development. As with all cancer, early detection improves outcomes.

Most of us do not even know where our pancreas is; it is tucked in round about your liver and stomach. There is also research evidence that we cannot recognise the symptoms of this disease, so, like Clare Adamson, I will go over them. The first noticeable symptoms of pancreatic cancer are often pain in the back or stomach area, which might come and go at first and which is often worse when one lies down or after one has eaten; unexpected weight loss; and jaundice. The most obvious sign of jaundice is yellowing of the skin and the whites of the eyes, but it also turns your urine dark yellow or orange and your stools pale.

Some risk factors have been identified. There is not much that people can do to change some of those risk factors—such as their genes—but around one in three cases of pancreatic cancer is associated with using cigarettes or cigars or chewing tobacco. As ever, I feel obliged to encourage anyone out there who is still smoking to try to stop and to keep on trying until they do so. Stopping smoking is the single most effective thing that a person can do to improve their health.

I, too, have been contacted by Lynda Murray and Kim Rowan, who have done a great job. They asked me to participate in this debate in order to raise awareness of pancreatic cancer in the general population, the medical community and among decision makers. In particular, Lynda wrote very movingly about her dad's experience of care and his journey through pancreatic cancer. I have had a close friend affected. I hope that I have done the issue justice for all of them and that our efforts will lead to improvements in research, detection and care in future.

17:25

Tom Mason (North East Scotland) (Con): I am profoundly grateful to Clare Adamson for lodging the motion. Too many families in Scotland are affected by cancer, too many lives are turned upside down by it, and too many people suffer pain and loss because of it. No doubt all of us in the Parliament know people who have been affected in some way by cancer. I have personal experience of it; I was successfully treated for prostate cancer. That journey was not pleasant, and I know that pancreatic cancer is even worse.

Unfortunately, because of a lack of symptoms until the late stage and the difficulties in detection and diagnosis, pancreatic cancer remains among the most aggressive types of cancer and one of the most difficult to treat. Mortality rates remain among the worst, with five-year survival figures being in the low single digits. The world pancreatic cancer coalition has estimated that, by 2020, we will see 418,000 new diagnoses worldwide. It is clear that we must do more.

Members across the chamber will be familiar with the many statistics that illustrate the extent of the task ahead. Many of those statistics have already been mentioned. However, instead of going through each of them individually, I want to talk about the human side of the problem.

I pay tribute to pancreatic cancer survivors, who have battled courageously in the face of overwhelming odds—unfortunately, there are very few of them—and the families who have supported them in the worst circumstances imaginable. I want to do whatever I can to reassure those with recent diagnoses that we will never stop trying to find new ways to improve palliative care and, ultimately, a cure. Our scientific community in Scotland and around the world will continue its work, and we must support it. Research that is being done at the University of Glasgow is a great example of that work; I wish those involved in it well and, of course, hope for early success.

However, the task of treating pancreatic cancer cannot be accomplished by science alone. As we have heard, the public also have a vital role to play. That is precisely why events such as pancreatic cancer awareness month are so important.

Increased awareness can have a direct and tangible impact on detecting the disease far earlier than we are currently doing. It can mean the difference between life and death. In that respect, I am pleased to pay tribute to the demand better campaign. Bringing together more than 60 organisations across six continents in pursuit of that common goal is no small achievement. It is imperative that such campaigns continue to grow

in the years ahead, and I would support any efforts that we make in the Parliament to help them.

We need to encourage everyone we can not just to be aware of what the symptoms are, but to seek medical assessment whenever symptoms appear, even if they seem trivial.

We must be resilient and stand alongside pancreatic cancer sufferers and their families. We must recognise that the earliest possible detection is vital if we want to lessen the impact of the disease on our society in the years to come.

It begins with us. It begins with us talking about the disease and sharing the experiences of those who have been affected in the hope that, in future days, we can diagnose and successfully treat it before it is simply too late.

17:29

Colin Smyth (South Scotland) (Lab): I echo other members' thanks to Clare Adamson for lodging the motion, which has provided MSPs with an opportunity to help to raise awareness of pancreatic cancer. I also welcome our visitors to the public gallery and congratulate all the charities involved and their supporters on the fantastic work that they do during pancreatic cancer awareness month, on world pancreatic cancer day and all year round.

Each year, campaigns such as turn it purple do crucial work to raise awareness and stimulate discussion of pancreatic cancer. This year's world pancreatic cancer day is on 16 November and its theme—which is, as Clare Adamson said, "Demand better. For patients. For survival."—provides an opportunity to raise awareness and to discuss the key issues surrounding pancreatic cancer and its impact across the world.

With more than 60 member organisations from 27 different countries, the world pancreatic cancer coalition and its member organisations are doing some outstanding work both in specific countries and on an international scale. That work is vital to the lives of so many. Every day more than 1,000 people worldwide are diagnosed with pancreatic cancer and around 985 people die from it.

The picture in Scotland is equally worrying. In 2015, 812 people in Scotland were diagnosed with pancreatic cancer and 749 people died as a result of it. The incidence of pancreatic cancer increased significantly between 2005 and 2015, rising by 11.9 per cent. The lifetime risk of developing pancreatic cancer is now 1 in 80 for men and 1 in 83 for women.

Before today's debate, I contacted a constituent of mine, Tom Pitcairn from Ringford in Galloway. Tom sadly lost his wife Isobel last year to what he described as this "insidious" disease. Since then

he has been determined to raise awareness in memory of Isobel, as well as badly needed funds for the charities that carry out the important work that I and others have mentioned during the debate. Tom has already raised thousands of pounds for Pancreatic Cancer Scotland, and he urged me to use this debate to encourage as many people as possible to fundraise for PCS and other charities to help find ways to detect this appalling condition as early as possible.

Tom pointed out to me that, in Scotland, pancreatic cancer remains one of the least survivable cancers, with a relative five-year survival rate of less than 4 per cent. He stressed that early diagnosis and treatment is the key to improving mortality rates. There is therefore an urgent need to raise awareness of pancreatic cancer and its symptoms. However, symptoms are often late-occurring and non-specific, so we cannot rely just on raising public awareness to improve detection. As the motion notes, there are currently no screening or early detection tests for pancreatic cancer. I would like to voice my support for the on-going work that is being done to develop such a test. Valuable research is taking place that looks into how biomarkers and scans may be used in a screening process, and it is vital that that work receives the support and funds that it needs.

As is all too often the case, pancreatic cancer disproportionately affects the worse off in our societies. Both prevalence and mortality are correlated with deprivation, with someone in the most deprived area being 31 per cent more likely than someone in the least deprived area to suffer from pancreatic cancer and 32 per cent more likely to die from it.

It is vital that we gain a better understanding of the risk factors that contribute to this cancer in order to take a holistic approach to reducing incidence and mortality. Smoking has been identified as a potential cause of pancreatic cancer, and factors such as age, weight and family history are all thought to contribute. However, there remains a great deal more to be done in that regard, and indeed a recent report by ISD Scotland on cancer in Scotland states that

“the causes of pancreatic cancer are poorly understood”.

Getting to grips with the causes and risk factors that underpin pancreatic cancer will not only help identify those at high risk, but better allow us to take a more preventative approach and work to address the underlying causes of pancreatic cancer.

In the meantime, I hope that this debate and the work of people such as Tom, those in the gallery and our invaluable cancer charities have played a small part in raising awareness of this condition,

which sadly impacts on so many of our constituents.

The Deputy Presiding Officer: I call John Scott, the last speaker in the open debate.

17:33

John Scott (Ayr) (Con): Thank you very much, Presiding Officer, for allowing me to speak in this debate today to mark world pancreatic cancer day on 16 November and pancreatic cancer awareness month. I congratulate Clare Adamson on securing the debate.

I have a particular interest in this disease as my late wife Charity died of pancreatic cancer on 29 December 2000, aged 49. Some longer-serving members may remember her. She was a classic victim of pancreatic cancer, as she died following an exploratory operation, without recovering consciousness and not knowing that she had this dreadful disease. Then, as now, there was no screening or early detection test. Notwithstanding her pronounced jaundice, her GP never considered that this classic symptom might point to her having the disease. Even if she had survived the operation, she would have died within three months as her cancer was so advanced by the time she got to the operating theatre.

I take part in today's debate in part as a heartfelt tribute to her memory, but also to support the campaign to raise awareness of the disease. It is simply not acceptable that pancreatic cancer is set to become the fourth biggest cancer killer in the UK by 2026, yet, currently, pancreatic cancer research attracts only 1.9 per cent of UK cancer research spending, as others have said. It is simply not acceptable that, of the 812 people who were diagnosed with pancreatic cancer in Scotland in 2015, 749 died that year. It is not acceptable that only 7 per cent of those who are diagnosed survive for longer than five years.

I, too, welcome the Scottish Government's funding of the precision panc initiative, which is based at the University of Glasgow and the Beatson institute for cancer research and aims to personalise treatment for pancreatic cancer, speed up scientific discovery and improve survival rates. I wish the researchers every success. I fully support more research into pancreatic cancer and I fully support the good work of Cancer Research UK and its fundraising to tackle all cancers so that, in the future, as few families as possible lose their loved ones to pancreatic and other cancers.

Presiding Officer, wish me luck as I go for my own pancreatic MRI scan on 16 November. Thank you.

The Deputy Presiding Officer: Thank you very much, Mr Scott. That was tough to do. As one of

the early members of the Parliament, I recall your wife and the circumstances.

I now call on the minister, Aileen Campbell, to wind up.

17:36

The Minister for Public Health and Sport (Aileen Campbell): Thank you, Presiding Officer. It gives me great pleasure to close tonight's debate. I congratulate Clare Adamson on securing it and thank her for articulating very emotively her reasons for doing what she can to raise awareness of this incredibly cruel condition and, as the campaign states, to "Demand Better."

I pay special tribute to John Scott, who was very brave to pay tribute to his late wife in his speech. That was not easy to do, and I sometimes think that these debates, which are often missed by the press, are where we hear members speak the most powerfully and movingly. I pay tribute to John again for contributing to the debate. It is difficult to follow him—I think that everyone has been touched by how he made his case. I wish him well for his own test, which is about to come up.

I welcome to the chamber all those from Pancreatic Cancer UK and all those who have the condition or have a loved one who has been impacted. Their presence is incredibly important and so, too, are their stories, their awareness raising and all the work that they do and effort that they put in to make sure that people know about the condition. I also pay tribute to Nicola Mcmanus's mum and William Begley. We must ensure that their experience goes on to generate the improvements that we need to see happen across the country.

The Scottish Government recognises the damaging impact of all cancers, including pancreatic cancer, on individuals, their families and their friends. However, we should recognise that there has been some progress over the past 10 years. The overall age-adjusted cancer mortality rate in Scotland has reduced by 11 per cent. That significant improvement is thanks to the efforts of people across the NHS and the third sector. I pay tribute to and sincerely thank all those people who work tirelessly across the country delivering our health and social care services and those who raise awareness of such terrible diseases as pancreatic cancer.

However, we absolutely recognise that there are a small number of cancers, including pancreatic cancer, for which survival rates remain stubbornly low—in part, as members have said, because of late detection. Despite all our efforts and the improvements that we have seen, the UK and Scotland are still behind some other countries in terms of cancer survival rates for a number of

tumour types, including—particularly significantly for tonight's debate—pancreatic cancer, on which we still need to bring about much-needed improvement.

In March 2016, the Scottish Government unveiled its "Beating Cancer: Ambition and Action" strategy, which serves as a blueprint for the future of cancer services in Scotland. The Scottish Government is acutely aware that early detection of all cancers, including pancreatic cancer, is crucial. The earlier that cancer can be diagnosed, the better the chance of a positive outcome.

The cancer strategy will deliver £100 million of investment over the coming years to improve prevention, detection, diagnosis, treatment and aftercare for all those who are affected by cancer. Supporting those ambitions is our £41 million detect cancer early programme, which, over the past five years, has increased diagnostic capacity across Scotland, as well as worked to increase awareness of the signs and symptoms of cancer.

Next year, the programme will focus on the overall benefits of early detection for all cancers. It aims to encourage anyone with any concerns or changes to their body to visit their GP. I will instruct my officials to meet with colleagues from the pancreatic cancer charities to discuss how we can support awareness messages through our wee c strategy and social media and digital channels, and any other channels that are appropriate. We will, of course, extend that invitation to Miss Adamson, if she would like to be part of the meeting.

Another area of work that the Scottish Government has supported in order to improve diagnosis is the Scottish referral guidelines for suspected cancer, which were updated in 2014. Those include a specific section on pancreatic cancer and are intended to help GPs, the wider primary care team, other clinicians, patients and carers to identify those who are most likely to have cancer and who, therefore, require urgent assessment by a specialist. The guidelines include all the tell-tale signs that Clare Adamson, Maree Todd and others outlined, with a clear instruction to have a low threshold for considering further investigation or referral, because of the detection difficulties that we know exist for this cancer.

Once referral is made, we need to ensure that no one has to wait longer than they should to receive a diagnosis and then, if needed, treatment of their cancer. That is why the Cabinet Secretary for Health and Sport has announced the formation of a new ministerial cancer performance delivery group, which will focus on driving forward improvements in waiting times for diagnosis and treatment for cancer patients in Scotland and is backed by an additional £1 million investment to help to address capacity shortfalls in some areas.

That is in addition to the £4.85 million of investment made in 2017 to support improvement in diagnostic scopes and imaging capacity for suspected cancer patients.

It is also important that we aim to prevent cancers from occurring in the first place, a point that was made by Colin Smyth. We know that smoking and obesity can be contributory factors in the development of pancreatic cancer. As we all know, Scotland has done much over past years to reduce the harms that come from preventable public health issues, and we have taken forward strategic approaches to tackle drinking, smoking and—this will have an indirect impact on the debate—diet and obesity, a new consultation on which we launched publicly last week.

Most members will be aware of the difficulty of diagnosing pancreatic cancer early. The symptoms are often non-specific and that can mean that people present very late to their GP. It is important that we have a good understanding of that type of tumour to enable NHS Scotland colleagues to treat it more effectively. The Scottish Government has made available via the chief scientist office more than £700,000 to support precision panc, along with the £10 million from Cancer Research UK. That investment will help to improve our understanding of this tumour type and, I hope, lead to more effective treatments. I welcome the increased focus from Cancer Research UK on less survivable cancers, such as pancreatic cancer, and I hope that the increased research capacity helps to improve outcomes for all those affected by this cancer.

Researchers can apply to the Scottish Government CSO for funding, and applications to investigate the diagnosis and treatment of pancreatic cancer would be very welcome. In direct response to Miles Briggs's point about the fast-track referral and treatment trials that are happening in England, I point out that it will be at least two years before the outcomes of those pilots are known—that is important to know. However, there are processes in place via NHS National Services Scotland and our national cancer clinical services group to ensure that any new emerging evidence from those studies is considered when developing services in Scotland.

We absolutely know that we need to raise awareness of pancreatic cancer. We also know that we need to continue with research and that we need to be mindful of the correlation between cancer prevalence and the inequalities that too many of our communities face.

If we are to make improvements, we also need to be mindful of the stories of those who feel the pain of pancreatic cancer, whether themselves or because their loved ones have had the diagnosis. We demand better for them. As Lynda Murray has

said, we will keep on advocating, to ensure that people get a fairer chance of survival.

I pay tribute to Clare Adamson for bringing this important debate to the chamber, and I pay tribute to John Scott and other members who spoke powerfully about the impact of this cruel disease on people they know, whether constituents or loved ones.

I hope that we can work together on research and capacity building to ensure that we bring about the improvements that we need, which have been a long time coming.

The Deputy Presiding Officer: I commend all members who took part in the debate for their speeches.

Meeting closed at 17:45.

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