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Tuesday 25 January 2022

Session 6



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Tuesday 25 January 2022

CONTENTS

	Col.
TIME FOR REFLECTION	1
BUSINESS MOTION	3
<i>Motion moved—[George Adam]—and agreed to.</i>	
TOPICAL QUESTION TIME	4
Endometriosis	4
Police Scotland (Calls)	6
COVID-19	9
<i>Statement—[Nicola Sturgeon].</i>	
The First Minister (Nicola Sturgeon)	9
JUNIOR MINISTER	35
<i>Motion moved—[Nicola Sturgeon].</i>	
The First Minister (Nicola Sturgeon)	35
Jackson Carlaw (Eastwood) (Con)	36
Neil Bibby (West Scotland) (Lab)	37
Alex Cole-Hamilton (Edinburgh Western) (LD)	38
TRANSVAGINAL MESH REMOVAL (COST REIMBURSEMENT) (SCOTLAND) BILL: STAGE 3	40
TRANSVAGINAL MESH REMOVAL (COST REIMBURSEMENT) (SCOTLAND) BILL	50
<i>Motion moved—[Humza Yousaf].</i>	
The Cabinet Secretary for Health and Social Care (Humza Yousaf)	50
Sandesh Gulhane (Glasgow) (Con)	53
Carol Mochan (South Scotland) (Lab)	54
Alex Cole-Hamilton (Edinburgh Western) (LD)	56
Gillian Martin (Aberdeenshire East) (SNP)	58
Craig Hoy (South Scotland) (Con)	59
Emma Harper (South Scotland) (SNP)	60
Paul O’Kane (West Scotland) (Lab)	62
Gillian Mackay (Central Scotland) (Green)	64
Carol Mochan	65
Jackson Carlaw (Eastwood) (Con)	66
Humza Yousaf	68
PARLIAMENTARY BUREAU MOTION	72
<i>Motion moved—[George Adam].</i>	
DECISION TIME	73
POINT OF ORDER	76
MY BREATH IS MY LIFE	78
<i>Motion debated—[Jackie Dunbar].</i>	
Jackie Dunbar (Aberdeen Donside) (SNP)	78
Audrey Nicoll (Aberdeen South and North Kincardine) (SNP)	80
Tess White (North East Scotland) (Con)	82
Rhoda Grant (Highlands and Islands) (Lab)	83
Emma Harper (South Scotland) (SNP)	84
The Minister for Public Health, Women’s Health and Sport (Maree Todd)	86

Scottish Parliament

Tuesday 25 January 2022

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

Time for Reflection

The Presiding Officer (Alison Johnstone): Good afternoon. I remind members of the Covid-related measures that are in place, and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The first item of business is time for reflection. Our leaders are Sarah Bateman and Andrei Martin, who are Holocaust Educational Trust ambassadors.

Andrei Martin (Holocaust Educational Trust): Hello. Sarah Bateman and I are ambassadors for the Holocaust Educational Trust. Last year, we participated in the “Lessons from Auschwitz” online project as pupils from Kilsyth academy. We heard from Holocaust survivors, saw Auschwitz-Birkenau via virtual reality and shared what we learned with our school.

Sarah Bateman (Holocaust Educational Trust): I wanted to take part in the project because, through my growing up with Jewish grandparents, the Holocaust was always something that I was aware of from hearing about memorials at their synagogue, so I understood how important it is to remember it.

Andrei Martin: I wanted to take part because the Holocaust is an incredibly important and devastating part of human history, and we must learn from it in order to prevent anything like it from ever happening again.

Sarah Bateman: The most important part of the project for me was my speaking to Holocaust survivor Janine Webber BEM. I was particularly struck by the photos that she showed us of her family before the Holocaust, which made her story seem so much more real. Before the project, we both knew various facts and figures about the Holocaust, but until we heard Janine’s story, we had never truly understood their gravity. That is why it is so important for young people to hear from survivors and to pass on their stories.

Andrei Martin: For our “Next steps” project, we gave a presentation that summarised what we had learned to several classes in our school. I shared how the Holocaust affected Jewish people all across Europe, but I also talked about the diversity of pre-war Jewish life, which is a really important aspect of humanising the Holocaust.

Sarah Bateman: I focused on the contemporary relevance of the Holocaust, as well as on passing on parts of Janine Webber’s story and orchestrating an activity around the individual Jewish experience. That helped us to shift the focus away from statistics and, instead, to see those who were impacted as individual people.

Andrei Martin: That leads us to this year’s Holocaust memorial day theme, which is “One Day”. One day cannot tell the whole story, but remembering just one day during the Holocaust can be a gateway to realising that no one person who was affected by it was the same afterwards.

As ambassadors, we look forward to continuing our work to ensure that the 6 million Jewish men, women and children who were murdered by the Nazis and their collaborators are remembered.

Sarah Bateman: Thank you, Presiding Officer, for giving us the opportunity to share our experience today, and thank you all for listening.

Business Motion

14:03

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-02933, in the name of George Adam, on behalf of the Parliamentary Bureau, which sets out revisions to this week's business.

Motion moved,

That the Parliament agrees to the following revision to the programme of business for—

(a) Tuesday 25 January 2022—

after

followed by First Minister's Statement: COVID-19 Update

insert

followed by Appointment of Junior Scottish Minister

(a) Wednesday 26 January 2022—

after

2.00 pm Portfolio Questions:
Justice and Veterans;
Finance and the Economy

insert

followed by Ministerial Statement: Supporting the Transition to Zero Emission Vehicles: The Scottish Government's Vision for the Future Public Electric Vehicle Charging Network—[George Adam]

Motion agreed to.

Topical Question Time

14:04

The Presiding Officer (Alison Johnstone):

The next item of business is topical question time. I would appreciate short and succinct questions and responses, to get in as many questions as possible.

Endometriosis

1. Beatrice Wishart (Shetland Islands) (LD):

To ask the Scottish Government what action it will take in response to reports of the women's health plan study finding that endometriosis clinical care is failing to meet the base level of care. (S6T-00443)

The Minister for Public Health, Women's Health and Sport (Maree Todd):

I know that diagnosis and treatment of endometriosis must improve, which is why we have made it a priority in the women's health plan. Indeed, we are the only country in the United Kingdom with a women's health plan. We want to improve access for women to appropriate support, diagnosis and the best possible treatment for endometriosis.

That is also the reason why the Scottish Government funded the report from Endometriosis UK. That important research will help us in our goal to make a meaningful difference for women whose lives are blighted by endometriosis. We welcome the four key recommendations in the report; progress is already under way to implement them.

The first meeting of the women's health plan implementation programme board will take place this month, which will ensure that progress on the women's health plan is achieved at pace. We will publish an implementation plan by spring 2022, which will set out more detail around how the actions will be implemented.

Beatrice Wishart: As the minister is well aware, endometriosis is wrecking people's lives right now. Not only is that painful condition damaging people physically, but it is severely affecting mental health. Through being in the position of wanting to work but being signed off with the debilitating condition, or being unable to study or to care for family, people are turning to private care, even though they cannot afford it. When will surgeries start again for patients who have had an endo diagnosis?

Maree Todd: There is work going on across the country to speed up access to surgery. Beatrice Wishart will understand the impact that the Covid pandemic has had on all elective surgeries. Elective surgeries are not just surgeries that

people choose to have. The name is slightly misleading; they are surgeries that are needed but are not urgent or emergency surgeries. There has been an impact on elective surgery across the board from the Covid-19 pandemic, but I assure the member that surgery has gone on and that it will continue to go on.

We have a strong plan in place to recover the national health service post-pandemic; the women concerned will benefit from the increased level of access to surgical capacity as soon as we can deliver it.

Beatrice Wishart: Sexism rears its ugly head again in the debate about the issue. If the same number of men were affected by an equally painful medical condition, there would not be lengthy waits and acceptance of their pain. What measures will the Scottish Government take to increase public awareness and to improve menstrual education in schools?

Maree Todd: I absolutely do not disagree that there is an aspect of sexism in how the illness is treated. That goes right across the board in the issues that we have included in the women's health plan, in the challenges that women face in accessing healthcare and in the inequalities that we face.

We have an awful lot of work going on already on endometriosis through the modernising patient pathways programme for care of endometriosis, which will improve how people work together within primary and secondary care. We are exploring opportunities to partner with Endometriosis UK—which carried out for us the research that we are discussing today—and others to sponsor projects that will raise awareness and support the diverse needs of people who are living with the condition. We recently funded Endometriosis UK to help to raise awareness among people who are awaiting diagnosis.

We have been working with NHS Inform to ensure that people right across Scotland can find accurate and up-to-date information on endometriosis and on the support that is available to them. That will go live next month.

We have also—

The Presiding Officer: Thank you, minister, but I would like to take more questions, if I may.

Carol Mochan (South Scotland) (Lab): Endometriosis is a painful and often debilitating condition that requires high standards of care and treatment. Commitments in the women's health plan are, of course, very welcome, but can the minister outline what investment the Scottish Government will be making in endometriosis research? Will she commit to regularly updating

Parliament on progress, given that we know just how crucial research will be in better understanding the causes, in developing better treatments and, ultimately, in finding a cure for endometriosis?

Maree Todd: Absolutely—I am more than happy to continue updating Parliament. We are committed to commissioning further endometriosis research into the underlying causes, diagnosis, prevention, disease-modifying treatments and care pathways, which will lead to the development of better treatment and management options, and to a cure.

We want to get the balance right so that women can access appropriate treatment and care with a working diagnosis, thereby avoiding invasive procedures when they are not required. Work on diagnosis will therefore be an absolutely key part of our research priorities.

Police Scotland (Calls)

2. **Jamie Greene (West Scotland) (Con):** To ask the Scottish Government what its response is to reports that 2 million calls to Police Scotland have gone unanswered since 2018. (S6T-00450)

The Cabinet Secretary for Justice and Veterans (Keith Brown): As Police Scotland has made clear, it has taken all necessary steps to protect the critical 999 emergency service and the non-emergency 101 service throughout the pandemic, and it has recently issued guidance to the public on the different ways to contact the police about emergencies and non-emergencies.

With a total budget allocation of £1.4 billion in 2022-23, we continue to protect real-terms funding for Police Scotland, which supports further investment in our 999 and 101 services through plans to introduce a new digital contact platform, which will further strengthen capabilities in that area.

Jamie Greene: Last year, I raised the issue of 101 calls to the police being abandoned, in light of the Lamara Bell case, which was an awful tragedy. The cabinet secretary assured me back then that the Government was “looking to learn ... lessons” from that failure.

Last year, more calls to 101 were abandoned—a staggering half a million calls—than were answered. Since 2018, nearly 2 million calls have been abandoned after a two-minute wait. The current average waiting time is nearly four minutes. What lessons have actually been learned, given the latest quite shocking statistics?

Keith Brown: I mentioned in my previous answer the digital platform that Police Scotland, through the Scottish Police Authority, is seeking to develop. It is worth understanding why some calls

are abandoned. Reasons that are given for that by Police Scotland—which, last year, introduced a range of measures to boost the 999 and 101 services—include that the police receive more than 3 million public contacts each year, and that officers and staff continue to prioritise 999 emergency calls, as they should.

Although the police have been prioritising emergency calls throughout the coronavirus pandemic, we have maintained the 101 service, despite high levels of absence and, of course, the restrictions that are due to physical distancing.

Many of the discontinued calls to which Jamie Greene referred will have been cases in which callers have been instructed to hang up and dial 999, or in which callers have decided to redial and select another option from a prerecorded menu. Sometimes, people opt to contact services through the website, or realise that they should be calling another agency. In addition, a significant number of both 999 and 101 calls are misdialled. Callers realise that and hang up.

Improvements are in train—I have mentioned the digital platform. Of course, it is right that there should be improvement. We will keep an eye on that. Of course, that is an operational responsibility for the police, through the SPA. Our responsibility is to ensure that the police are funded to make such improvements, and we are doing just that.

Jamie Greene: It is correct that there are a number of reasons why callers hang up, but it is clear that some people hang up because their call is simply not being answered. That is an indication of staffing problems, including the level of staffing, in the call-handling system.

The police have been struggling to meet demand over the past two years, which begs the question what additional resource was promised or, indeed, was given to the police by the Government to deal with inevitable staffing pressures. We know that it takes only one missed call for a tragedy to occur; we have learned that the hard way.

This year's draft budget offers Police Scotland a £45.5 million capital budget. Essentially, that is a year-on-year real-terms cut, and it falls far short of what the police say is needed for vital information technology and infrastructure upgrades. Is it really worth risking another tragedy? Why are the police simply not being given what they have asked for and—judging by the statistics that I have highlighted—what they clearly need?

Keith Brown: It is worth giving some context to the figures that Jamie Greene has mentioned. First of all, the independent Scottish Fiscal Commission states that the Scottish budget has reduced in real terms by 5.2 per cent this year. We have increased the budget to the police by more

than 3 per cent to £1.4 billion, as I have mentioned, and we have maintained the capital programme, despite further cuts from Westminster to our capital budget.

It is simply not enough for the Opposition just to say that it wants more money to be spent on education, justice or the environment—indeed, across the board—without identifying where that money would come from, given that we know that the Westminster Government that Jamie Greene supports is cutting funding to the Scottish Government.

We have to make difficult choices. I am very pleased that, despite that grim background from Westminster, we have increased funding to the police's resource budget. We have allowed the police to increase salaries, which has not happened down south. We have also maintained the police's capital budgets. We are taking the action that is necessary to ensure that services are maintained.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): How will the 2022-23 budget maintain the Scottish Government's commitment to protect the police resource budget, improve service delivery, and enhance safety and security in communities across Scotland?

Keith Brown: I thank Audrey Nicoll for her question, which allows me to say that the Scottish Government has exceeded, for example, the Conservative demand for an additional £62 million for justice and will invest an additional £188 million in 2022-23. Members should remember that there is no money for Covid recovery from the United Kingdom Government; we have to find that money from within our current budgets. The justice budget has benefited from the work of the Cabinet Secretary for Finance and the Economy in that regard.

The policing budget is almost £1.4 billion for the coming year and we have maintained Police Scotland's capital budget, which stands at £45.5 million—more than double what it was in 2017-18. All that will support continued investment in the police estate, fleet, specialist equipment and information and communications technology, and it will ensure, as the member suggests, that officers have the tools that they need to do their jobs effectively and to spend time in their communities.

Covid-19

The Presiding Officer (Alison Johnstone):

The next item of business is a statement by Nicola Sturgeon on Covid-19. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:15

The First Minister (Nicola Sturgeon): Today, as usual, I will report on the current course of the pandemic. I will also set out the latest data and outline some further changes that we intend to make in the period ahead. Those will include an update to the guidance on working from home and a change to requirements for overseas travel. Finally, I will summarise what we can all continue to do in the immediate future to keep cases on a downward trend and reduce pressure on the national health service and on the economy.

First, though, today's statistics: 8,022 positive cases were reported yesterday, either through polymerase chain reaction or lateral flow tests; 1,392 people are in hospital with Covid, which is 43 fewer than yesterday; and 49 people are in intensive care, which is four fewer than yesterday. That figure includes 15 patients who have been in intensive care units for more than 28 days. Sadly, a further 23 deaths have been reported, taking the total number of deaths under the daily definition to 10,222. Once again, my condolences go to everyone mourning a loved one.

Although cases remain high—as in many countries around the world—the data from the past week paints another broadly positive picture. In the seven days prior to last Tuesday's statement, almost 70,000 positive cases were identified through PCR and lateral flow testing, which is just under 10,000 a day. In the most recent seven days, there have been just over 50,000 cases, which is slightly more than 7,000 a day. Therefore, reported cases have fallen by just over a quarter.

There have been significant reductions in every age group except the under-15s. In that younger age group, cases have increased by 41 per cent. That will, at least to some extent, reflect the impact of the return to school. We will continue to monitor cases in that age group closely. We will also study the data carefully in the coming days to see whether the increase in cases among younger people is followed by any uptick in older age groups.

Although it is less up to date than our case numbers, the weekly survey data from the Office for National Statistics nevertheless indicates a similar trend. According to the ONS, in the week to

15 January, the percentage of people in Scotland infected with the virus declined.

As we would have expected, the decline in new cases is now reflected in a fall in the number of people being admitted to hospital with Covid. In the week to 14 January, 1,026 patients with Covid were admitted. In the following week, that fell to 704. Hospital occupancy has also fallen. This time last week, a total of 1,546 people were in hospital with Covid; today, it is 1,392. The number of people with Covid in intensive care has also reduced—from 59 this time last week to 49 today.

The significantly improved situation gave us the confidence yesterday to lift most of the remaining protective measures that were introduced before Christmas in response to omicron. I will have a little more to say about Covid statistics before I finish. However, following the lifting of restrictions on outdoor events last week, yesterday marked a significant return to normality with the lifting of all of the following measures: limits on attendance at indoor public events, nightclub closures, the requirement for 1m physical distancing between groups in hospitality and indoor leisure premises, the requirement for table service in hospitality venues serving alcohol on the premises, and the guidance against adult indoor non-professional contact sport.

On Thursday last week, we confirmed changes to our recommendations on self-isolation for people in care homes and lifted the recommended limit on the number of households able to visit care home residents. Visits from loved ones are hugely important for the wellbeing of care home residents, and I make it clear that we expect care homes and local health protection teams to support visits other than in genuinely exceptional circumstances.

The welcome progress of the past week or so has been made possible by a combination of booster vaccination, the proportionate measures that were introduced in December and, of course, the willingness of the public to adapt behaviour to stem transmission. That has all made a difference and, I am glad to say, has helped to send omicron into reverse. That progress is real and I am hopeful that it can be sustained.

That said, we know that there are still uncertainties ahead and the virus continues to be unpredictable. That all means that, although our return to more normality can be made with confidence, we should still exercise some caution. I will return to that point in a moment.

Before that, I can confirm that, on the strength of the latest data, the Cabinet concluded this morning that some further easing of measures is possible. First, as indicated last week, the current guidance on working from home, which was

strengthened in response to omicron, will now be updated. Instead of recommending home working whenever practical, the new guidance will pave the way for a phased return to the office. It will recommend that, from Monday 31 January, employers should consider implementing hybrid working, following appropriate guidance, with workers spending some time in the office and some time at home.

We do not expect a wholesale return to the office next week—indeed, given that the level of infection, though falling, remains high, a mass return at this stage is likely to be counterproductive and to set progress back. However, we know that there are many benefits to employees, employers and the economy as a whole in at least a partial return to the office. Indeed, many businesses successfully implemented hybrid working last autumn. Therefore, as part of a phased return to the office, we will again encourage employers to consider hybrid working, and we look to them to determine how best to manage the transition in consultation with workers and trade unions.

I can confirm two further changes. In December, in response to omicron, a requirement for 2m physical distancing was introduced for indoor settings where people have a specific exemption from the need to wear a face covering. Such exemptions apply, for example, to people who are leading religious services or carrying out some receptionist duties. From Friday, in the light of the improving situation, that requirement will revert to 1m.

Secondly, there will be a change to the guidance on organised activities for children, which currently states that adults who are attending such activities should wear face coverings when indoors, unless they are leading the activity. From Friday, face coverings will no longer be required for any adult who is taking part in organised activities when they are directly interacting with children under the age of 5. That change will bring the guidance for indoor activities into line with that for early learning and childcare settings, and it will be of benefit to younger children and people who work with them.

We are not, at this stage, recommending any immediate change to the guidance on reducing risks in schools and the early learning and childcare sector. However, that is being kept under close and regular review. The advisory sub-group on education and children's issues is meeting again today. We will consider carefully any recommendations that it makes, and we will continue to seek its advice on issues such as groupings in schools and the requirement for secondary school pupils to wear face coverings.

I know that young people, like many adults, want to see the back of face coverings as soon as possible. However, I also know that many young people understand and agree that face coverings provide important protection, especially when the number of cases in the younger age group is rising. It is a matter that requires and will receive careful on-going consideration.

Finally, further changes to international travel requirements were agreed yesterday by all four United Kingdom Governments. As a result, from Friday 11 February, fully vaccinated travellers will no longer need to take a test after they arrive in Scotland, although they will still be required to complete a passenger locator form. Travellers to Scotland who are not fully vaccinated will still be required to take a pre-departure test no more than two days before they board their plane and to take a PCR test on or before day 2 of their arrival here.

For international travel purposes, people are deemed to be fully vaccinated if they have completed at least a primary course of vaccination, which, for most people, means at least two doses. That international definition, which does not currently require booster or third vaccinations, will be kept under review.

The four UK Governments have agreed to work on a new surveillance system to identify any future variants of concern.

The Scottish Government would have preferred that system to be in place before the removal of the need for vaccinated people to take tests. However, and as we have done in the past, we recognise the wider benefits of adopting a common approach where possible.

Although those changes will be very welcome to travellers and the travel industry, it is important and responsible to point out that no Government can completely rule out having to tighten travel requirements again if certain circumstances—most obviously another new variant—were to arise. For now, and hopefully for the long term, it is really positive that those measures can be lifted. It opens the way for family reunions and the prospect again of holidays overseas and, of course, of much-needed support for the travel sector.

I am hugely grateful to everyone who has complied with the tighter protective measures that have been in force over the past month or so. Our collective efforts have made a huge difference. I know that many people will now rightly be looking forward to getting back to concerts, shows, sporting occasions and other events. Many others will be looking forward to meeting up with larger groups of friends or having a pint at a bar without the need for table service. Whatever it is that you are looking forward to doing again, enjoy it,

knowing that, by doing so, you will be supporting businesses and organisations that have been through the mill.

However, to ensure that we sustain our progress, please continue to exercise appropriate care and caution. The level of infection, although declining overall, is still high, with around 7,000 cases still being confirmed each day. Indeed, the decline may be starting to plateau, and, as I reported earlier, cases among the under-15s are actually rising. Hundreds of people with Covid are still being admitted to hospital each week, which means that the national health service is still under immense pressure. We can say without fear of contradiction that this is the toughest winter the NHS has ever faced. We also know that any lifting of the protective measures that have helped to stem transmission, however welcome, can lead to an uptick of cases in the weeks that follow.

All of that demands a degree of continued caution, even as we enjoy a return to pre-omicron normality. So, for the rest of the month, and even though there are no longer any recommended upper limits, try to keep indoor social gatherings as small as circumstances allow, and please continue to comply with all the baseline protective measures. For example, continuing to wear face coverings indoors and on public transport can help all of us to stay safe while we travel and meet up more, and so will taking lateral flow tests before meeting up with others. Please continue to do that.

All those basic measures help us to protect each other as we get on with our daily lives, and they are especially important for the protection of those who are at highest clinical risk from Covid.

This week marks the introduction of a further initiative that is designed to help people who need extra support to get out and about with more confidence. The distance aware scheme is intended to help people who might be worried about going out. Badges and lanyards with the distance aware logo will be available to anyone who wants one, and they will indicate to other people that the person wearing the logo would like a bit of extra space and to have a bit more care taken around them.

The badges and lanyards are available free at mobile and community libraries across Scotland this week, and badges are also available in most Asda supermarkets. They are also available online from some participating charities. If you are, or anyone you know is, worried about being out and about and would feel safer with a bit more space, please get a distance aware badge. For everyone else, if you see someone wearing the badge or lanyard, give them the space and consideration that they are asking for. That is another small but important way of helping each other through a

situation that remains difficult, challenging and stressful for many.

Finally, I stress again that vaccination continues to be the cornerstone of our battle against Covid. The very high vaccination rates achieved so far have helped us considerably on our path back to normality.

From this week, five to 11-year-olds with specific medical conditions are being invited for vaccination appointments. Parents and carers will receive either a letter inviting them to call the national phone line or a letter directly from their local health board. The types of medical conditions that make children eligible for the vaccine are set out at NHS Inform, and a leaflet with answers to questions that parents and carers might have will be made available in advance of appointments. There is also, as I indicated last week, a self-help guide on the NHS Inform website, and young people, parents and carers can use the guide to check eligibility for the vaccine.

In addition, reminder letters have been sent to 12 to 17-year-olds who are yet to complete their primary course of two doses of vaccine, and we are preparing to send scheduled appointments for February to any remaining 18 to 59-year-olds who are yet to be boosted. All 16 and 17-year-olds can also book boosters as soon as they approach 12 weeks from a second dose.

I take this opportunity to again urge anyone who is eligible for a primary dose or a booster but has not yet had it to please get it as soon as possible. Hospital data continues to show, even when it is adjusted for age, that someone who is not fully vaccinated is considerably more likely to require hospital treatment than someone who has had a booster or third dose. Being fully vaccinated is the single most important thing that any of us can do to protect ourselves, others and the national health service.

As I set out last week, we are continuing to consider the adaptations that might be necessary in the future to help us to manage the virus more sustainably and less restrictively. We will consult on and publish the updated strategic framework in the coming weeks. In doing so, we will take careful account of the developing international evidence as well as the data here. I was struck by the remarks that the head of the World Health Organization made yesterday. He said:

“learning to live with Covid cannot mean that we give this virus a free ride”.

He also warned that,

“globally, the conditions are ideal for more variants to emerge”.

It is clear, therefore, that we must continue to learn from experience and be prepared to adapt to a range of different circumstances.

On that point, I want to address directly a claim that was made in recent weeks by some Opposition members to the effect that the protective measures that were introduced here in response to omicron were unnecessary and that data shows that Scotland's more cautious approach achieved no more than England's less protective approach. In response, I told Parliament last week:

"The Office for National Statistics figures this week show that infection levels in England are over 20 per cent higher than those in Scotland."—[*Official Report*, 20 January 2022; c 13.]

Willie Rennie issued a furious press release on the back of that, saying that I had "twisted" the data. He also reported me to the impartial chair of the UK Statistics Authority. I am pleased to say that he has now written back to Mr Rennie. Oddly, as far as I am aware, Mr Rennie has not press released the reply. Sir David Norgrove, the chair of the UK Statistics Authority, says in his reply that I

"correctly stated that the figure for England was more than 20 per cent higher than the figure for Scotland."

However, he goes further than that. While acknowledging that there are other, equally accurate ways to cite the statistics, he concludes as follows:

"the data does suggest that the rate of infection is lower in Scotland than in England".

To me, what matters is that Scotland is doing better now than we were doing before Christmas, and better than we might have been doing had we not taken action to stem transmission. That is what is important. How we are faring relative to England or anywhere else is not, in my view, the key comparison. However, given that others have sought to draw that comparison—inaccurately—in an attempt to undermine confidence in the Scottish Government's decisions, I hope that all members will now accept the conclusion of the chair of the UK Statistics Authority that the data that I cited was, indeed, accurate. [*Interruption.*]

The Presiding Officer: Members!

The First Minister: At this stage, as protective measures ease and as we head into spring, there are very good grounds for being optimistic that we are again on the cusp of a calmer phase of the pandemic. We can all help to ensure that the waters remain calm by taking the sensible steps that we know help to stem transmission.

First, please get fully vaccinated as soon as you can. Secondly, continue to take care when socialising. We are no longer suggesting a limit for the number of households who meet indoors, but,

for the rest of this month, try to limit as far as you can the size of indoor gatherings that you have, and please take a lateral flow test before you go, every time.

Finally, please take the other precautions that we know make a difference. Keep windows open when meeting indoors. Continue to work from home for now, but talk to your employer about a return to hybrid working from the start of next month. Wear a face covering on public transport, in shops and when moving about in hospitality. Please follow all advice on hygiene. Those measures are making a difference, so please stick with them to protect yourself, others and the national health service.

The Presiding Officer: The First Minister will now take questions on the issues that were raised in her statement. I intend to allow around 40 minutes for questions, after which we will move on to the next item of business. I would be grateful if members who wish to ask a question were to press their request-to-speak button now or enter R in the chat function.

Douglas Ross (Highlands and Islands) (Con): I apologise for missing the very beginning of the statement.

The latest data on Covid is very positive. Going forward, it is vital that we trust people across Scotland to judge what is best for them and their families, yet the First Minister said in her statement that, from the end of January, guidance on working from home will still advise against a wholesale return to the office.

Although some people will still want to work from home, why does the First Minister not leave that decision up to employers and to workers themselves? What does she think that it means for the businesses that rely on workers being back in the office and back in our communities, our city centres and our town centres?

Those businesses have another issue to deal with, which is caused solely by the Scottish National Party Government. Six weeks on from the announcement of more Covid funds, and weeks after restrictions were introduced that have now been removed, businesses are still waiting. A document that I have seen from SNP-run Moray Council says this about the Government's record:

"Throughout the pandemic, there has been a considerable gap between announcements & providing details, guidance & grant-offer letters"

to local authorities.

Yesterday, businesses told the First Minister directly to stop ramping up plans to split up our country and instead to fully focus on Scotland's economic recovery. Is it not about time that the First Minister listened and got on with delivering

for Scotland, instead of dividing Scotland? Just when will those businesses that are crying out for support get the cash that they need?

Finally, throughout the pandemic, there has been agreement that children's education must come first. However, right now, adults can sit in workplaces and pubs without face masks, but pupils in classrooms are still required to wear them.

The First Minister is not even following public health advice on that. This week, University of Edinburgh expert, Christine Tait-Burkard, said:

"I would expect for schools that removal of face masks to be relatively soon, as in early to mid-February",

and the national clinical director, Jason Leitch, said:

"I think that day is coming"

when masks in schools will be removed.

I therefore ask the First Minister what she is waiting for. Why has the Government not set a date for the removal of face masks in our classrooms?

The First Minister: First, the latest data is very encouraging, but I think that anybody who has a modicum of common sense and who looked at that data would say that it calls for continued good sense and caution. That balanced approach has brought us to where we are today—in a much stronger position, and able to look forward with much more optimism.

From long experience in politics, I know that opinion polls are not everything, but sometimes they give us a useful insight into the state of public opinion. Just at the end of last week, a poll showed that two thirds, or thereabouts, of people in Scotland support the proportionate and balanced approach that the Scottish Government took before Christmas in response to omicron. I suggest that it is Douglas Ross who is out of touch with public opinion, rather than the Scottish Government.

I will take the points in turn. The first was on working from home, and why we do not just leave it to the good sense of employers and workers. I know that Douglas Ross, through no fault of his, was late, as we started a bit early. I think that he was in the chamber before I got to this point in my statement but, just in case he was not, or in case he was not listening, I will read it again:

"as part of a phased return to the office, we will again encourage employers to consider hybrid working, and we look to them to determine how best to manage the transition in consultation with workers and trade unions."

Anyone looking at the data right now would say that a mass return to the office, from next week, with all that goes with that in travel to work and

people coming together, would risk setting back that progress. It would not be responsible. That is why the Scottish Government is not going to encourage it.

Financial support payments are already being made to affected businesses in every council area. All 32 local authorities are making payments to eligible hospitality and leisure businesses. Payments are also being made by Creative Scotland and VisitScotland. I remind Douglas Ross again that that funding is available in Scotland and has not been available in the rest of the UK—something that was criticised by the Night Time Industries Association and others in England.

Finally, on face coverings in schools, which is possibly one of the issues on which we need to take the greatest care, nobody wants young people—or anybody—to wear face coverings for as long as possible, and I hope that the time is coming when doing so will not be necessary.

However, in the face of the 41 per cent increase in cases in the under-15 age group that I have reported today, anyone with a degree of responsibility who says that this is the moment to say that young people no longer need to wear face coverings is—frankly—not showing that responsibility.

Douglas Ross: When? I just want to know when.

The First Minister: Douglas Ross is shouting "When?" from a sedentary position in an almost childlike fashion, forgetting that we face an unpredictable virus and that it is important not to pluck dates out of mid-air, but to take those decisions responsibly. That is why the approach of this Government has such overwhelming support from the Scottish people.

Anas Sarwar (Glasgow) (Lab): I start by sending my condolences to all those who have lost a loved one.

This update confirms what we have been hoping—that the picture is improving. Covid has changed our society and our world. People accepted unprecedented restrictions and made extraordinary sacrifices. When the pandemic first hit, Governments were given the emergency powers needed to deliver a swift response to the crisis. However, things have moved on since then.

Two years on, it is clear that Covid is not going away—but there is hope. Research and innovation have given us tools such as testing to identify and help contain outbreaks, vaccines have helped reduce the severity of infections, and we have new treatments and antivirals for those who become ill. People and businesses therefore cannot be expected to live their lives subject to ad hoc and

last-minute decision making from Government. We need a new approach.

Yesterday, Scottish Labour set out a strategy for living well with Covid. It seeks to learn the lessons of the past two years and looks at how we build resilience into public services, protect the most vulnerable and provide as much certainty as possible. In this new phase, any new decisions must be proportionate and clearly communicated.

Will the First Minister commit to engaging seriously with those proposals? They would mean clear triggers, the restrictions that would follow and a framework for the financial support that businesses and workers would expect. They would also mean rolling capacity for vaccination, testing and tracing, pandemic proofing our schools and—crucially—proper data sharing and parliamentary scrutiny.

Finally, does the First Minister accept that the situation that we face now is very different from that of March 2020 and that we cannot expect people to live their lives in perpetual crisis?

The First Minister: First, the situation is very different from March 2020, and people are not living their lives as they were asked to in March 2020. Anybody who suggests that we have not changed our response and adapted to changing circumstances is not paying attention or not wanting to recognise those changes.

We will look seriously at the proposals that Anas Sarwar has put forward, as we will look seriously at proposals that anyone puts forward. I have said before that we will consult widely as we develop the updated strategic framework over the coming weeks. It is important that we get it right. It is also important that we go beyond soundbites such as “pandemic proofing schools”. Yes, we all want to do that, but it comes down to serious investment, such as the investment that we are making in better ventilation and in other mitigation measures.

We would have to take care in relation to having a rigidity of approach around triggers, because we have learned—particularly over the past few months—that different variants do not behave in the same way as previous variants. If we have too rigid an approach, we do not adapt properly to the reality of the situation that we are facing. That is why there continues to be a need for judgment and good sense in how we try to balance things. However, we will consider any proposals that are put forward.

It is not the case that responses are ad hoc or last minute. We respond to changing circumstances—we would be failing in our obligation if we did not. I believe that the action that we took before Christmas has been shown to be worth while because of the much better position that we are in now. Yes, we need to have

as much clarity as possible in our future approach, but we would be acting at our peril if we did not retain the ability to be flexible.

I go back to the comments from the head of the WHO that living with this virus does not mean simply giving it a “free ride”. We have to be smart in how we deal with it, which is what we will continue to seek to do, and we will consult as we do so.

Alex Cole-Hamilton (Edinburgh Western) (LD): In November, John Swinney told me and the chamber that

“Anybody who comes to Parliament and seeks to diminish Covid’s enormous impact on our national health service is not recognising the reality of the situation that we face.”—[Official Report, 11 November 2021; c 21.]

In December, we learned about the worst poverty-related attainment gap on record. The Cabinet Secretary for Education and Skills told the chamber that

“we are in a global pandemic”

and that

“that context is exceptionally important”.—[Official Report, 14 December 2021; c 64.]

Finally, earlier this month, I warned about children waiting years for mental health treatment, and the Minister for Mental Wellbeing and Social Care said:

“We are still in the midst of the pandemic, and this is the most precarious time in the pandemic”.—[Official Report, 12 January 2022; c 24.]

This country faces a litany of social problems, action on which ministers have sought to defer with reference to the pandemic. However, miraculously, we were told this weekend that the threat of the virus has abated such that, in 2023, we can hold another referendum on independence.

Those problems have not gone away. There are patients who are waiting in pain for operations, children who have missed out on life-qualifying education, and front-line staff who are on their knees and are in want of a break. Does the First Minister understand the anger and frustration at her Government as it turns its eyes away from them and back to the tired old divisions of the past?

The First Minister: I think that Alex Cole-Hamilton is the only one in this chamber today who is turning his eyes away from those issues. We focus on those issues each and every day, and that will continue as we come out of this pandemic and, hopefully, enter the recovery phase. However, in the interests of democracy, we will also seek to take forward the mandate that we won less than a year ago at the Scottish

Parliament election to allow the people of Scotland to choose whether to complete the powers of this Parliament to better equip us to deal with the issues that Alex Cole-Hamilton has set out, because those things are, of course, very closely related.

Let me pick up on two examples. On child poverty, we are making great strides and great efforts, chiefly through the Scottish child payment, to tackle child poverty in Scotland but, as we do that, the powers that are still held at Westminster are being used to pull in the other direction. Completing the powers of this Parliament will significantly help in our task.

Secondly, in relation to staff on the front line of our national health service, who are exhausted because of Covid and the other pressures on the NHS, one of the exacerbating factors involves staffing shortages and recruitment, which are issues that are exacerbated by Brexit, which was imposed upon Scotland against our will. Again, completing the powers of this Parliament through independence would ensure that we are in charge of our own destiny.

Our ability to ensure that Scotland addresses those issues and fulfils its potential will be enhanced by Scotland becoming independent, and I think that everybody, including Alex Cole-Hamilton, should perhaps lift their eyes and their ambition.

Natalie Don (Renfrewshire North and West) (SNP): Women's health and wellbeing has to be an absolute priority during pregnancy, and I was pleased that pregnant women were last month added to the Joint Committee on Vaccination and Immunisation's priority list for the vaccine and the booster.

Can the First Minister confirm whether the rate of vaccine uptake among pregnant women has increased since they were added as a priority group, and will she join me in encouraging pregnant women to come forward for their first, second or booster vaccination in order to provide them and their babies with the strongest possible level of protection against the virus?

The First Minister: Yes, I strongly echo Natalie Don's call to pregnant women to get vaccinated as soon as possible. Public Health Scotland will publish its next analysis of vaccinations in pregnancy on 2 February. Previously published data showed that, from the start of the vaccination programme until August last year, uptake of the vaccine among pregnant women was lower than it was among non-pregnant women, but it was increasing and, according to the most recent data that was published by Public Health Scotland in September and October, uptake among pregnant women has become more similar to uptake among

the general female population. That increasing uptake is encouraging.

Vaccination is the best way to protect against the known risks of Covid in pregnancy for women and babies, including premature birth and admission of women to intensive care. Therefore, I urge all those who are pregnant and who have not already done so to book their vaccination as soon as possible. I thank Natalie Don for raising such an important issue.

Sue Webber (Lothian) (Con): Figures that were released this morning show that 47 per cent of registered patients have not seen an NHS dentist in the past two years, while oral health inequalities amongst children have widened to the worst level on record. As dentistry recovers from the pandemic, patients across the country are facing long waits for routine treatment. What steps is the First Minister's Government taking to help restore such NHS dental treatments across Scotland, especially now, given the withdrawal of emergency funding from 1 April?

The First Minister: Obviously, throughout the pandemic, a range of emergency provisions were put in place, including for people who required dental care and treatment. More recently, we have been supporting dentists to recover and get back to normal so that they can do the range of procedures that they did ordinarily before the pandemic, and that support will continue to be given, including through appropriate investment.

The point about emergency funding is one that we make more widely. We are not completely out of the pandemic yet, but much of the consequential funding for Covid and Covid recovery is not continuing, which has knock-on impacts on our budget. Within that, though, we continue to support dentists and others in the national health service to the very best of our ability.

Pauline McNeill (Glasgow) (Lab): City centres such as Glasgow have been hit harder economically than most UK cities, particularly in retail and hospitality. Between them, Glasgow, Edinburgh and Aberdeen airports have lost 4,500 jobs as a result of the pandemic. In Glasgow, there are reports that passenger numbers are equivalent to what they were in 1973.

Does the First Minister agree that connectivity is vital for our economy? Can she tell me when she plans to engage with our airport industry to ensure that Scotland is not at a competitive disadvantage and we can start to see connectivity help our city economies to recover?

The First Minister: I agree that connectivity is vital for the prospects of our economy. It is also important for many other reasons, including family and personal reasons. However, we also have to

recognise—as I am sure that Pauline McNeill does—that international travel, particularly in the face of new variants of the virus, still poses one of the biggest risks in terms of transmission. This is always going to be a difficult issue.

The pandemic has been incredibly difficult for Scotland's airports and aviation sector, and the travel industry more widely. We continued with rates relief for the aviation sector longer than other parts of the UK. Scotland is not unique in this; many countries across the world are still managing travel restrictions as part of managing the virus.

We are in a much better place now. The changes to requirements that I have outlined today, which come into force shortly, will significantly help international travel return to a degree of normality. I think that we can look forward, at this stage, to greater normality around international travel for family connections, business and holidays, which will help the airport sector with the process of recovery. However, we will continue to engage with the sector about how we can support it more widely to recover as quickly as possible from what I absolutely accept has been a torrid time.

Ruth Maguire (Cunninghame South) (SNP): As restrictions and protections are eased and we begin to adapt to living with Covid-19, this will be an anxious time for some of my constituents, especially those in higher risk groups. Can the First Minister outline how the distance aware scheme might help to provide confidence and support to people who are worried about mixing with others?

The First Minister: That is a really important point, and one that it is vital that we do not just pass over. The majority of us are really keen to get back to as much normality as we can, as quickly as possible. We are desperate to do all of the things that we enjoyed doing before Covid. However, there are some people in our society, particularly those at highest clinical risk, and also many older people, who feel very nervous about getting back to normal and who still worry about the risk that Covid presents. In the spirit of solidarity that has served us well, we have to try to strike the right balance, so that everybody can feel confident about the path that lies ahead.

The distance aware scheme is a really important initiative in that context. It is voluntary, but it allows us to support anyone who might be a bit more worried about mixing with others or who perhaps just wants a bit more time to adjust to the transition. The badges and lanyards that can be acquired will help people in those circumstances, if all of us respect the wishes of those wearing them. That is one way of helping to ensure that we make the transition back to normality in a way that is as inclusive as possible and recognises the impact on

mental health, wellbeing and anxiety levels among many people who are particularly vulnerable to the virus.

Gillian Mackay (Central Scotland) (Green): I have previously expressed concern in the chamber about the removal of PCR testing for vaccinated people travelling into Scotland. I note the First Minister's warning that no Government can rule out having to tighten restrictions once again if a new variant were to arise. However, does she recognise that the removal of PCR testing could undermine our ability to detect and therefore prevent the spread of new variants? Can the First Minister provide any detail on the new surveillance system that is to be introduced?

The First Minister: I recognise that concern and, to some extent, I share it. As I said earlier, our preference would have been not to remove the testing requirement until we had a new surveillance system in place. On the other hand, we recognise the benefits and, to some extent, the practical necessity of having common travel requirements in place in all four nations of the UK. These are difficult balances that we try to strike as well as we can.

PCR tests are important because they enable genomic sequencing, which is very important in the detection of new variants. Work will be taken forward—as quickly as possible, I hope—to get a proportionate and targeted new surveillance system in place, and we will keep the Parliament up to date as that work proceeds.

Kenneth Gibson (Cunninghame North) (SNP): Will the First Minister advise us how much it costs to treat the average patient with Covid-19 in intensive care? Does she agree that the huge financial impact on the NHS is yet another reason why people who are not yet fully vaccinated and are therefore more vulnerable should get vaccinated and boosted?

The First Minister: I am not able to put a precise figure on that today, but we know that intensive care is the most resource-heavy form of NHS in-patient care. It is essential for the treatment of the sickest patients, and it costs several thousand pounds per day because it uses more staff per patient than any other type of in-patient care. Our intensive care teams are among the best in the world.

We do not and should never make admission choices based on consideration of resource in that way, but, of course, if there is something that all of us can do, in the face of the virus, to minimise our chances of needing intensive care, then we should—for all sorts of reasons—do that. Right now, vaccination is one thing that we know reduces our chances of getting seriously ill if we get the virus.

For that reason, as well as because of the unnecessary risk that you are posing to yourself and others, if you are choosing not to be vaccinated right now without good reason, you are being deeply irresponsible. I urge you to change your mind and get vaccinated as soon as possible.

Jamie Greene (West Scotland) (Con): Yesterday, Dr Jane Morris, vice chair of the Royal College of Psychiatrists in Scotland, reminded us that, although Covid restrictions serve a physical health purpose, they have a mental health consequence. Nearly 2,000 young people in Scotland have waited more than a year for an appointment with child and adolescent mental health services. The statistics were shocking long before Covid. Many young people are desperate and, sadly, for some it is just too late. Will the First Minister commit to putting every ounce of Government focus and attention into supporting and rebuilding the nation's mental health off the back of Covid, and will she back that up with a plan and all the resource that it needs and deserves?

The First Minister: Yes. We had a focus on that—particularly child and adolescent mental health services—before the pandemic, redesigning the way in which services were offered with much more focus on community services and preventative early intervention services such as counsellors in schools. That work will continue. The member is right to say that that is even more important now than it was before the pandemic struck.

I recognise that physical restrictions have a mental health impact. Everything that we have had to do in response to the pandemic, to stem transmission of a virus, has had impacts in other ways. I am not suggesting that this is what Jamie Greene is putting forward, but the fallacy that we often hear is that, if we had not introduced restrictions, there would have been no impact. Without restrictions, transmission would have got more out of hand and the mental health and wellbeing impact of that would have been considerable, too.

This has always been a difficult balance to strike, for Governments everywhere. We continue to do it as well as we can, and we absolutely recognise the work that needs to be done to recover from the impacts that our response to the pandemic has had. Mental health is one area in which that is particularly important.

Siobhian Brown (Ayr) (SNP): The chair of the UK Statistics Authority has confirmed that the First Minister accurately described Covid infections and that the figure for England was more than 20 per cent higher than the figure for Scotland. That success was achieved because people throughout Scotland stuck with the necessary restrictions that

were put in place to protect lives and the NHS. Does the First Minister agree that Willie Rennie should apologise to the Parliament for his ham-fisted bid to twist the data, to the people of Scotland for failing to acknowledge the sacrifices they have made, and, last but not least, to Sir David Norgrove, the head of the UK Statistics Authority, for wasting his time?

The First Minister: This is important. It is vital that people like me show integrity and accuracy when we cite statistics. Sometimes we get it wrong and make mistakes, and it is important that we recognise that. For somebody to accuse me of twisting data—when a cursory glance at what I was citing last week would have shown that it was accurate—and to report that to the chief statistician was, I think, uncalled for. There is also a more substantive point here: I do not believe that the comparison between Scotland and England is the one that we should focus on. The comparison that we should focus on is the one between how Scotland is doing now compared with how we were doing at the start of the omicron wave and how we might have been doing now had we not taken the sensible and proportionate steps that we have.

For reasons that I cannot fathom, because I cannot understand the politics of this other than its pure political opportunism, Opposition members have tried to suggest—and to say that the data suggests—that the restrictions in Scotland made no difference. It is good that we have the confirmation that the data that I cited in response to those claims last week was accurate and that the actions that the Government and, more importantly, the public have taken have got Scotland into a much stronger position than we would otherwise have been in. If we could all put party politics aside for a moment, in the midst of a global pandemic, we might all find that that is something to warmly welcome.

Pam Duncan-Glancy (Glasgow) (Lab): I understand the need to balance lifting restrictions with the need to protect people who are most at risk from the virus, and I share the First Minister's appeal for people to show solidarity with those who are most at risk. However, I cannot help feeling a bit uncomfortable about the distance aware badges, because they appear to shift the burden of protection on to people who are most at risk. What engagement has the Government had with people who are most at risk, including those who were shielding?

The First Minister: We engage with different groups all the time. I will come back to the member or ask a minister to come back to the member on the detail of that consultation. I recognise and accept the member's observation, and I stress that the distance aware scheme is

voluntary. We are not asking or expecting anybody to comply with it, but I know—I have had representations—that many people say that something such as the scheme would be helpful.

If there is a better way of doing it, I am open to considering it. I am not suggesting that we have come up with the best possible way that we could ever do it. We are trying to strike a balance between the majority, who want to go back to normal and go to pubs and concerts, and the groups—it is not a homogeneous group—in our society who feel nervous about that. People in my family are expressing that nervousness, and people with particular health conditions will especially feel it.

It is about striking a balance and finding practical ways of doing it. It is being done in good faith and for the best of reasons, but, if there are better ways of doing it, I am happy to listen to them and give them full consideration.

Fiona Hyslop (Linlithgow) (SNP): Does the First Minister agree that, as part of the strategy for living with Covid in Scotland, we will need to learn to adapt and respond to future variants that could emerge in other parts of the world, and that we will always be vulnerable to potential sudden decisions that could affect the economy and society unless and until there is an effective strategy for global vaccination? What is the Scottish Government doing to encourage the UK to play its proper and full part in that drive?

The First Minister: Fiona Hyslop is right to say that the possibility of future variants remains the biggest risk that we face. As an aside, I should say that the UK Health Security Agency confirmed at the end of last week that it has designated a sub-lineage of omicron as a variant under investigation. We think that there might be a small number of cases in Scotland and we are monitoring that carefully. I say that simply to illustrate the wider point that the global nature of this is important. None of us will be completely free of the pandemic until everyone is free, which means that the importance of extending vaccination globally cannot be overstated.

In December, I wrote to the Prime Minister to urge the UK Government to end its opposition at the World Trade Organization and join more than 100 other countries who support a temporary waiver of trade-related aspects of intellectual property rights. That is important and I repeat that call.

Although Scotland is not part of the COVAX scheme, we provided international development funding to support vaccine preparedness and delivery in our partner countries. We have a responsibility and will exercise it, but we will also continue to call on other Governments to take

responsible action to extend vaccination across the globe as quickly as possible.

Craig Hoy (South Scotland) (Con): Speaking in Parliament on 9 September, the Deputy First Minister said:

“We are saying that the certification passports will be in place for a period up until the end of February 2022—but they would automatically expire at that moment”.—[*Official Report*, 9 September 2021; c 96.]

Is that still the case? If not, why not?

The First Minister: In terms of the legislation that is in place, I am sure that what the Deputy First Minister set out on the expiration is the case. If we consider that there is a need to extend that period, we will come to Parliament in the normal way and set that out.

Nobody wants any of these measures to be in place for any longer than necessary, but I think that we can safely say that it is because we have been prepared to take sensible and proportionate steps and the public have responded so magnificently that we are managing again to send Covid into reverse. We need to continue to be responsible about the matter. If asking people to show Covid certificates keeps nightclubs open and allows sporting events to go ahead, that is a much more proportionate measure than restricting or closing such venues and events again.

I go back to a point that I have made regularly. I think that the facts bear me out here. The Conservatives have opposed almost every sensible measure that we have taken in order to control the virus. To be honest, we would be in a much more difficult position if we had followed that advice. I think that the public support the cautious and proportionate approach that we are taking. We will take that approach for as long as necessary, and we will lift measures as soon as it is possible to do so.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Will the First Minister say something more about hybrid working opportunities as we slowly recover from the pandemic? Some of the surprising gains that we have experienced have been in the deployment of digital technology to enable hybrid working and home working and to help people to achieve a better work-life balance. Does the Government support that continuing? How can we guard against dropping back to the old norm of everyone piling on to our motorways and into their offices five days a week to get to and carry out their work?

The First Minister: On hybrid working, a lot of businesses implemented a hybrid approach quite successfully in the autumn last year, before we had to pull back again and tighten the guidance on home working in response to omicron. We are asking businesses to consider going back to that

again and to talk to workers and trade unions about how workers can best do that in their own circumstances. In summary, that means people being in the office sometimes and working from home at other times, and perhaps a mix of office-based and home-based staff. The Government cannot and should not seek to mandate what that looks like in every working environment, but it is important that we are moving from heavy work-from-home-when-ever-possible advice to something that is much more about enabling a phased return to the office.

Willie Coffey is right. I know that many businesses are already taking the unfortunate and unwelcome experience of the pandemic in the past two years to think afresh about the best configuration for their workforces in the future. Many people will be sick of working from home and will want to get back to the office, and many businesses will want that. That has knock-on benefits for people in the office and city centre economies, for example, but there are also many people who think that working from home is more productive and that it improves their work-life balance. That also has environmental benefits, of course. Getting the balance right in the months and years to come will not be easy, but there is an opportunity to rethink things and not simply go back to the status quo as it was before the pandemic.

There are big challenges, but I suspect that there are also big opportunities for our economy and our society.

Jeremy Balfour (Lothian) (Con): Since 23 December, there has been a moratorium on fertility treatment for unvaccinated women, which has cross-party support. However, will the First Minister explain to my constituents why that moratorium is required and when it will be reviewed?

The First Minister: I think that I set out the Government's position on that at quite some length last week, when I made a statement. I refer members and anybody else who is interested to that answer.

I go back to the question that I was asked earlier on about the vaccination of pregnant women. We know that the risks for a pregnant woman and an unborn baby are significantly increased if there is no vaccination and the pregnant woman gets Covid. The judgment was made that there should be a pause on fertility treatment for those who are unvaccinated. However, I said last week that people should discuss the situation with their clinical advisers.

We keep that under careful review. I absolutely and fully understand the stress and anxiety that any woman or couple will go through as they seek

fertility treatment. It is important that we enable and facilitate that as much as possible, but we also have to understand the wider risks that exist around Covid, particularly for those without vaccination.

Karen Adam (Banffshire and Buchan Coast) (SNP): Many people are planning ahead and organising their summer holiday, which might include travelling abroad. In the light of Covid, what advice does the First Minister give such people?

The First Minister: As I said in my statement, we have agreed with the other UK nations to relax international travel requirements from 11 February, which means that fully vaccinated travellers will no longer need to take a test on arrival here. That will benefit Scottish residents who want to travel abroad, whether that is to visit loved ones whom they have not seen in some time or to have a summer holiday that they have not had the opportunity to have for a couple of years.

It is possible for people to look forward to this summer with much more confidence about booking summer holidays, but we are still in a global pandemic, and the situation in other countries is changeable, just as the situation here is still prone to change. People must recognise when they book a holiday that, although the rules might say one thing, the rules might be different in the country that they wish to travel to by the time they go. It is common sense to bear that in mind, but there is much more optimism about the prospect for summer holiday travel this year than there was in the past two years. I am sure that many people are looking forward to getting overseas and possibly even getting some sun.

Paul O'Kane (West Scotland) (Lab): Yesterday, I was contacted by a constituent who had cancer surgery cancelled with only a few days' notice, as there were no beds in recovery or in any other ward for cancer procedures at our local hospital. Last year, the target for 95 per cent of urgent referrals with a suspicion of cancer to start treatment within 62 days was missed again.

My constituent's family are calling for additional capacity to treat cancer patients. Will the First Minister listen to their anxious pleas and the pleas of so many and take action on waiting list numbers and delayed discharge rates, which were too high pre-pandemic? Will she introduce a robust recovery plan for cancer services?

The First Minister: Cancer is a core part of the NHS recovery plan. Cancer treatment and surgery are cancelled only as an absolute last resort. Cancer has remained a priority throughout the pandemic. We are focused on getting cancer services that have been disrupted back to normal for patients as quickly as possible. We are taking

action to improve early diagnosis and cancer services. I think that eight out of 10 people are seen within the 62-day period, which is a whole journey waiting time. The 31-day target is being met, but we are working to improve the position on the 62-day target and to meet it.

The core of this is keeping Covid cases on the downward trend, because that reduces the Covid pressure on hospitals, whether that is in general hospital wards, in waiting times for surgery or in recovery. If Covid case numbers and the pressure on hospitals continue to come down, the need to cancel other operations diminishes. That is why the efforts to get Covid under control are so important to the national health service's overall wider recovery.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): NHS Borders has substantial staff absences directly because of Covid, as is the case elsewhere, so it has asked the public to ease pressure on accident and emergency services and not to attend unless doing so is absolutely necessary—for example, when somebody has severe breathing difficulties or severe bleeding. Does the First Minister agree with NHS Borders about that? Does she agree that the public should access expert advice from alternatives, if that is appropriate, such as community pharmacies and opticians?

The First Minister: When people need care from the NHS, we want them to get it from the most appropriate part of the NHS. That was true before Covid and it will be true after Covid, but there are particular reasons why we want it to be the case during Covid. A and E is for people who need A and E treatment; many other parts of the NHS—NHS 24, primary care and community pharmacies—are sometimes better placed to give people treatment. I encourage people to access the part of the NHS that is most appropriate for their needs.

Staffing pressures on the NHS are acute now, which is partly because of Covid. Covid-related absences are starting to stabilise; I hope that they will now reduce. The hope is that that will continue, which will ease a lot of the pressure.

As we come out of Covid, part of the recovery focus will be on encouraging people to use the part of the NHS that is most appropriate for their needs, and on giving them the support and the information to allow them to know about that. It is not in the interests of any patient to end up being treated in one part of the NHS when they would get better and more responsive care somewhere else.

Jackson Carlaw (Eastwood) (Con): I listened with care to the First Minister's announcement of a return to hybrid working from 31 January. Could

she advise those of us who assist the Scottish Parliamentary Corporate Body, which must consider the decisions, whether the regulations underpinning that will permit a return to 1m social distancing here in the chamber, in our parliamentary and constituency offices, and more widely across the parliamentary campus, in order to facilitate it?

The First Minister: We will provide advice and guidance to the corporate body, as we will to businesses more generally. This morning, Cabinet discussed the wider position and what it means for the civil service. There will be a return to hybrid working within the civil service from next week. It is not for me to decide, but I hope that the underpinning legislative arrangements and the changes that we are making will allow the Parliament to get back, if not to complete normality, to a greater degree of normality in its operations from the start of next week, or whenever the corporate body deems it appropriate.

Paul McLennan (East Lothian) (SNP): What are the medium-term and long-term strategic aims and objectives for take-up of vaccines by those who are still to have their first, second or booster jags?

The First Minister: The key message is that it is never too late to get the vaccination. People will be able to access vaccines, if they have not had their first, second, third or booster dose, well into the future. We are the most vaccinated part of the UK for all those doses, but there are still too many people in Scotland who are eligible but have not been vaccinated. The message is this: please come forward for vaccination. The facilities are there, the capacity is there and the vaccinators are there.

I set out in my statement some of the steps that we are taking, for example to send scheduled appointments to those in the 18 to 59-year-old age group who have not had boosters yet. We will not give up on trying to get vaccine to every last person in Scotland, if that is at all possible.

Brian Whittle (South Scotland) (Con): I listened with care to the First Minister's answer to Paul O'Kane's question. On top of cancer operations being cancelled, diagnoses of early-stage cancer in Scotland have, tragically, fallen to the lowest levels in a decade. When and how will the Scottish Government increase the number of diagnoses of breast, colorectal and lung cancer in the first stages of illness, especially given that it was failing to meet the targets before the pandemic?

The First Minister: I have been asked that question for the past two weeks at First Minister's question time—rightly so, because it is

important—and by Brian Whittle on at least one of those occasions. I have set out the various steps that we are taking to ensure the earliest possible diagnosis of the most common cancers, and we are extending that to symptoms of cancer that are perhaps not as common as the ones that we often think of.

In summary, there is continued investment in the detect cancer early programme; there is continuing work to ensure that those who are referred on the urgent suspicion of cancer referral pathway are seen as quickly as possible within the 31-day and 62-day targets; and there are the new early diagnostic centres that we are establishing to provide a rapid route to diagnosis for people with less-common cancer symptoms, which would not normally be picked up on the urgent suspicion of cancer referral pathway.

We are doing a range of things to ensure that as many people as possible are diagnosed as early as possible. That is critical for outcomes for cancer patients. Of course, diagnosis is not the only consideration: ensuring that there is rapid access to the best quality and most appropriate treatment is important, too. All aspects of the cancer journey are under focus to ensure that we make the progress that Brian Whittle rightly says is vital.

Stephen Kerr (Central Scotland) (Con): Last week, Margaret Wilson, the chairwoman of the National Parent Forum of Scotland, told the Education, Children and Young People Committee that children are under

“stricter mitigations than any other group in society.”

On face coverings in classrooms, she said:

“we do not support the continued use of masks. We ... have asked for, evidence of why face masks need to be used.”—[*Official Report, Education, Children and Young People Committee*, 19 January 2022; c 41.]

Will the First Minister give a straight answer to Scotland’s parents? What is the evidence for delaying the end of the requirement for children to wear face masks in classrooms?

The First Minister: First, there is very strong published international evidence that face coverings are one of the most effective non-pharmaceutical interventions to have been used throughout the Covid pandemic in helping to reduce transmission.

Secondly, on children and young people being under more restrictive measures in relation to face coverings, let us not forget that, because of the phasing that is in the Joint Committee on Vaccination and Immunisation’s advice—I am not criticising the JCVI—children are not as vaccinated as adults are, so there is a need to ensure that we seek to protect them in other ways.

I respect the individual whom Stephen Kerr cited and I understand that people have strong views about face coverings. However, even if I was to say today that children and young people no longer need to wear face coverings, I know from the young people to whom I speak that many would continue to do so, because it makes them feel safer.

This is about trying as hard as we can, while we are still in this pandemic situation. I point Stephen Kerr to one of the statistics that I cited in my statement. In the past week, while cases in every other age group in our country have declined, cases in the under-15 age group have increased by 41 per cent. We need to continue to take sensible measures to protect children and young people while—I hope—we get vaccination rates in that age group higher and are able to vaccinate some younger children.

As far as I can recall, the Tories have never supported face coverings in schools. On that issue, as on so many other things, they are way out of touch with the majority opinion in Scotland.

Junior Minister

The Presiding Officer (Alison Johnstone):

The next item of business is a debate on motion S6M-02926, in the name of Nicola Sturgeon, on the appointment of a junior Scottish minister. I invite the First Minister to move the motion. I will then invite each party to make a short contribution. I invite members who wish to speak in the debate to press their request-to-speak button or enter R in the chat function.

15:21

The First Minister (Nicola Sturgeon): I rise to move the motion in my name that

“Neil Gray be appointed as a junior Scottish Minister.”

First, however, I pay tribute to the minister who is departing the Scottish Government. During his four years as a member of my Government, Graeme Dey has performed excellently in very demanding roles.

In a period of minority Government, he built trust and constructive relationships with all the other parties. He worked with Parliament to adapt to the early demands of the pandemic, ensuring that members could continue to scrutinise and hold Government to account. His skills also helped to ensure that, as a minority Government, we were able to deliver on key legislation for the country.

Graeme also served as veterans minister. I know how much that meant to him, and I am sure that he will continue to be a strong advocate for our veterans from the back benches.

As transport minister, Graeme’s significant achievements will leave a lasting legacy. He has not only set out a strong plan to reduce car use to help meet climate targets, he has delivered concessionary bus travel for under-22s and laid the groundwork for Scotland’s publicly owned railway company.

Graeme leaves Government with many achievements of which to be proud. He also leaves with my very best wishes and, I am sure, the best wishes of everyone in the chamber. *[Applause.]*

I have asked Jenny Gilruth to take on the role of transport minister. As Minister for Culture, Europe and International Development, Jenny has worked hard and well to preserve close links with our friends in Europe during the Brexit transition period. She has also worked to maintain our international development programmes and to support the culture sector during the unprecedented challenges of the pandemic.

In her new role, Jenny will play a critical part in our national efforts to become net zero by 2045.

Of course, as the MSP for Mid Fife and Glenrothes, which sits between the Forth and Tay bridges, she understands very well the vital importance of our national transport infrastructure—indeed, she played a key part in securing the Levenmouth rail link for her constituents. I am sure that is a service that she is looking forward to using.

Those changes have left a vacancy in the ministerial team. I am therefore delighted to nominate Neil Gray to replace Jenny Gilruth as Minister for Culture, Europe and International Development. Neil, of course, served as an MP at Westminster for a number of years before being elected as a member of the Scottish Parliament in last May’s Scottish election. In both roles, Neil has been a long-standing supporter of Scotland’s relationship with Malawi.

More recently, as deputy convener of the Scottish National Party’s Social Justice and Fairness Commission, and then as convener of the Scottish Parliament Social Justice and Social Security Committee, Neil has proven his ability to navigate complex and often sensitive issues, ensuring that competing points of view are listened to carefully, and helping bring people together to build consensus.

Those are all skills that will serve Neil Gray well in Government. In my estimation, he is highly able, and I have no doubt that he will be a strong asset to my Government. I know that Neil cannot wait to get formally started as a minister. As he does so, I know that everyone in the chamber will wish him the very best of luck. With those comments, it gives me great pleasure to move the motion.

I move,

That the Parliament agrees that Neil Gray be appointed as a junior Scottish Minister.

15:25

Jackson Carlaw (Eastwood) (Con): On behalf of the Scottish Conservatives, I thank Graeme Dey for his service in Government. He brings a rather rare quality to Government, which is a general bonhomie and a sense of humour. He never knowingly did not assiduously promote the cause of his party, but he was a wily performer. That was demonstrated in a recent debate that I was engaged in with him on the East Kilbride railway line, in which he was quick to suggest that I should write to him about a potential extension to that line through my constituency. I realise that that was because he knew that he would be away before the letter arrived.

I congratulate Jenny Gilruth on her subsequent appointment. I do not think that anyone could pay more effusive tribute to her than her partner Kezia Dugdale did on Twitter. Therefore, I simply direct

the chamber to those comments, happily endorse them, and wish Jenny Gilruth well with her new responsibilities.

I met Neil Gray for the first time in the House of Commons when I was attending a mesh event with Alex Neil, his predecessor. I had a convivial supper with him and his colleagues Mhairi Black and Chris Law, which caused some consternation among the Conservative whips at the time. Alex Neil was quick to tell me that Neil Gray was a talent to watch. As I recall, Mr Gray agreed and told me that he expected to be fast tracked to ministerial office fairly quickly, so he is clearly a man who is as good as his word.

From the conversations that I have had with him, I think that Neil Gray is bright and able but I caution him not always to rush in. Just 48 hours before the First Minister made a speech at the start of the year on how Scotland would have to learn to live with the virus, Mr Gray tweeted

“Learning to live with the virus is still code for being willing to let many of your fellow citizens suffer hospitalisation or death.”

That is quite a challenge to the First Minister’s integrity and common sense, but I am sure that it will be overlooked. My only advice to him in future would be to be slightly less brave.

I wish Mr Gray well in his new responsibilities and assure him that the letter that was going to Mr Dey will now be coming to him. I have no idea whether it will get a more favourable response, but we happily support the nomination made by the First Minister.

15:27

Neil Bibby (West Scotland) (Lab): First, I pass on the best wishes of the Scottish Labour Party to Graeme Dey, who has resigned as Minister for Transport. We recognise his service in that role and as Minister for Parliamentary Business and hope that he has a speedy recovery.

I welcome Neil Gray to his appointment as a junior minister—Minister for Culture, Europe and International Development. He brings experience from his time as an MP and as an MSP. I recognise that he had the courage of his convictions to resign his seat in the House of Commons in order to be elected here. That shows character and principle that will stand him in good stead for his new role.

I understand that he also worked for Alex Neil. I think that I speak for all Opposition members when I say that we hope that Alex’s rebellious tendencies have rubbed off on Mr Gray. On that note, now that Mr Gray has been appointed as the minister for Europe, it would be interesting to know

whether he voted the same way as Mr Neil in the Brexit referendum.

We wish Mr Gray well in his new role. The culture sector—our venues, staff, artists and musicians—has been under huge pressure as a result of the pandemic and it needs our support now. Scottish Labour also commits to working with the minister to ensure that the Covid vaccine is rolled out in the developing world. Not only is there a moral imperative to do so, but we are not safe until everyone is safe.

I also congratulate Jenny Gilruth on her appointment as Minister for Transport and wish her well in her new role. I recognise her leadership in the Levenmouth rail campaign. This is an opportunity for a change of approach on transport. We hope that a new transport minister will bring a new way of thinking and a fresh perspective, which is badly needed.

There is a big job ahead for Ms Gilruth and big questions to answer. For example: will the new transport minister stop the ScotRail cuts to services and booking offices? How will the ferries fiasco be fixed? What will be done to support the creation of locally run bus services? When will we finally see delivery on the First Minister’s promise of a national smart ticketing card?

Scottish Labour looks forward to working with the new transport minister on all those issues.

We have previously raised concerns about the number of ministers in Government and the associated cost to the taxpayer. Those concerns still stand, but let me be clear that they are not a personal reflection on the ministers who are being appointed today. Those are serious issues and these are serious times for the country, so, whoever takes on the responsibility of Government, we wish them well. We therefore wish Neil Gray and Jenny Gilruth the very best and every success in their new roles.

15:30

Alex Cole-Hamilton (Edinburgh Western) (LD): I echo the sentiments that have been expressed about Graeme Dey. Graeme has the rare quality in Parliament of being able to reach out to members across the aisle and in all corners of the chamber. He always greets people with a warmth and decency that is all too uncommon in Scottish politics. I salute his difficult decision to step down. Self-care and staying well often play second fiddle to the work that we do in the Parliament and in the halls of Government. I recognise the immense contribution that he has made during his time in government and I thank him for his work. I look forward to seeing what comes next for him.

Jenny Gilruth, who, according to her mum, has far more affection for Willie Rennie than her boss evidently does, given the tenor of the previous statement, moves to the transport brief, which can be the graveyard of careers. However, it can also be the springboard to Cabinet office and I strongly expect that it will be the latter for Jenny. We both went to Madras College—people do not know that about us—so we are alumni of that august St Andrews institution. Sadly, Jenny is far more successful than I am, so she keeps being invited back there—wish them well for me the next time that you are there, Jenny.

I congratulate Neil Gray, who the Liberal Democrats will today claim as one of ours, given that he was born in Orkney. We welcome him to his ministerial office. I had heard about Neil long before I met him, which means that his meteoric rise to office is unsurprising. I wish him well. His brief has become a difficult one, not least given the impact of the pandemic on the cultural sector. There is a lot of pain and hurt out there, which I hope that he will salve. The brief has also become difficult in respect to Scotland's commitments to Malawi, not least since the Conservative Government cut the international aid budget and the plight of that nation and nations like it have become all the more difficult.

I wish the ministers well and congratulate them.

The Presiding Officer (Alison Johnstone): The question is, that motion S6M-02926, in the name of Nicola Sturgeon, on the appointment of a junior Scottish minister, be agreed to.

Motion agreed to,

That the Parliament agrees that Neil Gray be appointed as a junior Scottish Minister. [*Applause.*]

Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill: Stage 3

15:33

The Presiding Officer (Alison Johnstone): I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The next item of business is stage 3 proceedings on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill. In dealing with the amendments, members should have the bill as amended at stage 2, which is Scottish Parliament bill 3A, the marshalled list and the grouping of amendments.

The division bell will sound and proceedings will be suspended for five minutes for the first division of the afternoon. The period of voting for each division will be up to one minute.

Members who wish to speak in the debate on the amendments should press their request-to-speak button or enter an R in the chat function as soon as possible after I call the group.

Members should now refer to the marshalled list of amendments.

Section 1—Power for Scottish Ministers to reimburse costs relating to the removal of transvaginal mesh

The Presiding Officer: The group is on costs incurred in connection with qualifying mesh removal surgery. Amendment 1, in the name of Sue Webber, is grouped with amendment 2.

Sue Webber (Lothian) (Con): The reimbursement bill covers the cost of primary removal of transvaginal mesh and of any unexpected procedures that are required either at the time of mesh removal surgery or soon afterwards.

I have been contacted by women who still have questions. Amendment 1 seeks to clarify which procedures are included in the scheme to avoid any doubt. My amendment seeks to clarify that complications or further surgery that is required because of mesh removal surgery are covered by the reimbursement and that corrective surgeries pertaining to the mesh removal surgery—not issues caused by the original implant surgery—are included.

I seek that clarification because there are ladies who had their corrective surgery carried out at the same time as mesh removal. Those surgeries

include fascial slings, Burch colposuspensions and other procedures to repair prolapses or incontinence, which were the very reasons for which they had mesh implanted in first place.

There are women who have had mesh removal who have been advised, for various reasons, to allow time for healing before they consider further surgery. That is often down to “surgeon preference”. From a surgical perspective, that phrase can be a catch-all, but it leaves women out on a limb. Amendment 1 seeks to provide clarification.

Although there is no reason to believe that those consequential surgeries could not be done on the national health service, that depends on trust. Given the entrenched involvement of the NHS with the transvaginal mesh scandal, many of the women involved, including some of those who have contacted me, do not trust the NHS to perform consequential surgery. Those women trust only private providers such as Dr Dionysios Veronikis to right the wrongs of the NHS. I am keen to get some commitment from the cabinet secretary that the Government will look sympathetically on the costs of any consequential treatment and that those costs will be reimbursed, although I make it clear that that will not be the outcome of the amendments that I have lodged today.

I move amendment 1.

Alex Cole-Hamilton (Edinburgh Western) (LD): I rise in support of Sue Webber’s amendments, having been contacted—as, I am sure, many other members have been—by constituents who are in exactly the position that she describes. They want clarity and to understand that the full consequences of those devastating injuries will be made whole. Such injuries include not only those caused by transvaginal mesh implants but those caused by mesh implants in other parts of the body. I have met survivors of hernia and rectal mesh damage.

There are many people who are still asking questions and to whom the bill will give some comfort and closure. Sue Webber’s amendments offer an elegant solution to a loose end in the legislation.

Sandesh Gulhane (Glasgow) (Con): It is clear that amendment 2 seeks to further remove any ambiguity and serves to reinforce a timeline so that appointments and procedures booked prior to the deadline but taking place after that deadline are still covered. The amendment states that that is to be done

“For the avoidance of doubt”.

The Cabinet Secretary for Health and Social Care (Humza Yousaf): We will get into the detail

of the bill in the debate. I thank members for the constructive role that they have all played in taking the bill forward.

I am grateful to Sue Webber for lodging her amendments, which are about the inclusion of reimbursement for additional surgeries and procedures arising from mesh removal surgery, whether those are performed at the same time as the mesh removal surgery or afterwards.

I know that these matters were the subject of useful evidence from my officials at a recent meeting of the Health, Social Care and Sport Committee, and I am happy to restate, and expand on, the Government’s position on Sue Webber’s amendments. I hope that that will be useful.

In considering the amendments, it is important to emphasise that the bill has a specific purpose, which is to reimburse past costs incurred by women who have paid to have qualifying mesh removal surgery conducted privately. Qualifying mesh removal surgery is defined in the bill as surgery whose purpose is

“to wholly or partially remove from a person’s body synthetic mesh which was originally implanted transvaginally”.

The Government has been clear that additional surgery or on-going treatments that are required after mesh removal will be provided by NHS Scotland as part of a person’s on-going care. Indeed, that is currently the case. That position will be the same for all women, whether they are covered by the bill or if their mesh is removed under the contracts with private providers that the Government is currently agreeing or if their mesh is removed by the national specialist centre in Glasgow.

The Government accepts, of course, that women who have had their mesh removed may well have on-going physical and mental health needs, and it is the Government’s intention that aftercare and on-going treatment will be provided by a patient’s local health board, working in partnership with the national centre where appropriate.

The Government thought that it would be useful to Parliament’s consideration of the bill to make available a draft of the reimbursement scheme in order to explain how the scheme will operate in practice. The draft reimbursement scheme makes it clear that the Government will meet the costs of additional surgery or treatment arising as a direct result of complications from the mesh removal so that, for example, in the unlikely event that something goes wrong during surgery or a patient develops an infection at the site of surgery, costs arising can be met. That is explained in paragraphs 11(1) and 11(2) of the draft scheme.

However, I think that it is reasonable for the bill and the scheme to draw a distinction between direct complications of the surgery and longer-term health needs or requirements for new surgery that may be a consequence of mesh removal, such as the possible return of incontinence that the mesh was originally to treat. I take on board what Sue Webber said in relation to that point.

Amendments 1 and 2 would, for example, open the way to reimbursement for substantial new reconstructive surgery. I think it is fair to say that the Parliament has agreed that that is not the purpose of the bill or the scheme.

I also observe that the amendments would allow for reimbursement for surgery or treatments that were arranged for the future, and not just those received in the past. Procedures that would potentially be covered by the amendments could take place months or even years after the mesh removal surgery. If the amendments were agreed to, the reimbursement scheme would need to remain open indefinitely for receipt of such claims in order to ensure that legitimate expectations of reimbursement for such treatments, as raised by the amendments, were met.

During the opening debate at stage 1 and elsewhere in consideration of the bill, there has been agreement that reimbursement should be in place for surgery that took place in the past and in the time before the Government-procured private surgery options were in place. To that end, the Government supported Jackie Baillie's stage 2 amendment to set the cut-off date as a date not before the date of royal assent. The committee agreed to that amendment unanimously at stage 2. The Government does not believe that the reimbursement scheme should be open ended, which would be the practical and pragmatic effect of Sue Webber's amendments, even if that is not her intention.

With that explanation, I hope that members are reassured that the bill and the scheme provide for the reimbursement of costs from complications arising from mesh removal surgery. I hope that Parliament will agree that long-term health needs should be met through the NHS and that, in that regard, all women should be treated equally.

For those reasons, I am afraid that the Government cannot support amendments 1 and 2. I hope that, on the basis of what I have said, Sue Webber will be content to withdraw amendment 1 and not to move amendment 2.

The Presiding Officer: I call Sue Webber to wind up and to press or withdraw amendment 1.

Sue Webber: I made it quite clear that it is not my intention that the amendments would address some of the points that the cabinet secretary has

raised; it is very much to make it clear to the women that reimbursement is available for

"clinically relevant surgery ... arising from the mesh removal surgery".

If such removal surgery necessitates a reconstructive procedure taking place for a woman, I hope that we will seek to cover that if it is a consequence of the mesh removal.

Humza Yousaf: That would be covered by the NHS—that is the point. If we left it open ended for women to get surgery years later, the scheme would be open ended. I hope that we can all agree, notwithstanding the important points that Sue Webber makes about trust, that we would expect our NHS to make sure that women receive the treatment and aftercare that they deserve and require.

Sue Webber: Those women may well have to wait for years if they have to wait for the NHS, and I struggle with that. I will press amendment 1, because the women want to have that clarification and the confirmation that they should also be reimbursed for any procedure that is needed as a result of their mesh removal surgery if it is managed through the private schemes and relationships that they have with the Spire Healthcare group in the United Kingdom or with Dr Veronikis in the USA.

The Presiding Officer: The question is, that amendment 1 be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. As it is the first division of the afternoon, there will be a five-minute suspension.

15:45

Meeting suspended.

15:56

On resuming—

The Presiding Officer: We move to the vote on amendment 1. Members should cast their votes now.

Voting has closed.

Mark Ruskell (Mid Scotland and Fife) (Green): On a point of order, Presiding Officer. My app blocked up. I would have voted no.

The Presiding Officer: Thank you. We will ensure that that is recorded.

Jeremy Balfour (Lothian) (Con): On a point of order, Presiding Officer. I—[*Inaudible.*] I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mochan, Carol (South Scotland) (Lab)
 O’Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)

Constance, Angela (Almond Valley) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (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)
 Gray, Neil (Airdrie and Shotts) (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)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 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)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment 1, in the name of Sue Webber, is: For 49, Against 67, Abstentions 0.

Amendment 1 disagreed to.

Amendment 2 moved—[Sue Webber].

The Presiding Officer: The question is, that amendment 2 be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. Members should cast their votes now.

Voting has closed.

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): On a point of order, Presiding Officer. My apologies—my connection went. I would have voted no.

The Presiding Officer: Thank you. We will ensure that that is recorded.

Craig Hoy (South Scotland) (Con): On a point of order, Presiding Officer. On checking, my vote had not recorded. I would have voted yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

For

Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mochan, Carol (South Scotland) (Lab)
 O’Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)

Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (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)
 Gray, Neil (Airdrie and Shotts) (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)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 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)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)

Whitham, Elena (Carrick, Cumnock and Doon Valley)
(SNP)
Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment 2, in the name of Sue Webber, is: For 49, Against 67, Abstentions 0.

Amendment 2 disagreed to.

The Presiding Officer: That ends consideration of amendments.

As members will be aware, at this point in the proceedings, I am required under the standing orders to decide whether any provision of the bill relates to a protected subject matter—that is, whether it modifies the electoral system and franchise for Scottish parliamentary elections. In my view, no provision of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill relates to a protected subject matter. Therefore, the bill does not require a supermajority in order to be passed at stage 3.

Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-02895, in the name of Humza Yousaf, on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill. I invite any members wishing to participate to press their request-to-speak buttons as soon as possible or place an R in the chat function.

16:05

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I am pleased to open this final debate on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill.

I hope that the Parliament will agree that, throughout the bill's progress—and up to what we hope will be its eventual passage through the Parliament—we have seen constructive engagement from all parties. Members have represented affected constituents and all of our deliberations have been informed most powerfully by the Scottish Mesh Survivors. Each one of us will have had engagement with women, whether constituents or non-constituents, who have been affected by the implanting of transvaginal mesh.

For all of our political disagreements—no doubt, there are many—we are united in helping the women at the heart of this terrible tragedy. As the relatively young history of devolution has shown, this Parliament is at its very best when we are united in our determination to right the wrongs that are faced by those we serve.

I thank everyone who has taken time to engage with and express their views on the bill. We have listened to those views and, as far as possible, we have taken that feedback on board in our development of both the bill and, importantly, the reimbursement scheme.

I also thank Gillian Martin and all the members of the Health, Social Care and Sport Committee for their careful and thoughtful scrutiny of the bill at stages 1 and 2. As a result of recommendations that were made by the committee in its stage 1 report, amendments made at stage 2 have helped to shape and improve the bill that is before us. I will highlight two issues that were raised in the report and that, thanks to the positive and constructive engagement of all involved, led to the two changes to the bill at stage 2.

The committee proposed that women who had mesh implanted in Scotland, but who arranged to have it removed after they had moved out of Scotland, should be eligible for reimbursement.

The Government agreed that the eligibility criteria as originally drafted were too narrow and undertook to amend the bill. The amendments that were lodged and unanimously agreed at stage 2 extended the eligibility criteria to include those who were not ordinarily resident in Scotland at the time of arranging their mesh removal surgery but were ordinarily resident in Scotland when the mesh was inserted. That brings the eligibility criteria for the reimbursement scheme in line with that of the wider mesh fund.

The committee report also highlighted concerns that were expressed by campaigners and during evidence and debate at stage 1 about the proposed cut-off date by which surgery had to have been arranged in order to be eligible for reimbursement. The Government's intention had been that that date would be set as 12 July 2021, the date on which the completion of the first stage of procuring a national health service referral route to private removal surgery was announced. However, having taken note of the committee's views and, most importantly, having listened to the views and experiences of the affected women, I accepted that the delay since the announcement has caused anxiety among those women, who are already dealing with so much. The Government was, therefore, pleased to support an amendment in the name of Jackie Baillie to change the cut-off date to a date no earlier than the date of royal assent. That ensures that any women who have made arrangements since July, or who are currently finalising arrangements, will not be penalised for doing so.

Some members have asked me to clarify whether women would still be reimbursed if the arrangements were made prior to royal assent but the surgery did not take place until after royal assent, and I confirm that, as long as the arrangements are made before royal assent, those women will be eligible for reimbursement, even if the surgery takes place after that date.

Good progress is being made in the discussions with the two private providers. I can confirm today that commissioning negotiations with Spire Healthcare have now been completed. We expect that contracts for a framework agreement will be exchanged either this week or next, and the Spire hospital in Bristol is expected to become available for referrals during February. Discussions between NHS National Services Scotland and Dr Veronikis are also progressing positively, thanks to the commitment of all parties. So, if the bill passes today, I expect that the Government will specify in the scheme a date that will be either the date of royal assent or one shortly afterwards.

Through our collective efforts to address the issues that have been raised throughout the bill's parliamentary passage, I believe that, together, we

have produced a bill that has strong support and will have a positive impact on women who made their own arrangements for transvaginal mesh removal surgery and who incurred costs as a result.

If the bill passes today, as I hope it will, we will turn our attention to finalising the reimbursement scheme. I take the opportunity to once again express my thanks to the Health and Social Care Alliance Scotland for facilitating focus groups, and particularly to the women who attended the groups and shared their views, which have been valuable in helping to draft the scheme.

As members will know, during the stage 1 debate, I committed to providing a draft of the reimbursement scheme to the committee for its consideration. That was done ahead of stage 2.

We are now working on finalising the reimbursement scheme, and it is intended that the scheme will open for applications as soon as is practically possible after royal assent. No woman affected, or parliamentarian, should be in any doubt that we will work at pace and with urgency to open the scheme as close to the date of royal assent as possible. The scheme will be administered by NSS, which currently administers the mesh fund.

I reassure members that we recognise that no two cases will be the same. Our intention is for the scheme to allow administrators as much flexibility as possible, within the guidance, when processing applications, and each application will be considered on its merits.

It is wrong that women felt that using their own funds to arrange surgery for mesh removal was their only option. I can only imagine the distress that led women to that point. In some cases, they had to pay tens of thousands of pounds, take out loans and borrow money from family members and friends. For many women, the financial impact alone of private mesh removal surgery will have been severe, let alone the physical and mental health impacts of such a process.

The bill, which I hope will be passed today, will seek to ensure that those past costs are met and that the women affected are no longer at a financial disadvantage because they paid for their treatment out of their own pocket. If we pass the bill today, we will take a step closer to providing justice for women who so thoroughly deserve it after the trauma that they have suffered. I hope that the whole Parliament will be able to support the bill.

I move,

That the Parliament agrees that the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill be passed.

16:12

Sandesh Gulhane (Glasgow) (Con): I refer members to my entry in the register of members' interests. I am a practising NHS doctor.

Today, we seek to repay a debt. Over the past two decades, 20,000 women underwent transvaginal mesh implant surgery in our NHS in Scotland. They did so to treat conditions such as incontinence and prolapse, which many women can suffer after trauma at childbirth.

The implant procedure was halted in 2018 because it was clear that many women who had implant surgery were suffering from painful and life-changing side effects. There were complications from surgery because of erosion of the mesh inside the body, which resulted in nerve damage, chronic pain and vaginal scarring. There have also been cases of organ perforation, with synthetic polypropylene mesh becoming exposed inside the vagina. Some women have even died.

In the Health, Social Care and Sport Committee, we heard from women who had harrowing experiences of mesh surgery. Many of them faced scepticism. They were simply not believed when they were crying out for help. Issues included pain, infections, reduced mobility, auto-immune issues, difficulties with intimacy and psychological strain. The women were simply not believed. That added to their distress and extended the time before any remedial intervention could take place.

It is no surprise that so many women sadly lost trust in our Scottish NHS and turned to private healthcare providers in the United Kingdom or abroad. Anne is one such sufferer. Back in 2010, she was fit and healthy. She went to a doctor with anterior prolapse and mild incontinence, but an operation to fit transvaginal mesh left her in agony. In a BBC interview this morning, Anne recounted how she was offered a simple "gold standard" transvaginal mesh procedure. However, after the operation, she began to suffer from a wide range of problems and was left in chronic pain. After years of frustration, with nowhere to turn for help in Scotland, the retiree spent £19,000 travelling to Missouri in the United States to get her implant removed by the world-renowned expert Dr Veronikis. Sadly, her story is not unique.

The debate focuses on women who have already paid for private surgery being able to recoup their costs. As my colleague Jackson Carlaw said, that is a debt of honour, because those women were injured on the NHS. We should recognise that the Scottish Government announced in July 2021 that future surgery and travel costs to Spire Healthcare in Bristol and the Mercy hospital in Missouri in the United States would also be covered. It has been estimated that the cost of each procedure is between £16,000

and £23,000. However, that is obviously not a cut-off in the bill—there is no cut-off.

We are pleased to support the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill. We have been supporters since the issue was first raised in the Scottish Parliament by a public petition. We are also pleased that there are now specialist services in Scotland for women who are experiencing complications from mesh implant surgery and that clinicians have undergone specialist training and credentialling. The Scottish Government will also work with providers outwith the NHS, so that women who have lost trust in the NHS can have mesh removed. However, I would happily support the surgeons in Scotland, some of whom I have worked with here in Glasgow, to provide world-class care equivalent to anything that can be given abroad.

Although we support the bill, we believe that improvements could still be made. My colleague Sue Webber's second amendment was to clarify a point. I thank the cabinet secretary for his clarification on the cut-off date for women to be compensated if they have booked surgery but not yet had it. That was the point of the amendment and we are reassured.

As a result of our discussions in the committee and our debate in the chamber, I believe that we will all be comfortable with where we are today. We hope that we can continue to stand united to fully support Scotland's brave women who have suffered greatly for years following complications from transvaginal mesh surgery.

The Scottish Conservatives will support the bill.

16:17

Carol Mochan (South Scotland) (Lab): I welcome the opportunity to open the debate for Scottish Labour.

The bill empowers the Scottish Government to reimburse women for private healthcare costs relating to transvaginal mesh removal surgery by putting in place a scheme for making reimbursement payments. The bill will include, for example, travel and hotel accommodation costs in relation to the surgery—and quite rightly so.

I want to use much of the time that I have to herald the great work done by the women who experienced life-altering mesh surgery and campaigned strongly to get us to where we are today. I think that all of us in the chamber—this has been mentioned—have heard from someone who has been affected. The women should be thanked for ensuring that we in the Parliament listened to serious concerns from our constituents. Every member of the Scottish Parliament should take time to recognise the efforts of those women

and reflect on the steps that were taken to get us here, not least so that we do not make the same mistakes again.

We can never celebrate enough serious democratic engagement by those at the sharp end in our society. I encourage other groups that feel that they may have been treated unjustly to come forward to their Parliament. It is their Parliament, and it is our duty to help them.

Scottish Labour supports the bill at stage 3, as we have done, critically, throughout the process. It speaks to the cross-party spirit of the bill as presented today that we have reached a proposal that meets the needs and expectations of most of the women who put the issue under the spotlight so boldly many years ago. They are my priority, and I trust that they are satisfied today.

It is welcome that Jackie Baillie's amendment was accepted at stage 2. It ensured that, although the mesh removal surgery must have been arranged by a specific date in the scheme, it does not have to have taken place by that date. The minister clarified that in his speech, and we thank him for doing so.

Although my amendments fell at stage 2, I met the cabinet secretary afterwards, and I am assured that the scope of bill, as passed, will ensure that all the women who suffered and paid for corrective treatments or part treatment can be reimbursed, and that the Government is actively seeking to ensure that that happens.

I will caveat my comments by saying that there is still a long way to go in rectifying the injustice of mesh and setting Scotland out as an example of how we can shift the balance.

We should continue to be open and receptive to the concerns of the women and those like them who have similar experiences. We must always offer our attention and respect to those with first-hand experience of the issue and we must accept that, for a long time, the received wisdom and official response to how the women were treated were wrong.

As I am sure other members know, the reforms have come about as part of a lengthy and well-considered response to reasonable worries that were expressed by those who were so unfairly given this treatment. Securing adequate reimbursement is not only practical, fair and just but a way of expressing our regret as a nation that anyone could be left in the pain and distress that so many women were left in. We must learn from this and ensure that it is never allowed to happen again.

Scottish Labour supported Sue Webber's amendments because we thought that the bill's scope should be as wide as possible. We must

ensure that any perceived lack of clarity is stricken from the bill and that all those who are affected are given clear communication about what they are rightfully entitled to. Everyone who is entitled to reimbursement must receive it without delay.

I thank my colleagues on the Health, Social Care and Sport Committee, many of whom are in the chamber, for their work on the bill in recent months. We worked well together and we moved things forward in a timely manner. I trust that we will soon arrive at a resolution that addresses the problem that the bill was introduced to deal with. As a committee member, I have been impressed by the detailed work on and care that has been taken over the issue. I think that we can all agree that the bill's general principles are moral and just.

I trust that we can now get the bill over the line and deliver on the promise of justice that I and Scottish Labour are absolutely committed to. The committee worked hard to get to this point, and I thank its members.

16:21

Alex Cole-Hamilton (Edinburgh Western) (LD): At this final stage of the bill, I am pleased to speak in support of it again for the Liberal Democrats. I am gratified to note the universal support and heartfelt concern for the victims of what is undoubtedly one of the most awful public health disasters in Scottish history. I thank Jackson Carlaw, Neil Findlay and Alex Neil in particular for their work in getting us to this space and for all that they have done to highlight the plight of thousands of women living in Scotland who have been affected by the procedure.

The number of women is in the thousands. As Dr Gulhane told us, more than 20,000 women in this country underwent mesh surgery before it came to an end in 2014. Thousands suffered as a result. Those women have suffered chronic pain that has affected their daily lives and has in many cases forced them to retire from jobs that they loved. That is not to mention the significant impact on their mental health and the financial cost that many survivors have had to bear in order to pay for their mesh to be removed through private healthcare in this country or abroad—we have heard that many went abroad. We have gathered today to address that cost.

In the stage 1 debate, I shared the story of Cathy, one of my constituents, whose account echoed those of many women whose general practitioners and physiotherapists referred them to receive what they were told would be a marvellous new procedure. Like many other women, Cathy received little information, other than being told that the procedure would cure her of the mild issues that she had with incontinence.

As a result of the mesh implant that she received and its follow-on effects, Cathy's mobility, mental health and intimacy with her partner have all been adversely affected, and her quality of life has been devastated. Following her discharge from hospital, and amid crippling pain, Cathy made numerous attempts to call the doctors and nurses who treated her. She never received a call back. If her concerns had been taken seriously at the time, she might have been spared five years of coping with crippling pain.

I have met many survivors of the procedure—sometimes in the Parliament building—and all have had similar stories to tell. Cathy and hundreds of women who are in her position were badly let down. The ordeal has seriously damaged the trust that many of those women had in their healthcare system. Understandably, many of them sought private healthcare providers to remove the implants, and the costs of surgery ranged anywhere from £16,000 to £23,000. The women should never have had to bear that cost, and it has saddled many women with substantial and significant debt, so I am pleased that the plans for reimbursement will now compensate entirely for the cost of surgery and associated costs, including those of travel and accommodation.

I was pleased to support the amendments in Sue Webber's name and I am sorry that they were not agreed to. The amendments would have extended the compensation scheme to victims of the procedure no matter where the implant was in their body, which my party called for at stage 1.

Benjamin Franklin once wrote:

"Justice will not be served until those who are unaffected are as outraged as those who are."

I am proud to count myself among the MSPs who have followed the facts of this scandal with outrage for far too long.

I say this directly to the survivors of the surgery, some of whom will be watching us. What you have had to endure has been an outrage and an injustice. It should never have happened, and you have had to bear it for far too long alone. Although those of us who are unaffected will never be able fully to understand the suffering that you have had to bear, and the bill can never take away the physical or mental trauma that you have endured or the time that you have lost, I hope that, after today, you feel that there is a prospect of compensation and care long overdue, that your voice has been heard and that justice has, in some way, been served. That is the very least that you deserve.

The Liberal Democrats will take pride in supporting the bill tonight.

16:25

Gillian Martin (Aberdeenshire East) (SNP):

Accounts of the complications of transvaginal mesh and the lifelong effects have been relayed in the Parliament many times. Recounting their experiences through the Public Petitions Committee, campaigning inside and outside the Parliament building and championed and assisted by MSPs such as Jackson Carlaw, Neil Findlay, Alex Neil and many others, brave women have fought to be heard, and they have kept going to find resolutions to the many problems that they have faced as a result of mesh being used in their surgery.

The mesh survivors, as they have become known as a shorthand, have told us of the heartbreaking physical damage and attendant psychological trauma that they have endured. They campaigned for a moratorium on the use of transvaginal mesh, which is now in place, and they are now to be reimbursed for the financial sacrifice that they felt they had to make in order to access private healthcare to remove the mesh from their bodies.

As I said in the stage 1 debate,

"the bill could not, and does not, undo the physical or psychological trauma that the women have faced and continue to face as a result of mesh complications."—*[Official Report, 24 November 2021; c 27.]*

The bill is a simple and narrow one, designed by Government and amended by my committee and the Parliament to ensure that financial hardship is not added to the women's trauma, or that it is at least undone.

In an unusual but very welcome step ahead of stage 3 today, the Scottish Government made the draft details of the reimbursement scheme available to the Health, Social Care and Sport Committee, as the cabinet secretary mentioned. That is very welcome. It allows us to question the designers of the scheme on some outstanding issues and, as a result, I feel confident that the scheme will achieve what the bill intends it to achieve. The flexibility in applications that we wanted is there; the assistance for those applying is there; and the understanding that many women might still be suffering from the physical and psychological effects is to be taken into account by those administering the scheme.

We have always said that the process for applying for reimbursement should not cause additional stress and anxiety for those applying to or managing the scheme, and we have been given that assurance. We have also heard that the Scottish Government is taking steps to ensure that, in the future, women will have choice and control over their care, including options to have

transvaginal mesh removal surgery undertaken by independent providers if that is what they wish.

I thank all those who assisted the committee with our scrutiny and who responded to our call for views, and those who gave evidence in person or online. In particular, I join my committee colleagues who have already thanked the women who spoke with us, facilitated by the Health and Social Care Alliance. They told us—probably for the umpteenth time—of their experiences of transvaginal mesh complications. It takes a tremendous amount of bravery to do that, especially when we keep on asking them to do it.

I hope that the women who spoke to us and who might be watching the debate feel that our committee listened to them with understanding and compassion, and that our recommendations at stage 1 and amendments at stage 2 shaped the bill in the way that they advised us it should be shaped. We widened the eligibility for reimbursement, which I think was the right thing to do to ensure that no women fell through any gaps.

However, the bill is not the end of the mesh story. I want to give mesh campaigners and the women who suffered as a result of its use the assurance that our committee will be keeping a very close eye on the development of improved specialist mesh removal services. We know from their discussion with us that there is still a long way to go to rebuild trust, and we will be playing our part in ensuring that those services reach the standards that we, and they, expect.

16:29

Craig Hoy (South Scotland) (Con): I am very pleased to be able to speak in the debate, which marks yet another milestone in the journey of the victims of transvaginal mesh. I welcome the action that the Government is taking and believe that the legislation will start to provide some justice to the women who have survived the mesh scandal.

In the stage 1 debate on the bill, Jackson Carlaw spoke of how a fundamental disconnection resulted in the concerns of many women being dismissed by the medical profession as “women’s problems”. It is nothing short of a disgrace that that went on for more than 20 years. That failure exposed women to avoidable harms for far too long and added to their stress.

I put on record my admiration for the women who have fought this fight. They have fought it with dignity and determination in the face of a failure by many in the medical profession. Today, we prove that their fight has not been in vain. It has led to increased restrictions on the use of transvaginal mesh around the world; it has also brought the bill to Parliament today.

I also pay tribute to the actions of MSPs past and present, including the so-called three meshketeers: Neil Findlay, Jackson Carlaw and Alex Neil. They supported the women and their efforts should not go unrecognised.

However, let us not lose sight of the fact that women who suffered the adverse effects of mesh implants have paid a very heavy price. It has taken a terrible toll on their physical, mental and emotional health and wellbeing, and, as the minister said, on their financial health. Many victims have spoken of the chronic pain, suicidal thoughts and family break-ups that they have faced. All that is life changing; all that was preventable.

The bill that we seek to pass today does far more than just reimburse women who have suffered—it rights a fundamental wrong. The bill rightly grants the Scottish Government the powers to reimburse costs associated with private surgery to remove transvaginal mesh implants. It also sets out more about the administration, eligibility, time limits and application to the scheme and relevant reviews.

At stage 1, the Health, Social Care and Sport Committee asked for further clarity regarding fairness and parity of treatment for all individuals concerned. I therefore very much welcomed the stage 2 amendments that extended the eligibility criteria on residency. I also welcomed the flexibility on the cut-off date for reimbursement.

Although we support the bill, the Scottish Conservatives believed it not to be perfect and I welcomed Sue Webber’s amendments today. As the residents of Edinburgh know, if Sue Webber comes forward with a solution, it will always be an elegant one, as Alex Cole-Hamilton suggested. We welcome the minister’s clarification that many of those aspects are covered by the bill.

For mesh sufferers, the legislation cannot come a moment too soon. The women were badly let down and have faced devastating and life-changing consequences as a result. We have a responsibility now to ensure that they receive the best and most appropriate treatment available, and I welcome the minister’s assurances in that regard.

We have a duty to help the women rebuild their lives. We owe them that, and that is why my party will be supporting the bill this evening.

16:33

Emma Harper (South Scotland) (SNP): As a member of the Parliament’s Health, Social Care and Sport Committee, I welcome the opportunity to speak in the stage 3 proceedings of this vitally important bill.

I put on record my support for, and recognition of, all women who have had their lives changed as a result of mesh implants. I thank all the women who have taken part in focus groups on the bill and who have contributed to the committee's scrutiny of it. It is because of the courage of the women affected that we are at this point. I also welcome the cross-party way that the bill has been taken forward, both in the chamber and in committee.

The bill is narrow and has a limited function: to refund women who have paid for private surgery to remove transvaginal mesh and reasonable connected expenses, such as additional medical intervention, pre or post-op, which could require more time in hospital, which is an issue that I raised during scrutiny of the bill.

The bill will be directly relevant to a comparatively small number of women across Scotland, but the impact on them is hugely significant, as other members have mentioned.

The bill rightly brings the Parliament's attention to the traumatic experiences of those women who have suffered pain and distress after having mesh implanted. Some have experienced extreme pain and health issues, which have affected and completely changed their lives. In committee, we heard directly from women about the physical symptoms and psychological distress that they experienced, the latter of which was often made worse because they felt that their experiences were not taken seriously enough when they sought help.

During those sessions, we heard how, regrettably, many of the women who have been impacted have lost trust in the ability of the NHS to address the issues relating to mesh implants. Having listened to those women, I completely understand why they have lost trust and why it is important that those concerns are addressed. I therefore welcome the steps that are being taken by the Scottish Government—which will be enhanced through the bill—to improve the care offered to affected women and ensure that their voices are heard and that their treatment wishes are granted in a person-centred way.

In particular, I welcome the national specialist mesh removal service in Glasgow, which has been offering full mesh removal since July 2020. So far, 33 women have had mesh removal surgery at the centre. New surgeons have been recruited and there are now four urogynaecologists. That allows women more choice over who they are treated by and gives them the option to be treated by a surgeon who has not been previously involved in their care. The service benefits from a multidisciplinary team approach, with contributions from specialist nurses, physiotherapists, pharmacy

staff and a clinical psychologist. All of that is extremely important.

Alongside the national specialist service, the bill allows the Scottish Government to make it possible for women to choose—because of a lack of trust or past experiences in our NHS—to be referred for surgery in NHS England or the independent sector. That alternative pathway approach uses a specialist centre in NHS England, Spire Healthcare in Bristol or the Mercy hospital in Missouri.

In evidence to the committee, we heard how some women had already paid to have private treatment for corrective and mesh removal surgery before arrangements were in place for women to be referred for that surgery. I therefore welcome the provisions in sections 1 and 2 of the bill that allow for women in that circumstance to be reimbursed. I ask the cabinet secretary for an assurance that the payments will be made in a timely manner following any claims that are made.

I note again that the bill is narrow but essential. It will ensure that all women who have been impacted by transvaginal mesh—many of whom have been seriously impacted physically and psychologically—receive the care that is suited to them and that they choose. I agree with Gillian Martin that the bill is only part of the care process and I look forward to continuing to monitor progress.

16:37

Paul O'Kane (West Scotland) (Lab): I am pleased to make a contribution as we reach stage 3 of this important bill. It has been a long process. As an MSP who was elected last year, I have been part of the process for only a short time.

Tribute is due to all the brave women who have told their story time and again, campaigned ferociously and called on us to do the right thing despite all their personal pain, both physical and mental. Tribute is also due, as we have heard already, to Jackson Carlaw, Alex Neil, Neil Findlay and other colleagues in Parliament who have worked to keep the issue firmly on the agenda and the Government on track to deliver the legislation.

I am sure that, for many people, today feels like another milestone on what has become a journey for justice. I have only had a short insight into that from a parliamentary point of view, through the Health, Social Care and Sport Committee. It has been humbling to be a part of the process of scrutinising the bill. As other speakers have said, listening to the evidence of so many women and thinking about how to act accordingly has been key to that process.

Scottish Labour is supportive of the overall aims and principles of the bill. Far too many women have gone through a traumatic experience since having their mesh fitted, and it is right that the Scottish Government covers any related costs that have been incurred in removing the device. As we have said at each stage, it is imperative that any agreed legislation ensures that all patients who have taken steps to have their mesh removed are reimbursed. No one should be left behind.

The cabinet secretary is right when he speaks of the consensual approach that has been taken to the bill and the consensus that we found at the committee stage. It is welcome that my colleague Jackie Baillie's amendment was accepted at stage 2. It will ensure that, although mesh removal surgery must have been arranged by the date specified in the scheme, the actual surgery does not need to have taken place by then. That will be a great comfort to many people.

We were supportive of Sue Webber's amendments, which were helpful and sought to reflect much of what we heard in committee. They will ensure that women will have access to specialist services for on-going issues and, as specified in her first amendment, that the timeframe for mesh removal surgery will not apply to that.

I note the cabinet secretary's willingness to engage on the issue and to ensure that it will be for the NHS to respond and make sure that any further surgery can take place. Given the on-going pressures on the NHS, the cabinet secretary should expect scrutiny on that as we progress, which I am sure that he will be open to.

I highlight the contribution that my colleague Carol Mochan has made in her stage 2 amendments to extend eligibility to those who are

"not ordinarily a resident in Scotland"

and to ensure provision for people who incurred costs on behalf of someone else. She made her case strongly and, again, I know that the cabinet secretary engaged on the issues with her to ensure that the scope of the bill was as wide as possible and that nobody would fall through the gaps.

We have the opportunity today to offer financial redress to people who have endured so much, who have travelled across oceans and who often have spent all that they had to relieve pain and live life a little more fully. We cannot take away all their pain, either physical or psychological, but we can use the powers of this Parliament to do the right thing. There will, of course, be more to do, and this is not the end of the journey. However, we can back the bill at decision time, ensuring that we do right by mesh survivors and leave no one behind.

16:41

Gillian Mackay (Central Scotland) (Green):

Like many other members, I sincerely thank the women who have campaigned for the bill and for justice to be delivered. During committee evidence sessions, we heard first hand the impact that mesh implantation has had on their lives and the terrible pain and debilitating symptoms that many women have suffered. Their determination in the face of that is inspiring, and this victory is very much theirs.

I have been heartened by the spirit with which members have engaged with the bill. I note that concerns were expressed by members during stage 1 about its scope being too narrow, with the risk that mesh survivors would fall through the cracks of the reimbursement scheme, and I shared many of those concerns. However, I am pleased that the cabinet secretary has engaged with the committee and other members and has listened and responded to those concerns. The constructive engagement across the parties is reflected by the fact that we have reached stage 3 with only two amendments, highlighting how the Parliament works at its best.

I know that the aim of all members in the chamber and on the Health, Social Care and Sport Committee has been for the bill to deliver justice to the mesh survivors. However, our job is not done. We must ensure that the reimbursement scheme is flexible and achieves its intended aims. In the committee, we heard concerns about the in-betweeners, who are women who have already arranged private surgery but who have not yet received it, and I am grateful for the cabinet secretary's reassurances in that regard this afternoon. I thank him for sharing the draft scheme and, like other members, I await the final detail of the scheme with keen interest.

The bill addresses the financial costs that many women have incurred when obtaining mesh removal surgery, but it does not address the emotional and physical costs. In the committee, I asked about on-going mental health support for mesh survivors, and it is worth revisiting that point. Many women may have experienced trauma as a result of mesh implantation, and it is vital not only that we provide them with the mental health support and treatment that they need but that we seek to rebuild the trust that may have broken down between them and NHS services.

The committee heard that follow-up care, including mental health support, physical health support and physiotherapy, for women who received removal surgery outwith the NHS was not always easily accessible in Scotland for individuals. We must ensure that those women are receiving comprehensive, wraparound care and

that the people who are treating them are aware of their history.

We must not neglect the women who did not seek private removal surgery but who might have experienced trauma and a breakdown in trust. They, too, must receive the support and treatment that they need, and just as much emphasis must be placed on rebuilding their relationships with clinicians.

Scottish mesh survivors have on-going concerns about the treatment of people with mesh complications. It is important that we seek to address those. Concerns about waiting times for the national mesh complication centre were raised with the committee. Our NHS is under unprecedented pressure. The committee heard evidence that patients are facing long waits for appointments. Some women have experienced waits of at least nine months for assessment, with longer waits for appointments and surgery. I would appreciate any comment by the cabinet secretary about how we can work to reduce those waiting times.

As the committee noted in its stage 1 report, it is vitally important that any individual who has experienced complications caused by transvaginal mesh can have their case reviewed and can receive appropriate treatment as quickly as is practically possible via the complex mesh national surgical service. The committee has stated its intention to continue taking an active interest in that service and to take further evidence on that subject this year. I look forward to taking part in that important scrutiny work.

Scottish Greens will be delighted to vote for the bill at decision time.

16:46

Carol Mochan: On behalf of Scottish Labour, I thank everyone who has contributed to this necessary debate.

As others have noted, the reforms in the bill have come about as part of a lengthy and considered response to reasonable worries expressed by those who were so unfairly treated. Scottish Labour warmly welcomes the agreement by all parties that securing adequate reimbursement is fair and just and expresses our regret that anyone could be left in such pain and distress for so long.

Gillian Martin rightly indicated that the Health, Social Care and Sport Committee will be keeping an eye on the progress that the bill provides for women. As Emma Harper reiterated, this is not the end of the committee's work. We have much more to do in reassuring women that we can have a world-class service in future.

We thank all the women who shared their stories again and again. Craig Hoy made that point well.

I thank Paul O'Kane for reminding us of the work that was done before this session of Parliament. I can only imagine the work that happened beforehand. We thank Jackson Carlaw, Neil Findlay and Alex Neil in particular, as well as all the committees that worked to bring the bill to this stage. It has been long awaited and we thank all those who worked on it over those years.

Scottish Labour fully supports the overall aims and principles of the bill and wants to see it in place as soon as possible. As many members have said, far too many women have gone through traumatic experiences since having mesh fitted. It is right that the Scottish Government should cover any related costs and it is imperative that the bill moves forward quickly after we—as I hope we will—agree to it at decision time.

The bill includes travel and hotel accommodation costs. We are assured from the bill and the guidance that it will cover all the cut-off dates and the evidence to review if someone is refused payment. The cabinet secretary indicated that someone has been appointed to administer the scheme. That is all very welcome.

We need the legislation now. I am glad that we are getting on with the job. I reiterate my party's position: we support the bill. We will, of course, continue to scrutinise the Government to ensure that the bill is fit for purpose and to see how the Government will raise awareness so that women know that they are entitled to reimbursement. If we cannot adequately inform people of what they are entitled to, we cannot be surprised when they fail to take up that offer.

Scottish Labour hopes that the debate will give the affected women reassurance that we will move forward. I thank everyone who has contributed today.

16:49

Jackson Carlaw (Eastwood) (Con): I congratulate Mr Yousaf and the Government on driving the bill forward to its conclusion today.

I do not think that people realise how unprecedented and brave the bill is. It may have a narrow focus, but it is unprecedented for a country and a national health service to reimburse the costs incurred by women for health treatment falling outside the scope of that national health service and, in some cases, taking place internationally. I hope that that sits as an example to other countries that are seeking to decide how to bring justice to the women in their countries who

have suffered, and it may yet serve as a model for some unforeseen future problem.

I do not want to walk away from the fact that issues remain. We will wait to see what Professor Alison Britton's casework review reveals when her report is published, and we look to the implementation of the recommendations that were made by Baroness Cumberlege, which is ongoing. We also note the cabinet secretary's assurance in relation to the women who have had mesh removed but have consequential health issues that still require to be resolved. We want to ensure that a focus continues to be brought to bear on them.

I thanked a number of people in my speech at stage 1. I do not wish to go through the list again, but I would like to thank some other women this time: formidable journalists who have been fundamental to the success of the campaign. I thank Lucy Adams at the BBC and, in particular, her predecessor Eleanor Bradford, who was one of the first journalists in mainstream broadcasting media who was prepared to confront the issue and ensure that it got a public airing. Mandy Rhodes at *Holyrood* magazine has been an assiduous supporter of the women throughout, and a continual support to those of us who have sought to maintain a focus on the issue.

However, I hope that they will forgive me if I single out the indefatigable and indomitable efforts of the investigative journalist Marion Scott, first of the *Sunday Mail* and now of the *Sunday Post*. Maz, as she is known to the women, has absolutely been beside them at every turn, and she has left no stone unturned in ensuring that every aspect of the story and its development around the world was given a proper airing and brought to bear on the debate that we have had. I know that she has been the most extraordinary friend to the women, and they owe her—and believe that they owe her—a great deal for ensuring that the campaign that they have been fighting has led to the success that it has today.

I thank once again my constituent Elaine Holmes, who brought the petition to the Parliament together with Olive McIlroy almost eight years ago, in April 2014.

I will conclude with a personal reflection. I have been in the Parliament for 15 years, and many of the big issues that I confronted in my youth in politics were resolved before I got here—many in my favour, and others not. However, I realise that the issues that I have been involved in in the Parliament form a thread. I supported Trish Godman's campaign on wheelchairs in the first session, which has had such a life-changing effect on many people who previously had no bespoke wheelchairs and had to make do with things that were unsuitable. There was the campaign that my

colleague and friend Ruth Davidson asked me to lead on behalf of my party on same-sex marriage. There was the campaign that I fought with others for access to orphan-condition pharmaceutical medicines, which had previously so often been overlooked. I have stood up for my Jewish constituents in Eastwood and Jewish people more widely across Scotland. I have campaigned with Margo MacDonald and am now campaigning with you, Presiding Officer, to bring enlightenment on the issue of assisted dying.

The common thread that runs throughout all those things and the campaign on mesh is that they have all depended entirely on powerful cross-party working in the Parliament. They are models of what we can achieve when we work together as parliamentarians, and how powerful the message and the changes can be for people across Scotland, in every different way of life, when they know that they have the support of the whole Parliament.

Some members have been kind enough to mention that Alex Neil, Neil Findlay and I have been referred to from time to time as the three meshketeers. Today, this is a united Parliament of meshketeers, and that is something of which we can all be proud.

16:53

Humza Yousaf: I do not know whether I have ever said this before in my 10 years in Parliament, but it is a genuine pleasure to follow Jackson Carlaw's excellent and very powerful speech. It was another speech that, unsurprisingly, put the women who have been affected—the survivors of mesh—at the front and centre of the discussion. It was a very fine and powerful contribution from Jackson Carlaw, and it is a genuine pleasure to follow his speech and sum up the debate.

I hope that people, particularly the women who are watching our consideration of the bill, will feel able to agree that our work on it has seen this Parliament at its very best, as others have said, with members working across parties to try to make life better for our constituents—the people who send us here to represent them, to right wrongs that have been done and to help those who have been harmed through absolutely no fault of their own. That is what we have tried to do together in relation to this very important bill today.

Again, I thank the members of the Health, Social Care and Sport Committee for their thoughtful consideration. My thanks also go to those members, both past and present, who have campaigned on the mesh issue for many years. In some respects, as the current Cabinet Secretary for Health and Social Care, I am doing the easy bit in bringing the bill forward, as there was already

good will among members of all parties. I pay tribute to my predecessor, Jeane Freeman, for committing to taking action at the end of the previous session, and to her predecessor, Shona Robison, who first engaged with the women who were affected and promised them that their plight would not be ignored.

I also praise—as other members have rightly done—the cross-party campaign that was spearheaded by Jackson Carlaw, Neil Findlay and Alex Neil, who played an incredibly important role in ensuring that the voices of mesh survivors were heard loudly. They were determined in their efforts and they made sure that those voices were heard not just by the Government but by the Parliament. Something tells me that the three aforementioned MSPs probably do not catch up regularly over a pint—albeit that Jackson Carlaw seemed to refer to their doing it more often than we think—but they can all take real pride in their collective efforts.

I also thank both the Finance and Public Administration Committee and the Delegated Powers and Law Reform Committee for their consideration of the bill.

Of course, all of us have rightly ensured that the most important thanks and gratitude have been given to those women who have taken the time to engage with the bill and to express their views on it as it has progressed, both in the focus groups and in the committee evidence, as well as in speaking to parliamentarians and ministers. Many of them have spoken to me directly and personally. It is fair to say that, without their courage, we would not be where we are today, and I thank them for that.

Gillian Martin made the important point that the women who are affected have probably told their stories time and again, which, unfortunately, has involved retraumatisation. I hope that, following our passing the bill, as it looks as though we are about to do, they will no longer have to share those stories.

The Government and NHS Scotland are working hard to improve the care that has been offered to those women. Many colleagues have referenced the national specialist mesh removal service in Glasgow. We will continue to see how we can improve that service—there has already been feedback on how it can be improved. Given Dr Gulhane's clinical experience, I was heartened to hear him speak positively about the expertise and skills of the individuals at the national centre. However, I say again that, if there are improvements to be made, we will seek to hear that feedback from the women involved.

A number of members asked about the reimbursement scheme, seeking a reassurance that its administration will be as flexible as

possible. I say again clearly, in my role as the cabinet secretary for health, that it is my expectation that each application should be considered on its own merits. My instruction is also clear that, when there is doubt about any aspect of an application, those who are administering the scheme will work alongside applicants and will apply common sense and good judgment. I do not expect that women who had mesh removal surgery done privately in America five years ago will have kept the receipt for their taxi from the hotel to the hospital. Therefore, I expect the scheme to be operated on a basis whereby those who make the claims are given the benefit of the doubt, appropriate judgment is applied and everything is done in a way that is consistent with our obligations on public finance.

On some of the other issues that colleagues raised, they are absolutely right. Undoubtedly, there are concerns about waiting times for referral to the national centre, as Paul O'Kane and other members mentioned. That is a fair comment. However, that service has been impacted like the rest of the NHS. I take Paul O'Kane's challenge—that he and others will continue to scrutinise that referral—in the spirit in which it was intended. They are right to do so.

Carol Mochan made an important point about communication. I give her an absolute assurance that it is foremost in our thoughts that, prior to the scheme being ready to open, we will have in place clear communication about eligibility criteria, what is expected, how an application is made, how long a person will have to wait, and so on. All that work is being done at the moment.

Colleagues made other important points about the fact that there are on-going issues. It is not—as, I think, Carol Mochan said—the end of the road. Although the bill is an important step, which we all recognise, there are women who have not had mesh removal surgery, and we need to guide them as appropriately and as sensitively as we can through the other avenues for recourse that absolutely exist for them. This is not the end of the road, but it is an important chapter.

It is probably right that I give the last word to the women who fought so long to get us to this point today. We would not be here without them or without the campaigning of MSPs over a number of years. I will quote from a letter that was submitted by some of those women to members of the Public Petitions Committee. It said:

“These women have already suffered the loss of the lives they once enjoyed, their jobs, mobility, and marital lives. They have been left on benefits and dependent on others because they trusted they were receiving ‘gold standard treatment’. We do not believe they should have to suffer the loss of their life savings too.”

I whole-heartedly agree, and I feel confident that everyone in the Parliament believes that reimbursement of those personal costs is the very least that mesh survivors deserve. We are all here today with that unified purpose—to make sure that we do right by women who have suffered through no fault of their own.

I am delighted to close the debate. I hope that members will unanimously support this incredibly important bill.

Parliamentary Bureau Motion

17:01

The Presiding Officer (Alison Johnstone): The next item of business is consideration of parliamentary bureau motion S6M-02934 on committee membership. I ask George Adam, on behalf of the Parliamentary Bureau, to move the motion.

Motion moved,

That the Parliament agrees that—

Elena Whitham be appointed to replace Neil Gray as a member of the Social Justice and Social Security Committee;

Graeme Dey be appointed to replace Elena Whitham as a member of the Local Government, Housing and Planning Committee;

Collette Stevenson be appointed to replace Elena Whitham as a member of the Standards, Procedures and Public Appointments Committee.—[George Adam]

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

Decision Time

17:01

The Presiding Officer (Alison Johnstone):

There are two questions to be put as a result of today's business.

The first is, that motion S6M-02895, in the name of Humza Yousaf, on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, be agreed.

There will be a short suspension to allow members to access the digital voting system.

17:02

Meeting suspended.

17:05

On resuming—

The Presiding Officer: We come to the division on motion S6M-02895, in the name of Humza Yousaf. Members should cast their votes now.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dowe, Sharon (South Scotland) (Con)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 Findlay, Russell (West Scotland) (Con)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (North East Scotland) (Con)

Gosal, Pam (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hoy, Craig (South Scotland) (Con)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 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)
 McAllan, Màiri (Clydesdale) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 O'Kane, Paul (West Scotland) (Lab)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Slater, Lorna (Lothian) (Green)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)

Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley)
 (SNP)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on motion S6M-02895, in the name of Humza Yousaf, is: For 120, Against 0, Abstentions 0.

Motion agreed to,

That the Parliament agrees that the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill be passed.

The Presiding Officer: The final question is, that motion S6M-02934, in the name of George Adam, on behalf of the Parliamentary Bureau, on committee membership, be agreed to.

Motion agreed to,

That the Parliament agrees that—

Elena Whitham be appointed to replace Neil Gray as a member of the Social Justice and Social Security Committee;

Graeme Dey be appointed to replace Elena Whitham as a member of the Local Government, Housing and Planning Committee;

Collette Stevenson be appointed to replace Elena Whitham as a member of the Standards, Procedures and Public Appointments Committee.

Point of Order

17:08

Emma Harper (South Scotland) (SNP): On a point of order, Presiding Officer.

This point of order relates to section 7 of the “Code of Conduct for Members of the Scottish Parliament”, as it refers to members’ conduct in committees.

I seek your advice on a situation that has occurred, in that Sandesh Gulhane MSP has misrepresented, in the press, the intent of the Health, Social Care and Sport Committee’s proposed inquiry into alternative pathways into primary care and has made comment in the media that has promulgated misinformation, undermined the committee’s work and disrespected the convener and other colleagues.

Yesterday, Dr Gulhane gave a comment to a newspaper that appears to uphold a false intention of an inquiry, which has been agreed to by all colleagues across the parties, into the availability, capacity and public uptake of alternative health pathways in community settings.

An agreed press release, which quoted the convener, went out from the committee, but a newspaper has decided wilfully to misinterpret the intent and has reported that the Government wants to curtail access to general practitioners and, specifically, that our convener wishes for that result. As you and most members of this Parliament understand, committee inquiries and scrutiny are not Government work or Government policy design, and the comments of any convener are not representative of any party or Government position.

I am certain that all committee conveners pride themselves on upholding that important standard. By failing to challenge that false assertion about the committee’s work and, in fact, upholding the false assertion that our inquiry is a Scottish National Party policy move, it is my belief that Dr Gulhane has undermined the committee’s work, falsely pre-empted any committee recommendations and deviated from an agreed committee purpose with regard to the inquiry.

As a result of Dr Gulhane’s actions, several of his colleagues have repeated the false assertions online, which I believe has been the cause of targeted abuse and phone calls to constituency offices, including mine and, I believe, that of the convener.

I would be grateful for your guidance on how that deviation from the members’ code of conduct can be addressed.

The Presiding Officer (Alison Johnstone): I thank the member. However, the matter that the member raises is not a point of order. Conduct at committees is, in the first instance, a matter for the convener of the relevant committee. If a member wishes to raise a concern under the members' code of conduct, the code of conduct sets out how to do that.

My Breath is My Life

The Deputy Presiding Officer (Annabelle Ewing): I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The final item of business is a members' business debate on motion S6M-02730, in the name of Jackie Dunbar, on my breath is my life. The debate will be concluded without any question being put. I ask those members who wish to speak in the debate to press their request-to-speak buttons or enter an R in the chat function.

Motion debated,

That the Parliament notes the conclusion of the Asthma and Allergy Foundation project, My Breath is My Life; understands that the project was launched in September 2018 for a three-year period and was funded by a £136,560 grant from the National Lottery Community Fund; recognises that the project involved the delivery of asthma training to children, parents and teachers across Aberdeen and Aberdeenshire, including within the Aberdeen Donside constituency, to help people understand asthma, identify symptoms and triggers, and learn how to manage the condition; welcomes that the project delivered workshops to 14,962 pupils, with training provided to 572 teachers and 228 pupil support assistants; understands that the project further supported 1,301 children and young people with asthma, and 396 parents of children with asthma; notes the feedback received for the project, which included calls for it to be made available nationally; acknowledges the calls for greater understanding of asthma among GPs, frontline health professionals and education staff, and wishes the charity every success in its continued efforts to improve awareness and understanding of asthma as a condition.

17:13

Jackie Dunbar (Aberdeen Donside) (SNP): I am very proud to bring this members' business debate to the chamber tonight. I thank everyone for the cross-party support that has ensured that the debate can take place.

In Scotland, around 368,000 people are being treated for asthma, including more than 72,000 children. That is not the total amount of folk who suffer from asthma. A lot of folk have the condition but are not diagnosed, because it is not an easy diagnosis to make. I went to the doctor about nine or 10 years ago and was diagnosed as having borderline asthma and borderline chronic obstructive pulmonary disease. At the time, the doctor was unable to tell me which condition it was, and I was given three different inhalers: two to be taken once a day—one for asthma symptoms and one for COPD symptoms—and the blue inhaler that most people associate with asthma, for as and when needed.

I am not alone in that kind of diagnosis. Many times, it is about trying to see what works for the individual. I am not proud to say that I was a

smoker. However, I quit more than two years ago, and I am very pleased to report that my lung capacity increased and, as a result, my medication strength was decreased. That is not something that happens if someone has COPD, so I take it that I am just borderline asthmatic now.

Respiratory conditions, including asthma, account for more than a third of all acute hospital admissions and are among the most commonly presented conditions within primary care. I was pleased by the Scottish Government's launch last year of the respiratory care action plan, which focuses on ensuring a consistent approach across Scotland to the management of respiratory conditions in the five key priority areas: prevention, diagnosis, management, care, and supporting self-management.

In 2020, there were 113 asthma-related deaths in Scotland, 90 per cent of which could have been prevented. In the north-east, the work of the Asthma and Allergy Foundation has been transformational in increasing the awareness of people who live with and care for those with asthma. My motion lays out all the fantastic work that it has achieved so far.

All members who are here will know someone who has asthma. However, would they know how to support someone who was having an asthma attack? I did not. In 2020-21, 49 people out of every 100,000 were hospitalised for asthma at least once. In comparison with the rest of the world, Scotland—like other United Kingdom countries—has a high prevalence of asthma.

An asthma attack is caused by the inflammation of the breathing tubes that carry air into and out of the lungs. Asthma makes those tubes highly sensitive, so that they narrow temporarily. The condition affects the airways, and can affect people of all ages. Although it often starts in childhood, it can also develop for the first time in adults. The main symptoms of asthma can be wheezing, breathlessness, a tight chest and coughing; however, that can change from person to person. Asthma is currently incurable but, as I have said, symptoms can be managed through medicines such as inhalers and steroids.

The my breath is my life project was launched in 2018 and has worked across Aberdeen and Aberdeenshire to provide asthma awareness and education in schools. With support from national lottery funding, the project has delivered workshops to staff, students, parents and carers, to raise awareness of the condition and to help people become confident and capable of managing the illness within a school setting and not only to recognise the signs of an asthma attack but to know how to deal with it.

Recently, I was delighted to meet the founders of the Asthma and Allergy Foundation and to hear about its most recent national lottery funding, which will allow it to expand its workshops into the Greater Glasgow and Clyde Health Board area—again delivering workshops for children and young people, but also exploring the transition into adult services and ways in which young people can manage their condition in a range of different environments. I was advised that, on average, there are two children with asthma in every classroom. I repeat: two children, in every classroom, in every school. That is a lot. That is why it is important that teachers and staff in every classroom are comfortable and confident in managing asthma in schools, and that they have the knowledge of what to do if someone has an asthma attack.

For example, before meeting the Asthma and Allergy Foundation, I was unaware that someone who is having an attack should never be put into the recovery position, as doing so constricts their airways further and they may stop breathing. I learned a valuable lesson from our hour-long meeting, and I am positive that the foundation's expansion work will help to inform and educate many more people throughout Scotland.

As many members know, I donate my councillor's salary to charities and good causes in my constituency of Aberdeen Donside, and I was delighted to be able to donate my December salary to the foundation, to help pay for further training for its staff and volunteers.

I thank everyone who has supported the motion, and thank in advance the members who will be speaking.

Last but not least, I will try to be helpful by explaining what someone should do if they or someone near them has an asthma attack. First, the person suffering the attack should sit up straight and try to keep calm—I know that that is easier said than done. Secondly, they should take one puff of their reliever inhaler—usually the blue one—every 30 to 60 seconds, for up to 10 puffs. Thirdly, if they feel worse at any point or do not feel better after 10 puffs, they should immediately call 999 for an ambulance.

17:21

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): I congratulate my colleague and old friend—with the emphasis on friend, rather than old; I meant it in the most respectful way—Jackie Dunbar, for bringing forward the motion. I know that this is an initiative that she has been committed to as it has been developed locally in Aberdeen city and Aberdeenshire.

I refer members to my entry in the register of members' interests, which states that I am a councillor in Aberdeen City Council. I thank the Asthma and Allergy Foundation for its helpful briefing ahead of the debate.

I shamefully admit that, despite living in the north-east, I had not crossed paths with the my breath is my life initiative until Jackie Dunbar lodged the motion. The notion of a learning resource that delivers training to children and young people on how to cope with an asthma attack seems logical and, as Jackie Dunbar highlighted, the statistics speak for themselves. In Scotland, around 368,000 people live with asthma, around 72,000 of whom are children. Tragically, 2020 saw 113 asthma deaths. I cannot imagine the loss and the sense of tragedy that is felt by the families and friends who are affected.

Prevention plays a vital role in many aspects of our lives, particularly in our health and wellbeing—for example, our daily multivitamin tablets, our free eye tests and, of course, our flu and Covid vaccine jabs and boosters. We are fortunate to be able to access a wide range of resources and educational opportunities to enhance our confidence and skills, which help us to respond to unforeseen events in which we might need to remember the recovery position from our first aid training, or, for cases of suspected stroke, the FAST mnemonic—facial drooping, arm weakness, speech difficulties and time. It therefore stands to reason, given the potentially serious consequences of an asthma attack, that education on how to respond—for those living with asthma, their carers, families and teachers—could, literally, mean the difference between life and death.

The commitment of Martina Chukwuma-Ezike in establishing the Asthma and Allergy Foundation, and in developing the my breath is my life resource, is inspiring. She has turned her traumatic personal experience into an opportunity to educate and empower those who live with asthma. It was fantastic to learn that the my breath is my life workshop has been delivered to almost 15,000 pupils, just under 600 teachers, pupil support assistants, parents, and others, teaching learners to understand asthma, identify symptoms and triggers and, importantly, how to manage their condition. It is truly a fantastic achievement.

However, the my breath is my life project is not just about raising awareness; it is about supporting people to have a good life in which they are in control of their asthma, rather than their asthma controlling them. Although it is currently a local initiative, the project will be making its own valid contribution to ensuring that children can stay in education, play sport and experience strong mental health, and, further on in their lives, can

access skills development, educational opportunities and positive outcomes.

In that regard—and in conclusion—I note that the motion calls for the my breath is my life project to be made available nationally. Having spent many years in volunteering roles with children and young people, there is no doubt in my mind that such a project merits every consideration for wider roll-out across Scotland, and I will do everything that I can to support efforts in that respect.

17:25

Tess White (North East Scotland) (Con): I am delighted to speak in this debate and I pay tribute to Jackie Dunbar for bringing to our attention the work of the Asthma and Allergy Foundation.

Asthma is one of the most prevalent health conditions in Aberdeenshire. It is also the most common lung condition in children, affecting around one in 11 children across the UK. Indeed, as members have stated, 72,000 of those children live in Scotland. However, although asthma is a widespread condition, its symptoms are not always seen or understood by others. Difficulties with breathing, wheezing, coughing and tightness and pain in the chest are all commonly experienced by people with asthma, and when such symptoms escalate, it can be very frightening.

Fortunately, asthma can be managed effectively through the right treatment plan, but nevertheless a diagnosis is worrying for sufferers and their families. That is why the my breath is my life project is so important. It has helped children with asthma manage their condition better, from giving them an understanding of what triggers symptoms to showing them how and when to use their inhalers. They might sound like small interventions, but the right inhaler technique is crucial for the medication to work effectively. The project has also helped to empower children, parents and teachers through targeted education so that they can better support their peers who have asthma symptoms.

Too few people are aware of how suddenly an asthma attack can come on and how life threatening it can be, but the fact is that someone in the UK has an asthma attack every 10 seconds. When a child has an asthma attack, it is not just their breathing that is affected. Young children might report a stomach ache, be unusually quiet, look pale or not be able to complete sentences. Knowing how to respond in such a situation can save lives. Indeed, 90 per cent of deaths from asthma are preventable.

Of course, the Covid-19 pandemic has brought respiratory illnesses into sharp focus, and I thank organisations such as Asthma UK for providing

information and support to people with asthma during the coronavirus outbreak. The reality for some children and young people with asthma is that having to wear a mask for a prolonged period of time, such as at school, as a result of the pandemic can be difficult, and asthma sufferers can experience anxiety and panic attacks from face coverings as they can amplify the feeling of not being able to access air. Removing masks in classrooms can therefore impact positively on the mental health of children who might already be feeling anxious about wearing them. With the threat posed by Covid-19 receding, I agree with Professor Devi Sridhar, who argued last week that children should be at the centre of a return to normality and the first to have measures such as masks in schools eased.

Finally, as general practitioner surgeries resume work that was deferred by the pandemic, I urge patients who are due an asthma annual review to accept the invitation, even if they feel that their condition is under control. This respiratory condition can be worrying for people of any age, but the work of the Asthma and Allergy Foundation has demonstrated how beneficial patient-centred education can be and, for that, I sincerely commend its staff and volunteers.

17:29

Rhoda Grant (Highlands and Islands) (Lab): I, too, congratulate Jackie Dunbar on securing this really important debate.

Asthma is a common complaint—so common, in fact, that we often take very little heed of it, even though it impacts just under 10 per cent of the population. Moreover, although most people live with the condition, it can be fatal; indeed, it takes the lives of three people in the UK every day. As Jackie Dunbar has said, most of those deaths could have been prevented with better guidance and monitoring. Good management is therefore crucial, and the motion sets out how that can be done.

The my breath is my life project helped young people, their parents and teachers to understand the condition, its causes and its management.

I grew up aware of asthma, because my grandmother had it. I remember her having terrible attacks and being taken outside the house in the hope of helping her to get her breath. As a young person, that was frightening to watch, and it must have been terrifying for her. Therefore, even by simply raising awareness, the project has been very worth while.

The pandemic has been very challenging for those with asthma. Not only have they had the fear of catching Covid-19, but their lives have been disrupted much more than those of the

general population have been, as they have had to shield. The pandemic has also impacted on their families, who have had to take measures to protect them. In particular, children, who have been told by their parents and those in authority for two years, which is a huge portion of their lives, that it is risky for them to be out and mixing with others, are much more likely to have had their mental health impacted. It will also be a lot more difficult for them to mix again with others with any confidence.

People's careers will have been affected because they have been required to shield. Not every job can be done remotely. That means that some people will have lost their job or given it up due to the requirement to shield. We need to target support towards them to bring them safely back into the workforce.

There is an argument about how masks make people with breathing difficulties feel. If that is lined up against the benefits of wearing masks for the most vulnerable to Covid-19, there is a very difficult decision to take.

The project looked at the triggers for asthma attacks. We would all benefit from understanding those. Many attacks are triggered by atmospheric conditions and pollution. We must cut pollution and emissions for the good of the planet and to stop climate change, but we also need to do that to help people with breathing issues, such as asthma and chronic obstructive pulmonary disease.

The project should show the way to how we can build greater understanding in Scotland. Raising awareness of asthma allows us all to play our part in preventing it and supporting those who live with the condition every day.

17:32

Emma Harper (South Scotland) (SNP): As convener of the cross-party group in the Scottish Parliament on lung health and a registered nurse still, I welcome the opportunity to speak in this important debate, and I thank my colleague Jackie Dunbar for securing it. She has covered asthma and associated treatment extremely well, and I have learned a lot myself.

It is important that we raise awareness of activities in our constituencies and regions by people and charities that focus on health issues. That work, which can ultimately save lives, is really important.

I thank Jackie Dunbar for highlighting very well the important work of the Asthma and Allergy Foundation and the my breath is my life project. That project has achieved outstanding success since its inception, and it has delivered workshops

to more than 14,000 pupils and trained more than 700 teachers and support assistants on asthma. The project has demonstrated excellently that, when education is provided to persons with asthma, their parents or carers, teachers, classroom assistants and the wider public, better knowledge and understanding are achieved. The workshops that the project carried out included ones on what asthma is, how to identify symptoms and triggers, education and learning, how to manage the condition and how to manage breathing emergencies.

I watched the my breath is my life project video on the asthmaandallergy.org.uk website. In that video, the clinical specialist Professor Stephen Turner said that education is extremely important, that it needs to be person centred, and that simple messaging needs to be provided, such as that the blue inhaler that a person has been given is to be taken only when they have asthma symptoms, and the brown inhaler is to be taken all the time. The blue inhaler contains the rescue medication, which should be taken when asthma symptoms, such as wheezing or shortness of breath, occur. It provides an immediate effect or immediate relief. The brown inhaler contains prevention medication, which should be taken every day as prescribed. That can mean more than once a day.

I agree that simple messaging is key. Many people do not realise that people can die from an asthma attack. I cannot imagine the grief that is suffered by those who have lost a loved one to asthma.

The British Lung Foundation has created a number of lung health champions in the Scottish Parliament. Members from across the chamber have taken on the role to help to raise awareness of the many lung health conditions.

I am the asthma champion, and I have learned a lot from many people, including Asthma UK, the BLF and Dr Tom Fardon, who is a respiratory and asthma consultant at NHS Tayside. Dr Fardon played a lead role in developing the Scottish Government's "Respiratory Care Action Plan 2021-2026". I have had good advice and support from Damian Crombie, who, until recently, was AstraZeneca's public affairs manager for the Parliament. He sponsored an asthma round-table session that I chaired prior to the pandemic, which had a particular focus on the importance of inhaler education, the different types of inhalers that can be used and how we can best support people to engage with their specialists to review the care that they need.

I also acknowledge the help that I have received from respiratory nurse consultant Dr Phyllis Murphie. Many members will have heard me talk about her in the past, as she is my big sister.

Since the inception of the cross-party group on lung health, along with the great work that has been carried out by many of the people and organisations that I have mentioned, great progress has been made to improve treatment and outcomes for people with asthma. The Scottish Government is implementing its respiratory care action plan, which provides an overarching strategy for health and social care services on dealing with respiratory conditions. The plan identifies key priorities and commitments to improve outcomes for people in Scotland with respiratory conditions such as asthma. By enabling all health and social care staff to have a firm understanding of respiratory health, it will improve clinical and wellbeing outcomes for people with such conditions.

I welcome the work of the my breath is my life project and the work that the Scottish Government has undertaken to improve asthma education, and I again thank Jackie Dunbar for bringing the debate to the chamber.

17:37

The Minister for Public Health, Women's Health and Sport (Maree Todd): I thank Jackie Dunbar for lodging her important motion, and I welcome the opportunity to respond on behalf of the Government.

Asthma is a very common long-term lung condition that affects people of all ages. It is estimated that 368,000 people in Scotland—296,000 adults and 72,000 children—are affected by the condition, or 7 per cent of adults and 8 per cent of children. Asthma symptoms can come and go, and some people might not have symptoms for weeks or months at a time, but asthma usually needs to be treated every day, even if the person is well, to lower the risk of symptoms and asthma attacks.

We recognise the difficulties that are experienced by people who live with a respiratory condition such as asthma, which is why we remain committed to ensuring that people who have asthma or other respiratory conditions receive the best possible care and treatment. We want to enable them to live longer and healthier, and independent, lives.

We will do that through the priorities and commitments that we set out in our first respiratory care action plan for Scotland, which was published in March 2021. I thank all those who made invaluable contributions to the plan's development. The plan sets out the key priority areas for driving improvement in prevention, diagnosis, care, treatment and support for people who have a respiratory condition such as asthma.

A key part of the plan is ensuring early and accurate diagnosis of asthma. When people are given information about their condition at an early stage, they have a greater opportunity to explore self-management techniques and, potentially, to avoid more intensive treatments.

I want to thank the Asthma and Allergy Foundation for its work on the my breath is my life project, which included the delivery of an asthma training and awareness workshop to children, parents and teachers across Aberdeenshire, to help them to understand asthma, identify symptoms and triggers, and learn how to manage the condition.

The Scottish Government is committed to providing the best quality tools and support to enable people to deal with all respiratory conditions. We will work in partnership with key stakeholders, including the third sector, to ensure that people who have respiratory conditions have access to tools, resources and information that support them to manage their condition. We will also ensure that people with lived experience of respiratory conditions are closely involved as we make progress against the commitments that are set out in the respiratory care action plan.

As clinical guidelines evolve, we will also work with key partners, including NHS Education Scotland, to ensure that the relevant training is made consistently available to a wider group of healthcare professionals, increasing understanding of asthma for all involved. Education is so important for this condition.

It is also important to recognise the impact of Covid-19 on the delivery of care and treatment of people who have asthma. It continues to be significant in terms of access to respiratory services, and because the longer-term impact of the pandemic on lung health could be generational. Respiratory services have continued throughout the pandemic, with hospital and community respiratory teams playing a key role in the Covid-19 response. Third sector organisations have also continued to provide invaluable support and information through this difficult time to our NHS and to those who are living with the respiratory conditions. For example, the Asthma and Allergy Foundation my breath is my life project has helped to support people to manage their asthma during this difficult time.

The Scottish respiratory advisory group has been established to support and oversee the implementation of the respiratory care action plan. Members include clinical experts from a range of respiratory conditions, including asthma, as well as key stakeholders from across health and social care and the third sector. We are working to develop an implementation programme, and our one-year priorities include the transition from child

to adult respiratory services. We will work with key partners to understand and improve the pathways for a successful transition.

Alongside the Scottish respiratory advisory group, we are working with the alliance, and have established a lived experience group to ensure that people living with a respiratory condition are involved in the design, the development and the roll-out of the service improvement project.

Once again, I thank Jackie Dunbar for lodging the motion for this important debate, and I thank the Asthma and Allergy Foundation for the work that it does to support people who live with conditions such as asthma.

Meeting closed at 17:42.

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