

DRAFT

Meeting of the Parliament

Thursday 20 November 2025

Business until 13:32.



Thursday 20 November 2025

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Scottish Parliament

Thursday 20 November 2025

[The Presiding Officer opened the meeting at 11:40]

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time—our shortest question session of the week, colleagues.

Neurodevelopmental Assessments and Treatment

1. Michelle Thomson (Falkirk East) (SNP): To ask the Scottish Government, in light of the demand for neurodevelopmental assessments and treatment for children and adults, what its assessment is of the recommendations by the Royal College of Psychiatrists in Scotland, such as its four-tiered service model for assessment and intervention. (S6O-05171)

The Minister for Drugs and Alcohol Policy and Sport (Maree Todd): The Scottish Government welcomes the report of the Royal College of Psychiatrists on meeting the needs of autistic people and people with attention deficit hyperactivity disorder in Scotland. I agree with the royal college that the demand neurodevelopmental assessment and support now exceeds what Scotland's current mental health infrastructure can deliver and that a different response is needed. We are taking time to consider its report fully, including whether a stepped care model could be considered for neurodevelopmental assessment.

We are also driving forward our improvement work, including the establishment of our children and young people's neurodevelopmental task force and our on-going work with the national autism implementation team, or NAIT.

Michelle Thomson: As the minister will be aware from my correspondence and our discussion, the rising pressures and demands are acute and are having an impact on many individuals in my Falkirk East constituency.

The Scottish Government's director of mental health wrote to all health boards to seek clarification of what assessment and support they have in place, because of the diversity across different areas and because the local protocols are different, too. Have there been any findings from that letter, and is the minister able to give us any further information in that respect?

Maree Todd: I confirm that we have now received responses from all of the health boards, and we are considering the findings in more detail and what next steps should be taken. The information is not publicly available yet, so there are no findings to share at this time. However, I recognise the member's long-standing interest in this issue on behalf of her constituents and I will ask the Minister for Social Care and Mental Wellbeing, Tom Arthur, to ensure that he shares the findings with her and with Parliament more broadly when they are available.

Pam Duncan-Glancy (Glasgow) (Lab): Parents and adults who are not parents in the Glasgow region have approached me because they are very worried about access to ADHD assessments for adults. They have been waiting a long time for a pathway to support, and some of them are struggling to continue with work and other responsibilities. What reassurance can the minister give that pathways will be available for people in the Glasgow region to access adult ADHD assessments?

Maree Todd: I understand the member's concern. Long waits for support are unacceptable, and I am committed to improving timely access to support, diagnosis and support for autistic people and people with ADHD.

In July, we announced the reopening of our £2.5 million multiyear autistic adult support fund. That fund supports third sector organisations that help autistic adults reach their full potential and supports them, their carers and their families to understand what neurodivergence means for them and to improve their wellbeing.

Rural Crime

2. Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government what legislative action it plans taking in the remainder of this parliamentary session to protect farmers from the threat of rural crime. (S6O-05172)

The Minister for Victims and Community Safety (Siobhian Brown): Rural crime is a serious issue. It affects individuals, communities and businesses, and the Scottish Government fully supports efforts to tackle it.

The Scottish partnership against rural crime—or SPARC—which is chaired by Police Scotland, brings key justice and rural sector partners together to provide a robust, multi-agency approach to preventing rural crime and to support actions taken at the local level.

The member will be aware of the legislative programme for the rest of the term, and the short time we have left. There are no plans for rural crime legislation in what remains of this session.

Rachael Hamilton: Following a meeting in June, the minister agreed to write to the Home Office. The letter highlighted that the Scottish Government had missed an opportunity to introduce a legislative consent memorandum in June 2022 that would have allowed for further safeguards and deterrents to stop rural crime. Since the LCM was missed, rural crime has cost Scottish farmers and rural businesses nearly £5 million, and the letter states that my constituency of Ettrick, Roxburgh and Berwickshire is a rural crime hotspot.

Police Scotland and the National Crime Agency wanted regulations to be introduced last summer, so will the minister, despite her answer, introduce an expedited bill and work with me to tackle rural crime before the end of this session of Parliament?

Siobhian Brown: I thank the member for her continued interest in equipment theft and the serious issues affecting rural businesses.

For clarity with regard to the LCM, the relevant legislation has not yet come into effect in England and Wales. As the member has alluded to, I wrote to the United Kingdom Government earlier this year regarding the process of its implementation, and it recently published a summary evidence response ahead of planned regulations being introduced. That is an important step towards the legislation being put into effect in England and Wales. I reiterate my willingness to work with the member on legislative options, but it will not be in this parliamentary session.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): As Rachael Hamilton knows, my constituency is adjacent to hers. As a former lawyer, I have to say that I am not too hot on legislation—it is not always the answer.

I refer the minister to the recently published three-year policy by Police Scotland, in collaboration with SPARC, which focuses on such things as the prevention of agricultural machinery theft using technology. There are now 100 specially trained officers, so I hope that the minister will agree that action might be more effective than legislation.

Siobhian Brown: There is some great work being done in that respect. The three-year strategy for SPARC was published in June, and for the first time, it has adopted the four Ps model of prevent, pursue, protect and prepare. The refreshed strategy includes a number of actions on how perpetrators will be brought to justice, how rural communities can safeguard against such crimes and how individuals can be diverted from being involved with them. Part of SPARC's work also involves working with other forces in the UK to

disrupt the activity of criminals who travel across our border.

Children (Scotland) Act 2020 (Implementation)

3. Ruth Maguire (Cunninghame South) (SNP): To ask the Scottish Government when the Children (Scotland) Act 2020 will be fully implemented. (S6O-05173)

The Minister for Victims and Community Safety (Siobhian Brown): Although some sections of the act have already been commenced, some areas of that wide-ranging act are outstanding. However, we remain committed to commencing them. I am providing updates to the Equalities, Human Rights and Civil Justice Committee on implementation, and did so most recently on 26 September.

Two Scottish statutory instruments on the regulation of child contact services were approved by Parliament earlier this month and will be implemented on 1 April 2027. A further set of commencement regulations is planned relating to hearing the child's views, additional factors for the court to consider and delay in contact and residence cases.

Ruth Maguire: Parliament voted for the act with great hopes that it would centre children in child contact cases and address some real difficulties that we had heard about. I am still receiving casework in which children who have witnessed their father terrorising their mother, physically and emotionally, are being forced by courts to have contact with their father, despite restraining orders and so on being in place. Is the minister confident that, when the legislation is fully enacted, it will address that disaster, or do more actions need to be taken to ensure that the judiciary truly puts children's wellbeing at the heart of decisions that it makes on contact?

Siobhian Brown: Ensuring the child's best interests is central in any contact case and was the key aim of the 2020 act. I believe that implementation will bring big improvements for children in the cases that Ms Maguire referred to—for example, enhancing how their views are heard and ensuring that child welfare reporters who are appointed to hear the child's views are properly trained in understanding domestic abuse.

The regulation of child contact services will help to ensure that centres are safe, conflict-free places for children. We are also progressing wider work to improve how the civil and criminal courts interact, including how the civil courts get information on domestic abuse.

Reinforced Autoclaved Aerated Concrete (North East Scotland)

4. Maggie Chapman (North East Scotland) (Green): To ask the Scottish Government what action it is taking to support tenants and owner-occupiers affected by RAAC in the North East Scotland region. (S6O-05174)

The Cabinet Secretary for Housing (Màiri McAllan): It is a worrying time for those whose homes are affected by RAAC. I met residents in Aberdeen, Dundee, Angus and Clackmannanshire just yesterday to discuss the challenges that they face.

We are working with local authorities, who are responsible for finding local solutions. For example, I recently agreed to Aberdeen City Council's request for flexibility in an existing housing infrastructure fund commitment to allow the council to provide additional support for residents from within its own budget.

I have repeatedly pressed the United Kingdom Government for a central dedicated RAAC remediation fund. It has failed to provide that thus far. In the meantime, I will continue to consider requests for flexibility in existing budgets.

Maggie Chapman: Last month, Aberdeen City Council told Torry home owners that they would be offered the full value of their homes before RAAC was discovered, given the £10 million fund that the Scottish Government had made available. However, in the worst-affected city—Dundee—there is still no RAAC fund. Home owners in Dundee and Angus are wondering why they are still waiting for information and support. When will the cabinet secretary announce support for RAAC-affected home owners who face financial ruin in more ways than one in Dundee and Angus?

Màiri McAllan: We have to be clear that the arrangements that have been reached with Aberdeen City Council were bespoke to Aberdeen. As I said in my initial answer, they were about offering flexibility in honouring an existing housing infrastructure fund that had not been drawn down. In fact, that was not doable, and we ended up by offering flexibility through the affordable homes supply programme, which allowed the council to create headroom elsewhere. That was a specific response to an Aberdeen-specific case.

However, as I said in my initial answer, I will consider requests for flexibility within existing budgets from any council with RAAC-affected residents.

Liam Kerr (North East Scotland) (Con): RAAC-affected home owners in Aberdeen's Torry who have already sold their homes under value fear paying tax on the compensation and losing benefits. That would pile yet more injustice on a

nightmare that they have faced for years. Will the cabinet secretary instruct officials to help Aberdeen City Council prevent that from coming to pass?

Màiri McAllan: Those are entirely matters for Aberdeen City Council to work through with the residents of Torry, and I encourage it to do so.

General Practitioner Appointments

5. Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): To ask the Scottish Government whether it will provide an update on the work it has been doing regarding people obtaining in-person GP appointments. (S6O-05175)

The Cabinet Secretary for Health and Social Care (Neil Gray): The latest published data—Public Health Scotland's general practice in-hours activity visualisation—shows that, as of September, as many as 81 per cent of appointments with GPs and other clinicians in general practice were physical. That is not as high as the proportion before the pandemic, when approximately 87 per cent of appointments were physical, but we always expected the overall proportion of physical appointments to reduce as options for virtual appointments became more available.

In 2022, my predecessor, Humza Yousaf, wrote to GPs to advise them that the de-escalation of infection prevention control measures gave them much greater latitude to see patients in person. That, alongside our record funding increase for core GP services and walk-in clinics, should continue to improve access to one of the critical primary care front doors of our national health service.

Elena Whitham: In my constituency, access to general practice remains a concern, particularly in rural communities. The position varies between practices, but constituents contact me regularly about the matter. Does the cabinet secretary agree that investment must be matched by concerted targeted support for recruitment and retention to ensure sustainable care in all parts of Scotland, including Carrick, Cumnock and Doon Valley?

Neil Gray: I absolutely agree with Elena Whitham. A core element of the record funding increase for general practice is contingent on increased employment of general practitioners and wider practice staff.

Alongside that, through our GP recruitment and retention 20-point action plan, we are taking substantive steps to support practices in rural areas. Our £10,000 golden hello scheme incentivises GPs to take up rural positions. The early-career GP fellowship programme is reaching

new rural areas across seven health boards, thanks to our investment this year. Our Scottish graduate entry medical programme—ScotGEM—focuses on rural medicine and healthcare improvement. We also continue to fund the rediscover the joy of general practice project, which supports rural and island practices with short-term GP cover.

Shoplifting (Repeat Offenders)

6. Sharon Dowey (South Scotland) (Con): To ask the Scottish Government what action it is taking to reduce the number of repeat shoplifting offenders, in light of reports that 10 individuals have accumulated over 1,500 charges in the last four years. (S6O-05176)

The Minister for Victims and Community Safety (Siobhian Brown): The Government recognises the harm that is caused by retail crime. Our budget for 2025-26 has made an additional £3 million available to tackle the issue as part of our record investment in policing. Police Scotland has used that funding to establish a retail crime task force, which aims to prevent such incidents and pursue those responsible. Police Scotland's plan includes specific actions to target repeat offenders by using analytical data and intelligence to carry out proactive enforcement activities in areas that are most heavily impacted. Investment is also being used to develop diversionary programmes that are aimed at reducing reoffending.

Sharon Dowey: Retailers Against Crime and other industry partners have made it clear that intelligence sharing is essential in identifying repeat and organised offenders. Given that Police Scotland's retail crime task force has, in its first six months, supported the detection of more than 500 retail offences, will the minister commit to extending and increasing that funding beyond March 2026 to tackle prolific shoplifters?

Siobhian Brown: Discussions are on-going with Police Scotland about its budgetary requirements, and I hope that Ms Dowey will appreciate that I will not be making any budgetary announcements during general question time today. However, the Cabinet Secretary for Finance and Local Government has confirmed that the Scottish budget will be published on Tuesday 13 January 2026.

Gynaecology Waiting Times (NHS Fife)

7. Alex Rowley (Mid Scotland and Fife) (Lab): To ask the Scottish Government what action it is taking to address waiting times for gynaecological diagnostic procedures in NHS Fife. (S6O-05177)

The Minister for Public Health and Women's Health (Jenni Minto): This year, we have

allocated an additional £135.5 million to health boards to tackle the longest waits. That includes an allocation of more than £1.1 million to NHS Fife for gynaecology to support extra full-day theatre lists and new full-day out-patient clinics.

I understand from NHS Fife that it is on track to have no patient waiting for more than 52 weeks by our 31 March 2026 target. Beyond that, we are working with the centre for sustainable delivery to ensure that all boards deliver a sustainable solution for the future.

Alex Rowley: I have been contacted by a constituent, a 23-year-old woman, who has been advised that she might face a wait of more than a year for keyhole surgery that is needed to diagnose the source of on-going severe pelvic pain. Over the past year, the constituent has experienced two miscarriages, recurring pelvic infections and severe pelvic pain that has significantly impacted her quality of life. I have raised the issue directly with NHS Fife, but I would be grateful if the minister would look at the details of the case, which I will pass to her. It is all very well to talk about 52 weeks, but, in the case of this constituent, that is not acceptable.

Jenni Minto: Alex Rowley is absolutely right that that length of wait is not sustainable and is not good for women's health. That is why we have invested the funding. I am very happy to follow up with him afterwards.

Future Farming Investment Scheme (Ineligible Applications)

8. Douglas Ross (Highlands and Islands) (Con): To ask the Scottish Government whether it will commit to providing full details of why each of the 3,537—or 47 per cent of—applications to the future farming investment scheme were deemed ineligible, including whether ministers raised any concerns when presented with this figure. (S60-05178)

The Minister for Agriculture and Connectivity (Jim Fairlie): As a matter of routine, the Scottish does not provide Government individual responses to explain why an individual agricultural grant application was unsuccessful. A breakdown of the broad categories of reasons for applications not being taken forward will be published shortly, and I will write to the member concerned to provide the information on the scoring criteria. Scottish ministers were made aware of the scoring criteria. the numbers of successful unsuccessful applications and the overall value of support offered, but ministers do not routinely become involved in day-to-day schememanagement issues.

Douglas Ross: I am sorry, but that is just not good enough, minister. Surely, routinely, 50 per

10

cent of applications are not deemed ineligible. Something has gone badly wrong here, and it looks as though the minister was asleep at the wheel and did not even ask any questions. Given the numbers involved and that many people are questioning why almost 50 per cent of applications were deemed ineligible, is there not a duty on the Government to tell each and every applicant why they were deemed ineligible and what went wrong, and to sort it out?

The Presiding Officer: Always speak through the chair.

Jim Fairlie: The scheme was co-designed with the industry—[*Interruption*.]

The Presiding Officer: Let us hear the minister.

Jim Fairlie: The scheme was co-designed with the industry, including NFU Scotland. It was designed to help eligible active farmers and crofters to improve the environmental performance of their businesses in relation to climate change and biodiversity benefits.

Applications were assessed through a standardised framework that cross-checked application data against the single application form and other system-held data to ensure consistency, transparency and audit defensibility. The scoring model looked for six core objectives: business efficiency, business sustainability, environmental protection, greenhouse gas reduction, climate adaptation and public good.

The Presiding Officer: Please be brief, minister.

Jim Fairlie: Priority group status, which Douglas Ross asked about, did not alone guarantee funding investment. Applicants also had to demonstrate strong alignment with the scheme objectives and the ability to deliver measurable outcomes.

First Minister's Question Time

12:00

Mossmorran

1. Russell Findlay (West Scotland) (Con): In 1998, aged 25, I spent three glorious weeks at France 98. There was no Google, no smartphones, no social media and no Scottish Parliament. It has been almost "30 years of hurt", as our English friends would say, but we never stopped dreaming. On behalf of the Scottish Conservatives and the tartan army, I congratulate and thank our Scotland heroes. [Applause.]

I turn to my questions for the First Minister. Hundreds of Scottish jobs are at risk, this time in Fife. Thousands have already been lost: 400 at Grangemouth; 250 at Harbour Energy; 200 at Hunting PLC; 500 at Apache and 2,000 at Petrofac. Now 400 more jobs are at risk at Mossmorran. Scotland's oil and gas industry is being destroyed before our eyes and the Labour and Scottish National Party Governments are causing that to happen because it suits their net zero agenda.

John Swinney's Government promised a Mossmorran transition plan 18 months ago, so where is it?

The First Minister (John Swinney): I begin by expressing my warmest congratulations to Steve Clarke and the Scotland squad. It was an absolute privilege to be present at Hampden park on Tuesday night and to see such an exciting football game with spectacular goals. The Scotland national team has brought joy to everyone in Scotland and I pay warm tribute to the players for what they achieved on Tuesday. [Applause.]

Russell Findlay raises important issues about the future of employment in Scotland. We in the Government will do everything that we can to support the workforce at ExxonMobil in light of the challenges that are now being faced as a consequence of the decision in connection with the Mossmorran plant.

It is absolutely vital that we take forward measures to ensure a just transition, which means that we must manage the issues that confront us in relation to the future of the North Sea oil and gas sector and the implications for other communities.

On Tuesday, the Government signalled our determination to use the learning that has come from the work that we are undertaking on Grangemouth and apply it to the situation at Mossmorran to provide every support that we can to the employees, who are facing a very difficult

future as a consequence of Tuesday's announcement.

Russell Findlay: Where is the Mossmorran transition plan that was promised? The reason John Swinney did not produce one is because he instead fixates on net zero policies that will hit Scots in the pocket, such as fining householders £15,000 if they do not get rid of their gas boilers. Scotland's oil and gas infrastructure is being decimated because of Government policies,

Last week, alongside Kemi Badenoch, I held a round-table discussion with leading figures in the oil and gas industry, who all say that the most damaging policy that threatens jobs is the energy profits levy. [Interruption.]

The Presiding Officer (Alison Johnstone): Let us hear Mr Findlay.

Russell Findlay: Their number 1 ask of Labour's budget next week is that the levy should be scrapped. Today, I am writing to Rachel Reeves to urge her to axe the EPL. Will John Swinney add his name to my letter?

The First Minister: For completeness, I point out to Parliament that the energy profits levy was introduced in the first place by a Conservative Government. [Interruption.]

The Presiding Officer: Let us hear the First Minister.

The First Minister: It was also extended by the Conservative Government. [*Interruption*.]

The Presiding Officer: Let us hear one another.

The First Minister: The issues around the energy profits levy are now acute in relation to the oil and gas sector. I do not need to add my name to the letter that Russell Findlay is talking about, because the Cabinet Secretary for Finance and Local Government has already made those representations to the United Kingdom Government.

We are at a pivotal moment in sustaining employment in Scotland's economy as we ensure that we build up to our clean energy and renewables future. That requires the UK Government to heed the concerns that have been expressed by many people, including the Scottish Government, about the continuation of the energy profits levy, which was introduced by the Conservatives.

Russell Findlay: The EPL must go, and both Governments must change direction. If they do not, the industry body, Offshore Energies UK, warns that 1,000 jobs will be lost every month until 2030. This is a national emergency.

The Fraser of Allander Institute today released a new report that warns that

"jobs, tax revenues and regional economies"

are

"at risk".

It says that skilled workers are leaving either the country or the industry altogether, and it estimates that the cost to our economy could reach £13 billion. Unless Labour and the SNP change course, Scotland's world-leading oil and gas sector will be wiped out entirely, never to return.

Does John Swinney at least accept that his Government's hostility to oil and gas has contributed to this national emergency?

The First Minister: The Scottish Government has put in place practical support to assist the communities that will inevitably be affected by the transition to net zero, particularly as the oil and gas sector in the North Sea, which is a mature basin, reduces. That is a geological factor that we have to come to terms with.

For example, we have set up the oil and gas transition training fund, which supports eligible workers with funding for training to build the skills required for the sustainable energy approaches of the future. We have also put in place the northeast and Moray just transition fund, which is about practical financial support to assist in that transition. Indeed, I was privileged to take part in the opening of the new skills hub, which took place in Aberdeen just a few weeks ago.

The Government will take forward sustained support to assist in the management of the transition, which I recognise is a significant threat to companies and employees. The Scottish Government will do all that we can to support workers, and I appeal to the United Kingdom Government to take sympathetic policy decisions that will also help in that respect.

Russell Findlay: That is just an evasive insult to the oil and gas workers. He is offering a sticking plaster for a shotgun wound. The SNP opposes Rosebank, it opposed Cambo and Jackdaw, and it supports a ban on any new North Sea development. John Swinney could change that now, so why does he not? He does not because he is worried that extremists in his party would unite with the Greens and he would lose a vote in this Parliament. Let me make him another offer—my party will support his Government to overturn its presumption against new developments. We will give him the votes to protect thousands of Scottish jobs, so is he prepared to do the right thing?

The First Minister: The Scottish Government's position is that any new oil and gas developments

have to pass a climate compatibility assessment to ensure that they are consistent with the agenda that we have to take forward on net zero. [Interruption.]

The Presiding Officer: Let us hear the First Minister.

The First Minister: That is the position of the Scottish Government. Indeed, court judgments in the United Kingdom have reinforced that position, so it is now necessary for the UK Government to consider developments in that context.

We will set out what we have done and what practical assistance we are delivering, such as the measures to support new business ventures in Grangemouth and the transition funds that we have made available in the north-east of Scotland. Those measures recognise that Government has to be an active player in protecting industry and employees, and that is exactly what the Scottish Government will do.

Covid-19 (Scottish Government Decisions)

2. Anas Sarwar (Glasgow) (Lab): I join others in congratulating Steve Clarke and the Scotland men's team on qualifying for the world cup. They have done the entire nation proud. I remember rushing home from school to watch the Scotland v Brazil game in 1998 and the absolute jubilation when John Collins scored that penalty against Brazil, only for that to be followed by a goal. Anyway, we enjoyed John Collins scoring that penalty. Honestly, I am so proud that my kids will get to experience Scotland playing at the world cup, cheer the team on and develop their own memories for the generations to come.

Later today, the Covid inquiry report on political decision making will be published. Covid-19 shook all our lives, with thousands of lives lost in Scotland. The United Kingdom Covid inquiry is vital so that we can learn lessons, acknowledge mistakes and give answers to mourning families. Given that John Swinney was central to the Scottish Government's operations before, during and after the pandemic, does he regret deliberately deleting evidence for the inquiry, which frustrated its process? Will he take the opportunity to apologise?

The First Minister (John Swinney): Covid-19 was incredibly difficult for everyone. I express my heartfelt sympathies to everyone who lost a loved one during the pandemic and to those who suffered a tremendous level of disruption to their lives.

At all times, ministers' actions were based on the best information that was available to them at the time. I have set out to the Covid-19 inquiry the basis of the decision making with which I was involved. The Scottish Government took those decisions incredibly seriously to ensure that we took the necessary action to protect the population at a time when we had no guidebook on what we were dealing with. We supported establishing a public inquiry so that all Governments can learn the necessary lessons for the future. That is exactly what the Scottish Government will do.

All the actions that I took regarding information were consistent with Scottish Government policy.

Anas Sarwar: John Swinney was the Deputy First Minister who deliberately deleted evidence, which is shameful and unforgivable. He was the Cabinet Secretary for Education and Skills who shamefully downgraded the exam results of working-class kids, and he was the Cabinet Secretary for Covid Recovery who failed to deliver any recovery.

The most devastating decision that was made by ministers was to send untested and Covid-positive patients into care homes, even when it was known that older people were the most vulnerable to the virus. More than 100 Covid-positive patients and more than 3,000 untested patients were sent into care homes. The devastating consequence was that more than 4,000 people in care homes died of Covid. That is now being investigated by the police. We do not need clinical advice to know that sending people with the virus to live with those who are the most vulnerable to it would lead to deaths. Will John Swinney apologise for that disastrous and catastrophic decision?

The First Minister: As I indicated in my first answer, at the time, ministers were dealing with an evolving situation during which advice was being formulated by scientific experts. Clinical experts were assessing the right judgments to be made in dealing with an emerging and fast-changing situation. Ministers were open with the Parliament about the dilemmas and challenges that were involved. Those decisions were subjected to scrutiny by the Parliament and, of course, they are now being subjected to scrutiny by the Covid-19 inquiry.

I have been very clear that I regret the suffering that individuals experienced during the Covid pandemic. It did enormous damage to people, including those who lost loved ones, and to our society, and we are still dealing with the consequences of it. I understand the scale of the impact and the damage that was done. As I have indicated, the Government will listen carefully to the inquiry and respond accordingly to the recommendations that it makes as we seek to learn lessons from a traumatic period in the country's history.

Anas Sarwar: We do not need clinical advice to know not to send Covid-positive patients into care

homes. Right across the country, people have the common sense not to visit their granny when they have a cold, never mind putting Covid-positive patients into care homes. John Swinney was the Cabinet Secretary for Covid Recovery, and this was supposed to be the Parliament's Covid recovery session, but look at where we are.

In one month at the start of this parliamentary session, 16,798 Scots waited for four hours in accident and emergency; now 45,639 are waiting. At the start of this session, 1,810 waited in A and E for eight hours; now 15,821 are waiting. At the start of this session, 96,053 people were waiting for in-patient treatment; now 155,849 are waiting. At the start of this session, 391,938 were waiting for an out-patient appointment; now 559,077 are waiting. John Swinney promised recovery and he delivered catastrophe. He has a shameful record, and it is one that he cannot delete. Is it not clear that we cannot afford another five years of this and that Scotland needs to recover from John Swinney and the Scottish National Party?

The First Minister: One of the many flaws in the argument that Mr Sarwar has just put to me is that he is comparing this moment today with the start of this parliamentary session. At the start of this session, the country was still dealing with Covid. We were still in the midst of Covid. We still had a pause—for at least a year beyond the start of this session—on routine scheduled cases because of the priority to sustain the national health service during that period. The idea that Mr Sarwar is comparing like with like ignores—as he always does—the reality of the Covid pandemic and its significant disruption.

I can reassure Mr Sarwar that, under my leadership, the scale of national health service activity is increasing in order to tackle those very issues. We had more than 10,000 extra out-patient attendances in September compared with August. Activity in our national health service has increased: from April to September 2025, there were over 31,000 more appointments and procedures than in the same period in 2024. We are now seeing the total list size and the longest waits coming down. We are also treating more people, with activity increasing significantly compared with last month and last year.

The actions that Mr Sarwar is calling for—of increased NHS activity, increased numbers of procedures and increased solutions for the people of Scotland—are happening, and they are happening under my leadership. They will carry on happening under my leadership, because I am determined to support our population to recover from Covid.

Mossmorran (Just Transition Plan)

3. Ross Greer (West Scotland) (Green): Like the First Minister and colleagues, I start by congratulating Steve Clarke and the national team. I cannot remember 1998—[Interruption.]—so, like many other people across Scotland, I am looking forward for the first time to the experience of having our national team compete in a world cup.

On Tuesday, workers at ExxonMobil's Mossmorran site were locked out of their workplace and told that they would lose their jobs. Two hundred staff and 250 contractors are facing unemployment. Ludicrously, ExxonMobil has suggested that it could support workers to get a job at its other site, which is 500 miles away in Southampton.

We all knew that this was coming. For years, the Scottish Greens called on the Government to develop a just transition plan for Mossmorran. In April 2024, the Government agreed, and it promised that that work would commence within months. That was 18 months ago. On behalf of the workers and their families, who thought that the Scottish Government had their back—[Interruption.]

The Presiding Officer: Let us hear Mr Greer.

Ross Greer: —can I ask the First Minister where that transition plan is?

The First Minister (John Swinney): The work that the Government is undertaking, as set out by the Deputy First Minister on Tuesday, is focused on learning from the experience of what we are taking forward in Grangemouth and on the business ventures and developments that can come forward, supported by Scottish Enterprise, to enable us to assist companies and individuals to meet the just transition. That is the work that the Government is taking forward as a consequence of the very damaging decision that was taken on Tuesday. We will support that activity with the assistance and the intervention that the Government has set out.

Ross Greer: It is quite clear from that answer that the reality is that there is no plan and the Scottish Government has broken its promise to the workers at Mossmorran. The Government made a commitment to the workers and their community, and it is clear that it has done nothing to fulfil it.

The Scottish Greens have pushed for that just transition plan for years. In 2022, Fife's Green MSP, Mark Ruskell, published plans that he developed. He has held summits that have brought together workers, their unions and the wider community, and he pushed Government ministers to make that commitment in the spring of last year, but we have heard nothing since—not even in the climate change plan that was

published earlier this month, despite Mossmorran being responsible for 10 per cent of Scotland's emissions.

Can the First Minister name a single thing that the Government has done specifically for the workers at Mossmorran since announcing that it would develop a just transition plan for them 18 months ago?

The First Minister: The Government has taken forward a number of steps in relation to the work that has emerged from Grangemouth on identifying low-carbon solutions and economic opportunities for Scotland. That is what the Government has done. A range of business opportunities and projects have been developed by Scottish Enterprise and are designed to address the need to provide sustained employment in the Mossmorran area. Those ideas and arguments are central to the propositions that we can take forward. They are part of the Government's transition to net zero and to a just transition, but they happen in the context of the damage that is being done to the whole process by the perpetuation of the energy profits levy. That is clearly damaging, and the Mossmorran leadership has ascribed to it a contribution to the damage to employment that has been experienced at Mossmorran.

Women Against State Pension Inequality (Compensation)

4. Clare Haughey (Rutherglen) (SNP): To ask the First Minister, in light of the United Kingdom Government's reported decision to revisit compensating women against state pension inequality, what assessment the Scottish Government has made of the potential social security implications for those affected in Scotland. (S6F-04468)

The First Minister (John Swinney): We welcome the UK Government's long-overdue announcement to reconsider the decision on compensation for women born in the 1950s who were impacted by the maladministration of the changes to state pension age. Around 336,000 women in Scotland were impacted, and the Parliamentary and Health Service Ombudsman they recommended that should compensation of up to £2,950 each. The Scottish Government has and always will support the WASPI campaign, and I urge the UK Government to finally do the right thing and compensate the women affected now.

Clare Haughey: It is welcome that the Labour UK Government has been forced into this latest Uturn, and it is vital that it stops dragging its feet. WASPI women have waited long enough, with many having died while waiting for justice. Will the First Minister provide any update on the Scottish

Government's latest engagement with the UK Government on steps being taken to set this injustice right, and will he join me in calling on Labour to immediately honour the recommendations of the Parliamentary and Health Service Ombudsman and deliver full compensation for WASPI women now?

The First Minister: I echo and support that call from Clare Haughey. The Cabinet Secretary for Social Justice wrote to the Secretary of State for Work and Pensions the day after his announcement, asking for the earliest possible clarification of when exactly UK ministers were first made aware of the new evidence, and urged him to complete the review at pace. She further reiterated that the Scottish Government has always supported the WASPI campaign and that compensation must be delivered now to right that historic wrong.

Road Deaths and Serious Injuries (Moray)

5. Douglas Ross (Highlands and Islands) (Con): To ask the First Minister what action the Scottish Government will take in response to reported figures from the road safety charity, Brake, which show that over the last year road deaths and serious injuries rose by 2.8 per cent nationally, with Moray recording the highest increase, with a rise of 83 per cent. (S6F-04462)

The First Minister (John Swinney): Any death or serious injury on our roads is a tragedy, and I offer my sympathies to everyone affected by the loss of a loved one. The Scottish Government is taking forward measures on road safety, including investing £48 million in road safety this year, which is a 33 per cent increase on last year's amount, and supporting engineering improvements, education and enforcement nationwide.

I recognise that more work has to be done, and the Government will continue working with partners to reduce harm and keep communities safe.

Douglas Ross: This is road safety week, but those figures confirm that Scotland's roads are getting more dangerous—more people are dying or being seriously injured on Scotland's roads, and the figures for Moray are shocking and devastating. In the past year, 43 people have been killed or seriously injured on our roads. Far too many families are grieving the loss of loved ones.

The main road through Moray is the A96, which the Scottish National Party promised to dual years ago. It has launched countless consultations but has failed to dual a single mile of that road. Will the First Minister say whether it is still the SNP's policy to fully dual the A96 from Aberdeen to Inverness, and if it is, will he tell us when it will be done?

The First Minister: That remains the Scottish Government's policy position. In my initial answer, I acknowledged the significance and seriousness of road casualties. I acknowledge that the data in Moray shows a significant increase. However, the wider pattern is that, in 2024, the number of casualties as a result of a road traffic accident was the fifth lowest on record and the third lowest outside the pandemic years, and, compared with the 2014-18 baseline, there has been a reduction in road deaths, serious injuries, child fatalities and serious injuries among children. I acknowledge that more has to be done, and the Government is taking forward that work.

Neil Bibby (West Scotland) (Lab): Eight months ago, I raised the issue of rising road casualties in Renfrewshire. I asked the First Minister why the Scottish Government has delayed introducing speed awareness courses in Scotland, despite first promising to look into them 16 years ago. In his answer, the First Minister said that he would write to me to outline what steps the Scottish Government would be prepared to take. I am still waiting for his letter and, more importantly, we are still waiting for the speed awareness courses. Is this not another case where, when the First Minister is found wanting, he gives us warm words, promises action and then does nothing? When will those courses be introduced in Scotland, as they are in England and Wales?

The First Minister: I will look into Mr Bibby's point about my reply—if I promised a reply and it was not forthcoming, I apologise for that. I will look into the issue immediately after First Minister's question time.

As I said in my answer to Mr Ross, the Government has increased the funding available for road safety activity in Scotland by 33 per cent. Road Safety Scotland is undertaking a range of national behaviour change campaigns in 2025-26 relating to motorbikes, speed, drink and drug driving, fitness to drive, distractions and young drivers. Police Scotland and partners have been undertaking road safety activities, including the fatal 5 campaign, the motorcycle safety campaign, the 2 wheels campaign, operation spotlight and national drunk driving week. A whole range of measures have been taken to improve road safety. However, I will look into the specific issue that Mr Bibby has set out for me and will take forward the necessary response.

National Health Service (Public Satisfaction)

6. Carol Mochan (South Scotland) (Lab): To ask the First Minister what the Scottish Government's response is to news that public satisfaction with the NHS has dropped to its lowest level in more than a decade, according to the Scottish household survey. (S6F-04472)

The First Minister (John Swinney): The Government is responding to that information by maintaining its focus on improving the delivery of the national health service. We have seen waits, particularly the longest waits, reduce for four months in a row. There is more to be done, and the Government is making the necessary investment in reducing those waiting times. We are beginning to see the effect of that in the data that is available to us.

Carol Mochan: When the First Minister's party first took office in 2007, following eight years of a Labour-led Government, 83 per cent of Scots were satisfied with the NHS. That figure is now just 61 per cent. Does the First Minister agree that a failure to show leadership and very poor decision making have led us to this situation? Given that the Scottish National Party has been in power for almost two decades—almost 20 years—how does he plan to convince the Scottish public that the SNP should be in charge of our most valued public asset, the NHS, for another five years?

The First Minister: Carol Mochan asked a question that made absolutely no reference to the impact of the pandemic. The global pandemic resulted in a period of almost two years in which scheduled care essentially had to be paused to enable us to sustain the national health service. Carol Mochan's party leader just asked me about Covid, and yet she has asked me a question about the performance of the NHS that takes no account of Covid.

I am intensely focused on making sure that we improve the recovery of the NHS. In that respect, we saw the number of hip and knee operations reach an all-time high in 2024, which is really welcome.

In the 12 months to September 2025, there was an increase in the number of operations performed compared with the previous year. In September 2025, the number of operations performed was nearly 14 per cent higher than it was in September 2024.

What we are going to do is exactly what I and the Cabinet Secretary for Health and Social Care are focused on: we are going to deliver for the people of Scotland, which is what this Government always does.

Kevin Stewart (Aberdeen Central) (SNP): I am sure that Carol Mochan will recognise that, in Labour-controlled NHS England, levels of dissatisfaction are currently at their highest since the British social attitudes survey began, and it is four decades since that came into being. [Interruption.]

The Presiding Officer: Let us hear Mr Stewart.

Kevin Stewart: In Labour-run Wales, the NHS has the lowest satisfaction rate in the whole of the United Kingdom. Does the First Minister therefore agree that Scottish Labour needs only to look at its colleagues' records on the NHS to know that those in glass houses should not throw stones? Will he reaffirm his commitment to ensuring that the SNP Government continues to tackle the longest waits, increase access to care and improve delivery in Scotland's NHS as a matter of priority?

The Presiding Officer: I remind members that concise questions enable more members to take part. I also remind members that a focus on devolved responsibilities would be helpful.

The First Minister: In Scotland, there are more staff working in our national health service now than there were when this Government took office. There are more midwives, more nurses and more dental consultants, and general practitioner numbers are going up. On discharges from Scottish hospitals, 97 per cent happen without delay. More patients are being seen and treated in shorter periods. There were 23,181 operations performed in September 2025, which is 13.7 per cent more than in September 2024. The number of hip and knee operations reached an all-time high in 2024. That is delivery, and that is what people get from an SNP Government.

The Presiding Officer: We move to constituency and general supplementary questions. The more concise members are, the more questions we will be able to put.

Scottish National Residential Pain Management Programme

Miles Briggs (Lothian) (Con): In Scotland, people living with chronic pain have been expressing concern that the Scottish national residential pain management programme, which is based in Glasgow and provides intense support to people from all over Scotland who live with chronic pain, will no longer be directly funded by the Scottish Government. The Scottish Parliament voted to create that national service and, since 2015, it has been free for all boards to refer patients to the programme, to help those who are living with chronic pain to self-manage. Will the First Minister investigate why that decision has been taken and why boards will now be forced to pay to refer patients to the service? Will it be a national service for people who live with chronic pain, wherever they live in Scotland?

The First Minister (John Swinney): It is vital that those services are available. However, fundamentally, we have to take decisions about the sustainability of services as they relate to individual parts of the country where demand for services lies. I will look at the details of what Miles Briggs has raised with me. Obviously, the

Government is focused on ensuring that we have sustainable public services in place, which includes the national health service.

Mossmorran

Annabelle Ewing (Cowdenbeath) (SNP): The announcement this week that Mossmorran is to close by February next year comes as devastating news to the hundreds of workers and contractors at the site. On Tuesday, ExxonMobil was very clear that the United Kingdom Labour Government's damaging and uncompetitive economic and fiscal policies led to that decision. Will the First Minister outline in a bit more detail what action the Scottish Government is taking to secure a future for the site?

Does the First Minister share my utter disbelief and anger that, although the UK Labour Government can somehow find hundreds of millions of pounds to save steel production in Scunthorpe, provide a £600 million loan guarantee for a petrochemical plant in Belgium and change the regulatory regime to help the car industry in England, it cannot find one penny for Mossmorran?

The Presiding Officer: Thank you, Ms Ewing.

Annabelle Ewing: The only conclusion to draw is that, when push comes to shove, Scotland simply does not matter enough to the UK Labour Government.

The First Minister (John Swinney): I share Annabelle Ewing's concern about the lack of intervention from the UK Government when it is able to intervene in other situations in other parts of the UK. She puts on the record the comments from ExxonMobil about what led to the decision, and the unsympathetic and unhelpful actions of the UK Government.

The Scottish Government will do the following things: we will provide direct support to the workforce who are affected, through the partnership action on continuing employment. We will take forward measures that arise from the work that we are doing in Grangemouth to find alternative opportunities for industrial sites. Details of that work were shared with the Parliament on Tuesday by the Deputy First Minister. We will continue our engagement with the company and the trade unions to identify approaches that will help to support the workforce—Ms Ewing's constituents-who are severely affected by the announcement was made. The Scottish Government will do all that we can within our powers to support those who are affected.

Mossmorran

Claire Baker (Mid Scotland and Fife) (Lab): The number of questions that we have had this afternoon on Mossmorran shows the significance of the situation and the concern about its seriousness. The First Minister talks about lack of intervention. Was the Scottish Government aware of the report in the *Financial Times* in September that said that, at that point, ExxonMobil was looking to sell the site? What was the Scottish Government's response to that report and what engagement did it have with ExxonMobil?

The First Minister (John Swinney): The Scottish Government engaged when it was apparent that ExxonMobil was marketing the site, but the announcement that was made this week was one that the Government did not expect to be happening on such a short timescale. We will sustain our engagement with the company as a consequence.

Antisocial Behaviour on Buses

Alexander Stewart (Mid Scotland and Fife) (Con): Mindless vandalism and antisocial behaviour on Stagecoach buses in my region are at a crisis point. Those mindless acts endanger lives, damage vital transport services and cause significant disruption for the communities that rely on those services. What action will the Scottish Government take to protect drivers, passengers and the wider communities?

The First Minister (John Swinney): Any acts of violence are completely unacceptable in our society and individuals should not be perpetrating those attacks. The Cabinet Secretary for Transport is exploring measures around whether there are any circumstances in which there is a reason or justification for restricting access to public transport concessionary travel as a consequence of any behaviour. Policing in our communities is an essential part of that endeavour but, fundamentally, it is about how individuals behave. Any act of violence is unacceptable in our society.

Free-to-air Sports Broadcasts

Fulton MacGregor (Coatbridge and Chryston) (SNP): On Tuesday, people across Scotland were able to watch the national men's football team's historic and amazing victory on free-to-air television, because of a successful campaign by many of us in the Scottish National Party and across the political spectrum. As the current broadcasting arrangement comes to an end, people risk being shut out of future successes and of nights like that one. Will the First Minister put his weight behind the campaign to keep Scotland's international games free to air and will he raise the matter with the United Kingdom Government, broadcasters and football authorities, to ensure that all future "no Scotland, no party" matches are on terrestrial television and available to everyone?

The First Minister (John Swinney): I agree with Fulton MacGregor's point and recognise the importance of there being free-to-air television access for matches of that nature. I will be happy to ensure that ministers support and take forward Mr MacGregor's representations.

The Scottish Government has long called for national sporting events, such as men's and women's football qualifiers, to be protected for free-to-air broadcast. We will continue to make that case on behalf of fans across the country. It is a matter of enormous significance that all of us were able to experience the joyful scenes at Hampden on Tuesday evening. It should be free for members of the public to be able to see those events

NHS Tayside Mental Health Services

Michael Marra (North East Scotland) (Lab): | am sure that the First Minister will share my utter dismay at the Auditor General for Scotland's report, published today, on the unacceptable lack of progress on reform of NHS Tayside's mental health services. I have raised that issue with the First Minister on numerous occasions but, from the two Strang reviews to the ministerial oversight group, nothing seems to be able to force real change. The leadership of NHS Tayside has waited until attention is elsewhere, scaled back the process and returned to business as usual. When he is digesting the report, will the First Minister give urgent consideration to appointing external leadership to finally deliver the change that is required?

The First Minister (John Swinney): I am sympathetic to Mr Marra's point. I have constituents who are affected by the issue that he has raised, so I understand its significance.

A whole range of external scrutiny has been undertaken and—frankly—that should be enough for all the action that is required to happen. Earlier this year, officials met the new chief executive and leadership team to understand how they were responding to the challenges. NHS Tayside is committed to addressing those challenges by December 2025, and it has already put many plans in place, including the adoption of a unified strategic approach in relation to the delivery of the service, consistent with the enhanced monitoring and scrutiny executive group.

The next three months will be critical in that endeavour. I give Mr Marra an undertaking that I will review the issue in January, once I have seen the conclusions of the work that NHS Tayside has committed to doing. At that point, I will address the point that Mr Marra has raised. We must expect the leadership of health boards to get on with meeting the challenges that they face. I am not dismissing Mr Marra's suggestion, but I will return

to it once I see what progress has been made by December.

Planning Applications (Highlands)

Edward Mountain (Highlands and Islands) (Con): Community councils and communities across the Highlands are being swamped with planning applications for pylons, battery storage sites, switching stations and, now, workers' villages. Although some of those applications extend to thousands of pages, communities have only 30 days to respond to the energy consents unit on each application. Given the complexity of those projects, does the First Minister agree that it would be more democratic to extend the 30-day period to allow Highland communities to be fully consulted and to respond?

The First Minister (John Swinney): There is an important point underlying Mr Mountain's question, which is that communities must have adequate and appropriate opportunities to be involved in decision making in that respect. I hope that that can be undertaken within the available timescales, but I will consider the specific point that Mr Mountain has made about the appropriateness of the 30-day timescale and will write to him in due course as to whether any flexibility can be applied. I cannot quite recall the status of the 30-day period, but I will check that and come back to him.

Unborn Babies (Healthcare)

John Mason (Glasgow Shettleston) (Ind): Given the emphasis on healthcare in the report by the abortion law expert group that came out last Friday, can the First Minister give an assurance that the health of all unborn babies, wanted or not, will be at the centre of the Government's thinking?

The First Minister (John Swinney): I recognise that this is a sensitive issue. In 2023-24, the Government committed to undertaking a review of the legislation on abortion. The recommendations in the report are those of the expert group, and the Government fulfilled its commitment to publish those recommendations.

We will, of course, give consideration to these issues, but that will have to involve extensive engagement with a broad range of stakeholders. The legitimate point that Mr Mason has raised will have to be central to the analysis of the issue, along with a range of other matters that will have to be considered in relation to any future actions that the Government may decide to take at some stage in the future.

Teachers (Class Contact Time)

Willie Rennie (North East Fife) (LD): The Cabinet Secretary for Education and Skills has

announced a brand-new plan to deliver the Scottish National Party's promise on reducing teacher contact time. Can the First Minister tell us what is new about that plan? I assume that there was engagement and consultation with the councils and unions, so I assume that the strikes at the end of January are now off. When, therefore, will the plan be implemented?

The First Minister (John Swinney): The education secretary's announcement set out the Government's commitments in that respect and the progress that needs to be made. I answered a question on the subject from Mr Cole-Hamilton last week or the week before—in fact, it was last week, because I then went to the Convention of Scottish Local Authorities conference in St Andrews, in Mr Rennie's constituency, at which I set out the Government's expectation that progress is to be made on class contact time. I hope that the education secretary's proposals will help to advance the timescale for implementing those changes, because the last thing that I want to see is any industrial action in Scottish education.

Asylum (United Kingdom Government Proposals)

Bill Kidd (Glasgow Anniesland) (SNP): With regard to the United Kingdom Government's asylum proposals, the assessment of the Scottish Refugee Council, which is exhibiting in Parliament this week, is that the proposals risk pushing the national conversation into dangerous territory by mirroring the language and tone of the far right. Does the First Minister agree with that assessment, which I believe will be shared by constituents across Scotland?

The First Minister (John Swinney): I share the concerns that Mr Kidd has set out to Parliament. The proposals run the risk of undermining the cohesion of our communities and pushing more people, including families with children, into poverty, destitution and increasing homelessness, and leaving local authorities to pick up the pieces. We need to take a sensitive approach to the whole question of asylum and immigration. Scotland is a welcoming country, and I want to make sure that that continues to be the case in the future.

The Presiding Officer: I call Douglas Ross for a point of order.

Douglas Ross (Highlands and Islands) (Con): In April 2024, Màiri McAllan announced that the Scottish Government would develop a just transition plan for Mossmorran. Russell Findlay and others have asked the First Minister about that plan, but he refused to give any answers.

The ministerial code says that ministers must be open and transparent with the public and the Parliament. Would it be a breach of the ministerial

code and, potentially, the standing orders of the Parliament if the First Minister is aware of where that plan is, but has refused to tell Parliament, or is aware that the development of the plan was never progressed and has not told Parliament that?

The Presiding Officer: As members are aware, the content of a member's contribution is not ordinarily a matter for the chair to comment on. However, as a matter of courtesy and respect, I expect all members to strive to be accurate in their contributions.

That concludes First Minister's questions. The next item of business is a members' business debate in the name of Clare Adamson. There will now be a short suspension to allow those in the chamber and in the public gallery who wish to leave to do so.

12:47

Meeting suspended.

12:48

On resuming—

Pancreatic Cancer Awareness

The Deputy Presiding Officer (Liam McArthur): I encourage those who are leaving the chamber and the public gallery to do so as quickly and quietly as possible as we move on to the next item of business, which is a members' business debate on motion S6M-19074, in the name of Clare Adamson, on pancreatic cancer awareness month and world pancreatic cancer day 2025. The debate will be concluded without any question being put.

Motion debated.

That the Parliament notes Pancreatic Cancer Awareness Month, which takes place every November, and World Pancreatic Cancer Day 2025, which falls on 20 November; believes that, for decades, pancreatic cancer has been left behind; understands that it receives just 3% of the UK cancer research budget; considers that an increase in longterm investment in such research could transform persistent low survival rates; notes the view that there is an urgent need to improve early diagnosis and outcomes for people affected by the condition; considers that extremely low survival rates in Scotland exist largely due to late-stage diagnosis and limited access to robust diagnostics and treatment resources; notes calls for further action to ensure that people at higher risk of cancer are identified earlier and consistently across the country; further notes the view that both the development of a centralised, nationwide casefinding programme is necessary to proactively identify highrisk people across multiple cancer types and that it is vital to ensure that the provisions of the Rare Cancers Bill are fully implemented, including the development of a national prospective observational cohort study for rare and less survivable cancers to support ongoing research; commends all of the charities and activist organisations, and their dedicated supporters, on what it sees as their relentless efforts to improve outcomes for people with this condition, and wishes everyone involved with Pancreatic Cancer Awareness Month and World Pancreatic Cancer Day every success in raising awareness of this devastating disease.

12:49

Clare Adamson (Motherwell and Wishaw) (SNP): I thank everyone who supported the motion recognising pancreatic cancer awareness month and world pancreatic cancer day, which is today for 2025, and all the members who took part in the photo call in the garden lobby a few weeks ago. I hope that members of Pancreatic Cancer UK and Pancreatic Cancer Action Scotland are with us today on this important occasion.

Although this might be the last pancreatic cancer debate in this parliamentary session, I trust that it will not be the last that we have in the Parliament, as we have established this regular debate as an important moment when we look at the impact of this incredibly devastating cancer.

Pancreatic cancer is the deadliest common cancer. Each year, just under 900 people in Scotland are diagnosed, and the statistics remain stark. Half of those diagnosed die within three months, eight in 10 are diagnosed too late for life-saving treatment and only seven in every 100 survive beyond five years. I know that it has touched members since our previous debate, as it has touched all of us over the years. On world pancreatic cancer day, it is crucial that we remember that those numbers represent families that will never be the same and lives that are cut painfully short.

The central problem that we face is that of late detection. Symptoms of pancreatic cancer are vague—back pain, indigestion, weight loss and jaundice—and are often viewed as non-urgent in primary care settings. Nine in 10 patients visit their general practitioner multiple times before being diagnosed. However, by that time, the cancer is often too advanced for surgery or other life-saving treatments.

We know that progress is possible, and we must have better outcomes. It is encouraging that research into early detection of pancreatic cancer is showing progress and has the potential to shift the dial towards earlier diagnosis during the next few years. That is because of organisations such as Pancreatic Cancer UK and Pancreatic Cancer Action, which fund research and are working to help doctors in primary care detect the disease earlier.

One such project is the volatile organic compound assessment in pancreatic ductal adenocarcinoma-known as VAPOR-study, led by Professor George Hanna at Imperial College London. His team is developing a breath test for use in GP surgeries to rapidly identify patients with pancreatic cancer. Early results indicate that the test accurately detects the disease at its earliest stages. The study will advance to its second phase in the new year, which will see about 40 hospitals across the United Kingdom, including some here in Scotland, take part in a national trial. If successful, that simple test could transform the way in which people are referred for assessment, allowing the disease to be caught at a stage at which treatment is still possible.

We are also seeing pioneering work from researchers across Scotland. At the University of Glasgow, Professor Nigel Jamieson is leading a project to identify which pancreatic cysts are most likely to turn cancerous. That could allow early intervention for those who are most at risk. Other UK studies are developing blood and urine tests and tools to identify new-onset diabetes that can signal the earliest stages of pancreatic cancer. Each of those projects is a vital step towards earlier diagnosis and, ultimately, saving lives.

However, research alone is not enough. Pancreatic cancer research receives only 3 per cent of the UK's total cancer research funding, despite being on track to become the fourth leading cause of cancer-related death in the coming years, overtaking breast cancer. That imbalance and delay in progress is costing lives, and we urgently need a UK-wide commitment to achieve substantial improvements in survival rates for cancers with the poorest outcomes, including pancreatic, brain, liver, lung, oesophageal and stomach cancer. That must be achieved by the end of the decade.

We wait for the progress that new research will undoubtedly bring, but we must not lose sight of the patients who are facing cancer right now. Since I spoke in last year's members' business debate, another 900 people in Scotland will have been diagnosed with pancreatic cancer, and many of them will be subject to delays and variation in care.

I have been working closely with representatives of Pancreatic Cancer UK and Pancreatic Cancer Action and the Cabinet Secretary for Health and Social Care to ensure that the new national hepato-pancreato-biliary cancer pathway covers referral, diagnosis and treatment. It is vital to ensure that no patient slips through the cracks. As part of that, the national centre for sustainable delivery will commence work on an optimal diagnostic pathway for HPB cancers, which is expected to be completed by 2026. I welcome the excellent opportunity to strengthen the diagnosis capacity across the health service and ensure that patients are referred for investigation as quickly and early as possible.

I think that there will be an opportunity for members to visit Pancreatic Cancer Action Scotland's pan can van outside the Scottish Parliament today. I commend Tunnock's, a Scottish icon that I am sure is in all our thoughts, given Scotland's wonderful performance the other night. Every year for pancreatic cancer day, Tunnock's produces tea cakes with an iconic purple covering, and this is a rare opportunity to see those in action. I urge all members to support the incredible work of Pancreatic Cancer Action and Pancreatic Cancer UK in raising awareness of the disease.

The Deputy Presiding Officer: I can confirm that the Tunnock's wafers on my Loganair flight were suitably badged.

12:56

Miles Briggs (Lothian) (Con): I thank Clare Adamson for securing the debate once again this year. I sometimes wonder where the year goes between these debates. This has become an annual debate and I hope that that continues to be the case in the next session of Parliament, because these debates are important.

As co-convener of the cross-party group on cancer, I thank the many campaigners who have joined us in the public gallery, not just for joining us but for their advocacy on the issue over many years. Like so many of us, they have had friends and family members who have been devastated by pancreatic cancer, which is what drives their desire for not only life-saving but life-improving healthcare for all those affected by the disease. I also put on record my thanks to Pancreatic Cancer Action Scotland and the Less Survivable Cancers Taskforce for their hard work and the briefings that they provided ahead of the debate.

Today is world pancreatic cancer day 2025. As many of us are aware, pancreatic cancer is one of the six less survivable cancers on which action is still greatly needed to improve outcomes. Less survivable cancers—those of the brain, liver, lung, stomach, oesophagus and pancreas—account for around a quarter of all cancer diagnoses in Scotland, affecting more than 9,000 people a year. That is not an insignificant number. However, in spite of that, the prognosis for those cancers has not improved in the way that we would want—the average five-year survival rate still sits at just 16 per cent.

Pancreatic cancer has the lowest survival rate of all cancers, with just 7 per cent of all patients surviving for five years or longer. In 2010, when Pancreatic Cancer Action was founded, the rate sat at just 3 per cent. Progress has been made, but not fast enough. Every one of us in Parliament wants that rate to improve, which is why so many members speak in the debate every year. Input and support from those with lived experience is crucial in helping us better understand pancreatic cancer. As we know, it is a fast-developing, devastating cancer that needs to be caught early.

Last week, I co-chaired the Scottish cancer conference at the University of Strathclyde, alongside Jackie Baillie. I had a number of interesting conversations about pancreatic cancer that day. There is a real call to ensure that the Scottish Government supports the national HPB pathway—a national approach that aligns closely with the new cancer action plan for 2023-26. The commitment to invest in improving the pathway for less survivable cancers, particularly pancreatic cancer, is really important. I hope that we see that turnaround.

The national model will ensure uniform care across all regions of our country, helping to reduce health inequalities and improve outcomes across Scotland. Therefore, it is a real step forward. It is also hoped that that pathway will address

Scotland's record long cancer waiting times, on which we need to keep a focus as well.

I urge ministers to support the implementation of the pathway to ensure that there is genuine progress on care targets. That call for action has been heard from campaigners for some time and if, as I hope we do, we see that progress, it will very much be down to their hard work.

Scotland has done a huge amount to ensure progress in tackling pancreatic cancer. We cannot forget that and we need to celebrate it. Although outcomes for patients might not be where we want them to be, we have made progress as a country.

I will end on a point of hope. I often come into contact with our former MSP colleague John Scott. Last weekend, I met him on Saturday in Stranraer. He was bouncing around my colleague's constituency delivering leaflets. John is an example of what I pray and hope that we will all see: a case in which cancer is detected early, it is treated and the person goes on to have good life expectancy and outcomes. For me, he is an example of where we should be.

On world pancreatic cancer day, let us honour those whom we have lost, thank those who are still fighting and pledge to do the very best that we can to ensure a brighter future so that those who are diagnosed with pancreatic cancer will be able to seek treatment and tackle their cancer.

13:01

Jamie Hepburn (Cumbernauld and Kilsyth) (SNP): I am grateful to Clare Adamson for bringing the debate to the chamber and I thank her for doing so.

I am delighted to hear Miles Briggs's update on John Scott. Those of us who had the pleasure of serving in the Parliament with Mr Scott all have enormous affection for him, despite political differences. Through Mr Briggs, I pass on my best wishes.

I thank the charities, survivors and family members for their work to keep the spotlight on the condition not only during pancreatic cancer awareness month but year round.

I was keen to speak at the request of a number of constituents who have been in contact with me asking if I would do so, because it enables me to mention their experience and allow their voices to be heard in the debate.

One constituent told me of losing her father to pancreatic cancer last year. The diagnosis came too late, as it often does, which gave him no chance. She told me of the devastation that that understandably caused her and her family. I was able to correspond with the Cabinet Secretary for

Health and Social Care and raise some of the issues in the family's experience of engaging with the national health service for his treatment. I was grateful for the response that the cabinet secretary sent me.

Another constituent spoke of losing her brother and yet another wrote to me to say that they themselves have, sadly, been diagnosed and described the obvious impact that that has had on them

I send each of those constituents my best wishes. It is for them that I speak in the debate. For too many people, including too many of my constituents, this is a deeply personal debate on a disease that has a sudden and traumatic impact on their lives. I am sure that we will be united—we have already heard that—in pushing for more awareness, more research and earlier diagnosis and treatment for the condition.

The reality is that pancreatic cancer remains one of the less survivable cancers. It is a tough disease to diagnose and treat. Too many people are diagnosed only once symptoms have become severe and, by that stage, treatment options can be limited. The challenge for any health service is that a delay in diagnosis or treatment can prove fatal.

However, those challenges also point us to where we can make a difference as policy makers by improving early detection. I welcome the Scottish Government's detect cancer early programme, which takes a whole-systems approach to early detection that encompasses primary care, diagnostics, public education, data, innovation and screening. The new rapid cancer diagnostic services—including one in the NHS Lanarkshire area in which my and Ms Adamson's constituencies are located—are a further addition to how cancer can be diagnosed.

Clare Adamson's motion rightly points out the need for further research on pancreatic cancer as, at the moment, it receives only around 3 per cent of the United Kingdom cancer research budget. Not only should we consider whatever means are at our disposal and open to us to increase that percentage and the overall spending on cancer research, but, collectively, we must ensure that our excellent, world-class research institutions are able to attract the fullest range of international research funding and that international researchers know that they are welcome to come here to contribute to that effort.

I welcome what will be a consensual debate, given the broad consensus that we have on matters such as the importance of early diagnosis, greater research and the steps that the Government is taking to improve pathways for patients who might need treatment. I look forward

to hearing from the minister what more is being done to improve outcomes for patients with pancreatic cancer in Scotland.

I conclude by thanking my constituents who took the time to contact me about their experiences, whether as a patient or as the loved one of a patient, ahead of today's debate. It is not easy for people to talk about their own ill health or the loss of a loved one, and I am grateful to them for sharing their experiences with me.

The Deputy Presiding Officer: Thank you, Mr Hepburn. I very much echo your comments in relation to John Scott.

13:05

Carol Mochan (South Scotland) (Lab): I, too, thank Clare Adamson for bringing the debate to the chamber, and for all the work that she has done on pancreatic cancer over this session of Parliament.

I am glad that the Parliament is once again marking pancreatic cancer awareness month and highlighting the importance of greater awareness and timely diagnosis. I welcome the opportunity to contribute—I think that I have contributed in each of the previous annual debates.

It is important to take a moment to reflect on the scale of the illness and the profound impact that it has on many families. Others have mentioned the statistics, so I will not go back over them, but I will say that we must always remember that catching the cancer early dramatically improves the chances of treatment and recovery. We know from the statistics that eight in 10 people are diagnosed at a late stage, which means that they are often diagnosed too late for treatment. That is a tragedy. More than 50 per cent are diagnosed in emergency settings, such as accident and emergency, despite the vast majority of patients visiting their general practitioner multiple times before being diagnosed.

For patients, recognising the symptoms of pancreatic cancer represents a first step in diagnosis, especially in the absence of the early detection tests that others have mentioned. Symptoms can be vague, which can make the cancer really difficult to spot, so the public awareness campaigns that are run by charities and organisations to support early detection are crucial. I, too, thank the various organisations that do that work, and those that have contacted me ahead of today's debate for their work and for all the helpful briefings. The briefings show the scale of the problem and the challenge ahead; they also show us what we have to work towards.

Other members have mentioned the importance of research and the related challenges and

barriers, as well as the important tests that can detect the disease. We need all that work to come together so that we can improve survival rates. I noticed that, in the past 15 years, the five-year survival rate has increased from 3 per cent to 7 per cent. It has not moved at pace, but it shows that we can make a difference by working together, including with other nations.

Before closing, I will take a moment, as I often do, to reflect on health inequalities and their impact on outcomes for our constituents. We know that the detection of cancer in our more deprived communities can be very difficult. In those areas, people interact with health services in a very different way, and we have a responsibility to raise this issue time and again. The latest Public Health Scotland data revealed that the incidence of all cancers was 24 per cent greater in the most deprived areas compared with the least deprived areas. Often, that is about early detection and supporting people to get the right advice at the right time.

In previous debates, I have warned about the impact of health inequalities on some of our most vulnerable communities and called for urgent action in that regard. We must do more to empower our communities to speak to healthcare professionals when they need help, and to ensure that a clear and understandable plan is put in place to address any inequalities that people might face.

I thank the guests in the gallery for their attendance and all the members who have contributed to the debate.

13:10

Marie McNair (Clydebank and Milngavie) (SNP): I am grateful to my colleague Clare Adamson for bringing this important debate to the chamber during pancreatic cancer awareness month to mark today's world pancreatic cancer day

Since being elected in 2021, I have spoken in all the debates that my colleagues Clare Adamson and Willie Coffey have brought to the chamber on this topic—it is one on which I will always speak up. I extend my sincere thanks to the amazing charities, such as Pancreatic Cancer Action and Pancreatic Cancer UK, to the Less Survivable Cancers Taskforce and to other dedicated organisations. I welcome them all here today. They are at the forefront of raising awareness and fighting for better outcomes for those with pancreatic cancer, and I thank them for that.

Unfortunately, pancreatic cancer is the deadliest common cancer and is often referred to as a "silent killer", because its early symptoms are difficult to spot. As has been mentioned, around 900 people in Scotland are diagnosed with pancreatic cancer each year, with most being diagnosed too late for effective treatment. Sadly, half of those who are diagnosed with that deadly disease will die within three months and 93 per cent will die within five years.

Those extremely low survival rates are largely due to late-stage diagnosis and limited access to robust diagnostic and treatment resources. That is why I reiterate the common symptoms for the benefit of anyone who is listening: the whites of the eyes, or the skin, turning yellow; itchy skin; darker pee; poo that is paler than usual; loss of appetite; losing weight without trying to; feeling tired or having no energy; and having a high temperature or feeling hot or shivery.

It is vital that we push for long-term investment in research to ensure that we can beat those low survival rates. Currently, pancreatic cancer receives only 3 per cent of UK research funding. More investment and time are needed so that we can ensure fast identification of those who have pancreatic cancer.

We can all agree that more must be done, because this remains one of the deadliest forms of cancer. However, despite those challenges, advances have been made. According to the Less Survivable Cancers Taskforce, Scotland is leading the way on such cancers by identifying them as a strategic priority in the 10-year cancer strategy. If we can translate that into action that results in earlier and faster diagnosis, I hope that we will see significant improvements.

I also welcome the Scottish Government provision of funding from April 2022 to March 2024 for the then pancreatic cancer and hepatocellular carcinoma pathway improvement project. According to Pancreatic Cancer Action, the data from the project has been encouraging and improvements have been demonstrated.

Where do we go from here? Given that time really is of the essence for those who have this cruel and devastating disease, it is crucial that we support and get input from those with lived experience and expertise. As stated by Pancreatic Cancer Action, it is essential that the work and learning from developing and delivering the pancreatic cancer and hepatocellular carcinoma pathway and the Scottish hepato-pancreato-biliary service are incorporated and built on as fast as possible. We must ensure that we focus on the next steps and urgently consider how the benefits demonstrated can be delivered as a priority.

Finally, I pay tribute to my constituents who have, sadly, lost their lives because of pancreatic cancer. Helen, Donald, Billy and Christine will forever be missed by family, friends and loved ones, but they will never be forgotten, and that

applies to many others, too. We must work together in their memory to do everything that we can to raise awareness of that disease and to save lives.

Again, I thank Clare Adamson for bringing the debate the chamber.

13:14

Finlay Carson (Galloway and West Dumfries) (Con): I am grateful to Clare Adamson for securing this important debate, which marks world pancreatic cancer day during pancreatic cancer awareness month.

It is not the first time that I have spoken on this subject in the chamber. As deputy convener of the cross-party group on brain tumours and a member of the cross-party group on cancer, I have always maintained that raising awareness of all cancers is vitally important. As MSPs, we are privileged to have not just the opportunity but the duty to raise awareness.

At this point in the debate, there will always be repetition of statistics, but I make no apology, because highlighting them is so important. Pancreatic cancer is one of the six less survivable cancers and is known as a "silent killer", because its early symptoms are difficult to spot. The grim reality is that only one in four people diagnosed survives more than a year. In Scotland, survival rates remain among the worst in Europe—we are 35th out of 36 comparable countries—and that is unacceptable.

Around 900 people are diagnosed in Scotland each year, and more than 10,500 across the UK. Tragically, half of those who are diagnosed in Scotland will die within three months and 93 per cent within five years. With incidence rising, pancreatic cancer deaths could soon overtake breast cancer deaths.

One of the major areas of concern is improving pathways for people with pancreatic and liver cancer. Scotland has been leading the way through the then—this is where I get tongue-tied—pancreatic and hepatocellular carcinoma pathway improvement project, whose work was peer reviewed and published in the European Journal of Surgical Oncology. The project has delivered statistically significant improvements across all seven key performance indicators for pancreatic cancer, reducing staging times and improving communication. It proved that expedited diagnostic pathways save lives. However, that service was closed—twice.

We cannot afford to lose momentum. The Scottish Government must act faster, by building on what has worked rather than starting from scratch. Late diagnosis remains a critical factor in

influencing outcomes. We need urgent action now, and we need earlier and faster diagnosis, quicker pathways and greater investment in research. Lives depend on that. There is hope. Scotland is working on a national optimal diagnostic pathway for HPB cancers, but time is of the essence. Pancreatic cancer is different—it moves fast, and every delay costs lives.

Previously, I raised awareness of a major problem in Dumfries and Galloway, which was the lack of hospice care. With around 1,200 new cancer diagnoses in D and G each year, the need for accessible, compassionate support has never been greater. That is why I supported efforts to establish a Maggie's centre in Dumfries, which is the home town of the charity's founder, Maggie Keswick Jencks. Earlier this year, I was delighted to hear the announcement that a new cancer support centre will be housed locally. That is a giant step forward, because Maggie's centres across the country are renowned for their holistic approach to cancer care, and having one in Dumfries will make a profound difference to those who live locally.

Returning to pancreatic cancer, the Less Survivable Cancers Taskforce recommends that the Scottish HPB cancer service should become a national initiative, not a regional model. I fully support that, as I did last year.

As I stated in my members' business debate on rural healthcare yesterday, equity is essential in healthcare. In this instance, equity of access is key—ensuring uniform care across all regions, including Dumfries and Galloway.

Education must be one of the most powerful weapons. Raising awareness is critical, not just for early detection but for improving patient experience and outcomes. I will repeat the symptoms: yellowing of the skin or eyes; darker urine; paler stools; itchy skin; loss of appetite or unexplained weight loss; fatigue; lack of energy; and a high temperature or feeling hot and shivery.

Regrettably, our understanding of the disease is limited, but we know that smoking, obesity and family history increase risks.

Many of us have lost family and friends to pancreatic cancer. Today, on world pancreatic cancer day, once again, I will take the opportunity to remember my pals, Mark Caygill and Peter Murray Usher. This is the most difficult part of any speech—it is not about stats. They were taken far too young. The man who was my mentor, a dear friend and the person who is ultimately responsible for me being here in this place today, is a former Presiding Officer of the Scottish Parliament, Sir Alex Fergusson, who died of cancer only a few months after retiring.

This is Scotland's deadliest common cancer, so we cannot accept the status quo. We must act urgently, collectively and decisively, because lives depend on it.

The Deputy Presiding Officer: Willie Coffey is the final speaker in the open debate.

13:19

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I thank my colleague Clare Adamson for again raising awareness of pancreatic cancer. I have tried to participate in the debate on the subject each year in which I have been a member of the Parliament and in memory of my mother, who died from the disease in 1985—some 40 years ago—at the age of only 52. Although it remains one of the most stubborn cancers, progress is being made, with the emphasis on early detection of the vague symptoms that it presents. This will be the last time that I make such a contribution, but I will look in next year to hear the debate and to continue my support for the work that is being done to battle the cancer.

I am grateful to Pancreatic Cancer UK for its briefing. Among the stats and information that it provided, one thing stood out for me—that 80 per cent of people with pancreatic cancer are diagnosed too late. Some members have mentioned that. I hope that that frightening statistic will alert the public to take seriously some of the vague symptoms that can appear. Early detection and diagnosis hold the key to more treatment options and lead to better survival rates.

Clare Adamson and other members have described those vague symptoms, and we need to repeat them—it is always worth doing that. Unexplained weight loss, indigestion, stomach and back pain, new-onset diabetes and even yellowing of the skin have already been mentioned by members, but we have to get that message through to the public. Folk should visit their GP to begin the process of being checked out if they experience those symptoms. Interestingly, around one in five people over the age of 60—as I am—will already have a pancreatic cyst, but only a small percentage of those will develop into pancreatic cancer.

I will take a brief look at some of the research that is going on. At the University of Glasgow, there is work being done to identify the features of higher-risk cysts in order to help doctors make the important treatment decisions. At the University of Liverpool, a test has been developed to identify type 3c diabetes, which may be an early indicator and an early warning sign. As Clare Adamson mentioned, Imperial College London is developing a breath test—a world first—that GPs could perform directly, after which they could make

further referrals if need be. At the University of Essex, a new blood test is being developed that can help with early detection. Those are just a few examples of the fantastic work that is going on, which I hope will make a real difference to survival rates from the cancer.

We hear that family inheritance also plays a part. One in 10 cases are connected with inheritance. Even more work is being done on that, through the family history checker. I wish that some of that work had been funded 40 years ago.

I turn to some asks of the Government—basically, that it offers more support for diagnostic capacity across Scotland. If we are alerting the public to issues and conditions that may be a cause for concern, we need to provide people with easy, localised access to get the help that they might need. We need a centralised service to coordinate the family inheritance effort and to identify high-risk individuals across multiple cancer types.

Perhaps, in this day and age, we also need a wee bit more help from artificial intelligence, with the analytics and data analysis that are making great strides in medical science elsewhere. I know that the universities of Strathclyde and Glasgow are deploying AI techniques in their research, and I wish them good luck with that work. I wish all who are engaged in the research the very best of luck, and I ask the Scottish Government to help as best we can to support the research that might help us to begin to win the battle against pancreatic cancer.

Lastly, I thank my colleague Clare Adamson for again bringing the issue to the attention of the Scottish people, through their Parliament.

13:23

The Minister for Public Health and Women's Health (Jenni Minto): I thank my colleague Clare Adamson for bringing the motion to the chamber today and reminding us of the impact that pancreatic cancer can have. I took part in debates on the subject as a back bencher, because I recognise the importance of raising awareness.

I also thank Pancreatic Cancer Action, Pancreatic Cancer UK and others for their continued efforts in raising awareness of pancreatic cancer and supporting people and their loved ones who are facing that diagnosis. I, too, welcome those organisations to the Scottish Parliament today.

I thank my colleagues in the chamber for sharing such valuable contributions to the debate. Like Jamie Hepburn and other members, I have been contacted by constituents, in Argyll and Bute, and I have heard from families who are grieving the loss of a loved one through pancreatic cancer.

I thank them for their courage in sharing their stories, with the heartfelt aim of improving knowledge and awareness.

Pancreatic cancer awareness month comes as a stark reminder to us all of the dreadful impact that a diagnosis of pancreatic cancer can have. The outcomes are typically poor, and we must significantly improve that situation at pace. I thank Marie McNair and Finlay Carson for describing the symptoms so clearly in their contributions. Willie Coffey and Finlay Carson are both absolutely right that we, as MSPs, are privileged to be able to help raise awareness.

The Scottish Government's ambitious 10-year "Cancer Strategy for Scotland 2023-2033", which was published in 2023, makes clear our determination to improve cancer survival rates. Our earlier cancer diagnosis vision underpins our investment in a range of programmes that are aimed at supporting early diagnosis, which will help us to improve survival rates. It includes publishing the refreshed Scottish guidelines for suspected cancer, which support primary care clinicians in recognising the symptoms that may indicate cancer, including pancreatic cancer. The guidelines include, for the first time, criteria for non-specific symptoms; that is especially important for pancreatic cancer, as its early signs can be subtle and easily missed.

As Jamie Hepburn noted, we launched Scotland's sixth rapid cancer diagnostic service this year. Those services are diagnosing cancer faster for those with non-specific symptoms. An independent evaluation by the University of Strathclyde found that hepato-pancreato-bili—it is my turn to get it wrong; I will just say HPB—cancers made up 17 per cent of the cancers that were found. I note the valuable work of all those involved in pilot projects to speed up the time from referral to diagnosis and treatment for patients with HPB cancers. Those involved have a key role in making it clear that we must do more for patients with pancreatic cancer across the whole cancer care pathway, not just part of it.

As Carol Mochan noted, collaboration is important. That is why we commissioned the Scottish HPB network to take forward the consensus and develop national recommended pathways for HPB cancers. The SHPBN has started to develop the clinical management pathway for those cancers, which will promote equitable routes to cancer care across Scotland, with patients at the centre. The network has also provided its clinical consensus on what optimal diagnosis for patients should look like to the centre for sustainable delivery, for use in its delivery of the upper gastrointestinal optimal diagnostic pathway, which will include HPB cancers. Those pieces of work will both be delivered in 2026.

As members have said, a pancreatic cancer diagnosis is devastating for those who are diagnosed and for their loved ones. I cannot stress enough the importance of person-centred care, to ensure that all patients get access to support throughout their cancer journey and that their voices and needs are heard.

The Scottish Government continues to support and invest in our single-point-of-contact pilots. Those aim to ensure that all patients have a point of contact to support them in navigating their cancer care, thereby improving shared decision making between the individual and their clinical teams and access to timely reporting of results. It has been found that the single-point-of-contact pilots have had more than 30,000 patient interactions, freeing up more than 3,970 hours of clinical nurse specialist time and improving experiences. We are actively considering how we best scale up that approach in order to benefit all patients with cancer in Scotland.

the transforming cancer programme, the Scottish Government is working in partnership with Macmillan Cancer Support to improve the service that we offer patients with cancer. That partnership is worth £27 million and is the first of its kind in the UK. From April 2024 to March 2025, more than 6,000 people across Scotland were supported through the programme by a specialist key worker, who signposted them to emotional, financial and practical support. That includes considering what local community assets and support services are available. I recognise Carol Mochan's points about inequalities, and I believe that this service goes some way towards alleviating those.

We have taken important steps to improve care for people at every stage of their journey. This autumn, we published the "Palliative Care Matters for All" strategy, alongside refreshed national guidelines and new training resources to support those who deliver care.

I, too, would like to reflect on the positive news that Finlay Carson mentioned about the Maggie's centre in Dumfries and Galloway, which makes a profound difference to those living with cancer and their families. We are working to strengthen bereavement support, where required, and to ensure that spiritual care is not just available but truly embedded in everyday practice.

Investment in our understanding of pancreatic cancer is key to the ability to prevent, identify and treat it. Our strategy makes clear the importance of research to our strategic aim of improving cancer survivability and providing excellent equitably accessible care to patients in Scotland. The Scottish Government's chief scientist office directly funds research projects and fellowships. Last year, we committed more than £620,000 to

fund two research projects at the University of Glasgow. The first project is looking at cells in precancerous lesions that are at high risk of progressing to pancreatic cancer, and the second is looking at how cancer cells and immune cells interact in a way that can affect responses to initial chemotherapy. Our chief scientist office will continue to work with the University of Glasgow as the research progresses.

I want to make clear the Scottish Government's enduring commitment to improving pancreatic cancer outcomes and supporting the importance of raising awareness. In doing so, we can improve early diagnosis rates as well as patient experience and overall outcomes. I look forward to seeing flashes of purple in support of pancreatic cancer awareness month, which will include lighting up the Scottish Government buildings St Andrew's house and Victoria Quay tomorrow.

I thank everyone for their contributions and I especially thank the charities that are in the Parliament today. I hope that we can move to improve outcomes for patients with pancreatic cancer.

The Deputy Presiding Officer: That concludes the debate.

13:32

Meeting suspended.

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