HEALTH AND COMMUNITY CARE COMMITTEE

Tuesday 7 December 1999
(*Morning*)

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16th Meeting

CONVENER:

*Mrs Margaret Smith (Edinburgh West) (LD)

COMMITTEE MEMBERS:

*Malcolm Chisholm (Edinburgh North and Leith) (Lab)
*Dorothy-Grace Elder (Glasgow) (SNP)
*Mr Duncan Hamilton (Highlands and Islands) (SNP)
*Hugh Henry (Paisley South) (Lab)
*Margaret Jamieson (Kilmarnock and Loudoun) (Lab)
Ms Irene Oldfather (Cunninghame South) (Lab)
*Mary Scanlon (Highlands and Islands) (Con)
*Dr Richard Simpson (Ochil) (Lab)
*Kay Ullrich (West of Scotland) (SNP)
Ben Wallace (North-East Scotland) (Con)

*attended

COMMITTEE CLERK:

Jennifer Smart

ASSISTANT CLERK:

Shelagh McKinlay

Scottish Parliament

Health and Community Care Committee

Tuesday 7 December 1999

(*Morning*)

[THE CONVENER *opened the meeting at 10:03*]

The Convener (Mrs Margaret Smith): Good morning and welcome to this meeting of the Health and Community Care Committee.

Before we begin our first item of business, I want to put something on record. We spent some considerable time and effort putting together our robust report on the Arbuthnott report, and I thank committee members for their work. Several members have expressed their concerns about the suggestion that our report may have been leaked, and about some of the comments by special advisers and the attitude of the Executive. As convener, I am taking those matters further with parliamentary officers, and I will meet one of the presiding officers this afternoon to discuss them.

Community Care

The Convener: The first item on the agenda is our inquiry into community care, focusing particularly on care of the elderly and those with mental health problems.

Members have seen copies of the relevant paperwork. We have asked people to send submissions to the committee, and I thank those people and organisations—68 to date—that have already done so. Other organisations want to contribute to the inquiry and members will see that the Scottish Community Care Forum is currently considering the implementation of modernising measures in community care. The forum's action plan involves its 42 local forums, and I would like to give the forum the opportunity to give us the information that it is gathering.

There has been much interest in the issue. I am keen to ensure that we do not duplicate effort. I am aware that the Executive is undertaking certain work on community care, and Iain Gray made an announcement in the chamber last week about joint futures and the consultation work that is being done. I have asked the Executive for a copy of its work load plan, which we should receive by tomorrow. That will give us an indication of what the Executive will be doing, and I have asked our researchers to ensure that we can get best value for our time by finding the best areas for us to focus on.

Members will remember that we discussed the need to consider the Sutherland report, on which Iain Gray and members of the Westminster Parliament have commented. We also noted that we were interested in resource transfer issues; that is a crucial area for us to examine. There is a continuing discussion about how co-ordination between the health service, the social services and local authorities can be achieved, and about how the barriers between the health pound and the social services pound can be broken down.

We have asked people who have made submissions to give examples of best practice. It is easy for us always to see the negative, in this as in many other issues, but we should look for examples of best practice and share them with others. We should trumpet the fact that good work is being done in community care throughout Scotland by dedicated professionals. We must establish how people can be given the most appropriate care, in their own homes in the community, or in hospitals or residential homes.

Having discussed matters with the researchers and having looked at committee reports from the House of Commons, I think that we need a long time scale for the inquiry. I suggest a period of between nine months and a year, and I invite members to comment on that suggestion.

I also want to hear members' thoughts on whether we require an adviser. As we want to focus on care of the elderly and on mental health care, as well as looking at the overall picture, one adviser may not be enough. Given the length of time involved, it may be difficult to find a person of high calibre who is able to make such a time commitment to the committee. It may therefore be easier to appoint more than one adviser. Our report on the process for carrying out the community care inquiry suggests the names of a couple of people who we might want to invite to a briefing session before getting down to the nuts and bolts of taking evidence from witnesses.

Kay Ullrich (West of Scotland) (SNP): It is important that we know exactly what the Executive plans to do. I found what Iain Gray said last week a wee bit vague. He picked up on Sutherland's idea of a commission, but we need to know what more the Executive plans to do. There is no point in us duplicating other work, but I think you said that he will send us a work plan by tomorrow.

The Convener: That is right. You may recall that, because we had only a short time to consider the Adults with Incapacity (Scotland) Bill, which came to us late, we were unable to meet Susan Deacon and Iain Gray when we had hoped to. Rather than inviting them back to another meeting,

we suggested that they send us their work plan for the coming year by tomorrow. That should give us a big-brush picture of what they will be doing. In approaching the inquiry, I am anxious to avoid duplication of effort and to make best use of our time. Fruitful use of our time will add value to the Executive's work.

Kay Ullrich: To conduct the inquiry over a period of nine months to a year is the best approach. We do not want to feel rushed and, as is evident from the number of submissions that we have received, community care is an issue of great concern throughout Scotland. We should take our time about this and get it right. I am sure that there is not a member here who has not had letters from constituents about community care problems. A half-day briefing is also a good idea and an adviser or advisers may emerge from that briefing.

The Convener: The inquiry is our opportunity to set our own agenda and our own time frame. Until now, we have been unable to do that because most of our work has been done to the Executive's or the Parliament's timetable. Doing justice to the community care issue will require time.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I agree that we must do a detailed report, and that will take a long time. My first reaction to your suggested time scale was that it was too long. I was thinking along the lines of producing something before the summer recess, but I am open to persuasion. A long study has two advantages—the result should be better, and we would be able to do other things simultaneously. I would not like the inquiry to block our timetable like some new variant of bedblocking. With the proviso that we can continue to do other things, the suggested period would be acceptable.

We must consider carefully how to handle the inquiry. We have highlighted two main areas, but do we want to consider them simultaneously or consider one of them first and come to some conclusions before the end of the inquiry period? I am thinking aloud here, but I like to think that we could produce something by the summer, otherwise there will be a long gap with no formal reports.

The Convener: There is nothing to stop us publishing an interim report. My two main reasons for a longer time scale are that the issue demands full consideration and that similar reports on community care have been conducted over a long period. The 1996-97 Scottish Affairs Select Committee report on community care, which is still quoted, took around a year to produce. We are a hybrid committee and have other things to do besides considering a particular inquiry.

I suggest that we alternate our meetings, having a community care meeting one week and another meeting the following week at which we consider other issues. Other items will come our way as we go along, and it would be sensible to see how that arrangement might work in practice. If, after a couple of months, we find that it is not working, there is nothing to stop us changing our arrangements. However, I think that it might be a good way of focusing people's thoughts, in advance of each meeting, on the subject for the day. That would be better than having a full agenda of six or seven different items.

10:15

There is nothing to stop us having an interim report. Like Malcolm Chisholm, I am open to persuasion. If someone can give me a good reason why we do not require as much time—perhaps because our remit narrows as a result of what the Executive is doing—we may reconsider the time scale. As I said, I asked the researchers to consider the time scale and they have come back to me with their recommendation.

Malcolm Chisholm: As we go along, our work may break down into two or three smaller reports. We may produce a report on mental health, another on the Sutherland commission, or whatever. We cannot predict what will come up.

The Convener: When we have the informal briefing day we will be able to ask what other people consider to be the key issues—issues that may not have been worked on. We will also be able to use our expert advisers or adviser to focus our minds on ways of working as constructively and timeously as we can, to do the subject justice.

Dorothy-Grace Elder (Glasgow) (SNP): There will be some difficulty in breaking down our work, because almost all the potential witnesses cross over, for example between young and older people's issues. I am trying to puzzle out how we could break our work down in order to produce an interim report.

The Convener: If members are happy for us to go ahead and have the informal briefing, some of these points will be resolved once we focus on the issues. There have been 68 submissions already; I have not had them put on your desks today, because they will require careful study that will take up the best part of your Christmas break. That reading, together with any independent reading that members want to do, and the information that we gather during the informal briefing day, will help us to decide how to approach our inquiry and whether we want to split the work into sections.

Dr Richard Simpson (Ochil) (Lab): Two Accounts Commission reports were published in 1997, and it seems appropriate for the committee,

in principle, to establish a system of looking at such reports two years after publication to see what effect they have had.

One of those reports mirrored a previous one from, I think, 1992, and showed that there had been no movement since then. We need to question very closely what is happening. One of the reports, "Shifting the Balance", is linked to an area that the committee has already agreed it should address—the transfer of resources. The other one is "The Commissioning Maze", which considers the barriers across different agencies, something about which the committee—quite correctly—has indicated concern, with pooled budgets perhaps being the preferred practice. The latest paper is the Scottish Office action plan, "Modernising Community Care". That would be a useful starting point.

The Convener: I have a suggestion that picks up on that point. We have identified the Accounts Commission as possible witnesses to the inquiry, but no one on our suggested list for the briefing day is specifically considering resource issues. It would be a good idea to have the Accounts Commission in as early as possible.

Dr Simpson: That is exactly what I was about to suggest—that would be excellent.

Dorothy-Grace Elder: When we get round to the witnesses, we will have agreed how to deal with them. I assume that we will not simply ask them about the pros and cons of what they are doing at the moment, but look for positive ideas for the future. We should also ask the witnesses about their shopping or wish lists—how much more would they need for X, Y and Z? We will have to get down to specifics.

The Convener: This is the initial stage; as we do more reading and gather more information, we will form a much better idea of the questions that we will want to ask. As I said at the start of the meeting, Dorothy-Grace, we all know the anecdotal evidence of where community care falls down, because that is when people come to us. However, we do not want to go simply on anecdotes: the difficult thing will be to get a more balanced view of what is happening. Part of that balanced view will be finding out which local authorities and health boards are getting things right and, if their peers think that they are getting things right, whether their ideas can be used elsewhere. That will form an important part of any committee report into community care.

Kay Ullrich: It has come to light that community care delivery varies a great deal, depending on where you live. Resource transfer also varies. We will have to hear all sides of those arguments and discover why things go well in some parts of the country and poorly in others.

The Convener: That is a very valid point.

Dorothy-Grace Elder: May I also request that Help the Aged is—

The Convener: I am sorry, Dorothy-Grace—I had indicated to Hugh Henry that he could speak.

Hugh Henry (Paisley South) (Lab): Thank you, convener. There are a number of principles in the researchers' report that need to be looked at. I am not sure about the value of spending such a huge amount of time on one specific issue. We are talking about meeting fortnightly for between nine months and a year; that would limit the committee's ability to consider other issues during that time.

What is the purpose of the inquiry that we are undertaking? We should not attempt to do what others are attempting to do. This is not a royal commission into community care. We need to be clear about what we are expected to do, and what outcome is expected at the end of our endeavours. I would hate to spend six or nine months producing a report that was then given the same status as a report from one of the organisations that we will be talking to. We have already seen some evidence that that could happen. We must also ask ourselves how we will cope with the many other important health issues that will come up in the next six to nine months.

Instead of working together as a committee fortnightly, we could divide up the work and have small groups undertaking some of the research. Some other committees are doing something similar, with small groups going out to meet a range of organisations and feeding the information back to the committee. I have expressed the view before that we could probably get much more work done that way, rather than by the whole committee meeting every single organisation. I fear that we may appear to be impotent if we are seen to be doing nothing but meeting fortnightly in Edinburgh with an uncertain outcome. If the committee considers more carefully how it uses its time, it has the potential to be more influential.

The Convener: I forgot to mention that I asked the researchers—at the meeting I had with them last week—to come back to us with efficient ways of going out and meeting people, and to find out whether it would be better to do that in sub-groups. We will get that information.

I also asked what kind of organisations we should meet and how to use our time in the most productive way. Hugh Henry might not have been here when I said this, but I asked the researchers to tell us how long—realistically—they felt that it would take us to produce a full report that would be useful. I asked them to take into account the time that Westminster committees had taken to consider community care. We could spend just

two months on it but, frankly, that would not do justice to the issue.

I agree that we could split into sub-groups, but there is also an argument for the whole committee meeting to take evidence—whether in Edinburgh or elsewhere. In the suggested time frame, there is a great deal of scope for us to take evidence in different ways. There are ways that we have yet to try—such as public forums and going out of Edinburgh. I have asked the researchers to indicate to us how we might take such ideas forward.

Kay Ullrich: I can see the benefit of our going to an area and taking evidence from a group of people that includes, for example, the local health board and the local social work department, instead of organisations coming here to give evidence formally. We could take evidence during discussion sessions; I think that that would give us a better picture of where the problems are.

The Convener: That is the sort of idea that I had in mind, and I think that that could be productive, especially on the issue of community care. Issues of joint working and partnership might come up in a round-the-table discussion.

Kay Ullrich: Have any of the submissions that we have received been grouped geographically?

The Convener: I have asked the researchers to let us know about that. Having set things in motion with the briefing day and an agreement that we should have advisers, we will be able to consider in January how to proceed. I am not wedded to the suggested time frame. As I said, that will depend on the work that other people are doing. We do not yet have information on that to hand, and we cannot second-guess it. However, we should take cognisance of what the Executive and people at our informal briefing say. If they say that the Executive or some academics at the University of Aberdeen are already doing a particular piece of work, there would be no point in our duplicating it. We have to be sensitive to what others are doing to ensure that we spend our time as productively as we can. That might affect our time frame.

Community care is a very important issue and we will require a certain amount of time to consider it. As we will not discuss it at every meeting, the suggested time frame is reasonable.

Dorothy-Grace Elder: The time frame is sensible. It will enable the clerk and others to plan ahead and will allow the committee to do witnesses the courtesy of letting them know well in advance that they will be giving evidence. I would further suggest that we try to give witnesses a longer period in which to give evidence.

Looking at the list of organisations, it seems that the organisations' headquarters are either in Edinburgh or Glasgow. I put in a plea for us to go to community halls and schemes. It is easy to take evidence from the Royal College of Physicians in delightful surroundings. We should go into the schemes, where there is so much need in community care. That will show the intention of the Parliament to be truly local.

10:30

The Convener: We should also ensure that we hear a witness who can discuss rural community care services.

Dorothy-Grace Elder: It would be helpful to take evidence in a village hall.

The Convener: I cannot be 100 per cent certain, but I think that the time frame mirrors the one that the Enterprise and Lifelong Learning Committee has for the study of economic development agencies. That committee is taking a similar approach.

Mary Scanlon (Highlands and Islands) (Con): I will go back to what Hugh Henry said. I support the fact that the inquiry will last for six months, but we should not have haphazard, ad hoc meetings. We should set a time frame for what we are doing that ensures that we do not focus only on the elderly, the mentally ill or the disabled.

It is much easier to produce a report if one knows the outcome and what process it is feeding into. Is the Executive bringing in legislation on community care next year? Will our recommendations be part of that process? It would be easier if we could work in partnership.

The Convener: That is what I said earlier in the meeting. We must try to dovetail with the Executive as much as possible. We expect a response by tomorrow from the Executive regarding its work plan and work load for the coming year. That is why our timetable must be fluid. There is no point in the committee completing a report two months after the Executive has finished consultation.

Hugh Henry asked earlier to whom our report will go. My understanding is that it will be a committee report to go before Parliament. It is not being requested by anybody else. It is the committee's report and time is set aside in the chamber for committee reports. Committees are also meant to be able to initiate legislation. If the committee felt especially strongly about a particular aspect of the matter, we could investigate that so far untried possibility.

The situation will become clearer when we receive the Executive's response—which we expect tomorrow—on its work plan for the coming year.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I will make one suggestion. We should try to organise our work and where we will go to take evidence. We could be running all over the place.

We should examine four distinct aspects. We should consider service users and examine their needs and expectations. We should also consider those who plan the service, those who provide the service and those who deliver it.

As a plethora of individuals are giving evidence to the committee, it is likely that someone will take the huff through not being invited or not getting as much time as somebody else. I do not want to read press reports like the ones that followed our efforts last week.

The Convener: I made a statement about that at the start of the meeting.

Margaret Jamieson: That continues to concern me. When I look at the list of possible witnesses I think, "Oh, no", because many of those organisations represent only one of the four groups that I mentioned. It might be helpful if we start by considering what the users want. Mary Scanlon is right to emphasise that we must be careful not to focus on one group. A range of people must be considered. There is, for example, no organisation that represents young people on the list. We should put people into sections—for example, service users and service planners. Some organisations will straddle those categories, so they should be offered the opportunity to indicate whether they want to be consulted as planners or as providers.

The Convener: As the report on the process for carrying out the inquiry says, the list of potential witnesses is not exhaustive. Members can e-mail me to suggest other groups that should be consulted.

Many of the issues about how we should proceed most effectively will become clearer once we have done the reading and had the informal briefing. By then we will also know what the Executive work load and timetable is. We will become clearer as to the best focus and how we should timetable this inquiry; whether it is best to work in sub-groups, or to work in full committee most of the time, and whether we should produce interim reports. We will also be able to consider some of the options for interfacing with people in different ways, as until now we have always asked people to come to the committee to speak to us.

Mary Scanlon: That is important. We must consider the different needs of the mentally ill and the elderly. I probably talk more about the care of the elderly because that tends to be top of the agenda. The mentally ill are very much the Cinderella part of the health service. They have not had the care and attention that they deserve for many decades. I would not like the mentally ill to be lumped in with other groups, as their needs are specific.

The Convener: Mary Scanlon is right—many of the issues that will come out in examining mental illness and the elderly will transcend the differences between organisations, individuals and service users, whether those service users are people who have learning difficulties, HIV/AIDS or disabilities of other kinds.

In previous discussions, members expressed concern that the Sutherland report seems to have been put to one side, and that how we care for elderly people in the long term does not appear to have been fully addressed. Another concern was that, although we are told that mental health services in Scotland are a priority, anecdotal evidence suggests that it does not seem to get the attention and facilities that it requires. That has been pointed out in the past few weeks.

Kay Ullrich: I could not agree more with what Margaret Jamieson said about people coming at this issue from a different perspective. We should consider separating people into users, planners and deliverers.

We should also consider my original suggestion, which was to examine geographic groupings and to have discussions with people in various areas. I warn the committee not to fall into the trap of saying that we will go out and do village halls or schemes, because it might well be that community care is not such a big issue in a scheme as it is elsewhere.

We should not have a preconceived notion that it would be good to be seen in a scheme or a village hall. We should first consider where the problems are.

The Convener: Whenever we go out to have meetings or to ask people questions, the bottom line is that we must ask ourselves what the value is and whether we are doing it as a public relations stunt. Is there a way in which we can get access to information by going to speak informally to people in Lanarkshire, for example, about how their system works on the ground? In that way, will we get better quality information from people than if we ask them to come to the committee? If we can say, "Yes, we will"—and I think that we probably could—we should take that option. We should not go to Lanarkshire because it would be a good PR stunt.

Dorothy-Grace Elder: We want to indicate openness. A lot of people would find it a formidable challenge to come to this chamber to give testimony. We should encourage people to participate and let them see that we are accessible locally, in the schemes and village halls. If we go

to Aberdeen or Glasgow, what is the point of going to some organisation's elegant headquarters? That would be patronising.

Margaret Jamieson: I do not accept that. Dorothy-Grace Elder is demeaning what we are trying to do. If we are examining delivery of community care, we should use the local authority boundary and the health board boundary. What we should find—and I do not know whether we will find it everywhere—is equity of treatment.

If we examine the issue too far down the chain, we will not get the picture that we want. The scale will be too small for conclusions to be drawn from our inquiry. If we consider cities, such as Aberdeen, Glasgow and Edinburgh, we should examine a health board that has a good mix of urban and rural areas. There are many authorities like that; I could suggest one now.

Dorothy-Grace Elder: We are getting too complicated.

Margaret Jamieson: By wanting to take the committee's consideration down into individual communities, Dorothy-Grace detracts from what we are trying to achieve. In one community there could be almost nobody receiving community care; in another a vast majority of the population might receive it or want it. We will not get balance in small communities. If we use the local authority boundary and consider the health board area, that will make our consideration a lot easier.

The Convener: Local authority and health board level is where community care must be done properly. That is the key level.

Dorothy-Grace Elder: Margaret Jamieson was right to mention young people. Enable, and other organisations that deal with all age groups, are on the list.

The Convener: I am happy for members to make suggestions by e-mail.

Malcolm Chisholm: I suggest that we invite Caroline Gardner, head of health at the Accounts Commission, to the initial briefing. She has produced several reports on mental health.

The Convener: It would be useful to have someone from the Accounts Commission.

Hugh Henry: Why have we listed the past president of the Association of Directors of Social Work, rather than the current one?

The Convener: I do not know.

Kay Ullrich: George Irving is currently the president of the ADSW. He is my former boss.

Dorothy-Grace Elder: I believe that many members will suggest Crossroads, as it is a major care agency. It is an obvious omission, so we might as well save e-mailing time. Do members agree that we should invite it to give evidence?

Margaret Jamieson: Why?

Dorothy-Grace Elder: It is a major care organisation.

The Convener: We could go on all morning with members suggesting other groups and people. Members should e-mail their suggestions to Jennifer Smart. We can add suggestions to the list and bring it back to the committee for agreement.

Hugh Henry asked why we have a past president of ADSW on the list for the half-day briefing. I must confess that researchers, who have been investigating who we should hear on certain issues, made up the list. It might be that that president has an area of expertise that is more relevant to what we are doing than any expertise of the present president of ADSW. I have no idea—I am in the dark on that one.

10:45

For the time being, do we agree that the inquiry should be completed in about nine months to a year, with the caveat that that may alter due to other factors? We can leave the time scale a bit loose, but in our own minds it will be a mid-term rather than a short-term report. How does the committee feel—bearing in mind the caveat arising from the discussion following Hugh Henry's comments—about considering community care on alternate weeks so that community care is separated from the other business of the committee?

Malcolm Chisholm: That is all right, but the fact that "only" is underlined and written in bold in the recommendation—that may please some people—suggests that we will not consider much else next year. We have to create space for other subjects. We will do that either by meeting weekly or by sometimes using the fortnightly meeting for other subjects. I am concerned about blocking the committee for such a long time.

The Convener: If we take out "only", is everyone happier with the recommendation?

The time scale has to be fairly fluid. I think that the recommendation offers a good way forward as it allows members to focus on the work in hand, rather than obliging the committee to deal with eclectic agendas at short notice. If we find, after a couple of months, that there are problems with that way of working—we seem to find problems with most systems in this place—we can review it.

Hugh Henry: In effect, you are saying that we will meet weekly. I do not think that that is a sensible proposition.

The Convener: Weekly meetings have been the

reality of the work load that has been requested of us. We have ended up meeting more frequently than was intended. Committees are meeting more frequently than the planners of the Parliament anticipated. It might be nice to return to meeting fortnightly, but do members think that that will really happen? I am a pragmatic person. We have to assume that our present work load is similar to what we will have to deal with. We will have to address the issue of adults with incapacity, and to review statutory instruments, which usually have time limits; do other members feel that we should move to a fortnightly cycle of meetings?

Mary Scanlon: This is very difficult. I would like us to set out—this may be impossible—whom we will meet and what we will do every fortnight for the next six months. There should be a much better framework for planning. If we had that, we could cope better with the additional work load. Fortunately, I am a member only of this committee, but keeping up to date with its work is still challenging.

We might find that we exhaust all our sources of reference within three months. The inquiry does not have to last six months or a year. We should plan whom we will see, what we will do, and from whom we will take information. Consider the information that we gathered on the Arbuthnott report: we produced an in-depth, robust report. Instead of trying to imagine what will happen in the future, can we set down a framework and a plan? The recommended time scale is a bit too haphazard. It is difficult for me because I come to meetings from Inverness. The time scale should be planned a bit more formally, and there should be a bit more structure, so that we can allocate our time efficiently each week.

The Convener: The recommended time scale is an attempt to do that, given that we have much more ownership of the agenda and time frame for this inquiry. [*Interruption.*] You are not leaving us already, Kay?

Kay Ullrich: Can I ask the Executive to pay the heating bill so that we can get it back on?

The Convener: Do you think it is trying to freeze us out?

Kay Ullrich: I do not know.

The Convener: Are there any other comments on timetabling?

Dorothy-Grace Elder: We should start out as suggested, with weekly meetings, but be prepared to change as we go along, according to the wishes of members. There must be concern for people such as Mary Scanlon and Margaret Jamieson, who have a fair distance to travel.

Margaret Jamieson: Never mind the travel. I am on two committees—the other is the Audit Committee. Given the amount of reading and preparation that I have to do for both committees and the fact that the Audit Committee has decided to meet fortnightly and hold briefings in the weeks in between, if this committee meets weekly I may as well move through to Edinburgh. That is not what we planned for. We talked about having a family-friendly Parliament. We will not have families if we continue as we are.

It is incumbent on us to discipline ourselves a bit more. Some committees have done that better than we have. We need to learn. It is not down to who organises or chairs meetings; it is down to us to say that we do not need to say something, as somebody else has already said it.

The Convener: I take those comments on board. We will revisit this issue.

Dr Simpson: Can I make a plea for meetings not to clash with one another? I have had a peculiar problem because I have been on three committees, but even being on two committees is difficult. This morning I was supposed to attend a Finance Committee meeting, which was of considerable importance. I find it hard to say no to either committee—it is an impossible position.

The Convener: I will put on hold the decision on the timetable. The reason for planning to conduct the inquiry at alternate meetings was to create a structure for members. I will take on board what members have said. In reality, we have held meetings weekly, some of which have been dropped on us at short notice. I think that the short notice has contributed to many of the problems. Although everybody else is commenting on the issue, as convener, I am the only person who has had a 100 per cent attendance record during every single minute of every single meeting—obviously because there has been no alternative.

Some of the reasons for meeting at short notice will be dealt with. The Procedures Committee will consider how much time committees are given for statutory instruments—it will do so partly because of what this committee has said, as we seem to be one of the committees that has to deal with a lot of statutory instruments. We will leave the matter of timetabling. I will take soundings from members, and try to find a way to conduct the inquiry without meeting weekly.

Kay Ullrich: With respect, convener, although you have a family, you live in Edinburgh. Malcolm Chisholm also lives in Edinburgh, but for a number of members, such as Mary Scanlon, Margaret Jamieson and me, who have to travel to get here, meetings at short notice are a nightmare.

Dorothy-Grace Elder: We have been under a lot of pressure due to stern deadlines and a major piece of work on the Arbuthnott report, so we cannot be blamed for meeting weekly so far.

Although we will soon have work on adults with incapacity, the pressure may ease in two or three months' time.

Margaret Jamieson: I doubt it.

The Convener: Do not hold your breath. Where we have power over our timetable, we should not push ourselves to do in three months what we should take nine months to do. We will put the timetable on hold and I will get further information from members and others.

Can we agree that that the committee should hold an induction briefing session early in the new year?

Members: Yes.

The Convener: That will allow the clerks and researchers to make arrangements.

Are we happy that the researchers should continue to examine the possibility of the committee appointing an adviser or advisers to assist in the inquiry? Do you we need an adviser or advisers?

Members: Yes.

Kay Ullrich: It is important that we get an adviser on mental health. We have specified the areas of mental health and the elderly.

The Convener: That is why the recommendation is for advisers. Does everyone agree?

Members: Yes.

The Convener: The submissions that we have received are available for collection at the back of the chamber. There are two folders, for which you will have to sign. Merry Christmas.

Kay Ullrich: We have 68 submissions. Are there porters to carry them down the road?

The Convener: If you cannot carry them, or you are going elsewhere after the meeting, we will deliver the submissions to your rooms.

Petition

The Convener: Item 2 is a petition from Mr Ooms on the national health service complaints procedure. Are there any comments?

Malcolm Chisholm: This petition raises important issues, although it is not exhaustive. I hesitate to suggest another study, but at some point we will have to examine the complaints procedure. In the past few days, the Health Committee at Westminster has produced an excellent report on procedures related to adverse clinical incidents and outcomes in medical care—there is a UK health complaints procedure at the moment, but it need not be a UK procedure in future. I recommend that report to everybody, as it raises a lot of general concerns, and goes wider than the petition.

We should recognise that the petition raises important issues, but that we will want to consider the matter more comprehensively at some future date. It would not be wise to pick out individual problems in the procedures, as it could be argued that there are more general concerns that have not been raised by this petition. We cannot immediately hold a study into this, so there is probably not a lot we can do at the moment.

The Convener: Is there any other action that we can take? Should we forward this petition to the minister so that she can decide whether there are issues for her to address?

Malcolm Chisholm: Another option—I hesitate to mention it, as we already have three reporters—is for one of us to examine this issue. However, we are heavily loaded with issues. It is an important issue, which will have to be addressed in the fairly near future. Apart from appointing a reporter, this committee cannot do very much on it at the moment.

The Convener: In the past few weeks, members have asked whether health boards provide the best structure. As we go through our business, we will highlight other issues that we should take time to address.

Margaret Jamieson: If we are suggesting that we pass this matter on to the health minister, we should understand that there are 27 NHS trusts with 27 sets of procedures, and there are health boards. We might tell the minister that we are failing because there are so many different procedures—some are very good, others are not—and that the complaints procedure needs to be re-evaluated, as I think it will be. Clinical governance will certainly have an impact.

Hugh Henry: We could suggest that the Scottish Executive consider implementing a consistent complaints procedure so that there is some assurance that there is consistent treatment across the country.

The Convener: Margaret Jamieson's point is well made; clinical governance will make it even more important to have a consistent procedure.

Malcolm Chisholm: My fundamental concern—it has been reflected in other criticisms—is how independent of the trust the complaints procedure is. The main thrust of the Westminster Health Committee's recommendations is that the procedure should be made more independent.

I hesitate to mention what is happening at Westminster, but you all know my views so I can probably get away with it. The Department of

Health is conducting an investigation into the complaints procedure. We need to look at it in Scotland. Perhaps we can ask the Executive to look at it, but it would be difficult for the committee to do that at the moment.

11:00

Dr Simpson: I support that. We should ask the Executive to look at it. We should not duplicate the work that is being done at Westminster. A number of issues are raised by the petition, one of which is that there are separate complaints procedures for primary care teams and for trusts and, as the case in question demonstrates, serious complaints usually relate to both. We should ask the Executive to look at the Westminster report, at how the complaints procedure is working in Scotland and particularly at how the system is working in relation to the new structures that came in on 1 April 1999.

Hugh Henry: We could also ask the Executive to comment on what it sees as the issues raised by the petition and to report back to us.

The Convener: This is an individual complaint. As a non-clinician, it seems to me that although some of it is valuable to us, aspects of it are beyond what the committee should be looking at.

Dr Simpson: We must not get involved in the detail of complaints. That is very important. The petition is backed by the evidence on the individual case, but we cannot get involved in any individual case or the committee will spend all its time on such issues.

The Convener: We must make that point strongly. Each petition that is passed to us will be dealt with on its own merits, but as a general rule it is not our job to become involved with individual cases.

Mary Scanlon: I agree, but this complaint is not isolated. I have two similar cases on my desk, which I am not certain how to progress. One has been through a fatal accident inquiry. We should thank the people who submitted this petition because the headings on their paper summarise most of the main problems inherent in the current procedures. It should not be set aside. People must feel happy about an open, honest, accessible and truthful health service. The Executive should investigate it thoroughly and consider the issue of consistency.

The Convener: As Margaret said, we must aim for consistency. We should remember that the point at which people make a complaint against the health service is usually one of great stress for them—they are likely to be lay people up against clinical issues on which they may have had very little information.

Margaret Jamieson: That is usually where the complaint starts.

The Convener: We will ask the Executive to consider it, in terms of the points raised about the complaints system, bearing in mind that with the advent of clinical governance it will be a very important issue. We should send a copy of the *Official Report* of this discussion to the Executive so that it can see what our thinking on the matter is. We should suggest that it pay attention to the Westminster inquiry and present a complaints system that serves patients as well as the health service.

Convener's Report

The Convener: Like many members of the committee, I had a meeting recently with the Haemophilia Society. I was unable to make the initial meeting because of a televisual link, which I think was a first, of all the Assemblies and Parliaments in the UK on AIDS. Richard Simpson and I met the society later.

The society proposed that the committee undertake a full public inquiry into people with haemophilia who have been infected with hepatitis C. I said that I do not think that the committee is the way to do that, given our work load, our limited resources and because the Minister for Health and Community Care and her department are undertaking an internal review. It is better to wait until that report has been put together than to start another inquiry or to call for anyone else to do so.

I recognise that members of the Haemophilia Society do not see the Executive's internal review as an independent, public inquiry, but I nevertheless said that it was better for us to await its outcome. Copies of the internal report will be given to the society and to the committee. I suggest that we consider the matter then and, if we feel that there are issues outstanding, decide what needs to be done, either by the Executive or as a public inquiry. Does the committee agree with that?

Members *indicated agreement.*

The Convener: I will write to the Minister for Health and Community Care.

Dorothy-Grace Elder: I am sure many of us are cynical about internal reports by the Department of Health in London, so we will study this one very carefully.

Margaret Jamieson: This one is in Scotland.

The Convener: It is an internal report that Susan Deacon instigated following a meeting with the society.

Margaret Jamieson: This is an issue only in Scotland.

The Convener: The issue of hepatitis C infection affects people outwith Scotland, but people with haemophilia here appear to have been infected via the Blood Transfusion Service at least a year earlier than people in other parts of the UK.

We will come back to this subject when the internal report is made available.

Subordinate Legislation

The Convener: The agenda item on subordinate legislation has been removed. It was put in because we want to be helpful on the beef-on-the-bone ban and, following the Minister for Health and Community Care's comments in the Parliament last week, it was possible that we might have to consider a statutory instrument on the matter, but we do not.

The final item is the report on the Stracathro petition and we have agreed that we will take it in private.

11:10

Meeting continued in private until 12:33.

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