

HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 27 September 2000
(Morning)

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HEALTH AND COMMUNITY CARE COMMITTEE 22nd Meeting 2000, Session 1

CONVENER

*Mrs Margaret Smith (Edinburgh West) (LD)

DEPUTY CONVENER

*Malcolm Chisholm (Edinburgh North and Leith) (Lab)

COMMITTEE MEMBERS

*Dorothy-Grace Elder (Glasgow) (SNP)
*Mr Duncan Hamilton (Highlands and Islands) (SNP)
*Hugh Henry (Paisley South) (Lab)
*Margaret Jamieson (Kilmarnock and Loudoun) (Lab)
*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

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Irene Fleming

ASSISTANT CLERK

Joanna Hardy

LOCATION

Committee Room 3

Scottish Parliament

Health and Community Care Committee

Wednesday 27 September 2000

(Morning)

[THE CONVENER opened the meeting at 09:31]

Items in Private

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

The first item on our agenda is consideration of whether to take some items—agenda items 2, 3, 4 and 5—in private, for a variety of reasons. Item 2 concerns committee procedures; that will involve discussion of how the committee's work has progressed and how we can improve. John Forbes will attend for item 3, which concerns the Arbuthnott report. To enable us to have a full discussion on the final version of that report, it would be best to take that item in private. Item 4 is Richard Simpson's draft report on influenza vaccination. As with all previous draft reports, we will discuss that report in private. Item 5 concerns the budget; that is similar to a draft report in that we have to make a report back. Our discussion will take the form of an update on the minister's response. Does anyone have any comments, or are we agreed?

Members indicated agreement.

The Convener: Thank you. We move to item 2.

09:33

Meeting continued in private.

12:14

Meeting continued in public.

Subordinate Legislation

The Convener: We have three negative instruments to consider, starting with the Meat (Disease Control) (Scotland) Regulations 2000 (SSI 2000/288). The Subordinate Legislation Committee commented that the regulations breached the 21-day rule but the reasons that were given, regarding urgency as a result of the recent swine fever outbreak in East Anglia, were acceptable to that committee. It is suggested that those reasons should also be acceptable to us. No motion to annul has been lodged, so the recommendation is that the committee does not wish to make any recommendation. Is that agreed?

Members indicated agreement.

The Convener: The Subordinate Legislation Committee had no comments on the next negative instrument, the General Medical Council (Legal Assessors) Amendment (Scotland) Rules 2000 (SSI 2000/308). No motion to annul has been lodged and the recommendation again is that the committee does not wish to make any recommendation. Is that agreed?

Members indicated agreement.

The Convener: The Subordinate Legislation Committee made more serious comments on the next negative instrument, the Food Irradiation Provisions (Scotland) Regulations 2000 (SSI 2000/309). The Subordinate Legislation Committee agreed at its meeting on 26 September that it had two main concerns, about defective drafting of certain parts of the instrument and ambiguity. That ambiguity concerns a matter that may involve criminal charges being brought, so we must try to find ways around that lack of clarity.

The Executive has not satisfied the Subordinate Legislation Committee's concerns and I suggest that the Health and Community Care Committee ask the Executive to explain its position further. If we are minded to seek further information from the Executive, we could do so by correspondence and progress the matter after the recess. Is that suggestion acceptable to the committee?

Members indicated agreement.

12:15

The Convener: We will seek clarification from the Executive and, once we have received that, we will decide after the recess whether any member wishes to lodge a motion to annul.

Organisations (Contacts)

The Convener: Item 7 concerns contacts from outside organisations; paper HC/00/22/13 contains details of contacts that have been made with the committee. We have received no comments or suggested actions from members on that paper, except for Mary Scanlon's comments on the British Dental Association and Richard Simpson's comments on Greater Glasgow Health Board. In addition, we agreed previously that the committee wanted to meet informally the Health Technology Board for Scotland, the Clinical Standards Board for Scotland and representatives from the Scottish intercollegiate guidelines network.

The British Dental Association offered to give us a presentation on how dentistry in Scotland could be developed; that would include a discussion on "An Action Plan for Dental Services in Scotland". That would be useful to the committee as we have been in operation for more than a year and have not examined specifically any matters relating to oral health. We should consider fluoridation, which members mentioned in the debate on public health last week. Another issue that we could consider concerns the availability of training places for dentists in Scotland. Mary Scanlon has raised that issue with me. The presentation would be useful in a number of ways.

Mary Scanlon (Highlands and Islands) (Con): We have two dental schools in Scotland and I understand that more women are going into dentistry. I welcome that, but women also have career breaks and maternity breaks; I am told that, although the same number of dentists can be trained, not as many dentists are available as there used to be. If the action plan, which I think is excellent, is implemented we may be storing up serious problems with a shortage of dentists. I would welcome the committee's inviting the views of Professor Saunders, the dean of the dental hospital in Dundee, on that issue. If we did that, we could consider the situation not just from a practitioner's point of view but in the context of long-term planning.

The Convener: We should also consider the views of Alastair MacLean from the BDA.

Mary Scanlon: Indeed.

Hugh Henry (Paisley South) (Lab): If we are having a presentation from the British Dental Association, that is fine, although we should be fairly prescriptive on the subject of the discussion. If we decide to invite others to discuss the wider issues of dental practice and oral health, by all means let us do so, but we must be clear about what we are doing and give careful consideration to who should be invited.

The Convener: I assume that the committee would want an informal presentation from the BDA rather than a formal meeting.

Members indicated agreement.

Hugh Henry: If the presentation is to be informal, I do not see the relevance of inviting somebody from the dental school in Dundee unless we intend to broaden out the discussion and to invite others. I thought that we specifically wanted a broad presentation from the BDA.

Dorothy-Grace Elder (Glasgow) (SNP): We could consider waiting lists. The dental hospital in Glasgow is worried not about career breaks—such breaks happen everywhere—but about having waiting lists of up to 70 weeks for some patients. The dentists there are under severe strain. I would like to hear from someone about dental health education for children. I return to the point I have made in the chamber several times: sweetie vending machines are being installed in schools, while the Minister for Health and Community Care is giving out free toothpaste.

The Convener: Does the committee agree that we should have an informal presentation from the BDA and that, in accepting the BDA's offer to give us that presentation, we should highlight some of the issues that we have discussed this morning? We would include Mary Scanlon's point about training and ask for the BDA's comments on that. The BDA would be able to report on the training situation not just in Dundee, but throughout Scotland.

We will invite the BDA to make a presentation, but we will flag up some of the issues that we want it to cover and that we are likely to ask questions about.

Hugh Henry: Could we ask the BDA to make reference to fluoridation? At some point we will have to examine not just the efficacy of fluoridation, but the democratic process by which the decision on fluoridation will be made. That process is not a matter for the BDA, but I think it would be helpful to establish—

The Convener: That is a major issue. Last week, the Minister for Health and Community Care made the point that, although we have always tended to think of fluoridation of the water supply, other methods are available. It might be worth considering that and asking the BDA for its view on the effectiveness of those other methods. As you say, there is some concern about fluoridation.

Shall we leave it at that? If members want to suggest any other issues that could be highlighted at the meeting with the BDA, they should e-mail the clerks. We will pass that information on to the BDA and organise a meeting.

Irene Oldfather (Cunninghame South) (Lab):

We must be clear why we are accepting the BDA's offer. We are not just responding to a request that we have received from an organisation. The issues that we would discuss with the BDA could link with our programme of work and aspects of the public health agenda that we talked about earlier, such as fluoridation, and the demonstration projects on which Hugh Henry will report back to the committee. We get so many requests. Many organisations hold informal, lunch-time briefings that members can attend if they wish. Contact could be pursued in that way with many of the organisations that contact us, but because the BDA links in to a specific part of our work, I agree with the suggestion that has been made.

Mary Scanlon: The BDA presentation would be linked specifically with the action plan, which is an excellent document on the provision of service. Every dentist is a member of the BDA, and although Alastair MacLean can give us some information, if we decide to have a one-off committee meeting, at which we would take a sharply focused look at the service, we could not consider long-term provision without harnessing the input of dental schools as well.

The Convener: I suggest that we agree to have an informal presentation from the BDA to give us background on all the issues that we have raised. Any other issues that members wish to bring to our attention should be suggested through the clerks. Are we agreed?

Dorothy-Grace Elder: I just want to sound a wee health warning, convener. You are probably well aware that, once we get into the fluoride argument, we can write off the next 40 years of our lives. That argument has been going on for about 35 years.

The Convener: I know. However, there is a commitment in the partnership document and the white paper to deal with fluoridation and to open up the issue to widespread public consultation at some point. We all appreciate the serious nature of the concerns about dental health, in particular regarding children. As a result, we must be well acquainted with the arguments, but I take on board your health warning.

Richard Simpson commented on the contact from Greater Glasgow Health Board.

Dr Richard Simpson (Ochil) (Lab): I cannot remember what I said; it was so long ago. I think that I expressed slight concern about having a presentation from only one acute services review group. The only advantage of meeting GGHB would relate to what it went through with Stobhill. It would be interesting to hear how the board managed the consultation process.

Mary Scanlon: I would not be keen on having

such a meeting in the middle of an acute services review. My constituency is geographically distant from Glasgow, but it would appear—

Dr Simpson: I cannot remember exactly what my comment was.

The Convener: Your comment was probably what everybody else was thinking.

Mary Scanlon: GGHB appears to have learned something from Stobhill.

The Convener: I think it would be at some pains to do that.

Mary Scanlon: We would get drawn into the argument about where the hospital should be sited.

The Convener: There would be nothing to be gained at this stage from inviting Greater Glasgow Health Board to make a presentation.

Dr Simpson: The board is probably doing informal briefings for Glasgow MSPs.

The Convener: I think it is.

Mr Duncan Hamilton (Highlands and Islands) (SNP): I had a useful meeting with Greater Glasgow Health Board yesterday, and I certainly agree that the committee should meet the board in future, but the best time for that to happen would be at the end of the acute services review. The board has a constructive case to make, post-Stobhill, and is keen to interact with the committee. It is also keen to repair some of the damage that was done.

The Convener: Leaving aside the question of repairing the damage, if we see improvements in future consultations we should be big enough and ugly enough to acknowledge those improvements and the fact that our comments, which we felt compelled to make, had been taken on board. The same principle would apply to any health board, and for whatever reason we made our comments.

There would probably be merit in inviting Greater Glasgow Health Board to give a presentation at some future date. An informal presentation might be more useful.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I apologise for missing some of the discussion; I had to leave the meeting briefly.

I am interested in what is happening in Glasgow, but why are we considering an invitation to Greater Glasgow Health Board rather than to any other health board?

The Convener: In fact, Richard Simpson had commented that we should not hear from one specific health board. His comment was a sort of negative instrument, if you will.

We have agreed what to do about the BDA. With regard to other organisations, where no comments have been received from members, it is recommended that we thank the organisations for their invitations and take no further action at this time.

Are we all agreed?

Dr Simpson: With the exception that if the organisation is organising an informal lunch-time briefing, we would be interested.

Dorothy-Grace Elder: Yes. We should encourage that.

The Convener: We should not lose sight, for a minute, of the time that committee members commit to attending such meetings and briefings with organisations. We all do that and find it useful. Are we agreed on the recommendation?

Members *indicated agreement.*

Witness Expenses

The Convener: Agenda item 8 concerns witness expenses. Given our earlier discussions, we need hardly bother with this item, but—

Mary Scanlon: Is it still relevant?

The Convener: It is; bear with me for a moment. During our earlier discussions about how we wanted to engage with the Scottish Confederation of Pensioners and other pensioner representatives, we decided that it was best that those groups meet the committee's reporter, Margaret Jamieson. That meeting would probably take place in Kilmarnock, so travelling expenses would still be involved for those witnesses. I ask members to agree in principle that we would pay any expenses that the witnesses incurred in taking part in that proposed meeting.

Members *indicated agreement.*

The Convener: Thank you. That brings the meeting to a close.

Meeting closed at 12:29.

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