

HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 26 September 2001
(*Morning*)

Session 1

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HEALTH AND COMMUNITY CARE COMMITTEE 21st Meeting 2001, Session 1

CONVENER

*Mrs Margaret Smith (Edinburgh West) (LD)

DEPUTY CONVENER

Margaret Jamieson (Kilmarnock and Loudoun) (Lab)

COMMITTEE MEMBERS

Dorothy-Grace Elder (Glasgow) (SNP)

*Janis Hughes (Glasgow Rutherglen) (Lab)

Mr John McAllion (Dundee East) (Lab)

*Shona Robison (North-East Scotland) (SNP)

Mary Scanlon (Highlands and Islands) (Con)

*Dr Richard Simpson (Ochil) (Lab)

*Nicola Sturgeon (Glasgow) (SNP)

*attended

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Peter McGrath

ASSISTANT CLERK

Joanna Hardy

LOCATION

Committee Room 3

Scottish Parliament

Health and Community Care Committee

Wednesday 26 September 2001

(Morning)

[THE CONVENER *opened the meeting at 09:30*]

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

We have received several apologies, so there will be a small number of us. We have apologies from Mary Scanlon. I do not know whether all members know that Mary was in quite a serious car accident last week. I understand that she walked out of it but was lucky not to be quite seriously injured. I put on record the fact that we wish her well. I expect that she will appear later today, or tomorrow. She is having to travel down by train, because she no longer has a car.

Dorothy-Grace Elder and John McAllion are also missing this morning. They are visiting the German Parliament with the Public Petitions Committee. That will have an impact when we come to later agenda items.

Nicola Sturgeon (Glasgow) (SNP): Did they not know that they were going to be in Berlin when we agreed to put these items on today's agenda last week?

The Convener: I would have thought so, but they did not make any comments at that point. We will deal with the agenda items as we see fit.

Contacts

The Convener: Agenda item 1 is a contacts report. The committee is regularly contacted by a variety of people who want to talk to us, give us evidence and find out what our point of view is on certain matters.

Members have received a paper that outlines some of the approaches that have been made to us in the past few weeks. I would be pleased to receive guidance from committee members as to what they think we ought to do about them.

We have received a letter from Diana Smith from the Isle of Lewis befriending scheme. It expresses dismay that a fund for befriending projects that was announced by the chancellor will not extend to Scotland and calls on the committee to help to establish a befriending fund in Scotland.

We have a range of options. We could note the letter, suggest to Mrs Smith that she might like to pursue it as a petition or write to the Executive to ask whether it has any plans to improve services for befrienders. Richard Simpson has mentioned the issue in the past. I am sure that it will come up when we consider the mental health bill.

Shona Robison (North-East Scotland) (SNP): I suggest that we write to the Executive to ask it to clarify why the fund does not extend to Scotland and what alternative it is putting in place to ensure that adequate resources are provided for such projects.

Janis Hughes (Glasgow Rutherglen) (Lab): I agree. When we receive a response from the Executive we can decide whether we suggest that Mrs Smith pursue the matter through the Public Petitions Committee or we take further action.

The Convener: It is likely that we will have to return to the general issue when we discuss the mental health bill. It is an important matter.

Are members happy with the suggestion that we write to the Executive?

Members indicated agreement.

The Convener: We have received a letter from Alex Neil in which he calls on the committee to review whether the recently announced new chair of the Health Education Board for Scotland has suitable expertise for the post. Members should have received a copy of Alex Neil's letter to me.

I must confess that I am unclear about what the locus of the committee—or any other subject committee of the Parliament—is on appointments to quangos or other organisations. I suggest to the committee that at this stage I ask the clerks to investigate that. They can give us guidance on what we can and cannot do in terms of investigating such appointments and background information about how such appointments are being made. My understanding is that there is an element of independence in the process. I know that the Executive has plans on the appointments process and Alex Neil has introduced a member's bill to make progress on the issue.

Do members have any comments?

Shona Robison: We should clarify whether it might be appropriate to ask the Minister for Health and Community Care to come to the committee to be asked about the criteria for such appointments. Your suggestion is an appropriate way forward, convener.

Janis Hughes: I agree that the convener's suggestion is the appropriate way forward in the first instance, but I have seen Alex Neil's letter for the first time this morning and I am confused as to why he felt it necessary to refer the matter to the

committee. The appropriate way forward would be to ask the clerks to seek further information. I register my concern about the way in which this matter has been introduced. It would have been preferable to receive prior information about this item. We can discuss the matter at a later date.

The Convener: Proceeding in the way I outlined does not necessarily involve consideration of the specifics. It will give us further information so that we can return to the matter. I am not keen on our getting involved in a Senate-style hearing every time an appointment within the locus of the health department is made. Our work load is such that I am not sure when we would get around to carrying out such inquiries. We will get the general background information on the locus of the committee, the current level of independence in the appointments process and what plans there are on the matter. That information will inform our further debate.

Do members agree with that proposal?

Members indicated agreement.

The Convener: The next contact is from Dr Mac Armstrong, the chief medical officer. It is an offer to brief members about the Executive's new cancer plan. We have agreed previously that we want to receive such a briefing. Attempts were made to arrange a meeting before the recess, but it had to be postponed owing to internal Executive delays. I assume that the committee wants us to make every effort to get that briefing done as soon as possible. Is that agreed?

Members indicated agreement.

The Convener: We will now discuss an update on previous contacts from outside organisations. The first is about the contact made by John Beattie of the Scottish Executive physical activity task force. It is suggested that we have a presentation on 23 January 2002, as part of a meeting that is dedicated to public health issues. That may seem a long way off, but everybody is aware of our work load over the next few weeks.

We have agreed to look at public health in its widest sense in the new year. I hope, therefore, that we are agreed that we should look at physical activity at that point?

Members indicated agreement.

The Convener: We have received an offer of a briefing on plans to modernise Glasgow's acute hospitals. It was agreed at our meeting of 27 June that the convener would contact Professor Hamblen to ask him to come before the committee, if he was available to do so. I will ask the clerk what we have done about that.

Jennifer Smart (Clerk): I take it that the convener has yet to arrange a date.

The Convener: Yes, I have still to arrange a date.

Nicola Sturgeon: The plans for Glasgow's acute hospital services are far from concluded. Reference groups are looking at various options. It would be premature to have a briefing at this point.

The Convener: If I remember correctly, the briefing was to be as much about the manner of the consultation as about how the review is progressing. Committee members were concerned about how Greater Glasgow Health Board had dealt with the situation at Stobhill hospital and at other hospitals. We invited the board before the committee and, as a result of that evidence and of the acute services review, Professor Hamblen offered to come before the committee. I think that he was saying, "Look, we are trying to make efforts to improve what we are doing about consultation." I do not have a copy of the background papers, but from memory that is the reason for the request for this briefing.

Nicola Sturgeon: It might be useful to have such a briefing, but it is not a priority. In Janis Hughes we have a member of the committee who represents a Glasgow constituency and is involved centrally in the process. I would be concerned if Greater Glasgow Health Board wanted to come before the committee under the guise of briefing us on the process and instead pushed any one of the options that are under consideration.

Janis Hughes: As Nicola Sturgeon said, I am heavily involved in the Glasgow acute services review and I can say that there are concerns about consultation. The elected members of the north and south Glasgow reference groups are addressing those concerns. I agree with Nicola Sturgeon: at this stage, I am not convinced that it would be appropriate to invite Professor Hamblen before the committee. We may want to consider that at the beginning of next year.

The option appraisal process has been postponed because of concerns about information, which has not become available in the expected time scale. The consultation process continues. By that time, the process will be further down the road and we will have the benefit of hindsight.

The Convener: My memory of the briefing is that it was offered as a meeting between Professor Hamblen and me. The meeting would be made open to other members of the committee, should they wish to attend. I can do that, or we can let the matter rest for the time being.

Nicola Sturgeon: Let it rest.

Janis Hughes: I agree. Let it rest.

The Convener: Okay. We will revisit that offer in the future. As committee members know, from day one the Health and Community Care Committee

has taken the position that it will not always look at the local aspects of the acute services reviews that are taking place around the country. We agreed that we do not want to hear about the nitty-gritty of the reviews but that we have an interest in the consultation process that is taking place in Glasgow.

The Health Technology Board for Scotland has offered to meet the committee. It is fair to say that a number of committee members have concerns and questions about HTBS and several members have indicated a willingness to attend such a meeting. The most likely date would seem to be a Wednesday in November, but we await confirmation of a date from HTBS. The meeting will take the form of an informal briefing for committee members.

On 27 June, the committee considered a short paper from the Scottish Parliament information centre about hospital-acquired infection. Several questions were raised at that meeting and they were put to the Executive and Audit Scotland. Members have a note from the clerks that gives the replies to some of the questions. The committee should note that the Clinical Standards Board for Scotland is currently undertaking consultation on the subject. The Minister for Health and Community Care has made a series of announcements that relate to the setting up of what amounts to more of a national strategy than has been the case in the past. I think that all parties have welcomed those announcements.

In March/April 2002, the Clinical Standards Board for Scotland's consultation is to be followed up by an Audit Scotland audit, which is to be published in the summer of 2002. Does the committee wish to take further action now, or should we wait until Audit Scotland has examined the Executive's follow up to "A clean bill of health? A review of domestic services in Scottish hospitals"—its good report of a year or so ago? Is the committee happy to let Audit Scotland look at the matter?

Members indicated agreement.

The Convener: As of yesterday, one other matter has been added to the report under this agenda heading. The Executive has offered to give the committee an informal briefing on the issues that surround the confidentiality of patient records. In the past, committee members have expressed concern on the subject and our concerns that we retain access to useful data. Human rights issues are involved. I propose that we accept the Executive's offer of an informal briefing. Are members happy to do so?

Dr Richard Simpson (Ochil) (Lab): The consultation period has just ended. The confidentiality group CSAG—I am not sure what

the acronym stands for—published its report in July. It asked for comments to be submitted by 18 September. I wonder about the timing of the briefing.

The Convener: We can leave that for the clerks to discuss with the Executive, which will have a good idea of when it is in a position to offer such a briefing. Does the committee want to have the briefing as soon as possible, so that we can be included in the consultation, or shall we defer it to a later date when decisions have been taken? My personal view is that we should be involved at this stage. Are we agreed?

Members indicated agreement.

09:45

Meeting continued in private until 10:10.

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