HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 28 November 2001
(*Morning*)

Session 1

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HEALTH AND COMMUNITY CARE COMMITTEE

29th 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

WITNESS

Malcolm Chisholm (Deputy Minister for Health and Community Care)

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Peter McGrath

ASSISTANT CLERK

Graeme Elliott

LOCATION

Committee Room 2

Scottish Parliament

Health and Community Care Committee

Wednesday 28 November 2001

(*Morning*)

[THE CONVENER *opened the meeting at 09:32*]

The Convener (Mrs Margaret Smith): Good morning everybody and welcome to this morning's meeting of the Health and Community Care Committee. We have apologies from Nicola Sturgeon and from Richard Simpson. Richard Simpson will probably be leaving the committee in the near future—we have probably had his last attendance—and I record my appreciation of the work that he did in two and a half years as a committee member, particularly on some of the reports that he wrote. Recently, he worked on a report on organ donation, but he has worked on reports on flu and on other matters. He did substantial work for the committee as a member and I record my appreciation on behalf of the committee.

With us is the new Minister for Health and Community Care, Malcolm Chisholm, to whom I bid good morning. I offer you congratulations on behalf of all committee members, some of whom were your colleagues on this committee. We have watched your meteoric rise with keen interest and look forward to working with you.

Items in Private

The Convener: The committee is asked to take agenda items 5 and 6 in private. Item 5 is a draft report. It is our normal practice to discuss reports in private session until they are published. Item 6 is about potential topics for external research. Individuals may be named in connection with the paper, so I ask members that we have that discussion in private. Is that agreed?

Members *indicated agreement*.

Subordinate Legislation (Debates)

The Convener: Members have been asked whether they wish to debate the emergency statutory instrument that is before us. No comments have been received so it is suggested that the committee agree not to debate the instrument. Are we all agreed?

Members *indicated agreement*.

Subordinate Legislation

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 13) (Scotland) Order 2001 (SSI 2001/425)

The Convener: The minister is with us to move the motion on the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 13) (Scotland) Order 2001 (SSI 2001/425). The Subordinate Legislation Committee has nothing to report and no comments have been received from members. Do you wish to make a statement, minister?

Malcolm Chisholm (Deputy Minister for Health and Community Care): I thank you for the kind words that you said at the beginning of the meeting. I owe a lot to the time that I spent on the Health and Community Care Committee—it is the best preparation for this job.

Today's motion is very similar to the ones that I explained two weeks ago so, with your permission, I will not make a statement.

I move,

That the Health and Community Care Committee recommends that the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 13) (Scotland) Order 2001 be approved.

Motion agreed to.

Colours in Food Amendment (Scotland) Regulations 2001 (SSI 2001/422)

The Convener: We now have an instrument subject to the negative procedure, the Colours in Food Amendment (Scotland) Regulations 2001. No comments have been received from members, the Subordinate Legislation Committee has no comments to make and no motion to annul has been lodged. It is suggested that the committee does not make any recommendation in relation to the instrument. Is that agreed?

Members *indicated agreement*.

Petitions

Hospital Services outwith Cities (PE407)

The Convener: The next item is an update on the situation regarding the significant number of on-going petitions.

The first petition is from the Action Group for Chalmers Hospital, which calls on the Scottish Parliament to take appropriate action to ensure that the Scottish Executive provides the necessary funding for adequate hospital services outwith cities. The Public Petitions Committee has referred the petition to us with the recommendation that it be for information only at this stage. Is that agreed?

Members *indicated agreement*.

Post-mortem Organ Removal (PE406)

The Convener: Petition PE406, from Margaret Doig, calls for the Scottish Parliament to redress the omissions concerning the law and code of practice governing post-mortem removal and retention of organs and disposal of body parts when the deceased has no relatives, as and when recommendations for changes in the law and codes of practice in relation to those matters are implemented.

The Public Petitions Committee has agreed to refer the petition to us for further consideration, with the recommendation that we establish whether the Executive review group, under Sheila McLean, which has reported in the past few days, covered the issue of acquiring authority for post-mortem and treatment of organs of those with no relatives. The review group's final report was published on 23 November. Committee members have just had the sizeable report put in front of them. I believe that there are also supporting letters from the Executive and some of the families of those whose organs were retained. I suggest at this stage, given the amount of extra work that we have to consider on the wider issue of organ retention, that we take the petition forward to a further meeting. That will give members a chance to read through the material. Is that agreed?

Members *indicated agreement*.

Allergy Clinics (PE276)

The Convener: Petition PE276, from Elizabeth Girling on behalf of the Lothian Allergy Support Group, calls for the Scottish Parliament to establish specialist clinics for the diagnosis and treatment of allergies in national health service hospitals. The Public Petitions Committee has referred the petition to us with the recommendation that it be for information only at this stage. Is that agreed?

Members *indicated agreement*.

Cancer Rates (East Lothian) (PE349)

The Convener: Petition PE349, from Mr Thomas Stevenson, calls on the Scottish Executive to carry out an urgent investigation into reasons why cancer rates are higher in East Lothian than elsewhere in the Lothian Health area. The Public Petitions Committee has obviously done some work on the petition and has referred it to us.

I refer colleagues to the responses that the Public Petitions Committee received from the Scottish Executive and Lothian Health. The committee's suggestion is that part of the reason why East Lothian appears to have greater cancer rates is that East Lothian has a higher than average elderly population. I suggest that the committee notes those responses, notes the petition and takes no further action. Is that agreed?

Members *indicated agreement*.

Organic Waste Disposal (PE327)

The Convener: Petition PE327, on behalf of the Blairingone and Saline Action Group, seeks redress from environmental pollution and noxious odours caused by the current practice of spreading sewage sludge and non-agriculturally derived waste on land in Scotland. The Transport and the Environment Committee forwarded the petition to us for comments. No comments have been received since it was circulated to members, so I suggest that we take no further action at this time.

Dorothy-Grace Elder (Glasgow) (SNP): I suggest that we nevertheless express concern about this matter, because we do not even know the form—whether cake sewage or loose sewage—in which the sewage is going on to the land. The matter is extremely concerning. When the petition was originally lodged, blood was also being spread on the fields.

The Convener: The substantive part of the petition is being taken forward by the Transport and the Environment Committee, so the issue is being followed through.

Dorothy-Grace Elder: I appreciate that.

The Convener: All members of the committee had an e-mail circulated to them prior to this meeting asking for their comments on the petition. At this stage it is probably best for us simply to note the petition and the continuing work that is being done by a fellow committee of the

Parliament. Is that agreed?

Members *indicated agreement*.

Myalgic Encephalomyelitis (PE398)

The Convener: Petition PE398, from Helen McDade, calls for the Scottish Parliament to urge the Scottish Executive to carry out a strategic needs review assessment on ME and chronic fatigue syndrome and to take a range of other steps in relation to the treatment of and research into those conditions. The Public Petitions Committee has referred the petition to the Health and Community Care Committee and asks whether we intend to, and whether we could, conduct an inquiry into the issue. The Public Petitions Committee has also requested comments from the Executive on issues that the petition raises and has asked for updates on the ME working group—which is based in England—on which the Executive has observer status. As far as we are aware, the Public Petitions Committee is still waiting for a response. I ask Mr McAllion, who is the convener of the Public Petitions Committee, whether that is correct.

Mr John McAllion (Dundee East) (Lab): Yes, it is. The petition was one that most impressed the Public Petitions Committee by the way in which it was presented and by the evidence that supported it. The committee's view was that the petition should be pursued. We are awaiting the chief medical officer's report on the situation in England and Wales, which will obviously have an influence on the Scottish Executive. However, the report is not binding on the Executive, which could take a different course of action.

I understand that there has been a problem with the CMO's report and that the psychiatrists involved in it have withdrawn from the working group because they are not happy with the report's conclusions. That might make the cross-party group in this Parliament happy, because we have been trying to establish the physical nature of ME. The petition merits further investigation because ME has long been neglected in Scotland. There is a much support throughout the country for the petition. Many ME groups want the Parliament to take the matter seriously and I hope that the Health and Community Care Committee will do so. I should declare an interest, in that I am the convener of the cross-party group on ME.

The Convener: That is duly noted. I think that we have probably all been lobbied at one time or another about the issue. I have been lobbied by local ME sufferers. There is a great deal of sympathy for what John McAllion has said.

Mary Scanlon (Highlands and Islands) (Con): The deputy convener of the cross-party group on ME, Alex Fergusson, spoke to me about the petition. He, too, made John McAllion's point about the psychiatrists pulling out of the CMO's group. He said that 25 per cent of those who are worst affected by the condition do not support the CMO's group, in which there seems to be little faith. He has asked me whether we can take a fresh look at ME in Scotland and take a lead by supporting the establishment of a group to carry out further research. In fact, we are being asked to support the actions set out in the petition.

09:45

The Convener: Given that we seem to be in a period of flux with regard to what the CMO's working group is doing in England, probably the first thing we should do is establish exactly what is happening and what time scales that group is working to. When we have that information, we can return to the issue and decide whether we want to investigate the matter as a committee.

Despite my earlier comments, I have to remind committee members yet again of the work programme that we have ahead of us. We have five pieces of legislation to deal with between now and next summer. Before we take anything on, we have to be aware of the impact that it could have on other parts of our work programme. That is not to denigrate in any way the worth of the petitions that are before us, but we must be aware of that. We shall return to ME at a future meeting, when we have elicited a bit more information about what is happening with the CMO's group in England. Is that agreed?

Members *indicated agreement*.

Organ Retention (PE370)

The Convener: Petition PE370 is from Lydia Reid on behalf Scottish Parents for a Public Enquiry into Organ Retention. I hope that our earlier decision on the issue stands. We shall return to the matter. Is that agreed?

Members *indicated agreement*.

Chronic Pain Management Services (PE374)

The Convener: Petition PE374 is from Dr Steve Gilbert and calls on the Scottish Parliament to act urgently to redress the underfunding of chronic pain management services, to debate the matter in Parliament and to urge the Minister for Health and Community Care and health boards to move chronic pain up the health agenda.

The Public Petitions Committee considered the petition on 11 September and agreed to refer it to the Health and Community Care Committee for our consideration, drawing particular attention to the lack of pain services provision in the Highlands. We agreed on 19 September to ask the

Executive what action it intends to take to assess the needs of patients suffering from chronic pain and whether current chronic pain management programmes deliver the appropriate services. The Executive health department has responded. Members should have a copy of that response. Are there any comments?

Dorothy-Grace Elder: The problem was that the Executive misunderstood the brief on the petition. That is why we had to refer it back. It included such things as palliative care. The petition is not to do with palliative care. Chronic pain is something that affects up to 500,000 Scots in the community, most of whom do not have life-threatening problems but are suffering from back pain or arthritis, which cause terribly severe pain. The Executive still does not seem to have grasped that point.

Mr McAllion: I support what Dorothy-Grace Elder says. The Executive misunderstood the nature of the petition and its response includes services that are not relevant to the petitioner's concerns.

The Convener: Is it your understanding that some of the facilities and services that are listed in the Executive response would fall into that category again?

Dorothy-Grace Elder: Yes. That is why we have two separate cross-party groups in the Parliament, one on palliative care, the other on chronic pain. I declare an interest: I am convener of the cross-party group on chronic pain. I think that the Executive has made a simple mistake. I do not think that it has deliberately skewed its response, but I think that we should continue to push for the right response.

The Convener: Do members agree to write again to the Executive to ask for further clarification on chronic pain management other than palliative care?

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Where are the references to palliative care in the health department's response?

Dorothy-Grace Elder: I certainly saw one letter that referred specifically to palliative care—

Margaret Jamieson: One. There is one reference in relation to Argyll and Clyde Health Board. There are no references to palliative care in relation to Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Forth Valley, Grampian, Greater Glasgow, Highland, Lanarkshire, Lothian, Orkney or Shetland. I have difficulty following what Dorothy-Grace Elder and John McAllion are pursuing here.

The Convener: Let us be clear. Given the point that Margaret Jamieson has made, are you saying what you are saying because you know that some of these services involve palliative care, or are you making that comment on the basis of the one service that is mentioned as being palliative care?

Dorothy-Grace Elder: Palliative care is mentioned right at the beginning, albeit in relation specifically to Argyll and Clyde. However, the fact that it is mentioned at all—in view of an earlier response from the Executive—shows that we are still talking at cross purposes, to some extent.

The Executive response makes such statements as "Borders … anaesthetist led." One of the problems is that chronic pain management is being dumped on anaesthetists. Although the Executive wants to bring in many other specialties, chronic pain management is sidelined into an anaesthetist doing it as a small part of his or her job sometimes.

Janis Hughes (Glasgow Rutherglen) (Lab): Maybe I am misreading this response. My understanding of what it says about Argyll and Clyde is that a formal chronic pain management service is provided. However, under the heading

"any improvements planned for year ahead",

we are told:

"Palliative care strategy *may* include proposals for chronic pain management."

My understanding was that that would be extra to the formal chronic pain management service that is already provided at Inverclyde royal hospital. The response also suggests that Argyll and Clyde patients can be referred to Glasgow and states that Glasgow provides a service.

Dorothy-Grace Elder: Glasgow does provide a service, as does Edinburgh, but those services are overladen with patients from other areas. Look at the number of blanks that are in the response: "Forth Valley … none … none", et cetera, et cetera. I refer members to the section on Greater Glasgow. It states:

"Anaesthetist led chronic pain service at 5 acute sites."

Those are heavily overburdened doctors who are already doing big jobs as anaesthetists. They want proper pay and service. Look at the section on Highland Health Board. The response states:

"Acute pain service only at Raigmore, Inverness."

Acute pain should not be mentioned there; we are talking about chronic pain.

Margaret Jamieson: Dorothy-Grace Elder needs to go back and look at what petition PE374 talks about. It does not talk about who delivers the pain management; it says that it should be moved up the health agenda. We have a baseline report that says, "This is what we supply currently in each of the health board areas. This is what they

are going to do for the future." The Executive is taking the issue forward. It meets the terms of the petition. The petition does not ask us to do what Dorothy-Grace Elder is indicating.

Janis Hughes: I agree with Margaret Jamieson. Traditionally, anaesthetists have been the clinicians who have provided chronic pain management. In some of the trusts, pain nurses are also available, which is the way in which we want to see things going. I thought that the petition was looking for services to be provided. We now seem to have evidence that those services are provided in most areas, and I do not understand why there is a problem with that.

Mr McAllion: I support what Dorothy-Grace Elder is saying. I know from personal experience in Dundee that there are serious problems. Somebody who was associated with the pain clinic there killed himself. These services are underfunded throughout Scotland.

The information that we have before us this morning should be taken in conjunction with the earlier response from the Executive, and we should press the Executive for a clear statement on where chronic pain services are available, why they are not available in some areas and what it intends to do about the situation. We have not had that kind of statement from the Executive, and we should push for it.

The Convener: Although this seems a fairly comprehensive list of services, which appear to cover the whole of Scotland, the response does not show us the strain on any of them; nor does it give us further information about whether they are coping with the demand in any given place. To be fair, I do not think that that was the question the Executive was asked.

We can do two things. We can note the petition and what it has asked for. Alternatively, having asked the question and been given a certain amount of information, the committee can ask the Executive anything at all. We can, therefore, ask further questions on the back of the information that we have elicited so far. It is entirely up to committee members.

Shona Robison (North-East Scotland) (SNP): Could we not do both? That would satisfy the issue about what the petition relates to and show that the committee is concerned that there is a lack of information in an associated area. We could ask for that information and I suggest that we do so and continue with business.

Mary Scanlon: I support asking the Executive to consider the inconsistencies of approach throughout Scotland and whether it could recommend some sort of protocol or guideline to address those inconsistencies. The petition is about underfunding but we would be concerned about the inequalities of access to chronic pain services. We could ask for a commitment to a consistent level of services across Scotland.

Dorothy-Grace Elder: We also need the Executive to give us waiting times. At the moment, at Ninewells hospital in Dundee, it takes six months to see a chronic pain consultant; in Glasgow it takes about four months. We are getting fudgy information. For example, the Executive's response on improvements in Lanarkshire in the past year states:

"Results showed service seen as acceptable to patients but with scope for improvement."

What does that mean? I know that only 10 per cent of Lanarkshire patients who are suffering from chronic pain can get access to a chronic pain clinic. The service might be seen as acceptable but only 10 per cent of sufferers are getting that service. We have all those statistics but would like to see what the Executive says about every area of Scotland. Waiting lists are a key issue.

The Convener: Shona Robison pointed out the sensible way forward. We have asked questions about the petition and the Public Petitions Committee has drawn it to our attention. The Executive's response probably does answer the petition. However, having been shown the range of services, we can ask for further information on some of the points that colleagues have raised. A key point is whether supply and demand are matching one another or whether there are identifiable pockets where demand is not being met by the services that appear to be available throughout the country. The committee has general concerns and wants the issue of chronic pain to be flagged up to ensure that the Executive is aware that concerns have been raised with the committee. Are we agreed?

Members *indicated disagreement.*

Mr McAllion: I do not think that we have the information to answer the petition. The petition asks for Parliament to redress the underfunding of chronic pain services. We do not have the information to say that that is what is being done.

Margaret Jamieson: We do not have the authority either.

Mr McAllion: We are seeking information to answer the petition and I do not see why we cannot ask for further information.

Dorothy-Grace Elder: There are hardly any improvements listed—

The Convener: Dorothy-Grace, please address your comments through the chair.

Margaret Jamieson: I keep returning to the original wording of the petition. John McAllion is raising another issue about underfunding, which is

subjective to each and every one of us.

Mr McAllion: It is in the petition.

Margaret Jamieson: It might well be, but we need to go back to find out what the Public Petitions Committee asked and whether it drew attention to the underfunding aspect of the petition. If attention was not drawn to that, you would not receive a response. The response from the health department provides answers about the situation in each health board area. Did the Public Petitions Committee ask the health department specifically about waiting times and waiting lists?

The Convener: I ask John McAllion to clarify whether the question of underfunding was raised with the Executive.

Mr McAllion: That question was raised in petition PE374. The Public Petitions Committee's view was that the Health and Community Care Committee should address the petition, as it was not for the Public Petitions Committee to do that. Petition PE374 asked the Public Petitions Committee to address underfunding of chronic pain services in Scotland. I suggest that we do not yet have the information to respond to the petition.

10:00

The Convener: There are two ways of looking at the matter. Either we decide that we do not have the information to make a decision, or we decide to continue with the petition by asking for further information.

I am of the view that we need further information on petition PE374. As colleagues do not have a different point of view, do members agree to ask for further clarification about the petition and what was asked of the Scottish Executive? If so, we will return to the petition at a future meeting.

Members *indicated agreement*.

Scottish Ambulance Service (PE381)

The Convener: We move to petition PE381, which was lodged by Thomas Campbell on behalf of the Transport and General Workers Union and Unison. The petition calls for the Scottish Parliament to examine the Scottish Ambulance Service's proposals to close five of its eight operations rooms. The Public Petitions Committee considered responses from the Scottish Ambulance Service and from the minister and it agreed to refer petition PE381 to the Health and Community Care Committee for our consideration. Members have a copy of the responses.

On 19 September, the Public Petitions Committee decided to note the petition and to ask the Audit Committee whether it would take action. The Public Petitions Committee also agreed to await the outcome of discussions between the Scottish Executive and the Scottish Ambulance Service. The Audit Committee has informed the Public Petitions Committee clerks that it is being kept updated on the progress of the Executive's consideration of the Scottish Ambulance Service's business plan. The Executive's most recent consideration of that business plan was on 4 September.

Members might be interested to note that the Audit Committee's report on the Scottish Ambulance Service was published last year, but it was not debated in the Parliament. The Audit Committee is keeping a watching brief on the matter.

Margaret Jamieson: Toward the end of this year, the Scottish Ambulance Service will make another report to the Audit Committee. That report will advise on the service's business plan, in particular in relation to priority despatch.

The Convener: Do members agree to consider petition PE381 at a future meeting and to note that the Audit Committee is keeping an eye on the petition's progress?

Members *indicated agreement*.

Trade Liberalisation (PE320)

The Convener: We move on to petition PE320, which was lodged by John Watson on behalf of the World Development Movement Scotland. The petition calls for the Health and Community Care Committee to examine the implications for health policy in Scotland of the World Trade Organisation's liberalisation of trade in services. John McAllion was appointed as our reporter on the matter. His report will be considered under item 5. We will therefore return to that report later in the meeting.

Organ Retention (PE283)

The Convener: We move on to petition PE283, which was lodged by the Scottish Organisation Relating to the Retention of Organs. Do members agree that the decision that we took earlier on petition PE406—to allow members time—stands for petition PE283?

Members *indicated agreement*.

Fuel Poverty (PE123)

The Convener: We move on to petition PE123, which was lodged by the Warm Homes Campaign, on fuel poverty. Members will recall that we agreed on 23 September that the clerks would merge the reports of committee reporters Dorothy-Grace Elder and Malcolm Chisholm. The suggested date for us to reconsider that merged report is 5 December. Do members agree to do that?

Members *indicated agreement*.

Epilepsy Services (PE247)

The Convener: We move on to petition PE247, which was lodged by the Epilepsy Association of Scotland. The petition calls on the Scottish Parliament to ensure co-ordinated health and social services to benefit the 30,000 people in Scotland who suffer from epilepsy. In December 2000, we agreed to await the acute services review. On 27 June, we further agreed to write to the Executive asking, in the light of its performance assessment framework, what minimum standards it intended to set for provision of services for epilepsy sufferers. Members have copies of the two Executive responses. Do members have comments to make?

Mary Scanlon: In Trevor Lodge's letter dated 30 October, the first paragraph on the second page mentions that

"EAS has been encouraged by the Scottish Executive Health Department to develop, with neurologists, proposals for an epilepsy Managed Clinical Network".

The letter goes on to say that the network would

"first be run as a pilot project",

and that the Executive would be

"prepared to consider proposals to "pump-prime" the development"

of the network. That is a positive proposal. We should accept it and so move forward with managed clinical networks.

The Convener: Would it be reasonable to send the Executive's response to the EAS to make it aware of what has been offered and seek its response? I would hope that the organisation would see the response as a positive step and that it might want to offer further input on the back of it. Generally speaking, I think that the committee welcomes the Executive's response.

That said, there are one or two points about the Executive's letter that we should highlight. It mentions that epilepsy sufferers lead completely ordinary lives. However, although many people with epilepsy might have their seizures under control, they would not claim that they lead perfectly normal lives. Epilepsy has a major impact on other aspects of sufferers' lives, as well as on their health. That is an important issue for the committee to consider.

Mary Scanlon: In the course of setting up a group in the Highlands, I have been quite shocked that people who have been diagnosed as suffering from epilepsy have been told simply to go home and get on with it. As a result, I strongly support the petition. Although—as the letter says—between 70 and 80 per cent of sufferers have their condition and their medication under control, a large percentage of people who have the condition still feel very isolated. I had not appreciated that fact until recently.

The Convener: We will send the Executive's letter to the petitioner and await a response. We will decide then whether we should simply draw a line under the matter. Do members agree?

Members *indicated agreement*.

Multiple Sclerosis (PE223)

The Convener: We move on to petition PE223, from Mr and Mrs McQuire, which calls on the Scottish Parliament to ensure that multiple sclerosis sufferers in Lothian are not denied the opportunity to be prescribed beta interferon. We agreed on 27 June to await the report from the National Institute for Clinical Excellence and to seek information from the Executive on the timetable for publication of the report. We further agreed on 19 September to continue to wait for the NICE report. NICE's final appraisal determination on beta interferon was published on 2 November; I hope that colleagues have had a chance to read the document.

That determination was followed by a period of appeal that ended on 14 November. NICE says that final guidance will be issued in late December. Members have received a letter from Mike Hazelwood of the Multiple Sclerosis Society and will be aware that we have a briefing this evening from the Health Technology Board for Scotland, which will make the ultimate decision about the Scottish situation. We could mention at that meeting some of the points that the Multiple Sclerosis Society raised.

Shona Robison: Since we discussed the petition previously, there have been new developments. For example, the announcement of beta interferon trials is significant. However, I feel that we are operating almost in parallel universes. I am not quite sure how the appraisal and the forthcoming trials relate to each other. Although it seemed as though the beta interferon trials would supersede the results of the appraisal, the focus now seems to have returned to the appraisal. We need to get in touch with the Scottish Executive urgently for an update on the trials as they relate to Scotland. When Malcolm Chisholm was Deputy Minister for Health and Community Care, he confirmed that the trials would be extended to Scotland; as a result, we need to find out the time scale for introduction of the trials. That impacts on MS sufferers in Lothian, who will, I presume, receive the same access to those trials as everybody else, if the trials are deemed appropriate.

Mr McAllion: I am not clear about one point. I understand that when NICE issues the final guidance, the HTBS will assess it before making

recommendations to the Scottish Executive. That means that we could be well into next year before the position in Scotland becomes clear.

The Convener: That is quite likely. We should ask the HTBS this evening about the timetable for that decision.

Do members agree to accept Shona Robison's suggestion as the way forward and that we continue to note the petition?

Members *indicated agreement*.

Sleep Apnoea Services (PE367)

The Convener: Our last petition is petition PE367, from Mr Eric Drummond, which calls on the Scottish Parliament to ensure that adequate and equal services for diagnosis and treatment of people who suffer from sleep apnoea are available throughout Scotland. The committee agreed on 27 June to note the petition and to pass its concerns about the present system of funding small disease groups to the Public Petitions Committee. The petition was further noted on 19 September, together with correspondence that was forwarded by the Public Petitions Committee. The Public Petitions Committee considered the results of Lothian Health Board's review of its sleep services at its meeting on 23 October and is seeking the views of the petitioner before considering the petition again.

We also have an extract from the *Official Report* for the Public Petitions Committee that notes that Lothian Health Board has introduced the review and suggested three recommendations, which are

"first, to explore ways of improving the interface between primary and secondary care for the patient group; secondly, to maintain the same service this year as last year; and thirdly, to ensure that future plans to develop the sleep service are widely debated as part of the health plan for 2002-03".—[*Official Report*, *Public Petitions Committee*, 23 October 2001; c 1353.]

From what I can gather, the petitioner's request seems to concern provision of adequate and equal services for diagnosis and treatment of people who suffer from sleep apnoea throughout Scotland; however, responses to the Public Petitions Committee have related mostly to Lothian Health Board. Obviously, there has been concern about the possible withdrawal of the sleep apnoea service in that area. I ask John McAllion to give us an update on how the Public Petitions Committee has progressed the matter and on whether the petition is really focusing on Lothian.

Mr McAllion: The petitioner comes from Lothian. That said, we have received responses from elsewhere in Scotland. Although we felt that Lothian Health Board's petition was very positive, perhaps the live issue as far as petition PE367 is concerned is the two-year waiting time for accessing the service. The petitioner has the chance to make that point to the Public Petitions Committee. We will then consider what to do about the petition.

The Convener: The *Official Report* says that you received a response from the Executive. We do not have a copy of that letter.

Mr McAllion: As far as I know, the letter is for information only. We are still waiting to hear from the petitioner and, when we do so, we will make our final recommendations. That said, if the Health and Community Care Committee wants to see all the responses, we will send them to you.

The Convener: I have just been informed by the clerk that we noted the Executive response on 19 September. We will continue to note the petition until we hear the final recommendations of the Public Petitions Committee. We will then decide what to do with it. Perhaps it would be helpful if Mr McAllion could send me a copy of that response.

Do members agree to note that the petition is still under consideration by the Public Petitions Committee?

Members *indicated agreement*.

10:12

Meeting adjourned until 10:19 and continued in private until 10:56.

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