

# **HEALTH AND COMMUNITY CARE COMMITTEE**

Wednesday 22 May 2002  
*(Morning)*

Session 1

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# CONTENTS

Wednesday 22 May 2002

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<b>ITEMS IN PRIVATE</b> .....	2741
<b>SUBORDINATE LEGISLATION</b> .....	2742
Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 4) (Scotland) Order 2002 (SSI 2002/231) .....	2742
Adults with Incapacity (Medical Treatment Certificates) (Scotland) Regulations 2002 (SSI 2002/208) .....	2742
National Health Service (Optical Charges and Payments) (Scotland) Amendment (No 2) Regulations 2002 (SSI 2002/224) .....	2742
<b>PETITIONS</b> .....	2744
Greater Glasgow NHS Board (Consultation) (PE453) .....	2744
Aphasia (PE475).....	2747
Triple Assessment Breast Examinations (PE491) .....	2748
Victoria Hospital (PE498 and PE499) .....	2748
Fuel Poverty (PE123) .....	2749
Epilepsy Service Provision (PE247) .....	2749
Organ Retention (PE283) .....	2750
Scottish Parliament Health Policy (PE320).....	2750
Organ Retention (PE370) .....	2751
Chronic Pain Management (PE374) .....	2751
Myalgic Encephalomyelitis (PE398).....	2753
Organ Retention (PE406) .....	2754

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## HEALTH AND COMMUNITY CARE COMMITTEE

15<sup>th</sup> Meeting 2002, Session 1

### CONVENER

\*Mrs Margaret Smith (Edinburgh West) (LD)

### DEPUTY CONVENER

\*Margaret Jamieson (Kilmarnock and Loudoun) (Lab)

### COMMITTEE MEMBERS

\*Bill Butler (Glasgow Anniesland) (Lab)  
\*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)  
\*Nicola Sturgeon (Glasgow) (SNP)

### COMMITTEE SUBSTITUTES

Brian Adam (North-East Scotland) (SNP)  
Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD)  
\*Ben Wallace (North-East Scotland) (Con)

\*attended

### WITNESSES

Mrs Mary Mulligan (Deputy Minister for Health and  
Community Care)

### CLERK TO THE COMMITTEE

Jennifer Smart

### SENIOR ASSISTANT CLERK

Peter McGrath

### ASSISTANT CLERK

Michelle McLean

### LOCATION

Committee Room 4



## Scottish Parliament

### Health and Community Care Committee

Wednesday 22 May 2002

(Morning)

[THE CONVENER opened the meeting at 09:31]

### Items in Private

**The Convener (Mrs Margaret Smith):** Good morning and welcome to the Health and Community Care Committee. We have apologies from Mary Scanlon. Ben Wallace has come back to the committee as Mary's substitute.

For agenda item 1, it is suggested that the committee agree to consider the following items in private: agenda item 4, under which the committee will consider its draft report on the School Meals (Scotland) Bill; item 5, for which we will discuss our response to the Executive expert group's report on the measles, mumps and rubella vaccine; item 6, when we will consider a list of witnesses for the Local Government (Scotland) Bill; and agenda item 7, under which the committee will consider possible advisers for the proposed bill on mental health. Is it agreed that we discuss those items in private?

**Members indicated agreement.**

## Subordinate Legislation

### Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 4) (Scotland) Order 2002 (SSI 2002/231)

**The Convener:** For item 2, the committee must consider one emergency affirmative instrument and two negative instruments. The emergency affirmative instrument is the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 4) (Scotland) Order 2002, for which Mary Mulligan is present with Martin Reid. Does Mary Mulligan wish to comment on the order?

**The Deputy Minister for Health and Community Care (Mrs Mary Mulligan):** I am happy to answer any questions. If there are no questions, I will move the motion.

**The Convener:** The Subordinate Legislation Committee had nothing to report and no members' comments have been received. As members have no questions, the minister may move the motion.

*Motion moved,*

That the Health and Community Care Committee, in consideration of the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 4) (Scotland) Order 2002 (SSI 2002/231), recommends that the Order be approved.—[Mrs Mary Mulligan.]

*Motion agreed to.*

**The Convener:** I thank the minister for attending.

### Adults with Incapacity (Medical Treatment Certificates) (Scotland) Regulations 2002 (SSI 2002/208)

**The Convener:** On the Adults with Incapacity (Medical Treatment Certificates) (Scotland) Regulations 2002, no members' comments have been received and the Subordinate Legislation Committee had no comments to make. No motion to annul has been lodged. The recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

**Members indicated agreement.**

### National Health Service (Optical Charges and Payments) (Scotland) Amendment (No 2) Regulations 2002 (SSI 2002/224)

**The Convener:** On the National Health Service (Optical Charges and Payments) (Scotland) Amendment (No 2) Regulations 2002, no members' comments have been received and the

Subordinate Legislation Committee had no comments to make. No motion to annul has been lodged. The recommendation is that the committee does not wish to make any recommendation on the instrument. Is that agreed?

**Members** *indicated agreement.*

## Petitions

### Greater Glasgow NHS Board (Consultation) (PE453)

**The Convener:** Agenda item 3 is our regular petitions report. The first petition is PE453, which is from Fr Stephen Dunn and calls on the Scottish Parliament to carry out a full review of the process of consultation with local communities regarding the siting of the proposed secure unit in the Greater Glasgow NHS Board area.

The Parliament considered a previous petition on the matter. Committee members will recall that that was one of the first pieces of work that the committee did. At that time, we decided—as we have consistently decided since—that the Health and Community Care Committee's role is not to make the decisions that health boards should make after consulting local communities. However, we also decided that we would consider issues of national strategic relevance and importance that are raised by local situations.

In the case of the Stobhill secure unit, we took that approach and produced specific recommendations relating to consultation with communities on new developments. When Dr Richard Simpson produced his report on behalf of the committee, we found that some of the guidance that boards were following was 25 years old.

We are now faced with a new petition that has been submitted to the Public Petitions Committee. That committee has referred the petition to us and asked us to consider it in the light of our previous work on Stobhill. We are also asked to consider whether progress has been made on the issue of consultation. I ask John McAllion whether that is a fair reading of the intention of the Public Petitions Committee in referring the petition to us at this stage?

**Mr John McAllion (Dundee East) (Lab):** Like the Health and Community Care Committee, the Public Petitions Committee views the location of the secure unit as a matter for Greater Glasgow NHS Board in which we should not intervene. However, a number of MSPs, led by Paul Martin, have complained that the second scoring exercise that Greater Glasgow NHS Board conducted was unfair and preordained to select Stobhill. The Public Petitions Committee believes that the Health and Community Care Committee should check whether proper consultation was carried out or whether there was skulduggery by the health board to ensure that Stobhill became the eventual location for the secure unit. The MSPs to whom I referred take the view that the exercise was fixed

and that there was not proper and fair consultation. It is for the Health and Community Care Committee to decide whether that is the case.

**The Convener:** From reading the papers, I am aware that two members of the committee—Janis Hughes and Dorothy-Grace Elder—are mentioned in dispatches. I am sure that other members, such as Nicola Sturgeon, will have a particular interest in the petition, because it relates to Glasgow.

We can probably do two things. First, we could pursue the points that John McAllion has made and focus on consultation. Secondly, we could take the opportunity to revisit the recommendations that we made in our report on the previous Stobhill petition and ask the Executive what progress it has made on those more general points. Given that the Executive has a locus in the matter, we could ask it to indicate whether it is able to support the methodology that was used by Greater Glasgow NHS Board and to say whether that methodology had been used satisfactorily elsewhere. There seem to be questions about the methodology that the health board used, although I am not an expert on large-scale public consultations. I am open to suggestions from members.

**Janis Hughes (Glasgow Rutherglen) (Lab):** I was not a member of the Health and Community Care Committee when originally it discussed issues relating to the consultation that was carried out by Greater Glasgow NHS Board. However, given the input that I have made over the past three years into consultation relating to the Glasgow acute services review, as well as to secure care issues, I feel qualified to speak on the matter.

Consultation has proved to be very difficult in Glasgow. During both consultations on the location of the secure unit, a number of members have felt that appropriate process was not used. Regardless of the process used, the views that were expressed by local people were not taken into account in the final outcome, which has given rise to considerable concern. Last week, together with other MSPs and people from the areas that we represent, I met the minister specifically to discuss consultation and how it is affecting health care in Glasgow.

I accept that the committee decided that it was not appropriate for it to discuss specific issues, because they were for the co-providers of services to discuss. However, it is such a wide matter and it is causing problems elsewhere in Scotland. At the end of the day, Scottish ministers have the final say in relation to decisions that are being proposed as a result of so-called consultation processes, so the Scottish Parliament has a locus in discussing the matter. The Health and

Community Care Committee should have a role in any discussions. I would like to hear other members' views on that.

**Nicola Sturgeon (Glasgow) (SNP):** I agree. The problem of consultation—not only in Glasgow, but in Glasgow in particular—is becoming acute. People feel that consultation processes are a sham; the health board goes through the motions then does what it wants regardless. That is what people think about the Stobhill proposals and the acute services review. Leaving the substance of the issues aside, the consultation process is a matter for the Health and Community Care Committee. I would be keen for the committee to question Greater Glasgow NHS Board about the consultation process and to allow it the opportunity to explain why it thinks that that was a meaningful exercise. Once we have heard from Greater Glasgow NHS Board, it would be appropriate for the Health and Community Care Committee to take evidence from Malcolm Chisholm on the wider issue of consultation and how health boards interact with the public. It is an issue of general concern and we should address it.

I was not a member of the committee when the first report was prepared. However, the report made several recommendations and it would be appropriate for us to find out whether any of the committee recommendations have been progressed in the context of Stobhill. I do not want to prejudice an investigation of that, but I suspect that the recommendations have not been implemented.

**Dorothy-Grace Elder (Glasgow) (Ind):** I agree with all that. There is an illusion of progress, which we must look behind. I have been involved in the matter from the beginning—it began with something that seemed to be nothing. However, after the committee complained and after Richard Simpson's report, things seemed to improve in that there was better advertising of public meetings and so on. However, we are still on the same track, which was heading towards Stobhill right from the beginning. The scoring situation was so bad that councillors from beyond Glasgow walked out, never mind that the Glasgow MSPs were extremely upset.

There is currently a non-consultation situation in relation to Queen Margaret hospital in Dunfermline. There was a similar situation at Stracathro, and so on. The Executive and the Parliament must provide input. As the petitioner has stated several times, it is a case of the quango against the people.

**Ben Wallace (North-East Scotland) (Con):** It is nice to be back. Ironically, this is the topic that the committee was discussing when I left.

**The Convener:** We have done some work in your absence, Ben.

**Ben Wallace:** Nicola Sturgeon made a good point. We should ask Greater Glasgow NHS Board and the Scottish Executive to tell us how they have followed through the recommendations of the Health and Community Care Committee's report. It sounds as though they have not pursued that. Janis Hughes was also correct. The minister set up the acute services review group to consider an overall strategy for Scotland, but we have not heard much about that over the past two years. I lodged a question asking how many times the group has met, but that is about all I know. The group is supposed to give the final say on issues such as acute services, mental health and Stobhill. If recommendations have not been implemented, ministers are entitled to say that that is not good enough and to send the health board back to the drawing board.

**Margaret Jamieson (Kilmarnock and Loudoun) (Lab):** I suggest that we make space on our calendar to take evidence from the Greater Glasgow NHS Board and the minister.

**The Convener:** I am happy with that.

**Nicola Sturgeon:** I suggest that we also take evidence from the petitioners.

**The Convener:** One of the issues that the background papers on the petition raise is that a number of different organisations, such as the Glasgow north action group, have been involved part of the time, but not at other points. A number of MSPs have been involved for prolonged periods and have then boycotted parts of meetings for reasons that are obvious to them, bearing in mind what they felt about consultation.

We need guidance about from whom to seek views. We should seek the views of the petitioner, but I wonder whether it would also be worth the committee's while to seek the views of the original petitioners, whom I think were from the action group, if we are to revisit the original petition. If it were acceptable to them, they could come in and give the committee joint comments, as new petitioners and as petitioners from whom we have heard in the past. Do members agree that we should take oral evidence on the petition?

*Members indicated agreement.*

### **Aphasia (PE475)**

09:45

**The Convener:** The next petition is PE475, by Cecilia Yardley, on behalf of Speakability. The Public Petitions Committee has passed us the petition for information and recommends that we take no action on it at this time. Do members agree to simply note the petition?

*Members indicated agreement.*

### **Triple Assessment Breast Examinations (PE491)**

**The Convener:** Petition PE491, from Elaine McNeil, calls for the Scottish Parliament to take the necessary steps to introduce legislation to make triple assessment procedures obligatory for all women who present for a breast examination in clinics. The committee is not expected to take any action at this time. Do members agree to simply note the petition?

*Members indicated agreement.*

### **Victoria Hospital (PE498 and PE499)**

**The Convener:** We come to petitions PE498 and PE499. PE498 is on behalf of the Fife Health Service Action Group and PE499 is on behalf of the Dunfermline Press. The Public Petitions Committee passed both petitions to us simply to note them and take no action at this time. I believe that the Public Petitions Committee is awaiting further information.

**Mr McAllion:** Yes. Normally we try to get a response from the Executive before deciding what to do with a petition. However, the Health and Community Care Committee has just decided to take evidence on PE48 and PE453. Petitions PE498 and PE499 are on a similar matter in which there is massive local opposition to a decision that a health board has taken and the health board has just ignored that opposition. I wonder whether, if the Public Petitions Committee gets an early response from the Executive, we could refer the matter back quickly to the Health and Community Care Committee to form part of the evidence session.

**The Convener:** We have made a decision on the oral evidence on the Glasgow situation. Would it be worth the committee's while to make a general call for written evidence on the wider issue of general consultation on the health service? I know that time is against us, but people might feel at this stage that they are able to make written comments about how consultation has been handled. The time frame might be very tight, but some people might be able to use it.

We would make it clear that we are interested in the general way in which consultation is handled, rather than specific local issues. We can extract from local issues the widespread concern—to which Nicola Sturgeon referred—that people are not being listened to. We might manage to find somebody who is happy to write to us to say that they have been listened to. That would be a nice development. If we get further comment with PE498 and PE499 we can add that in, but we would not be specific about those petitions. Do members agree to that suggestion?



*Members indicated agreement.*

### **Fuel Poverty (PE123)**

**The Convener:** Petition PE123 is on behalf of the Scottish warm homes campaign. The Social Justice Committee is in the process of preparing its response to the Executive and we will in due course be sent a copy of that. That might be a better time for us to decide whether we want to add anything. Obviously, we have already had input into the Social Justice Committee's report in that we passed on the work that had already been done by Dorothy-Grace Elder and, originally, Malcolm Chisholm. Shall we return this matter to the agenda as and when the Social Justice Committee completes its report?

**Mr McAllion:** The consideration of the draft report is on the Social Justice Committee's agenda this morning. If the draft report is approved today, it will be too late for us to do anything about it.

**Dorothy-Grace Elder:** My report was submitted just over a year ago, so I do not know how much of it is outdated, given the Executive's subsequent efforts.

**The Convener:** Have we asked the Scottish warm homes campaign whether it requires anything to be done other than what the Social Justice Committee is doing? A parliamentary committee is dealing with the matter and is responding to the Executive and raising issues that were raised by this committee. I do not know what the Health and Community Care Committee could usefully add at this stage. It might be worth while simply waiting until the Executive responds to the Social Justice Committee's comments.

**Dorothy-Grace Elder:** The main concern relates to the Executive's plans for central heating and whether it can meet its modest targets. There is some doubt about whether there will be enough workmen to meet the targets. The colleges who train such workers tell me that they are not training enough people.

**The Convener:** I believe that those issues have been raised in the Social Justice Committee report. If they have not, we will raise them separately. Are we all agreed to keep the matter on hold until we get a response from the Executive to the Social Justice Committee's report?

*Members indicated agreement.*

### **Epilepsy Service Provision (PE247)**

**The Convener:** This petition is from the Epilepsy Association of Scotland. The Executive's response to the points that we raised on epilepsy services is expected by the end of June. On 24 April, the committee heard evidence from Epilepsy

Action Scotland. On 8 May, the committee wrote to the Scottish Executive seeking clarification on a number of the points that were raised by the petitioners in their evidence. The petition is to be brought back to the agenda on 19 June. It is therefore recommended that, at this stage, we take no further action.

### **Organ Retention (PE283)**

**The Convener:** This petition is from the Scottish Organisation Relating to the Retention of Organs—SORRO.

On 5 December, the committee agreed to note the petition and await the outcome of the Scottish Executive consultation on the findings of the independent review group on the retention of organs at post-mortem. A response from the Executive is being sought and it is recommended that we continue to wait until a response is received. Is that agreed?

*Members indicated agreement.*

### **Scottish Parliament Health Policy (PE320)**

**The Convener:** We had previously agreed to postpone further consideration of petition PE320 until September 2002, when we thought that the situation regarding the elements of the UK health service that could be affected by the World Trade Organisation's liberalisation of trade in services would be clearer to us. Are we agreed to continue with that position?

**Ben Wallace:** John McAllion's letter was forwarded to the European Committee. During our last visit to Brussels, the committee raised the petition with the Commission, in the context of its continuing negotiations with the WTO. We still await a response.

**The Convener:** When the European Committee gets a response, it would be useful if you could feed that into this committee.

**Mr McAllion:** I have received updates from the World Development Movement. The requests for sectors to be opened up to competition should be submitted by various bodies by the end of June—I think that the European Union's list of requests has been leaked. Health services are not affected, but the WTO is asking for all kinds of services, such as telecommunications, banking, electricity generation and postal services, in other parts of the world to be opened up to competition. The key will be what other countries ask for in return. For example, if they ask for health and education services to be opened up to competition, those services will become part of the WTO's trading process.

**The Convener:** Are you still happy for us to come back to the petition in September?

**Mr McAllion:** The requests have not yet been published officially—there have been leaks, but I do not know whether we can believe them.

**The Convener:** We do not like to progress matters on the basis of leaks. Do members agree to continue our consideration of the petition?

*Members indicated agreement.*

### **Organ Retention (PE370)**

**The Convener:** PE370 is from Lydia Reid, on behalf of Scottish Parents for a Public Enquiry into Organ Retention. The same comments apply to this petition as applied to PE283, which we dealt with earlier. We are awaiting the outcome of the Scottish Executive's consultation on the findings of the independent review group on retention of organs at post-mortem. It is recommended that no action be taken at this stage. Do members agree?

*Members indicated agreement.*

### **Chronic Pain Management (PE374)**

**The Convener:** PE374 is from Dr Steve Gilbert and calls on the Scottish Parliament to act urgently to redress the underfunding of chronic pain management services. We asked the Executive for further clarification of its position on the funding of such services and I am advised that we have received a response from the minister. A copy of the response, dated 16 May, should be in members' papers. Do members want to comment on that response? Members will recall that, last week, we highlighted in our report to the Finance Committee on the budget process that further funding should be found for two areas: chronic pain management services and neurological nursing services. I ask members for guidance on how we should proceed. Do members require further clarification from the Executive?

**Dorothy-Grace Elder:** The health professionals who are involved in chronic pain management have been e-mailing and sending letters to the cross-party group on chronic pain. They are delighted that the committee came to that decision. It is the first time that any Parliament has moved forward on the huge subject of chronic pain patients, who have been overlooked for many decades.

Dr Steve Gilbert, the petitioner, raised one or two points in a fax to me yesterday. He is based at Queen Margaret hospital in Dunfermline—given our earlier discussion, that is a coincidence. The minister's letter is helpful, but Steve Gilbert points out that specialists in areas such as orthopaedics and rheumatology are sending patients to his and other pain clinics. The conclusion in the minister's letter seems to be that specialists manage pain by managing the underlying condition. However,

Steve Gilbert disagrees—specialists send people to him and to other doctors like him, because although specialists can manage the condition to an extent, they cannot manage the pain. Those patients simply want their pain to be alleviated so that they can have a life.

The response includes a list of the number of patients on waiting lists, which came in from the health boards that the minister contacted. Steve Gilbert points out that there are huge numbers of patients in addition to those who are listed in the health boards' returns. That is largely because there are few chronic pain management services, and GPs who know about them think that it is hardly worth pursuing them because the waiting lists are so long. Many GPs do not understand how much the specialist clinics can help patients.

I suggest that the committee ask for more details from health boards throughout Scotland. They could be asked to say whether they have got a pain service and to specify whether patients have to wait for eight weeks, 138 weeks or whatever. They could be asked to say what their pain service is and to tick whether it is only a doctor for a quarter of a day or once a week, or a nurse for half a day in a week. There is a much fuller service in Dundee, but it is terribly overloaded. We could try to get the real details from the health boards.

10:00

**The Convener:** Would the best thing be to bring that back to a further committee meeting, with a range of questions that we might ask the health boards about what their pain services cover? We could also seek clarification from the Executive about the point that Dr Gilbert raises in point 1 of his letter, concerning the impact on other specialties.

**Nicola Sturgeon:** I agree with that. We should also ask health boards what they are doing to try to improve services. The information that we have received—although it is limited—highlights an horrific postcode lottery and the fact that, in many health board areas, there has been no recent change in the quality of services that are provided. It is important to get an information snapshot of what is happening now; however, we also need to know what health boards are doing to improve the situation.

**The Convener:** We should return to the issue and consider what questions we might want to ask health boards. You say that there has been no change. It may be that those boards have considered the possibility of change and found that they do not have enough staff available to make the change or that they have prioritised something else. It may be that they have not totally ignored the issue, but have made different

decisions. We should get more information about that. We hope that the Executive will act on the recommendation that was made by the committee last week on chronic pain services. I am sure that any information that we can get from health boards will be useful to the Executive as well. We will continue to work on that issue.

**Dorothy-Grace Elder:** Who will draw up the detailed questionnaire?

**The Convener:** We will leave it to the clerks and the Scottish Parliament information centre to look into that. They will produce a draft for us to discuss at a future meeting and we will have the final say on the questions. If there are any questions that members want to be contained in the questionnaire to the health boards, they can e-mail the clerks and we will return to the issue at a future meeting.

**Dorothy-Grace Elder:** There is a terrible situation whereby people from Aberdeen sometimes have to be sent to Manchester for treatment. We need reports on that.

**The Convener:** We can ask questions that will elicit that sort of information. Is that agreed?

*Members indicated agreement.*

### **Myalgic Encephalomyelitis (PE398)**

**The Convener:** Petition PE398 is from Helen McDade and calls on the Scottish Parliament to ask the Scottish Executive to carry out a strategic needs review assessment on myalgic encephalomyelitis and chronic fatigue syndrome. Members should have received copies of the petition. Following the publication of the English working group's report, the Executive has set up its own short-life action group on the subject. We can wait for that group's conclusions unless members have any other suggestions.

**Mr McAllion:** Let me fill members in on what has happened with the short-life action group—SLAG.

**Dorothy-Grace Elder:** Careful, John.

**The Convener:** It sounds as if it should be a short-life action group on sexual health.

**Mr McAllion:** The group has had only an initial meeting and progress has been slow. At the first meeting, people introduced themselves and had a general discussion about the areas that they might address. The patient representatives on the group are not convinced that the Scottish needs assessment programme that was offered by the Scottish Executive will be part of the group's agenda. They have promised to pursue the matter and I said that I would ask the Health and Community Care Committee whether I could pursue it with the Executive to ensure that the

programme is on the group's agenda.

There is also concern that the remit that has been given to the short-life action group does not include examining the position of research. It is difficult to commission services for ME sufferers when no research into the causes of and possible cures for the illness has been carried out. The patient representatives also want that to be raised, and I wonder whether we could discuss that matter with ministers.

The Executive has set itself against having a clinical centre of excellence, which was one of the petition's requests. The petitioners have now suggested having two or three regional centres of excellence, which would overcome many of the Executive's objections; we could pursue that idea with the Executive. The petitioners warned that the Executive's reference to an undertaking by the Medical Research Council to support research into ME should be taken with a large dose of caution. Despite the fact that that offer was made a long time ago, no progress has been made with it. I understand that the all-party group on ME at the House of Commons will hear from representatives of the Medical Research Council why no progress has been made.

Things are happening, but not as fast as the petitioners would like. It might be helpful if I, as reporter, take up some of the issues that we have discussed directly with the Executive, so that we can keep the pressure on.

**The Convener:** Are we happy for John McAllion to do that on our behalf? All the points that he has made are perfectly reasonable. A number of people highlighted the wider need for continuing research the last time that we debated the matter, and it would be useful if John could follow up on those questions.

The fact that the short-life action group has been set up is at least a move in the right direction. It is a matter of keeping up the pressure. Is our course of action agreed?

*Members indicated agreement.*

### **Organ Retention (PE406)**

**The Convener:** The final petition is PE406, from Margaret Doig. It calls on the Scottish Parliament to address the omissions concerning the code of practice and the current law governing the post-mortem removal and retention of organs. We are awaiting the outcome of the Scottish Executive consultation on the findings of the independent review group on the retention of organs at post-mortem. It is recommended that no action be taken by the committee at this stage. Is that agreed?

*Members indicated agreement.*

**Nicola Sturgeon:** On a matter that is not covered in the petitions report, I understand that the Transport and the Environment Committee has voted to send a petition on genetically modified crops to the Health and Community Care Committee. I understand that that might not yet have been received by the committee, but I ask the clerks to the two committees to sort out the matter soon, because it is important to have the matter on our agenda before the summer recess, even if that is simply for the committee to take an initial view on action that we might want to take. There is some urgency about the matter and it would be unfortunate if it were left until after the recess.

**The Convener:** The Transport and the Environment Committee has decided to forward some papers to us. I sought clarification on the matter. That committee's action seemed to fall short of a formal referral of the petition. We are waiting to find out what the Transport and the Environment Committee wants us to do on the question of GM crops. We have not received the papers yet.

I am happy to be guided by members if they feel that they want to bypass the usual petition system, whereby we catch petitions every three months or so. That is for members to decide. In the absence of the papers and not having been asked to do a particular task, the matter has not formed part of our agenda this morning.

**Nicola Sturgeon:** I appreciate that there are processes to be followed, but I suggest that we ask the Transport and the Environment Committee for the papers to find out what stage it has reached and what it is asking us to do, and that we put the petition on the agenda for our next meeting. We should consider the matter, as the crops are about to germinate—it is a matter of urgency. It would be a shame just to leave it.

**The Convener:** We are expecting the papers in the next few days, so there is no reason why we cannot put the matter on to a forthcoming agenda. Is that agreed?

**Members** *indicated agreement.*

**The Convener:** That completes the public part of this morning's business.

10:09

*Meeting suspended until 10:12 and thereafter continued in private until 11:44.*

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**Monday 3 June 2002**

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