HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 11 September 2002
(*Morning*)

Session 1

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HEALTH AND COMMUNITY CARE COMMITTEE

21st 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) (Ind)
*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

THE FOLLOWING ALSO ATTENDED:

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

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Peter McGrath

LOCATION

Committee Room 2

Scottish Parliament

Health and Community Care Committee

Wednesday 11 September 2002

(*Morning*)

[THE CONVENER *opened the meeting at 09:38*]

Item in Private

The Convener (Mrs Margaret Smith): I welcome everyone to this meeting of the Health and Community Care Committee. We have received apologies from Margaret Jamieson, who is otherwise engaged. We have an interpreter with us for proceedings in relation to petition PE504, because the petitioner has hearing difficulties.

Item 1 is to consider whether to discuss in private item 5, which is our draft report on the Public Appointments and Public Bodies etc (Scotland) Bill. It is our usual practice to take draft reports in private. Do members agree to take item 5 in private?

Members *indicated agreement*.

Subordinate Legislation

The Convener: We have a number of pieces of subordinate legislation to deal with this morning. We will begin with negative instruments.

Contaminants in Food (Scotland) Amendment Regulations 2002 (SSI 2002/349)

National Waiting Times Centre Board (Scotland) Order 2002 (SSI 2002/305)

The Convener: No comments have been received from members. The Subordinate Legislation Committee has no comments to make and no motions to annul have been lodged. The recommendation is that the committee does not wish to make any recommendation in relation to the instruments. Is that agreed?

Members *indicated agreement*.

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 6) (Scotland) Order 2002 (SSI 2002/307)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 5) (Scotland) Order 2002 (SSI 2002/306)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 7) (Scotland) Order 2002 (SSI 2002/332)

The Convener: We come to emergency affirmative instruments. I welcome to the committee Mary Mulligan, the Deputy Minister for Health and Community Care.

The Subordinate Legislation Committee has nothing to report, no comments have been received from members and I have received no requests from members to ask questions.

Dorothy-Grace Elder (Glasgow) (Ind): I have a question for the minister. We have been dealing with orders on amnesic shellfish poisoning since the beginning of the session in 1999. Are we any closer to finding definite causes of the poisoning and have any reports on it been produced recently?

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): I felt that members might have missed having to deal with this sort of statutory instrument during the recess. Members will appreciate that there are a number

of them to deal with this morning.

There is a continuing research programme on amnesic shellfish poisoning. It is a year old, but there is some time to go before it will be complete. We are giving that our full attention, because, as Dorothy-Grace Elder said, the issue has been coming up since the beginning of the session—and, I am sure, even before then—and we want to come to conclusions about it.

I move,

That the Health and Community Care Committee recommends that the The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.6) (Scotland) Order 2002, (SSI 2002/307) be approved.

That the Health and Community Care Committee recommends that the The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.5) (Scotland) Order 2002, (SSI 2002/306) be approved.

That the Health and Community Care Committee recommends that the The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.7) (Scotland) Order 2002, (SSI 2002/332) be approved.

Motions agreed to.

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 8) (Scotland) Order 2002 (SSI 2002/333)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (Orkney) (Scotland) Order 2002 (SSI 2002/345)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (Orkney) (No 2) (Scotland) Order 2002 (SSI 2002/353)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 9) (Scotland) Order 2002 (SSI 2002/350)

The Convener: Members are asked to note that the orders have been revoked.

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 10) (Scotland) Order 2002 (SSI 2002/357)

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (Orkney) (No 3) (Scotland) Order 2002 (SSI 2002/408)

The Convener: The Subordinate Legislation Committee has nothing to report and no comments have been received from members.

Motions moved,

That the Health and Community Care Committee recommends that the The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No.10) (Scotland) Order 2002, (SSI 2002/357) be approved.

That the Health and Community Care Committee recommends that the The Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (Orkney) (No.3) (Scotland) Order 2002, (SSI 2002/408) be approved.—[Mrs Mary Mulligan.]

Motions agreed to.

Petitions

Heavy Metal Poisoning (PE474)

The Convener: After all that excitement, we move on to item 3, which is our quarterly look at the petitions that have been forwarded to us by the Public Petitions Committee. We have three new petitions to consider, as well as several on-going petitions.

Petition PE474, in the name of Mr James Mackie, calls on the Scottish Parliament to take urgent steps to acknowledge the seriousness of the threat to children that is posed by heavy metal poisoning and to appoint a non-medical controlled scientific review group to study all relevant material on heavy metal poisoning and its link to childhood conditions. Do members have any comments or observations?

09:45

Mr John McAllion (Dundee East) (Lab): I will explain the thinking behind the Public Petitions Committee's decision to refer petition PE474 to the Health and Community Care Committee. When the Public Petitions Committee received the petition, it approached the Executive for a response. That response is included in the papers that have been circulated. It is clear that the Executive takes a quite different view from that of the petitioner about the threat that heavy metals present.

The view of the Public Petitions Committee was that it was not qualified to make a judgment about who was right—the Executive or the petitioner—without making further inquiries. It would be for the Health and Community Care Committee to make any such further inquiries into the matter, if it wished to do so. The Public Petitions Committee was aware that there has been a big increase in a range of illnesses and conditions—for example, ME, autism, attention deficit hyperactivity disorder and Tourette's syndrome. Although the chief scientist's office has commissioned research into unexplained symptoms, the basis of that research is purely psychiatric. No one is carrying out an investigation into any physical causes of the increase in those illnesses. Therefore, the Public Petitions Committee thought that the Health and Community Care Committee should consider the issue.

Mary Scanlon (Highlands and Islands) (Con): In the absence of evidence, it might be worth asking the Medical Research Council, which appears to be the expert body, to produce an objective, impartial review of current research.

The Convener: As no other members have comments, let us write to the Medical Research Council to ask for its views on the subject. Given the committee's work load, my view is that we should simply note the petition. Let us write to the MRC in the interim and we will return to PE474.

Audiology Services (Modernisation) (PE502)

The Convener: Petition PE502 is in the name of Fiona Stewart. It calls on the Scottish Parliament to urge the Scottish Executive to show firm commitment to providing digital hearing aids and to modernising audiology services in Scotland. I invite John McAllion to provide some background. After considering the petition, the Public Petitions Committee agreed to pass it to us for information only at this stage. Why was that?

Mr McAllion: We usually seek the Executive's views before considering whether we should formally refer a petition to another committee. We are waiting for the Executive's response. The clerk to the Public Petitions Committee tells me that we have already received 13 responses from the Executive for the Public Petitions Committee's next meeting. I think that the relevant response will be among those. The petition will be formally referred after that.

The Convener: Several members, not all of whom are members of the Health and Community Care Committee, have raised the issue of digital hearing aids and audiology services on behalf of constituents. We have all been lobbied about services for people with hearing difficulties. I have lodged parliamentary questions on the issue this week. We might want to return to the subject. Perhaps we could simply note the petition, unless anyone else has a point.

Shona Robison (North-East Scotland) (SNP): I wonder where we are with the review of audiology services, on which the Executive has not reported yet.

The Convener: I presume that that will come out of its response.

Shona Robison: Perhaps we should return to the petition after we have received the review. We will be able to assess whether the recommendations are adequate.

Mr McAllion: The reason for our procedure is that we are aware that the subject committees have heavy work loads. We do some of the initial spadework, so that when a subject committee receives a petition from the Public Petitions Committee, it has the Executive's position and the petitioner's position. That makes things easier.

The Convener: There is usually a note to explain that the Public Petitions Committee is waiting for an Executive response. I was just informed that I was not expected to take any

action. I was slightly concerned by that, because I did not think that the issue was one on which the committee would want to take no action. We will simply note the petition at this stage and return to it once the Executive has responded to the Public Petitions Committee.

MMR Vaccination (PE515)

The Convener: The next new petition is PE515, in the name of Dorothy Wright. The petition calls on the Scottish Parliament to take the necessary steps to make individual measles, mumps and rubella vaccines available without delay.

The committee issued a report on the matter, in response to which the Executive set up the expert group. The committee has not yet formalised its response to the expert group's report, so I suggest that we put that on the agenda of a forthcoming meeting and deal with the petition at that stage. Is that agreed?

Members *indicated agreement*.

Triple Assessment Breast Examinations (PE491)

The Convener: Let us move on to consider on-going petitions. Petition PE491, in the name of Elaine McNeil, calls on the Scottish Parliament to take the necessary steps to introduce legislation to make triple assessment procedures obligatory for all women who present themselves for a breast examination within the relevant examination clinics across the national health service in Scotland.

The PPC considered the petition at its meeting on 7 May and agreed to write to the Executive. We have the Executive's response, which explains why there are no plans to make triple assessment compulsory. The PPC has now formally referred the petition to us. Do members have any comments?

Nicola Sturgeon (Glasgow) (SNP): Perhaps I have the wrong papers, but I am not sure that I have a copy of the letter from the Executive. The letter may deal with the point that I wanted to raise. I was involved with the petition at the early stages. Leaving aside the question whether triple assessment should be compulsory, I am interested to know what guidance the Scottish Executive gives to health boards on this issue. I also want to get some idea of what the practice of the various health boards is. Is that information provided in the Executive's letter?

The Convener: The letter mentions that the assurance and accreditation of services is done through the Clinical Standards Board for Scotland, but I do not think that it covers much beyond that.

Nicola Sturgeon: Would it be appropriate for the committee to approach the Clinical Standards Board to get its view on the practice in the various health boards? Aside from the argument about whether triple assessment should be compulsory, there is a basic question about what happens at the moment. As far as I can tell, the practice seems to be patchy.

The Convener: Let us ask both the Executive and the Clinical Standards Board about that. The Executive's position could probably be summed up as being that, as not all women require all the different phases in the triple assessment, some of which are invasive, triple assessment is not used unless it is felt that it is necessary. The decision on whether a triple assessment is required is a clinical decision based on the needs of the individual patient.

Nicola Sturgeon: However, in the case of the petitioner, it was judged that it was not necessary for her to have a triple assessment. She was misdiagnosed. It then turned out that, had she had the triple assessment, that misdiagnosis would probably not have happened. There is an issue about what guidance is being given to health boards and how that is being interpreted.

The Convener: The other point that the Executive made is that any move towards triple assessment would have a knock-on impact because staff would need to be taken on board. That is the Executive's response in a nutshell.

Let us pick up Nicola Sturgeon's point by writing to the Executive and to the Clinical Standards Board to ask for more information. We can then return to the issue.

Fife NHS Board (Right for Fife Business Plan) (PE498 and PE499)

The Convener: Petitions PE498 and PE499 come from the Fife Health Service Action Group and the *Dunfermline Press and West of Fife Advertiser*. The petitions deal with consultation on acute services reviews and other major changes in health service provision. As previously agreed, those matters shall go on to the agenda of our next meeting.

Greater Glasgow NHS Board (Consultation) (PE453)

The Convener: Petition PE453, in the name of Father Stephen Dunn, similarly calls on the Scottish Parliament to carry out a full review of the process of consultation with local communities, especially regarding the siting of the proposed secure unit in the Greater Glasgow NHS Board area. The committee considered the issue quite early on in its life. It is on the agenda for when we are considering general consultation issues on 18 September, so we will come back to the petition at that point. Is that agreed?

Members *indicated agreement*.

Fuel Poverty (PE123)

The Convener: Petition PE123 is from the warm homes campaign and calls on the Scottish Parliament to identify, discuss and seek to implement measures that would eradicate fuel poverty as a matter of urgency. We have had two committee reporters working on the issue and we have passed our report to the Social Justice Committee to assist in its consideration of the Executive's draft fuel poverty statement. If there are no comments from the committee, I suggest that we take no further action on the petition at this time. Is that agreed?

Members *indicated agreement*.

Mr McAllion: Could the Public Petitions Committee be informed of that decision?

The Convener: Yes. I put it on record that I believe that the Public Petitions Committee should always be informed of our decisions on petitions. Just for clarification—and it should probably not go on public record—does the Public Petitions Committee prefer to know on an on-going basis what the committee is doing with petitions or does it just require to know what our final decision is?

Mr McAllion: It is just the final decision, and it is only a matter of courtesy. The Public Petitions Committee does not have a right to know.

The Convener: You know me—I always try to be courteous.

Epilepsy Service Provision (PE247)

The Convener: Petition PE247 is from Epilepsy Action Scotland and calls on the Scottish Parliament to ensure that there are co-ordinated health and social services that will benefit the 30,000 people in Scotland who have epilepsy.

On 28 November 2001, the committee considered two letters from the Executive and agreed to send those letters to the petitioner to await a response. The petitioners responded to us and, on 24 April 2002, they gave evidence to the committee. In May, the committee agreed to seek clarification from the Executive on a number of points that were raised by the petitioners.

The minister responded on 25 June and we now have another letter from EAS making observations on the Executive's response. Both documents are available for members.

Do we want to take any further action in relation to the petition?

Mary Scanlon: There seems to be a slight confusion. I understood that there was to be some sort of formal managed clinical network, which would bring together health and social services. That would give people who live in the Highlands, for example, access to the expertise that exists in Dundee, Aberdeen and elsewhere. Could we have clarification on whether there is to be a formal managed clinical network for epilepsy?

The Convener: If my memory serves me correctly, I think that the Executive response suggested that the setting up of managed clinical networks was in the hands of individual groups of clinicians in any given area and that the Executive was in no way directing them to do that. If people were interested in doing it, they could get on and do it. That is not good enough. The information that was presented to us suggested that there is a patchy network of services across Scotland. We should not just replicate that patchy network of services by allowing managed clinical networks to spring up periodically where individual clinicians feel that they want to set up a network.

If the committee believes that epilepsy services should be dealt with on a national basis and that people are coming up against postcode provision, with different services being provided in different parts of the country, it would be worrying if managed clinical networks were set up only in certain parts of the country. Do other members share that view?

Mr McAllion: I agree. The response of Epilepsy Action Scotland to the Executive's letter makes the point very clearly that the managed clinical networks are voluntary and health boards are not required to put them in place. In England, there is a national framework where the health authorities must provide services for people with epilepsy. That is what EAS wants to happen in Scotland. I think the committee should take up that cause and chase it up with the Executive.

Dorothy-Grace Elder: We definitely need national standards. We discovered that only two health boards were following the guidelines on epilepsy from the Scottish intercollegiate guidelines network. That shows just how patchy the current attitude is.

Mary Scanlon: I was going to make the same point. An excellent guideline is available from SIGN. We should be concerned that only some health trusts adhere to the letter of SIGN guidelines. Members will recall my comment, at the committee's meeting in Inverness in April, on the reply to our question whether people could get a diagnosis within four weeks of their first seizure. As I said at that meeting, we were told that there was "not a hope" of that. What is the point of SIGN guidelines being issued if many trusts choose to ignore them?

10:00

The Convener: I will come to other members in a moment—nearly all members have indicated

that they wish to comment on this matter. Mary Scanlon touched on the subject of waiting. The figures from the Executive show that the wait from the first diagnosis of possible epilepsy until referral to a specialist in various health board areas ranges from 28 days in Lothian—which, as a Lothian MSP, I am happy about—to 120 days in Orkney, which I am pretty disgusted about. The intermediate figures tend to edge towards the high end of that range. The second-lowest waiting time is in the Western Isles, where there is a wait of 56 days. That is unacceptable, particularly when we think about each individual's underlying worries.

Bill Butler (Glasgow Anniesland) (Lab): Colleagues have made some important, salient points, which we should raise with the Executive. I hope that we will receive a better response, which addresses those points instead of avoiding them.

Janis Hughes (Glasgow Rutherglen) (Lab): I agree that we should write to the minister specifically about managed clinical networks. We should ask specific questions and if we do not get specific answers, we should consider taking evidence from the Minister for Health and Community Care.

The Convener: That is what we will do. If anyone has any specific questions, please e-mail them to the clerks. If not, I will liaise with the clerks about what we will ask. At some point, if we do not feel that we have received satisfactory answers from the Executive to our questions about managed clinical networks, we may pull together the written and oral evidence that we have received and present that together with a report.

Organ Retention (PE283, PE370 and PE406)

The Convener: The next petition is PE283, from the Scottish Organisation Relating to the Retention of Organs—SORRO. It calls on the Scottish Parliament to initiate a public inquiry into the practice of organ retention at post mortem without the appropriate parental consent. That has been an issue for some time and the Executive has published Professor McLean's report on it. Unless someone else can tell me this information now, I think that we should try to find out from the Executive when it intends to introduce legislation to implement the McLean report. I suggest that we then return to the three petitions on the issue.

Members *indicated agreement*.

The Convener: We have also received further information from Justice for the Innocents, formerly Scottish Parents for a Public Inquiry into Organ Retention, on PE370. Lydia Reid, the main petitioner, has contacted us and I am sure that many members will have heard from her previously. Having asked for clarification, we will return to the matter at a later date. Aside from PE283 and PE370, we will clarify the point about post mortems in relation to PE406.

Chronic Pain Management (PE374)

The Convener: Let us turn again to PE374, from Dr Steve Gilbert, which calls on the Scottish Parliament to act urgently to redress the underfunding of chronic pain management services. The committee will consider responses to its questionnaire and possible further action on 25 September. Is that agreed?

Members *indicated agreement*.

Mr McAllion: Did you miss PE320, convener?

The Convener: I think that PE320 was the second petition relating to organ retention. We have agreed—

Mr McAllion: It is the petition from the World Development Movement, about the general agreement on trade in services—GATS.

The Convener: That is still to come.

Mr McAllion: Is it?

The Convener: There are too many bits of paper in front of me. We have not got there yet—you are getting ahead of yourself.

Mr McAllion: I see now that it is the next petition in my pile of papers.

Scottish Parliament Health Policy (PE320)

The Convener: The next petition, PE320, is from John Watson on behalf of the World Development Movement, on the World Trade Organisation's liberalisation of trade and services. I recommend that the petition be continued until the publication of the Department of Trade and Industry consultation document, which should clarify whether requests to open up the UK NHS have been made under the general agreement on trade in services. Is that agreed?

Members *indicated agreement*.

Myalgic Encephalomyelitis (PE398)

The Convener: PE398, in the name of Helen McDade, calls on the Scottish Parliament to urge the Scottish Executive to carry out a strategic needs review assessment of myalgic encephalomyelitis and chronic fatigue syndrome, and to take a range of other steps regarding the treatment of and research into those conditions. John McAllion was appointed to monitor the position of the Executive and to report back to the committee on that. In May the committee considered the Executive's reply to the petition. It was agreed that John McAllion should contact the Executive to seek further clarification on a number

of points. A reply was received on 26 August. Members are invited to note the response and to consider whether the committee should take any further action in relation to the petition.

Mr McAllion: The short life action group has met several times and hopes to produce a report by the end of the month. I know that patient representatives on the group are concerned about the drift of the report's conclusions and that they are seeking a meeting with the Deputy Minister for Health and Community Care, Frank McAveety, so that they can influence those conclusions. I will report back to the committee as soon as information is available.

The Convener: So we should delay our comments until we have received the report of the short life action group. Is that agreed?

Members *indicated agreement*.

GM Crops

The Convener: Agenda item 4 is consideration of Nicola Sturgeon's report on the potential impact of GM crop trials. Before we proceed, I would like to thank Nicola for undertaking this work over the summer recess, especially given the complexity of the issue in question. I ask Nicola to speak to her report.

Nicola Sturgeon: I will be brief. I begin by reminding members of the remit for my report. I was not asked by the committee to reach conclusions about the safety of GM crops or to make substantive recommendations. When undertaking an exercise such as this, it is difficult not to reach conclusions or to develop views—sometimes quite strong views. Although I have developed views on the issue of GM crops, I have tried to exclude them from the report because they were not part of my remit. I was asked to examine the available published evidence regarding the potential impact on health of GM crops, to gather some opinions and to propose a course of action for the committee.

In my brief paper, I have indicated which people I spoke to, which evidence I examined and which documents I had recourse to. This is not an exhaustive review of the evidence—I would have needed a good deal more time to produce one. However, I now have a good insight into the issues at stake, which I will discuss in a moment.

In response to the website appeal, we received a large number of submissions from members of the public, which are available for inspection by the committee. The overwhelming majority of those submissions were opposed to GM crops, although one or two took a different view.

I have attempted to outline as briefly and simply as possible what I understand the potential health risks associated with GM crops to be. Some of those risks are associated mainly with consumption of GM foods. However, some are relevant to the debate about GM crops, because they could arise through entry into the food chain of such crops or inhalation of pollen.

Potential health risks include toxicity, allergenicity and antibiotic resistance. Antibiotic resistance is a topical issue because of the controversy over Aventis seeds earlier in the summer and the concern that some seeds with an antibiotic-resistant gene got into the crops. That raises concerns about the robustness of the safety procedures and the testing that is carried out.

Those are the potential health concerns in general. A specific issue that I did not know about until I looked into the matter arises out of the current and planned crop trials. The current trials are trials not of the crops, but of a herbicide that is

being used on the crops to see what effect it has if it is used on a GM crop at different times of the year from when it would normally be used on conventional crops.

There is also concern about the gene that is being used in the crops, which is known as the phosphinothricin acetyl transferase—or PAT—gene. That gene remains in the crop and could have potential health implications through its entry into the food chain or, later, through direct consumption. There is no rigorous testing of that, as the trials are not trials of the crop. The crops have already been assessed as safe, although the testing that took place before the trials went ahead was perhaps not as rigorous as it should have been, given that there are potential serious health risks.

Those are some of the fears that people have. The conclusion that I had to draw was that there is no conclusive evidence to show that GM crops harm our health; however, equally, there is no conclusive evidence to show that they do not. I do not think that the Health and Community Care Committee is qualified to be the arbiter to decide between those two positions. It is not for us to say whether GM crops are harmful: that is a medical and scientific debate that it is not appropriate for us to enter into. Nonetheless, there are some issues that would be worthy of further inquiry by the committee.

First, given the lack of evidence about the health impact of GM crops, should the trials be halted in line with the precautionary principle? There are two views on that, as one might imagine. Some people say that the lack of evidence about the health risks means that GM crops are safe and that, therefore, there is no reason to halt the trials. The alternative view says that, until we have reliable scientific evidence to show that there are no health risks, the precautionary principle should dictate that we do not go ahead with the trials. A compelling argument for that point of view is that the release of GM organisms into the environment is irreversible—once it is done, it cannot be undone. If we are not sure that the trials are safe, it is irresponsible of us to allow them to go ahead.

In the interests of balance, an important point to make—which is not in the written report—is that the Scottish Executive argues that it is proceeding in line with what it calls the precautionary approach, rather than the precautionary principle. There have been smaller-scale trials of the crops before the farm-scale evaluations. The Executive argues that the step-by-step process that is being followed is in line with the precautionary approach. However, others who talk about the precautionary principle take the absolutist view that we should not even start the process until we are sure that the procedures are safe. That is the first issue on which the committee could take a view, following some sort of inquiry.

The second issue relates to the risk assessment procedure, which is a complex issue. I shall briefly run through the legislation that governs the actions of the Scottish Executive with regard to GM crops. As we have all heard Ross Finnie say on many occasions, the Scottish Executive acts on the advice that is given to it by the Advisory Committee on Releases to the Environment. Before ACRE gives advice, it asks whoever is applying for a licence to provide it with risk assessment information.

Several people to whom I spoke and who submitted evidence to me during my inquiries expressed real concerns about the robustness of the risk assessment process. There are concerns that it is not very transparent or objective. There is also no standard format for it, and it varies from case to case. The emphasis appears to be on proving that GM organisms are safe, rather than on assessing honestly the potential hazards. The risk assessment process is over-reliant on modelling instead of relying on scientific evidence, and there is no set period of time over which risks must be assessed. For example, you can say that something poses no risk over the next year or two, but is that the same thing as saying that the same substance will pose no risk in 10 or 20 years?

Those are some of the concerns that have been raised. I spoke to a toxicologist, Dr Howard, who articulated many of those concerns, but it is fair to say that they were echoed by a number of others.

10:15

The third issue that I flagged up for possible inquiry is whether the existing guidelines are sufficient to prevent the cross-contamination of conventional crops. Some people are of the opinion that the recommended separation distances between GM crops and conventional crops are not adequate. The lady whom I quote on page 5 of my paper conducted a study into maize pollen. It is important that I point out that the current trials involve oil-seed rape, so that study may not be altogether relevant. However, her firm view was that the recommended separation distances are insufficient. The British Medical Association has also indicated that the separation distances should be reviewed in the light of new research.

The protesters from the Munlochy vigil presented evidence in connection with their petition that suggests that some of the other guidelines have been breached, such as the time gap between harvesting a GM crop and planting a conventional crop and the guidelines on cleaning tractors and drills. In the interests of balance, I

note that the relevant organisations said that they do not think that those breaches were an issue, but other people have a different opinion.

Although GM crops have potential direct health implications, the environmental risks, which are much harder to judge in the short term, may also have secondary health implications. If cross-contamination takes place, those potential risks may become real.

The last issue that the committee should look into is whether it should be incumbent on the Scottish Executive to monitor the health of populations who live around GM trial sites. It amazes me that no such monitoring takes place. Although some may argue that the lack of evidence of risk to health means that GM crop trials are safe—I will inject my own view here—there is another, almost more compelling, argument. How will we ever know if GM crops are safe if we do not try to find out by monitoring their health implications? There are questions about how such monitoring could be carried out, as it may be a long-term exercise. Even if health risks are found, they may not be dramatic. People may not fall down dead, but there may be increases over a long period in the incidence of certain diseases. That issue is worthy of further inquiry.

My strong recommendation is that we examine those four issues further. I know that we have a packed work schedule, but I do not think that the inquiry has to be time consuming. In fact, given that new trials are due to start in the autumn and that we will be debating the commercialisation of GM crops before too long, it is imperative that any committee inquiry is quick, so that it influences that debate.

I have suggested witnesses from whom we might wish to take evidence. I have had discussions with them in the course of my work on this area, and all have important points to feed into the debate. In line with my remit, that is my proposed course of action for the committee.

The Convener: Did the Transport and the Environment Committee do some work on this issue without considering the health aspect? I probably know the answer to that question, but I have forgotten.

Nicola Sturgeon: That is why the matter has been passed to us. The Transport and the Environment Committee examined the environmental implications of GM crops and it felt that another committee should examine the health implications.

The Convener: Did the Rural Development Committee consider it at any point?

Nicola Sturgeon: I do not think so.

The Convener: I have a funny feeling that the Rural Development Committee might have had a hand in this.

Nicola Sturgeon: Perhaps at an early stage, but not in a substantive way.

The Convener: I am told that the Rural Development Committee did consider it, but I presume that it did not consider the health aspects.

Nicola Sturgeon: No one does. That is why I recommend that we inquire into those issues. We are not qualified to make scientific judgments, but there are some issues, such as the safety mechanisms and whether we are really adhering to the precautionary principle, that no one is considering objectively and independently. Those are legitimate areas of inquiry for the Health and Community Care Committee.

The Convener: Could you make any judgment about the kinds of issues that we might investigate? Your report lists several topics such as the guidelines to prevent cross-contamination, the risk assessment procedures and monitoring of the health of people living nearby. I took your point that that could be long term and that it might be difficult to track people who live there for only a few years before moving on.

Are you of the opinion that the Scottish Executive has room for manoeuvre and can do more than it is doing at the moment? We do not want to suggest something to the minister only for him to turn round and say that he does not have the power to do it under EC directive 5000 or whatever.

Nicola Sturgeon: The three pieces of legislation that I have outlined set the framework. However, at the end of the day it is up to the minister to decide whether such trials go ahead. The minister acts on the advice of ACRE. There is an argument about whether he must act on that advice. I do not think that he must act on it, but the convention is that he does. Within that, he has much more room for manoeuvre than he is currently exercising in relation to the judgment about safety.

The Convener: He would probably argue that he has tried to do that in the past week.

Nicola Sturgeon: I have tried to keep my opinion out of this as much as possible.

The Convener: Do you believe that in the areas that we have outlined there is some scope for the minister to move further than he has so far?

Nicola Sturgeon: Yes.

Mr McAllion: I congratulate Nicola Sturgeon on her report and I think that it reaches the right conclusions. We are the Health and Community Care Committee and therefore have a unique role in relation to the issue. That role has been

recognised by the other committees in the Parliament. I take the point that there is a dispute about what constitutes the precautionary principle, but the Health and Community Care Committee must come to a conclusion on the precautionary principle after considering the risk to the health of the population. We must pursue that role.

We have a similar role in relation to the risk assessment procedure. It may be sufficiently robust to protect the environment in the view of the Transport and the Environment Committee, but we must ensure that it is sufficiently robust to protect the health of the population, which is our concern. Is cross-contamination a threat to the health of the population? That is our concern. Should there be long-term health monitoring? That is something that we might want to recommend to the Scottish Executive.

We cannot ignore the petition. We must pursue it as urgently as possible.

Mary Scanlon: I, too, would like to congratulate Nicola Sturgeon on her report. I know that there is a large amount of information out there and that it takes a tremendous degree of focus to produce such a concise report. That view is summed up by Charles Saunders, the public health consultant at the BMA, who says that

"we do not have the knowledge base to make a valid decision about the potential health risks".

That should be the base of our thinking on the report.

I am concerned about the point on page 2 of the report about the GM DNA transfer into the human intestine and the potential for antibiotic resistance. I do not think that the Health and Community Care Committee can ignore that. I support the suggestion that we take evidence and hold a concise inquiry. I would like to add the Food Standards Agency to the list of witnesses.

The other point in the report is the principle of substantial equivalence. I am no scientist, but I understand that GM is not a conventional counterpart to other types of inputs to horticulture. GM is far more complex. Whatever base it had in testing, I do not think that it can be classed as a conventional counterpart.

I visited Moray beekeepers during the summer and discovered what an enormously complex issue GM is. The beekeepers are concerned about GM and want their honey and other foods to be clearly labelled as GM free. Honey is one of nature's greatest foods and the beekeepers are concerned because they cannot label it as being totally GM free. That is another reason for adding the Food Standards Agency to the list of potential witnesses.

I am concerned because the existing trials do not measure the effects on the environment or on public health. We will know more about the health of moths, bees and beetles than that of humans. As a health committee, we must have baseline data and forward data not just for six or 12 months, but for a population such as primary schoolchildren or elderly people. I am concerned about the fact there is insufficient evidence and about the fact that no evidence is being sought to address public health concerns. Ross Finnie made the point that the crops have been in existence since 1989 with no detrimental incident. That is like saying that the road is safe because no one has been killed on it. Neither the minister nor anyone else has sufficient evidence to reassure the public that GM crops are safe for public health.

I support Nicola's recommendation that we take more evidence and that we produce a concise report in order to bring the matter into the open so that the Health and Community Care Committee can give people the assurances that they seek that the crops are not detrimental to their health.

The Convener: I take on board those points, but we have been there before with MMR. We produced a report, but some people continue to disbelieve what we said.

Dorothy-Grace Elder: I support the view that we need to take the issue further. As Nicola Sturgeon pointed out, the tests are of a herbicide and not of the crops. Those who are in charge should have clarified that to the public long before now. I also dislike the phrase "precautionary approach." The precautionary principle is so important that it is enshrined in the Treaty of Rome. To use the lesser term "precautionary approach", which probably has no meaning in law, is deceptive. Furthermore, members will perhaps recall that in spring 2000 there was an accidental illegal planting in Scotland. Ross Finnie had to rip up the field.

The Convener: He has enough on his plate without having to go out and rip up the fields.

Dorothy-Grace Elder: After the Canadian seed producer informed Westminster—members will remember that there was a long delay—I discovered that there had been an illegal GM harvest in 1999, involving rogue seeds. We are already deeply into the subject and we owe it to the public to investigate. I would add to the witness list, if possible, a representative of the seed producers.

Janis Hughes: Nicola Sturgeon has put a lot of work into the report and has raised many issues. Most of what I would have said has been said. It would be worth our while to look further into issues that Nicola raised in her report. Mary Scanlon referred to a concise inquiry, but I fail to see at this stage how we can timetable that. We must bear it

in mind that there are issues that we decided not to investigate because of pressure of work. We must try to be fair to everyone. We should seek further evidence, but colleagues want to add more witnesses to the list of potential witnesses. I am a wee bit concerned about how we might timetable that. We should bear that in mind when we are making our final decision. Issues that Nicola raised are potentially concerning and we should look further into the matter.

Shona Robison: I agree with the principle of the point that Janis Hughes made and I agree that the committee has a heavy work load, but I remind the committee that the matter is of enormous public interest. The health aspects have been ignored and there is a responsibility on the committee to push the health issues and to try to get some answers or raise more questions about some of the health aspects. I would support giving some of our time to that purpose.

10:30

The Convener: I arranged for members to be issued with a copy of our forward work plan so that we could see what scope we have in that regard.

Bill Butler: I believe that there should be a focused inquiry. It is important that we try to get answers to the four main questions that Nicola Sturgeon's report posed. However, we have to do that without affecting the progress of the draft mental health bill.

The Convener: It seems that everyone agrees that the focus has not been on the public health aspect of the situation and that a lot of the work has been focused on the commercial side—companies that produce seeds—and the rural and environmental side. Did you come across any information on the public health impact elsewhere?

Nicola Sturgeon: I have not conducted an extensive review of the wealth of evidence, but none of it appears to be conclusive. However, we could certainly draw on evidence from other parts of the world.

The Convener: Have organisations such as the World Health Organisation and the World Food Programme done work in this area?

Nicola Sturgeon: Yes. I have gathered a lot of material that I can make available for background information.

I accept what Janet Hughes said about the need for the inquiry to be focused and concise. If we let it, the inquiry could take two years because there is a great deal of information. That is why I have tried to focus on the issues on which we could add something useful. If we invite witnesses, we should give them a clear steer as to the issues on which we want them to focus. It is understandable, but people who know a lot about the subject can talk for a long time about it. I am happy to work with the clerks to draw up the briefs for witnesses.

I do not want to lengthen greatly the list of experts, but it would be interesting to hear from the Food Standards Agency because the research that was commissioned by the FSA that suggested that GM DNA can transfer into bacteria in the human intestine was immediately downplayed by the FSA, which more or less said, "The results of the research notwithstanding, there is no risk and no need to worry." It would be interesting to hear the FSA's take on that.

It is important to make people aware of the fact that it is not the crops that are on trial but the use of herbicide. That means that the safety assessment of the crops might not have been as rigorous as it should have been. Another point is that one of the health implications that arise from this area is to do not with the GM crops but with the increased use of herbicide that might result. There is a chance that, the more pesticide resistant the crops are, the more pesticide farmers will use.

I forgot to touch earlier on the rule of substantial equivalence, which causes me enormous concern. That rule says that if two products, one non-GM and one GM, are equivalent apart from the genetic modification, there is no need to worry about safety. That takes no account of what the addition of the GM element does to the chemical composition of the product and it does not take account of any unexpected effects of adding the GM component.

Mary Scanlon is right to say that no baseline data exist and that no health monitoring is being undertaken, which concerns me. We are focusing on crop trials, but another issue, which the chief medical officer in England has acknowledged, is that wider population surveillance on the effect of GM foods on public health is needed. However, perhaps that issue is outwith the scope of our inquiry.

The crops have been sown, grown and ploughed. It is frightening that nobody has taken account of their impact today, tomorrow, next year or 10 years down the line. That is all I want to say—I am reaching the stage when I, too, could talk for ever about the subject.

The Convener: We will probably have to rely on you a lot on the subject. I thank Nicola Sturgeon for assisting us.

I agree with everything that members have said. Enough questions are posed. Even if we start from the standpoint that, as Nicola Sturgeon said, no conclusive evidence exists either way, we should raise some public health questions, which might

concern whether it is sensible or right to go ahead without continued monitoring of public health. It devalues the statement that there is no impact on public health if no monitoring programme has been established to work out whether an impact exists.

If we start from that baseline and take on board Nicola Sturgeon's recommendations, we can decide to produce a report, take evidence and investigate some causes of great concern. I was greatly concerned when I read about the antibiotics issue and when I heard Nicola Sturgeon talking about the increasing use of herbicides and pesticides.

We might want to examine several issues. We must take into account the need for balance in the evidence that we take. It might be easier to find people who are happy to tell us that they are unhappy than to find people who are happy, but it is incumbent on us to take a balanced approach with witnesses. Two suggested witnesses that could be added to Nicola Sturgeon's list are the Food Standards Agency Scotland and seed producers. I go along with those suggestions. Does everybody else agree?

Members *indicated agreement*.

The Convener: Janis Hughes made an important point. I am well aware of the complexities of the issue and as Nicola Sturgeon said, we could probably do a two-year inquiry on the matter and not produce a conclusive result because we are not the people who will give the definitive answer on whether GM crops are safe. We are not scientists or clinicians, but we can raise several issues or set the ball rolling in having those concerns raised by using a shorter period to prepare a report than we might otherwise like. I would prefer to take longer, but the reality is that the mental health bill will mean that extra time for such an inquiry is scarce. I suggest that members examine the forward work plan. We could take evidence on 13 and 20 November, consider a draft report on 27 November and agree to the report on 4 December. That would give us three weeks in which to take evidence, because we can always agree to a report ad hoc, but we can have no more than three weeks of evidence taking—it will probably be two weeks—and a month for the inquiry.

I make that suggestion to members, with a view to the fact that the time scale will be inadequate for doing the proper job that I want us to do as a committee. However, we must balance whether it is more important to do some work on the matter this side of the dissolution of the Parliament than it is to be able to say that we have inquired as completely as we would have liked. On balance, I recommend that we opt for a short-term inquiry report that focuses on raising issues. That will give the Executive time to respond before the Parliament is dissolved. If we go into next year and manage to find a greater amount of time to do the report, we might not get a response from the Executive prior to the conclusion of this session of the Parliament.

Bill Butler: I agree as long as the clerks are able to advise us that our decision to go ahead will not impede the progress of the proposed mental health bill. If the inquiry can be fitted in, that is fine.

The Convener: I probably should not say this on the record, but the suggestions for times that we could fit in the report came from the clerks who are sitting beside me. All of us are aware of what is ahead of us and none of us wants to impede the proposed mental health bill or in any way jeopardise our understanding of that bill and its complexities. We are all aware that it will be a difficult bill for the committee to deal with and that we have a real duty to the one in four Scots who suffer from mental health difficulties to ensure that we do that job properly. That said, the committee has agreed unanimously that the public health issues in relation to GM crops need to be raised and answered. My suggestion would allow us to go some way towards doing both things.

Nicola Sturgeon: We all know what our priorities are and that all are important. I am happy with the time scale for the inquiry. I am aware that I have a head start on other members on the issue, but we should have enough time to reach some conclusions. In an ideal world, I would like more time, but I am aware that we do not live in such a world. The second round of GM crop trials is due to start in the autumn and a November inquiry would not allow us to influence matters. Given that Ross Finnie has given the go-ahead for the trials, members could say that we are too late in any respect; however, that opinion is open to debate.

If we hold an inquiry in November, that will allow us to put our view on where the debate is headed, which is towards commercialisation. It is important for us to ensure that our views are injected into that debate early. The upside of the time scale that we are discussing is that it would allow us to do that.

Mary Scanlon: Given that we have to ask for written submissions and that two weeks will be spent in recess and we are already in mid-September, the time scale is all right. I want to reiterate a point that Nicola Sturgeon made about ensuring that those who submit written evidence are asked to focus clearly on the public health issues. Perhaps the paper and the headings that it contains, including the need for research, should be used as the basis for guidelines. We do not want tomes of evidence about environmental problems—that is for another committee. We need

to ask for evidence that places a clear focus on health. If we get that, we can do the inquiry within the time scale.

The Convener: We have included the Scottish Executive on the list of witnesses. I assume that the committee will want to hear from Ross Finnie, Malcolm Chisholm and the chief medical officer for Scotland.

Members *indicated agreement*.

Dorothy-Grace Elder: The best-known supporter of GM in Britain is Lord Sainsbury. Why not invite him or some of his people? The convener may smile, but I am serious.

The Convener: I am smiling because we tell ourselves that we have restricted time scales, but we always do a good job of adding names to our lists.

Given members' agreement, we should keep the list as it is. I have listened to what Nicola Sturgeon said, but I do not see how we can hold the inquiry any earlier.

Nicola Sturgeon: If I was to pick from the list someone not to call for written evidence it would be the Royal Society. That is because voluminous written scientific evidence by the society is in the public domain. It might be better to focus on the society's published work instead of inviting it to give evidence.

I added the Royal Society in the interests of balance because, although the society has raised some reasonable questions on the issue, it is not anti GM crops.

Bill Butler: I disagree. We should invite the Royal Society to come before the committee so that we can ask face-to-face questions. It is essential for us to hear answers to questions of a scientific nature so that we can form as objective an assessment of the issue as possible. We should keep the Royal Society on the list.

The Convener: Another thing that pops into my head is that this agenda item results from a petition. When we are doing work that relates to a petition, we normally try to hear from the petitioners. We must give the petitioners scope to bring a range of people with them who they believe can focus on the health aspects. I appreciate that we are looking at two very long sessions at the very least, but it is the committee's unanimous view that we should hold such an inquiry.

That brings us to the end of the public part of our meeting.

10:45

Meeting continued in private until 10:55.

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