HEALTH AND COMMUNITY CARE COMMITTEE

Wednesday 4 December 2002
(*Morning*)

Session 1

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HEALTH AND COMMUNITY CARE COMMITTEE

32nd 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)
Mr Tom McCabe (Hamilton South) (Lab)
Ben Wallace (North-East Scotland) (Con)

*attended

WITNESSES
Mrs Mary Mulligan (Deputy Minister for Health and Community Care)
Lydia Wilkie (Food Standards Agency Scotland)

CLERK TO THE COMMITTEE
Jennifer Smart
SENIOR ASSISTANT CLERK
Peter McGrath
ASSISTANT CLERK
Graeme Eliot
LOCATION
The Hub

Scottish Parliament

Health and Community Care Committee

Wednesday 4 December 2002

(*Morning*)

[THE CONVENER *opened the meeting at 10:02*]

Item in Private

The Convener (Mrs Margaret Smith): Good morning and welcome to this meeting of the Health and Community Care Committee. Our first agenda item is to decide whether to take item 4, which is consideration of a draft report on our inquiry into genetically modified crops, in private. Do members agree to do that?

Members *indicated agreement*.

Subordinate Legislation

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 15) (Scotland) Order 2002 (SSI 2002/511)

The Convener: Item 2 is consideration of an emergency affirmative instrument, for which Mary Mulligan, the Deputy Minister for Health and Community Care, is with us. The Subordinate Legislation Committee had nothing to report on the order and the only comments that we have received from members were from Mary Scanlon, who has some questions for the minister.

Mary Scanlon (Highlands and Islands) (Con): I have several questions, which follow on from the Rural Development Committee's recommendations on amnesic shellfish poisoning. Why did the Food Standards Agency Scotland not involve the scallop industry in designing the proposed testing regime before putting it out to consultation?

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): It is my understanding that the FSAS involved the industry in that process. I ask Lydia Wilkie to outline how her organisation did that.

Lydia Wilkie (Food Standards Agency Scotland): We have had a large number of meetings with all sectors of the scallop industry. We used the Scottish Scallop Advisory Committee, which is a joint committee, in the process that led to the development of the proposals. Members of the FSAS also went round the main centres, so that we could arrange meetings directly for the scallop fishermen rather than just for their organisations.

Although we have completed the written part of the consultation, we are still having discussions. Towards the end of last week, we had a helpful meeting with the scallop industry across the board. We continue to involve the scallop industry as we develop the proposals.

Mary Scanlon: That is interesting, given that the convener of the Rural Development Committee wrote to Mary Mulligan stating:

"The Committee remains concerned that the Food Standards Agency Scotland (FSAS) did not involve the scallop industry in designing the proposed testing regime."

There seems to be a communication problem on that issue.

I understand that the industry has suggested a quality assurance scheme. What is your response to that?

Mrs Mulligan: At the meetings that have been held so far, we have been anxious to ask for suggestions about how to develop the testing regime. Any suggestions that relate to quality assurance need to be considered in the round. The agency is still considering further options.

Mary Scanlon: That issue is still open for discussion with the industry.

Mrs Mulligan: Yes. I ask Lydia Wilkie to explain where we are in that regard.

Lydia Wilkie: Our main interest in the quality assurance schemes relates to the traceability element, which will be crucial to the enforcement regime. To date, we have visited two software design companies that have traceability systems that could be used specifically by the scallop industry. The industry put us in touch with those companies. Earlier this week, some colleagues visited Macduff Shellfish (Scotland) Ltd, which has a good traceability system. Our work in that area is advancing.

Mary Scanlon: Are we still talking about end-product testing rather than out-of-the-water testing? That issue re-emerges constantly. The last time that I asked, I think that you were comparing our process with the one that is used in Ireland. Have you made any progress on that?

Lydia Wilkie: End-product testing is a current requirement for the industry as part of due diligence. Under the tiered regime, we are discussing the level of end-product testing. Because the relevant European Commission decision is highly precautionary in relation to front-end testing, our view is that the end-product testing regime need not be a horrendous burden on top of that. We are exploring that issue with the industry. I stress that end-product testing is supposed to be in place at the moment.

Mary Scanlon: Is our testing more diligent than that of other countries, such as Ireland?

Mrs Mulligan: No. My understanding is that although we are testing according to European Commission directive 91/492/EEC, we still need to amend the way in which we test to comply with the directive fully. We have had discussions with Ireland and have been assured that the Irish are doing whole-product testing, which the directive requires.

Mary Scanlon: Why was the portion size for scallops based on mussels? I understand that the basis for that was the fact that the only recorded case of amnesic shellfish poisoning, which happened in Canada, related to mussels rather than to scallops. I understand that scallop testing is based on the premise of an individual eating 12 scallops in one sitting, which would be quite difficult to do.

The Convener: There is some debate about that point.

Mary Scanlon: Are we gold-plating the regulations?

Mrs Mulligan: I am aware that the testing is based on mussels and that the proposals resulted from a poisoning outbreak in Canada. We have submitted our concerns about that to the Commission and have asked for specific research to be done into scallops. As Mary Scanlon said, the assumed portion size is 12, which is at the upper end for most people. We acknowledge that it might be harsh to base the testing on that level of consumption. As a result, we have asked Europe to provide further guidance and to conduct further research on the matter. That said, it will take time to do such research, and meanwhile we have to continue to work towards full compliance with the directive.

Mary Scanlon: But you are pursuing that issue.

Mrs Mulligan: Yes.

Mary Scanlon: I understand that, once the testing regime is in place, 60 per cent of the FSAS budget will be spent on looking for a poison that has never affected anyone in Scotland. Will your budget be directed more towards that objective than towards other food safety problems?

Mrs Mulligan: One of the FSAS's aims—and one of our first concerns—is the monitoring of food safety. That is why we have erred on the side of caution in scallop testing. I accept your comment that there have been no incidents as yet of such poisoning. However, as the consequences can be severe, we do not want such an incident to arise. We are therefore cautious as far as testing is concerned.

As for the proportion of the FSAS budget that is geared towards this problem, I point out that our concerns must be recognised. We must have in place the strongest food safety measures across the whole range of issues.

Mary Scanlon: I repeat my point that 60 per cent of the FSAS's budget is being spent on looking for a poison that has never existed. Does that mean that you will neglect other areas of concern in Scotland?

Mrs Mulligan: I am sorry, but you cannot claim that the poison does not exist. All that we can say is that we have never had an outbreak of poisoning. I hope that that is down to the rigorous testing that we have carried out. If we had a more appropriate testing regime, we would hope to reduce that burden. However, I assure the committee that there is no way that we will put at risk the FSAS's other work obligations.

Motion moved,

That the Health and Community Care Committee, in consideration of the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 15) (Scotland) Order 2002 (SSI 2002/511), recommends that the instrument be approved.—*[Mrs Mary Mulligan.]*

Motion agreed to.

Petitions

The Convener: Members have a big pile of petitions papers in front of them. I hope that we can bear with one another and ensure that we are all looking at the right paper at the right time.

We begin with new petitions, a number of which have been passed to us from the Public Petitions Committee for our information only. I suggest that, in view of the action that the Public Petitions Committee is taking and the limited time that is available to us in which to seek and secure a response from the Executive, the committee take no further action on a number of the petitions.

Mr John McAllion (Dundee East) (Lab): It is important to be clear about what is being decided about new petitions. In this case, the Public Petitions Committee has passed the petitions to the Health and Community Care Committee for information only because the Public Petitions Committee is still deciding what to do with them. That is why the Public Petitions Committee has written to the Executive. Any course of action that that committee takes will depend on the Executive's response. After all, the Public Petitions Committee might want to refer the petitions to the Health and Community Care Committee at some point in the future.

The Convener: You misunderstand my comments. The Public Petitions Committee has referred a number of petitions to us while it seeks information from the Executive. All that I suggest is that we should agree a holding response on a number of the petitions and take no further action on them at this point. However, the petitions would remain on the agenda until we come back to them.

Psychiatric Services (PE538)

The Convener: We begin with PE538, in the name of Mr James Mackie, in relation to autism. The Public Petitions Committee has asked the Health and Community Care Committee simply to note the petition, as it is doing further work. Is that agreed?

Members *indicated agreement.*

Psychiatric Drugs (Side Effects) (PE547)

The Convener: PE547, again in the name of Mr James Mackie, relates to the side effects of psychiatric drugs and alternative treatments. Are we agreed to note this petition in same way as PE538?

Members *indicated agreement.*

10:15

Dorothy-Grace Elder (Glasgow) (Ind): Should Mr Mackie's petitions also be sent to the relevant cross-party group?

The Convener: At this stage, we should leave that with the Public Petitions Committee.

Dorothy-Grace Elder: Can we leave the door open on that?

The Convener: I will flag that up as an issue for you, as a member of the Public Petitions Committee, and for the convener of that committee, to take up.

Ritalin (Effects on Children) (PE548)

The Convener: PE548, which is also in the name of Mr James Mackie, relates to the use of the drug Ritalin and other treatments. Again, does the committee agree to take no further action while the Public Petitions Committee is awaiting a response from the Executive?

Members *indicated agreement.*

Clozapine (Safety Issues) (PE549)

The Convener: PE549, in the name of Mr James Mackie, relates to Clozapine. Are we agreed to take no further action at this stage?

Members *indicated agreement.*

Medical Accidents (Victims) (PE539)

The Convener: PE539, in the name of Michael Starrs, calls for the Scottish Parliament to take the necessary steps to introduce a no-fault scheme to compensate victims of medical accidents and to clarify the duty of care of the practitioner.

The committee is awaiting the final report of the expert group that was set up by the Executive to consider compensation mechanisms. We have received part of that report, relating to hepatitis C sufferers, which we will consider in detail next week. The other part of the expert group's report is expected at the end of this month. I suggest that we take no further action until we have received the finalised report. Are we agreed?

Members *indicated agreement.*

Food Premises (Licensing) (PE446)

The Convener: PE446, in the name of Julia Clarke, on behalf of the Consumers Association, calls on the Scottish Parliament to take the necessary steps to protect the health and safety of all consumers by extending the licensing of butchers' shops to all food premises. The Public Petitions Committee has considered the petition and considered a response from the Food Standards Agency Scotland. Members have received the details of that response and I invite the committee to take no further action. Does anyone have an alternative point of view?

Mr McAllion: The petition has been formally referred to the Health and Community Care Committee by the Public Petitions Committee, so it belongs to this committee. Will the committee send a response to the petitioner and keep the Public Petitions Committee informed?

The Convener: Are we agreed?

Members *indicated agreement.*

Allergy Clinics (PE276)

The Convener: PE276, in the name of Elizabeth Gurling, on behalf of the Lothian allergy support group, calls on the Scottish Parliament to establish specialist clinics for the diagnosis and treatment of allergies at national health service hospitals in Scotland.

The Scottish Executive has responded to the Public Petitions Committee, stating that Lothian has funded two new consultant posts. The health department, which is investigating managed clinical networks in the area, has offered to meet the petitioners. In view of all that, and in view of the action that is being taken by the Executive and the fact that the petition was passed to us for information only, I invite the committee to take no further action at this stage. The Executive's response seems fairly heartening, especially if the petitioners can meet the Executive to make their points directly. Are we agreed to take no further action?

Members *indicated agreement.*

State Hospital (PE440)

The Convener: PE440 is in the name of Mr and Mrs Dave Crichton. Those members who visited Dundee will recall that we took evidence from Mrs Crichton in the course of our scrutiny of the Mental Health (Scotland) Bill. We also met Mrs Crichton's son, Darren. The committee is aware of and sympathetic to the petition. I refer to the views that are outlined in our stage 1 report on the Mental Health (Scotland) Bill in relation to patients who are held in Carstairs, where the security level is way beyond what is required. We appreciate the difficulties that the Executive faces in providing such facilities. However, that will be one of the main points that we will try to progress at stage 2.

From that point of view, it is suggested that the committee take no further action on the petition. That is against the background of the committee taking action during its scrutiny of the Mental Health (Scotland) Bill. Is that agreeable to members?

Shona Robison (North-East Scotland) (SNP): I agree, so long as that point is reiterated clearly to Mr and Mrs Crichton. Their son Darren is no longer in the hospital at Carstairs. However, their concern was not only for him; it extended to all the other patients there. It must be made clear to them that the committee will pursue the issue.

The Convener: The committee will write to Mr and Mrs Crichton, highlighting the section of our stage 1 report that mentions their case. We will make it clear that that is included in our report partially as a consequence of their evidence and that we realise that the situation is wider than their family. Our letter will emphasise that the committee is not dismissing the petition, but will return to it when the Mental Health (Scotland) Bill has been passed. Do members agree?

Members *indicated agreement*.

Heavy Metal Poisoning (PE474)

The Convener: We move to annexe B, which deals with on-going petitions. PE474 is in the name of Mr James Mackie, who is obviously a busy man. The petition calls for the Scottish Parliament to take urgent steps to recognise the seriousness of the threat to children that is posed by heavy metal poisoning and to appoint a non-medical control and scientific review group to study all relevant material available on the subject of heavy metal poisoning's link to childhood conditions.

The Medical Research Council's response might cover some of the issues, but members should state whether they wish to pursue the petition beyond that response.

Mary Scanlon: The last two sentences of the penultimate paragraph cause me concern:

"However, the evidence that children can accumulate lead and cadmium at a faster rate than adults requires further investigation. The effects of vitamin D deficiency on lead absorption suggests that such groups as Asian children may be at extra risk and this too should be investigated".

I am not sure how the committee could recommend that those groups be investigated.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Given that that is an excerpt from the information that was received from the MRC, will it conduct the investigation?

Jennifer Smart (Clerk): No.

Mary Scanlon: The MRC advised that the issues require further investigation.

Margaret Jamieson: That is my point; the note is not specific.

The Convener: It would be reasonable for the committee to write to the Executive to highlight the MRC's concerns and to state that, as far as the committee is aware, no research is being done.

Dorothy-Grace Elder: The committee should ask the Executive whether it knows of any research into those issues. Over the years, concern has been raised in the Royal hospital for sick children in Glasgow about the vitamin D deficiency problem, and the hospital's paediatric unit might be able to help the committee and the Executive. I suggest that the convener advises the Executive to seek information from the principal children's hospitals in Scotland.

The Convener: Okay. That is a reasonable suggestion.

Dorothy-Grace Elder: The hospitals in Edinburgh and Aberdeen would be a good starting point.

The Convener: Do members agree with that suggestion?

Members *indicated agreement*.

Digital Hearing Aids (PE502)

The Convener: PE502, in the name of Ms Fiona Stewart, calls for 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 support this petition, as, I am sure, do many members. Most members have campaigned for such provision on behalf of their constituents.

The audiology services review will not be fully available until January, but an executive summary and some recommendations have been published. The work is on-going, but the signs are that the Executive is taking the matter seriously. The recommendations seem fairly comprehensive. I suggest that we invite the petitioners to comment on the review group's initial work and that we return to the matter when the final report is available in January. Is that reasonable?

Members *indicated agreement*.

MMR Vaccination (PE515)

The Convener: Petition PE515, from Ms Dorothy Wright, calls on the Scottish Parliament to take the necessary steps to make individual measles, mumps and rubella injections available without delay. There has been a saga about the issue and the committee's involvement with it. We reported as a committee—Mary Scanlon having written a report for the committee on the matter—and we suggested that an expert group be set up. The expert group came back and said pretty much what we said about the efficacy of the MMR vaccine. It also highlighted rightly the need for further research on the subject.

We await a full Executive response to the report, which seems to have been some time coming. I would like to think that we would be able to get a final response from the Minister for Health and Community Care sooner rather than later—certainly in this session rather than the next session. I suggest that we write to the minister asking him when we can expect a final response from the Executive and urging him to give us that response as quickly as possible. At that stage, we could put the petition on our agenda as an item in its own right and ask the minister and the chief medical officer to come before the committee. We could also hear from others from whom the committee would like to hear, whether they are from the expert group or a relevant voluntary sector group.

Mary Scanlon: There is a recommended period of eight weeks for the Executive to respond to committee reports. Is there a recommended period in which the Executive should respond to the recommendations of an expert group that it has set up?

The Convener: No.

Mary Scanlon: We have been waiting for a response for months.

The Convener: Committee members might like to flag that up with the Procedures Committee, without attaching any particular criticism about this example. If Mary Scanlon would like to flag that up as something that the Procedures Committee might want to consider generally, we can arrange that. There is an eight-week deadline for a response to a committee report, but other reports can sit for a considerable time without a response being made.

The matter is a bit difficult, because many of the issues are complex and technical and require much work to be done on the ground. We received an interim response from the Executive, which stated what it was prepared to accept. The final report will cover what the Executive will implement in terms of, for example, autism services. That report will have to be worked through. We should flag up the matter with the Procedures Committee so that we can get a sense of what other committees feel about it.

Mary Scanlon: We need to see the ministerial response before we can make progress. There is, given how busy we are, no point in our scrutinising the report to see what has and has not been done. I would rather see the ministerial response and thereafter move forward, but a lot of time has elapsed.

Dorothy-Grace Elder: Meanwhile, the situation has moved on. I make no comment on whether it is right or wrong, but a private clinic is offering the single MMR injections for very large sums of money. Regardless of whether that is right or wrong, it is causing divisions among parents and it is causing extra stress for those who want the single injections but cannot afford them. The sooner the Executive gives us its word the better.

The Convener: I concur. We should write urgently to the Executive to try to get a response, with a view to putting the matter on our agenda at some point in the coming weeks. If we are not going to get a response from the Executive, we will still put the matter on the agenda and return to it as a committee, either with or without the expert group. I certainly want to return to the matter before the end of the session. Is that agreed?

Members *indicated agreement*.

Triple Assessment Breast Examinations (PE491)

The Convener: The next petition is PE491 from Elaine McNeil, on triple assessment breast examinations. A letter has been circulated to members. We have received a lengthy response from the Clinical Standards Board for Scotland and an Executive response, which I hope members have had a chance to read.

I want to pick up on the conclusions. The Executive states that, within CSBS guidelines,

"It is a matter for individual clinicians and their patients to decide and agree the most appropriate investigations in each case. In the majority of women who have breast problems presenting to specialist breast clinics … full triple assessment is not clinically necessary."

The response states that the triple assessment is, in fact, "invasive" and that in respect of resources, if all women were given what was beyond their needs, it might mean that some would fail to get what they need from other parts of the service.

My view is that we should not support the introduction of legislation to make triple assessment procedures obligatory, but that we should leave it to individual clinicians and patients, taking into account CSBS recommendations, to decide what is right in each case.

10:30

Mary Scanlon: I asked a surgeon at Raigmore hospital about the matter and that was the advice that he gave me.

The Convener: Do members agree with my view?

Members *indicated agreement*.

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

Greater Glasgow NHS Board (Consultation) (PE453)

The Convener: The next petitions are PE498, PE499 and PE453. PE498 is from Letitia Murphy on behalf of Fife Health Service Action Group; PE499 is from Mr Tom Davison on behalf of the Dunfermline Press; and PE453 is from Father Stephen Dunn and concerns the medium secure unit at Stobhill. The petitions concern issues relating to acute services provision in Fife and Glasgow.

In line with our usual approach, we considered the petitions in relation to consultation. Members might recall that we took evidence and should have before them a revised paper with the minister's comments. Previously, we did work in relation to Stobhill hospital and Stracathro hospital. I think, however, that we had a debate in March 2000 rather than in March 2002—I am losing my memory, but I do not think that I have lost it as much as that. The paper outlines key points that the petitioners raised and discussed when they gave evidence to the committee. I seek guidance from members on what they wish to do next.

Mary Scanlon: Richard Simpson's first-class report on Stobhill is not mentioned. He made excellent recommendations.

The Convener: Members should have the recommendations.

Mary Scanlon: My papers were separated. Richard Simpson's report was thorough and there were responses from the Executive. Should we find out whether that report has been pursued, because it addresses the points that petitioners addressed?

The Convener: The Minister for Health and Community Care said that he agreed with the recommendations that the Health and Community Care Committee made two years ago and he acknowledged the early problems in Glasgow. New guidance has been issued.

People have to be willing to engage in meaningful consultation, but to some extent the big question continues to be at what stage people should be consulted. The committee thought that people should be given information and that they should be engaged with and consulted meaningfully. However, in the evidence from Fife and Glasgow, the nub of the issue was the stage at which people were consulted. Should health boards have plans already worked up, in which case when people are consulted they will say, "This is not meaningful. You have already made your mind up," or should they consult so early in the process that people ask, "Well, what are you telling us?" That remains one of the key issues around consultation of the public. I do not know whether we want to comment on that or anything else that we have heard, or whether we are quite happy to take on board the comments that have been made by the minister in response to the report that Richard Simpson and the committee produced.

Mary Scanlon: Have new guidelines been drawn up for informing, engaging and consulting?

The Convener: Yes, there are new guidelines. If members want to return to the issue at a future meeting, at which we will be able to provide further information, I am happy for us to do so. There is other guidance.

Margaret Jamieson: The guidance that has been issued is not hard and fast—that is the problem. It can be tailored by each and every health board and trust, as they wish. There are difficulties with that and we should advise the minister of the points that have been made by the petitioners, referring them back to Richard Simpson's report, which became the committee's report, and asking him for his views.

Dorothy-Grace Elder: The major problem seems to centre on the fact that health boards almost everywhere are making proposals, but are offering no alternatives. Nothing is spelled out when proposals are presented to people. It is shocking that people must appeal to the Parliament for help, as the people from Dunfermline did last week. Some of those people are extremely frail and suffered a wet day in Edinburgh. We must get a grasp of the situation.

Janis Hughes (Glasgow Rutherglen) (Lab): At our meeting, the minister did not speak with the benefit of knowing what the people who gave evidence said. It would be interesting to put to the minister all the points that we have summarised, asking for his comments. Consultation is all very well, but we want to know what mechanisms the minister can put in place to ensure that people's views are taken into account during the evaluation process.

Dorothy-Grace Elder: We could also ask the minister for his views on the idea of adding a certain number of elected representatives to health boards. That idea is being suggested in a number of areas.

The Convener: The petitioners raised those points and we would expect the minister to respond to them.

Dorothy-Grace Elder: Oh, well—that is another one gone, in that case.

Nicola Sturgeon (Glasgow) (SNP): I agree with Margaret Jamieson that we should ask for the minister's response on those points and I agree that we should return to the matter at a future meeting. The committee has to close off this line of inquiry and to decide whether there is anything that we want to recommend, at which point Dorothy-Grace Elder's proposal could be discussed.

The Convener: We will ensure that all committee members have, well in advance of that meeting, a copy of the guidance that has been sent out by the Executive.

Epilepsy Service Provision (PE247)

The Convener: The next petition is PE247 from Epilepsy Action Scotland. We took evidence from Epilepsy Action Scotland, and members should have a letter from the minister on the subject. We received that response from the minister yesterday.

Mary Scanlon: The letter was here when we arrived this morning. It is a three-page letter, and I would like to read it properly before responding.

The Convener: Are members happy for the matter to be put on the agenda for next week's meeting?

Members: Yes.

Organ Retention (PE283 and PE370)

The Convener: We are still awaiting information from the Executive on its proposed timetable for introducing legislation on organ retention. It is recommended that the committee take no further action in relation to the petition, given the petitioner's support for the McLean report, which the Executive has largely endorsed and which will form the basis for the legislation that the Executive will introduce.

Margaret Jamieson: We should ask the Executive when we are likely to be able to close off the issue.

The Convener: We have asked that question, but we have not received a response.

Petition PE370, from Lydia Reid, calls for a public inquiry to be held into organ retention. Despite the McLean report and everything else that is happening, the petitioner continues to call for a public inquiry. We will treat petition PE370 in the same way as we treated petition PE283: we will request information from the Executive on its proposed timetable for introducing legislation on organ retention. However, I do not recall hearing on the BBC or reading in the papers over the past couple of days that such a bill is in the Executive's forthcoming legislative programme.

Chronic Pain Management (PE374)

The Convener: Petition PE374, from Dr Steve Gilbert, calls on the Scottish Parliament to act urgently to address the underfunding of chronic pain management services. The Executive's response to the petition is not expected until 17 December 2002. It is suggested that we continue the petition and consider it as a single item at another meeting when the Executive's response is available.

Members *indicated agreement*.

Scottish Parliament Health Policy (PE320)

The Convener: Petition 320 is from John Watson, on behalf of the World Development Movement. It is recommended that the committee take no further action on the petition at this time, because we are awaiting clarification of whether any requests have been made to open up the UK NHS to further free trade. That clarification is expected in January.

Mr McAllion: John Watson of the World Development Movement has told me that it is very difficult to obtain information about the current round of general agreement on trade-in-services negotiations. Neither he nor the WDM are happy with the consultation paper that the Department of Trade and Industry has issued. That is partly, they say, because the information that it contains is very limited and merely provides information on the number of requests that have been made to the UK Government—it does not mention the details of the requests.

The paper says nothing about the requests that the European Union has made on behalf of the UK Government in the general agreement on trade-in-services process, which could be very significant. The European Union is seeking big gains out of this round of GATS negotiations, but it might have to offer something in return for those. Given that the World Trade Organisation executive has said that there is not enough liberalisation in health and social services, there is a real danger that in this round of GATS negotiations deals might be struck between the European Union and the World Trade Organisation. At this stage, it would be very wrong for us to decide to take no further action on the petition. More information will appear in the next few months.

The Convener: I was suggesting that we take no further action on the petition for the time being, until we receive further information.

John McAllion has reported back verbally on the concerns of the WDM. We plan to return to the issue in January, when we will have more information. I ask John McAllion to put something in writing for the WDM, so that we can consider the matter formally at that time.

Do we agree to follow the suggested course of action?

Members *indicated agreement*.

Myalgic Encephalomyelitis (PE398)

The Convener: Petition PE398 is from Helen McDade. We are awaiting the report of the short-life working group on myalgic encephalomyelitis. Do we agree to continue the petition until that report is available?

Members *indicated agreement*.

Organ Retention (PE406)

The Convener: Petition PE406, from Margaret Doig, calls on the Parliament to redress the omissions in the current law and code of practice governing post mortems. Post mortems that are carried out when death has occurred in suspicious circumstances are a matter for the justice committees, rather than for the Health and Community Care Committee. I suggest that we take no action on the matter. I invite the committee to decide whether to take no further action or to continue the matter until information from the Executive becomes available. The petition is bound up with the legislation on organ retention.

Margaret Jamieson: We should take the same action on petition PE406 as we took on petitions PE283 and PE370.

The Convener: We will write to the Executive to find out when it plans to introduce legislation on organ retention.

Mr McAllion: I will inform the Public Petitions Committee of the convener's view that the justice committees should deal with the other aspects of the petition.

The Convener: That completes consideration of business in public.

10:44

Meeting continued in private until 10:46.

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