

HEALTH COMMITTEE

Tuesday 7 October 2003
(*Afternoon*)

Session 2

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CONTENTS

Tuesday 7 October 2003

	Col.
ITEM IN PRIVATE	249
SUBORDINATE LEGISLATION	250
Food (Figs, Hazelnuts and Pistachios from Turkey) (Emergency Control) (Scotland) Amendment Regulations 2003 (SSI 2003/413)	250
Food (Pistachios from Iran) (Emergency Control) (Scotland) Regulations 2003 (SSI 2003/414)	250
Food (Peanuts from Egypt) (Emergency Control) (Scotland) Regulations 2003 (SSI 2003/418)	250
Food (Peanuts from China) (Emergency Control) (Scotland) Amendment Regulations 2003 (SSI 2003/419)	250
National Health Service (General Dental Services) (Scotland) Amendment (No 2) Regulations 2003 (SSI 2003/422)	250
National Assistance (Assessment of Resources) Amendment (No 3) (Scotland) Regulations 2003 (SSI 2003/425)	250
PETITIONS	251
Epilepsy Service Provision (PE247)	251
Organ Retention (PE283 and PE370)	252
Chronic Pain Management (PE374)	253
Myalgic Encephalomyelitis (PE398)	254
Deceased Persons	
(Law and Code of Practice) (PE406)	255
Community Volunteers (PE447)	256
Autistic Spectrum Disorder (PE452)	256
Psychiatric Services (PE538)	256
Autism Treatment (PE577)	256
Heavy Metal Poisoning (PE474)	256
Aphasia (PE475)	257
Digital Hearing Aids (PE502)	258
MMR Vaccination (PE515)	259
Care Homes (PE522)	265
Mental Welfare (Complaints Procedure) (PE537)	267
Elderly People (Residential and Respite Care) (PE551)	268
Residential Care (PE576)	268
Care Homes (Personal Expenses Allowances) (PE591)	268
Frail Elderly People (Local Services) (PE597)	268
Multiple Sclerosis (Respite Homes) (PE572)	268
Contaminated Blood (Public Inquiry) (PE611)	270
Pharmacy (Control of Entry Regulations) (PE613 and 614)	270

HEALTH COMMITTEE

9th Meeting 2003, Session 2

CONVENER

*Christine Grahame (South of Scotland) (SNP)

DEPUTY CONVENER

*Janis Hughes (Glasgow Rutherglen) (Lab)

COMMITTEE MEMBERS

*Mr David Davidson (North East Scotland) (Con)

*Helen Eadie (Dunfermline East) (Lab)

*Kate Maclean (Dundee West) (Lab)

*Mr Duncan McNeil (Greenock and Inverclyde) (Lab)

*Shona Robison (Dundee East) (SNP)

*Mike Rumbles (West Aberdeenshire and Kincardine) (LD)

*Dr Jean Turner (Strathkelvin and Bearsden) (Ind)

*attended

COMMITTEE SUBSTITUTES

Robert Brown (Glasgow) (LD)

Paul Martin (Glasgow Springburn) (Lab)

Mrs Nanette Milne (North East Scotland) (Con)

Ms Sandra White (Glasgow) (SNP)

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Jennifer Smart

SENIOR ASSISTANT CLERK

Graeme Elliot

ASSISTANT CLERK

Hannah Reeve

LOCATION

Committee Room 2

Scottish Parliament

Health Committee

Tuesday 7 October 2003

(Afternoon)

[THE CONVENER *opened the meeting at 14:01*]

Item in Private

The Convener (Christine Grahame): I convene the ninth meeting of the Health Committee in the second session of Parliament. Members will have to forgive me if my voice goes; I seem to have caught some lurgie that is doing the rounds.

Are members content to take item 4—the draft report on our budget response to the Finance Committee—in private?

Members *indicated agreement.*

Subordinate Legislation

Food (Figs, Hazelnuts and Pistachios from Turkey) (Emergency Control) (Scotland) Amendment Regulations 2003 (SSI 2003/413)

Food (Pistachios from Iran) (Emergency Control) (Scotland) Regulations 2003 (SSI 2003/414)

Food (Peanuts from Egypt) (Emergency Control) (Scotland) Regulations 2003 (SSI 2003/418)

Food (Peanuts from China) (Emergency Control) (Scotland) Amendment Regulations 2003 (SSI 2003/419)

National Health Service (General Dental Services) (Scotland) Amendment (No 2) Regulations 2003 (SSI 2003/422)

National Assistance (Assessment of Resources) Amendment (No 3) (Scotland) Regulations 2003 (SSI 2003/425)

14:01

The Convener: For agenda item 2, we have six Scottish statutory instruments to consider under the negative procedure. The Subordinate Legislation Committee had no comments on SSI 2003/413, SSI 2003/419 and SSI 2003/425, but it had comments on SSI 2003/414, SSI 2003/418 and SSI 2003/422.

No members' comments have been received and no motions to annul have been lodged. Does the committee want to make any recommendation in relation to any of the above-named instruments?

Members: No.

Petitions

14:02

The Convener: Agenda item 3 is petitions. Those of us, including myself, who were not on the previous committee, are almost overwhelmed by the number of petitions that we have to consider. However, those members of the Health Committee who are also members of the Public Petitions Committee will know about it from their duties on that committee. I cannot remember whether Helen Eadie is on the Public Petitions Committee.

Helen Eadie (Dunfermline East) (Lab): I am.

The Convener: You might be able to give us extra help with the petitions. I refer members to paper HC/S2/03/09/2, which is a numerical list of the petitions that we will consider. We have various options for dealing with each petition.

Epilepsy Service Provision (PE247)

The Convener: Are there any comments on PE247, which is from Epilepsy Action Scotland? Our options for action are shown at the bottom of the petition's covering note.

Helen Eadie: Perhaps we could ask the petitioners to comment on the Executive's latest response.

The Convener: Did the then Health and Community Care Committee refer petitions to cross-party groups? Would that be appropriate for this petition?

Mr David Davidson (North East Scotland) (Con): I agree with that suggestion. We are in a vacuum on these matters, and it would be helpful if the cross-party group could give us an update on its position and on how it sees the situation before we decide to take any action. Indeed, the same comment applies to a number of the petitions that we are discussing this afternoon.

The Convener: Are members content to invite the petitioners to comment on the response from the Executive and to forward the information that we have received to the cross-party group on epilepsy? I do not know how much information the group has already, but I see no harm in letting it have what we have.

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): From a practical point of view, I think that the situation would be helped by improving early diagnosis and addressing certain staffing issues. Perhaps that might happen if there is any spare money in the budget.

It is very difficult to diagnose epilepsy. The earlier we diagnose the condition, the earlier we can treat it. I think that that is just best practice. It is difficult to get best practice if there are not

enough people to do the work. I see where the petitioners are coming from, and I think that their suggestion is well worth implementing. That said, I do not know how we would take the matter forward.

The Convener: I have just been advised by the clerk that the previous Health and Community Care Committee asked for information about neurological services. Although those papers are not among the papers that accompany the petition, they would be available. Do you want us to ask the minister about specialist epilepsy services in the national health service?

Dr Turner: I think so. The response might well impact on our approach to the new rules and regulations that will affect general practitioners. We need to find out more about the Executive's thinking on specialisation.

Mr Davidson: If we are writing to the minister, it would be helpful if he could supply an update in writing on the Executive's position on matters that the Health and Community Care Committee previously raised such as the national framework for epilepsy, which has been introduced in England. Moreover, I am not sure that we have received full answers to the questions that were raised in paragraph 7 of Margaret Smith's letter of 9 October 2002 to the Minister for Health and Community Care. Have we received any such update on those matters?

The Convener: No. If members have any other issues to raise, we will include them in a draft letter to the minister; we will circulate the draft to members and then issue it in the committee's name. We will also invite the petitioners to comment on the Executive's response and forward our information to the convener of the cross-party group on epilepsy. Are members agreed?

Members indicated agreement.

Organ Retention (PE283 and PE370)

The Convener: I do not know whether this has been mentioned in members' papers, but the petitioners have indicated that they wish no further action to be taken in relation to petition PE283. Of course, that does not mean that we have to take that course of action. The information is simply for members' guidance.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Let us spend no more time on the petition then.

The Convener: Fine. Does anyone have a dissenting view?

Members: No.

The Convener: Are members agreed to take no further action on petition PE283?

Members indicated agreement.

The Convener: I seek members' comments on petition PE370, from the Guardian Angels.

Mike Rumbles: As far as I understand it, the Parliament—certainly this committee—has no power to initiate the public inquiry that the petitioners are calling for.

The Convener: That is true. It is rather strange that the petitioners want a public judicial inquiry, which seems to be a mixture of a public and a judicial inquiry.

Mike Rumbles: So can we proceed with the petition?

The Convener: All that we can do is call on the Executive to hold such an inquiry.

Shona Robison (Dundee East) (SNP): It would be useful to ask the Executive about the time scale for introducing any legislation on this matter. I am not clear in my own mind about that. It would certainly be very pertinent to the petitioners' concerns, although I know that it will not answer their call for a public inquiry. That said, knowing about the legislative timetable would be helpful to the committee.

The Convener: I am advised that last week our clerking team sought a response from the Executive on that very matter, but we have not yet received it. I think that we should write to the Executive with a request for it to provide a time scale for introducing any legislation in this regard.

Mr Davidson: If we are doing that, I suggest that we lump all three petitions—PE283, PE370 and PE406—together. Although they are slightly different, they all relate to the same issue. Would that be possible?

The Convener: In a letter to the committee, Miss Doig raised objections to her petition's being grouped under the heading of organ retention and removal. We should respect that.

Are we agreed on the course of action that I have outlined?

Members indicated agreement.

Chronic Pain Management (PE374)

The Convener: Petition PE374, from Dr Steve Gilbert, deals with the subject of chronic pain management.

Helen Eadie: Perhaps we could ask the petitioners for their recommendations and leave it at that for the moment.

Shona Robison: In the note on the petition, it is suggested that we seek an update on the Executive's review of the current provision of chronic pain services. It would be worth while doing that.

The Convener: Yes.

Dr Turner: Chronic pain services are extremely underfunded. It is difficult to get someone into a chronic pain clinic. We should ask the minister whether there is any spare funding that could go into those services.

The Convener: The letter from the Executive, which is dated 8 September, says:

"The review of Chronic Pain Services, which will be undertaken by Professor McEwen, should provide the Executive with an up to date picture about the level of service for treating Chronic Pain across Scotland".

The letter intimates that Professor McEwen is ready to commence work and that he hopes to make his report at the end of this year. It would be useful to write to the Executive to say that we note that point and would like to be advised when the report is issued. That would ensure that it was known that we were on the case.

Dr Turner: Yes. Someone has spoken to me about the lack of services available through the NHS and has asked whether they could give evidence on the matter.

The Convener: Perhaps that person should get in touch with Professor McEwen, but I do not know how they would do that. Perhaps we should ask the minister how people who might want to contribute to the review—including the petitioners—could do so. Is that agreed?

Members indicated agreement.

Myalgic Encephalomyelitis (PE398)

The Convener: Are there any comments on PE398, from Helen McDade and others, which deals with myalgic encephalomyelitis?

Mr Davidson: I believe that the Health Committee should consider taking action in relation to this matter and making contact with the cross-party group in the Scottish Parliament on ME. The Deputy Minister for Health and Community Care, Tom McCabe, recently gave a presentation to that group.

The petitioner wants there to be a strategic needs review, but we have no notion of the number of people who are affected by the condition. There are issues about whether the medical profession is fully up to speed on some of the symptoms. This is an extremely grey area.

I am sure that we have all received communications on the subject from sufferers and carers. There is a growing mood among the medical fraternity that it would be helpful if it were possible to get a handle on the issue. I believe that the committee is in a position to do something in that regard, even if it is only to advise the Parliament on the matter before we deal with the

suggestions that have been made about service changes and resourcing.

We do not know the scale of the problem in Scotland and the committee could play a role in finding that out.

The Convener: Would you be satisfied by the option of asking the Executive what plans it has to implement the action group's recommendations, and whether it has a timetable for that?

Mr Davidson: We should go further.

Kate Maclean (Dundee West) (Lab): The first two options are not mutually exclusive. Pursuing both would provide us with more information.

The Convener: I have those two bullet points ticked. If there is no dissent, we will pursue both.

Mike Rumbles: Are you saying that there will be an inquiry into the petition, leading to a report?

Kate Maclean: No—we will have to wait for responses.

14:15

Mike Rumbles: I am not clear what the convener meant by the two bullet points.

The Convener: I was referring to two of the options suggested in the paper. They are

"Asking the lead petitioner to comment on the recommendations of the action group"

and

"Asking the Executive what plans it has to implement the action group's recommendations, and whether it has a timetable".

We will not need to circulate that because it is pretty clear. We will copy the cross-party group in the Scottish Parliament on ME into the correspondence and seek its comments.

Mr Davidson: I would not like the committee to rule out a further inquiry, but before we decide whether an inquiry would be productive we need to have base evidence.

The Convener: I am bearing in mind our schedule. It is difficult for us to commit ourselves at an early stage to holding an inquiry. We need to see the responses first.

Deceased Persons (Law and Code of Practice) (PE406)

The Convener: PE406 is from Miss Margaret Doig, to whom we referred earlier; her letter dated 1 October 2003 is attached to the papers.

Helen Eadie: We could consider asking NHS Quality Improvement Scotland to revise its standards to give guidance on the appropriate approach in situations where the deceased has no

surviving relatives. We could also ask health boards to comment in writing on what steps, if any, they have taken to ascertain the previous wishes of a deceased person, including one who leaves no known relatives, before carrying out a post mortem.

The Convener: I have ticked options 1, 2 and 3. I suggest that we also request a timetable for proposed legislation to address this issue. I am not sure whether procedures are uniform in all health boards and that is a huge problem. Do we agree to pursue the first three options and to seek from the Executive a timetable for proposed legislation?

Members indicated agreement.

Community Volunteers (PE447)

The Convener: PE447 is from Mr Gregor McIntyre. I invite members' comments on the petition.

Mr Davidson: I am sure that the Local Government and Transport Committee or the Communities Committee has a watching brief on social inclusion partnerships. It would be appropriate for the Communities Committee to be involved in consideration of this petition.

The Convener: I did not think about that, but it is a good idea. Does anyone dissent from David Davidson's suggestion?

Janis Hughes (Glasgow Rutherglen) (Lab): I am not sure how the petition would fit into the work of the Health Committee. It lends itself much more to the Communities Committee.

The Convener: Is that agreed?

Members indicated agreement.

Autistic Spectrum Disorder (PE452)

Psychiatric Services (PE538)

Autism Treatment (PE577)

Heavy Metal Poisoning (PE474)

The Convener: PE452, which is from Mr James Mackie, relates to the provision of dedicated resources for dealing with autistic spectrum disorder. I seek members' views on the petition.

Mr Davidson: At this stage, these are matters for the Scottish Executive, rather than the Health Committee. We have received a number of papers relating to a range of areas.

Mr Mackie's petitions cover several issues, including heavy metal poisoning—I refer to PE474. The petitions are interconnected. I appreciate that other committees have taken a lot of evidence on them, but the new Health Committee needs a

clear picture from the Executive of where it sits with regard to the petitions. If possible, we should receive that information in a single document.

The Convener: I am not sure, but I think that your point relates to petitions PE452, PE538 and PE577. Will you run that suggestion past me again? I am sorry, but my head is not here today.

Mr Davidson: I would be happy if we proceeded in the two stages that are suggested in the paper from the clerk, which are to deal with the petitions on autism together and with the one on heavy metal poisoning separately. However, given that petitions are taking up almost a whole meeting, to save time for the committee, it would be useful if we highlighted all those petitions together, although if we received separate replies, that would be fine.

The Convener: Do you mean that we should include PE474?

Mr Davidson: Yes.

The Convener: The previous committee received a letter from the Scottish Executive on petition PE474 on 3 February. The third paragraph from the bottom on page 2 states:

"However, you may wish to note that, in recommending this particular exposure guideline, the JECFA acknowledged that 'the risk estimates that can be made at present are imprecise' and therefore recommend further research particularly on the relationship between exposure to cadmium and renal tubular dysfunction."

I wonder what happened to that further research. Perhaps, in relation to petition PE474, we should ask what has happened to the research.

The fifth line in the final paragraph of the letter states:

"This report suggests that vitamin D deficiency can lead to enhanced accumulation of lead in bones. I have no knowledge of any follow-up work on this report".

I would like to know whether the situation has changed since 3 February. Is that fair? Do members agree that we should follow up those issues?

Members indicated agreement.

Aphasia (PE475)

The Convener: Petition PE475 is from Mrs Cecilia Yardley, on behalf of Speakability.

Shona Robison: There are a number of pertinent questions to be put to the Scottish Executive on the issue. A number of issues jump out, including the lack of data and how health boards support people and local organisations that provide specific services. We should put those questions to the Scottish Executive and elicit a response before we decide whether to take further action. Many of the relevant questions are

contained in the petition and the letter from Speakability.

Helen Eadie: I give Sylvia Jackson's apologies—she had hoped to attend the meeting for this item because the issue affects her constituents. I have no problems with Shona Robison's suggestion.

The Convener: Do members want the letter to be circulated before we send it to the Executive?

Members indicated agreement.

Digital Hearing Aids (PE502)

The Convener: Petition PE502 is from RNID Scotland. I think that it has been superseded to an extent.

Mike Rumbles: Yes, I think it has. The Scottish Executive has met the request to show a firm commitment to providing digital hearing aids and to modernising audiology services in Scotland. It has shown that firm commitment by investing more than £20 million over the next five years in ensuring the routine issue of digital hearing aids when they are the most clinically effective option. That is not only in the partnership agreement; the funding backs it up. That fully meets the petitioners' request.

Mr Davidson: We are now at the stage of considering not just the commitment, but the roll-out of capacity in staff terms and which years the money will be spent in. I do not know whether that is a valid point at this time, but it seems to be part of what the petitioners were asking for, although it is not on the front page of the petition, which was written some time ago.

Helen Eadie: In addition to the extra money that has gone into the initiative, which Mike Rumbles mentioned, the other positive news is the fact that the audiology needs assessment group has made several recommendations. That, together with the implementation, shows that the petitioners have made a difference of which they should be proud. It is also testament to the efforts of the many parliamentarians who have either written letters to the minister or have raised the matter in the chamber. The story is one of the petitioners making a difference with the help of the parliamentarians.

The Convener: I am just checking the terms of the petition. I wonder whether the commitment to modernising audiology services includes the provision of hearing tests, as there is a huge problem in getting a hearing test after referral. We might want to check that. Although the issue of digital hearing aids has been cleared up, my understanding is that—certainly, in the Borders—people can wait nearly two years for a hearing test following referral. I do not know whether that is one of the issues behind the petition.

Kate Maclean: We could take option 1 and write to the petitioners, asking whether they are satisfied with the action that has been taken. Then they could get back in touch with us if there are issues that have not been dealt with.

Dr Turner: The provision of hearing tests is patchy, especially for children, although testing of eyesight and hearing is important in ensuring that when children come to school, they have the best of both worlds in that they can see and hear.

Digital hearing aids are quite expensive. Despite all the money that is being spent, if we do not keep checking hearing levels, we might not be modernising our audiology services in the best way for the patients and people who need the services. I do not know how far down the line the money for digital hearing aids will be paid out.

The Convener: Apart from hearing from us in writing—which is our first option—the petitioners also have the opportunity to read the *Official Report* and see what comments have been made. They can then decide whether that issue has still to be addressed.

MMR Vaccination (PE515)

The Convener: Petition PE515 is from Dorothy Wright of the Brae parent and toddler group, on measles, mumps and rubella vaccinations. I ask for comments, please.

Mr Davidson: Since the petition was submitted to the Parliament, we have seen the latest figures on uptake. If people are not using the vaccine, what difference would it make if individual injections were available on the advice of GPs? Would that help to cover some of the shortfall that we are seeing? We do not have herd immunity guaranteed at the low level of uptake of the MMR vaccine. That is obviously the drug of choice, but there is an issue around it. Perhaps the petitioners would like to comment on that. We might want to write to them, asking for their views now that the latest figures—which are only a few weeks old—are available.

Mike Rumbles: This is a serious issue and it would be dangerous for us to make snap judgments as we flick through the petitions. It is a major cause of concern throughout Scotland. If we want to pursue the matter, we should discuss it when we are considering our work programme, and our decision on it should be made in the context of the other issues that we will be considering. I am not sure that we should take any further action on the petition now. If we want to decide to pursue the matter, we should do so at the appropriate time, when committee members discuss our future work programme.

14:30

Shona Robison: I am not averse to Mike Rumbles's suggestion; he makes a fair point. However, there are a number of questions that are worth asking, which I am happy to discuss either when we come to consider the work programme or now. There are questions about the Executive's current position and in connection with the points that David Davidson made and the supply of the single vaccine. We should consider whether there ought to be a change to the current position.

Helen Eadie: I support the view that we should not leap to a conclusion on the matter; we need to give some considered thought to how the committee might want to pursue the matter further. We get many laudable petitions, but they must always be considered in the context of the Parliament's work programme, and we must be realistic. I support Mike Rumbles's view on that.

Dr Turner: This is one of the most urgent petitions before us, given the worry about people not being immunised against measles, mumps and rubella, especially measles. People who have not been taking up the vaccine are now laid open—as I was as a young child—to measles and everything that goes with it. Folk have forgotten the seriousness of measles as an illness. Communities are in danger of not being protected. I do not think that there has been enough vaccine to cover everybody who wants single vaccinations. I accept the point about the difficulty of getting all the immunisations done in the appropriate time but, as I said, our communities are in danger of not being protected.

Janis Hughes: I suggest that we write to the Minister for Health and Community Care in the light of the recent figures on herd immunity. We should use his answer to inform a discussion of how to deal with the matter under our forward work plan.

Kate Maclean: I worry about the prospect of the Health Committee holding a further inquiry—the then Health and Community Care Committee already conducted an inquiry into the matter. It lends more fuel to the media fire. There seems to be little scientific evidence linking the MMR vaccine with autism, but because of the media coverage that the issue has attracted, the take-up of MMR vaccines has reduced quite dramatically, which is very worrying.

We could possibly find out what the most up-to-date position is and make contact with the Executive before coming to a decision, but I worry that we might end up making things worse, with committee members not really being in a position to come to any more of a conclusion than was the case before. We would hear compelling evidence from both sides and we might add to the problem if we hold a further inquiry.

Mike Rumbles: I am not saying that we either should or should not hold a further inquiry; I think that our discussion should continue when we come to consider our work programme. I, for one, do not want to discuss all the ins and outs of the matter now, because the issue is too big, and I agree entirely with what Kate Maclean said about our not having all the information. Equally, I would not want to raise issues that should not be raised.

What I am trying to get at is the fact that I am conscious that we are going through all the petitions saying that we will do this and that, and that we seem to be reluctant to say to people, as would be appropriate in this case, "Thank you very much for your petition on this extremely important issue. We have closed discussion of the petition, but we have put the matter on the Health Committee work programme for discussion." We should leave the petition at that, so that we can consider the subject.

Mr Davidson: I would support that view if, when we had that discussion, we were able to decide whether we need to take evidence from ministers on the current situation, such as on the uptake figures that I mentioned earlier. We do not want to have a full-scale inquiry into whether MMR is a good or a bad thing. It is generally agreed that MMR is a good thing; the issue that has been raised is whether we can find out why people are not taking up the vaccine. Several members have mentioned that issue. I would certainly support our having a further group discussion on that.

The Convener: We might want to follow up on the Scottish Executive Health Department letter of 27 February, which gave responses to questions. We might want to get progress reports on one or two issues.

The response to the first question states:

"the Executive and the Medical Research Council have developed a joint-funded research programme based on the agenda outlined".

I would like to know what is happening with that programme.

The response to the next question states:

"MRC expect to receive research proposals on this subject".

I would like to know what has happened to those proposals. Those sorts of things get put into letters, but we need to find out what has happened to them. Those are factual matters.

The response to question 4 states:

"The Scottish Consortium for Learning Disability is being funded by the Modernising Government Fund to develop a national database for people with learning disabilities and ASD."

There are issues about what progress has taken place on that.

I also noted a couple of other points in the letter. After all the bullet points, the response to question 5 states:

"Local authorities and NHS Boards have been asked to conduct a joint audit of service provision for people with ASD, and to provide the Executive with this information by the end of April. That information will be considered by the reference group at its next meeting in May."

We should find out what happened to that information.

Finally, the response to question 7 states:

"The Executive will give careful consideration to the findings of the National Initiative for Autism Screening and Assessment when they are published."

Have those findings been published? I do not know what has happened to them.

Those are just some things that I picked out from the letter. We should find out what has happened to all that information. Where has the information been published and what access do we have to it?

Should we follow up on all the points that I have highlighted?

Mr Davidson: Before discussing the matter with the minister, we should write a follow-up letter to him on the points in the letter of 27 February.

The Convener: That is my point. The letter is quite old.

Mike Rumbles: I think that we have drifted and I do not like going down this line at all—

The Convener: We are just seeking information.

Mike Rumbles: It is a mistake to go through the petitions and say that we will write off a letter to the minister or, as David Davidson suggested, question the minister on the issues. Right at the beginning, I suggested that this is such an important topic that we need to get our work programme right. I am not downplaying the issue, but many other health issues are also important and we have only a finite amount of time to deal with them. It is entirely wrong to be discussing the ins and outs of the petition just now. We all know the importance of the subject.

I am arguing that we should write to the petitioners to thank them for raising with us such an important issue. We should tell them that we will put the issue as an item on our work programme. We can then weigh up its relative merits against those of all the other issues that we have to discuss and take it from there. I do not agree that we should invite the minister to do anything when we have not even decided whether we are going to take up the issue.

Mr Davidson: If I may just clarify—

The Convener: I will come to David Davidson, but Helen Eadie is first. I may also want to respond myself.

Helen Eadie: I support what Mike Rumbles has said. We need to keep focused on what the petitioner has asked for. She has asked that the Scottish Parliament take the necessary steps to make individual injections available without delay. The petitioner has not asked us to go into all the different nooks and crannies. The petitioner has asked a single clear question.

The proposal from Mike Rumbles would make our work programme much more realistic. We need to consider the issue separately when we consider our work programme, when we can agree among ourselves on whether we feel that it is desirable to go down that route. If we move other priorities up the queue ahead of the priorities that we already have and do not take time to stop and reflect for a moment on what impact that will have on our work, that will create problems.

That is not to say that many of the questions that are being raised are not valid in a different context but, in the context of the petition, the single question that is being asked is whether we can make individual injections available without delay. As I understand it, the petitioners want such injections to be available at the same nil cost as the MMR vaccines.

The Convener: Yes.

Mr Davidson: I do not disagree with that, but we seemed to move on to a discussion about what we would do in the work programme. All I am saying is that, if we are to have a discussion, we need to have answers on the outstanding issues from the minister's letter.

The Convener: I am not seeking an inquiry, by the way; I take no view whatever. Questions were raised by our predecessor committee and I am suggesting that we would like progress reports on the answers that were given. We just want to know what has happened in relation to the various things that we were told would be happening. That is all our questions are—they are no more, and no less, than factual questions. For example, we want to find out what happened to the "joint-funded research programme".

Dr Turner: Covering the people who are not covered is such an urgent issue. Some people will never take the triple vaccine and we are confronted with the problem that they will be prone to having measles, mumps and rubella. I do not know what is wrong with asking how we deal with the problem. If children get those diseases, it will cause anguish and heartache. I had bilateral bronchial pneumonia as a child and I had a long

recovery period after measles. People are suffering and we must decide how to deal with that quickly and how to get the best result for people. I do not know how we move forward. It is difficult to establish how to deal with the people affected.

If we consider the issue purely from the point of view of cost-effectiveness and forget about the hardship element, it would be cost-effective to the health service if we could prevent measles and the other diseases. There are two issues at stake. Some people do not want MMR and some people want single-vaccine injections. The problem that we have is that some people will get those illnesses. We cannot run away from the fact that that will happen if we do not take steps to prevent it.

Shona Robison: As I see it, we have two options. Either we go down the route that Mike Rumbles is suggesting by deferring the discussion that we are getting into until the issue is put on the agenda, or we simply write to the Executive to ask for an update and to find out whether it intends to have a change of policy and to take the necessary steps to make single vaccines available, which the petition requests. We should do one or the other, but there is no point in having an in-depth discussion now.

The Convener: I did not think that we were having such a discussion, but that is how things have developed. I take it that we want an update on the latest letter, which was dated 27 February 2003. I pointed members to some of the issues on which we want an update. I ask Shona Robison to repeat her last point; I told the committee that my head was not in gear today.

Shona Robison: Helen Eadie made the point that the petitioners make a specific request. They call on the Parliament to take the necessary steps to make individual vaccines available. We should ask whether the Executive is going to consider a change of position.

The Convener: In addition to that, we should ask for an update on the issues that were referred to in the Executive's letter of 27 February.

Shona Robison: Fine.

The Convener: Are members content with that?

Mike Rumbles: No.

The Convener: You are not content.

Mike Rumbles: No, I am not. To me, it seems that we are in a very odd situation. Shona Robison just said that we had two ways of proceeding. You seemed to assume automatically that we would—

The Convener: No, I asked whether members were content.

Mike Rumbles: I am saying that I am not content. I am proposing that we write and thank the petitioner for bringing the issue to our attention. The petitioner requests specifically that we take the necessary steps to make individual injections available without delay. I do not know enough about the topic; I do not know whether we should support or reject the petition. Asking one or two questions is not going to help me to come to a conclusion on that. Given all the other subjects that are in our work load, I want the committee to decide whether we will pursue the matter.

I want to close consideration of the petition. I want to send the petition back to the petitioners with great thanks for doing a good job and to tell them that the matter is on our agenda and whether we pursue it will be up to us to decide at another meeting.

14:45

The Convener: Is that your proposal?

Mike Rumbles: Yes.

The Convener: I would like to hear views on that.

Janis Hughes: My position—perhaps it is a slight compromise—is that we should write to ask the minister for his views on the recent figures on herd immunity and use his response to inform our discussion of our work plan.

Mike Rumbles: I am happy with that, as long as we write back to say “Thank you very much” to the petitioners.

Mr Davidson: I agree with having two chunks—one is for the work load and one is a current response—because it is not in our gift to do anything other than discuss the subject more.

Mike Rumbles: I am happy with that.

The Convener: Is everybody happy with that?

Members *indicated agreement.*

Care Homes (PE522)

The Convener: Petition PE522 is from Carol Main and concerns the lack of care homes for young physically disabled people in Tayside and the rest of Scotland. I ask for comments, please.

Shona Robison: The minimum that we should do is gather information about the issue. The Executive has given a response, but that was back in 2002. Have the petitioners responded to the Executive's response?

The Convener: No. We have all the papers.

Shona Robison: Should we find out what the petitioners think of the Executive's response; for example, whether they feel that it deals with their concern and what issues remain?

Helen Eadie: The Convention of Scottish Local Authorities says in its letter that it has had difficulty in securing information from member authorities. This is the European year of disabled people—it would send a bad signal to disabled people if we did not accord importance to the petition.

I do not argue that the committee should immediately make the petition part of its work load, because that would be unrealistic. However, the committee might want to defer consideration of the petition and ask the Public Petitions Committee whether it would like to conduct an inquiry. I say that as a member of that committee. I know that the Public Petitions Committee is able to conduct an inquiry into such a matter. It would be good for public relations if we could do that for disabled people—especially for young disabled people—throughout Scotland and it would be good to ask the Public Petitions Committee whether it would like to undertake a more in-depth inquiry. That committee usually asks a member of the relevant subject committee to liaise between the subject committee and the Public Petitions Committee.

The Convener: I feel the need for a volunteer coming on.

Kate Maclean: If any committee were to pursue the petition, I would like it to widen the inquiry to cover not only care homes, but appropriate accommodation for young physically disabled people, because we do not want young physically disabled people to be in residential accommodation unless that is appropriate. An inquiry would have to cover the level of support for people who stay in their own accommodation or in sheltered accommodation. It would be more interesting to find out how many young physically disabled people are in residential units when they would prefer to be supported in a more home-like setting.

The Convener: The point is well taken.

Mr Davidson: I have a point that is along much the same lines. The statistics show that there are not huge numbers involved; however, every case is different. There is a range of figures covering day centre support and so on. It would be helpful if we or the Public Petitions Committee understood what facilities are available in every local authority or health board area to support young physically disabled people. That would be an extension of the statistics that we have, and follows on from what Kate Maclean said.

The Convener: I am not sure what inquiries, if any, the Public Petitions Committee has undertaken. Can you tell us, Helen?

Helen Eadie: As I recall, no major inquiries are under way. I think that generally we have dealt with the petitions that have come in and referred them on or made initial inquiries of the Scottish Executive.

The Convener: It is quite an attractive suggestion that the Public Petitions Committee deal with PE522. That committee has some time and it is branching out, which is a good thing. Are members content that we ask the Public Petitions Committee to take on the petition, and that we ask it to widen the scope of the inquiry to address provision for physically disabled young people?

Members indicated agreement.

Mental Welfare (Complaints Procedure) (PE537)

The Convener: We move on to petition PE537, from Alexander Mitchell, on the Mental Welfare Commission for Scotland. What are members' views?

Mike Rumbles: I was interested in the Scottish Executive's response to the petition, which stated:

"The Scottish Public Services Ombudsman, Professor Alice Brown, assumed her responsibilities in full on 23 October ... As part of the new arrangements she will take over the Mental Welfare Commission's function of investigating complaints relating to mental health. It will be for Professor Brown to determine how best to handle complaints received by her office under the revised statutory framework."

That is an improvement on what went before. Professor Alice Brown has a high reputation. I have no difficulties with the situation because the petition has been superseded by the Executive's action. I have every confidence in Alice Brown—if there were any difficulties, we would soon know about them.

Mr Davidson: Although I agree with Mike Rumbles's assessment of Professor Brown's capabilities, when last I met her—which was recently—she was having difficulty co-ordinating new office facilities and amalgamating staff. I do not think that she has got into the job yet. However, it might be helpful to receive from her an idea of where her department is going and how it will handle that role so that we are informed; we could pass that information back to the petitioner.

The Convener: We should also copy this work to the cross-party group in the Scottish Parliament on mental health, which does good work.

Members indicated agreement.

Elderly People (Residential and Respite Care) (PE551)

Residential Care (PE576)

Care Homes (Personal Expenses Allowances) (PE591)

Frail Elderly People (Local Services) (PE597)

Residential and Nursing Care Places (PE599)

The Convener: I have to declare an interest in petition PE551 because I helped the petitioners, as constituents of mine, in drafting the petition. However, my involvement ended there. The petition goes along with several other petitions on care of the elderly. We may wish to speak to them together. One of them is PE576. Another is petition PE597, from East Lothian. I also helped the petitioners to draft that petition.

I do not know how members feel about the matter, but several of the petitions seem to be related. It might be useful to deal with PE576 on residential care services together with PE591 on people living in care homes.

Mike Rumbles: During our away day, we decided for the first time that we should undertake post-legislation scrutiny. We decided that the matter of the petitions would be a likely topic for us to consider the impact of the legislation, considering that the previous committee did the original investigation and the legislation went through. We already have the subject on our work programme.

The Convener: I will identify all the petitions relating to care in the community and the elderly because I missed one out. They are PE551 from Mrs Pat Brown, PE576 from Mr Ross Vettriano, PE591 from Stuart Hay and PE599 from John McKenzie Elder.

The suggestion is that we close off the petitions and include them in our post-legislative scrutiny of free personal care and care in the community for the elderly.

Mike Rumbles: It is important to write to the petitioners to say that the petitions have been helpful.

The Convener: Absolutely—we should also say that the petitions are not dead in the water, but are being absorbed into our inquiry.

Multiple Sclerosis (Respite Homes) (PE572)

The Convener: PE572 is from Patrick and Jennifer Woods and is about provision in Scotland

of respite homes with no upper age limit for sufferers of multiple sclerosis and other disabling conditions.

Mr Davidson: I declare that I sit unpaid on the Aberdeen respite project management group.

The petitioners are asking for an investigation into the provision of respite homes; there does not appear at the moment to be a mapping exercise in place that will answer that. I believe that the Scottish Executive and the Convention of Scottish Local Authorities should deal with that, rather than the committee. As a national body, COSLA also has a direct input into the issue. Some multiple sclerosis victims will be receiving respite in homes, but it might not be a written policy; provision might depend on availability and suitability. I would have thought that the petitioners' first port of call would have been COSLA.

Helen Eadie: The petition is trying to take up the general issue of the limited respite facilities that exist throughout Scotland. During the summer I met representatives from the MS Society so I know that there are issues. Bearing in mind our tough work programme, we might have to arrive at the same conclusion over and over again. When there is an issue that we know is important but cannot slot immediately into our work programme, we should put it into a pool for consideration later. It would be worth our while to have discussions about such issues, but we should not distort or overextend ourselves at the moment.

We should revisit the issue at a later date and we should thank the petitioners, as Mike Rumbles said. It is always important to close the loop to the petitioners and to tell them that they have raised an important issue and that we are willing to consider it in the future.

Kate Maclean: If we are going to ask questions about respite care, I would like to widen the issue a little bit. As well as ask whether there is adequate provision of respite care, we should ask whether there is appropriate provision. I know of young adults who receive respite care in nursing homes for the elderly, which is obviously wholly inappropriate.

Some people do not want their relatives to leave their home to get respite care; they want care to be provided at home when, for example, the family member who is the carer goes on holiday. We should ask what appropriate adequate respite care is available. That might be better than asking only about respite care homes because I think that very few homes provide only respite care.

15:00

The Convener: In the first instance, we should write to COSLA to ask whether there are adequate

and appropriate facilities for respite care for people who have disabling conditions. We should ask for statistics on the facilities to be provided. As COSLA does not represent all the local authorities, if members wish to receive a global picture, we should also write to the authorities that are not members of COSLA. We will send copies of the responses to the petitioners and, in the meantime, we will close our consideration of the petition. We will have to consider the petition as part of a later work programme, but at least we will have elicited the information from COSLA. Is that what you want, Kate?

Kate Maclean: The problem with approaching only COSLA is that local authorities are probably not even the major providers of respite care—many charities and other organisations provide such care. We should approach the Scottish Commission for the Regulation of Care to find out what establishments and organisations are registered to provide respite care, which might allow us to get a fuller picture of the situation.

The Convener: That is a better idea. We will approach the care commission first.

Kate Maclean: We should approach both the care commission and COSLA.

The Convener: Fine.

The Convener: We have dealt with petitions PE576, PE591 and PE597, which all relate to a similar issue.

Contaminated Blood (Public Inquiry) (PE611)

The Convener: Petition PE611, which is from Andy Gunn, is on haemophilia.

Mike Rumbles: I feel the same way about this petition as I did about the petition on the MMR vaccine. We should write back to Andrew Gunn, thanking him for his petition and saying that he has raised an extremely important issue, of which the committee is aware and on which the committee is taking action. We must close consideration of the petition, otherwise it will come back again and again.

The Convener: We have a briefing, and we will deal with the issue when we discuss our forward work programme after the recess. Are members content with that?

Members indicated agreement.

Pharmacy (Control of Entry Regulations) (PE613 and 614)

The Convener: Petitions PE613 and PE614 call on the Scottish Parliament to urge the Scottish Executive to reject the recommendations that relate to Scotland in the Office of Fair Trading's

report entitled "The control of entry regulations and retail pharmacy services in the UK".

Members: We have done that.

The Convener: I told you that my head was mince today.

That concludes consideration of the petitions.

We now move into private session, as agreed earlier.

15:03

Meeting continued in private until 15:38.

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