HEALTH COMMITTEE

Tuesday 20 January 2004
(*Afternoon*)

Session 2

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HEALTH COMMITTEE
3rd Meeting 2004, 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)

COMMITTEE SUBSTITUTES

Robert Brown (Glasgow) (LD)
Paul Martin (Glasgow Springburn) (Lab)
Mrs Nanette Milne (North East Scotland) (Con)
Ms Sandra White (Glasgow) (SNP)

*attended

THE FOLLOWING GAVE EVIDENCE:

Jim Brown (Scottish Executive Health Department)
Mr Tom McCabe (Deputy Minister for Health and Community Care)

CLERK TO THE COMMITTEE

Jennifer Smart

SENIOR ASSISTANT CLERK

Graeme Elliot

ASSISTANT CLERK

Hannah Reeve

LOCATION

Committee Room 3

Scottish Parliament

Health Committee

Tuesday 20 January 2004

(*Afternoon*)

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

Subordinate Legislation

The Convener (Christine Grahame): I welcome members to the third meeting in 2004 of the Health Committee and ask them—and anyone else in the room—to turn off mobile phones and pagers. I welcome the Deputy Minister for Health and Community Care, and Rob Marr and Mike Baxter from the Executive.

Miscellaneous Food Additives Amendment (Scotland) (No 2) Regulations 2003 (SSI 2003/599)

The Convener: Item 1 on the agenda is consideration of subordinate legislation. We must consider the Miscellaneous Food Additives Amendment (Scotland) (No 2) Regulations 2003 (SSI 2003/599), which is subject to the negative procedure. I refer members to paper HC/S2/04/3/1. I asked the committee to consider the regulations, but no member's comments have been received, the Subordinate Legislation Committee had no comments and no motion to annul has been lodged. Does the committee agree that we do not wish to make any recommendation on the regulations?

Members *indicated agreement*.

Scottish Hospital Trust (Transfer of Property) Regulations 2004 (Draft)

National Health Service (Distribution of Endowment Income Scheme) (Scotland) Regulations 2004 (Draft)

The Convener: Paper HC/S2/04/3/1 also relates to item 2 on the agenda, which is consideration of two items of subordinate legislation that are subject to the affirmative procedure. Tom McCabe is here to speak to the draft Scottish Hospital Trust (Transfer of Property) Regulations 2004, on which no members' comments have been received and the Subordinate Legislation Committee had no comments. Does any member wish to debate the regulations?

Members: No

The Convener: I ask the minister to move the motion.

Motion moved,

That the Health Committee recommends that the draft Scottish Hospital Trust (Transfer of Property) Regulations 2004 be approved.—[Mr Tom McCabe.]

Motion agreed to.

The Convener: No members' comments have been received on the draft National Health Service (Distribution of Endowment Income Scheme) (Scotland) Regulations 2004 and the Subordinate Legislation Committee had no comments on it. Does anyone wish to debate this instrument?

Members: No.

Motion moved,

That the Health Committee recommends that the draft National Health Service (Distribution of Endowment Income Scheme) 9Scotland) Regulations 2004 be approved.—[Mr Tom McCabe.]

Motion agreed to.

Health Protection Agency Bill: (UK Legislation)

14:03

The Convener: Item 3 on the agenda is consideration of the Health Protection Agency Bill. Paper HC/S2/04/3/2 has been circulated to all members. As the committee knows, the Health Protection Agency Bill, which is being considered by the United Kingdom Parliament, contains provisions that will affect Scotland and which are within our legislative competence. The UK Government and the Executive take the view that it would be practical and appropriate for the relevant provisions to be dealt with using a Sewel motion. We have the opportunity to consider the bill before that motion goes before the meeting of the Parliament on 29 January.

I ask members to consider devolved matters that are contained in the Health Protection Agency Bill. Members have a copy of the Sewel motion that has been lodged in the name of the minister, and a detailed memorandum, which I am sure they have had the chance to consider. I make it clear that standing orders do not set out a formal procedure for dealing with bills that come before the committee in such a fashion and the committee is not required to publish a report as a result of today's debate. I ask the minister to give a short introductory statement and to deal with any questions that members have.

The Deputy Minister for Health and Community Care (Mr Tom McCabe): I am grateful for the opportunity to speak to the committee on the Sewel motion and the memorandum on the Health Protection Agency Bill, which, as members may know, had its second reading in the House of Lords on January 5.

The bill will establish the Health Protection Agency as a non-departmental public body that has the potential to operate throughout the UK in agreed circumstances that I will describe in more detail later. The bill, which is the product of wide consultation, aims to strengthen our health protection functions to enable more effective responses to the widening range of environmental, biological, chemical and infectious disease threats. The terrible events of 11 September 2001 and the subsequent events around the world have heightened the need for focus and efficiency. However, we should be clear that the bill is not just a response to the international terrorism; the world also faces the prospect of new infections such as severe acute respiratory syndrome. Experience suggests to us that there is a need for coherence, focus and clarity in responding to the new challenges and demands of the modern day.

The concept of a health protection agency was first mooted in the infectious disease strategy "Getting Ahead of the Curve: a strategy for combating infectious diseases (including other aspects of health protection)", which was published by the UK Government's chief medical officer in January 2002. Further details of the agency's proposed role in England, Wales and Northern Ireland were set out in a consultation document that was published in June 2002, which led to an announcement by the Department of Health in England in November 2002 that the agency would be created using a two-stage process. The first stage was established on 1 April 2003 as a special health authority in England and Wales. The second stage involves reconstituting it as a non-departmental public body that is able to carry out a wider range of functions, including those that are currently exercised by the National Radiological Protection Board.

The overall aim of the bill is to bring a range of organisations that are involved in health protection matters within one agency, to sharpen and strengthen our response to the threats that I described. In conjunction with the developments south of the border, we in Scotland issued a consultation document in November 2002 that sought views on how health protection might best be structured to give our arrangements the coherence and robustness that they need. Views were sought on six options for structural change that tool account of the establishment of the Health Protection Agency in England and Wales.

At the end of October 2003, Malcolm Chisholm reported to the Parliament that the option was the most favoured by respondents, and which the Executive had accepted, envisaged that the HPA will assume responsibility in Scotland for the functions that are discharged at present by the National Radiological Protection Board, for the services that have been provided hitherto by the National Focus for Chemical Incidents, and for the commissioning of an integrated UK poisons service, which would include the Scottish poisons information bureau, which is one of the six centres of the national poisons information service in the UK. We take the view that delivering those specialised functions on a concerted basis will help to ensure common standards of efficiency and performance throughout the UK and will facilitate the sharing expertise.

In the same announcement, Malcolm Chisholm said that we will bring together some health protection functions that are dispersed in Scotland to form a new division of the Common Services Agency. It is important to stress that the health protection functions of national health service boards and local authorities will be left untouched. This amalgamation is not part of the Health Protection Agency Bill, but I mention it for the

benefit of the committee and to explain the overall picture that will exist here in Scotland.

I turn to the bill and, in particular, to its provisions that relate to devolved functions in Scotland. Clauses 2 and 3 are at the heart of the bill. Clause 2 sets out the agency's health protection functions, which will include protection of the community against infectious diseases and other dangers to health, prevention of the spread of infectious disease and provision of assistance to others who exercise similar functions.

However, where devolved functions are concerned, the agency's remit can extend to Scotland only subject to certain procedures. The Scottish ministers will, by order, be able to confer on the agency a function that falls within the description that I have outlined., having first obtained the agreement of the Secretary of State for Health. The order will be subject to the negative procedure in the Scottish Parliament; similar arrangements apply in relation to Northern Ireland. The procedure will ensure that the Scottish Parliament has a locus in the arrangements for conferring functions on the agency. There are similar provisions for the removal of functions from the agency. When functions have been conferred on the agency, the Scottish ministers will, in consultation with other ministers, be able to give the agency directions on how those functions should be carried out.

Clause 3 provides for the agency to carry out all the functions that are currently discharged by the National Radiological Protection Board. There is provision for the Scottish ministers to give the agency additional functions in radiation protection and to give it directions as to the exercise of those functions.

Other provisions in the bill provide for the Scottish ministers to be consulted by the Secretary of State for Health on a variety of issues, including the appointment of a chairperson and regulations governing the number of executive and non-executive members and their conditions of appointment. There are also powers for Scottish ministers to appoint a non-executive member to the Health Protection Agency board.

Provision is made for Scottish ministers to pay money and make loans to the agency in respect of services that it provides for Scotland. Ministers will also be entitled to receive copies of the agency's annual accounts and of the Comptroller and Auditor General's report on those accounts, which Scottish ministers must lay before the Scottish Parliament. The agency is also required to send Scottish ministers an annual report on the devolved functions that it carries out.

I mentioned earlier the provisions in clause 2 that will enable the Scottish ministers by order to confer on the agency certain functions in devolved areas. In his announcement on 29 October last year, Malcolm Chisholm proposed that those powers be used to confer on the agency responsibility for the services that have been provided hitherto by the National Focus for Chemical Incidents. Those services are currently being provided in Scotland by the Health Protection Agency which, as I mentioned, is presently established as a special health authority. It is also proposed that powers be conferred on the agency to ensure the commissioning of an integrated UK poisons service, which will include the Scottish poisons information bureau. Subject to enactment of the bill, the necessary orders will be made to that end.

The memorandum that I sent to the committee indicated that consideration was being given to tabling certain amendments to the bill, but those amendments would not result in any changes in policy. Essentially, their aim would be to ensure that references to Scottish legislation were inserted in clause 4 and schedule 1 of the bill, to match the corresponding references for England and Wales.

I believe that the bill will increase our readiness to respond to new threats to our health and well-being. I commend it to the committee.

Shona Robison (Dundee East) (SNP): I would like clarification on an issue. You said that the bill relates to radiation protection and certain functions related to poisons and chemicals. Does that mean that the spread of infectious diseases will not be covered on a UK basis? Is that the distinction you were making?

Mr McCabe: No. The spread of infectious diseases will be covered on a UK basis.

Shona Robison: So all such issues will be covered on a UK basis.

On emergency planning, you said that the functions of health boards and local authorities will be untouched. How would enactment of the bill change the way in which a chemical incident in central Scotland, for example, was dealt with?

Mr McCabe: The bill makes provision for a more co-ordinated approach to be taken throughout the UK. There is also a facility for health boards and local authorities to tap into the expertise and knowledge that will be held nationally within the Health Protection Agency. Both types of body may enter contractual arrangements with the new Health Protection Agency. All in all, we believe that the creation of the agency will provide an opportunity for a more co-ordinated and focused approach to be taken to the type of incidents that the member describes.

Shona Robison: I am still trying to get a handle on what practical differences the new arrangements in the bill will make.

Jim Brown (Scottish Executive Health Department): The initial responsibility for addressing a chemical incident such as that to which the member refers will rest with the local health board. However, via facilities that are available in Scotland, such as the Scottish centre for infection and environmental health, the board will usually be able to access the variety of services that will be deployed by the Health Protection Agency. Hitherto, those services have been located in a variety of bodies, such as the National Focus for Chemical Incidents, to which the minister referred, and the Public Health Laboratory Service. Previously those were disparate bodies. Now the source of expertise, if that is required, will be with one centralised body.

Shona Robison: So, the action would remain with the people whose responsibility it is at the moment, but the advice would be under one roof rather than under several, which are UK bodies anyway.

Jim Brown: That is right, apart from response to terrorist incidents, for which different arrangements apply. In chemical incidents, which you asked about, local responsibility would still obtain, but the people who are responsible will have access to the array of expertise and facilities.

14:15

Shona Robison: Would the process be the same for an outbreak of infectious disease or a radiological problem?

Jim Brown: Yes.

Mr David Davidson (North East Scotland) (Con): On that point, I was at a briefing last week with the fire and rescue service in Grampian, which is capable of delivering its services for such incidents in the north of England. Such work is done nationally. I gather that, in Scotland, we have three or four centres—the fourth is being developed—that are used across borders; wherever the expertise is, it is used.

Does, or will, the agency have responsibility for immigration health controls and controls on travellers and tourists at airports or ports in relation to infectious diseases?

Jim Brown: Port health will remain a local health board responsibility, but medical inspectors at a port or airport will be able to access expertise from the HPA via the SCIEH, for example.

Mr Davidson: So the HPA is not taking on a United Kingdom responsibility for that; responsibility will remain with local authorities.

Jim Brown: Yes. Immigration in its broad sense is, of course a reserved issue, but port health is a local responsibility.

Mr Davidson: What about airport health?

Jim Brown: That is the same.

Mr Davidson: That is helpful. On funding, I presume that we will pay a contribution to the HPA. Will there be a trade-off against the other organisations that are mentioned in the Executive memorandum's annex 1, which is an answer to a parliamentary question that Janis Hughes asked the minister? There is talk of tidying up those other organisations in Scotland, and you link that to the HPA, so will we see savings that will contribute towards our payment to the new agency?

Mr McCabe: We expect the cost to be neutral.

Mr Davidson: That is fine. Thank you.

Will you expand on what has inspired the ministerial team to come out at this time with the policy of amalgamating services and setting up a discrete division with the CSA? Is it part and parcel of reviewing the UK situation because of the Sewel motion?

Mr McCabe: It is part of the overall drive to try to achieve better co-ordination. Organisation has been disparate, and it seemed more and more to be the case that there were benefits to bringing complementary areas together. The change within the CSA is part of that drive.

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): I was wondering whether the move came from within organisations. One has always assumed that if there was an outbreak of SARS, for example, everything would click into place, and that if there were a huge chemical explosion, the response would be planned and that the different agencies would all tie in together.

I take it that you are assuming that the HPA will be much more efficient, but were there problems with communications that made you feel the need to make changes for Scotland? I was confused when I read the papers, because we have to be tied up with the UK when it comes to matters such as those that we have been discussing. If SARS broke out in Scotland, how would the new arrangements benefit us? If somebody suspected that a SARS patient was arriving at their hospital or coming into the country, what would be different about the new process?

Jim Brown: If there was a suspected case of SARS in Scotland, the initial responsibility would rest with the local health board to do what was necessary. For a new infection such as SARS, which has the capacity to spread in an unanticipated way, the ideal is to have the gamut of expertise, and the involvement of the HPA will facilitate that.

Perhaps another interesting dimension is that the HPA will have close links with the World Health Organisation and European institutions so that the whole United Kingdom response can be planned with an eye on what is happening in the wider scene. The benefit of immediate access to what is happening in Europe or the wider world is that expertise from elsewhere can be brought to bear in Scotland.

Dr Turner: I thought that we had a connection with the WHO. A virology department in Glasgow certainly had one.

Jim Brown: There are certainly local links to external agencies, but the HPA will allow immediate senior-level contact with the core of the anticipated action abroad.

Mr McCabe: To answer the first point in Dr Turner's question, there is always room for evolution in existing processes. People expect a responsible Government to consider whatever situations it encounters. Clearly, the world has changed and become more complex, not only in terms of potential terrorism, but in terms of new infections' springing up. That alone would justify a review of existing arrangements to ensure that there is enough synergy to respond to new challenges.

Janis Hughes (Glasgow Rutherglen) (Lab): At the moment, health trusts have major incident policies that come under the direct management of health boards, and ultimately, the NHS in Scotland. How might the HPA interface with that? For example, if there were a major chemical incident—to which Shona Robison alluded—or something similar, how would the major incident policies of individual health trusts interface with the HPA?

Mr McCabe: As I said, the existing arrangements will be untouched and the local focus will remain. However, bringing together various organisations and specialisms will mean that, when a local body requires to contact the HPA, it will be able to do so far more efficiently and perhaps to take up advice and assistance more quickly and comprehensively than it could previously.

Janis Hughes: So, there will be a more joined-up approach, which you think will lead to a more efficient management of your major incidents.

Mr McCabe: The potential complexity of future incidents demands that approach, which is an attempt to get ahead of the game and to ensure that if and when such incidents happen—God forbid that they will—the response will be as coherent and co-ordinated as possible.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): I want a couple of points clarified. Our briefing paper states:

"Paragraph 20(2) enables Scottish Ministers to make loans to the Agency."

Under what circumstances would such loans be made available?

The briefing paper also states:

"the National Health Service (Scotland) Act 1978 (c29) will be amended to allow NHS Boards the capacity to enter into contractual arrangements with the Agency."

Can you clarify what the contractual arrangements would be as well as their basis and circumstances?

Jim Brown: The later provision will enable, for example, a health board to enter a contract or service-level agreement with the HPA to provide a rare kind of expertise. For example there might be no local expertise to cope with a particular disease, but the HPA might have such expertise. A health board could arrange a contract with the HPA to import the expertise and ensure that the problem was properly addressed within its area.

Jan Marshall might be able to help on the point about loans, but it is pretty much a standard provision that is designed to cover all contingencies. It is difficult to envisage circumstances in which a loan might be made, but it is just possible that that may occur. The more likely eventuality is that the Executive would enter into agreements for reimbursement for services that were given by the agency within Scotland.

Shona Robison: I have a supplementary question on Jim Brown's earlier comment about European organisations. It strikes me that many issues, particularly radiological problems, could well be dealt with at European level. Are such mechanisms in place at the moment or are they being developed? Would the Scottish Executive interact directly with the European health protection organisation? Can we see some detail of what the structure will look like?

Jim Brown: Yes, surely. As the member knows, the intention is to establish a European Health protection organisation. Although that has not yet happened, legislation in the European Parliament will allow it to happen and its establishment will take place incrementally over the coming years. Steps will be taken to ensure that the Executive can interface directly with the agency on particular areas as its need suits.

That said, given that overall responsibility for European matters rests with Westminster, I suppose that the main channel of communication will be through the Department of Health. However, that would not preclude direct liaison between Scottish institutions and the new European agency.

Mr McCabe: It is important to point out that nothing precludes Scottish ministers from liaising

with their colleagues south of the border on any issue.

The Convener: I was just going to sweep up, but I have one or two questions that have not been asked.

We have been told that there were six options for structural change and that the option that is most favoured by respondents is that the Health Protection Agency will assume responsibility in Scotland. How many responses were there? What percentage was the majority? Were there any notable exceptions or substantive objections from organisations or interested parties to taking that route?

Jim Brown: We published the document that summarised the responses. That was laid before Parliament in tandem with the minister's announcement on 29 October.

The Convener: It would be useful to be able to see that information. I am interested to see that we are not missing anything.

Jim Brown: That is available to the Parliament. Shall we write to the committee?

Mr McCabe: Certainly the minister made reference to that document when he made the announcement on 29 October.

The Convener: We will have to comment now if we are to comment at all, so it would be good to see whether there is anything that the committee should be noting.

Do you have copies of the document with you?

Mr McCabe: Yes, we have the document.

Jim Brown: I have an Executive summary of the analysis as well as the main document.

The Convener: If we can get someone to copy the document, we can pass it round to members.

The minister mentioned the commissioning of an integrated UK poisons service, which will include the Scottish poisons information bureau. Will the bureau act as a branch of the service or as a spoke of its wheel? Will it employ the same number of personnel? Finally, I do not know whether the bureau carries out any research. Will such a move have any implications for Scotland's scientific community?

Jim Brown: Again, we can give the committee a note of what the SPIB does. At its basic level, it provides information to people who think that they have been poisoned. They call up the service and a database facility called Toxbase enables the person who answers the phone to access information about the whole spectrum of poisons that are known to man. Advice can then be given to the patient on how best to deal with their problem.

A specific role that is given to the Health Protection Agency is to commission a poisons service. At the moment, that function is undertaken by the national services division of the Common Services Agency, but the idea is that optimum use should be made of what is fairly scarce expertise, and that expertise is best shared throughout the UK.

The Convener: I understand that, but will the commissioning of a poisons service have any impact on research in Scotland?

Jim Brown: It ought not to, in my view.

The Convener: That was what I was trying to find out.

My other questions may be daft, but I shall ask them nevertheless—I am not frightened. The briefing paper states that clause 1 (1) (3) of the bill

"gives Scottish Ministers powers to appoint a non-executive member to the Board of the Health Protection Agency."

Will UK ministers be executive members of that board? What kind of people will be members of that board?

14:30

Jim Brown: At the moment, the board is made up of a range of experts in various disciplines. Ministers are not members of the board.

The Convener: They are not?

Jim Brown: No.

Mr McCabe: The wording is not meant to indicate that the nominee would be a minister, if that is what you thought.

The Convener: I was trying to build your part, Tom. If there were going to be ministers on that board, I was going to suggest that Scottish ministers should be on it, but there are to be no ministers on the board.

The other point I wanted to make was about the agency's cost being neutral. I think that it was David Davidson who asked about that. The briefing paper states that clause 1(19)(3)

"is concerned with arrangements for reimbursement by the Scottish Ministers to the Agency in respect of services which they receive."

I was listening to you talk about health boards asking for information, which I take it they would be charged for. What is that bit of the bill about and how is it going to be cost neutral? If we had a major emergency incident in Scotland in which fire, ambulance and other services were involved, how would that work? Would there be extra money for that?

Perhaps I am putting the question the wrong way. If the agency brought information to ministers

in such a case and assisted them in some way, how would Scottish ministers pay for that? What is changing? I have not expressed it properly, but do you know what I am trying to ask? I think that I know what I am trying to ask. You said that it was cost neutral, so what I am trying to get to is—

Mr McCabe: At the moment, there are occasions when we bring in the NFCI and a cost is incurred. What I am trying to say is that the costs would be the same as those that are currently incurred.

The Convener: So it is just the same arrangement.

Finally, I have a general question—I had better quit while I am failing—on the amendments procedure. You made it quite plan that any amendments would be to clause 4 or schedule 1 on regulatory, rather than policy, matters. My only concern is that sometimes Parliament has agreed Sewel motions only to find that the bill changed during its passage at Westminster. You are saying that that will not be the case with this bill.

Mr McCabe: We have had no indication whatever that there will be a substantive change in policy. Every indication suggests that any amendments would be technical in nature. Obviously, Parliament has to decide whether or not it agrees to the Sewel motion, after which the deed is, in effect done. However, I am happy to keep the committee informed of any amendments that are made to the bill.

The Convener: That would be helpful, because we have agreed Sewel motions only to find that the substance of the primary legislation changes once the deed is done.

Mr Davidson: I would like to take the minister back to his comments about Europe and a European agency. We currently have a devolved situation in which this Parliament is responsible for health in Scotland on day-to-day terms. There is an agreement proposed in the bill that we will share resources, as far as specific items are concerned, with the Health Protection Agency. I presume that, because of the differences between the countries of Europe, even if a European agency is set up it will merely be an advisory body and responsibility will still lie with Westminster and, where devolved, with us. Is that the understanding of ministers or is that something else that will vanish across to Brussels and end up as a bureaucratic nonsense that does not apply here?

Mr McCabe: I am not an authority on what is proposed for Brussels, but my impression of the proposed new European health agency is that it would be an agency to facilitate co-ordination throughout Europe rather than absorb powers.

Mr Davidson: That is helpful. Thank you, minister.

Helen Eadie (Dunfermline East) (Lab): I do not know whether you have received my letter yet, convener, but I wrote to you on that matter only last Thursday. It arose in the debate on Europe on Thursday morning.

The Convener: I have not yet received the letter.

Helen Eadie: I hope that, rather than disappear to Brussels, as David Davidson suggested it might, we could perhaps make a bid to have that agency here in Scotland. When an agency is flagged up in the context of Europe, we should not always assume that it should automatically go to Brussels. We should always fight to have such agencies located here in Scotland.

Mr Davidson: That was not my point.

Helen Eadie: I know that, but I wanted to raise the issue.

Mr McNeil: She wants it in Fife.

Helen Eadie: Yes, I do.

The Convener: I think that we have run out of questions.

Mr Davidson: Could I have clarification on one point?

The Convener: That was a foolish comment for me to make.

Mr Davidson: I think that we are about to receive copies of the summary that was mentioned earlier. I am not sure what opportunity the committee will have to reopen the matter after this item of business is closed today. Perhaps we could take two or three minutes to look at the newly available document to see whether anything pops out of it. Otherwise, it could be a matter for argument in the chamber.

The Convener: Please bear with me while I take directions from the clerk.

We could take a few minutes to look at the new paper, just to look at the list of consultees. If members wish to comment further, we could continue the item at our meeting on 27 January. We cannot do anything about reporting to Parliament then, but we could certainly put on record any specific comments.

Mr Davidson: In view of that comment, convener, I am quite happy to let members decide for themselves once they have read the papers. They could contact the clerk and, if necessary, we could deal with the matter on 27 January. That will not tie up the minister and his team today.

The Convener: That is fine. I just thought it would be useful for members to see those papers. If anyone has any comments about the consultees, we can bring the matter back on to the agenda. Are members content that we do that?

Members *indicated agreement.*

The Convener: Are members content with what the minister has said on the Health Protection Agency Bill and that we should report to parliament that we are content with the motion?

Members *indicated agreement.*

The Convener: That concludes today's business. I thank the minister and his team and I also think we should also thank ourselves for a short meeting.

Meeting closed at 14:37.

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