HEALTH COMMITTEE

Tuesday 23 November 2004

Session 2

£5.00

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by Astron.

CONTENTS

Tuesday 23 November 2004

HEALTH COMMITTEE
27th Meeting 2004, Session 2

CONVENER

*Roseanna Cunningham (Perth) (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)
Mr Stewart Maxwell (West of Scotland) (SNP)
Mrs Nanette Milne (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO ATTENDED:

Rhona Brankin (Deputy Minister for Health and Community Care)
Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP)

THE FOLLOWING GAVE EVIDENCE:

Chester Wood (Food Standards Agency Scotland)

CLERK TO THE COMMITTEE

Simon Watkins

SENIOR ASSISTANT CLERK

Tracey White

ASSISTANT CLERK

Roz Wheeler

LOCATION

Committee Room 1

Scottish Parliament

Health Committee

Tuesday 23 November 2004

[THE CONVENER *opened the meeting at 14:02*]

Subordinate Legislation

Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 13) (Scotland) Order 2004 (SSI 2004/484)

The Convener (Roseanna Cunningham): I am sorry for my slightly late arrival; I got trapped behind a door that would not open.

The first item is subordinate legislation: this is an instrument under the affirmative procedure. I welcome the Deputy Minister for Health and Community Care and her official, Chester Wood from the Food Standards Agency Scotland.

The committee is asked to consider an instrument under the affirmative procedure, on amnesic shellfish poisoning. The Subordinate Legislation Committee had no comments to make on the instrument. Does any member seek clarification from the minister and her official?

Mr David Davidson (North East Scotland) (Con): I thought that we were hearing from the ministers that they would withdraw this policy and introduce a new one. When will that happen and what form will the new policy take?

The Deputy Minister for Health and Community Care (Rhona Brankin): The new European Union legislation requirement will come into force in January 2006. The Food Standards Agency is currently in discussion with producers about implementing a rigorous system of end-product testing. Those discussions have been going on for some months now because the industry knows that that will happen. It is certainly not a U-turn as it has been described in some quarters. I will let my official answer in more detail about the work that is going on with the industry.

Chester Wood (Food Standards Agency Scotland): Talks have been continuing with the industry, and the Food Standards Agency will work with it to come up with a system whereby the industry can operate rigorous end-product testing; the FSA can help to support that.

Mr Davidson: Thank you for the information.

The Convener: As no member has indicated that they want to debate the instrument, I ask the minister to move the motion.

Motion moved,

That the Health Committee recommends that the Food Protection (Emergency Prohibitions) (Amnesic Shellfish Poisoning) (West Coast) (No 13) (Scotland) Order 2004 (SSI 2004/484) be approved.—[*Rhona Brankin.*]

The Convener: The question is, that motion S2M-2002, in the name of Rhona Brankin, be agreed to. Are we agreed?

Members: No.

The Convener: There will be a division.

FOR

Eadie, Helen (Dunfermline East) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Maclean, Kate (Dundee West) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

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

ABSTENTIONS

Robison, Shona (Dundee East) (SNP)

The Convener: The result of the division is: For 6, Against 1, Abstentions 1.

Motion agreed to.

Petitions

14:06

The Convener: Item 2 on the agenda is consideration of petitions. Members have received a cover note that identifies several petitions on which additional information is awaited, as well as current and new petitions that require to be considered today. There is an update report on five petitions on which information is awaited and members are invited to note the contents of the annex to that report. Are members content with that?

Members *indicated agreement*.

The Convener: There are six current petitions, three of which are grouped together, and one new petition that requires to be considered and a course of action agreed.

Epilepsy Service Provision (PE247)

The Convener: PE247 is from Epilepsy Scotland. When it last considered the petition, the committee asked that the Scottish Parliament information centre prepare a summary of outstanding issues that had not been addressed in correspondence between the committee, the petitioners and the Scottish Executive. The summary is attached as an annex to the clerk's paper. There is a note of possible action at paragraph 9. I suggest that we write to the Executive on the outstanding issues.

Helen Eadie (Dunfermline East) (Lab): I have several points to make. The work that SPICe has done is very good and the way in which the information is set out is very helpful. I am pleased with that.

I will pick up on some of the points that I noted when I was reading through the paper yesterday. Page 9 of annex B says that the Executive is

"Expecting a bid for a national MCN to cover paediatric epilepsy patients in the near future".

Did that happen? That is my first question for the Scottish Executive.

The same document also says that Lothian NHS Board has a median waiting time of 28 days; that appears to be the lowest waiting time. Does that mean that patients from other parts of Scotland can be referred there? I have read other health-related documents that suggest that patients can ask to be referred there if they have an unduly long time to wait. It also seems that Greater Glasgow NHS Board does best with a medical staff of 28 in the specialty of neurology, with Lothian next at 18. It is interesting to highlight those figures, especially for those of us who come from other areas where the figures are much worse.

The SPICe paper says that the work of clinical governance committees will not be monitored by NHS Quality Improvement Scotland. According to the paper:

"NHS-QIS will not be enquiring into implementation of individual SIGN guidelines but ensuring that there are appropriate systems in place for such implementation."

The Executive says that the Scottish intercollegiate guidelines network—SIGN—guidelines must be implemented locally. However, according to the petitioners, only four of the 39 former trusts fully implemented the relevant guidelines. We should ask the Executive about that.

Finally, the paper refers to guidance from the National Institute for Clinical Excellence:

"Two pieces of NICE guidance on epilepsy have also been issued by NHS QIS to NHSScotland on newer antiepileptic drugs for the management of epilepsy in children and adults who have not benefited from the older antiepileptic drugs".

We could seek the Executive's observations on the matter. The SPICe paper laid out the information in a helpful way.

The Convener: Do members want to flag up other specific points?

Mr Davidson: I hope that our letter to the Scottish Executive will indicate that all outstanding issues should be dealt with in a single reply.

Helen Eadie: The other key point to make is that there is no overall control, audit or evaluation in relation to what happens throughout Scotland, as Epilepsy Scotland highlighted.

The Convener: Is the committee content to proceed on that basis?

Members *indicated agreement*.

Autism Spectrum Disorder (PE452)

Psychiatric Services (PE538)

Autism Treatment (PE577)

The Convener: We now consider petitions PE452, PE538 and PE577. Members have a paper on the petitions, paragraph 12 of which clearly sets out three options for action: we could write to the Scottish Executive; we could seek regular updates from the Executive; or we could simply note the petitions.

Helen Eadie: I suggest that we choose option A. The information that SPICe has helpfully provided raises a number of questions. For example, paragraph 8 mentions research. We should ask the Executive whether that research has been concluded and, if it has, what its findings are. The National Autistic Society's submission refers to the

National Assembly for Wales's strategy on autism, which we could consider as an example of good practice. The NAS calls for UK-wide collaboration on the issue.

Paragraph 18 of the NAS submission states:

"The Scottish Executive's Audit of Services for People with Autistic Spectrum Disorders—Statistical Report not only indicates poor data collection on the numbers of people with an ASD in each local authority/health board area, but also indicates how much more investment is urgently needed to meet the needs of people with ASD as services are patchy."

I was concerned to read that. If the Executive's civil servants—rather than the NAS—say that money is urgently needed, it behoves the committee to take that on board.

I could make many other points, but to save the committee's time, I will say just that pursuing the petition and keeping it alive are worth while.

Mr Davidson: I support the general principles behind the actions in option A for the outstanding issues. Could we write to ask the Royal College of Psychiatrists for its views on the letter that is at annex B, which seems to challenge interprofessional working? The royal college might have an interest in responding, to clarify the situation for the committee.

14:15

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): Can we ask them—

The Convener: Ask whom?

Dr Turner: Can we ask the Scottish Executive how many psychologists are in training? Like psychiatrists, they seem to be essential.

The Convener: Okay.

Dr Turner: As diagnosis of and help for adult ASD are important, £1.5 million for the Greater Glasgow and Lothian NHS Boards does not seem an awful lot of money. I think that it is for a three-year project. It is difficult to find staff for most short projects.

The Convener: What point do you wish us to raise with the Executive?

Dr Turner: The subject is important, so could we ask whether the Executive plans to extend the pilot?

Helen Eadie: I referred to a statistical report that I said was from the Scottish Executive, but it was actually from the Public Health Institute of Scotland.

Can we find out more about the European society that is mentioned in the documentation that we have received from Mr Mackie? He says:

"A good example of what is required is the European Society for People with Autism Centre at Newcastle-upon-Tyne".

It would help to know what that does.

The Convener: If we incorporate all those suggestions, are members content to go for option A?

Members *indicated agreement*.

Heavy Metal Poisoning (PE474)

The Convener: Petition PE474 is on heavy metal poisoning. At the away day that took place before I joined the committee, SPICe was asked to summarise outstanding issues that had not been addressed in correspondence between the committee, the petitioner, the Scottish Executive and the Medical Research Council. The summary is attached to paper HC/04/27/04 as annex B and is laid out similarly to the earlier summary. It shows that the Executive has provided its view on all the issues that the petitioner raised. Two potential courses of action are suggested at paragraph 8 of the paper. Does any member wish to comment on either option? The Scottish Executive has responded on all issues.

Helen Eadie: I suggest that we go for option A, because the documentation from SPICe contains several helpful points. I refer members to SPICe's chart on page 10, which concerns the different metals in the environment. The chart says:

"The study confirmed that the problem was more widespread in Scotland, and the Executive responded by initiating a public awareness campaign in December 2000. The Scottish and Northern Ireland Plumbing Federation … also wrote to members to remind them that the use of high lead solder in domestic plumbing is a breach of byelaws."

Further down that page, mercury in dental amalgam is mentioned in connection with pregnant women. Are we ensuring that people comply with regulations? How does the Executive plan to highlight potential dangers? The Executive could deal easily with plumbing in new houses by ensuring that the appropriate agencies enforce measures—the problem seems to be enforcement.

The other issue is awareness among pregnant women: I feel that the Executive could do a great deal more to raise awareness among pregnant women. Indeed, on that point, it would be helpful to ask the Executive how it plans to raise awareness of the potential problem of lead absorption in Asian children who suffer from a lack of vitamin D.

We should continue with the petition until those questions have been answered. For example, on the issue of tap water, there is an enormous amount of new houses across Scotland, but it appears that plumbers are still breaching existing laws.

Mr Davidson: In the first parliamentary session, before I became the Conservative health spokesman, I carried out some work on the issue. Various interested parties, including the people mentioned in annex C of the paper, have made it fairly clear that the European Parliament has taken a certain amount of action over heavy metals in the environment. Westminster has taken over responsibility for the matter and, given that certain issues will be addressed in primary legislation, we should ask the House of Commons Select Committee on Health to clarify the current position before we push on. After all, any measures will almost certainly be rolled out as part of UK legislation and will take account of the European Parliament's pronouncements on the matter. The Executive and the MRC have responded fairly well within their means; however, other bodies are involved at a different level and we should seek clarification about that before we take any further action.

The Convener: I am being advised that we would have to write to the United Kingdom Department of Health, not the Select Committee on Health.

Mr Davidson: Fine.

The Convener: Does the committee agree to take that course of action and then return to the issue once we have received a response?

Members *indicated agreement*.

Aphasia (PE475)

The Convener: The next petition is PE475 on aphasia. Paragraph 9 of the briefing note sets out two possible courses of action. Does any member have a view on the option that we should pursue?

Helen Eadie: Convener—

The Convener: Helen, can you try and keep your comments a bit brief?

Helen Eadie: I would like us to pursue option A, because we could ask that, when the Scottish Executive collects data, it includes a question on aphasia. That would at least allow us to begin to measure the national extent of the problem.

I also welcome the fact that Speakability is accepting the Scottish Executive's advice to join the umbrella organisation, the Scottish neurological alliance. That said, it has made the very good point that acquired aphasia, when people suddenly lose the ability to speak, is distinctly different from other conditions such as motor neurone disease, in which people lose that ability over a long time, or certain conditions that people are born with. If the Scottish Executive agrees to include such a question when it collects data, we might be able to close the petition the next time round.

The Convener: If members have no other contrary views to express or particular points to make, I seek their agreement to pursue option A.

Members *indicated agreement*.

NHS Consultant-led Acute Services (PE774)

The Convener: Petition PE774 is on consultant-led acute services. This is the first time that we have heard evidence on this petition. The petitioners gave oral evidence to the Public Petitions Committee on 7 October; an extract of the *Official Report* of the meeting is attached to the briefing paper. Fergus Ewing will speak briefly to the petition.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): I thank the committee for affording me the opportunity to speak to petition PE774, in the name of Sandra Casey. I am pleased to see that she and Andrew Muirhead have travelled down from Fort William to be here today.

I do not wish to speak about the Belford or Oban hospitals in particular, as I understand that it is not appropriate to the work of the committee to consider individual cases, save to say that the campaign that has been mounted to retain 24-hour consultant-led services in the west Highlands has been characterised by two features: first, the lack of any obvious party political content and, secondly, support from the overwhelming majority of not only the public but clinicians, which has been a terrific advantage.

I would like to put three general points to the committee in the hope that they will be relevant to the work that the committee is doing in its workforce planning inquiry. They relate to the findings of the west Highland health solutions group, to which the campaign in the communities of Lochaber and Argyll contributed.

First, it has been accepted that the solutions group report, which has now been accepted by both health boards, introduces the concept of rural general hospitals. I urge the committee to consider engaging, in the same way that it is engaging at present with the royal colleges, to ensure that generalist consultants are recruited and trained as well as specialist consultants.

Secondly, the delivery of health care in rural areas depends to some extent on good relationships with major tertiary hospitals. Such relationships are effective when they are formalised in rural parts of Scotland as managed clinical networks. I therefore hope that the Health Committee will encourage the further development of managed clinical networks as a way to operate in rural circumstances.

Thirdly, concerns have been raised about the limited workload of consultants in rural general hospitals. One of the proposals that has emerged from the solutions group is to offer patients from urban areas who require routine elective surgery the opportunity to travel to rural hospitals for their operation. That requires new thinking, and I hope that it will be part of the work that will emerge from the Parliament and the Kerr report. It is true to say that although the Belford hospital is a rural hospital with general surgeons, it has developed expertise and specialisms in its own right in areas such as mountain trauma. It is one of only two hospitals that meet all seven of the audit criteria set by the Scottish trauma audit group.

Given the close involvement of consultants over about two years in producing a plan to allow the rural general hospital to operate in practice, and given that the plan has been accepted by the health boards and is operating on a pilot basis, it might be of value for the committee to read written evidence and to have the opportunity to hear oral evidence from the consultant David Sedgwick and his colleagues. That is my first recommendation, although I know that the committee has already done a great deal of work on workforce planning. It is for the committee to decide whether oral evidence should be taken from the consultants at this stage. Obviously, the advantage of the committee taking such evidence is that it would have the opportunity to hear how the practical problems of dealing with the royal colleges, which I gather are real problems in some respects, and of working out a rota system that complies with the European working time directive have been tackled and perhaps solved in the west Highlands rural context, possibly as a model that other rural, or certainly non-urban, hospitals might follow.

I hope that the committee will give David Sedgwick and his colleagues the opportunity to submit written evidence and, if possible, present oral evidence. In conclusion, I know that it is the intention of Mr Sedgwick and the campaign in general to contribute to the work that Professor Kerr is undertaking.

The Convener: Thank you. Obviously, there are a number of issues.

I say at the outset that, with on-going general inquiries, it has not been the committee's practice to take evidence on a specific petition. One of our difficulties is that there are many such campaigns around Scotland, many of which make similar points and some of which make different points. I would be concerned if we appeared to favour one campaign over others. At the moment, we are drafting the report on the evidence that we have taken in our workforce planning inquiry. I feel that it might be more appropriate to ask the petitioners and, indeed, Mr Sedgwick to provide us with written evidence as soon as possible so that it can be considered in the context of the report that is being drafted. Do members of the committee have a view on that?

14:30

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I agree entirely with what the convener has said, but I want to make one more point. Because the petitioners do not refer to the Belford hospital in the words of the petition—it is clear that the petition concerns the whole of Scotland—I would like the committee to respond in the way in which they ask us to respond, which is to write to the Scottish Executive

"to ensure the provision of acute 24hr a day all year round consultant-led services across Scotland, including rural communities."

I think that everyone on the committee would sign up to that and that, if other members of the committee agree, a letter from the convener on our behalf would satisfy the petitioners.

The Convener: I hope that the report on our workforce planning inquiry will include some recommendations with which all members of the committee will agree in due course. I am not sure that to pick out one issue in particular necessarily represents the best way forward, but other members might have a different view.

Mr Davidson: I congratulate the Belford action group on its work. I have met its members on several occasions and have visited both the Belford hospital and the hospital in Oban. I have been invited back to the Oban hospital this week to talk again with the consultant staff, not about the practicalities of the local situation, but about the broad agenda of the role of generalism in rural Scotland. The same issue has been raised in the Borders and in other parts of Scotland; the petition highlights a wider issue.

Perhaps we should put out a general call to staff in the various rural hospitals—their consultants, in particular—asking them to raise the issues that they are concerned about, because there seems to be a difference between the views of the consultants who operate in those hospitals and the views that the royal colleges have expressed when they have given evidence to us. It would be helpful if we put the evidence from that specific group to the royal colleges and asked for a response to its queries. That would colour where we might go in our workforce planning inquiry.

The Convener: It is very late in the day to be making such a suggestion. There are a few other ways in which we might respond to the petition that might cover some of those issues. If we were to do what the member suggests, we would, in effect, be reopening the evidence-taking process and I am loth to do that, given our workload.

Mr Davidson: In my view, it would not be necessary for that evidence to go into the report that we are working on just now, but it could help to prepare us for the next stage, when we deal with responses to Kerr.

The Convener: There are future work issues that we must address in that context. It might be appropriate to think about invitations to groups such as the Belford action group under the agenda item on the future work programme.

Janis Hughes (Glasgow Rutherglen) (Lab): I note what Mike Rumbles said about the petition calling for

"the provision of acute 24hr a day all year round consultant-led services across Scotland, including rural communities."

However, the title of the petition refers to

"consultant-led acute services in rural communities."

The petition's full text widens the subject. The petitioners are concerned about consultant-led services in rural communities. It seemed to me that many of the comments that Fergus Ewing made were echoes of some that we heard when we took evidence on our workforce planning inquiry. I favour the suggestion in the briefing paper that we should progress the issues that the petition raises by considering them as part of our inquiry.

I think that it would be better if the comments of Mr Sedgwick's team were sent to Professor Kerr to form part of his inquiry. Much of the evidence that we have taken has been based on rural issues, and we have visited rural areas—I visited the Western Isles—as part of the lead-up to the inquiry. I agree with the proposal that we direct Mr Sedgwick to Professor Kerr, to feed into his report, and that we take the action that is recommended in paragraph 10 of the paper.

Dr Turner: I agree with much of what has been said. The situation that we found in the outer Hebrides is mirrored in the cities when some of the hospitals close. I do not know who gave evidence on the matter, but I wonder whether we can ask a question relating to the amount of work that will be necessary if these hospitals fail to maintain the standard that they have reached at the moment because they cannot replace the consultants. Work would automatically go to Raigmore or Glasgow: a study found that about 1,000 emergency cases would have been added to the workload of Raigmore. That happens with every hospital closure, whether it be on the periphery of a town or in a rural area. If the right place for the evidence to go is into Professor Kerr's domain, we might ask what work the Executive has done on the workload that will land on other hospitals if these hospitals cannot be maintained.

Shona Robison (Dundee East) (SNP): I appreciate the fact that timing is a difficult issue. The solutions group's report is excellent. Unlike some of the other evidence that we have heard, which has been about the problems, the solutions group has come up with a workable solution and an interesting model. Obviously, it is in the pilot stage and we will have to see what the evaluation of it is at the end of that. Nevertheless, where there is a will there is a way, and the group has come up with something against the odds. It should be given all credit for that.

I understand some of the concerns that have been expressed; however, as a minimum we should take some written evidence specifically on the solutions that have been suggested by Mr Sedgwick and the group. I know that it would be difficult to take oral evidence. The only compromise that I can suggest—which I know is not without its difficulties—is that, if there were specific issues, a volunteer reporter could perhaps go and take further evidence if that was felt necessary.

The idea of asking the group to submit its findings directly to David Kerr is sensible, although I would be surprised if that was not going to happen already. The group should be encouraged to do that. If the committee is to organise events, it will be important to invite the group along, as it is solution focused. What the group has proposed could be a workable model elsewhere, and that ought to be flagged up at every opportunity.

Kate Maclean (Dundee West) (Lab): I agree with Janis Hughes that we should direct the solutions group to give its evidence to Professor Kerr. As Shona Robison says, if we hold an event in the future, and when we are looking at the Kerr report, we can take evidence from that group on board. I do not think that, at this stage, we should take oral evidence from anybody who approaches us on the workforce planning inquiry, either through a petition or in some other way. We are too far down the road. It seems reasonable to agree today to appoint a reporter to take evidence; however, if something else came up next week, it would seem reasonable to do the same again.

I know that members think that this would have been good evidence for the workforce planning inquiry; however, a petition might be forwarded to us next week that is equally good. I worry that we are starting to pre-empt what we will decide in our inquiry. We are not closing down the petition; we are saying that it is more appropriate to deal with it in another way. The committee will deal with the evidence from the group in a different way at a different stage, and it will feed into the same process. I would be reluctant to agree to take oral evidence or appoint a reporter at this stage.

The Convener: I am disinclined to take on anything that would extend further the time that we have allocated to our workforce planning inquiry.

That would include having a reporter. If we went down that road, that would take another two or three weeks—it would be after the Christmas recess before we got going with it. That would not be appropriate. The clerks have begun the drafting process and I have had a look at what could be the first draft of the report. A significant section will deal with rural areas, so I think that having written evidence as soon as possible would be useful, not just for the Kerr inquiry but for us, because we have heard evidence about many of the issues that petition PE774 raises. I ask the committee to agree that we ask for written evidence and that we do not prolong our process any further by seeking oral evidence.

I also want to flag up to the petitioners that our future work programme includes a major event that we hope to be able to have in the chamber, which will be about many of the issues that are being discussed. Fergus Ewing might want to hang on for our discussion of the work programme, which is the next item on the agenda. We might want to come back to some action groups, including the Belford action group, to ask them to come and be part of the chamber event. Is the committee comfortable with the suggested way forward?

Members *indicated agreement*.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): Can we get information about the solutions group as well?

The Convener: Yes.

I invite Fergus Ewing to stay on, if he wishes, to listen for the next few minutes as we discuss the next item on the agenda, because there might be relevant areas that he would wish to consider.

Work Programme

14:41

The Convener: The next item is on the work programme. I do not want to spend much time on this because we discussed it thoroughly at a previous meeting and the programme is as we agreed. If Fergus Ewing does not have a copy of the paper on the work programme, perhaps Duncan McNeil can let him see the "Workforce Planning Inquiry" section, particularly paragraph 10, which might be of particular interest to the Belford action group and, indeed, to other such groups around Scotland.

We intend to stage the event to which paragraph 10 refers, although we must get agreement from the Conveners Group to do so. The clerks can give Fergus details about the event, and you can raise it with the Belford action group petitioners.

Fergus Ewing: That would be helpful. I fully understand the committee's reasoning on the petition and I am sure that the petitioners will, too. They will be delighted to have the opportunity to participate and speak in a committee debate. I am sure that they will do their best to provide useful written evidence to the committee prior to the deadline. Do you have a particular deadline?

The Convener: We would prefer to have the evidence as soon as possible, because we are drafting the report.

Fergus Ewing: I thought you were going to say that—many thanks.

The Convener: I draw members' attention to paragraphs 28 and 29, which have specific recommendations. Is everybody content with them?

Members *indicated agreement*.

The Convener: Okay. That ends the public part of the meeting.

14:43

Meeting continued in private until 14:52.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

No proofs of the *Official Report* can be supplied. Members who want to suggest corrections for the archive edition should mark them clearly in the daily edition, and send it to the Official Report, Scottish Parliament, Edinburgh EH99 1SP. Suggested corrections in any other form cannot be accepted.

The deadline for corrections to this edition is:

Monday 6 December 2004

PRICES AND SUBSCRIPTION RATES

OFFICIAL REPORT daily editions

Single copies: £5.00
Meetings of the Parliament annual subscriptions: £350.00

The archive edition of the *Official Report* of meetings of the Parliament, written answers and public meetings of committes will be published on CD-ROM.

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75
Annual subscriptions: £150.00

Standing orders will be accepted at the Astron Print Room.

Published in Edinburgh by Astron and available from:

Blackwell's Bookshop
53 South Bridge
Edinburgh EH1 1YS
0131 622 8222

Blackwell's Bookshops:
243-244 High Holborn
London WC1 7DZ
Tel 020 7831 9501

All trade orders for Scottish Parliament documents should be placed through Blackwell's Edinburgh

Blackwell's Scottish Parliament Documentation Helpline may be able to assist with additional information on publications of or about the Scottish Parliament, their availability and cost:

Telephone orders and inquiries
0131 622 8283 or
0131 622 8258

Fax orders
0131 557 8149

E-mail orders
business.edinburgh@blackwell.co.uk

Subscriptions & Standing Orders
business.edinburgh@blackwell.co.uk

RNID Typetalk calls welcome on
18001 0131 348 5412
Textphone 0845 270 0152

sp.info@scottish.parliament.uk

All documents are available on the Scottish Parliament website at:

www.scottish.parliament.uk

Accredited Agents
(see Yellow Pages)

and through good booksellers

Printed in Scotland by Astron