HEALTH COMMITTEE

Tuesday 14 December 2004

Session 2

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HEALTH COMMITTEE
30th 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:

Mary Scanlon (Highlands and Islands) (Con)

CLERK TO THE COMMITTEE

Simon Watkins

SENIOR ASSISTANT CLERK

Tracey White

ASSISTANT CLERK

Roz Wheeler

LOCATION

Committee Room 1

Scottish Parliament

Health Committee

Tuesday 14 December 2004

[THE CONVENER *opened the meeting at 14:03*]

Items in Private

The Convener (Roseanna Cunningham): I call the meeting to order. I apologise for my late arrival, although I see that everybody else has had problems getting here, which are no doubt connected with the fact that the lift is out of order. Those who try to use the lift as their first resort are finding things difficult.

I have received apologies from Mike Rumbles, who cannot be here. I welcome Mary Scanlon, who has joined us to speak to one of the petitions.

Item 1 is to consider whether to take items 4 and 5 in private. Item 4 is on the eating disorders inquiry; we need to discuss named witnesses for formal evidence taking. Item 5 is to consider a second draft of the stage 1 report on the Prohibition of Smoking in Regulated Areas (Scotland) Bill. Can I assume that everyone is happy with the proposal to take those items in private?

Members *indicated agreement*.

Subordinate Legislation

Plastic Materials and Articles in Contact with Food Amendment (Scotland) Regulations 2004 (SSI 2004/524)

Contaminants in Food (Scotland) Regulations 2004 (SSI 2004/525)

The Convener: We move on to subordinate legislation. We are dealing with two instruments that are subject to the negative procedure. The Subordinate Legislation Committee considered the instruments this morning and has no comment to make on them. I have received no comments from members and no motions to annul have been lodged. Do members agree that the committee does not wish to make any recommendation in relation to the instruments?

Members *indicated agreement*.

Petitions

14:04

The Convener: Item 3 is consideration of petitions. At our meeting on 23 November the committee agreed to await further material to inform its consideration of four petitions. The material is now available for three of the petitions, which we will consider today. That consideration is outwith our standard eight-week cycle, but we want to make progress before our workload increases with the anticipated introduction of the Executive's health bill.

Chronic Pain Management (PE374)

The Convener: We come first to petition PE374, on chronic pain management. The committee agreed to await the publication of a Scottish Executive-commissioned review of chronic pain services, the report of which is reproduced as an annex to paper HC/S2/04/30/4, together with a letter from the Minister for Health and Community Care. A note of suggested possible action is included in paragraphs 10 to 12 of the paper. I think this is the petition on which Mary Scanlon wanted to comment. Do you want to go first, Mary?

Mary Scanlon (Highlands and Islands) (Con): Thank you for letting me go first, convener. It is nice to be back at the Health Committee.

I am the convener of the Scottish Parliament cross-party group on chronic pain and my deputy is Dr Jean Turner, who is here. The group's initial response was that the report from Professor McEwen is excellent; it has been very well received. I have been asked to remind members that the pain clinic in Perth is still functioning only because some of the clinicians from Ninewells hospital rescued it after it ceased to operate. Such situations exist throughout Scotland.

Provision in the Highlands has been highlighted on page 10 of paper HC/S2/04/30/4, which states:

"Highland Health Board does not claim to provide a comprehensive service, but consultant led pain clinics are held at Caithness General Hospital and Belford"—

which is in Fort William. Page 11 of the paper states that

"All boards with the exception of Highland have one or more identified consultant anaesthetists with special responsibility for chronic pain. All the mainland health boards with the exception of Highland employ nurses with special responsibility for chronic pain."

I am delighted that that has been highlighted and I support the comments in the report's recommendations. I hope that the committee can work together with the cross-party group in providing feedback.

I am also pleased to see what the minister has had to say in sending out the report to health boards. NHS Quality Improvement Scotland has asked to consult the cross-party group on chronic pain on a best-practice statement on management of chronic pain in adults. I phoned NHSQIS today; it will consider recommendation 12 from Professor McEwen's report, which is for a national framework and for people to work together. We are moving on from the report to a quality management statement.

I counted about 20 "shoulds" in the recommendations. If Highland NHS Board intends to ignore Professor McEwen's report and NHSQIS's best practice statement, what will happen? That is the point to which we always seem to return and which I leave with committee members.

Helen Eadie (Dunfermline East) (Lab): It is very good that so many people are engaged in trying to tackle this very worrying issue. It would be particularly helpful if we could follow one or more of the suggestions that have been put to us in the papers; there are several good suggestions. We should write to the Scottish Executive requesting that it report to the committee on the outcome of the consensus conference. That would be particularly helpful. Various other recommendations are set out in the paper.

The Convener: You are saying that we should adopt the procedure in paragraph 10 of the paper.

Mr David Davidson (North East Scotland) (Con): There are a couple of issues that go along with that. I support Helen Eadie in suggesting that we follow the recommendations. We need to ask the Scottish Executive—or someone—to examine the cost to Scotland of chronic pain and where the cost savings could come from if we had managed clinical networks and a proper framework. That would quantify some of the issues that surround the petition. We should continue with the petition, but we need to know what the Executive is doing and what its consideration is.

The Convener: I take it that your position is to adopt the course of action that is recommended in paragraph 10, but that you would add quantification of the current cost of not dealing with chronic pain.

Mr Davidson: I would also like to know the cost of putting in place a framework. My only qualification is that we should write to the minister asking when the Executive expects to be in a position to respond.

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): I agree with everything that has been said. I

thought that Professor McEwen had looked at some costs. What stands out is that pain clinics save poor patients who suffer chronic pain, and their families, a lot of hardship. Professor McEwen says:

"The evidence that is available suggests that pain clinics reduce overall direct health care costs by about £1000 per patient per year."

Because of the Health Committee's recent work and the fact that we do not know how many people are in our hospitals, it is almost imperative that we deal with chronic illnesses. If we can get our national strategy right, we might help patients and save money. I go along with everything that has been said.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): Were the report, its conclusions and recommendations drawn up before we got the letter from the minister? How does the minister's very positive communication to the health boards impact on the recommendations? We should take into account the minister's very positive letter. It might be going some way towards fulfilling the recommendations so that we might not necessarily need to repeat the actions.

The Convener: I assume that the minister's letter was written after the minister received the report. However, the Health Committee received both at the same time. I dare say that the minister received the report and then wrote the letter.

Mr McNeil: That might be the point that I am making. We produced this report and called on the Scottish Executive to do certain things, but we did not know about the very positive letter from the minister.

The Convener: Do you disagree with the course of action that is suggested in paragraph 10?

Mr McNeil: I am just being lazy, but I am not the only one, by the looks of things. Has the very positive letter from the minister, as acknowledged by Mary Scanlon, impacted on the recommendations in the paper? Is the minister already offering what we are calling for?

Helen Eadie: The bottom line is that both developments are very encouraging. What the minister suggests he will do is to be welcomed, but the committee is suggesting some good actions which are also very helpful. We are all pushing together in the same direction to address a serious problem.

The Convener: The recommendations in the paper were drawn up on the basis that we had the report and the minister's letter. I do not think that the report and the minister's letter necessarily negate the committee's continuing to question people along the suggested lines, but we must also acknowledge that the ministerial response was positive. It is more a question of establishing how far that positive response will go in reality.

14:15

Are members happy to base our response on the actions that paragraph 10 outlines? We could expand those to include members' comments. Nevertheless, we can make the point that we are grateful to the minister for his positive response.

Members *indicated agreement*.

Organ Retention (PE406)

The Convener: Petition PE406 is on the law and code of practice regarding post mortem examinations. We agreed previously to await the findings of the Executive's consultation on organ retention and post mortems. The Executive recently announced that it will introduce a bill to deal with the matter, which will follow the forthcoming smoking and health bill. It was originally intended that that bill would deal with post mortem organ retention, but a separate bill will now deal with it.

I understand from the Executive that an analysis of consultation responses will be published in advance of the bill, which we expect will probably be introduced in the autumn. The briefing paper on the petition outlines possible action in paragraphs 10 to 12. Do members have views on the suggestions? Given that there will definitely be a bill to deal with the issue, I incline to the view that at this stage the action that paragraph 10 outlines is the most appropriate. Does anyone have a contrary view?

Helen Eadie: We could accept all the suggestions in paragraphs 10 to 12, because they are not mutually exclusive. Could we not also close the petition?

The Convener: We could close the petition because of the forthcoming bill, but I would prefer us to be cautious and to wait until we see the colour of the proposed legislation before we make a final decision on the petition, unless there is a particular reason for closing it now. Clearly, we would like the upcoming bill to include the provision that paragraph 10 suggests, but whether it will be included is another matter.

I propose that we write to the Executive with paragraph 10's proposal and, rather than conclude the petition at this stage, we could sist it—to use a legal term—which means that we put it to sleep until we see the bill.

Helen Eadie: Will we write to the petitioner for evidence?

The Convener: I think that we should write to the petitioner to advise her about the proposed bill,

but I am not sure that we should call for evidence.

Shona Robison (Dundee East) (SNP): I am happy with that, but I want clarification of the timescale for introduction of the bill. My understanding is that the bill will be introduced before the summer recess. Is that still the plan?

The Convener: The Executive might introduce the bill at the last minute before the summer recess, to allow us to put out a call for evidence to be submitted over the summer. However, we do not know for sure whether the bill will be introduced then. The Executive's bill on smoking and health will be through all its processes by the summer recess. It will be a question of when the Executive can draft its bill on post mortems. Who knows when that will be? I expect that we will deal with the bill substantively in the autumn, after the summer recess.

Mr Davidson: The minister told me last week that the bill would be introduced before the summer recess to allow the Health Committee to take a view on where to go with it. Perhaps the clerks should clarify with the Executive when the bill will be introduced.

The Convener: Perhaps they should do so, but it is probably fair to say that the bill will certainly not be before us within the next six months.

Multiple Sclerosis (Respite Homes) (PE572)

The Convener: Petition PE572 is on multiple sclerosis and respite homes. We previously agreed to await information from the Scottish Commission for the Regulation of Care on current provision in respite care homes. A written response from the commission has been circulated to members and the briefing paper on the petition outlines possible action in paragraphs 11 and 12. Do members have comments?

Kate Maclean (Dundee West) (Lab): I am in favour of the suggestions in paragraphs 11 and 12. If I remember correctly, when we discussed respite care we identified that the problem was not the amount of respite places but their appropriateness. For example, young adults might find that their only option for respite care is in a home for frail elderly people. If we agree to take the actions that paragraphs 11 and 12 suggest, we can start trying to get the information that we need about the type of respite places that are available. I am sure that the issue of getting appropriate respite care for adults with disabilities has been raised with every MSP.

Mr Davidson: I declare an interest because I am a member of the management group of the Aberdeen respite project.

I agree with Kate Maclean that the suggestions in paragraphs 11 and 12 are the appropriate way forward. I would also like the committee to write to the care commission to ask it why—given its fee structure, in which it records the various establishments that it is required to inspect and visit—it does not have details of who has which services? I would like Jacquie Roberts, the chief executive of the commission, to clarify why that is the case.

The Convener: Are members happy for the committee to pursue both the actions that paragraphs 11 and 12 outline and David Davidson's further suggestion?

Members *indicated agreement*.

The Convener: That concludes public business.

14:21

Meeting continued in private until 14:57.

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