

HEALTH COMMITTEE

Tuesday 20 March 2007

Session 2

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HEALTH COMMITTEE

5th Meeting 2007, Session 2

CONVENER

*Roseanna Cunningham (Perth) (SNP)

DEPUTY CONVENER

*Janis Hughes (Glasgow Rutherglen) (Lab)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

*Kate Maclean (Dundee West) (Lab)

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

*Mrs Nanette Milne (North East Scotland) (Con)

*Shona Robison (Dundee East) (SNP)

*Euan Robson (Roxburgh and Berwickshire) (LD)

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

COMMITTEE SUBSTITUTES

Mr Kenneth Macintosh (Eastwood) (Lab)

Dave Petrie (Highlands and Islands) (Con)

Margaret Smith (Edinburgh West) (LD)

Stewart Stevenson (Banff and Buchan) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED :

Dr Nadine Harrison (Scottish Executive Health Department)

Lewis Macdonald (Deputy Minister for Health and Community Care)

CLERKS TO THE COMMITTEE

Karen O'Hanlon

Simon Watkins

ASSISTANT CLERK

David Simpson

LOCATION

Committee Room 6

Scottish Parliament

Health Committee

Tuesday 20 March 2007

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

Item in Private

The Convener (Roseanna Cunningham): I open the Health Committee's final meeting in the current session of Parliament. I have received no apologies.

I welcome to the meeting the Deputy Minister for Health and Community Care, Lewis Macdonald, and his officials. They are here for agenda items 3 and 4.

Item 1 is to decide whether to take in private item 6, which is consideration of a claim under the witness expenses scheme. It has been standard practice for the committee to discuss such matters in private.

Do members agree to take item 6 in private?

Members *indicated agreement.*

Subordinate Legislation

Colours in Food Amendment (Scotland) Regulations 2007 (SSI 2007/143)

Meat (Official Controls Charges) (Scotland) Regulations 2007 (SSI 2007/144)

Nursing and Midwifery Student Allowances (Scotland) Regulations 2007 (SSI 2007/151)

Curd Cheese (Restriction on Placing on the Market) (Scotland) Revocation Regulations 2007 (SSI 2007/188)

National Health Service (General Dental Services) (Scotland) Amendment Regulations 2007 (SSI 2007/191)

National Health Service (Optical Charges and Payments) (Scotland) Amendment Regulations 2007 (SSI 2007/192)

National Health Service (General Ophthalmic Services) (Scotland) Amendment Regulations 2007 (SSI 2007/193)

National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations 2007 (SSI 2007/205)

National Health Service (General Medical Services Contracts) (Scotland) Amendment Regulations 2007 (SSI 2007/206)

National Health Service (Primary Medical Services Performers Lists) (Scotland) Amendment Regulations 2007 (SSI 2007/207)

National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2007 (SSI 2007/208)

Personal Injuries (NHS Charges) (Reviews and Appeals) (Scotland) Amendment Regulations 2007 (SSI 2007/222)

**Health and Social Care
(Community Health and Standards) Act
2003 Supplementary Provisions
(Recovery of NHS Charges) (Scotland)
Order 2007 (SSI 2007/223)**

**National Health Service
(Travelling Expenses and Remission of
Charges) (Scotland) Amendment
Regulations 2007 (SSI 2007/225)**

14:04

The Convener: Item 2 is consideration of 14 Scottish statutory instruments that are subject to the negative procedure. The Subordinate Legislation Committee raised no points on the instruments, with the exception of SSI 2007/225, on which it asked for an explanation of the vires for regulation 2, which appears to give retrospective effect to the changes that are made by regulation 3(2)(c), despite the apparent absence of express authority for that in the parent act. I suggest that we note the Subordinate Legislation Committee's concern in our report on the regulations.

No comments on the instruments have been received from members of the Health Committee and no motions to annul have been lodged. Do members agree that the committee does not wish to make any recommendation on the instruments but will note the Subordinate Legislation Committee's concern in our report?

Members *indicated agreement.*

**National Health Service
(Charges for Drugs and Appliances)
(Scotland) Regulations 2007 (SSI 2007/139)**

The Convener: Under agenda item 3, we will take evidence on the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 2007 from the Deputy Minister for Health and Community Care and his officials Dr Nadine Harrison, Chris Naldrett and Andrew MacKenzie. We will then move on to item 4, which is consideration of a motion to annul the regulations. Members have an opportunity to raise technical points and to seek clarification from the minister and his officials before our formal consideration of the motion; item 3 is informal consideration and item 4 is formal consideration.

At about half past 11 or a quarter to 12 this morning, we received a copy of the Executive's "Consultation on Review of NHS Prescription Charges and Exemption Arrangements in Scotland: Analysis of responses received", which relates to the subject matter of the Scottish statutory instrument that is now before us. I make

it clear to the minister that members are only just seeing the executive summary of that document as we speak. Therefore, in respect to members, I suggest that it would be unfair to have too detailed a discussion about that analysis. There has simply not been time to allow members to examine the summary, and neither have members been able to look at the many further pages that were produced on the consultation responses. I ask the minister to bear that in mind.

I invite the minister to make an opening statement of four to five minutes. We will then move to questions.

The Deputy Minister for Health and Community Care (Lewis Macdonald): Thank you for the opportunity to address the regulations. To a degree, they appear in a similar form annually. They consolidate and update the regulations of a similar title of 2001, and they include revised charges for prescriptions, wigs, fabric supports and elastic hosiery, in this case to be introduced from 1 April 2007. The present regulations also cover one or two specific additional points. For example, they provide for the introduction of electronic transmission of prescription forms—the e-pharmacy service—which forms part of the process of modernising the service.

Members will be aware of the essential numbers that are contained in the regulations. There is a 20p increase in the charge for an individual item on prescription, with increases of £1.20 for a four-month prepayment certificate and of £3.40 for a 12-month prepayment certificate. The headline numbers therefore become £6.85 for an individual item, £98.70 for 12 months prepaid and £35.85 for four months prepaid. Those increases are broadly in line with the approach that has been taken over recent years, which has been to uprate charges in line with, or below, inflation. In these cases, the percentage increase is in line with inflation, at just over 3 per cent for individual items and just under 3.6 per cent for the 12-month certificate. That follows increases in previous years of very similar sums—10p and 15p in successive years.

The other main element is the introduction of electronic prescribing, which is reflected in some of the other instruments that the committee has considered today—some of them touch on the same area. The purpose of the amendment that is contained in the regulations is to allow charges to be collected against prescriptions that are transmitted electronically from general practices to community pharmacies. Under the current provisions, the charge can be collected only against paper prescriptions. The change is to allow greater use of electronic prescribing and transmission between the general practitioner and the pharmacist.

The final point of note in the regulations is the revised definition of “supplementary prescriber”. That is a consequential amendment arising from the implementation of the Pharmacists and Pharmacy Technicians Order 2007 (SI 2007/289), which renames the pharmacists professional register. Charges may be collected only on prescriptions that have been written by a defined prescriber—a doctor, an independent nurse prescriber or a supplementary prescriber.

Those are the more technical aspects of the regulations of which the committee will wish to be aware. As I said, there are a number of connections with instruments that the committee has considered and approved today.

I acknowledge that committee members will not have had a chance to look in any detail at the document that I thought it useful to let them see this morning. We were keen for it to be available before the end of the session, however, and this was the final opportunity to come before the committee with officials who have detailed knowledge of the subject, so I thought that committee members might appreciate the opportunity to ask some questions.

Shona Robison (Dundee East) (SNP): I welcome the presentation of the analysis of consultation responses to the review. I am sure that that has absolutely nothing to do with the fact that a motion in my name to annul the regulations is on the agenda.

I am heartened by the fact that the analysis seems to suggest that two thirds of people endorse the suggestion that people who have long-term medical conditions should be exempt from prescription charges. That is an interesting finding in the executive summary. It is also interesting to note that one in 10 of those who had visited a GP in the previous 12 months received a prescription that was not handed in; cost seemed to be one of the issues. It would be interesting to probe that further.

My question relates to process. Given that there is only a week to go in the session, I take it that it is unlikely that the current Scottish Executive will respond to the consultation. Will civil servants prepare a report for the Government that is in office after 3 May, or will there be an announcement next week, before Parliament is dissolved?

Lewis Macdonald: We have taken the position that, having commissioned the review and seen the responses to the consultation, we want to respond as soon as we practically can. As Shona Robison implied, the opportunities to do so are diminishing by the day. We have given careful consideration to the responses to the review in order to assess the best way forward. It is possible

that proposals will emerge before Parliament is dissolved, but I have nothing to announce on that front today. If we do not publish recommendations in the next few days, it is fair to assume that this will be a matter of interest to the wider electorate in the next few weeks.

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): You said that the new rate is £6.85, which is a fair amount of money for someone on a tight income. A person could have four prescriptions—four times £6.85 is a fair bit of money.

I do not quite understand the provisions that enable people to pay for their prescriptions quarterly or yearly. Some time ago we considered whether it might be fair to enable people to pay for their prescriptions monthly. It always costs people slightly more to pay for their prescriptions quarterly than to pay for the whole year. Many people do not have the money to pay even for quarterly prescriptions, which would exempt them from all other costs. Has consideration been given to that issue? I have not had a chance until now to see the responses to the consultation.

Lewis Macdonald: That is one of the issues on which a significant number of consultation responses were received. The annual prescription charge for a person who has a chronic condition and who pays for all their prescriptions for a 12-month period remains at less than £100. That is not unreasonable, but for people who are on low incomes it can be a challenge to find that sum at one time. A number of responses to the consultation suggest that there may be other or better ways of addressing the issue of charges for those who pay for more than an occasional prescription. That is one of the issues that we will consider when responding to the report.

14:15

Dr Turner: Have questions been asked about the difference between what happens in primary and secondary care? If someone is in hospital and suddenly finds that they need a liver or kidney transplant or cancer treatment, the prescription is usually dealt with in the primary care sector when they are sent home. The patient goes to their general practitioner, who writes the prescription, the patient goes to the chemist and has to pay for each item. That can add up to quite a lot at £6.85 per item. Was any thought given to that?

Lewis Macdonald: The current position is that 50 per cent of patients, who account for 90-odd per cent of prescriptions, are not charged. That is an important point to bear in mind.

It is fair to say that there was no particular emphasis on the transition from secondary to primary care in the responses to the consultation. People generally responded to the terms on which

we consulted, which were concerned with primary care and prescriptions for people who are not hospital in-patients.

Dr Turner: It is not a subject about which the ordinary population would know. Unless you provide a little more information when you ask the question and allow people to think about it, many people will not think about the matter until they are stuck in the position of being off sick long term and have to pay for their prescriptions. The charge then becomes a tax on illness. People cannot understand why they have to pay £6.85 if they find out that one of the items is worth less than that. Equally, one of the items might be worth £100 and they have to pay only £6.85 for it. However, people do not see it like that and they do not understand it.

Lewis Macdonald: As I said, the focus has been on delivery of prescriptions through primary care from community pharmacies, in particular.

For people who have long-term conditions, their illnesses sadly remove their ability to earn, which means that they are exempt from paying the charges. Some of the consultation focused on the threshold at which people qualify for exemption on the ground of low income. That is an important issue for people in the position that Dr Turner described.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): After a quick scan of the consultation document, one of the interesting things to emerge is that people do not appreciate the benefits they currently have. I am pleased that one of the recommendations is that the new system should be

“easy for patients to understand”.

I have had a regular prescription from a supermarket pharmacy for over a year. I walk round the store while I wait 20 minutes for my prescription. At no time have I been offered a leaflet or been reminded of the benefits that I could get. I have never asked—which is my fault—but over the piece, I might have been better off. We do not need any changes in legislation to get such basic information out to people about what they are already entitled to.

I was banging on about another area of concern—the increased demand on doctors because of the worried well as well as the ill. There is already a disproportionate demand on general practitioners in single practices in deprived areas where a higher proportion of such people are vying for their GP's time. It would be interesting to know what it actually means when we read in the document that between a quarter and a fifth of people would be more likely to go to the doctor for a prescription. What sort of impact would that have and how many more consultations

would it mean throughout Scotland? Would there be a disproportionate impact on single GP practices? What would it do to our appointments system and the availability of and access to GPs when we need them if people were nipping into the surgery to avoid paying prescription charges?

I am also interested in the finding that

“Free prescriptions should not, in the public view, be provided at the expense of other aspects of NHS funding and performance.”

Were you given any suggestions about where that funding could come from?

The Convener: Before we go any further, let me say that I do not want a rerun of stage 1 of the Abolition of NHS Prescription Charges (Scotland) Bill. We should keep the discussion tight; there is a danger that we will scoot off into rehearsing arguments that we have already had.

Mr McNeil: The matter is referred to in the documents.

The Convener: I appreciate that, but I do not want us to get drawn into rehashing arguments. Otherwise, we will end up with everybody trying to jump in on the same basis as we had with the stage 1 evidence.

Lewis Macdonald: On Duncan McNeil's first point, it is disappointing to hear that his pharmacist has not offered him the opportunity to use a prepayment certificate, particularly as he has visited the same pharmacist on a number of occasions. The expectation is that community pharmacists, whether they are in their own business, a supermarket or any other context, would provide that advice and opportunity to patients.

The consultation survey shows, sadly, that Duncan McNeil's experience is not unusual. A large proportion of the people whom we asked were not aware of the facility for prepayment certificates. Indeed, much of the press coverage of the debates to which the convener referred did not reflect the fact that there was a prepayment certificate opportunity. The issue has arisen during the consultation and in the consideration that has thus far been given to the responses to it.

A number of people who responded to the consultation commented on the question of the removal of charges stimulating demand. I wonder whether Dr Harrison has anything to say about that.

Dr Nadine Harrison (Scottish Executive Health Department): All the research has suggested that there could be upwards of a 20 per cent increase in demand for scripts, which would have a knock-on effect on the availability of consultations. There is a limit to the number of

consultations that a GP practice can offer during a week. We cannot just add more and more; there are limits. The omnibus survey report reinforces that point: people speaking about a theoretical situation said that they might go to the doctor for a script rather than pay for an over-the-counter preparation. That reinforces what we were already concerned about.

We would not want people who normally do not go to a doctor for a script to block people who have more serious medical conditions such that they have to go to the back of the queue for an appointment with their GP. That is really all I have to say about that.

Lewis Macdonald: That reflects the responses to the consultation, as Duncan McNeil suggested.

On Duncan McNeil's third and final point, I think that, as ever, there are a variety of suggestions or non-suggestions about where funding might come from. However, from the Government's point of view, it would not be possible to promote changes to prescription charges or exemptions without considering the question of funding.

The Convener: If no member wants to ask further questions, I thank the deputy minister and his officials. The officials can either stay where they are or sit in the public gallery—whichever suits them. However, they are not permitted to take part in the ensuing agenda item.

Agenda item 4 is consideration of motion S2M-5756, to annul the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 2007 (SSI 2007/139), which is subject to negative procedure. The committee has just taken evidence from the deputy minister and his officials, and members have had the opportunity to clarify any technical issues and ask questions.

As is indicated in the committee papers, the Subordinate Legislation Committee considered the instrument and had no comments to make. Before the motion to annul is moved, I invite Shona Robison to speak in support of it.

Shona Robison: Thank you, convener. I was motivated to lodge the motion by the fact that the Executive first mooted the idea of a review four years ago and I did not feel that it was acceptable to get to the end of this session of Parliament without discussing where we are in the process, particularly the public consultation on the Executive's review.

I am pleased because the purpose of the motion to annul was to secure the information that we received in the discussion that we have just had. Perhaps that shows the power of annulment motions—we should use them more often.

I am content with the information that has now been put in the public domain. It is important that

that information be circulated to the groups that made submissions and take an interest in the issue because they, too, are keen to know where we are. I will not move motion S2M-5756.

The Convener: The motion is not moved, so no further action can be taken in relation to the motion as no other member has formally indicated support for it. However, the committee is still required to report on the instrument. Are we agreed that the committee does not wish to make any recommendation in relation to SSI 2007/139?

Members indicated agreement.

The Convener: I thank the deputy minister for his attendance.

Lewis Macdonald: Thank you.

Legacy Paper

14:26

The Convener: Item 5 is consideration of the draft legacy paper. Members will see that the paper is in track-change format, with all the changes to the text that members requested. Members are invited to agree the draft paper for publication later this month.

I direct members' attention to the sections for which changes were suggested. The first change is new paragraph 15, which emphasises the point that when members' bills are being guided through Parliament there are responsibilities on both sides. Are members content with that?

Members indicated agreement.

The Convener: There is a small change in paragraph 19 because we finally know the correct number.

Euan Robson (Roxburgh and Berwickshire) (LD): Small?

The Convener: When we first considered the matter, we knew that a great deal of subordinate legislation was coming but we did not know what the figure would amount to.

Next is the amendment to paragraph 22. Are members happy with that?

Members indicated agreement.

The Convener: There is also a change to paragraph 23 and tiny changes to paragraphs 29 and 30.

There is a new paragraph 33. I think we all feel that the on-going issue with budget scrutiny has not been resolved. There is a spelling change in paragraph 36, which means that we are not looking out to sea for ships. There are also new paragraphs 38 and 39, which are Duncan McNeil's suggestion. Are you happy with that, Duncan?

Mr McNeil: Yes. You will hear me when I am not.

The Convener: Oh, really?

Mr McNeil: Do not encourage me.

The Convener: There is an extra word in paragraph 45, and in paragraph 47 there is a slight expansion on round-table sessions. There is a slight change to paragraph 48. New paragraph 53 expresses a note of caution about big events—they are great, but we cannot do them all the time. There is also a new paragraph 57.

Mrs Nanette Milne (North East Scotland) (Con): There is a minor typo in paragraph 57, which has "requires" instead of "required".

The Convener: Yes—it is a tiny typo.

Mrs Milne: There is a similar typo in the second line of paragraph 60, which has "finding" instead of "findings".

The Convener: Okay.

There are no further changes until the addition at the end of the phrase, "The Health Committee 2003-7", which expresses what we are. Are we happy with that? The new draft will go out as our legacy paper.

Dr Turner: There is a typo in the first line of paragraph 104, which has "these" instead of "this".

14:30

The Convener: Yes. If members pick up further typos in their careful perusal of the paper subsequent to the meeting, can you flag them up to the clerks? I am sure that they will be happy to make any changes. We have now dealt with item 5.

While we are still on the record, I repeat what I said at the beginning of the meeting, which is that this is the final meeting of the Health Committee in this session of Parliament. On a personal level, I have thoroughly enjoyed convening the committee and have had a great time. I think that everybody has worked very hard and we have had good and robust debates, which is good for the whole Parliament.

The committee members who are definitely not coming back as MSPs are Janis Hughes and Kate Maclean. On behalf of the committee, I wish them well for when they are free of the confines of their parliamentary duties. We may, of course, hear from them in other capacities as they watch what we do subsequently. Of course, there is no guarantee that those of us who are lucky enough to be re-elected on May 3 will sit around the same committee table again.

Thanks to the lot of you for making my convenership such a satisfying experience. I am sure that the whole Parliament is better for the work that we have done.

Helen Eadie (Dunfermline East) (Lab): Can we just take a moment to say thank you, convener, to you as well? Our politics are obviously miles apart, but when someone convenes as professionally as you have done, we must set politics aside, offer congratulations and say well done, and give credit where credit is due. I also thank the committee clerks, who have done a splendid job in supporting us.

The Convener: Indeed.

Helen Eadie: It has been a privilege and a pleasure to serve on this committee. As you said,

convener, none of us knows whether we will come back, although we all aspire to that, although the electorate may have other views. I thank everyone concerned with the committee, including colleagues around the table, who have also been good to work with.

The Convener: Okay. I should have said that about the clerks. It should not go without saying and should always be said.

That ends the public part of the business. We will take the final agenda item in private, so I ask those in the public gallery to leave the committee room.

14:32

Meeting continued in private until 14:35.

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