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Wednesday 3 June 2026

CONTENTS

Col.

NATIONAL HEALTH SERVICE 1

The Cabinet Secretary for Health and Care (Angela Constance) 1
Helen McDade (Mid Scotland and Fife) (Reform) 8
Jackie Baillie (Dumbarton) (Lab) 12
Maggie Chapman (North East Scotland) (Green) 15
Miles Briggs (Edinburgh and Lothians East) (Con) 18
David Green (Caithness, Sutherland and Ross) (LD) 20
David Linden (Glasgow Baillieston and Shettleston) (SNP) 22
David Smith (West Scotland) (Reform) 26
Heather Anderson (Dundee City West) (SNP) 28
Paul McLennan (East Lothian Coast and Lammermuirs) (SNP) 30
Joe Long (Mid Scotland and Fife) (Lab) 33
Bob Doris (Glasgow Kelvin and Maryhill) (SNP) 35
Stuart McMillan (Inverclyde) (SNP) 38
Cara McKee (West Scotland) (Green) 41
Fulton MacGregor (Coatbridge and Chryston) (SNP) 42
Lloyd Melville (Angus South) (SNP) 45
Morven-May MacCallum (Highlands and Islands) (LD) 47
Miles Briggs 49
Laura Moodie (South Scotland) (Green) 51
Mark Griffin (Central Scotland and Lothians West) (Lab) 53
Victor Currie (Highlands and Islands) (Reform) 55
The Minister for Community Care (Alison Thewliss) 58

BUSINESS MOTION 64

MOTION WITHOUT NOTICE 66

DECISION TIME 67

Scottish Parliament

Wednesday 3 June 2026

[The Deputy Presiding Officer opened the meeting at 14:00]

National Health Service

The Deputy Presiding Officer (Clare Adamson): Good afternoon. Our first item of business is a debate on motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's national health service. I invite members who wish to speak in the debate to press their request-to-speak buttons now.

14:00

The Cabinet Secretary for Health and Care (Angela Constance): I very much welcome the opportunity today to give my first speech in my new role as Cabinet Secretary for Health and Care. I commit to the Parliament that I will do absolutely everything in my power to protect, renew and reform our national health service, which is our most precious asset. That demands that I work hand in hand not only with our exceptional health and care workforce and partners but with members across the chamber to address local issues and improve the health of our nation.

I take this opportunity to thank my friend and colleague Neil Gray for the focused leadership that he has shown over the past two years, which has seen our NHS turn a corner. Mr Gray and I will continue to work together on matters that require joint action between the worlds of health and justice. I also very much thank my good friend Jenni Minto for her pioneering work on the women's health plan. People will be aware that Scotland was the first country in the United Kingdom to deliver a women's health plan. That work will now be progressed by Maree Todd, who has always been a champion for women's health, whether as an MSP or as a pharmacist.

Before I provide an update on progress, I note my support for the amendment that was lodged by Miles Briggs, which—although it was not accepted by the Presiding Officer—rightly highlighted the importance of high-quality, accessible palliative care and the vital role that hospices and community services play for people and families across Scotland. I commit to working constructively with the member on the issue in order to ensure cross-party input on the future of palliative care.

I support the sentiment of the Greens' amendment. We will introduce a workforce plan on pay. I very much recognise that pay is a barrier to people entering the social care workforce, and I am determined that we will do more to improve pay and terms and conditions. However, the budget is set for this year, and to increase the minimum rate to £15 an hour now would cost around £325 million. We remain open to negotiating with the Greens ahead of the next budget, but the reality for this year is that cuts would have to be made elsewhere in our NHS in order to deliver such an increase, which is why we cannot support the Greens' amendment today.

I support the policy of mandatory sectoral bargaining, but we are constrained by the reserved nature of employment law. We will support the UK Government's Employment Rights Act 2025 when it comes forward for legislative consent. In the meantime, our support for the policy is why, in March, we introduced plans for voluntary sectoral bargaining, which the Greens have called for. We are already working with partners on that. I also support improvements to terms and conditions, including measures such as enhanced maternity leave provision and protection of vulnerable groups checks. More broadly, the Government this year supported providers to deliver the real living wage, and we were clear that support was conditional on providers upholding our fair work principles.

I hope that the measures that I have set out provide an indication to colleagues of my keenness to work together with them, and I ask that they support the Government's motion today.

I say to the Liberal Democrats that I will make a statement on maternity services next week. I say to Reform UK that I do not support the establishment of a health and social care commission, because the public are telling us that we need to focus on delivery right now. I say to my colleagues in the Labour Party—particularly Jackie Baillie—that, although their amendment is not the worst that I have seen from the Labour Party, I had hoped that we could perhaps start on a slightly more positive note. However, we will work on that together, because that is what the public demand of us all.

Turning to the substance of today's debate, I note that, as we will all recall, the pandemic was one of the greatest challenges that the NHS has ever faced. The system responded with remarkable dedication to the immediate crisis and to the journey of recovery. Therefore, it is right that I begin by recording my sincere thanks to all health and care staff for the incredible work that they do.

Today, I had the pleasure of visiting the NHS Golden Jubilee hospital, where the commitment was clear to see. The hospital has now become the UK's largest centre for hip and knee

operations. My visit also allowed me the opportunity to speak to patients. Although I absolutely recognise that some people are still waiting longer than any of us would like, I am hearing about the progress that we are making, which is having a real impact on patients and their families.

I am also hearing about the creative solutions that are being used to ensure that patients receive the right care in the right place at the right time. That includes expanding our innovative hospital at home programme by the end of this year so that it becomes Scotland's largest hospital, as well as harnessing digital advances such as artificial intelligence to speed up lung cancer detection in Grampian.

NHS leaders are spearheading a new subnational planning approach, which has already resulted in better collaboration and a sharper focus on shared priorities. That represents a material shift in how we think about population-based planning and delivery. The approach will result in health boards across the east and west of the country working together to develop and deliver services jointly, which will help by more effectively directing and sharing resources, reducing duplication of effort and improving equity of access. The approach underpins the transformation that we need by shifting care closer to home, focusing more on prevention and inequalities, and better aligning resources with needs—for example, during periods of increased demand such as the flu season.

Andrew Baxter (Skye, Lochaber and Badenoch) (LD): The cabinet secretary has spoken about working collaboratively and moving care closer to home. How does she intend to implement the recommendations of the Ritchie report and reintroduce 24/7 urgent care at Portree hospital? Will she meet me and the SOS-NHS Skye Portree hospital group to explain how she will do so?

Angela Constance: I very much appreciate Mr Baxter's intervention. I have been advised that significant progress has been made, but I will want to test that, and I would welcome a discussion with Mr Baxter on those matters.

Our commitment to tackling long waits is unwavering. Although we did not meet our March target, that was a stretching ambition and what matters are the actions that we are taking to go further. The latest data shows that the number of new out-patient waits of longer than 52 weeks has fallen for 11 consecutive months, with the number of in-patient and day-case waits of longer than 52 weeks having reduced for 15 months. Since July 2025, the number of waits of longer than a year for new out-patient appointments has fallen by 76 per cent and the number of waits of longer than a year for in-patient and day-case appointments has almost halved.

We are also seeing really good progress in diagnostics. In the latest quarter, activity was at its highest level since reporting began, in April 2024. That means that thousands more people are getting their scans and scopes sooner, which is helping them to get a faster diagnosis.

I am pleased to confirm that we have not only met but exceeded our additional activity target, as we delivered more than 168,000 additional appointments and procedures in 2025-26 compared with the number for the previous year. Data published yesterday shows a 7 per cent increase in the number of operations performed in the past 12 months. Our national treatment centres have been vital to that success, having delivered more than 34,000 surgeries and procedures between April and December 2025—surpassing our annual target three months early.

I want to go much further—and we have to. I want a system that is in balance and that can respond to demands, ensuring that all patients are seen quickly. That means delivering on our manifesto commitment that, by the end of this parliamentary session, no patients will be waiting longer than 26 weeks for treatment.

We are seeing improvements in cancer services, too. We are treating more patients on time, within both standards, than we did pre-pandemic. For example, more than 95 per cent of patients started treatment within 31 days of the decision to treat, with a median wait of just two days, which is the joint lowest figure on record. That progress has been helped by expanding the roll-out of our rapid cancer diagnostic services, including the new service in NHS Forth Valley, which opened last year. We are working on a new cancer action plan, which we will publish later this year.

I know that pressures in unscheduled care will be a concern for the public. Let me be clear: corridor care and long waits in accident and emergency are simply unacceptable. I am absolutely committed to improving care, improving performance and reducing delays. The reality is that those pressures do not start at the front door; they are caused by blockages across the whole system. Our focus has to be on practical, immediate action to tackle the underlying challenges, working collaboratively across the NHS, local government and key partners to deliver better, faster care. That is why, within the first 100 days of this session, we will publish a clear plan to improve patient flow, building on the progress already made through our investments in NHS 24, the Scottish Ambulance Service and the front-door

frailty services that we now have in every health board.

Lasting improvement also means addressing the challenges in our social care sector, which have been exacerbated by the UK Government's hostile approach to migration and the financial burden heaped on providers thanks to the increase in employer national insurance contributions.

A significant part of tackling pressures in our hospitals involves our continuing to move more care into communities, with new community health hubs, new lung and heart health MOTs and 30 walk-in general practice centres from Shetland to Stranraer.

Finlay Carson (Galloway and West Dumfries) (Con): I join other members in thanking NHS staff, including maternity services across rural communities, particularly in Galloway, where they are under pressure. If reform and renewal are to mean anything to families, the cabinet secretary must ensure that there is real progress at pace. In January, the Government said that Stranraer would be among the first rural areas targeted by the new maternity and neonatal task force, yet women in Wigtownshire have seen no change and there are still no planned births at Galloway community hospital, which results too often in a 70-mile dash to Dumfries. What has changed for families in Galloway since Stranraer was defined as a priority? When does the Government expect to report on and provide clarity on maternity services, particularly in Stranraer?

Angela Constance: I very much appreciate Finlay Carson's contribution, and I assure him that what he touches on is an important issue for every minister—for me, Maree Todd and Alison Thewliss—as we work to renew and reform the NHS. I will be happy to ensure that Finlay Carson is briefed about the work of the task force, which has a focus on the workforce—where it is, how it works and how we will support it in the future. At its core, the work of the task force concerns how women and their babies are looked after.

As I said to the Liberal Democrats, I will return to the chamber next week to make a full statement on a range of issues that impact on maternity services. In particular, I have been made very aware, by my colleague Maree Todd, of the challenges that rural parts of our country face, whether in Stranraer or in Caithness.

Six general practitioner walk-in centres are open already. GP numbers are going up, and, in tandem, we are delivering on the historic deal, reached with GPs last year, to invest £531 million in primary care. That will further boost the recruitment of GPs.

Supporting people closer to home is only part of the story. We also need to act earlier to prevent ill health wherever possible. We are focused on the wider factors that shape people's health. For example, in October last year we took the important step of bringing in legislation to limit the promotion of foods that are high in fat, sugar and salt.

Graham Simpson (Central Scotland and Lothians West) (Reform): The cabinet secretary may not have the answer to this question yet, because she is new to the job, but when can we expect to see an NHS app with functionality like the one that exists down in England? I have been asking for that for years. Frankly, patients in England are doing a lot better than ours are.

Angela Constance: I will come to that very issue in a moment—there is some important progress for us to update the Parliament on. I hope that it will reassure Mr Simpson in relation to that functionality and how we will end up with the best app on these isles. If he bears with me, I will come to that.

My remarks before that intervention were about public health and protection. The Tobacco and Vapes Act 2026, which gained royal assent in April, is a landmark step in delivering a tobacco-free Scotland by 2034. In the first 100 days of this Government, we will consult on a ban on vape and nicotine product displays.

Alongside improvements in other areas, mental health remains a key focus. The subject area is very close to my heart—I am a former social worker and mental health officer who worked for several years at the state hospital and in three prisons. I am conscious that access to service is improving, particularly for our young people. The number of long waits for child and adolescent mental health services is at a historic low and we have met and maintained the standard for CAMHS waiting times a year ahead of target. We have also invested an additional £3.5 million to improve our 24/7 response to mental health emergencies. That includes the expansion of our existing NHS 24 mental health hub to include psychological therapies. The service responds to around 10,000 calls from the public each month.

Our manifesto commits to doing more. Today, the First Minister visited the nook in Glasgow, which is run by Scottish Action for Mental Health. We will be supporting SAMH to deliver more drop-in mental health centres across Scotland and expanding the use of mental health triage cars, which the Ambulance Service already utilises in Fife, Inverness, Dundee and Glasgow.

I am confident that the progress that I have set out provides a strong foundation to build on, and I am clear about my determination to do just that. A

significant step in our programme of public service reform is the establishment of Public Services Delivery Scotland. From 1 April, we brought together the functions previously delivered by NHS National Services Scotland and NHS Education for Scotland within a stronger, more streamlined national delivery body. PSD Scotland supports our once-for-Scotland approach, strengthening national capability while remaining responsive to local needs. It is important to stress that PSD Scotland is not only for the health service but can bring other benefits to the public sector.

Looking to the future, digital infrastructure and technological innovations are key, and we are already making marked progress. Our digital dermatology service, which was introduced last year, is now available across all GP practices in Scotland. We estimate that 130,000 dermatology referrals a year could be made through that service, which would reduce dermatology waiting lists by up to 50 per cent.

Let me respond to Mr Simpson's point. In April, we made MyCare.scot available nationally. MyCare.scot gives people a simple, secure way to see and manage aspects of their own health and social care online. A downloadable version of the MyCare.scot app will be available in app stores early this summer. We are committed to NHS Scotland data always being in the hands of the NHS, unlike what has happened elsewhere. Data will remain in the control of our NHS, and we will not get involved with the likes of Palantir. I make it clear, for the avoidance of doubt, that Scotland's NHS will never be up for sale.

The progress that we are making is undeniable, but I do not shy away from the fact that there is much more work to do. We must do the hard work of reforming our public services, cutting unnecessary bureaucracy and making access to healthcare easier for the people we all serve. Above all, this is about people—the staff who deliver dedicated care each and every day and the patients and families who depend on our health and care services. They will be at the heart of absolutely everything that I do.

I move,

That the Parliament recognises and commends the hard-working staff across Scotland's NHS; thanks them for the significant progress they have delivered, including long waits down 11 months in a row, and welcomes the Scottish Government's commitment to working with all staff across Scotland's Health and Social Care sectors to deliver further reform and renewal.

The Deputy Presiding Officer (Clare Adamson): I call Helen McDade to make their first speech.

14:21

Helen McDade (Mid Scotland and Fife) (Reform): Thank you, Deputy Presiding Officer. I congratulate you on your new role, and I thank the cabinet secretary for her speech and congratulate her on her new role.

As this is my first speech in the Parliament, I thank the constituents of Mid Scotland and Fife who have belief in a new approach and voted for Reform, and I thank all those who campaigned with us across Scotland. I wish to reassure all residents in the region, regardless of who they voted for, that I will do my very best to assist constituents when they need it. I would really like to thank the parliamentary staff, who have been wonderful in helping all 64 new MSPs.

I also thank those members who, regardless of political differences, have been pleasant and welcoming. They know who they are—or perhaps it is more accurate to say that those who have not been pleasant and welcoming know who they are. That is okay. Most politicians here have said, "We'll work together with everybody, as the voters have made it clear that they want that to happen." Some politicians seem to be struggling a bit more with that, but we in Reform have an invisible shield. We are used to being vilified by a tiny fraction of society, so a few people behaving childishly by walking out of the chamber during a member's maiden speech or turning their backs does not really faze us. It will not stop us talking common sense and calling out nonsense. I am grateful to those who have been welcoming—which is, of course, most people in the room.

There is a lot of talk just now about the reputation of politicians. Perhaps members might consider how actions such as walking out of the chamber because they do not like what is being said look to the general public and how they affect the reputation of not only the whole Parliament but the individual. I remember being in the public gallery about 20 years ago, when a members' business debate on the illness ME came up. I will come back to that later. The then cabinet secretary got up and walked out, as seems to be the custom with members' business debates, leaving his deputy. There were many affected people and carers in the gallery who had made huge efforts to be there and who, not knowing that that was the custom, were shocked. My mother-in-law said, "I'll never vote for him again." Knowing my mother-in-law, I am sure that she never did. So, it is worth remembering that everybody is looking all the time.

That debate was the start of my surprising journey to being here today. At that time, a cross-party group on ME was set up, a petition was submitted to the Public Petitions Committee and a Scottish Government working group was set up. However, 20 years on, I came back to

campaigning for sufferers of ME only to find that almost nothing had changed. Indeed, another petition with almost the same wording had been lodged in 2018 by a young woman who had been struck down by the disease.

The Parliament cannot be just a place where important things are discussed and admirable policies are announced. There must be concrete action and identifiable, positive change in people's lives. There need to be specific, measurable, achievable, relevant and time-bound—SMART—outcomes. I would never have thought that I would be using business jargon, and my family will certainly laugh, but such an approach is necessary. Plans are great, but only if they are put into practice.

Of course, laughing is better than crying, which is what many sufferers and carers have done over the years when they have seen their hopes of progress on healthcare policy on difficult issues, the responsibility for which lies here, run into the sand.

That leads me to the lack of ambition in the motion, although I recognise that the Cabinet Secretary for Health and Care has announced a lot of new initiatives, which are welcome. Of course, it is only right to recognise the work of the NHS and care staff. We should never forget what they did during the Covid pandemic and the legacy that that has left for the staff and the public. However, I suspect that staff want more than is offered in the motion. They would like their jobs to be made a bit easier by their being able to help patients earlier and to say, "Yes, we have a bed for you," or "Yes, we can give you that knee replacement soon," or "Yes, we can help you with adequate care so that you can remain in your home."

Working conditions are certainly among the things that need to be looked at. By "delivering the best care", do we mean staff working a 12-hour day routinely so that they are on a four-day week? I do not know, but I would like to see somebody giving the data on that. Who wants to be the patient who is attended by a doctor or nurse who is in the 12th hour of their fourth day?

Training, recruiting and retaining more qualified staff is essential, but I have met fully trained nurses who cannot get a job although locum use is high. Perhaps that is because they need flexibility in their working hours or—very likely, if they are in a rural area—they need accommodation near the hospital or surgery. In the past, there was tied accommodation for essential workers. I come from Caithness, so I know the problem of staffing Caithness maternity services, and I was glad that the cabinet secretary mentioned that issue. There are harrowing accounts of women giving birth in ambulances at the side of the road. Would the NHS owning a few houses help to solve that problem? We have to look at different actions. How have we come to think that such situations are acceptable in the name of finance?

There are many reasons why Scots are often frustrated with and angry about the NHS and care services. A major one, which has been referred to already, is that of waiting lists. I was glad to hear the cabinet secretary say that there are many plans to reduce waiting lists. Of course, the Government can say that waiting lists have come down, but that does not mean that they are acceptable when what they have come down from is the record high that they reached after the Covid pandemic and they are still not anywhere near pre-Covid levels.

Improvement is very welcome, and we should welcome it. A much-needed start has been made, and staff are to be congratulated on their considerable efforts. Nevertheless, people are still waiting too long for action that will alleviate painful conditions or treat potentially fatal illnesses, including cancer. I therefore welcome the cabinet secretary's announcement on the cancer plan. I know that the organisation Young Lives vs Cancer asked the Scottish Government to commit to a new, up-to-date national cancer strategy for children and young people, but I do not think that she mentioned that—I apologise if it was on her list.

The Government often talks a good game, to use the metaphor of the moment, but it often fails to deliver. It often says that it is hampered by Westminster austerity. However, the fact is that the Scottish NHS budget has had an average 6 per cent increase every year for 25 years of this Parliament. However, in many areas, Scotland has recovered from the pandemic less quickly than England. The number of consultations per consultant is an example of that.

According to data from the think tank Enlighten, 93 per cent of Scots believe that the NHS needs to be reformed, and we in Reform are committed to that. Although we are committed to a service that is free at the point of use, we believe that a fresh approach is needed.

I trained as a veterinary surgeon, so I believe in diagnosing the problem. When the cabinet secretary says that she does not support a health and social care commission, I am disappointed, because we need a good diagnosis of what is happening. We need to look at a number of different issues, including training and retention of the workforce and joining up health and social care. Without knowing the detail of what happened, I am sorry that the Government's plans to bring health and social care together were not

put into practice. One obvious issue that needs looking at is bed blocking, but I do not think that I heard about that in the cabinet secretary's speech.

What does the current state of the NHS mean to people in practice? One area is the inadequate care that people with chronic health conditions receive. I come back to my family's involvement with ME. Because I am a vet, I looked a lot at research on the topic. In some ways, encouragingly, that is coming on. Sadly, however, the reports are that doctors are not doing much more to help those people. They leave the patient feeling helpless and unsupported. When I was in that space, I used to think that, if I went to an appointment and came away without one of us being in tears or absolutely furious, that was not too bad.

We must have specialist nurses and doctors for chronic illnesses. There has been only one specialist ME nurse in Scotland in the 20 years since that debate in the Parliament, which some current members attended. We had one nurse—Keith Anderson, who, sadly, died prematurely. I would like his family to know that we recognise his dedication and the wonderful care that he gave to thousands of ME patients and, latterly, long Covid patients.

I return to my personal starting point in the Parliament. After two decades, on just one common, painful, distressing and often lifelong condition, the result is that we are no further forward. That must change. In addition, we must see that, after Covid, there are tens of thousands more such people. I will be delighted to join the Covid group and the medical inequalities group. However, carers are dealing with the bulk of things.

The cabinet secretary will be pleased to know that I do not lay all of that at the Government's door. In fact, the medical professions need to be brought to the table with patients and carers. We have the latest research on some of the illnesses, and mandatory continuing professional development is required. The Government should look at what medical research it is funding and monitor that closely for outcomes. A commission could steer the NHS through those changes, and I ask members to support my amendment.

I move amendment S7M-00228.1, to leave out from "including long waits" and insert:

"; further recognises that 93% of people in Scotland think that the NHS needs to be reformed whilst continuing to deliver services free at the point of use, and calls on the Scottish Government to set up an independent, Scottish Health and Social Care Commission, comprising experts, staff and service users to review health and social care delivery, produce a workforce plan to train and retain more doctors, nurses and social care professionals in Scotland, propose solutions for delayed discharge, and actions to streamline frontline services through greater integration between community health and social care services and local GP surgeries."

The Deputy Presiding Officer (Clare Adamson): I call Jackie Baillie.

14:32

Jackie Baillie (Dumbarton) (Lab): Thank you, Presiding Officer. [*Interruption*.] Oh! Did I make that noise with the microphone?

I will start the debate on a consensual note. I very much welcome Angela Constance to her new post as Cabinet Secretary for Health and Care. I have considerable respect for her as an individual—I hope that my saying that is not career ending for her—and as a politician, and I wish her well in her portfolio.

Our NHS needs her to do well. The cabinet secretary will, of course, expect me to hold her feet to the fire and, on that score, I will not disappoint, because the NHS is our most loved public institution. We care deeply that it remains true to its founding principles and is free at the point of need, but we recognise that it faces huge challenges. Thousands of Scots languish on NHS waiting lists. The situation with A and E remains chaotic, with long waits now almost baked in. Burnt-out NHS staff are voting with their feet, and the social care sector is in crisis.

Fixing the NHS will require fresh thinking. The Scottish National Party has been in power for nearly 20 years, and I genuinely believe that, if it had any idea how to turn things around, that would have happened by now. I look forward to what Angela Constance is going to do. However, to quote Samuel Johnson, that is perhaps expecting a

"triumph of hope over experience".

Angela Constance's predecessors were very good at creating NHS plans—in fact, they could probably paper the walls of St Andrew's house with them—but they were much less effective at delivering them. In many cases, the plans were excellent; they were informed by people who worked in that sector. However, with no timelines and no money, they simply gathered dust.

The Scottish Government's flagship promise last year was the commitment to end, by March 2026, treatment waits of more than a year. I distinctly recall the First Minister making that commitment. It should have been delivered more than three months ago, yet there are still 32,279 treatment waits of more than a year, 3,433 waits of more than two years and, at the last count, more than 750,000 ongoing waits for tests and treatment.

Behind those figures are people in pain, who are waiting day after day for the appointment letter that never comes. In the meantime, their lives are on hold. Some become so desperate that they use their savings to get private surgery. We know that the number of Scots who are using private healthcare is the highest ever on record. The reality is that the SNP has presided over the growth of a two-tier health system in which people who have savings are raiding them to pay for treatment and those who do not are left languishing in pain. If the new cabinet secretary is true to her word and serious about getting waiting lists down, she must use all available theatre capacity. I also recommend that she ensures that money follows the patient instead of their being left at the mercy of health board bureaucracy.

Emergency departments are under pressure, too. Each month, thousands of patients are still waiting for more than eight or even 12 hours at A and E. A significant proportion of those patients would not be there at all had they been able to access care earlier, but many people are still struggling to get through to GPs. Patients are still waiting for the facility to book GP appointments on the NHS app, and I look forward to that being rolled out at pace.

The cabinet secretary knows that the percentage of the NHS budget that goes to primary care has dropped from 11 per cent to only 6 per cent, that the number of patients per GP has increased and that qualified GPs are out of work because GP practices cannot afford to hire them.

Doctors have already made clear their concerns that GP walk-in clinics are not effective and do not provide what I think we all strive for, which is continuity of care. The message is that we should just fund existing GP practices, which should be the walk-in clinics in everybody's community.

Angela Constance: Does Ms Baillie agree that reform is necessary and not optional? Does she also agree that it is right to implement innovation? People who have busy working lives, as I do, need an appointment when we need it, but people such as my mother will indeed want continuity of care. It is not a case of needing one thing or the other; we need different services for different people, at the right time.

Jackie Baillie: I absolutely agree that we need innovation and to be able to move forward, and that it is not a case of putting one thing against another. However, we have not thought through how to secure continuity of care and how to make other aspects work better, such as deciding where test results go when they show up—to the GP or to the walk-in clinic. I do not have a GP walk-in clinic in my area; the walk-in clinic is the GP practice, so let us fund that adequately.

Better-resourced GPs will deliver more preventative care, which, in turn, will mean fewer people requiring operations or turning up at A and E. However, reducing pressure on hospitals also means investing in social care. Nearly 2,000 Scots are stuck in limbo due to delayed discharge, which means 2,000 beds that would otherwise have been available to new patients.

Meanwhile, Scotland faces a social care crisis. Social care is about much more than just helping the NHS; it is key to people living healthier and happier lives in our communities. I welcome Alison Thewliss to her post as Minister for Community Care; she has many challenges to deal with. For example, at the start of May, 9,572 people were waiting for either a social care assessment or a social care package. Health and social care partnerships had to make cuts to local care services of more than £500 million, and that figure is expected to be worse this year. The cabinet secretary and her new minister will need to intervene urgently if the present crisis is not to deepen.

It has come after five years of our asking for care workers to be paid at least £15 an hour, but I welcome other parties' new-found commitment to doing so. We cannot expect to recruit and retain social care staff when they could be paid more for stacking supermarket shelves.

The minister has rightly thanked NHS staff for their hard work. The NHS and social care would be nothing without dedicated staff, but the reality is that front-line staff feel demoralised and burnt out, and some of them are voting with their feet.

The Cabinet Secretary for Justice (Neil Gray): [*Made a request to intervene*.]

Jackie Baillie: Neil Gray is the past health secretary—he can sit down.

Neil Gray: She knows what I am going to say.

Jackie Baillie: Perhaps he should listen.

A recent survey by the Royal College of Nursing found that seven in 10 nurses felt that staffing levels on their last shift were below or well below what was needed. The organisation's latest report, which was published in May, warned that

> "Scotland cannot build the sustainable nursing workforce that it urgently needs by asking staff to continue to work short-staffed and under relentless pressure while feeling demoralised and undervalued."

The same could be said of the consultants, GPs and resident doctors who are leaving the country because they cannot get specialty training places. That is true for a range of allied health professionals and for social care staff.

The cabinet secretary must urgently implement a 10-year workforce plan that covers everything

from training and recruitment to retention and career progression. That workforce plan must be combined with a drive to cut out unnecessary bureaucracy, streamline data and invest in up-to-date equipment—for example, investing in 24/7 thrombectomy services would allow staff to treat more patients more effectively.

In closing, I offer a plea to the cabinet secretary: change the culture of the SNP Government; be open, be transparent, admit mistakes and just occasionally listen to the Opposition, who have the shared interests of the NHS and social care at heart; and above all, listen to the staff. We have the best staff in the world—if only they could get on with the jobs that they are trained to do. Their resilience, hard work, motivation and innovation should be an inspiration to us all. I urge the Scottish Government to learn from them and get on with delivering for the Scottish people.

I move amendment S7M-00228.4, to leave out from "recognises" to end and insert:

"thanks hard-working NHS and social care staff across Scotland for their care and dedication; commends them for the progress made in recovering services despite the Scottish Government's failure to meet its own promises, and believes that protecting and renewing Scotland's NHS for the next generation requires a proper emergency waiting times plan with funding that follows the patient, embracing new technology to improve productivity and patient experience, prioritising primary care and delivering proper investment in social care, which will not only reduce pressure on acute services but support healthier and happier lives in the community."

14:41

Maggie Chapman (North East Scotland) (Green): I welcome the cabinet secretary and her ministers to their new roles.

I begin by recognising the extraordinary dedication of our health and social care workers across Scotland. Every day, doctors, nurses, allied health professionals, porters, cleaners, administrators, care workers and countless others provide care, compassion and expertise in extraordinarily challenging circumstances. They deserve our thanks, but they also deserve honesty. If we are serious about investing in, protecting and renewing our NHS, we must recognise the fundamental truth that the challenges that our hospitals face cannot be solved within hospital walls alone.

The Scottish Greens have long argued that health is not simply about what happens when someone reaches an A and E department, joins a waiting list or goes to their GP. Health is shaped by whether someone can afford to heat their home, whether they have secure housing, whether they can access nutritious food, whether they are supported in their communities and whether they can get help before a crisis develops.

That is why our amendment highlights the need to reduce health inequalities and tackle poverty alongside reforming health services. We must also focus on prevention, community services and reducing those health inequalities, not simply managing illness after it has taken hold.

Too often, the people who rely most heavily on NHS services are those who have been failed elsewhere. We see the consequences of poverty in our hospitals, those of poor housing in our GP surgeries and those of precarious work in our mental health services. If we ignore those realities, we will never relieve the pressure on our NHS workforce.

That is particularly true in the north-east. Constituents across the region that I am privileged to represent continue to experience challenges in accessing healthcare, while NHS Grampian and NHS Tayside face significant workforce pressures, recruitment difficulties and growing demand. Rurality, ageing populations and the challenges of retaining staff in key specialties all place additional strain on services. The staff working in those board areas have continued to deliver under immense pressure, but they cannot be expected to carry ever-increasing burdens without the support, investment and long-term planning that they need.

That brings me to workforce planning. For years, professional bodies, trade unions and staff have warned that Scotland lacks the long-term workforce planning that is needed to meet rising demand. We need a sustainable workforce strategy that supports staff today while building the workforce that we will need tomorrow. That means investing in education, training and career development and creating more routes into health and care professions, including high-quality apprenticeships. The Royal College of Occupational Therapists has highlighted the importance of those things in building a sustainable workforce and addressing future staffing needs. However, workforce planning is not simply about numbers; it is also about valuing people.

The Royal College of Nursing has highlighted the continued pressures that nursing staff face with many reporting exhaustion, unsafe staffing levels and care being compromised because demand exceeds capacity. The British Medical Association has similarly raised concerns about doctors' wellbeing, burnout and the need for workplace cultures that support staff rather than pushing them beyond breaking point.

I acknowledge the work that was done earlier this year to avert industrial action by doctors and to engage constructively with staff representatives.

Meaningful dialogue, fair pay and staff wellbeing matter, and creating workplaces where concerns can be raised openly and safely matters, too. A sustainable NHS depends on valuing every part of its workforce.

Too often, discussions about NHS leadership focus solely on a narrow group of professions, despite the enormous contribution that is made by allied health professionals. Physiotherapists, occupational therapists, speech and language therapists, radiographers, podiatrists and many others play a vital role in helping people to recover and to maintain independence, and in enabling them to avoid unnecessary hospital admissions.

The Allied Health Professions Federation Scotland has rightly called for genuine representation of allied health professionals at every level of leadership and decision making, alongside creating parity of esteem with nursing leadership. If we want services to be designed around prevention, rehabilitation and person-centred care, the voices of those allied health professionals must be present wherever decisions are made.

Perhaps nowhere is the connection between workforce pressures and patient outcomes clearer than in social care. For too long, social care has been treated as the neglected partner of the NHS, yet delayed discharge, pressure on hospitals and growing waiting lists are all connected to a care system that is underfunded and undervalued. Care work is skilled work, and it is essential work. It enables people to live independently, with dignity and choice. It supports families and prevents avoidable hospital admissions, and it helps to ensure that people can leave hospital safely when they are ready to do so.

That is why our amendment calls for social care workers to be paid at least £15 an hour. For the Scottish Greens, good care and fair work go hand in hand. We cannot build a resilient care system on low pay, insecure contracts and workforce shortages. If we truly value care, we must value the people who provide it.

The NHS remains one of Scotland's greatest collective achievements, and protecting it means more than funding hospitals. It means investing in prevention, tackling poverty, reducing inequality, supporting staff wellbeing, strengthening social care, creating sustainable career pathways and valuing every member of the workforce. If we want a renewed NHS, we must also build a fairer Scotland.

That is the spirit of the Scottish Greens' amendment, and I urge colleagues to support it.

I move amendment S7M-00228.2, to insert at end:

"; recognises that issues in hospitals cannot be solved without addressing the crisis in social care, reducing health inequalities and tackling poverty; believes that social care workers should be paid at least £15 an hour, and calls on the Scottish Government to address long term workforce planning to support current staff and patients."

14:48

Miles Briggs (Edinburgh and Lothians East) (Con): I welcome the cabinet secretary to her new role in government, and I look forward to working with her in that role. The cabinet secretary and I, as Lothian MSPs, have worked cross-party during all the time that I have served in Parliament, mostly on health issues. I think that it is important that MSPs, as part of their job, are able to speak to cabinet secretaries about issues. I very much look forward to working with the cabinet secretary on such issues, and I welcome both Maree Todd and Alison Thewliss to the health team as well. I pay tribute to Neil Gray, because health secretary is probably one of the hardest jobs in government.

Those of us who have returned to Parliament have, I hope, taken a bit of time to reflect on what we, as MSPs, can do. One of my greatest concerns is the fact that most of my time has been spent as an advocate for patients who, for some—or no—reason, have not been able to access services. New members will find that lobbying for people to access our health service is sometimes one of the hardest aspects of the job. That should not be happening in Scotland today. I hope that the start of this parliamentary session gives us an opportunity to genuinely change that. I thank Neil Gray, because a lot of the work that I did behind the scenes with him was lobbying for constituents to get what they should have been entitled to. I also thank the many health organisations and charities that have reached out to me and I look forward to working with them over this session of the Parliament.

I am pleased to lead, once again, for the Scottish Conservatives on health and care. I served in the role between 2016 and 2021 and I relish taking it up again. I have to say that it feels as though not a lot has changed during the time that I did not have this portfolio. From speaking to many health representatives, I know that there is a sense of frustration about the lack of reform. We need to focus on a number of priorities that can make a real difference. The Scottish Conservatives have a number of priorities in this session. I have always been a proud advocate for our wonderful hospice sector, as were colleagues Bob Doris and Marie McNair in the previous session of the Parliament. I raised the issue in my first speech in the Parliament when I spoke about the love and support that was given to me and my family when my mum died from cancer when I was just seven. We should all celebrate the hospice movement in

our country and we should all want to see it improve and grow.

The national debate about assisted dying and access to palliative care services, which took place prior to the 2026 elections, resulted in cross-party support in all our party manifestos that were developed for the election. In those manifestos, we looked towards how we would take forward new funding models for the hospice sector and the delivery of palliative care services in each of our communities, in order to support people across our country. I welcome the progress that has been made. The publication of the "Palliative Care Matters for All" strategy is a welcome step forward, with the principle that anyone who needs palliative care should be able to access the best quality support. I welcome the progress on pay parity, for example. I believe that the cabinet secretary now needs to look towards a vision that we should all have for Scotland, by the end of this session, to be the best country in which to access palliative care. I welcome the cabinet secretary's opening comments in the debate. We should all be able to collectively agree on the establishment of cross-party work with the sector to develop a new funding model for hospices, to ensure that annual public funding keeps pace, and to agree on the need to guarantee that pay parity be maintained throughout this session of the Parliament.

I will touch on a number of aspects where I think reform needs to take place, notably in relation to the third sector. Although, quite rightly, the Scottish Government talks about the importance of the third sector, we look too often at the third sector as a place where we can make cuts. If the Government is looking at where it can make changes and reform the health service, I am concerned that the third sector, as it has always been under the integration joint boards, will be the first point of contact. For example, the Scottish Huntington's Association provides a nationwide specialist service for families that have been impacted by Huntington's disease. Statutory funding is typically provided only on a 12-month basis via a patchwork of scores of local funders that have different reporting requirements. Often, funding is not confirmed for those services until a new financial year has started. That provides complete uncertainty for front-line staff and, more importantly, for vulnerable service users, there is an annual fight to keep the services that they rely on simply to live. We need to look at reforms such as regional commissioning as positive solutions. I hope that the cabinet secretary can investigate that sort of model and look at how it could be taken forward in any reform that the Government is minded to introduce.

I also think that we have a great opportunity. All members who will cover the health portfolio over the next five years will stand up and talk about how we need to look towards the preventative health agenda. I pay tribute to my former colleague, Brian Whittle, who used to bring that to the chamber almost weekly. In order for the Government to achieve preventative health goals, we will need to look not only at the NHS doing that, but at other providers and our whole system doing it. Education is at the heart of that. We need to look at how we adapt and deploy innovation, including cutting-edge treatments and vaccines, and ensure that those are seen as a strategic investment, rather than a cost.

We are lucky, as a country, to have a pipeline of innovation highly aligned to the needs of our Scottish health system. There is enormous potential there. I grew up in Perthshire, and I very much welcome Helen McDade to her position as Reform health spokesperson. I have known Helen for many years, and her advocacy around ME shone today in the chamber. It is important to note that, when I was young and growing up in Perthshire, Perth royal infirmary was seen as a university hospital; it was aligned to treatments and it pushed our health service. Nowadays, it feels like our health service is simply trying to keep up. I hope that we will see a change in attitude that once again aligns our health service to our university sector, which will help with many of the Government's outcomes, especially around economic growth.

I will close for the Conservatives later, so I will make some comments on members' opening or first speeches then. To conclude for now, I hope that this session can genuinely be one in which we work together towards a more sustainable NHS for all of us. We all rely on our NHS, and those of us who are lucky to serve our constituents here need to ensure that it works.

The Deputy Presiding Officer (Clare Adamson): We come to the last of the opening speeches. I call David Green to make their first speech.

14:56

David Green (Caithness, Sutherland and Ross) (LD): Thank you, Deputy Presiding Officer. I congratulate you on your election, and all other members on theirs.

Like many new MSPs, I will begin by putting on record my thanks to my family, friends and supporters for helping to send me here. The responsibility to now represent everyone across Caithness, Sutherland and Ross is one that I take seriously. Over the past few years, people have shared with me their stories, their hopes and their worries—worries that all too often centre on the struggle to access healthcare close to home,

particularly for women. It is therefore fitting that I will make my first speech in a debate on the NHS.

Before I make progress on that, however, I wish to pay tribute to my predecessors. John Buchan, the Scottish author, historian and statesman, viewed public service not merely as an administrative duty but as "the worthiest of ambition" and the highest, most honourable adventure. I am honoured to begin that adventure and to follow in the liberal traditions of Bob Maclennan, John Thurso, Charles Kennedy and the only other Liberal Democrat MSP to represent this remarkable constituency, Jamie Stone, whose public service is recognised on every doorstep. All of us have a shared common belief that the best decisions are made when local people are empowered to make them. That principle must guide how we reset this Parliament and our politics. The Liberal Democrats will work constructively with the Government and members from across the chamber to advance that cause.

I also pay tribute to Gail Ross, who is fondly remembered here, particularly as a strong advocate for rural proofing—an issue that I intend to champion in the years to come—and to Maree Todd, whom I congratulate on her return to Government. I thank her for her warm words to me and to my parents, who are in the public gallery this afternoon. I further put on record my thanks to the members sitting beside me, who paved my way to this Parliament. I thank Alex Cole-Hamilton and Willie Rennie for their boundless leadership, and my good friend and former boss here at Holyrood, Liam McArthur, for his many years of mentorship. It is a privilege to sit alongside them now as part of the largest Liberal Democrat group in nearly 20 years.

Caithness, Sutherland and Ross is Scotland's largest constituency. It presents particular challenges, with sparsity of population, distance and severe winter weather all demanding a different approach to the delivery of services. Let me therefore be clear: what works in the central belt will not always work in the Highlands, particularly where healthcare is concerned. No issue speaks more to that sense of being forgotten and misunderstood than the downgrading of maternity services in Caithness. Surely all members can agree that it is not acceptable that mums-to-be in the far north must travel 100-plus miles in order to give birth in hospital in Inverness. Many families have shared their stories with me—the fear of battling through winter snow, the trauma when emergency transfer plans go wrong and the anxiety about whether they could ever face having another child under such circumstances.

The cabinet secretary, who I congratulate on her appointment, will be aware that the situation has attracted international attention, with the Caithness Health Action Team taking its case to the United Nations, following a report by the Scottish Human Rights Commission that found that mothers felt "unsafe" and "terrified". The Caithness Health Action Team has led the campaign with real determination. I am pleased to put on record my thanks to Ron Gunn, Iain Gregory and Maria Aitken for their outstanding leadership.

The cabinet secretary will also be aware that, last November, the Parliament voted for a Liberal Democrat amendment that called for an independent review of maternity services in Caithness. That review must involve a chair who is independent of NHS Highland and the Scottish Government, as well as a real commitment to community-led engagement.

The cabinet secretary has confirmed that she will deliver a statement next week, which I welcome; however, I urge her today to provide my constituents with a clear commitment on those points and the recognition that they have waited for far too long.

On Friday, friends and family of the late Jim Wallace will meet in Dunblane to celebrate his life. Jim was an architect of devolution and a politician defined by his ability to build agreement and respect those with whom he disagreed. In his last contribution in the chamber, he said:

> "At a time when politics can be so polarising, surely a common commitment to service, whatever our faith or creed, is something that can unite us."—[*Official Report*, 29 October 2024; c 2.]

I hope that the Parliament will rise to the challenge that Jim set us. For my part, I commit to doing my very best.

The Deputy Presiding Officer (Katy Clark): We move to the open debate. I call David Linden, who is making his first speech in the Parliament.

15:02

David Linden (Glasgow Baillieston and Shettleston) (SNP): I pay tribute to the previous speaker, Mr Green, and associate myself with his words that referenced the spirit in which Jim Wallace both legislated and served as a member of the Scottish Parliament. It is a test for us all as we come to this new parliamentary session.

I remember, in 1995, as a primary 1 pupil at Milncroft primary in Cranhill, standing and looking up at the Cranhill water tower, which remains the only square water tower in Europe. If I had been asked back then whether I expected the Scottish Parliament to have its powers over health, education and justice, it would certainly have been a surprise to find out that it would. It would have been even more of a surprise to know that, some

30 years on, I would have the privilege, the pleasure and the honour of representing my friends, my family, my neighbours and my constituents. I take that role very seriously, particularly in the light of the public service that Mr Green just spoke about.

It is customary in a maiden speech for members to make reference to their predecessor. This is the second time that I have given a maiden speech—or, in this case, a first speech. I find myself in the unusual and invidious position of following a predecessor who started life as an SNP parliamentarian only for the whip to be withdrawn. I do not know whether that means that I have some sort of reverse Midas touch, but, in all seriousness and without being flippant about it, I pay tribute to John Mason. As much as I might have disagreed with certain views that he held, he was without doubt a very committed constituency representative. He served the people of the east end of Glasgow for the best part of 30 years as a councillor, an MP and an MSP. You would struggle to find people, particularly in the Garrowhill area of my constituency, who do not have a nice word to say about John for his commitment. On behalf of everybody in the Parliament, I send him every good wish for his retirement. [*Applause*.]

Having made reference to the rather unusual Cranhill water tower, I cannot necessarily claim to have the rolling hills and scenic landscapes that Mr Melville, Ms Minto and others have in their constituencies, but I have, without any doubt, a real sense of community spirit among my constituents, who are absolutely unbeatable and unmatchable when it comes to putting their shoulder to the wheel to do things for their community. There is a tradition of people working together to help one another, and that is very much the spirit in which I come to this Parliament.

I know that ministers on the front bench—whom I congratulate on their appointment—will also seek to serve Scotland. Ministers who have taken up or are returning to post in the health department have certainly inherited an inbox to deal with. However, it would be fair to say that there has been significant progress, particularly in recent months, when there has been, for example, a reduction in long waits and a record number of knee and hip operations. I pay tribute to the outgoing ministers in the health department who ensured that. I know that ministers in the health department are aware that there are some challenges for them to deal with, which I plan to talk about.

As we come out of the first quarter century of devolution and move into the second, the Scottish Parliament can be incredibly proud of the achievements that it has made on health, whether that is in relation to tackling smoking, with the ban on smoking in public places, or the introduction of minimum unit pricing. The Scottish Parliament has a great story to tell about its control over health policy, and that is something that I will seek to build on.

My constituency unashamedly got £67 million from the Scottish Government for the new Parkhead health hub, which was opened by the First Minister in December. That is a fantastic example of co-location of services, which is the model that we now need to move towards, and it is something that I will come back to in the course of this speech. I also welcome the Scottish Government's commitment to walk-in GP clinics. I would be keen to see one in the east end of Glasgow, and I am sure that the cabinet secretary will not be surprised to see me beat a path to her door to make the case for that.

I will raise an issue in that context, which is in the spirit of Glasgow being incredibly proud to be a city of sanctuary for asylum seekers and refugees, which I am also very proud of. From speaking to a lot of doctors locally, I know that they feel that there is a moral mission to respond to that context. However, there is undoubtedly a challenge that comes with it, by the nature of the fact that people require extra translation services, so appointments need to be longer, and, for cultural reasons, more people might come to an appointment. In the past, the health board has been given extra funding in recognition of that high asylum dispersal load. In working with the Scottish Government, I hope that we can make that point to the health board, so that my local health centre can receive such support as well.

There are challenges that the Government is well aware of in relation to drug deaths. In particular, I pay tribute to Alison Thewliss, who I know did such a huge amount of work to campaign for the introduction of the Thistle medical facility, which is making a massive difference. It was a risk to go out and call for that facility in the face of populist newspaper writers using inflammatory language, but we are now seeing—and, going forward, we will continue to see—that it is making a difference and starting to save lives. It is now time to start looking at rolling that model out.

Scotland has a challenging relationship with alcohol, which I will speak more about over the course of this parliamentary session. There are some additional things that we need to look at, such as uprating minimum unit pricing. It also strikes me as being ridiculous that there are more labelling requirements on a bottle of orange juice than there are on a can or bottle of alcohol. That is something that I will seek to raise with the minister.

I will raise a couple of other issues, one of which follows on from a point that was made by Ms Baillie on the provision of thrombectomy services, which

I support being moved to a 24/7 service. The Scottish Government has already given the best part of £50 million to thrombectomy services, and there is a commitment in the SNP manifesto for another £25 million. However, we need to hold the health boards' feet to the fire to ensure that we roll out life-saving and life-changing thrombectomy support. I hope that I can count on the cabinet secretary's support on that.

Another issue that I want to talk about—I might seem like an unlikely advocate for this—is the provision of adaptations for disabled women who present for cervical screenings. Far too few NHS facilities in Scotland have accessible tables or hoists in place for examinations. I look forward to working with Ms Kinross-O'Neill on that, to ensure that we rectify what I consider to be an issue of social justice for women who are disabled.

I was pleased to see a commitment in the SNP manifesto to making use of emerging technology in areas such as the rolling out of digital prescribing. Several members of the community nursing team in Shettleston, particularly Marc Morris, have been lobbying me on that point. It was also something that was raised during a visit with Community Pharmacy Scotland in the course of the election campaign. We need to consider how prescribing is done and, frankly, bring it into the 21st century.

That brings me to my penultimate point, which is about the cabinet secretary appointment of another predecessor in my constituency: Mr McKee, who now serves as the MSP for Glasgow Easterhouse and Springburn. Members on the Conservative benches have been fond of giving him a new nickname, but I genuinely think that his professional track record on issues of reform is to be highly respected. In this parliamentary session, I will certainly question why we have ended up in a situation where we have 14 territorial health boards and seven special health boards. Although such conversations are difficult, it is incumbent on us to have them as we seek to enter into a spirit of reform and renewal.

I will close—I thank the Deputy Presiding Officer for her forbearance. I thank the people of Glasgow Baillieston and Shettleston for giving me the honour to serve here, and I look forward to making a strong contribution during my time on the back benches and ensuring that I stand up for my constituents, just as I did at Westminster.

15:11

David Smith (West Scotland) (Reform): My speech today will be limited to social care due to the scale of what we are talking about. I start by thanking all the NHS staff, local authority staff and those in the third sector for all their hard work over many years to provide care and kindness to the most vulnerable citizens in our society.

I also welcome the Cabinet Secretary for Health and Care to her position and thank her for recognising the need for reform and renewal and for lodging this motion. There is a temptation with such motions to ask whether the phrase "reform"—and we really like reform—is an acknowledgement of all the Government's failures over the years, but I will not do that. My aim today is not to campaign against the Government but instead to identify areas in the social care system in which there are significant shortfalls, so that collaborative work on renewal and reform can begin across all parties.

My experience of the social care system is lived experience. My oldest son has learning difficulties, which has given me many opportunities to work with many different organisations and understand the areas in which our social care system does and does not work from an end-user perspective. A few years ago, my partner and I became kinship carers. For those of you who are not familiar with kinship care, it is when social services place a child with somebody who the child already knows: a grandparent, auntie, uncle or friend—in our case, the child was my daughter's friend. Such children generally get very good results when they go on into further life. Our cared-for person has now grown up, and she has a house of her own.

Those experiences led me to sit on West Dunbartonshire health and social care partnership board. Every local authority has such a board, and it is the subject on which I want to start. Some members might have sat on such a board, and others might not have done. Every board should have an unpaid carers rep, which was my position. Support for those representatives is provided by the Coalition of Carers in Scotland, to which I pay a special thank you for all its efforts to support unpaid carers over the years. Our current system for delivering social care is devolved to each individual local authority, which means that when we consider reform and look at the picture across the whole of Scotland, we see that it is very fragmented. Some boards deliver services very well, and others do not, but we must acknowledge that service delivery takes very different forms across Scotland.

We also need to acknowledge that every health board across Scotland is really struggling to deliver basic services. Health and social care partnership board meetings have largely become showcases for cuts on top of cuts, so being a board member can sometimes be really depressing.

In trying to justify everything that I have said, I will use the example of the care at home service. In West Dunbartonshire, the service is particularly poor at the moment. Allocated time slots for carers

have been reduced to seven minutes. Many local authorities across Scotland have reduced their time slots to 10 minutes. Does the cabinet secretary agree that such incredibly short visits are completely inappropriate? The Scottish Government must consider legislation that would introduce statutory time allocations.

Jackie Baillie: I would not be opposed to the legislation that David Smith has suggested, but there would be a quicker way: the Government could give staff sufficient resources to enable them to do their job. Would he agree with that?

David Smith: I would, and I will come to that point.

Thirty minutes is generally considered by a lot of campaigners to be a reasonable amount of time for a visit, and the issue was discussed in the Westminster Parliament in 2014. However, that is just one example.

Many, if not all, local authorities in Scotland are in severe financial difficulty, which is cited as the reason for the decline in many health and social care services. Will the cabinet secretary review the formula for health and social care funding, with a view to better match the funding to the service demands in local areas?

In many areas across Scotland, there is a higher proportion of people claiming adult disability payment than there is in other parts of Scotland. That includes areas where, historically, there have been large blocks of industry. An easy example is the constituencies around the Clyde area, where there is a higher proportion of people claiming adult disability payment due to shipbuilding. That leads to increased funding demands, and councils in those areas are the ones that are struggling the most.

Last October, I had the privilege of being invited to the carers parliament, which was held just up the road at the Apex hotel on the Grassmarket. Such events are incredibly beneficial, because they bring together unpaid carers from all over Scotland to speak about and debate health and social care issues. Many people attended and bravely shared their stories and experiences. It would be inappropriate for me to repeat any of them now, but I will share what many considered to be the broad consensuses of the day.

First, carers do not want platitudes. They do not want to hear from us that we sympathise and they are doing a great job but that they should just carry on. They have heard that all before, and they have been hearing it for far too long. They demand action.

Secondly, many believe that there is actually enough money in the system but that it is being spent poorly. I believe that too, but I was surprised to hear that on the day from other people at the event. A few people even said that we should introduce some sort of trial system in social care to identify wasteful spending.

The final point that I took away from the event is that many believe that the problem with the whole system is that, for far too long, although the Scottish Government has introduced policies that sound amazing, there is never a plan and there is never enough money to fund the policies.

We all have a shared responsibility to get this right, and we are willing to work with all parties to ensure that that happens.

15:18

Heather Anderson (Dundee City West) (SNP): I welcome the opportunity to contribute to this debate on protecting and renewing our NHS. I congratulate Angela Constance on her appointment as the Cabinet Secretary for Health and Care.

We are truly privileged to live in a nation where there is an unequivocal commitment to the continued provision of a publicly owned NHS that is free at the point of use. We use the phrase “free at the point of use” all the time, but it is not until we suddenly need the NHS that we fully realise just how precious that principle is.

Over the past year, I have witnessed the NHS at first hand as I have supported a family member through a year of cancer treatment. Like so many others who have been in that position, I have nothing but gratitude and admiration for the consultants, surgeons and nursing staff, all of whom have been intimately involved in our lives over the past 12 months. The care and treatment have been exemplary.

Some MSPs might talk glibly about the need to move from a universal, rights-based system to an insurance-based system. I find that terrifying. I doubt that I would ever have earned enough money to ensure that we had sufficient insurance to cover the scale of the treatment that we have just received: scans, chemotherapy, community pharmacy, no less than four operations, intensive care, acute care and nursing care accompanying every intervention. Every single decision over the past year was based on medical need and patient care, not on our ability to pay the bill, whenever it was delivered. It was about care, not cost—and that is priceless.

Thankfully, the NHS is in safe hands. As the cabinet secretary clarified, the NHS in Scotland, under the SNP, will never be for sale. I am glad to report that the patient is on the road to recovery.

Our manifesto is packed with commitments to continue to invest in and protect the NHS. We are spending £22.5 billion this year; waiting lists and waiting times are coming down; and the numbers of operations, GPs and staff are going up. Over these first 100 days, we will deliver on the many key targets that we have listed in our "100 Days of a New SNP Government" document.

One of the things that I am most optimistic about is the shift to prevention and community-based care. Public Health Scotland says that, overall, around 20 per cent of our health is determined by access to the NHS. When we need help from the NHS, it is vital that it is there for us, as I have just testified, but the other 80 per cent of our health is shaped by our employment status, our prospects, our income—or lack of it—our living environment, our neighbourhood and the decisions that we make based on the options that we have.

From 2010, Westminster austerity caused a decline in life expectancy, and we now face a very big gap between a healthy life expectancy and an unhealthy life expectancy. In Dundee, a woman living in one of the least deprived communities can expect to live 26 years more of a healthy life than a woman living in one of the more deprived communities. That desperately needs our attention. Poverty, insecure work, poor living conditions and hopelessness take their toll.

Helping people to improve and maintain their health and to prevent illness is equally important. One service in Dundee that is doing just that for people with mental ill health is Hope Point, which is a 24-hour, seven-day-a-week service provided by Penumbra with support from the Dundee health and social care partnership. No referral is needed. Anyone can drop in, phone or text and, even without an appointment, the peer supporters on duty will be there for you. As of yesterday, since its opening nearly three years ago, more than 2,700 people have been supported by the service. It has made more than 15,400 contacts with the public. Around 60 per cent of the contacts that Hope Point makes are between 6 pm and 8 am. Being there when people need help is vital, and peer-to-peer support is life changing. Hope Point provides us with a model that can be replicated across the whole of Scotland. I would be delighted to invite the cabinet secretary to Dundee to meet the staff and see the work that they are doing.

I cannot talk about health without acknowledging one of my heroes—and he should be one of Scotland's huge heroes: John Boyd Orr, the pioneering Scottish scientist and nutritionist who became the first director general of the Food and Agriculture Organization of the United Nations. Boyd Orr wrote "Food, Health and Income" back in 1936—90 years ago. He was working in Glasgow and was shocked by the levels of rickets and poor health in the schools. He then trained as a doctor and made the link, in that document, between poverty, poor diet and ill health. He discovered back then that around one third of the population simply could not afford a healthy diet.

Everything that we can do to help people in Scotland to get access to good food is important. Boyd Orr always argued that we should prioritise the nutritional needs of women and their children, and we are doing that with all our work on best start grants and best start foods. He was instrumental in introducing school milk, before Mrs Thatcher took it away, and we are doing our bit in schools, with free school meals.

When we think about prevention, it is always worth asking: what would Boyd Orr do? He never lacked ambition. I think that he would give a wry smile if he were to look at our aims to link public health and the price of core food essentials, and I am sure that he would have a thing or two to say to the supermarkets about their public health responsibilities.

I fully support the motion and am glad to contribute to the debate. I hope that we get more innovative on prevention and community support.

15:25

Paul McLennan (East Lothian Coast and Lammermuirs) (SNP): Scotland's NHS is one of our greatest achievements. In East Lothian, the service looks after our families every single day. Whether through the outstanding care at the East Lothian community hospital in Haddington; our local GP practices in North Berwick, Dunbar or Prestonpans; or specialist treatment at the Edinburgh royal infirmary, the NHS is a safety net that we all rely on.

We all hold the national-level NHS close to our hearts. However, as we have heard, our experiences are driven by local delivery. East Lothian community hospital was fully opened in 2020, at a cost of £70 million, and it replaced the old Roodlands and Herdmanflat hospitals.

I want to speak about how the SNP is delivering for East Lothian through the three clear commitments that we have heard about: to invest in, protect and renew our NHS. I also want to talk about the challenges. We must admit that there are challenges out there—one of the challenges for East Lothian is the growing population.

On delivery investment, the NHS has been backed by the SNP Government with record funding of £22.5 billion. That includes £17.5 billion for front-line services, including more than £2.3 billion directly for NHS Lothian. There is an issue of funding for areas with rapid population growth,

such as the south-east of Scotland. That issue has been raised with NHS Lothian in various forums, and I would like to discuss it with the cabinet secretary when she has got further into her role.

That investment is making a difference in East Lothian. Thanks to SNP investment, East Lothian community hospital opened in 2020, as I have said, bringing together services from the old Roodlands and Herdmanflat hospitals into a state-of-the-art facility with 60 per cent more in-patient bed capacity. It delivers better care, closer to home, for our growing communities.

I have discussed with the local NHS board the need to have accident and emergency services at East Lothian community hospital; that is another thing that I would like to take up with the cabinet secretary. We need to ease pressures on acute services by bringing more services from Edinburgh to East Lothian community hospital and maximising capacity.

Delayed discharges in East Lothian are impacted by the lack of care staff. Following the closure by the UK Government of the social care visa route, the Scottish Government has taken action. I have spoken to carers about the lack of staff, and I know that it is an issue in East Lothian, especially in the more remote areas. We must all concentrate on that issue.

On recruiting more staff, it is important to mention that Scotland has more GPs per head than elsewhere in the UK. We are expanding primary care with GP walk-in clinics and additional support for family doctors. Like many others, I support and will be campaigning for a walk-in centre in East Lothian. On GP surgeries, I mentioned the need for investment in growing communities. For example, we need new GP practices in North Berwick and the new community of Blindwells.

The Scottish Government has provided tens of millions of pounds extra to NHS Lothian, specifically to cut waiting times. In 11 months, we have already seen waiting times being cut. Other waiting lists have also fallen significantly: there have been notable reductions in those for orthopaedics, urology and general surgery.

The SNP will always protect the core principles of our NHS: it must remain comprehensive and universal, and it must be free at the point of need. Under the SNP, prescriptions, eye tests and personal care remain free. Those benefits matter enormously to families and older people across East Lothian—I heard about that when I was out campaigning. Unlike Reform and Nigel Farage, we reject any move towards privatisation or a two-tier system based on ability to pay. While others want to cut or privatise, the SNP stands firm: the NHS belongs to the people of Scotland. It is publicly owned, publicly delivered and protected for future generations.

Importantly, we must renew the NHS. Investment and protection are essential, but we must also renew and reform the NHS to meet the challenges of an ageing population, new technologies and rising demand. That is why we are shifting the balance of care. That is about treating more people closer to home through hospital at home and community diagnostics, and expanding services at our local community hospital in Haddington. As leader of East Lothian Council, I brought the hospital at home initiative to East Lothian in 2010, and it is still making a huge difference now.

We need to harness innovations such as digital booking systems and new ways to access physiotherapy and mental health support. In addition, we must put prevention at the heart of everything, which will keep people healthier for longer so that they need hospital care less often. Mental health services are being expanded, and we must continue to treat drug and alcohol harm as a public health issue.

In East Lothian, renewal means having stronger community services, better integration between health and social care and a health service that works for all our coastal towns, growing villages and rural areas. A key message that I heard from local communities was that they must be involved in deciding how we deliver and develop services.

Of course, challenges remain. Demand is high and the pressures are real, but, with record investment, falling waiting times in key areas and the incredible dedication of our NHS staff in East Lothian, we are making steady, serious progress, so let us continue to build an NHS that makes every person in East Lothian proud—one that cares for us from cradle to grave, and that our children and grandchildren can rely on.

The Deputy Presiding Officer (Katy Clark): I call Joe Long to make a first speech.

15:30

Joe Long (Mid Scotland and Fife) (Lab): Thank you, Deputy Presiding Officer. I congratulate you on your election.

It is an honour to be giving my first speech in this chamber. I am grateful for the opportunity to serve, so my first thanks must go to the people of Mid Scotland and Fife for sending me here. I have lived and worked in the region for many years, and I hope that I can repay their faith through my work in this place to improve their lives. My second thanks go to the Labour members and volunteers who campaigned to have our shared values

represented in this Parliament, and I hope that I can do them proud, too.

The region that I represent is as diverse as it is large. It contains the heights of Schiehallion and the coastal villages on the Firth of Forth; the south of the Cairngorms national park and the former mining communities of Fife; agriculture and shipbuilding; the medieval University of St Andrews and the modern campus of the University of Stirling; and, of course, it boasts Scotland's ancient capital and its newest city, both of which happen to describe Dunfermline, the place that I call home.

The region is a microcosm of Scotland not only in its diversity but in the political outcome that it gave us last month, when MSPs of all stripes were returned to this Parliament. That result gives us an effective mandate to find common cause in improving lives and opportunities for those we serve. I have been heartened to hear that recognised and repeated across the chamber in the past couple of weeks.

I come here from the third sector, where my work at Scotland's biggest autism charity followed many years in health and social care, so it is apt that I am making my first speech in this debate. I am privileged to take on the community care and mental wellbeing portfolios for my party.

I will always be proud of our NHS. I was in my teens when I got my first job as a nursing assistant, supporting adults with learning disabilities in a long-stay NHS hospital. I am pleased to say that such institutions are no more, and much of my subsequent career in social care was spent supporting adults in their own homes in the community to live more autonomous lives on their own terms.

However, it would not be true to say that the journey is done and that the rights of all people with learning disabilities have been fully realised. Far too many people in crisis are still detained in inappropriate hospital placements, sometimes for years on end. It has been good to see some progress being made on that recently through the independent living fund, and I hope that this will be the parliamentary session in which all those people finally come home.

I hope that our health services can be made accessible enough that people with learning disabilities no longer live shorter lives than their peers or continue to die in greater numbers from preventable deaths—the fact that they do is one that should shame us all.

Having campaigned and worked alongside autistic people and families of autistic children in recent years, I also hope that this will be the parliamentary session in which neurodevelopmental assessment, diagnosis and community-based support are combined in pathways that are truly neuroaffirmative and which do not result in people being left in limbo on waiting lists for months or years on end. Indeed, it is vital that we improve all our NHS mental health services for those who are in crisis or in acute need.

However, we must also recognise that support for our mental wellbeing is not just about access to treatment when we are unwell and we need it, but those vital elements of any good life—connection, acceptance, belonging, contribution and meaning. Support for those outcomes is often provided by community services that are run by the charity sector, and such services need to be commissioned by Government in a sustainable way that truly values and rewards the workforce. That way, we can properly support all those people who rely on our diverse social care services, whether that is because of lifelong care needs or disabilities, or because of the needs that arise as we get older.

If we get that right, we can move away from crisis-driven care and take pressure off our NHS through that proactive support. I purposely use the word "proactive" rather than "preventative" in this context because, although there is a growing consensus that we will not fix the NHS without fixing social care, I will always maintain that community services will not perform that role if we treat them like a junior subsidiary of the health service or value them for what they avert. Those social care and community-based services need to be recognised as a sector in their own right. At their best, they provide positive outcomes: connection, belonging and quality of life. Parity of esteem is needed if both our NHS and social care are to thrive.

I congratulate the Cabinet Secretary for Health and Care and the Minister for Community Care on their appointments, and I will happily work to build cross-party consensus on ways forward. In my former workplace, I had the opportunity to engage with the minister with responsibility for mental wellbeing—and, indeed, other members, such as Tom Arthur. We worked on developing plans for new legislation to fulfil the rights of autistic and other neurodivergent people and people with learning disabilities. The bill has yet to be introduced, but I pay tribute to how carefully Maree Todd consulted and listened to stakeholders, particularly those with lived experience. It is now time to act and to deliver on the hopes, aspirations and fundamental rights of those communities. I look forward to working with the minister and contributing in any way that I can.

I want to end on a lighter note and give my final thanks to my family, particularly my wife and

daughters, for their tireless support as we figure out a new rhythm to our family life.

When I was elected a few weeks ago, I had the challenge of explaining the function of the Parliament to my two young girls. After I explained that members could present their ideas and suggestions and that other people would discuss them and then we would vote on what to do, my eight-year-old asked, “So, if you stood up and said, ‘Let’s have a dance party,’ and everyone agreed, you’d do it?”

Members: Yes!

Joe Long: I see we have some takers.

At that point, my four-year-old chimed in with, “Or you could call it a disco.” That gave me the opportunity to explain that, yes, we could then spend several hours debating whether it should be called a dance party or a disco.

I am not sure whether the new Presiding Officer’s desire for more spontaneity and dynamism would stretch to my proposing a dance party this afternoon or how such a motion would be received, but I am heartened by the spirit of openness and good will that I have experienced here in the past couple of weeks. I hope that we can hold on to that in the coming session.

I will not resile from holding the Scottish Government to account or speaking up for those who deserve better, but our communities also deserve a more collaborative and constructive politics in the interests of delivering the change that we all need. Nowhere is that truer than in our health and social care sectors, and I look forward to playing my part.

15:37

Bob Doris (Glasgow Kelvin and Maryhill) (SNP): I welcome the cabinet secretary and her ministerial team to their places, and I also thank the outgoing cabinet secretary, Neil Gray, for his work over the past few years, particularly the work that he did with me to secure the screening of newborn babies for spinal muscular atrophy, an initiative that I championed and which the Scottish Government was able to make happen. I am deeply proud of that.

I have a list of requests for this session of Parliament, which includes better care for those living with epidermolysis bullosa—I usually say EB, because I always trip over the name. It is important that we deliver better care for EB sufferers. We must also look at whole-genome sequencing, particularly for cancer patients. Those are two things that I want to return to—not in this speech, but I have learned to get my asks in early in this place, and I have done that now.

More generally, I welcome the Scottish Government’s motion, which recognises and commends the hard-working staff across Scotland’s NHS and places those staff at the heart of the significant progress that has been delivered, which, of course, includes long waits coming down for 11 months in a row. That is not to say that there are not many challenges. Of course there are, and I know that very well. My wife is a critical care nurse, and I hear from her about many of those various challenges. We are very well aware of those, and they have to be acted on.

However, in this speech, I want to focus on palliative care, and I thank Miles Briggs for his kind words in relation to that. I endorse the work that he has done on the issue, as well as that which was done by Marie McNair. I also thank the former Minister for Public Health and Women’s Health, Jenni Minto, for her work in that area—thank you, Jenni, for everything that you have done.

In the previous session, I chaired the cross-party group on palliative care—I hope that we get it back up and running in this session, as that is an important issue. To highlight that importance, I note that a Scottish Parliament information centre briefing indicated that, in 2021, 89 per cent of those dying in Scotland had palliative care needs. There is also a huge increase in those dying with complex needs and multiple conditions, which is a much more complex situation.

In a report that was published this February, Marie Curie pointed out that a new national analysis showed that almost one in three people in Scotland die with unmet palliative care needs. That suggests that around 18,500 people across Scotland die each year with significant levels of unaddressed symptom control or concerns about timely access to appropriate care. We must address that.

It is estimated that, each year, around £1.3 billion is spent on supporting people in their last year of life, and £1.1 billion of that is spent in hospitals. That includes unscheduled visits to accident and emergency departments, avoidable admissions to acute services and costs incurred due to the lack of a sustainable support package for those in hospitals to return to the community or to secure a care home or a hospice bed. Those are just some of the examples of how the NHS spends its money in a way that does not lead to the best outcomes for those we serve.

Given the scale of the challenge, our health and social care sectors must deliver reform and renewal, as the Scottish Government motion highlights. The challenges may be substantial, but there is cause for optimism. We should not forget that, where palliative and end-of-life care is delivered, it is often done to an exceptionally high

standard, with great care, respect and dignity. That can often get lost in the debate.

We also have an excellent hospice network, which has, in recent budgets from this place, received additional moneys, including some to help work towards pay parity with NHS agenda for change staff. That is something that I and other members have championed for some time. Reform and renewal must be done with Scotland's hospices at the heart.

However, it is not just about hospices. Our vibrant hospice-at-home network also needs to be nurtured. Our care home staff and home care workers are all fundamental to the network of support that is required.

Hospice UK is concerned about challenges in retaining current hospice beds at a time when we need to look at expanding provision, not just maintaining it. The Scottish Government has committed to working with the sector to secure a sustainable hospice network, and I understand that there remains an ongoing positive discussion between hospices and the Scottish Government about how we work towards that. That will require a longer-term and refreshed funding model for hospices that is less reliant on charitable donations.

A new palliative care strategy was launched in September 2025, and there is much in it to welcome. How those ambitions are funded, by whom, and how they are delivered and monitored, will be crucial. The strategy's initial delivery plan includes a 24/7 palliative care helpline to give people confidence and support whenever they need advice about palliative care or what to do when someone is ill or dying. It also includes the integration of specialist and general palliative care services, to get appropriate care more quickly to those who need it and, crucially, ensure that health and social care staff who provide general palliative care for people of all ages with life-shortening conditions also have access to 24/7 specialist palliative care advice and support for them to do their job properly on the front line.

In delivering all those things and more, the role and funding of integration joint boards will need to be considered carefully. There may be an important role for the national care service advisory board in driving through some of those changes, but change there must be.

In the few seconds that I have left, I note that, in the previous session of the Parliament, irrespective of whether people supported Liam McArthur's Assisted Dying for Terminally Ill Adults (Scotland) Bill, which he took forward with great dignity, everyone on all sides of the debate believed that we must do better on palliative and end-of-life care. We promised to do that during this parliamentary session. This parliamentary session has been convened, and we must deliver for people who are approaching end of life.

The Deputy Presiding Officer (Katy Clark): I call Stuart McMillan.

15:43

Stuart McMillan (Inverclyde) (SNP): Deputy Presiding Officer, I welcome you to your role. I also welcome the new cabinet secretary and ministerial team and pay tribute to those who are no longer on the health brief.

I will touch on two MSPs who were not returned: Jackson Carlaw and Jamie Greene. Both made hugely important contributions to the Parliament, and I wish them well as they go on with their lives. I also pay tribute to Jeremy Balfour, Roz McCall and Sarah Boyack, who I worked with on the Commonwealth Parliamentary Association. I wish them well, too.

My constituency has grown as a consequence of boundary changes and, as well as being delighted to again represent constituents from Port Glasgow, Greenock, Gourock, Inverkip and Wemyss Bay, I look forward to working for my new constituents in Kilmacolm and Quarrier's Village. I pay tribute to my campaign team for its excellent work in delivering an SNP victory in the Inverclyde constituency and across the country.

We all know that the NHS is one of the most important issues for the electorate. In my recent campaign, the four main issues that were raised with me on the doorsteps were the NHS, housing, the cost of living and independence.

There are challenges in the NHS, but there are also many positives. I thank NHS staff for their dedication and hard work. They deliver for every one of us every day. The key information that demonstrates how the NHS under the SNP Government is turning a corner includes the number of long waits, which has gone down for 11 months in a row; the number of operations that are carried out, which is up by 7.3 per cent; the number of new out-patient waits of more than a year, which has dropped by more than 76 per cent; the fact that prescriptions are still free in Scotland, whereas they cost £9.90 in England; and the existence of the universal free eye test.

Those are firm foundations to build our NHS on, and they are proof that progress has been made. During the previous parliamentary session, progress was made to help our health service to recover after the Covid-19 pandemic. However, I am under no illusion that making progress was easy. We know that it was not easy, and we still have more to do.

I welcome the new policies that will play a pivotal role in shaping healthcare delivery. They include the opening of at least five additional GP walk-in centres and setting out locations for a further 14; the development of a new national plan for hospital flow to ease pressure on A and E and address delays in discharge; the introduction of the first heart and lung health MOTs; the submission of a proposal to the UK National Screening Committee on reviewing the age for bowel cancer screening; and an improved funding solution for hospices.

There are more, but I listed those five examples to show that our NHS is changing to help our constituents, and I have some suggestions to help with that. Like Bob Doris, I will get my asks in early.

First, last week, NHS Greater Glasgow and Clyde issued a statement saying that, every day, it destroys medicines worth £100,000. I have already spoken to Ivan McKee about that. I am sure that everyone will acknowledge that a vast sum of money is being wasted. In addition to patients, GP practices have a role to play in reducing that amount. Constituents have told me that they have told their GP practices that they do not need part of their prescription, but that is not always taken into account. I believe that increased prescription reviews are necessary to help to reduce wastage and save money.

Secondly, I was delighted that, earlier this year, the Scottish Government announced that the Port Glasgow health centre is to be replaced. That was welcomed by many in the community but, sadly, and in its own unique way, the local Labour Party turned that positive into a negative.

Funding for the health centre will come through the mutual investment model. I suggest that the Scottish Government also engages with Strathclyde Pension Fund, as it is sitting on a wealth of resources.

Alex Kerr (Hamilton, Larkhall and Stonehouse) (SNP): Stuart McMillan has raised an interesting point about the potential for pension funds, such as Strathclyde Pension Fund, to help to resource the solutions to the challenges that we face, while always ensuring that they deliver sound investments for their members.

At this point, I must note an interest as a member of the Strathclyde pension fund. I was also on the fund's committee until last month, and I heard of the direct impact portfolio, which targets investments with a local, an economic or an environmental, social and governance impact, while protecting returns. Does Mr McMillan agree that we should encourage such funds and strive to encourage investment from them, particularly in devolved areas, to come to Scotland in the first instance?

The Deputy Presiding Officer (Katy Clark): I remind members that interventions are not speeches and should be short.

Stuart McMillan: I agree whole-heartedly with my friend and colleague Alex Kerr. The more investment that comes to Scotland from the Strathclyde pension fund, the better. The replacement of the Port Glasgow health centre alone might not be enough to make the numbers stack up, so tying in the investment with other projects, such as the reinvestment into Inverclyde royal hospital, might make it feasible.

My third suggestion is on mental health service delivery, which the cabinet secretary touched on. During my time as a constituency MSP, many constituents have raised concerns about accessing mental health services, in addition to the growing role that Police Scotland officers are playing in mental health cases when other services are not available. The impact on Police Scotland is that that takes officers away from their normal roles, which is a cost to it and to society.

NHS Greater Glasgow and Clyde is a vast entity—the Clyde part of it alone is vast. Therefore, considering the Christie principles for public sector reform, I advocate for Inverclyde to be considered for a pilot project to have a mental health day facility. That would help those with a mental health need, including those in crisis, and it would free up police time and save money.

During the election campaign, I heard from constituents about their health journey using the Queen Elizabeth hospital in Glasgow. Not one person complained about the care that they received, but many asked why they have to go there for routine procedures instead of getting that service in Inverclyde royal hospital.

Compared with going elsewhere, providing more routine procedures locally saves time for the patient and helps the Scottish Ambulance Service. When ambulances leave Inverclyde, they do not come back for many hours, because they are stuck at A and E due to long waiting times, or because they get sent somewhere else, such as Renfrewshire or across the river towards Clydebank.

I am conscious of my time, so I will stop there. Those were just a few points that I know would help health service delivery in Inverclyde.

The Deputy Presiding Officer (Katy Clark): We now have a first speech from Cara McKee.

15:49

Cara McKee (West Scotland) (Green): Thank you, Deputy Presiding Officer, and congratulations on being elected to your post.

As this is my first speech, I will start by thanking the people of West Scotland for electing me. I pledge to serve the people in this role, and I recognise the great privilege that I now have to speak in this chamber. I have come here from working in a village library, and it was the daily stories of people's struggles in life that made me feel that I needed to do something to be the change that I wanted to see, so here I am.

In the motion for debate, it is acknowledged that the NHS cannot be improved without improving the state of social care. I am sure that, as well as NHS staff, Parliament would like to recognise and commend the social care staff across Scotland's local authorities and the third sector.

Long ago in the 1990s, in Yorkshire, where I grew up, I worked as a care assistant. That was before minimum wage legislation came in, which happened in the same year as this Parliament was established. The pay was terrible, but back then I could stay at my mum's. The hours worked well for me, and it was a very rewarding job. One day, I was chatting to the manager of the home that I worked in about the proposals that some politicians were making for a minimum wage. He said that he would love to pay a minimum wage, but he could not afford it. The minimum wage was introduced because paying staff a decent wage is not a luxury—it is basic respect. It enables staff to stay. We cannot all live at our mum's.

Thirty years later, care workers' pay is still too low. A lot more of our care workers now go to people's homes, which enables people to stay in a familiar environment. That is great, but it takes time and requires more expertise than I needed to have as a care assistant in the 90s.

We must ensure that enough time is factored in for workers to travel between homes as well as care for people when they get there. That time is scarce due to understaffing as a result of the UK having to leave the European Union and because the work is badly paid. A lack of staff is making that work more stressful. Many care workers have told me that they cannot provide the care that folk deserve.

We must recognise how things are. It is not good enough just to say that we value those workers. We too often hear folk say that they do not do work that involves caring for others—work that is mainly done by women—for the money. I am afraid that being caring does not pay the bills.

There are people such as my old boss who say that they cannot afford fair pay for care workers, but we need to recognise that care workers do an extremely demanding job delivering excellent care, often in difficult circumstances. We need to ensure that those care workers are paid at least £15 per hour and that they have collective bargaining, secure contracts and better terms and conditions, and we need to ensure that nurses in social care get paid the same as nurses in the NHS.

All that is not just because it is the right way to treat people but because proper pay and respect for care workers will encourage new workers into the care sector, save the public purse money and improve our NHS by enabling people to move out of hospital beds.

Demand on social care services is only going to increase as our population ages. It is necessary that we work with local authorities, the NHS and the third sector to learn from other models of social care such as the Buurtzorg model, developed in the Netherlands, which gives more control and management to care staff and could potentially let us reduce costs without reducing the quality of care.

In order to give us the space to make necessary changes and free up hospital beds, the Scottish Government must provide an immediate funding boost to meet the most pressing needs, and that should include a boost to care workers' pay. Most importantly, we have to recognise that good social care saves us money.

The Deputy Presiding Officer (Katy Clark): I call Fulton MacGregor.

15:55

Fulton MacGregor (Coatbridge and Chryston) (SNP): Thank you, Deputy Presiding Officer. I welcome you to your role.

As this is my first speech since the election, I take the opportunity to thank the people of Coatbridge and Chryston for returning me to represent them for the third time, with a truly humbling share of around 50 per cent of the vote. I can say with all my heart that it is the highest honour to have again been given their trust to represent them in Parliament.

The constituency's previous Labour MP, Tom Clarke, whom I have come to know quite well, once described the people of Coatbridge and Chryston as

"the salt of the earth",

and I very much concur with that remark. Like Tom and many others such as the boxer Ricky Burns, the Kane brothers of Hue and Cry and the legendary Fran and Anna, I grew up in the constituency and have called it home. Its working-class and industrial roots have shaped my values and forged my politics. Just like in the previous 10 years, and regardless of who my constituents voted for, I promise to be a voice for them and to raise the issues that they ask me to raise as

priorities.

On that note, I will use my speech today to focus on just some of those issues. Before I do so, however, I commend the Scottish Government, under the leadership of the First Minister and the previous health secretary, for making the progress that has been made in the NHS. Of course, it is far from job done, but—just as they promised—good progress has been made. I also welcome the new cabinet secretary and her ministers to their roles. I have no doubt that they will push that progress to the next level.

The first issue that I will raise today is the situation with CAMHS. Like many other members, I am sure, I have had a lot of constituents come to me with concerns about access to CAMHS for their children. NHS Lanarkshire currently has a waiting list of more than four years. That is four years for which children and young people are waiting to get treatment for what are often serious mental health issues. Children are also being told that they will not get a diagnosis until they are an adult. Families who are able to go private for the assessment then cannot get access to recommended medication because CAMHS does not have the capacity to take on the case. That is very distressing for the families that we work with—indeed, my office staff report that they, too, are distressed at some of the stories that they are hearing and the lack of service. The current situation in NHS Lanarkshire is not good enough.

We are at the start of a new session of Parliament and there is a new ministerial team in place. I implore Maree Todd, who I believe will be taking up this role, to use her position and her vast experience in Government to drive progress in the area—to go beyond just the statistics and targets and deliver real change for the families who are experiencing the delays and the lack of service. I know that it will not be easy, and I know that there are staffing issues. In addition, I understand that this is not a Scotland-only issue and that all nations in the UK have been struggling in the area, especially since the pandemic. I also believe that CAMHS is not the answer for everyone, and I urge that access is provided to other services at an earlier stage.

I say to the minister that I am sorry if this is a very direct comment in my first speech in the new session, but I fully believe that the situation needs to change. Some of my young constituents' futures are uncertain and in jeopardy because they are not getting the help that they need at the time when they need it. I have great faith that the minister, who I consider a friend, will be the one to take the issue forward and make more progress.

The second issue that I will raise on behalf of my constituents is access to GP services. I am fortunate to have a really good array of GP services across my constituency. However, like MSPs in all other areas, we hear concerns about access to appointments and the 8 am rush. The new GP walk-in clinics will be a big help with that and I very much welcome the initiative. However, at present, the nearest walk-in GP service that has been announced will be in East Kilbride, which is some 21 miles from Coatbridge and 24 miles from Stepps. I welcome the news that there is to be one in Shotts in North Lanarkshire as well, but that is 24 miles and 26 miles away, respectively, from those towns.

I therefore have a suggestion for the cabinet secretary—it is a pity that she is not here to hear it, but she will also get it from me in writing. Gartcosh Development Trust is currently undertaking a community asset transfer of what will soon be the former Gartcosh primary school to turn it into a community facility. It would be the ideal location for a new walk-in centre with fantastic motorway links, and it would be able to service the whole of North Lanarkshire and possibly the east end of Glasgow as well, for which David Linden made a plug earlier. My constituents have asked me to raise the proposal with the cabinet secretary and her team, and I hope that it can be considered—I see that the minister is nodding. That would be much appreciated.

My last plea is about the new Monklands hospital. The cabinet secretary and her team will be aware that the business case that NHS Lanarkshire put forward was not signed off before the dissolution of the Parliament. She will also be aware of how much the new hospital is needed by my constituents as well as Neil Gray's. The hospital will be in his constituency, and we have both visited the site fairly recently. I wonder whether, in summing up, the minister will be able to say whether there has been any indication as to when the sign-off might take place, because my constituents are keen to know.

I conclude by welcoming the new health team to their roles. There is an exciting period ahead and I am positive that the recent progress in improvements to the NHS will continue under their leadership.

The Deputy Presiding Officer (Katy Clark): The final speaker in the open debate is Lloyd Melville.

16:01

Lloyd Melville (Angus South) (SNP): I start by welcoming the cabinet secretary's statement and congratulate her, Maree Todd and Alison Thewliss on their new roles.

Access to the NHS came up time and again on the doorsteps during the election campaign.

People are rightly proud of the NHS and they value it deeply but, when they need care, they want it quickly, locally and without having to fight for an appointment. That is the test that we must meet.

The future of the NHS will not be secured by hospitals alone. Hospitals matter, waiting times matter, and so do operations, diagnostics and emergency care. I thank all the staff who look after us all. As others have touched on, if the NHS reaches people only when illness has become a crisis, it has reached them too late. That is why prevention must be at the centre of our healthcare strategy—I welcome the comments that have been made about that—not just in theory and not just somewhere down the line, but as the practical work of keeping people well, catching illness earlier and protecting the services that people rely on. That means having stronger general practice, because the first door into the NHS must be easier to reach. It means having hospital at home services, because the right care for some patients is not provided in a ward. It means having social care that helps people to leave hospital when they are ready, and it means having GP walk-in centres, because same-day help can prevent pressure from building into an emergency.

I welcome the Government's manifesto commitment to deliver a walk-in GP centre in Angus. For the people who I represent, that means having another route to care, less pressure on existing services, and support before a problem escalates. Our aim should be simple: to have the right care in the right place at the right time. I know from my experience in Monifieth how much pharmacies already contribute to primary care in the community. When pharmacies are fully used, people can get care more quickly, closer to home and, often, without needing a GP appointment at all. That is not a second-best service. It is the NHS using the skills that are already present in our communities.

There are not many moments in public health when a country can say that it has the tools to end transmission of a virus, but Scotland can say that about HIV. Early testing, treatment and pre-exposure prophylaxis—PreP—give us a clear route to zero new HIV transmissions. Together, the Parliament could be the one to deliver it. What a legacy that would be.

As many other members have touched on, earlier help matters just as much when someone is struggling with their mental health. In my Angus South constituency, the Beacon in Arbroath is already showing what accessible walk-in support for young people can look like. My colleague Heather Anderson set out that, just over the border in Dundee, Hope Point is delivering vital support to anyone who needs it, 24 hours a day. I have seen at first hand the difference that those staff can make and I thank them for it.

When someone is in a mental health crisis, they need care, and not a system that defaults to a police car or a hospital admission. As the cabinet secretary has said, the introduction of mental health triage cars in Fife, Glasgow, Dundee and Inverness has shown that a new approach can work, and our commitment to roll those out across Scotland is exactly the kind of shift that we need.

That same principle should guide our longer-term health strategy. It is about providing help earlier and closer to home before problems become emergencies. However, prevention cannot stop at the door of the health service. If poverty makes people ill, tackling poverty is health policy. If cold homes make people ill, warm homes are health policy. If poor transport prevents someone from getting to an appointment, transport is health policy, too. The NHS treats illness, but a healthy society prevents it. That means making sure that our bairns do not go hungry, that homes are warm, dry and safe, and that folk can afford food on the table and a roof over their heads. That is health policy, too.

None of that removes the need to treat people who are waiting now. People need appointments, operations and emergency care. They need staff with time, buildings that are fit for purpose and systems that help rather than hinder. However, if we respond only once people have reached crisis, we will always be asking the NHS to do too much, too late. The serious answer is to move care, support and investment earlier—not away from the NHS, but into the services and policies that prevent people from reaching crisis in the first place. That is how, together, we will renew the promise of the NHS: a public service that is free at the point of need and is strong enough to treat people when they are sick and bold enough to keep them well throughout their lives.

The Deputy Presiding Officer (Clare Adamson): We move to closing speeches. I call Morven-May MacCallum to make their first contribution.

16:06

Morven-May MacCallum (Highlands and Islands) (LD): Thank you very much, Deputy Presiding Officer, and congratulations on your appointment.

Before I progress with my maiden speech, I declare that I am a councillor for Highland Council and a volunteer with Lyme Disease UK and Lyme Resource Centre.

I thank my predecessors for all their service, and I thank the people of the Highlands and Islands for

placing their trust in me and sending me to this Parliament. It is an immense privilege to stand here today, not only because I have the honour of representing the incredible people of the Highlands and Islands, where I was born and raised, but because there was once a time when my family and I feared that I would not be alive today.

There are many issues that I could speak about when it comes to healthcare in the Highlands and Islands, but, today, I would like to speak about something that remains largely hidden from view—chronic illness—and I will do so through my own experience. As a teenager, I was bitten by a tick that infected me with Lyme disease. What should have been a few weeks of treatment became years of medical uncertainty. I was repeatedly misdiagnosed, repeatedly denied treatment and, ultimately, left to fend for myself as my health condition deteriorated.

I spent more than eight years of my life largely housebound and bedbound because of that. While my friends were studying, travelling and building their futures, I was fighting simply to survive each day. It was only through the determination of my family and the financial sacrifices that they made that I am here today. Even now, I live with a lifelong illness that affects every aspect of my day. However, my story should never have been my story, and nor should it become anybody else's.

Yet, all these years on, I constantly hear from people whose experience mirrors my own. The tragedy is that, for many people, a few weeks of the correct antibiotics can prevent a lifetime of ill health and disability. Despite the National Institute for Health and Care Excellence—NICE—guidelines on Lyme disease coming out in 2018, people are still being refused treatment, prescribed inappropriate antibiotics and diagnosed too late. The main reason for that is that we still do not have an accurate blood test for Lyme disease. Lyme disease is caused by an extraordinarily complex bacteria—but complexity should never be an excuse for neglect. More worryingly still, those failures are not only harming people's lives; they are costing them.

Scott Beattie was a gamekeeper from Ross-shire who died at Raigmore hospital at the age of just 43 after being misdiagnosed and mistreated. What happened to Scott should never have happened, and we owe it to him, his partner and their two children to do better. We owe it to all those people who were left with so little hope—by the very system that was built to support them—that they felt that they had no choice left but to take their own lives.

The issue with Lyme disease is widespread, from people being infected while walking up Arthur's Seat, to gardens in the Highlands and Islands being so overrun by ticks that people are scared to let their children play in them. In fact, in a 2024 survey by Lyme Resource Centre, 80 per cent of the respondents reported having been infected with Lyme disease in the Highlands and Islands, yet public awareness remains painfully low. In the same survey, 82 per cent of respondents said that they, a family member, a friend or colleague suspected Lyme disease long before a medical practitioner did.

Patients should not have to diagnose themselves but, sadly, many people who live with chronic illness will recognise the experience of having to self-diagnose. Across Scotland, people with ME, chronic fatigue syndrome, fibromyalgia, endometriosis, postural orthostatic tachycardia syndrome, Ehlers-Danlos syndrome and many other chronic conditions face similar struggles to get diagnosed and to access support and treatment. Although the conditions might be different, their experiences are often remarkably similar to the experiences of those who suffer from Lyme disease.

Perhaps the most damaging experience of all is not simply the illness itself—it is not being believed. People with chronic illness are often told, "It is probably just anxiety" or "You don't look sick—it is all in your head." Those are statements that patients should never have to hear. People with chronic illness should not have to sell their homes, spend their pensions or take out huge loans to pay for treatments that should be provided on the NHS. Behind every misdiagnosis and waiting list statistic is a human being whose life has been torn apart.

I remain proud of our NHS and grateful to the staff who work tirelessly in it, but supporting our NHS also means being honest about where it is failing. We need better diagnostics for all chronic illnesses, specialist expertise and greater awareness among healthcare professionals and the public. We need to ensure that patients are listened to when they tell us that they are ill, because my story should never have been my story, and Scott's story should never have been his.

Across Scotland today, there are people whose stories are still being written, and we have the power to change them. I ask members to come together to ensure that no one in Scotland has to fight harder to be believed than they do to get well. I ask the cabinet secretary to pay tribute to that in her closing speech, and to say whether she is open to having further discussions with me on the topic. Mòran taing.

16:12

Miles Briggs: I start by congratulating Morven-May MacCallum on a really excellent first speech in the Parliament. My father contracted Lyme disease when he was working in forests in Perthshire. He spent months in Perth royal infirmary, and I remember going to visit him as a kid. Listening to Morven-May MacCallum's speech reminded me of that period. Many people are not believed until they are extremely unwell. I pay tribute to Morven-May MacCallum and look forward to seeing what she will do to campaign on the issue and to make a difference over the course of this session of Parliament.

I return to the contribution of my friend and colleague Paul McLennan. At the start of this new session of Parliament, and as a Lothian MSP, I must again raise concerns, as Paul McLennan has, about the growing gap in health funding on a population basis that we are seeing across our country. That is no more acute than it is here in Edinburgh and in NHS Lothian. I have raised the issue consistently in my time as an MSP, but we are seeing a shift in our country's population, and the Government and the Parliament must start to acknowledge that. If the issue goes unaddressed, it will be one of the biggest problems that our health service will face in the future. I therefore hope that the cabinet secretary, as a fellow Lothian MSP, will agree to meet a cross-party group of MSPs to discuss how we can put in place a population-based funding mechanism to address the issue. I am kind of asking the cabinet secretary to meet herself as a Lothian MSP, but I hope that she will take that forward.

In 1999, I remember sitting in my modern studies class and being excited about the election of this new Scottish Parliament and what it could mean for our country. We used to talk about Scottish solutions to Scottish problems. However, 27 years later, I must ask myself whether this Parliament has been focused on delivering new thinking and fresh ideas for our NHS. I do not think that we can say that it has, and I hope that we can all acknowledge that. Life expectancy figures in Scotland remain shocking: between the 20 per cent most deprived and the 20 per cent least deprived communities, there is a gap in life expectancy of eight years for women and 11 years for men.

Helen McDade spoke about the need for action, which I agree with. Too often, our NHS is good at delivering a process to referral but not an actual outcome. We need a change from having Government strategy after Government strategy to having strategies that actually deliver outcomes. That said, I will highlight two of the strategies that ministers should return to, which are realistic medicine and the "What matters to you?" approach. If we are going to consider where and how patients want to be treated, we need to understand that the NHS often overtreats Scots, and have a reset on that in this session.

We have heard from several members in this debate about poor health spend in our health service, such as when police officers take people who experience mental health trauma to A and E just to sit with them all day and then take them home. I hope that the Cabinet Secretary for Health and Care and the Cabinet Secretary for Justice will genuinely work together to end that practice. Stuart McMillan highlighted ambulances being tied up at A and E units across our country, and Bob Doris outlined well the cost to our health service of not urgently delivering a better hospice and community palliative care system—it is more than £1 billion.

I have two recent stories on that issue from working as an MSP in Edinburgh. We managed to get a constituent—who wanted to return to her roots to die in the Western Isles—back home to have her wishes fulfilled. Another constituent wanted to die at home in Edinburgh, but a crisis meant they were blue-lighted into hospital and died there, which was not the wish of that individual or their family—that should never have happened. We need to consider how our systems can and must change.

I congratulate David Green and welcome him to the Parliament. I have known David for many years, and he will be a great new addition to the Parliament. I met his dad at the kirking of the Parliament, but David has trained his family so well that, when I tried to get any gossip or dirt that I could out of his father, he was not for telling me. David Green made a point about rural proofing, which we need to focus on—I say that as an Edinburgh and Lothians East MSP. We need to look at how often our NHS creates more problems by not thinking about rural communities first.

Lloyd Melville made important points about the elimination by 2030 of HIV transmission. I also highlight the need for us to refocus and return to hepatitis C testing and treatment strategies. For many years, we were world leading in that area, but we are now slipping behind. The strategies that we have outlined and where they are being delivered—sometimes on a board-by-board basis instead of with a once-for-Scotland approach—need to be revisited.

Joe Long is another great new addition to the Parliament, and I also worked with him when he was at Scottish Autism. I agree with him that, in the previous session, one of the greatest concerns was that the Government decided not to take forward the learning disabilities, autism and neurodivergence bill. His former colleague Pam

Duncan-Glancy did some good work on a transitions bill for young people. Those bills could complement each other, and I hope that the Government will make their introduction an urgent priority.

As we start this new session of the Parliament, I hope that the cabinet secretary is genuinely ready to work with and reach out to all parties to develop a new plan to improve our NHS not just for this session of the Parliament, but for the future of our NHS.

The Deputy Presiding Officer (Clare Adamson): I call Laura Moodie, who is making their first speech.

16:19

Laura Moodie (South Scotland) (Green): Thank you, Deputy Presiding Officer. In my first speech, I would like to congratulate you on your recent appointment and also congratulate the cabinet secretary. I thank the voters of South Scotland for placing their trust in me; I can only hope that I deserve it.

I am glad to close the debate on behalf of the Scottish Greens. I speak as someone who believes in the values that our NHS was built on: fairness, dignity and care that is based on need. I think that everyone in the chamber will have been moved by Morven-May MacCallum's words about what happens when those values are not honoured—I was really sorry to hear what happened to her.

I also speak as a parent, as the sister of an NHS midwife and as someone who has listened carefully to people across South Scotland about their experiences of healthcare. Therefore, I begin by saying thank you to staff in our NHS. Even under enormous pressure, they continue to deliver extraordinary care with professionalism, kindness and compassion. That experience is shared by many families, which is why people feel such extraordinary loyalty to their local NHS services.

However, if we are serious about investing in, protecting and renewing the NHS, we must also be honest about where it is not working well enough, particularly for rural communities. Last week, I was concerned to learn about an elderly woman in my region who had fallen while out and about in a local village. Two passers-by had separately phoned 999 and each had been told that an ambulance would not be dispatched until the woman had been assessed. One of them then took her in her car to the local GP's surgery, which, thankfully, was open, and from there she was taken to hospital. She had broken an arm and her pelvis. Although I understand that she is recovering, the incident reminded me of Nye Bevan's statement that

"no society can legitimately call itself civilised if a sick person is denied medical aid because of a lack of means."

In my region, such a lack of means is often shaped by their ability to access transport. I thank Lloyd Melville for mentioning that issue in his comments. I regularly hear from people who have travelled long hours on public transport to attend specialist appointments in Edinburgh or Glasgow. For someone who is unwell, such journeys are exhausting, stressful and at times physically painful. They are not a small inconvenience; they are a real barrier to care.

I also welcome the cross-party contributions that have been made on maternity services, especially those in Caithness and Galloway. As a mum of four, that is the aspect in which I have had the most interaction with the NHS. I had two home births in Glasgow, but that opportunity was not available to me in Galloway when I was pregnant with my fourth child. Despite having excellent individual staff members, the community midwifery service was chronically understaffed overall and could not guarantee that two community midwives would be available to support me at home, so I faced a long journey, in winter, to deliver my youngest in hospital. If we are serious about renewing the NHS and addressing depopulation in our rural communities, our maternity services must be safe, sustainable and accessible, and they must offer women the genuine choice that those who live in urban areas take for granted.

Pressures on our NHS are growing, so doing more of the same will not be enough. If we want a sustainable health service, we need to invest more in prevention and in community-based care. For rural areas, that really matters. Strong local services can reduce the need for long journeys and help people to get care closer to home, but that will require long-term investment, establishing a supported and valued workforce and having a willingness to look at bespoke solutions for communities that do not fit central models. As my Scottish Greens colleagues have said, we cannot build a sustainable NHS without valuing the people who provide care, wherever it happens. Social care is a vital, skilled and deeply human form of work, yet too often it comes with low pay, insecure conditions and burnout.

To invest in our NHS, we must invest wisely: in prevention, in community care and in people. To protect our NHS is to defend its founding principle of care that is free at the point of need. To renew our NHS is to recognise that health does not begin in hospitals but in strong communities, secure lives and a society in which people care for one another. That is the Scottish Greens' vision of healthcare, and it is the future that our NHS deserves.

The Deputy Presiding Officer (Clare Adamson): I inform members that we have some time in hand.

16:24

Mark Griffin (Central Scotland and Lothians West) (Lab): In my first speech of the new parliamentary session, I congratulate you, Deputy Presiding Officer, on your election to your role, and I welcome members of the health team to their new briefs.

I thank the people of Central Scotland, who have elected me to represent them again, and I also thank those who live in the West Lothian part of the new region. I am grateful for their support, and I look forward to serving communities across the new region by holding the Government to account on the issues that matter most to those communities and supporting them when they need me. However, like Miles Briggs, I hope that changes, particularly changes in delivery of NHS services, will make that less of a necessity for many of our constituents.

Turning to the subject of the debate, I add my own thanks to Scotland's NHS and social care staff. Their everyday dedication, professionalism and compassion, often under the most immense pressure, show Scotland at its very best.

I am grateful to all members who have contributed to today's debate. We have heard many thoughtful contributions from members across the chamber. In particular, we have heard a range of excellent first speeches from new members. Helen McDade raised her considerable experience of ME; David Green rightly raised the issue of maternity services in Caithness; David Linden flagged the cross-party campaign in recognition of the need for 24/7 thrombectomy services; Joe Long brought his long experience of supporting people with learning disabilities; Cara McKee raised the crucial issue of social care pay; Morven-May MacCallum is a powerful advocate for those with Lyme disease and chronic illnesses; and Laura Moodie raised the issue of access to care, particularly maternity services, in rural areas. I think all members will agree that they gave fantastic first speeches, and I look forward to hearing much more from them throughout the rest of the session.

At the start of a parliamentary session, it is normal for the Government to bring a series of debates on the big portfolios and issues and to set out its priorities. However, I find it strange that, in its motion today, the Government has almost nothing to say about its priorities for the NHS, beyond stating its thanks to and recognition of staff, as is absolutely right. I am surprised that the motion lacks detail on the Government's ambitions.

NHS and social care staff are looking for more. They are looking for details on how they will be supported to do the jobs that they love. The public are also looking for more. They are looking for more details on how our most treasured public service will be protected and how it will be there for them and their families when they need it most, because, for lots of people recently, it has not been there when they have needed it.

It was as though the Government was going through the motions. It knew that it had to have a debate on the NHS in the first couple of weeks of the session, but it seemingly had nothing to say in its motion about how the NHS will be reformed and protected, so it lodged a motion that simply commends and thanks staff.

That is not quite what staff are looking for. They seem to be being treated almost as a human shield in a parliamentary debate. They deserve far more than that from the Government. They deserve the ambitions for the next five years to be set out in detail in Government motions. They want answers to the big issues that our NHS faces. They want answers for the more than three quarters of a million people who are waiting for tests and treatment, for the people who are struggling to get a GP appointment and for the people who have cancer or are worrying that they have cancer while waiting time standards continue to be missed. Healthcare staff, who continue to work under extraordinary pressure, want answers.

For some, increasingly, the answer is to get into debt and to go private. Unbearable waits while experiencing debilitating pain are preventing people from going about their lives, going to work and caring for their families. This week's figures show that the number of private healthcare admissions in Scotland is at a record high for the fifth consecutive year, with Scotland seeing the sharpest increase anywhere in the United Kingdom. That indicates the extreme stress that the NHS is under and, more importantly, the real stress that people are under as they live with conditions while desperately waiting for treatment.

Labour founded the NHS on the principle that healthcare should be available to all, according to need, but Scots are being forced to pay out of their own pockets for healthcare that they have already funded through their own tax contributions. We should take that seriously as a huge flashing red warning light for our NHS.

I pay particular tribute to a certain group of staff: the staff of the neonatal and obstetrics unit at Wishaw hospital. Without their skill, expertise and support, my wife and daughter would not be alive today. The best way to recognise them is to ensure

that they are supported, protected and strengthened. They are there for tiny, premature babies, like Rosa, who are yet to be born, but the Government has proposed downgrading that neonatal intensive care unit. Doing that will mean that the smallest and sickest babies will travel further and wait longer for life-saving services. That will separate families at the most vulnerable time in their entire lives.

The staff at Wishaw have already shown what excellence looks like, with their award-winning, life-saving care, but they do not feel supported. They do not feel as though their service is being invested in, and they have no certainty about their future. The most crucial point is that the staff are worried about the premature babies being born in Lanarkshire without that intensive care unit.

In closing, I say this in the most collegiate, sensitive way I can to the new health team: it is not too late to review and reverse that decision.

16:31

Victor Currie (Highlands and Islands) (Reform): I congratulate the Cabinet Secretary for Health and Care on her appointment, and I thank members who have spoken for the first time today for their valuable contributions across a range of areas.

I declare an interest as an employee of NHS Lothian. My own path into healthcare was seeded at a very young age. I remember that, for a period, when I was a child, my grandmother was regularly visited in her home in the Grassmarket in Edinburgh by a really charming doctor from India with a cut-glass English accent. During those visits, the patience and compassion that he showed my grandmother was unlike anything that I had seen before. Medical treatments were all well and good, but the effect of those visits, in terms of caring human interaction, on my grandmother was obvious for days afterwards. That was a real inspiration to a four-year-old child.

Alas, I took a somewhat scenic route into healthcare but, thanks to the progress made in recruitment and the widening of access to the sector, I was able to enter medical training, albeit at a slightly riper age than most of my professional colleagues. Healthcare is an interesting sector to work in, because no one who needs it really wants to have to be there. However, where it is necessary to make use of our healthcare systems, patients rightfully expect to be listened to, to receive a diagnosis and to receive efficacious treatment, with a clear rationale. They also expect compassion—but that compassion is becoming harder and harder to deliver.

The motion congratulates our workforce. For the resident doctors, nurses, advanced nurse practitioners, porters, lab technicians and scientists who will work overnight tonight, those congratulations will be welcome, but congratulations are not enough. My colleague Helen McDade referred to the lack of investment and cross-speciality interaction when dealing with complex chronic conditions, and the lack of prioritisation and urgency in the training of nurse specialists—all of which is underpinned by management and approval mechanisms that hamper the recruitment and retention of expertise and the delivery of care.

Compassion cannot be delivered where there is inconsistency and a lack of resources. Congratulations are not enough. My colleague David Smith highlighted the variation in patient contact times depending on authority boundary. Not only is that cruel to those in need of help; one simply cannot, in seven short minutes, deliver the practical care required, as well as giving patients the patience, listening time and understanding to truly deliver compassionate care.

I do my NHS colleagues a slight disservice. In those extraordinary circumstances, they deliver all that is required, as well as offering warmth, kindness and close attention. However, if staff give all they have got for long periods, that eventually leads to burnout. That is reflected in staff employment surveys, which show that 37 per cent of nurses in Scotland are actively planning to leave, or are thinking of leaving, the profession. Congratulations are simply not enough.

The motion celebrates a decrease in waiting lists in the past 11 months. How did those waiting lists decrease? Were there more operations? Yes, but—to supplement Jackie Baillie's point—last year, approximately 54,000 Scots resorted to private providers for their treatment. That is a 6 per cent increase on the previous year and the fifth consecutive year in which private healthcare admissions have hit a record high.

Members in this chamber have inferred that my party wishes to privatise our healthcare system. Those statistics show that, in our universal healthcare system, the Scottish Government is now effectively doing that itself. Private medical treatment was once the preserve of the very wealthy, but an increasing number of ordinary Scots are now using their life savings for cataract operations, hip replacements and knee arthroscopies, among other treatments. They do that having already fairly paid their taxes for the NHS during their working lives.

Let Reform state this clearly: we believe that the founding principles of our NHS—that it remains free at the point of need and is available to all—are non-negotiable. Anything else is misinformation. However, to protect those very

principles, we must be honest that the current centralised structures of the NHS in Scotland are no longer fit for purpose. For decades, our health service has been weighed down by excessive, overlapping layers of bureaucracy, pulling vital decision making away from communities. We see the consequences of that every day: workers stretched to their limits while front-line services struggle with persistent implementation gaps that frustrate patients and staff.

However, despite my tone so far, I remain optimistic. The brilliance, compassion and dedication of our NHS workforce and the care sector that supports it remain unparalleled. The system is failing them, not the other way around. Imagine what we could achieve if we finally uncapped their potential by enacting real structural reform. Reform's vision is rooted in a fundamental redesign that empowers practitioners at the local level. We must strip away inefficient administrative layers, stop pouring resources into duplicate management structures, redirect that to the front line and trust our GPs, district nurses and allied health professionals to design and manage patient pathways in their own communities. We also need an integrated health and social care system that truly prioritises prevention, expanding hospital at home initiatives and empowering community pharmacies so that families receive care where they need it most—close to home. I was pleased to hear that be discussed.

Let us be guided by this truth: the NHS do does not belong to the politicians; it belongs to the people of Scotland and to those who work tirelessly to keep it running. The Royal College of Physicians of Edinburgh and the BMA have called for cross-party consensus on that very issue and for radical reform. They know that change is not only possible but essential.

Hope cannot be only a passive feeling. It must be a deliberate choice. It must be the decision to look at the challenges that our health service faces, accept the need for honest change and build a system that finally unleashes the brilliance of our healthcare workers. Our amendment aims to do just that: it acts as an honest statement of intent, with the first necessary steps to make that happen through the setting up of an independent Scottish health and social care commission.

Let us work collaboratively across the chamber. Let us be bold, let us reform and let us build an NHS in Scotland that is a beacon of hope, innovation and compassion for generations to come.

The Deputy Presiding Officer (Clare Adamson): I call the minister, Alison Thewliss, who is making her first contribution in the chamber.

16:38

The Minister for Community Care (Alison Thewliss): Thank you, Presiding Officer. I welcome you to your role.

I am delighted to respond to the debate in my new role as Minister for Community Care. Jackie Baillie said that the role is challenging, but I am very much up for the challenge.

I am honoured to speak on investing in, protecting and renewing Scotland's NHS—an issue that touches every family and every community across our country. In my own family, my dad was supported in his 30s to recover from a stroke; my mum survived breast cancer; and my brother, in a more challenging incident, survived a misdiagnosed burst appendix. The NHS touches us all and it is very precious to every one of us.

I pay tribute to Neil Gray—I wish him luck in his new role—and to Jenni Minto, who did so much in her role as Minister for Public Health and Women's Health. I am delighted to be part of this wonderful health team with these fabulous colleagues.

I also make my first contribution as the first MSP for Glasgow Central. Most members have paid tribute to their predecessors, but, thanks to the efforts of Boundaries Scotland, I find myself with four predecessors to mention. I would appreciate colleagues' indulgence while I do so.

I have four very different pairs of shoes to fill, the first of which is that of Nicola Sturgeon, former First Minister but, most importantly, MSP for the Glasgow Southside part of my constituency. She is a particular inspiration to the shy, geeky, bookish kids like me, as well as to many women across our country. I know from speaking to her former constituents how much they valued the ways in which she supported them, and I have seen at first hand the way that she would bring people together to solve problems locally. During the election, people on the doors reflected to me how much her leadership during the pandemic had meant to them personally.

A second former First Minister, Humza Yousaf, MSP for the Glasgow Pollok constituency, represented the Govan part of Glasgow Central. I first met Humza when I was convener of the Young Scots for Independence, so it feels slightly incongruous that he should have already retired from this place. I have huge respect for his work in the constituency and for his principled stance in standing up for the people of Gaza, and I cannot wait to see what he will go on to do next.

John Mason represented the Glasgow Shettleston part of the Glasgow Central constituency—the part that David Linden does not have. It will surprise nobody to learn that John and I disagreed on a few issues over the years, but his

diligent service to his constituents was never in question. After first being elected as a councillor in 1998 and being elected as an MP in the groundbreaking 2008 Glasgow East by-election, he came here in 2011. He engaged consistently with faith communities in a way that few others could, and I wish him a long and happy retirement.

Last but by no means least, my friend Kaukab Stewart represented the Glasgow Kelvin part of the Glasgow Central constituency with vigour for the past five years. She will always be the first woman of colour to have been elected to Scotland's Parliament. I know that she has a lot more to give to public life. We shared a constituency office for a while, and I remain saddened that we will not be serving here together.

The constituency of Glasgow Central crosses the Clyde from Calton to Govan, Parkhead to Drumoyne and Yorkhill to Laurieston. I look forward to engaging with and representing every part of the constituency, and it is a considerable honour to do so.

I welcome all the other first speeches that we have heard this afternoon from Helen McDade, David Green, David Linden, Joe Long, Cara McKee, Morven-May MacCallum and Laura Moodie. All of them are a great credit to their parties, and I hope to work closely with them as we move forward together.

I have listened to the debate, and it is clear from members' contributions that there is far more that unites us than divides us when it comes to the future of Scotland's health and care system. I am committed to working constructively across the chamber to deliver sustainable, system-wide improvements that meet the needs of people and communities across Scotland, now and in the years ahead.

As the cabinet secretary outlined in her opening remarks, we have made substantial progress over the past year and our NHS has turned a corner. In this role, I have the privilege of being able to look at the challenges that we face with fresh eyes, bringing in my experience as a former MP and councillor and my experience from the casework that we all receive, which others have mentioned. In Scotland, our priority will always be to protect our NHS from the creeping privatisation that we have seen in England and to always keep it free at the point of use.

In my previous role, I witnessed the devastating impact of cruel Westminster immigration policies on our fellow human beings, particularly those who had not been permitted to carry on their work in the health service despite having so much to contribute. I fought against those policies and continue to believe that they are anathema to Scotland's development and prosperity. The closure of the adult social care visa route for international care workers under Keir Starmer's Government has exacerbated the recruitment challenges that are faced by care homes the length and breadth of Scotland, particularly in our rural communities. We are taking steps to tackle those challenges, including through the introduction of sectoral bargaining, new investment in complex care packages and our new displaced worker scheme, which we will expand to deliver 45,000 extra hours of care every month.

In the absence of this Parliament having the full range of powers, we need the UK Government to step up and reverse its self-defeating approach to migration. We now have Parliaments with Reform politicians who are pushing Labour and Keir Starmer further and further to the right, but what we need here, at Holyrood, is for the majority of MSPs to stand collectively against the disgraceful demonising of migrants and those people who make such a valuable contribution by caring for our loved ones. I note that Unison has launched a fair visa campaign in recognition and defence of the role that those workers play in our health and care system, and I absolutely agree that we, in Scotland, cannot afford to lose those skilled workers. Today, I say that we welcome those workers and we thank them for their service.

I will never—ever—entertain the abhorrent comments that we heard from Reform UK throughout the election campaign and that, indeed, we have heard in this chamber in recent days. As minister, I will always fight for a care system in Scotland that is inclusive, diverse and fit for the Scotland that we want to build.

I will not repeat the health secretary's earlier extensive remarks on progress, but it is right that we recognise the substantial progress that we have delivered. The Scottish Government will remain focused on finding the solutions to the pressures and challenges in the here and now while we work to deliver the long-term sustainable improvements that our services need.

For my part, that means building on the important progress that was made by my predecessors, such as the approach that we have seen to community pharmacies, with more than 5 million consultations having been delivered. As Lloyd Melville mentioned, that represents the right care being delivered in the right place at the right time for people. It can make a huge difference and can keep them away from the A and E front door. There has also been progress in dentistry, with 2025 having seen the largest rise in the number of domestic dental students in a decade—up 7 per cent. There is more progress to be made on HIV eradication, as other members have mentioned, but getting rid of it is a real goal that, in the past, seemed quite impossible.

We can also see the progress that we have already made in relation to vaccinations. As many members mentioned, the role of prevention is absolutely crucial. Paul McLennan, Maggie Chapman, Helen McDade, Lloyd Melville and Heather Anderson all mentioned the importance of prevention, as well as health inequalities.

I want to take issue with part of what Helen McDade said. Austerity is about more than just pounds and pence coming through in a budget; it is about the impact that it has on people's lives. I would direct her to read "Social Murder?" by David Walsh and Gerry McCartney, which lays out in brutal detail the impact that those cuts have on people's lives and their wellbeing.

People are kept healthier through prevention. We want to ensure that Scotland continues to pave the way in life-changing public health interventions such as the baby box and minimum unit pricing. However, that prevention, as Miles Briggs mentioned, is not delivered by the NHS alone. It requires co-ordinated action across Government, in health, in housing, in education, in transport and in business, and working in partnership with our public services, with local government and, critically, with the community and voluntary sector. Those organisations, many of which I have in my Glasgow Central constituency, are often closest to people's daily lives, providing the trusted and accessible support that underpins good health.

As Heather Anderson pointed out, the historical example of John Boyd Orr is key. The importance of the price of food to people's health and wellbeing cannot be overestimated, which is why we are taking forward public health proposals on food prices. As David Linden mentioned, the Thistle centre in Glasgow, which I had a small role in encouraging and supporting, delivers support to people who are often considered to be at the very edges of our society and who do not get the opportunity to engage with those services. It helps to keep those people alive and prevents them from failing to get the support that they very much need.

I was pleased to hear Joe Long mention the importance of making sure that people with learning disabilities get access to health services on the same basis as others—and on a basis that is right for them. We cannot continue to have a certain group in society suffering from health inequalities. I look forward to working with him to progress the issue.

We must focus on the care that can be shifted into our communities, closer to the people who need it. We are the only part of the UK to provide universal free eye examinations, which can identify a range of conditions. We have already built on that with our fantastic community glaucoma service, and we now want to go further with community audiology services delivered locally. That is all about making it easier for people with hearing loss to get the support that they need without having to go into hospital for an appointment. As Stuart McMillan pointed out, being able to access those services locally saves time and money and makes things so much easier for our constituents. Laura Moodie pointed out that those things can be a barrier to care, and we should bear them in mind when we think about those services. Shifting the balance of care is also about ensuring that people do not remain in hospital longer than they need to.

Renewal and reform require us to work with partners across local government, the NHS and integration authorities to find whole-system solutions and to drive improvement. In Scotland, there are great examples of partnership working, particularly with the third sector and charities, but, equally, there are stubborn challenges, with levels of delayed discharge remaining too high. Each person who experiences a wait to go home from hospital is one too many, but it is worth remembering that some 97 per cent of people are discharged from hospital without delay.

I was glad to hear Morven-May MacCallum's moving speech about her experience with Lyme disease. Misdiagnosis and disbelief are still huge issues for far too many people, and I look forward to working with her on that so that more progress can be made and nobody feels left behind by our NHS and care services.

I also note the powerful contributions of Miles Briggs and Bob Doris on the importance of advocacy when it comes to palliative care and hospices. I look forward to working with them to take forward that issue, which matters so much to so many people.

Although we have record investment of more than £2.3 billion in social care and record funding of almost £15.7 billion for local authorities, our system needs to evolve. As the cabinet secretary and other members have made clear, that cannot ever be to the detriment of our hard-working health and care staff. We are grateful for all that they do, and we are determined to work hand in hand with our workforce and with unions to bring meaningful reform. I thank Cara McKee and Maggie Chapman for their thoughtful contributions on the matter.

The strength of feeling that has been expressed reflects how deeply we all value our health and care system. It is our most cherished public service and we must work together to ensure that it delivers for the people of Scotland.

In summary, the SNP Scottish Government is improving access to treatment, with new GP walk-in centres and new heart and lung health MOTs. We are shifting the balance of care towards homes

and communities, delivering hospital at home and new community optometry and audiology services. We are redesigning hospital and care services for the future, using digital innovation and delivering Scotland's new app, MyCare.scot. We are delivering person-led and compassionate care that is shaped by individuals, their families and the workforce. We are embedding prevention by tackling the root causes of health inequalities, and we are strengthening the integration of our services.

We are clear about the future that we want to build. I urge members across parties to support the motion and to work with us on that common ground to keep building a health and social care system of which we can all be proud.

Business Motion

16:51

The Presiding Officer (Kenneth Gibson): The next item of business is consideration of business motion S7M-00248, in the name of Jamie Hepburn, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 9 June 2026

2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	General Questions
followed by	First Minister's Questions (Backbench Members)
followed by	Ministerial Statement: Greenhouse Gas Emissions Statistics 2024
followed by	Scottish Government Debate: Growing Scotland's Economy
followed by	Committee Announcements
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.30 pm	Decision Time
followed by	Members' Business

Wednesday 10 June 2026

2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions: Deputy First Minister Responsibilities, Finance and Local Government, Parliamentary Business and Veterans; Public Service Reform, Europe, External Affairs and Energy
followed by	Scottish Labour Party Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.30 pm	Decision Time
followed by	Members' Business

Thursday 11 June 2026

1.30 pm	Parliamentary Bureau Motions
1.30 pm	General Questions
2.00 pm	First Minister's Questions (Party Leaders)
followed by	Ministerial Statement: Improving Maternity Services Across Scotland
followed by	Scottish Government Debate: Public Service Reform: Empowering Staff, Service Users and Local Communities
followed by	Business Motions

followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Tuesday 16 June 2026	
2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	General Questions
followed by	First Minister's Questions (Backbench Members)
followed by	Scottish Government Business
followed by	Committee Announcements
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.30 pm	Decision Time
followed by	Members' Business
Wednesday 17 June 2026	
2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions: Justice; Health and Care
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.30 pm	Decision Time
followed by	Members' Business
Thursday 18 June 2026	
1.30 pm	Parliamentary Bureau Motions
1.30 pm	General Questions
2.00 pm	First Minister's Questions (Party Leaders)
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business

(b) that, for the purposes of Portfolio Questions in the week beginning 8 June 2026, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Jamie Hepburn*]

Motion agreed to.

Motion without Notice

16:52

The Presiding Officer (Kenneth Gibson): I am minded to accept a motion without notice, under rule 11.2.4 of standing orders, that decision time be brought forward to now. I invite the Minister for Parliamentary Business and Veterans to move the motion.

Motion moved,

That, under Rule 11.2.4, Decision Time be brought forward to 4.52 pm.—[*Jamie Hepburn*]

Motion agreed to.

Decision Time

16:52

The Presiding Officer (Kenneth Gibson): There are four questions to be put as a result of today's business. The first question is, that amendment S7M-00228.1, in the name of Helen McDade, which seeks to amend motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's national health service, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. There will be a short suspension to allow members to access the digital voting system.

16:53

Meeting suspended.

16:55

On resuming—

The Presiding Officer: We come to the vote on amendment S7M-00228.1, in the name of Helen McDade. Members should cast their votes now.

The vote is closed.

Malcolm Offord (West Scotland) (Reform): On a point of order, Presiding Officer, I could not access the voting app. I would have voted for the motion.

The Presiding Officer: Your vote has been recorded.

For

Bannerman, Max (Highlands and Islands) (Reform)
Beresford, Senga (South Scotland) (Reform)
Bland, Amanda (Central Scot and Lothians West) (Reform)
Briggs, Miles (Edinburgh and Lothians East) (Con)
Carson, Finlay (Galloway and West Dumfries) (Con)
Currie, Victor (Highlands and Islands) (Reform)
Eagle, Tim (Highlands and Islands) (Con)
Findlay, Russell (West Scotland) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scot and Lothians West) (Con)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Hoy, Craig (Dumfriesshire) (Con)
Kerr, Liam (North East Scotland) (Con)
Kerr, Stephen (Mid Scotland and Fife) (Con)
Kerr, Thomas (Glasgow) (Reform)
Kirkwood, David (South Scotland) (Reform)
Langan, Jamie (South Scotland) (Reform)
Lindsay, Amanda (Central Scot and Lothians West) (Reform)
Lumsden, Douglas (North East Scotland) (Con)
MacDougall, Julie (Mid Scotland and Fife) (Reform)
Massey, Duncan (North East Scotland) (Reform)
McDade, Helen (Mid Scotland and Fife) (Reform)
Offord, Malcolm (West Scotland) (Reform)
Ross, Angela (Edinburgh and Lothians East) (Reform)
Simpson, Graham (Central Scot and Lothians West) (Reform)
Simpson, Mark (North East Scotland) (Reform)
Smith, David (West Scotland) (Reform)

Against

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Ahmed, Irshad (Edinburgh and Lothians East) (Lab)
Anderson, Heather (Dundee City West) (SNP)
Arthur, Tom (Renfrewshire West and Levern Valley) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Barratt, David (Cowdenbeath) (SNP)
Baxter, Andrew (Skye, Lochaber and Badenoch) (LD)
Beattie, Colin (Midlothian North) (SNP)
Bibby, Neil (West Scotland) (Lab)
Black, Dawn (Angus North and Mearns) (SNP)
Bonnar, Steven (Uddingston and Bellshill) (SNP)
Bouse, Gary (Falkirk West) (SNP)
Brown, Alan (Kilmarnock and Irvine Valley) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Brown, Siobhian (Ayr) (SNP)
Bruce, Holly (Glasgow Southside) (Green)
Burgess, Ariane (Highlands and Islands) (Green)
Campbell, Kate (Edinburgh Eastern, Musselburgh and Tranent) (SNP)
Campbell, Michelle (Renfrewshire North and Cardonald) (SNP)
Chapman, Maggie (North East Scotland) (Green)
Chou Turvey, Yi-pei (North East Scotland) (LD)
Clark, Katy (West Scotland) (Lab)
Cole-Hamilton, Alex (Edinburgh North Western) (LD)
Constance, Angela (Almond Valley) (SNP)
Day, Martyn (Falkirk East and Linlithgow) (SNP)
Dijkstra-Downie, Sanne (Edinburgh Northern) (LD)
Doris, Bob (Glasgow Kelvin and Maryhill) (SNP)
Duane, Iris (Glasgow) (Green)
Dunbar, Jackie (Aberdeen Donside) (SNP)
Dunlop, Duncan (South Scotland) (LD)
Fagan, Joe (South Scotland) (Lab)
Flynn, Stephen (Aberdeen Deeside and North Kincardine) (SNP)
Gethins, Stephen (Dundee City East) (SNP)
Ghani, Zen (Glasgow Cathcart and Pollok) (SNP)
Gibson, Patricia (Cunninghame South) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Goodlad, Hannah Mary (Shetland Islands) (SNP)
Gray, Neil (Airdrie) (SNP)
Green, David (Caithness, Sutherland and Ross) (LD)
Greer, Ross (West Scotland) (Green)
Griffin, Mark (Central Scot and Lothians West) (Lab)
Hagmann, Katie (Carrick, Cumnock and Doon Valley) (SNP)
Harley, Adam (Strathkelvin and Bearsden) (LD)
Harvie, Patrick (Glasgow) (Green)
Haughey, Clare (Rutherglen and Cambuslang) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Johnson, Daniel (Edinburgh Southern) (Lab)
Kerr, Alex (Hamilton, Larkhall and Stonehouse) (SNP)
Kerr, Calum (Midlothian South, Tweeddale and Lauderdale) (SNP)
Kinross-O'Neill, Kayleigh (Edinburgh and Lothians East) (Green)
Kumar, Simita (Edinburgh South Western) (SNP)
Leask, Kristopher (Highlands and Islands) (Green)

Linden, David (Glasgow Baillieston and Shettleston) (SNP)
Long, Joe (Mid Scotland and Fife) (Lab)
MacCallum, Morven-May (Highlands and Islands) (LD)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Mackay, Gillian (Central Scot and Lothians West) (Green)
MacKinnon, Donald (Na h-Eileanan an Iar) (Lab)
Macpherson, Ben (Edinburgh North Eastern and Leith) (SNP)
Manivannan, Q (Edinburgh and Lothians East) (Green)
Marra, Michael (North East Scotland) (Lab)
Martin, Gillian (Aberdeenshire East) (SNP)
McAllan, Màiri (Clydesdale) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McKee, Cara (West Scotland) (Green)
McKee, Ivan (Glasgow Easterhouse and Springburn) (SNP)
McLennan, Paul (East Lothian Coast and Lammermuirs) (SNP)
McMillan, Stuart (Inverclyde) (SNP)
McNair, Marie (Clydebank and Milngavie) (SNP)
McNeill, Pauline (Glasgow) (Lab)
Melville, Lloyd (Angus South) (SNP)
Merrick, Colm (Glasgow Anniesland) (SNP)
Middleton, Jack (Aberdeen Central) (SNP)
Minto, Jenni (Argyll and Bute) (SNP)
Mitchell, Laura (Moray) (SNP)
Mochan, Carol (South Scotland) (Lab)
Moodie, Laura (South Scotland) (Green)
Nevens, Kate (Edinburgh and Lothians East) (Green)
Oswald, Kirsten (Eastwood) (SNP)
Rennie, Willie (Fife North East) (LD)
Roddick, Emma (Inverness and Nairn) (SNP)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Sangster, Katherine (Edinburgh and Lothians East) (Lab)
Sarwar, Anas (Glasgow) (Lab)
Slater, Lorna (Edinburgh Central) (Green)
Smith, Alyn (Stirling) (SNP)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stafford, Pauline (Bathgate) (SNP)
Stevenson, Collette (East Kilbride) (SNP)
Sweeney, Paul (Glasgow) (Lab)
Swinney, John (Perthshire North) (SNP)
Thewliss, Alison (Glasgow Central) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Young, Jenny (Central Scot and Lothians West) (Lab)

The Presiding Officer: The result of the division on amendment S7M-00228.1, in the name of Helen McDade, is: For 27, Against 98, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S7M-00228.4, in the name of Jackie Baillie, which seeks to amend motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's NHS, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Ahmed, Irshad (Edinburgh and Lothians East) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Bannerman, Max (Highlands and Islands) (Reform)
Baxter, Andrew (Skye, Lochaber and Badenoch) (LD)
Beresford, Senga (South Scotland) (Reform)
Bibby, Neil (West Scotland) (Lab)
Bland, Amanda (Central Scot and Lothians West) (Reform)
Briggs, Miles (Edinburgh and Lothians East) (Con)
Carson, Finlay (Galloway and West Dumfries) (Con)
Chou Turvey, Yi-pei (North East Scotland) (LD)
Clark, Katy (West Scotland) (Lab)
Cole-Hamilton, Alex (Edinburgh North Western) (LD)
Currie, Victor (Highlands and Islands) (Reform)
Dijkstra-Downie, Sanne (Edinburgh Northern) (LD)
Dunlop, Duncan (South Scotland) (LD)
Eagle, Tim (Highlands and Islands) (Con)
Fagan, Joe (South Scotland) (Lab)
Findlay, Russell (West Scotland) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scot and Lothians West) (Con)
Green, David (Caithness, Sutherland and Ross) (LD)
Griffin, Mark (Central Scot and Lothians West) (Lab)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Harley, Adam (Strathkelvin and Bearsden) (LD)
Hoy, Craig (Dumfriesshire) (Con)
Johnson, Daniel (Edinburgh Southern) (Lab)
Kerr, Liam (North East Scotland) (Con)
Kerr, Stephen (Mid Scotland and Fife) (Con)
Kerr, Thomas (Glasgow) (Reform)
Kirkwood, David (South Scotland) (Reform)
Langan, Jamie (South Scotland) (Reform)
Lindsay, Amanda (Central Scot and Lothians West) (Reform)
Long, Joe (Mid Scotland and Fife) (Lab)
Lumsden, Douglas (North East Scotland) (Con)
MacCallum, Morven-May (Highlands and Islands) (LD)
MacDougall, Julie (Mid Scotland and Fife) (Reform)
MacKinnon, Donald (Na h-Eileanan an Iar) (Lab)
Marra, Michael (North East Scotland) (Lab)
Massey, Duncan (North East Scotland) (Reform)
McArthur, Liam (Orkney Islands) (LD)
McDade, Helen (Mid Scotland and Fife) (Reform)
McNeill, Pauline (Glasgow) (Lab)
Mochan, Carol (South Scotland) (Lab)
Offord, Malcolm (West Scotland) (Reform)
Rennie, Willie (Fife North East) (LD)
Ross, Angela (Edinburgh and Lothians East) (Reform)
Sangster, Katherine (Edinburgh and Lothians East) (Lab)
Sarwar, Anas (Glasgow) (Lab)
Simpson, Graham (Central Scot and Lothians West) (Reform)
Simpson, Mark (North East Scotland) (Reform)
Smith, David (West Scotland) (Reform)
Sweeney, Paul (Glasgow) (Lab)
Young, Jenny (Central Scot and Lothians West) (Lab)

Against

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Anderson, Heather (Dundee City West) (SNP)
Arthur, Tom (Renfrewshire West and Levern Valley) (SNP)
Barratt, David (Cowdenbeath) (SNP)
Beattie, Colin (Midlothian North) (SNP)
Black, Dawn (Angus North and Mearns) (SNP)
Bonnar, Steven (Uddingston and Bellshill) (SNP)
Bouse, Gary (Falkirk West) (SNP)
Brown, Alan (Kilmarnock and Irvine Valley) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)

Brown, Siobhian (Ayr) (SNP)
Campbell, Kate (Edinburgh Eastern, Musselburgh and Tranent) (SNP)
Campbell, Michelle (Renfrewshire North and Cardonald) (SNP)
Constance, Angela (Almond Valley) (SNP)
Day, Martyn (Falkirk East and Linlithgow) (SNP)
Doris, Bob (Glasgow Kelvin and Maryhill) (SNP)
Dunbar, Jackie (Aberdeen Donside) (SNP)
Flynn, Stephen (Aberdeen Deeside and North Kincardine) (SNP)
Gethins, Stephen (Dundee City East) (SNP)
Ghani, Zen (Glasgow Cathcart and Pollok) (SNP)
Gibson, Patricia (Cunninghame South) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Goodlad, Hannah Mary (Shetland Islands) (SNP)
Gray, Neil (Airdrie) (SNP)
Hagmann, Katie (Carrick, Cumnock and Doon Valley) (SNP)
Haughey, Clare (Rutherglen and Cambuslang) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Kerr, Alex (Hamilton, Larkhall and Stonehouse) (SNP)
Kerr, Calum (Midlothian South, Tweeddale and Lauderdale) (SNP)
Kumar, Simita (Edinburgh South Western) (SNP)
Linden, David (Glasgow Baillieston and Shettleston) (SNP)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Macpherson, Ben (Edinburgh North Eastern and Leith) (SNP)
Martin, Gillian (Aberdeenshire East) (SNP)
McAllan, Màiri (Clydesdale) (SNP)
McKee, Ivan (Glasgow Easterhouse and Springburn) (SNP)
McLennan, Paul (East Lothian Coast and Lammermuirs) (SNP)
McMillan, Stuart (Inverclyde) (SNP)
McNair, Marie (Clydebank and Milngavie) (SNP)
Melville, Lloyd (Angus South) (SNP)
Middleton, Jack (Aberdeen Central) (SNP)
Minto, Jenni (Argyll and Bute) (SNP)
Mitchell, Laura (Moray) (SNP)
Oswald, Kirsten (Eastwood) (SNP)
Roddick, Emma (Inverness and Nairn) (SNP)
Smith, Alyn (Stirling) (SNP)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stafford, Pauline (Bathgate) (SNP)
Stevenson, Collette (East Kilbride) (SNP)
Swinney, John (Perthshire North) (SNP)
Thewliss, Alison (Glasgow Central) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Torrance, David (Kirkcaldy) (SNP)

Abstentions

Bruce, Holly (Glasgow Southside) (Green)
Burgess, Ariane (Highlands and Islands) (Green)
Chapman, Maggie (North East Scotland) (Green)
Duane, Iris (Glasgow) (Green)
Greer, Ross (West Scotland) (Green)
Harvie, Patrick (Glasgow) (Green)
Kinross-O'Neill, Kayleigh (Edinburgh and Lothians East) (Green)
Leask, Kristopher (Highlands and Islands) (Green)
Mackay, Gillian (Central Scot and Lothians West) (Green)
Manivannan, Q (Edinburgh and Lothians East) (Green)
McKee, Cara (West Scotland) (Green)
Moodie, Laura (South Scotland) (Green)
Nevens, Kate (Edinburgh and Lothians East) (Green)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Slater, Lorna (Edinburgh Central) (Green)

The Presiding Officer: The result of the division on amendment S7M-00228.4, in the name of Jackie Baillie, is: For 54, Against 55, Abstentions 15.

Amendment disagreed to.\

The Presiding Officer: The next question is, that amendment S7M-00228.2, in the name of Maggie Chapman, which seeks to amend motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's NHS, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be division.

The vote is closed.

Colm Merrick (Glasgow Anniesland) (SNP): On a point of order, Presiding Officer. The app did not record my vote. I would have voted no.

The Presiding Officer: Your vote has been recorded. Thank you.

Amanda Lindsay (Central Scotland and Lothians West) (Reform): On a point of order, Presiding Officer. Apologies—I could not connect. I would have voted no.

The Presiding Officer: Thank you. Your vote is recorded.

For

Ahmed, Irshad (Edinburgh and Lothians East) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Baxter, Andrew (Skye, Lochaber and Badenoch) (LD)
Bibby, Neil (West Scotland) (Lab)
Bruce, Holly (Glasgow Southside) (Green)
Burgess, Ariane (Highlands and Islands) (Green)
Chapman, Maggie (North East Scotland) (Green)
Clark, Katy (West Scotland) (Lab)
Cole-Hamilton, Alex (Edinburgh North Western) (LD)
Dijkstra-Downie, Sanne (Edinburgh Northern) (LD)
Duane, Iris (Glasgow) (Green)
Dunlop, Duncan (South Scotland) (LD)
Fagan, Joe (South Scotland) (Lab)
Green, David (Caithness, Sutherland and Ross) (LD)
Greer, Ross (West Scotland) (Green)
Griffin, Mark (Central Scot and Lothians West) (Lab)
Harley, Adam (Strathkelvin and Bearsden) (LD)
Harvie, Patrick (Glasgow) (Green)
Johnson, Daniel (Edinburgh Southern) (Lab)
Kinross-O'Neill, Kayleigh (Edinburgh and Lothians East) (Green)
Leask, Kristopher (Highlands and Islands) (Green)
Long, Joe (Mid Scotland and Fife) (Lab)
MacCallum, Morven-May (Highlands and Islands) (LD)
Mackay, Gillian (Central Scot and Lothians West) (Green)
MacKinnon, Donald (Na h-Eileanan an Iar) (Lab)
Manivannan, Q (Edinburgh and Lothians East) (Green)
Marra, Michael (North East Scotland) (Lab)
McArthur, Liam (Orkney Islands) (LD)
McKee, Cara (West Scotland) (Green)
McNeill, Pauline (Glasgow) (Lab)
Mochan, Carol (South Scotland) (Lab)

Moodie, Laura (South Scotland) (Green)
Nevens, Kate (Edinburgh and Lothians East) (Green)
Rennie, Willie (Fife North East) (LD)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Sangster, Katherine (Edinburgh and Lothians East) (Lab)
Sarwar, Anas (Glasgow) (Lab)
Slater, Lorna (Edinburgh Central) (Green)
Sweeney, Paul (Glasgow) (Lab)
Young, Jenny (Central Scot and Lothians West) (Lab)

Against

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Anderson, Heather (Dundee City West) (SNP)
Arthur, Tom (Renfrewshire West and Levern Valley) (SNP)
Barratt, David (Cowdenbeath) (SNP)
Beattie, Colin (Midlothian North) (SNP)
Beresford, Senga (South Scotland) (Reform)
Black, Dawn (Angus North and Mearns) (SNP)
Bland, Amanda (Central Scot and Lothians West) (Reform)
Bonnar, Steven (Uddingston and Bellshill) (SNP)
Bouse, Gary (Falkirk West) (SNP)
Briggs, Miles (Edinburgh and Lothians East) (Con)
Brown, Alan (Kilmarnock and Irvine Valley) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Brown, Siobhian (Ayr) (SNP)
Campbell, Kate (Edinburgh Eastern, Musselburgh and Tranent) (SNP)
Campbell, Michelle (Renfrewshire North and Cardonald) (SNP)
Carson, Finlay (Galloway and West Dumfries) (Con)
Constance, Angela (Almond Valley) (SNP)
Currie, Victor (Highlands and Islands) (Reform)
Day, Martyn (Falkirk East and Linlithgow) (SNP)
Doris, Bob (Glasgow Kelvin and Maryhill) (SNP)
Dunbar, Jackie (Aberdeen Donside) (SNP)
Eagle, Tim (Highlands and Islands) (Con)
Findlay, Russell (West Scotland) (Con)
Flynn, Stephen (Aberdeen Deeside and North Kincardine) (SNP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scot and Lothians West) (Con)
Gethins, Stephen (Dundee City East) (SNP)
Ghani, Zen (Glasgow Cathcart and Pollok) (SNP)
Gibson, Patricia (Cunninghame South) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Goodlad, Hannah Mary (Shetland Islands) (SNP)
Gray, Neil (Airdrie) (SNP)
Hagmann, Katie (Carrick, Cumnock and Doon Valley) (SNP)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Haughey, Clare (Rutherglen and Cambuslang) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hoy, Craig (Dumfriesshire) (Con)
Kerr, Alex (Hamilton, Larkhall and Stonehouse) (SNP)
Kerr, Calum (Midlothian South, Tweeddale and Lauderdale) (SNP)
Kerr, Liam (North East Scotland) (Con)
Kerr, Stephen (Mid Scotland and Fife) (Con)
Kerr, Thomas (Glasgow) (Reform)
Kirkwood, David (South Scotland) (Reform)
Kumar, Simita (Edinburgh South Western) (SNP)
Langan, Jamie (South Scotland) (Reform)
Linden, David (Glasgow Baillieston and Shettleston) (SNP)
Lindsay, Amanda (Central Scot and Lothians West) (Reform)
Lumsden, Douglas (North East Scotland) (Con)
MacDougall, Julie (Mid Scotland and Fife) (Reform)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Macpherson, Ben (Edinburgh North Eastern and Leith) (SNP)
Martin, Gillian (Aberdeenshire East) (SNP)
Massey, Duncan (North East Scotland) (Reform)
McAllan, Màiri (Clydesdale) (SNP)
McDade, Helen (Mid Scotland and Fife) (Reform)
McKee, Ivan (Glasgow Easterhouse and Springburn) (SNP)
McLennan, Paul (East Lothian Coast and Lammermuirs) (SNP)
McMillan, Stuart (Inverclyde) (SNP)
McNair, Marie (Clydebank and Milngavie) (SNP)
Melville, Lloyd (Angus South) (SNP)
Merrick, Colm (Glasgow Anniesland) (SNP)
Middleton, Jack (Aberdeen Central) (SNP)
Minto, Jenni (Argyll and Bute) (SNP)
Mitchell, Laura (Moray) (SNP)
Offord, Malcolm (West Scotland) (Reform)
Oswald, Kirsten (Eastwood) (SNP)
Roddick, Emma (Inverness and Nairn) (SNP)
Ross, Angela (Edinburgh and Lothians East) (Reform)
Simpson, Graham (Central Scot and Lothians West) (Reform)
Simpson, Mark (North East Scotland) (Reform)
Smith, Alyn (Stirling) (SNP)
Smith, David (West Scotland) (Reform)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stafford, Pauline (Bathgate) (SNP)
Stevenson, Collette (East Kilbride) (SNP)
Swinney, John (Perthshire North) (SNP)
Thewliss, Alison (Glasgow Central) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Torrance, David (Kirkcaldy) (SNP)

Abstentions

Chou Turvey, Yi-pei (North East Scotland) (LD)

The Presiding Officer: The result of the division on amendment S7M-00228.2, in the name of Maggie Chapman, is: For 41, Against 82, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's NHS, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

David Green (Caithness, Sutherland and Ross) (LD): On a point of order, Presiding Officer. The system did not work, but I would have voted no.

The Presiding Officer: Your vote is recorded. Thank you.

Collette Stevenson (East Kilbride) (SNP): On a point of order, Presiding Officer. My app appears to have frozen. I would have voted yes.

The Presiding Officer: Thank you. Your vote is recorded.

For

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Ahmed, Irshad (Edinburgh and Lothians East) (Lab)
Anderson, Heather (Dundee City West) (SNP)
Arthur, Tom (Renfrewshire West and Levern Valley) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Bannerman, Max (Highlands and Islands) (Reform)
Barratt, David (Cowdenbeath) (SNP)
Beattie, Colin (Midlothian North) (SNP)
Beresford, Senga (South Scotland) (Reform)
Bibby, Neil (West Scotland) (Lab)
Black, Dawn (Angus North and Mearns) (SNP)
Bland, Amanda (Central Scot and Lothians West) (Reform)
Bonnar, Steven (Uddingston and Bellshill) (SNP)
Bouse, Gary (Falkirk West) (SNP)
Briggs, Miles (Edinburgh and Lothians East) (Con)
Brown, Alan (Kilmarnock and Irvine Valley) (SNP)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Brown, Siobhian (Ayr) (SNP)
Campbell, Kate (Edinburgh Eastern, Musselburgh and Tranent) (SNP)
Campbell, Michelle (Renfrewshire North and Cardonald) (SNP)
Carson, Finlay (Galloway and West Dumfries) (Con)
Clark, Katy (West Scotland) (Lab)
Constance, Angela (Almond Valley) (SNP)
Currie, Victor (Highlands and Islands) (Reform)
Day, Martyn (Falkirk East and Linlithgow) (SNP)
Doris, Bob (Glasgow Kelvin and Maryhill) (SNP)
Dunbar, Jackie (Aberdeen Donside) (SNP)
Eagle, Tim (Highlands and Islands) (Con)
Fagan, Joe (South Scotland) (Lab)
Findlay, Russell (West Scotland) (Con)
Flynn, Stephen (Aberdeen Deeside and North Kincardine) (SNP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scot and Lothians West) (Con)
Gethins, Stephen (Dundee City East) (SNP)
Ghani, Zen (Glasgow Cathcart and Pollok) (SNP)
Gibson, Patricia (Cunninghame South) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Goodlad, Hannah Mary (Shetland Islands) (SNP)
Gray, Neil (Airdrie) (SNP)
Griffin, Mark (Central Scot and Lothians West) (Lab)
Hagmann, Katie (Carrick, Cumnock and Doon Valley) (SNP)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Haughey, Clare (Rutherglen and Cambuslang) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hoy, Craig (Dumfriesshire) (Con)
Johnson, Daniel (Edinburgh Southern) (Lab)
Kerr, Alex (Hamilton, Larkhall and Stonehouse) (SNP)
Kerr, Calum (Midlothian South, Tweeddale and Lauderdale) (SNP)
Kerr, Liam (North East Scotland) (Con)
Kerr, Stephen (Mid Scotland and Fife) (Con)
Kerr, Thomas (Glasgow) (Reform)
Kirkwood, David (South Scotland) (Reform)
Kumar, Simita (Edinburgh South Western) (SNP)
Langan, Jamie (South Scotland) (Reform)
Linden, David (Glasgow Baillieston and Shettleston) (SNP)
Lindsay, Amanda (Central Scot and Lothians West) (Reform)
Long, Joe (Mid Scotland and Fife) (Lab)
Lumsden, Douglas (North East Scotland) (Con)
MacDougall, Julie (Mid Scotland and Fife) (Reform)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
MacKinnon, Donald (Na h-Eileanan an Iar) (Lab)
Macpherson, Ben (Edinburgh North Eastern and Leith) (SNP)
Marra, Michael (North East Scotland) (Lab)
Martin, Gillian (Aberdeenshire East) (SNP)
Massey, Duncan (North East Scotland) (Reform)
McAllan, Màiri (Clydesdale) (SNP)
McDade, Helen (Mid Scotland and Fife) (Reform)
McKee, Ivan (Glasgow Easterhouse and Springburn) (SNP)
McLennan, Paul (East Lothian Coast and Lammermuirs) (SNP)
McMillan, Stuart (Inverclyde) (SNP)
McNair, Marie (Clydebank and Milngavie) (SNP)
McNeill, Pauline (Glasgow) (Lab)
Melville, Lloyd (Angus South) (SNP)
Merrick, Colm (Glasgow Anniesland) (SNP)
Middleton, Jack (Aberdeen Central) (SNP)
Minto, Jenni (Argyll and Bute) (SNP)
Mitchell, Laura (Moray) (SNP)
Mochan, Carol (South Scotland) (Lab)
Offord, Malcolm (West Scotland) (Reform)
Oswald, Kirsten (Eastwood) (SNP)
Roddick, Emma (Inverness and Nairn) (SNP)
Ross, Angela (Edinburgh and Lothians East) (Reform)
Sarwar, Anas (Glasgow) (Lab)
Simpson, Graham (Central Scot and Lothians West) (Reform)
Simpson, Mark (North East Scotland) (Reform)
Smith, Alyn (Stirling) (SNP)
Smith, David (West Scotland) (Reform)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stafford, Pauline (Bathgate) (SNP)
Stevenson, Collette (East Kilbride) (SNP)
Sweeney, Paul (Glasgow) (Lab)
Swinney, John (Perthshire North) (SNP)
Thewliss, Alison (Glasgow Central) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Young, Jenny (Central Scot and Lothians West) (Lab)

Against

Baxter, Andrew (Skye, Lochaber and Badenoch) (LD)
Chou Turvey, Yi-pei (North East Scotland) (LD)
Cole-Hamilton, Alex (Edinburgh North Western) (LD)
Dijkstra-Downie, Sanne (Edinburgh Northern) (LD)
Green, David (Caithness, Sutherland and Ross) (LD)
MacCallum, Morven-May (Highlands and Islands) (LD)

Abstentions

Bruce, Holly (Glasgow Southside) (Green)
Burgess, Ariane (Highlands and Islands) (Green)
Chapman, Maggie (North East Scotland) (Green)
Duane, Iris (Glasgow) (Green)
Dunlop, Duncan (South Scotland) (LD)
Greer, Ross (West Scotland) (Green)
Harvie, Patrick (Glasgow) (Green)
Kinross-O'Neill, Kayleigh (Edinburgh and Lothians East) (Green)
Leask, Kristopher (Highlands and Islands) (Green)
Mackay, Gillian (Central Scot and Lothians West) (Green)
Manivannan, Q (Edinburgh and Lothians East) (Green)
McArthur, Liam (Orkney Islands) (LD)

McKee, Cara (West Scotland) (Green)
Moodie, Laura (South Scotland) (Green)
Nevens, Kate (Edinburgh and Lothians East) (Green)
Rennie, Willie (Fife North East) (LD)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Slater, Lorna (Edinburgh Central) (Green)

The Presiding Officer: The result of the division on motion S7M-00228, in the name of Angela Constance, on investing, protecting and renewing Scotland's NHS, is: For 99, Against 6, Abstentions 18.

Motion agreed to,

That the Parliament recognises and commends the hard-working staff across Scotland's NHS; thanks them for the significant progress they have delivered, including long waits down 11 months in a row, and welcomes the Scottish Government's commitment to working with all staff across Scotland's Health and Social Care sectors to deliver further reform and renewal.

The Presiding Officer: That concludes decision time.

Meeting closed at 17:03.

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