PUBLIC PETITIONS COMMITTEE

Tuesday 20 June 2000 (*Afternoon*)

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PUBLIC PETITIONS COMMITTEE

11th Meeting 2000, Session 1

CONVENER

*Mr John McAllion (Dundee East) (Lab)

DEPUTY CONVENER

*Pauline McNeill (Glasgow Kelvin) (Lab)

COMMITTEE MEMBERS

Helen Eadie (Dunfermline East) (Lab) *Christine Grahame (South of Scotland) (SNP) *John Scott (Ayr) (Con) *Mrs Margaret Smith (Edinburgh West) (LD) *Ms Sandra White (Glasgow) (SNP)

*attended

THE FOLLOWING MEMBERS ALSO ATTENDED:

Mr Duncan Hamilton (Highlands and Islands) (SNP) Mr Andrew Welsh (Angus) (SNP)

WITNESSES

Mr Richard McKenzie Mr Alex McQuire Mrs Rita McQuire Councillor Rob Murray Mrs Averil Watson

SENIOR ASSISTANT CLERK

Steve Farrell

ASSISTANTCLERKS

David Igoe Jane Sutherland

Loc ATION Committee Room 3

Scottish Parliament

Public Petitions Committee

Tuesday 20 June 2000

(Afternoon)

[THE CONVENER opened the meeting in private at 14:05]

Meeting continued in public at 15:16.

The Convener (Mr John McAllion): Welcome to the 11th meeting of the Public Petitions Committee. I apologise to members of the public who have been kept waiting, but the committee takes the procedure for petitions seriously, as can be seen by the length of the time that we spent debating it. We hope that we will get it right in the end.

New Petitions

The Convener: The first petition is PE217, from Glenorchy and Innishail Community Council, on doctor allocation.

Averil Wilson and Richard McKenzie are here to speak to the petition.

Mrs Averil Watson: It is Averil Watson.

The Convener: I am sorry. Your name is noted as Wilson in my papers.

Mrs Watson: Our community has raised the petition in response to huge public worry and anger at the threat to their medical practice. Like so many rural practitioners—especially those in single-handed practices—our doctor is seriously overworked. The local health boards and the trusts openly acknowledge that. We have appealed to the health executive to appoint a part-time partner, but have been told that the appointing body—the Scottish Medical Practices Committee—cannot recommend it. That is because we do not conform to the formula used to calculate eligibility.

The formula operated by the SMPC is laid down in health executive guidelines and does not take into account such important factors as the lack of ancillary nursing cover; inadequate ambulance cover; the distance to the nearest hospitals; night call-outs; the accident and emergency role of GPs in rural practices; the increasing frailty and number of coach party visitors—over 750,000 in our area; increasing numbers of visitors involved in dangerous sports; increasing expectations of patients; increasing requirements for preventive medicine and patient education; increasing requirements for blood sampling and monitoring; increasing requirements for record keeping; inadequate surgery facilities; hours worked as opposed to the number of patients seen; recommendations of the Arbuthnott report; the difficulty of filling vacancies in rural practices especially when the incumbent practitioner leaves due to overwork; and the impact of unsatisfactory medical services on fragile rural communities. Along with the village school, the doctor is the most important factor in keeping a village viable.

Those are all factors that are not in the SMPC's remit. When the community council brought those considerations to its notice, the SMPC asked the health board to respond. The health board had consistently asserted that the doctor was grossly overworked and had purported to support the application whole-heartedly. However, the health board failed to carry that through and stated that the medical services in Dalmally were adequate. Why did that happen? Was it because the board was at fault, for not providing adequate ancillary services? Was it because the board and the SMPC have to work together on a close and continuing basis?

The community council is not satisfied that all factors have been taken into account. Neither our MSPs nor ourselves know the content of the deliberations, so we cannot agree that the SMPC functions transparently.

We want the matter to be properly reviewed, with all factors taken into account. Our doctor has resigned from the practice and will leave at the end of July. That step was taken with great reluctance, but the work load and continuing strain of uncertainty forced the issue. The doctor's unwilling departure has proved the point that the practice is unworkable for a single-handed practitioner.

Unfortunately, ours is not an isolated case. It is repeated all over the country. Ever more is expected of the rural practitioner; they cannot be expected to carry that increasing burden alone. They must be given partnership help. In terms of the NHS budget, the cost of supplying every single-handed practice in Scotland with a partner is minimal. Interestingly, finance has never been given as an excuse for refusing us a partnership. The only reason that has been given is that we, like others, do not conform to the set formula for qualification.

We want to see the cases of all single-handed doctors considered for partnerships and hope that the petition, which has cross-party support—as well as the support of an overwhelming 95 per cent of patients—will be successful in ultimately achieving that aim.

The Convener: Thank you.

Does Mr McKenzie want to add any comments?

Mr Richard McKenzie: There is a similar body in England and Wales, the Medical Practices Committee. Its chairperson stated in the general practitioners magazine on 17 September that work load, not list size, decides GP numbers.

The work load should be considered rather than the numbers. We are told that we have a list of 650 patients, so we do not need another doctor. However, 6,000 people come through one hotel. When we showed those figures to the health authorities, we were told that those are only potential cases and they can count only actual cases. I would like to know about the 650 potential patients living in Dalmally; that is the same. The west Highland way runs through our area.

We have contacted the Minister for Health and Community Care—we received letters from the Executive—and the SMPC, and have gone back to the health board. We have explored every avenue that we could think of, and this is our only way forward. This is not just about us; it is an issue that affects all rural practices.

The Convener: Duncan Hamilton is here to speak to the petition.

Mr Duncan Hamilton (Highlands and Islands) (SNP): I will speak very briefly, because I think that the main points have been covered. In view of the previous discussion, I want to emphasise that we have been down all other possible avenues. This is a national problem—a national formula. I imagine that the Health and Community Care Committee would be the appropriate body to carry out a specific inquiry into the impact of the formula on rural practices and GPs across Scotland. This may also be a matter for the Rural Affairs Committee.

The Convener: You mentioned that you had contacted the Executive, the Minister for Health and Community Care and the SMPC. What response have you received? Are they sticking rigidly to the formula?

Mr McKenzie: Yes. We had to appeal against the SMPC's decision. We were then referred back to the health board, which wrote a stronger letter. The matter went round and round like that, until the SMPC ruled that if the health board accepted our view that the health service that was being provided was inadequate, an additional part-time partner should be appointed. However, the health board decided to say no.

Let me give a simple example from the work load of a doctor. The midwives are based in Oban, and that service is already overstretched. Bridge of Orchy and Eredine, the two outlying places that are served by our practice, are 52 miles apart. Because the midwives cannot get to patients in those places, the doctor has to step in. We have an ambulance, which has one driver. Does the committee know that if that ambulance goes to the scene of a road traffic accident, it cannot take the patient to hospital, because there is nobody in the back of it? We are not told that, so we have to dig out all the facts. However, we are told that we have an ambulance.

That is the sort of thing that happens. All the effort that is being put in is diluted by the geographical spread of the area. Our nearest practice is Killin, which is three quarters of an hour's drive away. That means that there cannot be cover.

Christine Grahame (South of Scotland) (SNP): If you have correspondence with the other parties that you have dealt with, it would useful if that could be sent to the committee to which this petition is referred, so that it can see clearly what you have already done. The committee will not then go over the same ground.

Mr McKenzie: All the documents are here, numbered 1 to 12. They have been passed to Duncan Hamilton and to other members of the Parliament.

Christine Grahame: Thank you.

The Convener: Can they also be passed to this committee?

Mr McKenzie: If you wish.

Mrs Margaret Smith (Edinburgh West) (LD): I echo the point that Christine Grahame has just made about how useful it would be for us to have background correspondence. Like Duncan Hamilton, I am pleased that you have done a great deal of work before turning to the Parliament. You have come to us almost as the final port of call. That allows us to have access to the information that you have already gathered.

I would like to ask a procedural question, which is directed more at the clerk than at the petitioners. The Health and Community Care Committee, to which the petition is likely to be referred, has taken the line that it is not for the committee to make decisions about local health care services; that is for health boards and others. However, some of the points that have been made relate to issues of strategic importance. Those include the role of the SMPC—whether it is an open body whose decisions are transparent—and the problems of single-handed practitioners, particularly in rural areas. Although I have a great deal of sympathy for this particular case, it is a matter for the health board.

Can we turn this petition, which is about one specific practice, into a petition that also includes the issues behind that practice? The petitioners have told us about those issues, which are relevant; however, the petition as it stands is very much about one medical practice. I am asking for a little procedural guidance about what we should do with the petition, because we have gone down this road before and I know where we will end up.

The Convener: At the moment, we are questioning the petitioners directly; we will deal with that issue when we come to discuss the petition. We have advice on the point that Margaret Smith has raised.

Do members have any further questions specifically for the petitioners?

Members indicated disagreement.

The Convener: In that case, I thank the petitioners for coming to the committee.

Mr McKenzie: Thank you very much indeed.

The Convener: Please stay where you are for the moment, because we will discuss what should happen to your petition.

The initial suggestion in the paper was that I would write to the SMPC to ask it to comment directly on the petition. However, at that stage, we did not have the information that we have now received verbally from the petitioners. The clerk has advised me that it is possible for the committee to refer the petition to the Health and Community Care Committee, asking it to examine the national questions arising from the petition and to make recommendations, but we must first consider the correspondence that was referred to and which we have not yet seen.

After we do that, we can refer the petition to the Health and Community Care Committee, asking it to consider the SMPC's criteria for awarding doctors, particularly in rural areas.

15:30

Ms Sandra White (Glasgow) (SNP): Although I agree with that, perhaps the petition should also be referred to the Rural Affairs Committee, at least for noting.

The Convener: The usual procedure is to ask a particular committee to take the lead position, and that committee will refer the petition to other committees. Obviously, the Rural Affairs Committee would be one of those committees.

John Scott (Ayr) (Con): In that case, we will have to write to the Health and Community Care Committee and ask it not to consider the individual circumstances of the petition as such, but the broad picture.

The Convener: That is the recommendation. The Health and Community Care Committee will use the petition as the basis for examining the national issue of the SMPC criteria for awarding GPs. Pauline McNeill (Glasgow Kelvin) (Lab): I agree with the convener's points. We should draw the Health and Community Care Committee's attention to the last line of the petition's covering letter, which talks about appointing another parttime partner

"even if this requires the formula for such an appointment to be amended".

I think that that covers the point.

Christine Grahame: I have a technical point. Have the petitioners filled in the part of the petition which asks them what they want the Scottish Parliament to do?

The Convener: That is on the second page.

Mr Hamilton: May I make a suggestion? On previous occasions, we have used the term "indicative case" for such examples. That might be a useful way forward for the Health and Community Care Committee.

The Convener: That sounds fair enough.

Mrs Smith: Although I agree with the point about the indicative case, do you intend the Public Petitions Committee to do anything else on this specific issue?

The Convener: We could write directly to the SMPC and say that, although we have passed the petition to the Health and Community Care Committee to examine national considerations, we think that action should be taken on this specific case.

Mrs Smith: That would both cover the individual case and raise the wider national implications for the subject committee.

The Convener: Most members would agree that we could intervene on behalf of the petitioner.

The next petitions are PE221, from Councillor Rob Murray on behalf of Angus Council and PE222, from Mr Simon Cole-Hamilton on behalf of Inverness and District Chamber of Commerce, and relate to the award of assisted area status for the two areas referred to.

Councillor Murray will address his petition.

Councillor Rob Murray: Thank you very much for the opportunity to speak today. I should advise the committee that yesterday we were informed by the Minister for Enterprise and Lifelong Learning that Arbroath is not to be restored to the assisted area status map.

However, that said, I still appeal for the committee's support to help Arbroath even at this late hour and to stop an injustice being done. There are two main grounds for that appeal, the first of which is the issue of fairness. Arbroath's case, which in meetings with ministers has been

variously described as "very compelling" to "irrefutable", is based on its unemployment rate and manufacturing dependency. Although, given those criteria, Arbroath has the third best case for inclusion of the 60 former travel-to-work areas in Scotland, it is being removed from the assisted area status map while travel-to-work areas with the 45th and 50th best cases are being added for the first time. That is happening against a backcloth of the need to reduce population coverage.

The second ground for this appeal for support is value for money. What was the point of ploughing all that money into Arbroath over the past decade or so if support is to be choked off before the job is finished? All the good work that has been done is in danger of being undone, and much of it might now be a waste of money.

The people of Arbroath feel strongly about the issue, and further copies of the petition continue to land on my desk each day. I ask for the committee's support for the people of Arbroath in their attempt to have the Minister for Enterprise and Lifelong Learning change his decision, even at this late hour.

Mr Andrew Welsh (Angus) (SNP): I want to add my support to Councillor Murray, Angus Council and the petitioners. This is an example of the whole community—commerce, industry and individuals—united in support for the reinstatement of Arbroath on the regional selective assistance map. This is an all-party, non-partisan campaign; it also has the support of City of Dundee Council, which realises the wider effects of the decision if it is implemented.

There is a sense of urgency as those matters are currently being discussed in Europe; there is also a sense of frustration, because everyone has said that our case is compelling. As Councillor Murray pointed out, in terms of unemployment and loss of manufacturing industry, we have the third best case in Scotland. Despite that, Arbroath has been taken off the map.

Europe is not a problem, because the decision has been made in Scotland. The European Commission and the Department of Trade and Industry have both said that they will accept whatever the Scottish Executive and the Scotland Office recommend. As a result, I hope that, given the massive importance of such status to Arbroath, the committee will recommend that the matter be considered by the Enterprise and Lifelong Learning Committee, as the matter involves employment and the economy.

I thank the committee for listening and hope that that injustice will be righted. I want justice to be done on the merits of the case.

The Convener: Coming from Dundee, I can

also stress that it is not often that Dundee and Angus agree with each other; however, they agree very strongly in this case, which is nice to report.

Christine Grahame: Although I hear what Andrew Welsh is saying about Europe not being the problem, is there any merit in remitting the petition to the European Committee, so that we can add its weight to the case?

Mr Welsh: If the European Committee were to do so, that would be welcome. However, it is ultimately a matter of the economy and employment.

Christine Grahame: I quite see your point about the Enterprise and Lifelong Learning Committee. I just thought that the European Committee might be a useful ancillary committee.

Councillor Murray: The European Commission has stated that this is an exercise in subsidiarity and that it expects member states to draw up the map. The Commission will accept the map from the member states, provided that it fits the criteria. As a result, I think that it is more an issue for the Enterprise and Lifelong Learning Committee.

Christine Grahame: So you see no merit in the European Committee of the Parliament considering the petition and coming to a view on the matter.

Councillor Murray: I doubt whether there would be any benefit in that.

Mr Welsh: The petitioners would be glad of all the support they can get. Arbroath has a massively strong case on its merits, and we want to argue the case on those merits. An injustice is being committed. If the Parliament's committees will investigate that injustice and support the righting of that wrong, we will gratefully receive that support.

Mrs Smith: Can you clarify the time scale that we are talking about, so that we can take that aspect into consideration when making any recommendations?

Mr Welsh: It is a matter of urgency. I have been told that it is an on-going process. The initial statement on the map for Scotland will be taken on board by the DTI and argued in Europe. Our case will be undermined if the Scotlish Executive and the Scotland Office do not support the reinstatement of Arbroath. It is an anomaly and an injustice, and the sooner that it is righted, the better. The map that goes to the DTI, and through the DTI to Europe, is crucial.

The Convener: Do you know when that will happen?

Mr Welsh: I could not give you a date because I have not been given one.

Mrs Smith: Could we ask for clarification on that point?

The Convener: There has to be approval by September 2000.

John Scott: What reasons has the Government given for not including Arbroath in the assisted areas?

Councillor Murray: The basic reason that has been given is the need to reduce the population coverage.

Mr Welsh: The Executive says that it is following European rules, that the matter is reserved and that the decision is due to mapping methodology. I do not believe that it can hide behind any of those explanations. Arbroath's case is based on the criteria of unemployment and the loss of manufacturing jobs. Arbroath does not want to hold out a begging bowl. In the past decade, we have lost 1,000 manufacturing jobs. The people who are petitioning you have pulled themselves up by the bootstraps and have created new industry, but the growth is fragile. With regional selective assistance, we could make the growth sustainable; without RSA, we would be mightily handicapped. We want an economy that is strengthened and sustained. If we do not get RSA, we will lose jobs and opportunities.

The Convener: If there are no other questions to the petitioners, we will move on to discussion about what to do. Various avenues are open to us. I understand from the clerk that the European Committee and the Enterprise and Lifelong Learning Committee have said that they do not intend to get involved in cases for individual areas, although we can pass the petition to them for their information and we can take the matter up with the minister.

Christine Grahame: With respect to those committees—

The Convener: That means that you are going to attack them.

Christine Grahame: No. The point that is being made is that they should examine the application of the principles. It is similar to what has been said about the case for health in certain areas. It is not that a special case is being made here. The question is whether the right principles are being applied and whether they are being applied properly, using the European criteria.

Ms White: We are all being told not to interfere with other committees. On this occasion, we are being told before we take a decision that other committees do not intend to do anything.

The Convener: No. They were not talking about this petition. They do not know about this petition.

Ms White: When are committees informed of

petitions?

The Convener: The clerk phones round every committee and asks them for their views. The indication was that they did not want to become involved in arguing for one part of Scotland against another.

Ms White: So they are talking about this petition—that is what I wanted to clarify.

The Convener: It is for us to decide on this matter. I think that the person whom we should contact most urgently is Henry McLeish, because he is the one who will forward the map. In the first instance, the petition should go to him, with a plea to take it into account and to reconsider his decision on Arbroath. At the same time, we could send the petition to the European Committee and the Enterprise and Lifelong Learning Committee for information.

Mrs Smith: We should ask Henry McLeish what the active criteria are and how the Scottish Executive is applying them. That would be helpful not only in the case of Arbroath, but in the case of Muirhouse in my constituency and no doubt for MSPs around Scotland.

The Convener: Does everybody agree with that?

Members: Yes.

Christine Grahame: We will perhaps deal with this in our paper on procedures: it might be helpful to be able to reformulate a petition when the petitioner is present, with the leave of the petitioner. We have here a specific request, but we want to ask what criteria apply—we are asking for an indicative model.

The Convener: To be fair, given the announcement that was made this morning, events have overtaken the petition.

It is agreed that the petition will be submitted to Henry McLeish and that copies will be sent for information to the European Committee and the Enterprise and Lifelong Learning Committee.

Petition PE223, from Mr and Mrs A McQuire, calls on the Scottish Parliament to ensure that multiple sclerosis sufferers in Lothian are not denied the opportunity to be prescribed beta interferon. Mr and Mrs McQuire will address the committee for a few minutes.

Mrs Rita McQuire: Convener, anyone unfortunate enough to be told that they have multiple sclerosis leaves the surgery in a daze, with no prescription in their hand, not knowing what is ahead of them and thinking the worst. According to Dr Lorna Layward, in the March 2000 edition of "MS News", axons can be damaged in the early stages of MS, so treatment should start as soon as possible. My daughter was diagnosed as having MS approximately 16 years ago, but she received no medication to help her. Annette had other attacks, from which she recovered, until three and a half years ago, when she had a really bad attack. It was then—13 years after diagnosis—that she started to receive medication, but that was only a muscle relaxant, baclofen. She had another attack three months ago and spent 10 weeks in hospital.

15:45

Beta interferon is licensed for secondary progressive MS, which my daughter has. Several large-scale trials have shown that the drug has an impact, not only in reducing the number, duration and severity of relapses, but in slowing down the progression of disability—that information comes from the MS Research Trust, February 2000.

Lothian Health says that beta interferon represents too high a cost for too little benefit. Other health boards, which must have access to the same information as Lothian Health has, are prepared to fund the drug. We object to the negative attitude to, and grossly unfair treatment of, MS sufferers in Lothian. When the national health service was introduced in 1948, it was to help everyone, whatever their ailment. Nowhere was it written that people who had multiple sclerosis should not apply. We can provide information to support the case for beta interferon. Thank you for allowing me to speak to you today.

Mr Alex McQuire: I would like to add a few points. I have a list of health boards that allow the use of beta interferon: Borders Health Board, Dumfries and Galloway Health Board, Forth Valley Health Board, Highland Health Board, Lanarkshire Health Board, Orkney Health Board, Shetland Health Board, and Tayside Health Board. However, Lothian Health does not allow its use.

Mr Stanley Hawkins, who is a consultant neurologist at the Royal Victoria hospital in Belfast, wrote that a recent clinical trial had shown that beta interferon was effective in people with secondary progressive multiple sclerosis.

Lothian Health claims that the drug represents too high a cost for too little benefit, but there is a cost in human suffering. The cost has been to my daughter, my son-in-law, my granddaughter, my wife and me. To have someone with multiple sclerosis in the family is a devastating position to be in.

The Convener: Thank you. Are there any questions to Mr or Mrs McQuire?

Ms White: I see that the petition has 4,000 signatures. Have you, or any other petitioner, contacted Lothian Health or any other health board? If so, what answer did you get on the

refusal to supply the drug?

Mrs McQuire: We contacted Lothian Health. We met Trevor Jones and Barry Sealy and put to them the case that we have put to you. We received the same response that we received in response to letters, which was that the costs outweighed the benefits. No matter how little the benefit, to a person with MS, a little is a lot.

Christine Grahame: Has it always been the case that Lothian Health has not provided beta interferon?

Mrs McQuire: Yes, as far as I know. A trial must be under way, because I have spoken to one girl in Edinburgh who is on beta interferon.

Pauline McNeill: Do you have any facts and figures on the number of sufferers in the Lothian Health area? Can you give us an indication of the cost issues?

Mr McQuire: There are about 700 people in Lothian with MS. There is only one MS nurse for Lothian. It is always said that people will be better off with an MS nurse and physiotherapy. Physiotherapists have to be specially trained in handling people with neurological disorders. An ordinary physiotherapist is not sufficient for somebody who is suffering from MS.

Pauline McNeill: Do you have any information on the cost of beta interferon?

Mrs McQuire: Yes. The approximate cost is £10,000 a year per patient.

Mr McQuire: That is not the whole story. At present we look after my daughter, but I am 70, my wife is 68 and we are not in the best of condition. Eventually my daughter will require far more hospitalisation than she needs at the moment. We will have to get in agencies to look after her, and eventually my son-in-law may have to pack in his job. If he does that, he will not be paying any national insurance. The cost to the country—not just to the national health service—will be far more than £10,000.

Pauline McNeill: You have obviously done a bit of work on this subject. Do you know whether, if the drug were prescribed for more sufferers, the cost would be likely to come down from £10,000?

Mrs McQuire: I could not tell you.

Mr McQuire: I know that in the United States the cost of the drug is about two thirds what it is in Britain, as that is tied up with the number of people who obtain it.

John Scott: It is more expensive to buy beta interferon treatment in the UK than it is anywhere else in the world. A similar course of treatment costs \$10,000 in America.

The fact that no figures are held nationally and all are held locally in each area health board needs to be addressed by the Health and Community Care Committee. If we want to work out how to treat pockets of multiple sclerosis across the country, we need to collate figures and to identify where the pockets are and why they are there. That will give us a basis for treatment. There are 700 sufferers in Lothian, but not all of them would be given a course of beta interferon, as that is aimed specifically at people with relapsing and remitting secondary MS. The cost of treatment with the drug is not, therefore, as great as it would be if all MS sufferers were to be treated with it.

The Convener: We are straying into a discussion of what to do with the petition, instead of asking the petitioners questions. However, if there are no more questions for the petitioners, we will now discuss what to do with the petition. The petitioners are welcome to stay to hear that discussion.

Mrs Smith: I have listened to what the petitioners had to say about their daughter and the on-going problems that they and people in a similar situation have to face, given that MS is a deteriorative condition. However, beta interferon is not a cure and it does not help everybody. Not every person with MS would benefit from it.

John Scott is absolutely right to say that there are well-known pockets, such as Shetland. The Health and Community Care Committee should not necessarily examine those pockets; the management executive of the health department should do the work of identifying the pockets.

A related matter, which is not addressed in the petition, is the wider issue of postcode prescribing. The Health Technology Board for Scotland has recently been set up. When Sam Galbraith was the Scottish Office minister with responsibility for health, he issued a press release saying that that body would tackle the problem of postcode prescribing, but it fails to do so. I would like to know whether the Health Technology Board for Scotland has any role in considering the prescribing of beta interferon. As the petitioner says, a number of health boards feel able to prescribe it and others do not.

As well as asking Lothian Health why it does not prescribe beta interferon, we should ask what mechanisms it used to make that decision. I would also like clarification on the point raised by the petitioner about whether there is a pilot scheme in Lothian and whether some people are, in fact, getting beta interferon while others are not. We could ask the minister why the drug costs more in Scotland than it does elsewhere and we could also write to the Health Technology Board for Scotland. We need a lot more information on this petition. This is not a question of saying that every person who has MS needs beta interferon, but there are a number of questions that must be answered. If we can get clarification on those points, that would be useful in itself, regardless of what we decide to do with the petition after that.

Ms White: We must decide where this petition is to go. What Margaret Smith says is quite correct, but those questions could be asked at the Health and Community Care Committee. Apart from the recommended action-which I agree with-I suggest that we pass the petition to the Health and Community Care Committee, which can ask the relevant questions, discuss the issue and perhaps take evidence from a representative of Lothian Health. The Health and Community Care Committee is probably the best committee to ask those crucial questions. We might not get as good an answer if we were to write as the Public Petitions Committee, but the Health and Community Care Committee could also write to the health board and ask representatives to come and speak to that committee. That would be a good road to go along.

The Convener: The issue before us is whether to refer this petition to the Health and Community Care Committee or whether to do some work on our own before passing it on to that committee. We need to take Margaret Smith's advice on that, as she knows the work load of the Health and Community Care Committee better than anyone.

Pauline McNeill: I feel that we should do a bit more work before we decide where to send the petition. Margaret, you referred to a body—

Mrs Smith: The Health Technology Board for Scotland.

Pauline McNeill: That is the most important body to ask how postcode prescribing in Lothian can be justified. If that means writing to the Minister for Health and Community Care for her comments on that body's work, we should cut to the chase and do that.

John Scott: I totally agree. The underlying question is whether there is prescription by postcode—the question that must go straight to the minister is, "Are you content that that situation continues?"

Mrs Smith: The body that was supposed to be set up to tackle the problem has now been set up in such a way that, as I understand it, it will not tackle it. If the Health Technology Board for Scotland does not have tackling postcode prescribing in its remit, how is the minister going to tackle it?

The Convener: You can see from the information attached to the petition that the NHS

executive recommended that health authorities should fund beta interferon for relapsing and readmitted MS patients who are suitable for treatment. The fact that they are not doing so—

John Scott: We would be doing a great service if we managed to make health authorities fund such prescriptions.

The Convener: The funding is inconsistent. Some health board areas are doing it and others are not, and that is a matter of concern for this Parliament.

Christine Grahame: We should also write to Lothian Health so that we can be clear about its policy regarding beta interferon and about whether there is a pilot scheme, and we should ask what comments Lothian Health has about other health boards that are apparently able to fund prescriptions. If other health boards can do it, why cannot Lothian Health?

The Convener: I assume, Margaret, that you do not want this petition to be referred directly to the Health and Community Care Committee without more information.

Mrs Smith: There is a delay between the receipt of a petition by this committee and its referral to the Health and Community Care Committee. It would be useful to have that extra information before the petition is referred to the Health and Community Care Committee and before we enter the recess.

The Convener: So, it is agreed that we should write to Lothian Health, asking why it does not fund this drug and whether there is a pilot scheme operating in the Lothian region. We should also write to the minister, to ask her why the Health Technology Board for Scotland is not tackling the inconsistencies in prescribing in health board areas.

Christine Grahame: In the letter to Lothian Health, we should say that we have been made aware that certain other health boards—we have been given a note of them—are providing that service. Lothian Health may want to comment on that.

The Convener: In the correspondence, we should also refer to the excessive cost in this country of beta interferon and ask why it is so expensive. Are we agreed on those actions?

Members indicated agreement.

John Scott: The answers to parliamentary questions that I have asked on this subject might provide some information before we approach the Executive again.

16:00

The Convener: Okay, we will check those parliamentary questions and we will write to the minister and Lothian Health.

Petition PE215 is on the Protection of Wild Mammals (Scotland) Bill. We have already referred petitions on that subject to the Rural Affairs Committee, which is the lead committee on that bill. It is suggested that we refer this petition to that committee. Is that agreed?

Members indicated agreement.

The Convener: Petition PE218 is from Mr Frank Harvey and calls on the Scottish Parliament to ban all child curfews in Scotland. As committee members know, such an experiment is taking place in Hamilton and is being extended to Blantyre and Larkhall. The petitioner is suggesting that the money that funds those policing initiatives should be spent on facilities for recreation and leisure. It is suggested that we send the petition to the chief constable of Strathclyde police, as that force is mainly responsible for those pilot schemes, asking it to response to the petitioner directly.

Pauline McNeill: I oppose that action. I do not want anything further to be done with the petition, now that it has been noted. I am not happy with its content, as it wanders completely off the point. I cannot disagree with what it says about politicians having a duty to provide funding to create places for recreation, but I feel that we should stop dealing with letters that are inspired by articles in *The Sun* as petitions. I do not want to bring the Parliament into disrepute by writing to anyone about the contents of this letter, somehow implying that we agree with it.

The Convener: I am informed that the petition is admissible under the standing orders of the Scottish Parliament.

Christine Grahame: Perhaps we should have discussed this petition earlier. We might consider whether-as in court matters-we can deal with nuisance petitions in private. It would be for the committee to decide whether there is such a thing as a nuisance petition, and whether rules are required for dealing with them. A rambling petition may be admissible if it nevertheless has merit-if the petitioner is simply unable to put their argument together. We should be able to detach such cases from examples in which somebody is spending many an evening writing out petitions because it seems like a good idea. I make no comment about Mr Harvey in saying that; I am simply saving that we should decide whether to have a ruling on that issue at some point.

Ms White: I note what the clerk says. The petition is admissible, so we cannot refuse to deal

with it.

Christine Grahame: It is in the standing orders.

Ms White: Someone may want to change that, but I cannot see Mr Harvey—as one person out of the 5 million people in Scotland—being responsible for bringing this committee into disrepute. Mr Harvey is a council tax payer and is resident in Scotland, so he has every right to submit a petition, no matter what it says.

Christine Grahame: No matter what it says?

Ms White: It is up to the committee to decide whether a petition is admissible. As I have said, many times, the Public Petitions Committee is open to the public and it should be the first port of call at the Parliament; other committee members think otherwise. I agree with the convener that we should pass the matter to the chief constable of Strathclyde police.

Whatever Mr Harvey or anyone else gets out of *The Sun* or the *Daily Record* does not matter. That is their prerogative. Perhaps Mr Harvey is not schooled in the art of writing petitions and finds it helpful to use newspapers; we must accept that. We cannot go around telling everyone that we will not deal with a petition simply because we do not like the way that it is presented or because it comes from a certain individual. Mr Harvey is a member of the public and this is supposed to be a free, democratic country. We must continue to accept petitions from Mr Harvey. We should not be dogmatic—that is not our job. If a petition is admissible and is submitted to the committee, we must make a decision on the basis of the petition.

The Convener: I should make it clear that the Public Petitions Committee has already accepted the petition; it is admissible, it is on the agenda and we are discussing it. I would argue that Mr Harvey is being treated more favourably than most petitioners in Scotland; he has become a famous man as a result of the work of the committee. I do not think that he can complain about that. The question is what we do about the petition. Is it worth writing to the chief constable of Strathclyde police to ask for background information on the pilot schemes in order to reply to Mr Harvey, or should we simply note the petition and take no action?

John Scott: In this case, we probably have to write and ask. It is one of the more reasonable petitions that Mr Harvey has submitted.

The Convener: The pilot scheme is rather controversial. The suggestion is that we write to the chief constable and ask him to respond to the petitioner's concerns.

Ms White: John Scott has made a valid point. Furthermore, there is no child curfew in Partick, where Mr Harvey comes from. We could ask write to the chief constable and ask for figures documenting the success of the curfews.

John Scott: I must also say that Pauline McNeill has raised a valid point. There is a danger that the petitions that Mr Harvey produces are not of benefit to any one other than himself.

Ms White: I disagree. Child curfews and dangerous dogs have general importance.

John Scott: We will judge each case on its merits.

Pauline McNeill: We must bear in mind the purpose of the Public Petitions Committee. I take the issue of curfews and the way in which we treat younger members of the community very seriously; I am not prepared for that issue to be reduced to the content of this petition. The Justice and Home Affairs Committee has a stake in this; we have already talked about doing research in several areas, including young people and the criminal justice system. However, to do that subject justice, we should be allowed to collate the information from the relevant sources.

To set the record straight, I have considered the content of Mr Harvey's petitions carefully in the past. However, his first words are:

"I, the undersigned declare that according to a recent article in the Sun".

It does not seem appropriate to send such content to the chief constable. I do not want the chief constable to think that that is the premise on which we think an answer is due, because I do not think that it should be.

Ms White: I am sure that the chief constable will understand where we are coming from-I am sure that he gets letters from people who are worse than Mr Harvey. Pauline McNeill is saying that if she and the Justice and Home Affairs Committee—or any other committee—is considering a matter and someone submits a petition that is relevant to that matter, the Public Petitions Committee should not consider the petition because the relevant committee is already working on it and the petition will not do that work justice.

The Convener: We are going off the trail here.

Ms White: That is wrong.

Pauline McNeill: That is not what I said.

The Convener: Let us speak one at a time. It is clear that Mr Harvey gets a fair deal from the Public Petitions Committee. We do not have to send the actual petition to the chief constable; we can write to him, in our own words, saying that Mr Harvey has raised concerns about the child curfews in Scotland and inviting the chief constable to respond. That would deal with the petition and would not involve the Justice and Home Affairs Committee unnecessarily. That committee is taking evidence from a much wider background.

Mr Harvey is already holding up the committee. We could make better progress if we accept the suggested action and carry on.

Christine Grahame: There are two issues. First, we must decide on the disposal of the specific petition that is under discussion—I go along with your suggestion on that, convener. Secondly, there is a separate issue that relates to the nature of the petition and whether, as I have already stated, we deal with nuisance petitions. I am not saying that this is a nuisance petition, rather that the committee must address that issue.

The Convener: If anyone has a definition of nuisance petition, I would be grateful if they could send it to the clerk as quickly as possible.

Is it agreed that we write to the chief constable, paraphrasing Mr Harvey's concerns and not including the petition?

Members indicated agreement.

The Convener: The next petition is also from Mr Harvey on the subject of dangerous dogs. PE219 calls on the Scottish Parliament to introduce laws to ensure that the owners of all potentially dangerous dogs keep them muzzled at all times. The suggestion is that we ask the Scottish Executive to comment on the current legislative position on dangerous dogs and to respond directly to the petitioner. Is that agreed?

Members indicated agreement.

Pauline McNeill: Some people take the view that the legislation should be updated to include certain breeds.

The Convener: I was involved in the legislation at Westminster.

Christine Grahame: Now we know.

The Convener: I would have thought that all dogs were potentially dangerous, but never mind.

Petition PE220 is also from Frank Harvey. The petition calls on the Scottish Parliament to take urgent action to teach all teenage girls selfdefence at secondary schools in Scotland and to ban professional boxing in Scotland immediately. We could refer the petition to Mike Tyson, but perhaps we should not.

I do not think that we should progress the petition. It is suggested that we simply note it and take no further action. Is that agreed?

Members indicated agreement.

The Convener: The last petition, PE224, is from Mr George Reid. Mr Reid calls on the Scottish Parliament

"To redefine the role of the Lord Lyon King of Arms in relation to the national flag

To prescribe the exact colours and proportions of the Saltire and the appropriate ways of flying it . . .

To encourage the flying of the national flag".

We do not have the power to redefine the role of the Lord Lyon King of Arms, nor does the Parliament have the power to prescribe the colour and proportions of the flag and how it should be flown. It is not clear how the Parliament could encourage the flying of the flag, other than by agreeing a motion to that effect.

It is suggested that we take note of the petition and that we take no further action, because ministers have already made clear, as has the Lord Lyon, that they are not prepared to move on—

Christine Grahame: Strangely enough, and surprisingly enough, for a nationalist and a patriot, I dissent from that suggestion. I appreciate that reserved powers are involved, but it is a bit sad that the regulation of the design and colour of Scotland's flag is reserved to another place.

The matter, which is not trivial, could be put before the Education, Culture and Sport Committee. Scotland's flag is important in the three areas of education, culture and the history of a sporting nation; when it is flown, it achieves a good ambience, unlike some other national flags that are in the papers at the moment. I believe that it would be open to that committee to discuss the matter. After all, we send to the European Committee petitions that may deal with reserved matters, such as regional selective assistance status. The Parliament can talk about anything it likes.

This is a serious issue—Mr Reid has brought an important matter to my attention as well as to the attention of many others. He deserves some thought and consideration of his petition. His petition states that the constitution of the United States has rules about the American flag. I know that we do not have a constitution—apart from the Scotland Act 1998—but I think we should consider the petition. Pressure could be brought to bear to change the situation, although, unfortunately for me, that pressure must be brought to bear on Westminster. We should do more than just say that we will take note of the petition.

The Convener: As I read the petition, the only issue that the Education, Culture and Sport Committee could address is the third point, on taking a decision to encourage the flying of the national flag. That committee does not have the power to do either of theChristine Grahame: All three aspects—sport, culture and—

The Convener: The committee does not have the power to do what the petition asks.

John Scott: The point is the standardisation of the flag.

The Convener: We do not have the power to do that.

John Scott: No, but I agree with Christine Grahame that there would no harm in having a standard, Scottish saltire flag. That is not necessarily a nationalist desire. It is just a—

The Convener: I have nothing against nationalism. [*Laughter.*]

John Scott: It is a together thing. It would make sense if we had a standard flag, rather than having all shades of blue on it.

The Convener: It is open to any individual MSP to put a motion before the Parliament in the terms suggested by the petition.

John Scott: I must declare an interest. The petitioner has written to me, and I suspect that he has written to other members as well. I told him that I would support his quest to have the Scottish flag standardised. I do not think that his request is unreasonable.

The Convener: There is clearly a majority view that the petition should go to the Education, Culture and Sport Committee.

Ms White: Yes.

Christine Grahame: Why not?

Pauline McNeill: I agree with that, but we should be sensitive about it, as Westminster has a remit on such issues.

John Scott: I would hope to be sensitive about the issue.

Christine Grahame: I am always sensitive about Westminster.

Pauline McNeill: We are not the only Parliament with an interest in the matter, but I agree that, as a country, we should standardise the colours of the flag.

The Convener: It has just been pointed out to me that we will have to make clear to the Education, Culture and Sport Committee that, while we think that that committee should take a view on the matter, we recognise that the petition involves a reserved matter. Is that agreed?

Members indicated agreement.

The Convener: Finally, there is a petition from Greenpeace, which is in the extra papers that were handed to members as they arrived. The petition has 1,354 signatures and asks the Parliament to join Denmark, Ireland and others in calling for an end to reprocessing at Sellafield and restarting at Dounreay and to transmit that view to the UK Government before the OSPAR convention on 26 June—that is why there is some urgency on this matter.

It is suggested that the committee agree that the clerks should write to the petitioners informing them that they should contact MSPs who have an interest in this matter. It is possible that an interested member may wish to lodge a motion calling for the action that the petitioners request. The petition could be passed to the Transport and the Environment Committee for information.

16:15

Christine Grahame: This echoes what I was saying about reserved matters on which, nevertheless, the Parliament can have an input and can put pressure.

The Convener: Are the suggestions okay?

Members indicated agreement.

Current Petitions

The Convener: We have a number of responses on the current petitions, the first of which is from the Minister for Transport and the Environment on the issues raised in the petition about Alfred Terrace in Glasgow. The important part of the letter is where Mr MacLennan, Sarah Boyack's private secretary, states that, after giving careful consideration to all the information before them, including representations from the ward councillor, the community council, Hillhead Primary School board and nearby residential interests, Scottish ministers concluded that the proposal was generally in accord with the development plan and raised no planning issues of national significance.

It was considered that no planning reasons necessitated intervention by Scottish ministers. The application was returned to Glasgow City Council on 14 February for it to process. Consent was issued on 23 February. Now that planning permission has been granted, neither Scottish ministers nor the Parliament may intervene, as requested by the petitioners. It is suggested that the letter should be copied to the petitioners explaining that the Executive appears to have acted correctly in this matter and that the Parliament has no powers to intervene.

Ms White: I have been in contact with people from Hillhead community council and various other bodies. They knew that this was a fait accompli, but they were bothered about the compulsory purchase of the land. However, they know what has happened and they accept it.

The Convener: Is it agreed that we pass the letter to the petitioners, explaining that nothing more can be done by the Executive or by the Parliament? The Executive acted correctly.

John Scott: This is a case where irregularities in the planning procedures have been quite easily identified by everyone—we pass this one over at our peril. It may be that a planning decision has been reached and that we have no powers to intervene, but we should be kicking up a fuss. You, convener, will know better than me the routes to do that. There have been irregularities where there should not be any.

Ms White: The problem is that the houses are nearly built and are being advertised in the local press.

The Convener: According to the minister's office, there are no irregularities.

John Scott: My recollection of past meetings is that the land was bought by compulsory purchase order for use by the council and was subsequently sold to someone for development. In my view, that is improper use of compulsory purchase orders.

Ms White: Do we prolong this? I spoke to folk and they said that, if this is out in the open, it makes other people aware of what is happening.

John Scott: Can Pauline McNeill recall the irregularities in the planning procedures? Was it not a misuse of compulsory purchase powers?

Pauline McNeill: It was. The land was purchased for the local school and the local community. It was made into a wee garden. The land was sold to a developer without anybody being told. There was a discrepancy.

The Convener: The petitioner called on us to investigate the planning decision by Glasgow City Council. Our information is that there were no planning discrepancies or irregularities and no planning reasons for not allowing consent.

John Scott: That is taking the narrow form of words.

Ms White: The Executive could have pulled it in, but it did not.

The Convener: We could point out, when we reply, that although there is nothing more that we can do about the petition, it is open to the petitioners to appeal to the ombudsman about how the matter has been handled by Glasgow City Council. The ombudsman is the appropriate authority to investigate local government matters. Is that acceptable?

John Scott: It is more acceptable to me than doing nothing more would be.

The Convener: That is agreed.

The next matter is the response on Haddington Infant School. We have a letter from East Lothian Council, setting out the various actions taken in response to petition PE182. The council stands by its basic position that

"inappropriate parking and inconsiderate parking by a significant minority of parents taking their children to and from the school by car was the main cause of the problems being experienced."

The council has drawn up an action plan, which includes the introduction of physical safety measures at and around Haddington Infant School, including the introduction of a highvisibility school safety zone with additional signing and carriageway markings. A junction adjacent to the school will be narrowed to improve the safety of those crossing with the school crossing patrol. The measures will be introduced during the summer holiday and so will be in place for the start of the next school term.

The council also intends to review the arrangements for the uplift and drop-off of pupils

using contracted school transport. A meeting to discuss the improvements was held with the parents action group on 7 June.

Those steps seem to go some way towards meeting the concerns of the petitioner, who represents Haddington and district community council. It is suggested that the response be copied to the petitioner, asking him to indicate whether the community council is content with the developments. We need to close the matter and, if the petitioner is content, that can be done.

Christine Grahame: I would like to know the outcome of the meeting on 7 June. It would be interesting to know whether there was a generally agreed outcome on both sides.

The Convener: We will ask the community council if it is content. If not, its members can come back to us.

John Scott: We welcome the efforts that have been made to address the problems raised.

The Convener: Absolutely. There has also been a response from the Executive. Members should refer to the yellow pages that they have in front of them-the additional paper for this petition. The related petition PE181 accompanied petition Petition PE181 was PE182. about two developments, one at the Maltings and the other at Lennoxlove Acredales/Briary Bank. On the development at the Maltings, the Executive has written to tell us that the issues raised in the petition will be taken into account as part of a public inquiry, which has been set up in relation to the planning application.

No planning application has yet been made for the development at Lennoxlove Acredales/Briary Bank. The public will, however, have an opportunity to make representations on any future application and the planning authority would have to take those into account.

There is some progress. The public inquiry will now address the concerns raised in the petitions. The planning application on the Lennoxlove Acredales/Briary Bank development has yet to be submitted and there is nothing that we can do until then anyway.

John Scott: It would be inappropriate for us to try to influence a public inquiry.

The Convener: Indeed—we cannot do that. The public inquiry seems to go some way towards meeting the concern of the petitioner, who represents the community council. It is suggested that the letter from East Lothian Council be copied to the petitioner and that no further action be taken, because the Parliament has no powers to get involved in individual planning cases. Are there any other views on that? **Christine Grahame:** I think that what we have done is fine.

The Convener: The final item is in relation to petition PE173. It is a letter from Aberdeenshire Council on the closure of the council's Ballater area office. It simply confirms the closure of the office and the steps that the council has taken on making alternative provision for people in the area. A press notice is attached to the letter. It is simply for us to note as correspondence.

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Convener's Report

The Convener: It is now necessary for me to summarise, for the record, the decisions reached by the committee during its private session at the start of this meeting.

The paper is headed "Public Petitions Committee meeting 20 June: issues discussed and points agreed during private session." I will cover those points one at a time and members can say if they disagree.

Christine Grahame: We are not in private session just now?

The Convener: We are condensing our discussions and agreements for the public record.

We considered concerns expressed by Duncan Hamilton. It was agreed that flexibility in the handling of petitions is the responsibility of each committee. We further agreed that the Public Petitions Committee accepts the decisions made by other committees, except in exceptional circumstances.

Christine Grahame: I think that we are prepared to concede that—at this time of day.

The Convener: We considered the Public Petitions Committee's involvement in the decision-making process of local authorities. In appropriate cases, memos to subject committees will be reworded to indicate more clearly that they are for information only. It will also be indicated that the committee cannot overturn the decision of a local authority. A more detailed section on cases involving local authorities will be included in the guidelines for the submission of public petitions.

Christine Grahame: What was that? A more detailed section—

The Convener: On cases involving local authorities, clarifying the committee's role and so on.

The next issue was consultation with bodies named in petitions. It was agreed that, in appropriate cases, bodies named in petitions would be given 14 days to respond to the Public Petitions Committee regarding that petition.

Christine Grahame: From the date of receipt of the petition—we need to know when the period of 14 days runs, as we cannot have someone complaining about when the period started.

Pauline McNeill: Should it not be the date that the petition appears in the business bulletin?

Christine Grahame: I thought that the period started before the petition appeared in the business bulletin, but it is important that people know exactly when the time finishes.

The Convener: It is agreed, then, that the period is 14 days from when the petition appears in the business bulletin. Is that okay?

Christine Grahame: Yes.

The Convener: The next point is on improving MSPs' awareness of petitions. List and constituency MSPs will be made aware, by a brief e-mail, of petitions lodged in their area.

The Public Petitions Committee was committed to approach the Convention of Scottish Local Authorities to discuss the idea of a public petitions committee at COSLA level. That is agreed.

Presentations by petitioners would be by agreement with the convener. In each meeting, the convener would report about any petitioner who was unhappy that they had not been permitted to speak.

Christine Grahame: And the committee could then take a decision.

The Convener: The committee could then take a decision.

The next decision was that a shorter version of paper 2 would be used for the management of committee work load. The full paper would be produced on a quarterly basis.

It has been agreed to revise the guidance on submission of public petitions to include information on approaches to local authorities, MSPs and so on. A revised draft of that guidance will be produced during the summer recess.

Christine Grahame: Will it be e-mailed to us so that we can consider it before the first meeting after the recess?

The Convener: Yes.

Pauline McNeill: Where does the speaking time fit into that? Is the stipulation of two to three minutes still included?

The Convener: Yes. That was agreed. On further information—

John Scott: Was that all that we agreed? Did we not agree a whole lot more than that?

Pauline McNeill: That was in addition to the document.

The Convener: This is a summary of the things that we agreed. The document will be redrafted in line with this discussion. We will be able to look at it again after the recess.

John Scott: And have another rehash.

Christine Grahame: But the guidelines will be separate and we will be able to see them before they go out.

The Convener: An official photograph of the committee will be taken after the summer recess for the annual report. The clerk has prepared a first draft of an entry for the Parliament's annual report, summarising this committee's work from May 1999 to April 2000 in 400 words—

Christine Grahame: A précis.

The Convener: That is the limit that was given to the clerk. It has to be cleared by 27 June. Any comments on it should be passed to the clerk by the end of this week. The agreement of the committee should be obtained for any changes. Any members who want any changes to the draft annual report should get in touch with the clerk—I will probably agree with them. As I said, the official photograph of the committee will be taken after the summer recess. **Christine Grahame:** When we are all looking shiny and relaxed.

The Convener: The final meeting before the summer recess will be on 4 July, at 2 o'clock. I will not be able to be there, as I will be on holiday, I hope. The deputy convener will chair the meeting. Good luck to her.

Pauline McNeill: She will not be on holiday.

The Convener: Is there any other competent business? If not, I draw the meeting to a close and thank members for their perseverance and attendance.

Meeting closed at 16:27.

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