

PUBLIC PETITIONS COMMITTEE

Tuesday 11 February 2003
(Morning)

Session 1

£5.00

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PUBLIC PETITIONS COMMITTEE

3rd Meeting 2003, Session 1

CONVENER

*Mr John McAllion (Dundee East) (Lab)

DEPUTY CONVENER

*Helen Eadie (Dunfermline East) (Lab)

COMMITTEE MEMBERS

*Dorothy-Grace Elder (Glasgow) (Ind)

Dr Winnie Ewing (Highlands and Islands) (SNP)

*Phil Gallie (South of Scotland) (Con)

Rhoda Grant (Highlands and Islands) (Lab)

*John Farquhar Munro (Ross, Skye and Inverness West) (LD)

COMMITTEE SUBSTITUTES

Scott Barrie (Dunfermline West) (Lab)

Irene McGugan (North-East Scotland) (SNP)

Mrs Lyndsay McIntosh (Central Scotland) (Con)

*attended

THE FOLLOWING ALSO ATTENDED:

Emma Lawson (Senior Action Group Edinburgh)

Dr Clifford Lutton

James A Mackie

Jessie Mitchell (Senior Action Group Edinburgh)

Mr George Reid (Mid Scotland and Fife) (SNP)

Thomas Ross

Diane Wilsdon (Senior Action Group Edinburgh)

WITNESSES

Willie Halcrow (Scottish Environment Protection Agency)
Tricia Henton (Former Chief Executive, Scottish Environment Protection Agency)
Duncan Hope (Blairingone and Saline Action Group)
Dr Malcolm McWhirter (Forth Valley NHS Board)
Dr Mike Roworth (Tayside NHS Board)
Mr Brian Roxburgh (Scottish Environment Protection Agency)
Dr Charles Saunders (Fife NHS Board)

CLERK TO THE COMMITTEE

Steve Farrell

ASSISTANT CLERK

Joanne Clinton

LOCATION

The Chamber

Scottish Parliament

Public Petitions Committee

Tuesday 11 February 2003

(Morning)

[THE CONVENER *opened the meeting at 10:07*]

The Convener (Mr John McAllion): I welcome everyone to the third meeting in 2003 of the Public Petitions Committee. We have received apologies from Rhoda Grant and Winnie Ewing. All other committee members are present.

As we have already decided to have an evidence-taking session on petition PE327, I seek the committee's agreement to deal with current petitions before we move on to new petitions. Are members agreed?

Members *indicated agreement.*

Current Petitions

Organic Waste Disposal (PE327)

The Convener: Committee members will recall that we decided to appoint Dorothy-Grace Elder as a reporter and Dr John Curno as our adviser on petition PE327. We requested them to report back to the committee on whether the health aspects of the petition were being dealt with properly. To assist her in that process, Dorothy-Grace has arranged this morning's evidence-taking session.

First to give evidence will be Mr Duncan Hope, who is the chair of the Blairingone and Saline Action Group and the chief petitioner for petition PE327. Mr Hope won the oyster award for environmental campaigning in relation to his work on the petition. I understand that he has been working on the issue for about five years, despite the fact that he suffered a stroke during that time.

Thank you for attending this morning. I understand that you would like to make an opening statement.

Duncan Hope (Blairingone and Saline Action Group): Good morning. Since I last gave evidence to the committee, the Blairingone and Saline Action Group's petition PE327 has made remarkable progress through the Scottish Parliament's committee system. That progress is well documented and has resulted in visits to both Blairingone and Argaty by Andy Kerr MSP, plus a report from the Transport and the Environment Committee that was published on 7 March 2002. A full debate on the matter was held in the chamber

last October and a health investigation is being undertaken in our community. The willingness of the Parliament to come to Blairingone to listen to the concerns of the local residents and to consult them in their own homes has been much appreciated by the community. As I have said previously, that has brought the people much closer to the Parliament than they had ever been to it before.

During the petition's passage through the various stages of the committee process, the action group received full co-operation, help and courtesy from everyone connected with the Parliament, including conveners, MSPs, clerks, receptionists, attendants and other staff. The Parliament has been accessible, open, informative and transparent. Everything has been recorded, documented and made available to the public either through the Parliament's website or through the *Official Report*. That is in stark contrast to the secretive and questionable methods that we encountered from the quangos and unelected bodies that were assigned to the previous health investigation, which was conducted by the environmental hazard investigation team—the EHIT.

We first learned of the EHIT's existence through Dr Roworth's letter of 4 April 2002, which informed us that two meetings had been held at the Scottish Environment Protection Agency's Stirling office in October 2001 and February 2002. The letter stated that, as the team had concluded that the criteria for fulfilling stage 1 of the investigation had not been met, it was inappropriate to proceed further with the investigation. Nobody informed us that the EHIT had been set up; nobody contacted us; and nobody came to Blairingone as Andy Kerr, Bruce Crawford, George Reid and Dorothy-Grace Elder had done.

I find it extremely difficult to understand how an investigation into the specific concerns of the residents of a community could have been carried out when no one visited or contacted the residents to find out what their concerns were. I was informed in a letter from SEPA that the EHIT had indicated that it wanted to meet me—the convener of the action group—in Stirling. That took place some seven weeks after Dr Roworth's letter was made public and only after I had written to SEPA for confirmation that the EHIT was to reconvene and to request a copy of its terms of reference, which I received seven months after the EHIT first met. I refused to go to Stirling and the issue was referred back to the Parliament on 26 June.

The people of Blairingone believed that they were getting a whitewash from the EHIT. Such quangos and unelected bodies sit in their little ivory towers making decisions that affect other people's lives and no one has the power to

question their decisions. Well, Blairingone questioned the EHIT's decision. These people are not our masters; they are public servants. A friend who has a military background told me that my refusal to go to Stirling was akin to tossing a grenade into their little bunkers and that they were now squirming and scrambling about to save their own necks, skins and highly-paid jobs, blaming everyone but themselves before it exploded.

During the debate in the Parliament on 10 October, George Reid said that he believed:

"the Parliament was set up to cast light on the dark corners of Scottish life, to give voice to the people and to ensure that the elites of old corporate Scotland do not determine what we should think."—[*Official Report*; 10 October 2002; c 14605.]

I, too, believe in the Parliament. It is our Parliament and it is the voice of the people, as I am demonstrating today. I sincerely hope that the Public Petitions Committee, on our behalf, will send out a strong, loud, clear message to other quangos and unelected bodies that their days are numbered and that such practices are totally unacceptable and will no longer be tolerated by the people of Scotland.

The Convener: Thank you. I open up the debate to questions and remind members that they will get the chance to ask questions of the EHIT later this morning.

Dorothy-Grace Elder (Glasgow) (Ind): Mr Hope, you stated your case very clearly. However, for the sake of absolute clarity, perhaps you could confirm the timing of events. You said that the Blairingone and Saline Action Group was told nothing of the setting up of the EHIT until a letter arrived on 4 April 2002, telling you that the matter was over and that the investigation team had decided not to proceed with its investigation. It was only some weeks afterwards that you received an invitation to visit SEPA in Stirling to discuss the matter. That invitation came only after the perceived finale, when the letter arrived saying that it was all over.

Duncan Hope: The invitation came seven weeks after the letter arrived and only after I had written to SEPA, asking for confirmation that the EHIT was to reconvene. We found out only through the media that the EHIT was to reconvene.

Dorothy-Grace Elder: Had your MSPs been informed, given that several of them were involved?

Duncan Hope: I forwarded a copy of Dr Roworth's letter to George Reid.

Dorothy-Grace Elder: But that was after the event.

Duncan Hope: Yes. We did not know that the EHIT existed. When Andy Kerr's report was

published on 7 March, the action group expected the EHIT to be set up. We waited to learn the names of the people who would sit on the committee and to be passed a copy of the terms of reference. We expected to be contacted by the EHIT to be asked to provide a list of names of the people who were to be interviewed. No one contacted us, and we never knew that the EHIT had been established.

Helen Eadie (Dunfermline East) (Lab): Were you given any details of the remit of the working group that undertook the investigation?

Duncan Hope: Only in Dr Roworth's letter of 4 April and in a copy of the terms of reference, which, again, I had to request. Those two documents arrived at the end of May 2002; seven months after the EHIT had first met in October 2001.

Phil Gallie (South of Scotland) (Con): Have you any idea who appointed the EHIT?

Duncan Hope: We knew that the idea of the EHIT was part of SEPA's submission of 5 September 2001 in response to the petition, but we did not know that it had been set up. We were under the impression that, because it was recommended in Andy Kerr's report, the EHIT would be part of a parliamentary investigation, which is why we did not expect anything until after 7 March when Andy Kerr's report was published.

10:15

Phil Gallie: Have you no idea who was ultimately responsible for setting up the committee? Was it SEPA, the minister or someone else?

Duncan Hope: We never even knew that the EHIT existed until we received Dr Roworth's letter dated 4 April.

Helen Eadie: When the petition came to the Parliament and your community knew that there was to be an investigation, which stakeholders did the people of the community think would be involved in the inquiry?

Duncan Hope: Several people with alleged illnesses—well, the illnesses are not alleged; they exist—expected the team to do what Andy Kerr and his team from the Transport and the Environment Committee did when they carried out their inquiry, which was to come out to visit people in their own homes in the community. We are talking about cases of illness that should be treated as confidential, not discussed in public meetings. The community expected the team to visit, and we were going to provide a list of names for the team to aid its visit, but it never came.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): You mentioned that you were invited to a meeting in Stirling with officials of SEPA. What sort of protest were you making when you decided not to attend?

Duncan Hope: We thought that we would not get a proper investigation. How could there be an investigation into, in the words of the report,

"the specific concerns of the residents of Blairingone"

when no one had visited that community to discuss with the residents their concerns? I have no authority to go to Stirling to talk on other people's behalf about their illnesses. I have no access to medical records or GPs, and that is where the information required for such an investigation must come from.

John Farquhar Munro: Do you think that SEPA's view might be that if you had attended the meeting and discussed the matter, it might have managed to keep you quiet?

Duncan Hope: SEPA must tell you whether that is the case. I did not go to the meeting; I refused to go.

Dorothy-Grace Elder: You referred to a list of names of people in Blairingone who alleged that they had illnesses that could be environmentally related. Approximately how many were on that list?

Duncan Hope: We knew of about 30.

Phil Gallie: Given that people's problems in the village are related to particular effects on them, how were local authority environmental health people involved prior to your raising concerns about the setting up of the EHIT? Was the health board involved? Had it expressed concern?

Duncan Hope: We did not have much co-operation from environmental health officers. They came out occasionally, primarily at the beginning of the campaign, to ascertain whether there was an odour. However, neither the environmental health department nor SEPA could make up their minds about who was responsible for the odour. We had no contact with public health.

Phil Gallie: I understand that Saline is in Fife, but Blairingone must be just about on the border with Perth and Kinross.

Duncan Hope: We are in a wee corner of no-man's-land. We are in Kinross-shire, but our postal address is Dollar, Clackmannanshire. We are in the wee bit of no-man's-land between Fife, Perth and Kinross and Clackmannan, about eight miles north of the Kincardine bridge on the A977.

Phil Gallie: Which local authority showed the interest to which you referred?

Duncan Hope: Do you mean medical interest?

Phil Gallie: Yes—I am asking about the environmental health department.

Duncan Hope: It was Perth and Kinross Council.

The Convener: You have obviously been campaigning on the matter since 1997, when it first arose as an issue in your local area. However, you would argue that the issue is not just a local one but that it has national implications.

Duncan Hope: Yes.

The Convener: In the minutes of the two meetings that the EHIT held, reference is made on several occasions to cost and to the length of time it would take for a full inquiry into the health implications. What is your attitude to that?

Duncan Hope: I do not think that that should be a consideration at all. We are talking about people's health and their concerns about that. Why should cost come into it? We are talking about people's lives. They are real people and the illnesses are real. We want to get to the bottom of the situation.

Mr George Reid (Mid Scotland and Fife) (SNP): I want to make just one point for clarification. You were eventually given the offer of a meeting in Stirling, but it is my understanding that the purpose of that meeting was not to have a discussion—as the convener said—but for you to be told why a decision had been reached.

Duncan Hope: That is correct. I was not even invited. The wording of the letter was that the EHIT had indicated that it would like to meet with me, as convener of the action group, at SEPA's Stirling office.

The Convener: Thank you for your evidence this morning, which has been helpful to the committee.

We move on to the second witness, Tricia Henton, who is the former chief executive of SEPA. I understand that she does not want to make an opening statement, so we can go straight into questions.

Good morning, Miss Henton. Is it okay with you if we go straight to questions, or do you want to make an opening statement?

Tricia Henton (Former Chief Executive, Scottish Environment Protection Agency): I have a brief comment, which is not a statement as such. Obviously, I am happy to help in any way that I can, but I ask the committee to remember that four months have passed since I left SEPA and I no longer have any connection with the organisation. The issues raised in the petition took place in the past, so it is probable that many of the questions that you will ask me would be better answered by people who are still actively involved.

Dorothy-Grace Elder: We appreciate your trouble in coming today, although, as you stated, you have left SEPA, where you were chief executive. After Dr Mike Roworth, the public health consultant at Tayside, wrote in April 2002 that the EHIT was not going to proceed with its inquiry, did you publicly reject the way the investigation had been conducted and, if so, why?

Tricia Henton: I know that we had had a lot of discussion internally, but in terms of what you call public rejection, I would need to be reminded of the sequence of events. I know that I commented on the matter—a short television interview took place at some stage last year, but I cannot remember exactly when that happened. I have a feeling that it was either late in the summer or early in the autumn.

Dorothy-Grace Elder: Would it be fair to say—despite various cuttings and so on—that you were concerned about the fact that the public and the action group in Saline and Blairingone had not been involved, that people had not been visited and that you wanted something to be done about the situation? Would that be a fair summation?

Tricia Henton: Yes, that would be a fair comment.

Dorothy-Grace Elder: It was rather unusual, I think, for you—or SEPA—to make a criticism after the EHIT had concluded. Would you agree?

Tricia Henton: I am not sure whether my comments would necessarily be considered as a criticism. When there is public concern about a health issue, it is important that people feel that they have had a fair chance to put their case. I recall that that was what concerned us. No matter what the details, the people involved must feel that they have had a fair opportunity to put their case.

Dorothy-Grace Elder: Indeed, SEPA helped to compose guidelines on how EHITs should be used. The guidelines have a rather cumbersome title, which Ms Henton will know only too well: “Dealing with assertions of human health risks or effects from environmental exposures—a systematic approach”. Do you feel that the EHIT followed the guidelines on public consultation, the necessity for which is mentioned throughout that document?

Tricia Henton: We were concerned because we did not feel that everything had been done to give the public confidence that they had been listened to properly.

Dorothy-Grace Elder: The EHIT had only two meetings, which were attended by a SEPA representative, Mr Brian Roxburgh. The minutes of the meetings show that the conclusion not to proceed was unanimous—there is no sign of any dissent from Mr Roxburgh or others about that.

Will you comment on that? SEPA was involved in the team through a senior representative. Why was there no dissent from SEPA at that point?

Tricia Henton: Mr Roxburgh is better able than I am to answer that question.

Dorothy-Grace Elder: Did you know that the EHIT had been set up?

Tricia Henton: To be honest, I cannot recall whether I knew. You will appreciate that a great number of things go on in SEPA and, as chief executive, I would not necessarily have known about the team at that time.

Dorothy-Grace Elder: Did you know of other EHITs operating in your time at SEPA?

Tricia Henton: I was not aware of any, but that does not mean to say that there were not any. Again, SEPA staff might be better able to answer that question.

Dorothy-Grace Elder: Have SEPA and others learned something for the future about the way in which an EHIT's work should be conducted? Is there room for improvement?

Tricia Henton: Public bodies should always be able to learn lessons from committees that are set up to look into problems that the bodies have. I am certain that SEPA and the other organisations involved will consider the matter and ensure that future committees learn from it.

Dorothy-Grace Elder: I assume that you understand that there is a wider national public concern.

Tricia Henton: Yes.

Dorothy-Grace Elder: People will be inclined to wonder whether other controversial matters have been given a completely clean bill of health after only a perfunctory examination and without public involvement. The issue is not only about Blairingone; it is a national issue.

Tricia Henton: The handling of any such issue is a public matter. The issue stretched across areas of public life such as health, environment and food.

Helen Eadie: When the Blairingone and Saline Action Group began to hit the headlines and the Parliament became involved, I would have expected a case conference to be established by the professionals who had a stake in the issue. Is that a fair comment? Did such a conference take place and, if so, which stakeholders were involved? Someone, somewhere must have taken the initiative to set up the EHIT, but it is not clear who did so.

Tricia Henton: I am sorry to seem evasive again, but I am not familiar with the details of how

the process was conducted in SEPA or any other organisations. I am sure that my former colleagues could help you on that. I was involved in discussions that took place at various stages, but I do not remember where they fit into the sequence of events.

Helen Eadie: Will you comment on the general principle? As Dorothy-Grace Elder said, we are considering a national issue. Who would you, as a professional, expect to be involved in the conduct of such an investigation? I am mindful of a discussion that I had with SEPA's chair, who complained that a hazard impact assessment is not made before planning permission approval is given. Such points arise when we discuss more national issues. Who would you expect to be involved in preparing a hazard impact assessment?

10:30

Tricia Henton: Two separate issues are involved. The issue back at the land use planning stage is separate from the question of how a case is dealt with. The document with the horrendously unwieldy title that you mentioned is useful in dealing with cases. It sets out well the process that can be used to deal with an issue once it has arisen. How that situation is avoided by action way back in the planning process and in the granting of authorisations is a different matter. I know that concern is felt that the present land use planning system might not take adequate account of environmental issues.

Helen Eadie: I bring you back to the fundamental question. Who would you expect to be the stakeholders who are involved? For example, there was no sign that residents were involved. Perhaps other people should have been involved, such as MSPs and local council representatives. A group seems to have been parachuted in from where we do not know where.

Tricia Henton: The document sets out the agencies that should be involved, such as consultants in public health medicine, environmental health agencies and SEPA, because the issue is environmental. On page 3, the document says that the importance of having a meaningful dialogue with the community and its representatives cannot be overstated. That sentence is extremely important.

Helen Eadie: Has not a weakness just been pointed to? Being meaningfully consulted is different from being involved as an equal partner round the table.

Tricia Henton: Once the procedure is in progress, local community representatives are obviously key stakeholders. The public bodies do their job on behalf of those people.

Helen Eadie: Might MSPs and councillors have been meaningfully involved in sitting round the table with the professionals?

Tricia Henton: I will speak in generalities, because I do not want to go into the detail of the specific case under discussion, as I lack back-up and papers. In some cases, councillors, MSPs, MPs or others will be, or should have been, involved; they are public representatives, so they should obviously have a role.

Helen Eadie: Should they have been involved round the table when the discussions took place with people such as Mike Roworth and others?

Tricia Henton: In this case?

Helen Eadie: Yes.

Tricia Henton: I see no reason why they should not have been involved. I know that George Reid and other elected members were involved. That is right and proper.

Phil Gallie: You referred to a document that laid down certain guidelines. Who published that document and what is its name?

Tricia Henton: It has the wonderful title of "Dealing with assertions of human health risks or effects from environmental exposures—a systematic approach". It is a guidance document for Scotland that was published in June 2000.

Phil Gallie: Who published it?

Tricia Henton: It was published by the National Society for Clean Air (Scotland), the Scottish Environment Protection Agency, the Scottish Centre for Infection and Environmental Health and two other organisations.

Phil Gallie: Was NHS Scotland involved?

Tricia Henton: Putting organisations' logos on a document is problematic when one cannot remember which organisations they represent.

Phil Gallie: It is hard for you to say which of those organisations would have been the lead body in putting together that document.

Tricia Henton: A group of people, the membership of which is listed inside the document, was involved in putting it together. Members of the group came from a range of organisations. As I recall, the document was produced under a research contract.

Phil Gallie: Who set up that research contract?

Tricia Henton: I think that the Scotland and Northern Ireland Forum for Environmental Research funded it. I am sorry—I was wrong: SEPA and the Scottish Centre for Infection and Environmental Health funded it.

Phil Gallie: When Mr Hope described his understanding of the situation, he seemed to think that SEPA was the lead organisation in setting up

the EHIT. Are you saying that SEPA was not the lead organisation?

Tricia Henton: If you do not mind, the relevant people within SEPA would be better placed to answer that question.

Phil Gallie: I accept that, although you were the chief executive of SEPA—the lead person within that organisation. One could say that the basis of the Blairingone complaints was of national importance. I would have thought that the senior figure in SEPA would have known who set up the EHIT and what its remit was. Surely you had an important input.

Tricia Henton: As an organisation, SEPA had an important input. Later on, I was aware of what was happening and was involved in internal discussions about the conduct of the investigation. However, within SEPA, staff have a specific delegated role in dealing with dozens of issues on a daily basis. That means that the director of operations and his staff have primary responsibility for dealing with such issues day in and day out.

Many things were happening within SEPA and although I might have known that a certain issue in a certain place needed to be dealt with, I would not necessarily have known about the details. I would have found out about them only if I had a particular reason to ask for more information or if staff to whom responsibility had been delegated felt that it was necessary for me to become involved or at least to be fully briefed.

Phil Gallie: I can understand that situation. Many issues must be dealt with at a local level, using SEPA's local structures. Are you saying that SEPA was dealing with the issue in question at a local level, at least in the first instance?

Tricia Henton: I think that that would be fair, yes. It was a local issue initially.

Phil Gallie: Thank you.

The Convener: The issue has caused some controversy in this Parliament. It led to a Transport and the Environment Committee report, and a ministerial response in the form of a consultation paper. One of the key recommendations of that committee's report was to set up the investigation team. I understand from your answers this morning that there was no ministerial involvement in the setting up of the team, otherwise that would have gone through the chief executive. Is that the case?

Tricia Henton: There was no ministerial involvement.

The Convener: So this was purely a response somewhere in the SEPA organisation to the recommendations of the Transport and the Environment Committee report. There was no political involvement in setting up the EHIT.

Tricia Henton: No.

The Convener: Ministers did not know that the team was being set up. They did not know its remit and they did not know who was appointed to it.

Tricia Henton: I am not aware of that. My former colleagues might be able to assist more, but I am not aware that there was ministerial involvement in setting up the team.

The Convener: It would be hugely unusual for ministers to appoint an investigation team without informing the chief executive of SEPA, especially when SEPA was represented on the investigation team.

Tricia Henton: Sorry, are we talking about the Blairingone EHIT?

The Convener: Yes. If it had been a ministerial initiative, as chief executive you would be expected to know about it.

Tricia Henton: If it had been a ministerial initiative, yes, I would have known.

The Convener: And the fact that you did not know suggests that ministers were not involved.

Tricia Henton: Yes.

Mr Reid: You said in your evidence earlier this morning that you could not necessarily recall the details of the EHIT being set up, and that you would not have known specifically what was going on. Do you remember receiving three letters from me on the subject and there being three telephone calls between us?

Tricia Henton: Yes, indeed.

Mr Reid: Can you recall the content? Would I be right in saying that my main concern was not to prove a causal connection between spreading and ill health, but to ensure that the process was open and transparent, and involved the villagers of Blairingone?

Tricia Henton: Yes, I remember that.

Mr Reid: Did you pass that information to your colleagues in the EHIT?

Tricia Henton: Not specifically within the EHIT, because I recall that at that stage we had agreed that we had to handle the situation carefully and properly, but I discussed it, I think, with my director of operations, who was handling the matter.

Mr Reid: Do you recall a most confidential list of 30 cases of ill health being sent to you personally?

Tricia Henton: I received various correspondence. Yes, there was a list.

Mr Reid: Was that passed to the EHIT or to your colleague on the EHIT?

Tricia Henton: I am not certain. There was a list with names on it, and there was a list of

complaints, as I recall. Each name had alongside it a specific complaint. I would have discussed that with my director of operations.

Mr Reid: Was the list passed to the SEPA representative on the EHIT, and was it passed to the other members of the EHIT?

Tricia Henton: I do not know.

Dorothy-Grace Elder: Looking back, are you concerned about funding for SEPA and other organisations that perform such investigations? Is there a funding shortage? Is there a shortage of people and expertise?

Tricia Henton: As a general principle, any organisation like SEPA that has a wide public role—and SEPA has a very wide remit to protect the public and environment—could always do with more funding. However, I am certain that we had a generous settlement over the past couple of years, and it was incumbent upon us to ensure that we used the funds most effectively across all the areas that the organisation was responsible for looking after.

Dorothy-Grace Elder: There is no special budget allocation for investigations of this sort, following public concern. I know that you investigate things that happen as one-offs here and there, but there is no funding for EHITs per se, is there?

Tricia Henton: I am not aware that anything is ever set aside specifically. The money would come from the organisation's day-to-day operational budget.

Dorothy-Grace Elder: Does SEPA receive quite a number of requests for wider investigations rather than investigations of one-off incidents that you can cope with on the spot? Are requests made for investigations of health issues that are connected with the environment, because there is so much concern about them? Do you get a lot of requests to deal with specific national issues?

Tricia Henton: I was not aware of what one would call a lot of requests. We got perhaps one or two such requests over the course of each year—we might not have had even as many as that.

Phil Gallie: What is the relationship between the chief executive and the chairman of SEPA? Is it a close relationship, or would the chairman come in only for board meetings and therefore not be aware of the issues that we are discussing?

Tricia Henton: It is the responsibility of the chief executive to keep the chairman informed of issues that are arising within SEPA. The chairman was certainly aware of the issue.

10:45

Phil Gallie: At what stage was he made aware?

Tricia Henton: I am afraid that I cannot remember. I would have to go back to notes to answer that.

The Convener: Thank you, Miss Henton. You have been very helpful to the committee this morning and we thank you for your attendance.

A number of members of the environmental hazard investigation team are here this morning. They are: Dr Malcolm McWhirter, who is the director of public health at Forth Valley NHS Board; Professor George Morris, who is from the Scottish Centre for Infection and Environmental Health; Dr Mike Roworth, who is a consultant in public health medicine in Tayside NHS Board; Dr Charles Saunders, who is a consultant in public health medicine in Fife NHS Board; and Mr Brian Roxburgh, from SEPA, who was on the team. In support of Mr Roxburgh, we also have Mr Willie Halcrow, who is the director of operations at SEPA and Mr Colin Bayes, who is the environmental regulation manager at SEPA. I invite Dr Roworth to make his opening statement and we can then go to questions.

Dr Mike Roworth (Tayside NHS Board): I am pleased to make an opening statement to the committee on behalf of my colleagues. First and foremost, there appears to be a misunderstanding about why the EHIT was set up in the first place. I will give the committee the background. The setting up of the EHIT was first mentioned by John Milne, who is the director of environment services at Perth and Kinross Council, in February 2001—at least, that was the first that I heard of it. That was a few months after the publication in 2000 of the document that was referred to earlier. To my knowledge, this is the first time that the document has been used in the investigation of a hazard or an issue of this nature.

I agreed with John Milne that we should proceed to set up a committee, and I suggested that we involve colleagues from neighbouring health boards—Forth Valley NHS Board and Fife NHS Board. It is my understanding that SEPA took the lead in setting up the meetings, the first of which took place in October 2001. I was not part of the committee at the time, because I was on secondment to another organisation, but a colleague from Tayside NHS Board attended the meeting. The second meeting took place in February 2002. The committee followed the guidance, and considered the allegations of ill health that the residents had made at various times. The purpose of the meeting was to consider the allegations; it was not to consider whether land spreading or soil injection was a good idea, because that was beyond the group's remit.

The EHIT was set up in much the same way that a group would be set up to investigate an outbreak of infectious disease. To our knowledge, it was independent of any parliamentary committee and it was not set up in response to any request from any parliamentary committee. The first time that I was aware that there was committee involvement in this matter was the summer of last year.

The EHIT followed the document and produced its findings. A number of technical criteria have to be satisfied. After carefully considering the information, we decided that there was no *prima facie* case for proceeding any further with the investigation. That would include doing survey work or further detailed health studies. That information was communicated to Mr Duncan Hope and to Mr Malcolm Snowie. They received exactly the same letter in exactly the same way.

That letter must have been sent some time in February or March. I then received a letter from Ms Henton at SEPA who suggested that we make an effort to consult further with people from the Blairingone and Saline Action Group—BASAG. I said that I thought that that was a sensible idea, given the strength of feeling. I suggested that we set up a meeting with BASAG. The purpose of that was twofold: first, to explain why we had met, how we had carried out the investigation and why we had reached our conclusions; and secondly, to consider any further information that BASAG had. No real further information was received. We have heard from Mr Hope, for the reasons that he gave to the committee, that he did not wish to meet the EHIT. That meeting did not therefore take place.

I hope that that background information is helpful to the committee.

Mr Brian Roxburgh (Scottish Environment Protection Agency): The implication so far is that the EHIT was SEPA's. The Scottish Environment Protection Agency took the initiative to set up the EHIT based on a letter from the environmental health section in Perth and Kinross Council, as Dr Roworth said. Representatives from there were also on the EHIT, as were Dr Roworth's colleagues in Fife and Clackmannanshire.

The Scottish Environment Protection Agency's interest in the EHIT can be summarised in one basic question. Our legislation requires us to take account when human health is endangered. We needed to know whether the types of waste that were being spread or the activities at Blairingone endangered human health. If the answer was no—which, based on medical opinion, it was—SEPA's involvement would be at an end. We could take no legal action based on our legislation.

If the answer had been yes, we could have taken action. We would then have been in a position to prevent the activity. Spreading is an

exempt activity—it requires neither the permission of SEPA nor a licence; it simply requires that the activity be registered.

The EHIT was useful to SEPA in determining that one question. It is clear in the guidance document that a consultant in public health is the appropriate person to chair such a team and to make any decisions that are based on medical evidence.

As Dr Roworth said, this is certainly one of my first involvements with the EHIT, and it provides us with a good mechanism for looking at such things in the future.

Dorothy-Grace Elder: Thank you both for attending today.

At any stage during the EHIT meetings, did Mr Roxburgh suggest that the public might be involved?

Mr Roxburgh: That was suggested. A number of suggestions were made, for example meeting the public and Snowie Ltd, and having a site visit.

Dorothy-Grace Elder: Who made those suggestions? Are you talking about within the EHIT?

Mr Roxburgh: Yes. I made those suggestions.

Dorothy-Grace Elder: At some stage during and not after those two meetings you suggested that the public should be brought to the EHIT?

Mr Roxburgh: Not necessarily brought to the EHIT, but consulted in some way about the recommendations.

Dorothy-Grace Elder: What happened to your suggestion? Was it rejected?

Mr Roxburgh: It was not rejected out of hand. The evidence that we had—evidence that was sent to Perth and Kinross Council of medical complaints from some of the local people—was considered. However, the medical opinion concluded that there was no biological plausibility.

Dorothy-Grace Elder: You will understand that we are dealing with the democratic process. Let us run back just a moment. Before the EHIT convened for the first time, in October 2001, or during the two meetings that you had, did you express a wish that the public should be represented—that a representative from the Blairingone and Saline Action Group or an MSP should be present?

Mr Roxburgh: Yes. That was considered.

Dorothy-Grace Elder: Who, then, said no to that?

Mr Roxburgh: There was agreement between the medical experts who were present that that

would be for a second stage. Once the evidence was considered, however, there was no plausible reason for the investigation to move to a second stage.

Dorothy-Grace Elder: Yes. That would be for a second stage. However, the guideline document says that an investigation cannot be a success unless the public are involved. The guideline document—which was written partially by SEPA—infers strongly that the public should be involved right from the start.

Mr Roxburgh: This is a learning process, and the second edition of the guidance document, which came out in November, stresses further the need for public involvement.

Dorothy-Grace Elder: It is not minuted that you asked for the public to be involved, is it?

Mr Roxburgh: No.

Dorothy-Grace Elder: But you did.

Mr Roxburgh: Yes, among other suggestions. The first meeting was an exploratory meeting to summarise—

Dorothy-Grace Elder: But why did the others not want someone representing the public to be there? Did they give a reason?

Mr Roxburgh: It was not that they did not want the public to be represented. Perhaps you had better ask Dr Roworth.

Dorothy-Grace Elder: But they said no.

Mr Roxburgh: It was not a flat no. After listening to the evidence that we had, and after examining the biological plausibility, they concluded that that was not necessary.

Dorothy-Grace Elder: How many allegations about ill health were you dealing with?

Mr Roxburgh: As I say, SEPA is not a health expert. The evidence went to Perth and Kinross Council.

Dorothy-Grace Elder: The minutes indicate that you were considering five cases. Is that correct?

Mr Roxburgh: I believe that that was the initial evidence.

Dorothy-Grace Elder: Were there any subsequent cases?

Mr Roxburgh: No. No cases were identified to me, personally, although there may have been others.

Dorothy-Grace Elder: The minutes refer to trying to pin addresses on a map to see wind direction, or whatever, and the figure five is mentioned. However, the Blairingone and Saline Action Group representatives have stated that

they submitted a list of around 30 cases. Did you ever see that list?

Mr Roxburgh: No. Not at any time.

Dorothy-Grace Elder: Were you concerned to any extent that there was no involvement of the people who had originally complained?

Mr Roxburgh: Not at the end of the second meeting. It would perhaps have been ideal to have had such involvement, but the medical opinion was firmly that that was not required.

Dorothy-Grace Elder: Was the contractor, Snowie Ltd, contacted?

Mr Roxburgh: Not during the EHIT process.

Dorothy-Grace Elder: Not by you or by anyone.

Mr Roxburgh: No. We are in regular contact with Snowie over other matters, so we are aware of the types of waste and the quantity that is being spread.

Dorothy-Grace Elder: But the contractor was not visited or called during the EHIT process.

Mr Roxburgh: No.

Dorothy-Grace Elder: Why not?

Mr Roxburgh: That was the decision of the EHIT as a whole.

Dorothy-Grace Elder: Did you find the contractor not open about what was happening?

Mr Roxburgh: No. The contractor is generally very open.

Dorothy-Grace Elder: I am not trying to infer otherwise. We have been to see the company and we found it to be open about what it is doing. Did any member of the team visit Blairingone? Or did the team visit Blairingone?

Mr Roxburgh: Not that I am aware of. The team certainly did not, although some members may have done.

Dorothy-Grace Elder: Did anyone suggest that a questionnaire should be circulated to the villagers?

Mr Roxburgh: Not to my recollection.

Dorothy-Grace Elder: What would you say is the population of Blairingone, roughly?

Mr Roxburgh: Two or three hundred, perhaps.

Dorothy-Grace Elder: So it would have been quite easy to circulate a questionnaire.

Mr Roxburgh: Yes.

Dorothy-Grace Elder: There would be no more than about 100 houses. Did you think that you were rather short-funded to conduct such an investigation?

Mr Roxburgh: The funding was adequate for the initial study that was held. There was no question about that. To go into a second stage would have required considerable funding.

Dorothy-Grace Elder: Did you agree with your then chief executive, Ms Henton, who stated afterwards that things should be looked at again because of the lack of public involvement?

Mr Roxburgh: Afterwards—yes.

Dorothy-Grace Elder: You agree that Mr Duncan Hope was not invited to attend while the EHIT was functioning, nor was any representative of the Blairingone and Saline Action Group.

Mr Roxburgh: That is correct. They were not invited to attend during the EHIT's considerations. Afterwards, several attempts were made to invite along members of BASAG. The door was left open.

11:00

Dorothy-Grace Elder: I know, but the EHIT had virtually finished by saying that it was not moving to the next stage.

Mr Roxburgh: Yes, but it was made clear that the door was still open.

Dorothy-Grace Elder: Was that because of the public outcry? Was that basically a public relations exercise, following the controversy?

Mr Roxburgh: It was not to do with a public outcry. It was to do with the fact that it would have been desirable for people to meet members of the EHIT directly.

Dorothy-Grace Elder: Afterwards?

Mr Roxburgh: Afterwards, to find out—

Dorothy-Grace Elder: But just to be told why you had decided to virtually close down the study.

Mr Roxburgh: That is not the case. There was the chance for any new evidence to be considered.

The Convener: Would Dr Roworth like to respond? Were only five cases considered? Why did you not think that there was justification for pursuing the matter? Mr Roxburgh said that a medical decision was taken, not a SEPA decision.

Dr Roworth: At the end of the EHIT's first meeting, organisations were asked to forward any statistical information or allegations of ill health to Tayside NHS Board, which had assumed the lead in taking forward the issue; that was correct, because Blairingone is in the Tayside area.

The only information on health matters that I received related to letters of complaint concerning allegations from four or five households in the

Blairingone area. The letters contained a number of allegations concerning a range of diseases. Some of the allegations concerned skin diseases; some concerned viral infections; some related to miscellaneous health problems. That is all the information that I received. I also received, from Clackmannanshire Council, information that related wholly to issues of nuisance and which did not contain any health-related matters.

I am not aware of any list with 30 names on it; I have never seen it. Today is the first time that I have heard of the existence of that list; it certainly was not forwarded to me. That is all the information that we had. We would of course have considered any further information. We wanted to ensure that we received everything.

It would have been difficult to carry out a survey, on a scientific basis, based on the information that we had. We knew from the information that we had gathered and considered that the conditions that had been cited as links to what was happening in Blairingone were, in all probability, not related, and that the conditions described could not plausibly be linked to what was happening. On that basis, we felt that it would not be appropriate to do a survey.

John Farquhar Munro: My questions are for Mr Roxburgh. If I have understood you correctly, SEPA did not consider there to be evidence that the operations posed a health risk.

Mr Roxburgh: SEPA is not qualified to assess health risks. That is why we were keen for an EHIT to be formed to consider the medical evidence.

John Farquhar Munro: As I understood it, you said that the aim was to determine whether there was a health risk. I think that you went on to say that there was not one.

Mr Roxburgh: That is certainly the message that we received from the medical experts.

John Farquhar Munro: How was that situation arrived at and what determined that there was no health risk? Did you consult the medical profession or the local general practitioners?

Mr Roxburgh: That is a question for Dr Roworth and the medical experts. We simply wanted a yes or no answer from the EHIT.

John Farquhar Munro: The information that you are giving us this morning is based on the response of the EHIT, is it?

Mr Roxburgh: Yes.

John Farquhar Munro: Dr Roworth, the information that we heard this morning suggested that two meetings took place. The decision to proceed with the investigation was made at a meeting in October and, some months later, the

decision to conclude the investigation was made at another meeting. Why was that decision arrived at?

Dr Roworth: The EHIT report is, essentially, a technical document that lists a number of criteria that have to be fulfilled before proceeding to the next stage of an investigation. The information that we had gathered on the allegations of ill health—their nature and number, when they were made, the type of materials that were being used for composting and land-spreading, the siting of houses and so on—led us to believe that the allegations that were being made were not, in all probability, linked to what was happening with the land. Based on the information in the EHIT report, there was little that we could do. That was the scientific view of a technical group.

John Farquhar Munro: You have told us that you were not aware of any more than five reported cases of illness. However, we have evidence from Mr Reid and several others that there was a submission that suggested that up to 30 people had indicated that they had symptoms of one sort or another that could be directly associated with the activity that was going on. It seems remiss that information should come to you that suggested that there was a larger number of people with symptoms, yet you should tell us this morning that you knew of only five such people.

Dr Roworth: To clarify, I received five letters from people in Blairingone that made allegations about perhaps 15 different conditions. We considered that information. I am not aware of a list with 30 names on it. I received no names other than those of the five people who wrote to me.

In the summer, I visited the GPs in Blairingone. I had already spoken to them in 1998, when I first became aware of the Blairingone issue. One of the GPs in Dollar health centre said that he was not aware of any unusual increase in incidents of illness in Blairingone. I would have to refer to my notes to be sure, but at either the end of 2000 or the beginning of 2001, I spoke to another GP in Dollar who told me the same thing.

In July 2002, I visited Dollar health centre to collect some statistics on asthma rates, GP consultations and so on. I also examined Tayside NHS Board's statistics on gastrointestinal infections, salmonella and so on. All the evidence showed that there was nothing unusual about the health experience in Blairingone compared with the Dollar practice as a whole.

John Farquhar Munro: You must accept that that is just the opinion of two GPs from whom you took evidence. I am suggesting that it seems strange that, three months after the establishment of a high-powered group, it should be decided that it is not worth proceeding further with the matter.

Dr Roworth: The opinion of the two GPs is supported by information that we subsequently gathered. The group considered the information that was made available to it. We asked for further information to be made available, and of course we would have considered it, but we never received any further information so there was nothing to make us change our final decision.

The Convener: I want to clarify something about the visits that you mentioned. Records were looked at in July, which was after the April decision not to proceed with the investigation.

Dr Roworth: Yes.

Phil Gallie: I presume that you heard Mr Hope's presentation. He seemed to think that the representations that were made to the Parliament through MSPs and committees, and ultimately to Executive ministers after the interests of those committees had been covered, were responsible for your involvement in the EHIT. Your evidence suggests that that is not the case and that everything was set up locally. Is that the actuality?

Dr Roworth: That is certainly my understanding of what happened, and the understanding of the other members of the EHIT. We were not aware of any parliamentary inquiry. I first became aware of the issue through correspondence between Mr Hope and SEPA.

Phil Gallie: So your involvement came through a request from SEPA at local level.

Dr Roworth: No. In the light of increasing correspondence, media coverage and concerns being expressed, John Milne of Perth and Kinross Council suggested that we look at the then recently published document that has been referred to and try to assess what was going on in Blairingone using that framework. That is how the EHIT came to be. It was thought about in early 2001.

Phil Gallie: I would like some clarification. Perhaps I could put my question to Mr Roxburgh and to SEPA's director of operations, who is also here. Was there any communication from ministers that the issue was a burning issue in Blairingone?

Mr Roxburgh: Not at that time. I can clarify some dates. John Milne wrote to SEPA and Dr Roworth in February 2001. SEPA replied in March to say that we agree that an EHIT was a good idea, as we needed an answer. The Transport and the Environment Committee considered the matter in May 2001 and discussed the fact that a group was to be set up that could aid the Transport and the Environment Committee in its deliberations. The Transport and the Environment Committee certainly did not suggest that a group be formed or initiated in any way—it simply referred to an investigation group that was already planned.

I am sorry, but what was your question again?

Phil Gallie: It was about communications between Executive ministers and SEPA. To an extent, you have answered it. The Transport and the Environment Committee referred to the establishment of a group at local level.

Mr Roxburgh: That is correct. There was communication at a high level within SEPA with Mr Reid only in April 2002.

Phil Gallie: It appears that the Executive took forward the matter and issued a consultation paper called "Safer Sludge". Are you aware of that consultation paper?

Mr Roxburgh: There is a consultation paper on the Waste Management Licensing Regulations 1994 and exemptions within those regulations. In particular, the paper refers to land spreading. There is a desire to tighten up controls and to give SEPA some real control over the application of waste sludges to land.

Phil Gallie: Did SEPA respond to the consultation?

Mr Roxburgh: We did: our detailed response should be with the Executive.

Phil Gallie: Given your experience, were you asked to contribute to the response?

Mr Roxburgh: Several members of the SEPA team contributed comments to the response. The consultation was co-ordinated by the SEPA head office. Our policy experts compiled the response, which is now with the Executive.

Phil Gallie: The point that I am driving at is that, as the Executive would be aware of the general problem, SEPA must have gained a considerable level of expertise following your involvement at Blairingone.

11:15

Mr Roxburgh: Not only at Blairingone. I am an area team leader and we have an on-going problem at another high-profile site at Argaty near Doune. Dealing with general waste-to-land issues throughout the Stirling area, Clackmannanshire, Perth and Kinross and west Fife has given the Stirling team direct experience of the problems with the current regulations.

Phil Gallie: Your response takes us back to an issue that Dorothy-Grace Elder raised earlier. You indicated that you are concerned about another site in your area. Are you aware of similar concerns elsewhere in Scotland? Have other EHITs been set up to investigate circumstances elsewhere in Scotland?

Mr Roxburgh: Application of waste to land is an issue of general concern throughout Scotland,

particularly in the more populous central belt. I am not aware of the setting up of other EHITs either at the present time or in the past, although EHITs can be used as a mechanism to provide SEPA with assistance from the top experts in medical matters in Scotland.

Phil Gallie: I want to address a final question to Dr Roworth. From discussions with colleagues, are you aware of particular health problems elsewhere in Scotland that could have arisen from this practice or have such problems been highlighted only in your area?

Dr Roworth: I am not aware of any other allegations that have been made in respect of composting, sludge spreading or injection elsewhere in Scotland over and above the particular issues that have arisen in the Blairingone and Saline area.

Helen Eadie: I have a question for both Mr Roxburgh and Dr Roworth. I will start with Mr Roxburgh. It seems that you were in the chair at the first meeting and that Dr Roworth took the chair at the second one. It would appear from the minutes that the issue of communications was never considered, yet it is one of the factors that influences individual or community perceptions of risk. Given the wisdom of trying to understand those perceptions, what was your communications strategy and how did you perceive and measure that challenge?

Mr Roxburgh: Communications was not discussed at the first meeting, which was more of an exploratory meeting to pull together experiences of the site and learn about its history and the activities that had taken place. The purpose was to ask everyone from the health authorities, environmental health department and SEPA about the site in order to get everybody up to speed and determine a way forward.

The document recommends that the consultant public health officer is the appropriate person to chair and take forward progress. That was why Dr Roworth chaired the second meeting.

Helen Eadie: Can you tell me why the document, which would seem to be the guidance document for the investigating teams, states that the communications strategy has to be at the top of the list of priorities? Why did you not have regard to the guidance?

Mr Roxburgh: We did have regard to the guidance.

Helen Eadie: In that case, why was the communications strategy not in place?

Mr Roxburgh: The communications strategy was to get in touch with—

Helen Eadie: It is not mentioned in the minutes.

Mr Roxburgh: The minute is not a 100 per cent record. There was no official professional minute-taker present; the minutes were taken by SEPA.

Helen Eadie: The communications strategy is not mentioned in the actions that are listed at the end of the minutes. I have asked you about your strategy, since the guidance document details what such a strategy should involve. However, you have not told me how you implemented your strategy.

Mr Roxburgh: No communications strategy was decided at the first meeting.

Helen Eadie: I want to ask Dr Roworth the same question. You chaired the second meeting, but it is not clear from the minutes, or from the actions listed at the end of the minutes, whether any communications strategy had been put in place, even though priority was supposed to be given to creating and maintaining such a strategy. Why did no one address that issue at the first or second meeting? I would have thought that communication inwards and outwards would be fundamental to the public perception of what was happening.

Dr Roworth: I cannot comment on the first meeting because I did not attend it. The minute for the second meeting states that we agreed simply to convey the outcome of the EHIT's decision to the interested parties, who were Mr Hope, BASAG and Malcolm Snowie. Over and above that, there was no specific communications strategy.

Mr Reid: You said that you were not aware that there was a parliamentary inquiry going on until the summer of last year. Was that 2002?

Dr Roworth: Yes, I think that it was 2002.

Mr Reid: Can I remind you that by that time there had been full hearings in front of the Public Petitions Committee and the Transport and the Environment Committee? Furthermore, the matter had received considerable debate in the Parliament and extensive coverage on the front page of newspapers and on television, which involved some of the people in the EHIT. Are you saying that you were still not aware that an inquiry was going on?

Dr Roworth: I think that it was not communicated to me as a member of the EHIT. What one reads in newspapers or sees on television is a matter of chance and depends, for example, on the particular paper one reads. I was not made aware through official channels that the inquiry was going on. However, even if that was the case, it is still important to stress that the EHIT was not set up in response to any committee but instead predated any deliberations by the Scottish Parliament.

Mr Reid: Mr Halcrow, you heard Patricia Henton confirm this morning that she had received details

of at least 30 alleged cases of ill health, giving name, date, address and alleged symptoms. Will you confirm that you also had sight of those details?

Willie Halcrow (Scottish Environment Protection Agency): Thank you for the opportunity to comment on this matter.

I have not seen a list of 30 names and addresses. The list that I have seen was on the back of a letter dated 26 March 2002 from Mr Reid. That itself was a copy of a list that was given to the Public Petitions Committee as part of the original petition, and lists groups of symptoms and the number of people who have experienced them. I think that there were 30 in total. As I have said, the list was received from Mr Reid on 26 March 2002, which was after the EHIT had concluded its business and was in the process of communicating its findings.

Mr Reid: How did that piece of paper reach you?

Willie Halcrow: According to the file in front of me, it was on the back of a letter from yourself to Ms Patricia Henton.

Mr Reid: Does the list contain details of a case in which a child nearly died in Stirling royal infirmary, allegations of people having blisters as big as half-crowns on their backsides and so on?

Willie Halcrow: Yes, it does.

Mr Reid: Mr Roxburgh, you will remember receiving a call from me some weeks after about whether you had had sight of the document. You said that you had not.

Mr Roxburgh: I do not remember the conversation, but I certainly do not remember seeing a list with 30 names on it.

Mr Reid: I return to Dr Roworth. In your investigations, you considered only five cases. What were the dates of those cases?

Dr Roworth: I would need to refer to my notes.

Mr Reid: Can you tell me roughly? In which years were they?

Dr Roworth: I think that the complaints were made since 1998. It is important to stress that I received lists of complaints in February 1998 and again in 2000, and that they were similar, so it is difficult to say to which time period they referred.

Mr Reid: So, did you at any point have any knowledge of a child who nearly died in Stirling royal infirmary and whose mother was a doctor?

Dorothy-Grace Elder: A child with suspected meningitis.

Dr Roworth: I think that meningitis was one of the conditions that were mentioned in the letters that were sent to me.

Mr Reid: Did you, at any point, know of doctors' files containing Polaroid photographs of people with large blisters on their bodies?

Dr Roworth: At no time did I know about such files. I had heard on the grapevine about such material, but at no time have I seen such information. I have never had any access to any individuals' medical records.

Mr Reid: Tricia Henton said in her evidence this morning that she did not know whether the file of cases was passed on. If you had received cases containing such serious allegations, would that have coloured the investigation that you conducted?

Dr Roworth: It is difficult to say, in the absence of knowledge about what the individuals were complaining of. If more information had been given to the EHIT last spring or in late winter we would, of course, have considered it. I cannot say whether it would have influenced, or made any difference to, the outcome, but we would have considered it. That is as much as I am able to say.

Mr Reid: You were not present at the first meeting of the year, but I presume that you read the minutes. Do you agree that, as per EHIT's guidelines, a primary principle is to work openly and transparently with the community that is involved?

Dr Roworth: I am sorry. Could you repeat the question?

Mr Reid: In the guidelines on carrying out an investigation of that type, a prime determinant is that the work should be done in transparency and openness with the involved community.

Dr Roworth: That is a fair comment.

Mr Reid: Is not it true that, at the first meeting, a decision was taken to contact villagers in Blairingone?

Dr Roworth: I think that that was considered.

Mr Reid: That is not what I read from the minute. The minute says:

"SEPA and PKC agreed to discuss".

Dr Roworth: Thank you for correcting my memory. If that is what the minute says, that is what was agreed at the meeting. I have no reason to disagree with that, not having been there.

Mr Reid: Is it the case that, at the first meeting, there was a discussion about cost and time, but it was suggested by the public health consultant from Forth Valley NHS Board that a quick survey could be undertaken, involving the identification of

cases and such factors as location and wind direction?

Dr Roworth: That is my recollection.

Mr Reid: What happened between the first meeting and the second meeting? Why was the proposal not undertaken?

Dr Roworth: I think that the part of the minute to which you refer was one point that was considered, but it was not one of the agreed action points. There was, to my recollection, no action agreed at that meeting to the effect that anyone would go out and do a survey. What was minuted was simply a preliminary discussion of some things that might be done.

Mr Reid: I am aware of your expertise in this area. You will, I think, recall that the firm of Snowie Ltd issued press statements that quoted you as saying that no causal connection between spreading and ill health had been discovered anywhere. Were you aware of that?

Dr Roworth: Possibly.

Mr Reid: The minutes of the first meeting show that it was decided that there was no need whatever to contact Mr Snowie. Do you recall that?

Dr Roworth: Yes. That is in the minutes.

Mr Reid: Given that, when the team's decision was reached, why was it communicated to Mr Snowie—who promptly put out a press release throughout the United Kingdom—but not to Parliament?

Dr Roworth: Are you asking why we did not communicate the decision to Parliament?

Mr Reid: Given that it was decided at the first meeting that no contact was necessary with Mr Snowie, why did you communicate with his company—which promptly issued press releases to the trade and agricultural press—but not to the clerk of the Transport and the Environment Committee or to Parliament?

Dr Roworth: We communicated with Mr Snowie after the second meeting—at which the EHIT reached its decision—to inform him of the outcome of the decision-making process. We also contacted BASAG in an attempt to be even-handed.

11:30

Mr Reid: You did not inform Parliament.

Dr Roworth: I was not aware at that time that the EHIT had a relationship with Parliament.

Dorothy-Grace Elder: Bearing it in mind that health matters that relate to the environment are very fragmented in Scotland—some bits belong to

the NHS, some to the Scottish Environment Protection Agency, some to planning and so on—I want to pull together the passing to and fro of information. We have heard that the list of 30 names was seen by the former chief executive of SEPA and Mr Halcrow says that he received a list of names—I think—in March 2002. When did Mr Halcrow receive the list?

Willie Halcrow: I received a letter from Mr Reid, which was dated 26 March and which contained a list of symptoms and ascribed numbers of cases to those symptoms. It was not a list of names.

Dorothy-Grace Elder: Right.

Willie Halcrow: I submitted the letter to Miss Henton, which, as I said, was after the EHIT had completed its business.

Dorothy-Grace Elder: Yes, but that was before the letter of 4 April that told the action group that the inquiry was over.

Willie Halcrow: I do not think that there is any connection.

Dorothy-Grace Elder: I want to clarify who saw what. Did any member of the EHIT see the list of names with various allegations, including mention of suspected meningitis and scarlatina, or scarlet fever?

Willie Halcrow: We must be clear that the list that you describe is not the same as the list that we received, which was a copy of a list—

Dorothy-Grace Elder: Which had no names. Thank you, Mr Halcrow.

Dr Roworth was trying to reply. I ask him whether any member of the EHIT saw a list of names, which included the serious Stirling royal infirmary case, the suspected meningitis case and the child in Blairingone who had scarlet fever.

Dr Roworth: I have not seen a list of names of individuals who had conditions, but in 1998 and in 2002, I saw a list of conditions from which—BASAG alleged—the villagers suffered. The EHIT then considered those conditions. We might be talking about the same list, but I do not know.

Dorothy-Grace Elder: Did any member of the team see a list of names of people who were alleged to have conditions including suspected meningitis and scarlet fever in Blairingone village?

Dr Roworth: Yes.

Dorothy-Grace Elder: Was that before the EHIT's second meeting?

Dr Roworth: Yes. We asked people to forward that information to us so that the EHIT could consider the conditions.

Dorothy-Grace Elder: Are you saying that the patients were not named in the list?

Dr Roworth: As I said, the information that I received was contained in four letters from five individuals—one letter was signed by two people. The letters made allegations in respect of certain people.

Dorothy-Grace Elder: Did you obtain the medical records of those people, including the children? You said that you went to the Dollar practice.

Dr Roworth: No, I did not do that. When I went to the Dollar practice in the summer, it was merely to find out whether there were any differences in, for example, the number of people who were consulting for asthma.

Dorothy-Grace Elder: Was that after the EHIT investigation had finished?

Dr Roworth: Yes.

Dorothy-Grace Elder: Had you contacted the Dollar practice earlier?

Dr Roworth: I contacted the Dollar practice in February 1998 and again in 2000.

Dorothy-Grace Elder: Was your contact with that practice in 2000 in connection with the forthcoming EHIT meeting? Did you contact the Dollar practice at the time of the EHIT meetings or in the interval between them? Were your visits to the Dollar practice in connection with earlier studies?

Dr Roworth: The first time I contacted the Dollar practice, in February 1998, was in response to the allegations that were being made, which were similar to those that were made in 2000. I phoned and spoke to one of the GPs. It was a general inquiry.

Dorothy-Grace Elder: You did not ask for patient records.

Dr Roworth: No. I asked whether I would be able to consult medical records when I saw the GPs in July last year.

Dorothy-Grace Elder: That was after the EHIT meetings.

Dr Roworth: Yes.

Dorothy-Grace Elder: Did you consult the Tillicoultry practice, which is the other practice that has Blairingone patients?

Dr Roworth: I did not. According to the information that I had from the Tillicoultry practice and from the Perth and Kinross practice, the vast majority of patients were registered with the Dollar practice.

Dorothy-Grace Elder: Where was the scarlet fever case registered?

Dr Roworth: I do not know. I do not have such detailed information.

Dorothy-Grace Elder: I can tell you that it was not registered at the Dollar practice. There are 12 practices in the area and not all of them have Blairingone patients, but did you send a circular to GPs who might handle Blairingone patients, given the fact that it is such a scattered area?

Dr Roworth: No. I did not do that. My investigation was focused on the Dollar practice, where most of the patients were registered.

Dorothy-Grace Elder: Yes—it has about 85 per cent of the Blairingone patients.

The Convener: Dorothy, could you wind up, please?

Dorothy-Grace Elder: Yes, of course. Why did you not send a questionnaire round the village? It would have been quite a simple thing to do.

Dr Roworth: It would have been a simple thing to do, but that is not the point. Considering the evidence that was made available to us, there was no prima facie case for believing that any of the conditions were linked. You mentioned scarlet fever, which is not transmitted from sewage sludge or composting; it is a disease that is passed from person to person.

Dorothy-Grace Elder: I appreciate that. However, the villagers were concerned about such things. Did you or any other member of the EHIT obtain information from the rest of Britain, Canada, America or Europe, where the spreading of human sewage on fields is also controversial? Did you obtain any overseas information?

Dr Roworth: No, we did not. It is important to realise that the EHIT was not set up to find out whether spreading practices cause this or that disease. Its purpose was to investigate the allegations of ill health that were made by residents.

Dorothy-Grace Elder: Yes, but it was to investigate the allegations of ill health in the context of a possible environmental link. There are umpteen cases on the internet of allegations from America, Canada and Europe.

Dr Roworth: I have seen information on the internet, largely relating to intestinal diseases.

The Convener: Dorothy, we will have to move on.

Dorothy-Grace Elder: I have one last question. Are public health departments underfunded for conducting such studies? I know that, nowadays, the public want to have many things to do with the environment investigated. Would you say that your investigation was well funded or not?

Dr Roworth: If we had considered that a survey of the village was appropriate, the resources for that would have been found. Surveys are

expensive, but that does not mean that we do not consider them and that we do not do them when necessary. However, they are time consuming and expensive.

The Convener: Dorothy, your question will need to be quick.

Dorothy-Grace Elder: I am sorry. I am straining the convener's patience. If you had to set up another EHIT, would you do it differently?

The Convener: That is your final question before others come in.

Dr Roworth: It is difficult to envisage whether the medical outcome would have been any different. However, I acknowledge that there is a great deal of discontent about how we communicated the results. The points that have been made about that are fair. The application of the document is in its infancy and it is fair to say that we should probably have made more effort to speak to the various parties.

Dr Malcolm McWhirter (Forth Valley NHS Board): I have a general point regarding the comment on public health departments and resources. I think that I speak for public health department colleagues when I say that we would allocate resources if there were an issue of concern. The health board would allocate—it has done so in the past—additional resources for such investigations. I reassure the committee that resources would not be an issue in following up an issue such as this.

Mr Reid: The key issue for me is the five cases that the EHIT considered and the 30 cases that were put forward by the village. Mr Halcrow said specifically—while referring to his files—that he had received a letter in March. Do you agree that two previous attempts had been made to get the same documentation into the office of the chief executive of SEPA—we have the printouts—and that somehow they were not passed on and had to be sent three times?

Willie Halcrow: I am not aware that there were previous attempts.

Mr Reid: Can I remind you of a few conversations on that particular subject that might tease your memory a bit?

Willie Halcrow: I first knew that there was a list when I received your letter of 26 March. I was not aware of any previous submissions. I recall that you and I discussed the list, but that we did not have it. Your office, in fact, supplied us by fax with a large amount of supporting evidence, which was taken from the internet.

Mr Reid: The information was not just taken from the internet, but we will come to that. I do not want to detain the committee too long. Was the

tenor of my conversation with you that somehow we must manage the process and involve the village of Blairingone? Do you recall the proposal that either Parliament or SEPA could send an assessor to Blairingone to take evidence and that that might square off the issue without it becoming too public?

Willie Halcrow: Yes—indeed I do.

Mr Reid: Did you pass that information on to your colleagues in the EHIT?

Willie Halcrow: Not personally and not directly, but my recollection is that Mr Roxburgh discussed all the possibilities with the EHIT. That led to the invitation to BASAG on 28 May 2002 to come to a meeting of the EHIT to hear the reasons behind the conclusions that had been drawn. BASAG was also invited to bring forward any new evidence and to submit evidence, if it wished, directly to Dr Roworth in writing. That invitation was extended on 28 May.

Mr Reid: I have only one more question, which I address to Mr Halcrow and then to Dr Roworth. You referred to information that is available from the internet. Are you aware that the National Academy of Sciences, which has some of the most distinguished soil scientists, medical scientists and public health officials, has for two years been conducting a major study into the effect of bio-solids on the environment?

Mr Halcrow: Yes, we are aware of that.

Mr Reid: You are aware, therefore, that the study concluded that current assessment is based on “outdated science” and that it called for extensive study into communities that are exposed to bio-solids in the environment?

Mr Halcrow: Yes, indeed I am. Perhaps the question is whether that information is relevant to the investigation that was carried out by the EHIT, which was done according to specific guidance relating to allegations or evidence of ill-health that could be related to the operations at Blairingone. The wider question of spreading organic matter—sewage sludge, abattoir waste or whatever—on land relates back to the study that SEPA carried out.

I will separate the two issues, if I may. There is the general issue of organic waste, in relation to whether spreading it is a good practice and how it should be controlled, on which SEPA submitted a report to the Executive in 1998. That formed the subject of the discussion by the Transport and the Environment Committee.

Mr Reid: You are aware that the only way in Britain to get such documents is to download them from the internet.

Willie Halcrow: I could not comment on that.

Mr Reid: Are you aware of the study by the National Academy of Sciences?

Dr Roworth: No, I am not aware of the study.

11:45

The Convener: I thank everyone for their evidence this morning. It might have seemed like an inquisition sometimes, but I can assure you that we are attempting simply to get the information that will allow Dorothy-Grace Elder to complete her report with her adviser.

Dr Charles Saunders (Fife NHS Board): I would like to make one point on a matter that arose early in the discussion. It is important to differentiate between communication to, and consultation of, the public. There is a specific issue—a member of the committee mentioned it—about having a member of the public, or somebody representing the public, at the meetings of the EHIT. Such a presence would seriously impair the likelihood of an EHIT functioning properly.

In many ways, the situation is analogous to investigation of an outbreak or an incident of infectious disease. I can say categorically that having a member of the public as a full member of the incident control team in such situations would seriously impair the likelihood that the team could function properly and well. I am happy to provide further details in writing if that would be helpful. However, my professional opinion—I think that I speak on behalf of my colleagues—is that although it is helpful to communicate with the public and to talk to them, having a member of the public, an MSP or a councillor as a member of such a team would make it unlikely that the team would function properly. That would defeat its objective.

The Convener: That is a fair point, and it is recorded.

Dorothy-Grace Elder: I assume that Dr Saunders believes that the team did function properly and that it benefited from the fact that no MSP or member of the public was on it. Is that the natural conclusion?

Dr Saunders: Given that a member of the public or an MSP was not on the EHIT, it is difficult to say categorically whether that was the case. The point that I am trying to make is that having a member of the public or an MSP on such a team would, in my opinion, make it impossible for that team to function properly as set out either in the documentation that we have or in more recent documentation that has been issued by the Scottish Executive.

The Convener: We are out of time. We have spent an hour and three quarters on the matter,

although we intended to spend only an hour on it. All the information, including the information that Dr Saunders has just given, will form part of Dorothy-Grace Elder's report to the committee. No decisions will be made until we get a report from Dorothy and her adviser. The Public Petitions Committee will then make a decision.

I thank all the witnesses for coming along and for taking the time to give us detailed answers to our many questions. The issue is important and Parliament takes it seriously. We will inform you of the ultimate decision of the Public Petitions Committee, which we hope to arrive at in the near future, after we have received the report from Dorothy-Grace Elder.

We will take a two-minute break to allow witnesses to withdraw.

11:47

Meeting suspended.

11:54

On resuming—

The Convener: Do members agree to move back to new petitions? A number of petitioners have been present for a long time and it would help them if we were to deal with new petitions now. We will return to current petitions after we have dealt with the new petitions. Is that agreed?

Members *indicated agreement.*

New Petitions

Care Homes (Personal Expenses Allowances) (PE591)

The Convener: The first new petition is PE591, on behalf of the Senior Action Group Edinburgh, Age Concern Scotland and Help the Aged. The petition calls for a review of the weekly personal expenses allowances for people who live in care homes. We have with us the petitioners—Diane Wilsdon, Emma Lawson and Jessie Mitchell. Welcome to the Public Petitions Committee and thank you for your patience in sitting through that long session on the previous petition. We will follow the normal routine. You will get three minutes to make an opening statement, then it is open to committee members to ask questions.

Diane Wilsdon (Senior Action Group Edinburgh): By signing our petition, more than 3,500 people from around Scotland have clearly demonstrated that they believe that £16.80 per week is not enough to meet the costs of daily living for older people in care homes. I am the development worker with the Senior Action Group Edinburgh—SAGE—which is a voluntary organisation that was set up by older people in care homes in Edinburgh who run the organisation.

I would like to introduce Emma Lawson, the vice chairperson of SAGE, and Jessie Mitchell, a committee member of SAGE. Both live in care homes in Edinburgh. While Emma and Jessie have asked me to outline why an increase in the allowance is important, they are keen to answer any questions on their experience of living on such a small amount and I would encourage members to take up the opportunity to ask them questions after my presentation.

In the Government's document, "Charging for Residential Accommodation Guide", we are told that the allowance is intended to enable residents to have money to spend as they wish on stationery, toiletries, treats and small presents, clothes and so on. In 1996, Age Concern published research that calculated that the cost of allowing residents to live a modest but adequate life based on those criteria was £38 a week. However, in 2003, the Government tells us that £16.80 is sufficient.

In 2002, the Scottish Executive set care standards for care homes with the principles of dignity, privacy, choice, safety, realising potential and equality and diversity. We are here today to say that those standards simply cannot be met while residents have only £2.40 a day. Where is the dignity in never being able to pay for a coffee or meal out with your friends or in not being able to buy your children or grandchildren a Christmas

present? Imagine how you would feel if you could not afford to treat your family occasionally to show them how much you appreciate their love and support. Where is the choice for residents when a perm in the local hairdresser's that you have used for 20 years—where you know the people and they know you—costs £35, whereas the hairdresser who comes to the home charges only £15? Can you justify paying two weeks' money for a haircut? How would you pay for stamps, telephone calls, toiletries, taxi fares or a magazine during those two weeks? Under care standard 17, paragraph 7 may refer to the use of local services, but without adequate personal allowances, that will not become a reality for residents.

Where is the privacy and safety in not being able to afford your own telephone and having to use a public call box? More than 90 per cent of residents who took part in our research did not have a private telephone. Imagine being hard of hearing and reliant on care staff to take you to the public telephone that is situated in a communal area when you want to reach out to family or friends or call the Age Concern abuse line. In our research, when we asked people what they would buy if they had more money, the vast majority said that they would buy their own telephone if they could also afford the line charges.

Realising potential is what SAGE is all about—realising the vast untapped resource of skills, knowledge and experience of older people in care homes. However, without a decent increase in the personal allowance, older people cannot be part of groups, pursue hobbies or interact with their local community. Basically, they cannot afford the taxi fare to get to meetings or the cost of lunch once they are there.

Coming to the meeting today cost £16.90, which is more than a week's personal allowance for Emma and Jessie. Ironically, without the charitable support of SAGE, they could not have afforded to come here to tell you how poor they are.

We urge you to call for a substantial increase in the personal expenses allowance to meet the true cost of living in a care home and to enable residents to enjoy the standard of living that the Scottish Executive has stated they should have.

The Convener: Thank you. You gave a figure of £16.80. Has that gone up at all in recent years? Does it go up with inflation every year?

Diane Wilsdon: It went up from £16.15 last year to £16.80 this year.

The Convener: So the allowance increased by about 65p. Is that the normal annual increase?

Diane Wilsdon: In 1996, when Age Concern conducted its research, the allowance was £14.10.

The Convener: You have contacted a number of MPs and submitted a petition to the Department

for Work and Pensions. What kind of response did you get?

Diane Wilsdon: We got no response. We did not even get an acknowledgement.

The Convener: The DWP did not even acknowledge the petition.

Diane Wilsdon: No.

The Convener: Did the MPs indicate how they felt?

Diane Wilsdon: We have never received a letter from an MP. We have received letters only from civil servants. The ladies wrote individually. Jessie Mitchell wrote to Andrew Smith MP, but she got a standard letter from a civil servant.

The Convener: Andrew Smith MP is the responsible minister.

Diane Wilsdon: Yes.

The Convener: Do the national care standards that the Scottish Commission for the Regulation of Care has laid down make any reference to the amount?

12:00

Diane Wilsdon: No. The care standards are about the quality of life that the residents can expect and were written for the residents. The reality is that a much larger amount of money would be needed to meet those standards.

The Convener: So the issue of the £16.80 is ignored in the national care standards.

Diane Wilsdon: There is no reference to it.

Phil Gallie: There was much applause when the Parliament agreed to free personal care. What effect has that policy had on the two ladies present who are in care homes?

Jessie Mitchell (Senior Action Group Edinburgh): I cannot buy papers. I am supposed to be reading papers, but first I have to find out how much money I have left. I cannot buy anything for my grandchildren at all—all that they get is a card. That is unacceptable: it is an insult and a sin.

Diane Wilsdon: Free personal care has no effect on someone who relies on the personal allowance. The ladies saw no benefit from that policy at all.

Phil Gallie: When you first raised the issue in 1996, what support did you get from us politicians?

Diane Wilsdon: SAGE is a voluntary organisation that was set up by residents and has been in existence for only eight years. The residents have employed me as a development

worker for the past two years only. Age Concern carried out the research. SAGE has raised the issue with Age Concern and Help the Aged because it comes up as the number 1 issue when we go out and speak to residents, which is the main part of our work. Time and again, we have been told, "We simply don't have enough money to do the types of things that you are encouraging us to do."

Phil Gallie: What kind of support has Age Concern had from politicians over the years?

Diane Wilsdon: It has not indicated that it has had any support on the issue.

John Farquhar Munro: When individuals are taken into residential care, what is the arrangement concerning their old age pension? Does the establishment secure it? Do they get any funding from it?

Diane Wilsdon: Before somebody moves into a care home, a financial assessment is carried out. If their savings and pension do not meet the full costs of their care, the local authority will subsidise them. The person is guaranteed a minimum income, which is where the personal expenses allowance comes in. A resident's full pension goes towards the cost of their care. That is what happens with Emma Lawson and Jessie Mitchell: they do not get to keep their pensions and receive the personal allowance; they merely get the personal allowance.

John Farquhar Munro: So their total income, as far as we are concerned, is £16.80 per week.

Diane Wilsdon: Yes.

John Farquhar Munro: The pension disappears.

Diane Wilsdon: Yes. It goes into the cost of the care.

The Convener: On that point, someone who has considerable income will not be affected, because their income will be in excess of any local authority contribution.

Diane Wilsdon: Correct.

The Convener: Do they also get the £16.80?

Diane Wilsdon: No. That is the minimum income guarantee.

The Convener: So someone who was very well off would not be affected.

Diane Wilsdon: Correct.

The Convener: The matter is obviously reserved in that the Westminster Parliament sets the rates, but in Scotland, they have to be set through the Scottish Parliament.

Diane Wilsdon: Yes. It is open to the Scottish Parliament to set a higher rate than that set by the Westminster Parliament. I understand from Age Concern that the National Assembly for Wales has

recently raised the rate by 30p.

The Convener: Is that over and above inflation?

Diane Wilsdon: The Assembly has only increased the rate by 30p.

The Convener: So there is a difference between what residents in Wales and England receive, and you would argue that it is perfectly feasible for the Scots to set a higher rate, too.

Diane Wilsdon: Yes. In Scotland, the amount of savings that a person is allowed to keep is lower than in England. There are therefore differences between Scotland and England in the amount of money that people in care homes can have.

The Convener: What proportion of residents in care homes do you think is in receipt of the allowance? Is it half?

Diane Wilsdon: Yes, it is roughly half.

The Convener: Do have any idea of numbers?

Diane Wilsdon: SAGE works in Edinburgh, where there are about 3,000 people in care homes.

The Convener: So about 1,500 of them receive £16.80 a week.

John Farquhar Munro: I have one more question for clarification. There has been a lot of talk about free personal care, free nursing care and so on, and I heard you refer to the difficulty that some ladies have in securing the services of hairdressers in care homes. Is hairdressing not considered to be part of personal care?

Diane Wilsdon: No. The only costs that are met in the home are for bed and board. Anything over and above that—travel, hairdressing, toiletries, the odd newspaper or a can of juice—has to be met from the resident's £16.80.

The Convener: If any of the witnesses wants to make any other points, now is your chance, as we have no further questions.

Emma Lawson (Senior Action Group Edinburgh): I care about the matter. The hairdresser in my home increased her fees, but the residents did not receive any more money. It now costs me £5.40 a week to get my hair done, which comes out of my £16.80. A perm, once a year, costs £15. That is cheap compared with how much it would cost outside the home, but it does not leave me with much money.

The men would like to have a flutter on the horses, but they cannot afford to spend more than 50p on that. I do not buy myself a newspaper. I get my hair done instead; a newspaper would cost more than £4 a week, which I cannot afford. We borrow one another's newspapers.

The Convener: That is dreadful.

Emma Lawson: I have my own mobile phone, but I could not afford to buy it myself, so my son bought it for me. He has to pay the charges once in a wee while. I am a pauper.

The Convener: Thank you for that well-made evidence. We shall now decide what to do with the petition, but the petitioners are free to sit and listen to the discussion.

Members will see that it is suggested that the Executive might be unlikely to increase the amount of personal expenses allowance to a higher level than that proposed by Westminster, particularly as it could argue that people living in residential care homes in Scotland now benefit from free personal care. However, we have heard evidence this morning that suggests that the policy of free personal care does not impact upon people in Scotland who receive the £16.80. It is therefore recommended that we write to the Executive to ask for its views on the issues raised by the petitioners. In particular, we can ask for details of the Executive's position on the level of personal expenses allowance for people in residential care homes and for an indication of whether it is satisfied that the amount is adequate to cover the items that we heard about, such as toiletries, telephone calls, hairdressing and so on. We can also ask the Executive whether it intends to propose an increase in the level of personal expenses allowance, either through negotiations with Westminster prior to the amount being set, or by proposing a separate increase for Scotland when the relevant statutory instrument is laid before the Parliament.

Helen Eadie: I agree with that recommended course of action. Perhaps we could also consider whether we should send a copy of the petition and the *Official Report* of this morning's proceedings to the relevant minister in London to ask him to take note of our discussion.

The Convener: That is a good idea. Andrew Smith did not reply to the petitioners, but perhaps he will reply to the Public Petitions Committee. It would be interesting to find out how Westminster ministers view the allowance.

John Farquhar Munro: Would there be merit in our putting the petition in front of the Health and Community Care Committee?

The Convener: We could certainly copy the petition to the relevant committee, but I am not sure whether that would be the Health and Community Care Committee or the Social Justice Committee. We will find out and pass on a copy of the petition and the associated correspondence.

Phil Gallie: I have a query that arises from the evidence that we heard. A comment was made

about England and Scotland having different amounts for capital allowances. I recognise that some differences exist, but my understanding was that the capital allowances are set by the Benefits Agency and are reserved. That should mean that there is commonality across the UK. I did not understand that point. Perhaps the clerk could query that issue further and bring back some information.

The Convener: We have already agreed to write to the Executive, so we could ask it to clarify that point in its response.

Phil Gallie: The other point that we should emphasise and underline is that free personal care did not make one iota of difference to the individuals from whom we have taken evidence today.

The Convener: Free personal care did not make any difference on this issue, but it obviously makes a difference to some people.

Phil Gallie: I do not know that it does. Perhaps free personal care makes no difference at all to people in residential homes who are dependent on the state. That is the message that I picked up.

The Convener: That may be true for people who are dependent on the state.

We have agreed that we will write to the Executive and to the Westminster minister. As soon as we get a reply, we will get back in touch with the petitioners to advise them what action the Public Petitions Committee thinks should be taken on the petition. We will keep the witnesses informed of what is happening. I thank them for their attendance this morning and for the evidence that they have given to the committee.

Amateur Boxing (PE594)

The Convener: Petition PE594 is from Thomas Ross on the subject of amateur boxing in Scotland. The petition calls on the Parliament to ask the Scottish Executive to fund the medical requirement of the AIBA—the international amateur boxing association—to eliminate abuse of amateur boxers in Scotland.

Mr Ross is accompanied by Dr Lutton, who is here in support of Mr Ross's petition. I thank Mr Ross for his patience this morning—we have had a long session—but he now has his chance. He may speak to the petition for three minutes. We will then open up the meeting to questions from committee members.

Thomas Ross: In 1980, having been four times Scottish light-heavyweight boxing champion, I left Scotland and emigrated to Canada, where I became subject to the rules contained in the book "Articles and Rules, with Medical Rules, Governing Amateur Boxing in Canada 1981-1983".

In Canada, it was deemed that I was not medically fit enough to participate in the sport because of myopia, or short-sightedness. To date, Scotland has no book of that calibre for amateur boxing. The book details the rules and medical rules for boxers.

Let me read out the book's introduction, which was written by Dr Joseph Falletta, who is a member of the AIBA—if the committee does not have a copy of the AIBA handbook, I can leave a copy for your perusal.

Dr Falletta's introduction states:

"Amateur boxing is a sport which introduces a young man to the art of self-defence and in so doing provides a healthy mental and physical recreation for competitors of all ages. Amateur boxing teaches self-discipline, physical fitness, poise and confidence, sportsmanship and a respect for supervision; said supervision is meted out by jury officials, referees, ringside physicians and coaches. In fact, amateur boxing remains the most supervised of all sports.

The welfare and physical well being is the essential consideration of each boxer's career. Each boxer is under the constant supervision of an experienced Medical Officer. On joining a Boxing Club, initially each boy is to undergo a complete medical examination for mental and physical fitness. Then, prior to each and every boxing tournament, the boxer must present himself for medical examination to ensure that he is in a fit physical state. Only fit boxers box and in this way the morbidity of amateur boxing remains very minimal.

The prevention and treatment of boxing injuries is of paramount importance. As succinctly stated by Ron Olver, British boxing author,

'AN EFFICIENT MEDICAL SYSTEM ENSURES THAT BOXING IS FULLY CONTROLLED WITH THE WELFARE OF THE BOXER ALWAYS THE FIRST CONCERN OF THE APPROPRIATE RULING BODY.'

To that end, the following rules and medical regulations are intended to preserve the health and welfare as the highest level of priority with respect to the Canadian Amateur Boxer."

I have printed a number of copies for your perusal, but I understand that you have not had time to read them.

12:15

The Convener: If you leave them with us, we will ensure that all members get copies.

Thomas Ross: The only change that I wish to make to the introduction I read aloud is with reference to "mental and physical fitness". I would like to change the word "physical" to "medical". The intention of the petition is that the medical state of the boxer should dictate whether he is allowed to participate in or is excluded from the contact sport.

Helen Eadie: As far as you are aware, do other countries in the UK experience difficulties in meeting these medical standards? If so, is funding provided from central Government for that purpose?

Thomas Ross: It is my understanding that the rest of the British Isles suffers the same fate. In fact, in Northern Ireland, a boxer I used to train attends shows and boxes regularly without being medically examined. Despite the presence of a medical officer, he does not undergo the medical exam that we do in this country, in Wales and in England.

The stringent test applies in other countries that I use as a model—namely in Canada, where I was first informed that I was not fit enough to be a participant in the sport. In fact, in 1997, I first wrote to Sam Galbraith on the subject, telling him of my concerns that we did not meet AIBA regulations. It was he who furnished me with the blue AIBA book I mentioned earlier, which concludes that we do not meet the regulations.

Helen Eadie: You have not answered the part of the question that dealt with funding. Are you aware of any such funding elsewhere in the UK?

Thomas Ross: If there is, I have never heard of it.

Phil Gallie: You referred to your own career and to the success that you had. Is it not the case that at that time, amateur boxers did not wear headgear or the same levels of protective clothing, and perhaps had different sizes of gloves? Has progress not been made in the protection of those who participate?

Thomas Ross: Yes, that is correct. We have progressed in a number of ways. The use of headgear is still in dispute, because boxers will tell you that it inhibits them. One of the aspects of boxing is hearing. Wearing a head guard deflects that hearing sense, and boxers lose a measure of awareness as a result.

Phil Gallie: I recognise the problem of the expense of medical coverage. Is it not the case that professional boxing is really suffering from a lack of provision of medical back-up, and that that comes down to cost also?

Thomas Ross: The professional game tends towards medical overkill to treat the symptoms of the accident. I want to prevent accidents, which would reduce costs at one end of the scale, although it would increase costs at the other end.

Phil Gallie: You used the term "contact sport". An example of a physical sport is rugby, which involves much physical contact. Are comparable medical checks undertaken on participants in that game?

Thomas Ross: That is not my forte, so I will pass you on to my colleague.

Dr Clifford Lutton: My interest in sports medicine has covered more than 10 sports at international medical level. I was a boxer when I

was young and I played rugby at senior level. I am worried about many sports other than boxing, but we are here to talk about boxing, which has the best officials of any amateur sport. It has excellent medical back-up, but that can be improved.

Members must bear in mind the theoretical possibility and the practical reality of lack of money. In theory, it would be desirable in many sports to have doctors who are trained for the sport and officials who have relevant first-aid training. That would not cost much. However, computed axial tomography and magnetic resonance imaging scans might cost up to £500 or £600 each if performed privately.

I am worried that boxing is an excellent sport that tends to be starved of money. It has always been a cinderella sport but, in my medical opinion, it is excellent. It is the only sport for which participants must pass a medical examination of fitness to compete. A doctor is at the ringside and participants carry a medical card on which everything is recorded. That is done well. I would like doctors to be trained specifically for sports, because a great deal must be known.

As rules are strict in boxing, problems are fewer, whereas 30, 40 and 50 years ago, when I was involved, many knockouts used to occur in amateur boxing. Knockouts do not happen often now. Referees are strict and doctors can stop the fight. If anybody is over-matched or unwell, the doctor says, "Stop." Head guards have helped to a point, but they present a larger target. However, in the past five years, I have increasingly seen fewer knockouts. Now, a whole tournament of 15 or 16 bouts can be held without a knockout and a result of referee stops contest might occur four or five times.

I would willingly box again and I believe seriously that I was safer competing in a boxing ring than I was when I played rugby as a forward. The scars on my head and any knockouts that I have had came from rugby, not boxing. Other sports—such as karate—are equally dangerous, but we are here to talk about boxing, which needs support. I have always encouraged and will always encourage boxing.

Phil Gallie: You made the point at which I was aiming: that other sports might offer greater dangers. However, sport these days is supposed to be all-inclusive—we have the Paralympics and other such events. As a doctor, do you think that some conditions could preclude people with some forms of disability from participating in boxing?

Dr Lutton: The regulations about the medical examination of fitness to box could be improved even more. Scotland has 96 amateur clubs and only about 860 young amateur boxers are registered, but about 2,000 or 3,000 young people

attend such clubs and the vast majority who participate in amateur boxing never have a contest. They go for the training and the fitness element. They do not get hurt because they do not get hit.

The people who are encouraged to enter contests are strictly supervised and matched well. I have no hesitation in saying that, increasingly, boxing is a safer sport. It would not take much to train doctors fully in the dangerous aspects of competing in boxing at senior level. Those doctors would prevent people from being hurt.

The art of all sport is in the participant's being so fit for the sport that they tend not to get hurt. There will always be contact sports, but they need medical input increasingly, because otherwise, insurance companies will eventually decide not to support some sports, because of litigation and other matters.

Helen Eadie: I have watched boxing in Cardenden in my constituency and my brother used to box. Do you think that those medical standards are not being met because of a lack of funding or is it due to resistance from within the sport?

Dr Lutton: The medical standards are not being met because there is no money. I can honestly say that I have never taken a fee for doing sports medicine of any kind and I have done it for 54 years. Medicine in sport, especially boxing, would go a long way to helping and the training of the doctors would cost very little. Amateur boxing is a cinderella sport—there are no funds and doctors do not take fees. The clubs therefore rely on the doctors' good will. However, tournaments cannot take place unless there is a doctor there before the match to do the medicals, at the ringside and afterwards.

The sport relies on good will and there has to be more than that. Also, 80 per cent of our medical students are female and not so many female doctors are keen on sport, although increasing numbers of young women want to join boxing clubs. I am afraid that I do not approve of contact sport, especially boxing, for women.

The Convener: That has put you in your place, Helen.

I am trying to be clear about exactly what the petition is asking the Parliament to do. We know that the AIBA sets medical standards for the sport across the world through its general council and medical commissioner. Amateur Boxing Scotland and the officials in charge of tournaments in Scotland are required by law to meet those standards. Are you saying that they are not doing that?

Thomas Ross: That is what I am saying.

The Convener: They are not meeting the international standards laid down by law.

Thomas Ross: The sheet of paper that I am holding is the initial medical examination for a boxer in this country. I also have here the booklet containing the Canadian initial medical examination for 1981 to 1983, which states:

"The following neurological medical states are a direct contraindication to boxing: ...

The following states preclude from boxing: ...

The following disorders preclude from boxing: ..."

Do you see those statements anywhere on the Amateur Boxing Scotland form?

The Convener: So international standards are being ignored in Scotland.

Thomas Ross: They are being ignored.

The Convener: You would argue that that is the responsibility of Amateur Boxing Scotland and the officials in charge of the tournaments being held here.

Thomas Ross: Yes.

The Convener: You would say that they are in breach of their legal requirements under international law.

Thomas Ross: I would argue further that that is the case in all of Britain but as we are in Scotland, I will confine myself to Scottish issues.

The Convener: As we must also.

Thomas Ross: I assume that members of the committee have in front of them copies of letters that I sent to the Prime Minister.

The Convener: Basically, you argue that international standards are not being met by those involved in boxing in Scotland and that it is time that the Parliament did something about that.

Thomas Ross: Yes.

Phil Gallie: Are those standards not mandatory? If we were not meeting the right standards, would we in Scotland or the UK not be barred from participating in international competitions such as the Commonwealth games, the Olympic games and the European championship?

Thomas Ross: I could not prejudge what the AIBA committee would decide. However, I imagine that it will not be pleased to learn that one of its member states is not fulfilling its obligation on the medical requirements of participants.

12:30

Thomas Ross: I will leave some of the materials that I have brought with me for your perusal.

One of the conditions that most affected me was myopia. I was allowed into boxing when I should not have been. The rules in other countries make it clear that that is not allowed. The regulations on the testing of eyesight have been tightened up.

I was in contact with Dr Chowla, who is now retired, at the Princess Alexandra eye pavilion. Before he retired, he gave me the opinion that he could examine a person and say yea or nay to their involvement in a contact sport. One eye examination would be sufficient.

Although the standards are in place, I would like adherence to them to be improved in this country. I have experienced a detached retina—not through boxing, but through an accident at work. I suffered blindness for six weeks and that is not pretty. In 1980, the cost of the necessary operation in Canada was \$12,000 Canadian. I imagine that the cost has doubled or tripled by now. If the cost were to be translated across the pond, an equivalent number of pounds would be involved—it would cost thousands of pounds for just one operation.

It is well documented that many detached retinas have resulted from boxing. Gary Mason and Frank Bruno are examples. The history of allowing into boxing people who are not medically fit goes back as far as Archie Moore. At a medical examination for one of his world title fights at the age of 50, he was asked what letters were on the board. Even though his answer was, "What board?" he was still allowed to fight. That kind of thing still goes on and it gives boxing a bad name. I want such practice to be eliminated. I want boxing to be brought out of its current state of disrepute into a state of repute.

John Farquhar Munro: I want to reinforce Mr Ross's point about the changing of the phrase "physical fitness" in the AIBA handbook to "medical fitness". That would safeguard any individual who wanted to participate in the sport. It would mean that, no matter how physically fit someone was, they would not be allowed to compete unless they were medically fit.

Thomas Ross: I will use the vernacular to expand on that point: I was as fit as a butcher's dog when I was 30. You can ask the heavyweight champion of the world how fit I was. Lennox Lewis couldn't have handled me.

Even though I was only 12 stone, I was fighting guys who were 6ft 5in tall and who weighed 18 and a half stone. Although I was physically fit, I was not medically fit. No one ever told me that until I went across the pond. I am a proud Canadian, but I will not be proud to be a Scotsman until the issue is resolved.

The Convener: You made your point very well. Thank you for your evidence. You are free to listen

to the discussion about how we should deal with the petition.

It is suggested that the committee should write to the Executive to seek its comments on the issues that have been raised. In particular, we should ask it to provide details of its position on the adequacy of current medical standards in amateur boxing in Scotland and to indicate whether it is satisfied that they are being complied with. We should also ask it whether it would consider allocating funding to ensure that the AIBA medical standards are fully adhered to. That would improve the health and safety aspects of amateur boxing in Scotland.

It is also suggested that we write to Amateur Boxing Scotland to request details of the measures that it takes to ensure that the AIBA medical standards are complied with. We could also inquire whether it is experiencing difficulties in that area because of lack of funding or for any other reason. Until we receive responses, we could pass a copy of the petition to the Education, Culture and Sport Committee for information.

Phil Gallie: I have some questions, particularly in relation to the international situation. I would prefer it if we contacted Amateur Boxing Scotland directly. As well as passing on the petition and discussing its implications, we could give an indication of the evidence that has been taken today and could ask for ABS's views before we approach the Scottish Executive.

The Convener: That would slow things down.

Phil Gallie: It would. Perhaps we could ask for a swift response. That would mean that we would have a better case.

The Convener: Do you mean that we should approach the Executive after we receive the information from Amateur Boxing Scotland?

Phil Gallie: Yes. I think that it is a case of adding to the information. I acknowledge the points that have been made today. I cannot understand why our Olympic, Commonwealth and European people are participating in an international sport if they have not met the international obligations. I would like clarification of that.

The Convener: Okay, that is a fair point. Steve Farrell suggests that as well as writing to Amateur Boxing Scotland seeking a response to the petition and an answer to the points raised by the petitioners, we could also write to the AIBA to ask what its views are on compliance with the standards in this country. Once we have those two responses we could approach the Executive. Is that agreed?

Members indicated agreement.

The Convener: Thank you. We will obviously keep the petitioners informed of the outcome of the responses that we get.

Elections (Voter Turn-out) (PE592)

The Convener: PE592 is from Mr George McAulay, on behalf of the UK Men's Movement. The petitioner calls on the Scottish Parliament to introduce mechanisms to allow voters to express dissatisfaction with all candidates in an election to the Scottish Parliament or to councils. He sets out his arguments for a system of reducing MSPs' salaries in relation to the turnout at elections and giving voters the opportunity to vote for "none of the above" rather than for the candidates who are standing in any election.

The suggested action points out that Scottish parliamentary elections are reserved to Westminster and that, therefore, we would be unable to introduce the measures that are proposed by the petitioner in relation to changes to ballot papers for such elections, although we could try to influence Westminster to do so if we thought that that was worth while. In theory, the Executive could introduce proposals to amend ballot papers for local government elections along the lines that are suggested by the petitioner. However, it could also be argued that as the purpose of an election is to elect representatives, it would be inappropriate to amend ballot papers to include an option that would enable voters to express dissatisfaction with all candidates and to elect no one.

There is no evidence to suggest that the proposals, together with the proposal for MSPs' salaries to be calculated on the basis of voter turnout, would increase turnout. There is also the possibility that they could deter quality candidates from standing for election. It is unlikely that the measures would receive widespread support.

The Executive is well aware of apparent voter apathy in this country and has charged the Electoral Commission with responsibility for undertaking on-going research in relation to voter engagement and education as part of its remit on electoral issues. In addition, provisions in the Local Government (Scotland) Act 2001 aim to increase voter turnout in local elections by allowing such elections to be held on the same day as parliamentary elections and enabling local authorities to pilot new methods of voting. In view of all that, it is suggested that we agree to take no further action on the issues raised in the petition.

Phil Gallie: We are wasting our time talking about the Scottish Executive in relation to the petition. Perhaps we should send a copy of the petition to the Electoral Commission, because it might pick up something from it. I doubt that it would, but that is what it is there for.

The Convener: That is a fair point. Do we agree to copy the petition for information to the Electoral Commission to take into consideration as part of the remit that it has been given by the Scottish Executive?

Phil Gallie: Perhaps the Electoral Commission could respond directly to Mr McAulay. In that way, we could still wipe up the petition.

The Convener: Okay. That is agreed.

Pharmaceutical Industry (PE595)

The Convener: PE595, from Mr James Mackie, is on the influence of the pharmaceutical industry on NHS psychiatric services. We were not expecting Mr Mackie to be here today, but he has turned up and I have agreed to allow him to say a few words in support of his petition.

James A Mackie: Thank you very much, convener. This is one of the few occasions on which I might be to the left of the committee as it stands.

The petition is fairly straightforward. There is a lot of concern about the Mental Health (Scotland) Bill, which is progressing through the Parliament. Many of the measures in the bill will be fairly draconian and will have a major impact. The voluntary sector and the charities suggested a large number of amendments to the bill, which seem to have been pushed to the side—at least that is the impression that the public are getting at the moment.

At the same time, psychiatric services in the UK—particularly in Scotland—are going down the route of medication-only treatment. Several charities have done research that shows that drugs should be the last treatment in psychiatric services. However, the impression is that the pharmaceutical companies have had a major influence on the main consultation process leading up to the discussions in the Parliament on the bill.

The one-day conference that was held in Edinburgh last year was billed as being for the benefit of the minister who was to attend. He could listen to the views of service users and providers. People in the voluntary sector and those who use the services had major concerns. At that time, I was unemployed, having been made redundant from my position as a researcher for an MSP. My weekly benefit was £34 a week, yet to attend that one-day conference I had to pay £96. The majority of users of psychiatric services who will come under the Mental Health (Scotland) Bill are unfortunately on benefits because the drugs have so debilitated them that they cannot work. However, a company that makes major profits from service users funded that conference.

The charities that attended the conference were concerned about the question sessions. A screen

was erected, and at the end of each presentation a list of questions was put on that board, and the audience responded using remote controls. Everybody who was there from the voluntary sector, and the few service users, was convinced that the whole conference had been rigged. Asking those questions at the end of the conference made those people feel that no decision would be made other than that the conference was in favour of compulsory care in the community, which comes down to medication.

Charities have been trying to work with MSPs, the Executive, and the national health service to show that there are alternatives to drugs in psychiatric services. We on that side of the fence are getting nowhere. All we see is the drive, drive, drive of the pharmaceutical companies. The companies do not have a good reputation; it is well reported in the media that many of them are getting ghost-writers to promote the pure publicity and marketing for their drugs. Legal action is being started against some of those drug companies in other countries over the way in which they have marketed drugs, yet the Scottish Parliament is seen to be very closely associated with them.

If the bill goes through as planned, the companies will make far bigger profits than they do at present and those profits will not come back into the NHS. The pharmaceutical companies are taking money out, and the Parliament and the Executive will ultimately have a large drug bill. Money will go elsewhere and the population of Scotland will suffer, especially as there are claims in recent press reports that as much as 20 per cent of the UK population has a mental illness. We can argue over what a mental illness is, and I described some illnesses to the committee in November.

That is what service users and the charities in Scotland feel about the influence of the pharmaceutical companies in the NHS, especially in the run-up to the discussions on the Mental Health (Scotland) Bill.

The Convener: I declare an interest as a member of the Health and Community Care Committee who is dealing with the Mental Health (Scotland) Bill and who has been lobbied by the pharmaceutical industry.

James A Mackie: I heard that you are well respected for some of your recent amendments.

Helen Eadie: You say in your petition that you want to determine why the same company was allowed to sponsor an eight-page feature on the bill in *Holyrood* magazine, a publication that is circulated to all MSPs. I share some of your concerns about that publication, but is that not a commercial publication over which the Parliament has little control?

James A Mackie: A member of a charity contacted the magazine when they saw that article. They got the runaround and had great difficulty ascertaining who actually published the magazine and whether it was connected to the Parliament. At the end of the day, if such magazines are published to inform MSPs, perhaps there should be some controls, particularly when major issues such as the Mental Health (Scotland) Bill are being debated.

Helen Eadie: But *Holyrood* magazine is run by a commercial organisation, is it not? It is like *The Sun*, the *Daily Mail* and other publications—I call them gossip rags, rather than newspapers. They are commercial publications, and Parliament can have no control over them. I cannot see how we could exercise control over *Holyrood*.

James A Mackie: If MSPs treat *Holyrood* as something like *The Sun*, that is fine, but when magazines like that—

Helen Eadie: I can assure you that I, for one, treat *Holyrood* magazine in the same way that I treat *The Sun* or the *Daily Mail*.

James A Mackie: When a magazine such as *Holyrood* is seen outwith the Parliament, the public may, because of its title, assume that it is a publication by the Scottish Parliament. I take your point, but that is a complaint that the public have about it.

Phil Gallie: You are usually to the right of me, Jim, but—

The Convener: That is pretty far to the right. [Laughter.]

Phil Gallie: I am a bit concerned about some of your comments on the pharmaceutical industry. There must be some good points. Do you not agree that lobbying is a useful means of information transfer, providing that members have regard of voluntary organisations and balance the various questions raised? You referred, I think, to a dinner. If individual members attend such discussion dinners, they have the chance to put across points that have been made by constituents and others, including representatives of the voluntary sector, regarding the impact of the pharmaceutical industry's involvement. Is that not a good thing?

12:45

James A Mackie: There is lobbying and there is lobbying. The pharmaceutical industry's products are approved by the Medicines Control Agency and are licensed. If lobbying takes place, that is fine, but it must be balanced. The problem is that the stocks and shares of companies in the pharmaceutical sector consistently appear among those of the five highest-performing companies in the United States.

Voluntary groups here are struggling for money. The majority of them have nothing. They have no money to spend, and they cannot afford lobbying. They try their best at lobbying, but do not have the access that they should have. During the consultation prior to the introduction of the Mental Health (Scotland) Bill, the voluntary sector and charities felt that the weight, money and glossiness of pharmaceutical companies had overwhelmed them.

Because voluntary groups get no funding, the good information that they have is buried. We cannot get information published in journals, and we cannot afford the luxury of putting up in bright lights the fact that we are in consultation with the Scottish Parliament. Even as far as the NHS is concerned, glossy high-profile campaigns by the drug companies bury everything else. Individuals are suffering. Patients and their families are suffering because of a total imbalance.

Phil Gallie: I will not go into that argument but, to be fair, many people benefit from the involvement and research of the pharmaceutical companies. Constituents have complained to me about how long it can take to get drugs that they believe will do them some good approved for prescriptions.

Let me also pick up on the point about *Holyrood* magazine. A recent edition contained a full centre feature of contacts for voluntary organisations. Surely that showed that the magazine gives some scope for the voluntary sector to make its case.

James A Mackie: I was not aware of that. If that was published since the publication of the article that was sponsored by the pharmaceutical company, the voluntary sector's lobbying of the magazine's editorial team has perhaps had the effect of balancing things out.

Your first point was that people complain that drugs and their benefits take too long to come through. According to the experience of the voluntary sector and service users in psychiatric services, many of the drugs that are currently marketed are unfortunately pushed on to the market far too early, sometimes after only two or three months' trial.

As a result, there is not enough testing of drugs, particularly psychiatric drugs, which is the aspect of the Mental Health (Scotland) Bill in which I am especially interested. Furthermore, there is not enough of a follow-up from the Medicines Control Agency or the pharmaceutical companies. After all, it is not in the companies' interests to find out whether their drugs have any massive side-effects. More work needs to be done on the drugs that our psychiatric services use, because they are not as safe as we think they are.

Phil Gallie: I will just say two words to you: beta interferon.

The Convener: That is lost on me, but never mind. Do you wish to make any other points, Mr Mackie?

James A Mackie: No, I have submitted most of my information to the committee and I think that I have covered the matter fairly well in response to your questions.

The Convener: You are free to stay to listen to our discussion over the suggested action.

First, I am told that *Holyrood* magazine is a wholly commercial operation and responsibility for its contents does not lie with the Scottish Executive or the Scottish Parliament. As a result, we will have to drop the suggestion that we take up that matter.

Other than that, it is suggested that we write to the Scottish Executive and ask for its comments on all the issues that the petitioner has raised. In particular, we should ask the Executive to address the point about the conference that was held on the Mental Health (Scotland) Bill and whether MSPs should be entertained at meals that are sponsored by pharmaceutical companies. In the light of the Executive's response, the committee could decide whether any further action such as a full investigation of the issues is necessary.

It is also suggested that we seek a factual restatement of the rules on lobbying and paid advocacy from the clerks of the Standards Committee. It has occurred to me that we should ask the Association of the British Pharmaceutical Industry for its comments on the petition and take them into consideration when we receive responses from the Executive and the Standards Committee.

Phil Gallie: I do not demur from any of those suggestions. However, I should point out that the Standards Committee recently investigated and published a report on the issue of lobbying.

The Convener: That is good to know.

It is also suggested that we pass a copy of the petition to the clerks to the Health and Community Care Committee for their information. Are members agreed?

Members indicated agreement.

The Convener: I thank Mr Mackie for his attendance this morning.

Robin Rigg Windfarm (PE605)

The Convener: We move to petition PE605 from Mr George Makins, on behalf of Auchencairn community council, which calls for a public inquiry into the planning application for wind turbines. This is a last-minute addition to the list of new petitions under consideration this morning and was

supposed to be dealt with at our meeting on 11 March. However, as the minister is expected to make an announcement shortly on the planning application for the Robin Rigg development, it has been suggested that we consider the petition this morning. After all, the minister could have already decided the matter by 11 March.

It is proposed that the committee agree to formally refer the petition to the Deputy Minister for Environment and Rural Development, urging him to consider the petitioner's calls for a local public inquiry as part of the decision-making process. We might also wish to pass a copy of the petition to the Minister for Social Justice, who has an interest in the general planning matters associated with it. Are members agreed?

Members indicated agreement.

Current Petitions

Animal Welfare (Red Deer) (PE455)

The Convener: We return to consideration of current petitions and will try to get through as many as we can in the time that is left.

Petition PE455 is from Mr Alex Hogg on behalf of the Scottish Gamekeepers Association. It asks for an independent inquiry into the cruelty and animal welfare implications of shooting red deer out of season. Committee members will recall that we appointed John Farquhar Munro as reporter on the petition, with the remit of convening a meeting between the different bodies—including Forest Enterprise, the Deer Commission for Scotland and the Scottish Gamekeepers Association itself—to try to facilitate progress on the matter.

John Farquhar Munro has now confirmed that the parties involved in the petition have reached an agreement. As a result, it is recommended that the petitioners' request that the petition be withdrawn is accepted and that no further action should be taken, other than to inform the other parties that were consulted on the issues raised in the petition. Do you wish to comment, Mr Munro?

John Farquhar Munro: No, you have explained the matter well, convener. Peace reigns among the parties. Now that a joint agreement has been reached, the petitioners wish to withdraw the petition. Who are we to object?

The Convener: I have been informed that as yet there has been no resolution of the issue. However, the petitioners are quite happy to carry on consulting and hope to seek a resolution at some point in the future. Is the suggested course of action acceptable?

Members indicated agreement.

Aphasia (PE475)

The Convener: Petition PE475, from Ms Cecilia Yardley, is on the subject of recognising aphasia. Committee members will recall that we have considered the matter at several meetings. Most recently, we agreed to seek the petitioners' views on the Executive's response that we received, before considering any further action that should be taken on the petition.

We have now received a response from the petitioners. They say that aphasia is often subsumed by broader issues around rehabilitation and argue strongly that, because of its life-disabling effect, aphasia needs to receive separate, focused attention, which is not the Executive's position at the moment.

Under "Suggested Action", the clerk's paper explains that the Executive does not intend to

conduct research to establish the number of aphasia sufferers, on the ground that that would be costly and of limited practical use. The Executive is content with the current situation, whereby NHS boards decide how best to deploy resources that are allocated to them to meet the health care needs of people in their respective areas.

The petitioners have made it clear that, in their view, the Executive's response does not adequately address the issues that are raised in the petition concerning the quality and consistency of treatment that is provided to aphasia sufferers or the specific difficulties that they face. They also suggest that speech and language therapists could be used to collect more accurate data on the number of aphasia sufferers.

It is suggested that we agree to consult the Health and Community Care Committee on whether it considers that the issues that have been raised merit further investigation by its successor committee in the next parliamentary session. The Health and Community Care Committee will not take up the matter now, but I do not want the issue to disappear. If we can get confirmation that that committee would be interested in taking up the matter, it can be held over for the new committee that will be formed after the election. Is that course of action agreed?

Members indicated agreement.

Rural Scotland (Suburbanisation) (PE495)

The Convener: Petition PE495 is from Ian Malcolm, on the suburbanisation of rural Scotland. We considered the petition previously and we have received responses from the Scottish Executive, from the cross-party group on architecture and the built environment and from the Convention of Scottish Local Authorities. It is suggested that we agree to write to the Executive again, requesting an update on its continuing review of national planning policy guideline 3 and seeking details of the emphasis that is given to housing design issues in any revised version.

We could also ask the Executive to provide comments on the cross-party group's suggestion on the monitoring of the implementation of national planning policy guidelines by local authorities and the use of design advisory panels and design competitions as means of assisting local authorities to arrive at their decisions. We might also pass copies of the responses that we have received to the Transport and the Environment Committee and the petitioner.

Phil Gallie: I am a bit hesitant to comment, as I am going to have to agree, in part, with COSLA. I do not necessarily agree that there is no evidence of inconsistencies, but I share COSLA's concern

that any review might develop “definitive and prescriptive” policies that might prevent local authorities from interpreting policy

“to reflect local needs and circumstances.”

The Parliament was set up on the basis of devolution and planning issues are devolved to local authorities. The local councillors who will be elected in May have every right to determine what is right for their areas, without the Parliament breathing down their necks. My feeling is that, by all means, we can pass the responses to the Transport and the Environment Committee, but we should point out to the petitioners that they go to the polls to elect local authorities and that it is the councillors’ job to decide on these matters.

The Convener: Everyone would accept that. However, the issue is the timing of the responses that we have received. We received the Executive’s response in June, but we did not receive a response from COSLA until December. That is why the petition has been so slow in coming back to the committee. In June, the Executive was talking about an on-going review of NPPG 3, so it would be useful for us to find out what progress has been made on that. That is one of our recommended actions.

The cross-party group on architecture and the built environment made some helpful suggestions about using design advisory panels to advise local authorities, although it recognised that the decision will always be for the local authorities. There is no question of the Scottish Parliament telling local authorities what to do. We would just like to know the Executive’s views on those helpful suggestions from the cross-party group.

Phil Gallie: Okay. Originally, I had a lot of sympathy for the petitioners and I recognised their aims. However, I feel strongly that we should not usurp local authorities’ powers.

Helen Eadie: The Executive makes that point in its response. Given that NPPG 3 is under review, it is fair enough for the Executive to try to embrace the matter within that review.

The Convener: Is the suggested course of action agreed?

Members indicated agreement.

Criminal Memoirs (Publication for Profit) (PE504)

The Convener: Petition PE504, from Mr and Mrs James Watson, is on the subject of convicted murderers profiting from their crimes by selling accounts of them for publication. The Public Petitions Committee has dealt with the petition at various meetings. Members will remember that the petitioners made allegations about interviews held

at Kerelaw secure unit with journalists about a convicted person’s crimes. We agreed to seek responses from the Scottish Executive and the Home Office about the on-going disputes with the petitioners.

Members can see from the Executive’s response that it refutes the petitioners’ claim that interviews took place with Barbara Glover for either *Marie Claire* magazine or the *Evening Times*. On the points raised about the provision of free copies of court transcripts to victims or their families, the response indicates that the Executive is reviewing whether it should incur the significant costs that would be involved in making such transcripts available to a wider group of people. The Executive also remains of the view that it would not make sense to take action in Scotland on the criminal memoirs issue until the Home Office has completed its work.

13:00

We need to consider the Executive’s view that a UK-wide approach to the issue is reasonable, particularly given the point that any restrictions that applied only in Scotland could easily be overcome by publication in England and Wales. The Home Office has let us know that it will consult on the issue in the near future. It is unlikely that a subject committee of the Scottish Parliament would be in a position to investigate the issue further in advance of the election. On that basis, members might wish to consider whether we should agree to defer further consideration of the petition until the outcome of the Home Office consultation is known—which will be on the other side of the election.

Phil Gallie: Several points come to mind. I query the denial that Miss Glover made any contact with journalists. How did Miss Henderson, the journalist, put her article together? The suggestion is that she determined the contents of the article when she was working on a Channel 4 programme. I wonder what supervision was carried out when she was in the Kerelaw secure unit at Stevenston making the programme, because the *Marie Claire* article was certainly fairly detailed and suggested that there was considerable input from Barbara Glover. The Executive statement seems to be a bit of a whitewash.

On the cost of transcripts, the Executive gives a figure of an average of about £500 per transcript. I wonder whether that is purely a cost for copying because—let us face it—the transcripts are compiled in any case. I do not doubt that the cost of compiling transcripts is significant, but once they are compiled, I would not have thought that the cost of copying them, particularly with electronic facilities, is all that high these days.

My third point is about the statement in our paper that the Executive

"also indicated that it was unlikely that the Parole Board would insert a condition prohibiting publication of memoirs into a release licence."

If the Executive told the Parole Board that it should insert such a condition in certain circumstances, I would have thought that the board would be obliged to comply. The Executive again seems to have sidestepped responsibility to some extent. The question that was put to the Executive was whether it would consider prohibiting the publication of memoirs. The Executive should consider telling the Parole Board to get on with it; the Parole Board should not be asked whether it is likely that it would include a condition in a release licence.

The Convener: Those points are noted. The Executive suggests in its response that when the article was put together, there was an embargo on interviews with any of the youngsters held at the Kerelaw secure unit, so no interview for the article could have been done at that time. The information in the article might have been pulled together from earlier work that the journalist did before the subject became an issue for the authorities and the Scottish Executive. I suppose that she might have got hold of information earlier on and resurrected it for her article in the *Evening Times*. However, when the article was published, she had been refused an interview with Barbara Glover.

Phil Gallie: Yes, I accept that.

The Convener: On the cost of the transcripts, I am not sure what you want us to do. The Executive says that the cost of £500 per transcript is a conservative estimate and is under review. If we continue the petition, as has been suggested, we will be able to return to the matter of the costs of transcripts.

Phil Gallie: The details of the cost are staggering. In this day of electronic production, the cost of running off copies of a transcript should be fairly low. I query the Scottish Executive's figures.

The Convener: It is suggested that we ask for clarification of the costs at the same time as we ask for an update on the Home Office review.

Phil Gallie: That is fine.

Helen Eadie: I am happy with the suggested action. If we are assured that the Home Office will take cognisance of the points raised in the petition, it is appropriate to defer the issue until we have the outcome of the consultation.

The Convener: Okay. We will copy the petition to the Home Office.

Educational Provision (Children with Special Needs) (PE516)

The Convener: PE516, from Sarah Craig, is on educational provision for deaf children. We have dealt with the petition at various meetings and have had various responses from the Executive, but we agreed that the petitioner should be asked to comment on the responses before we considered the issue further.

We have received a response from the petitioner in which she says that she disagrees with many of the points but does not wish to pursue the issues through the committee. However, she wishes us to ask the Executive to consider a review of the legislation that sets out the consultation procedures that are to be followed when a school closure is proposed. Members will remember that many of the school children who were affected by the closure did not attend the school in question, but benefited from teachers who were based in that school and visited other schools. The petitioner suggests that the Executive should change the rules on consultation to ensure that parents of such children are consulted when any such closure is mooted.

It is suggested that we seek the Executive's view on whether there is a case for reviewing the statutory consultation procedures that are to be followed when it is proposed that a school that provides support to children with severe or profound disabilities be closed.

Helen Eadie: I suggest that we copy the correspondence to the cross-party group in the Scottish Parliament on deafness, which has undertaken a lot of work on deaf people in Scotland. That group would be interested in the petition.

The Convener: We will do that. Do members agree to the suggested action?

Members indicated agreement.

Care Homes (PE522)

The Convener: The next petition is PE522, from Ms Carol Main, calling on the Parliament to encourage the Scottish Executive to investigate and remedy the lack of care homes for young physically disabled people in Scotland, including in the Tayside area. We have received responses from the Executive and COSLA. The Executive's response makes it clear that responsibility for the provision of services for children and adults with disabilities lies with local authorities, and that the Scottish Commission for the Regulation of Care is responsible for regulating and monitoring a range of care services and taking into account national standards.

The statistics provided by the Executive, which are admittedly rather crude, show a rise in the

number of residential care homes, but a drop in the number of residents and available beds. The number of young physically disabled people in homes appears to have remained reasonably static in recent years. The Executive has simply given a statement of the statutory and regulatory position and has not addressed the petitioner's main concerns, which are that, in practice, a young physically disabled person finds it extremely difficult to find a place in a suitable care home.

COSLA was unable to provide any information on difficulties that local authorities might experience in implementing national policies and argued that the Executive is better placed to provide such information.

Although the petition deals specifically with the needs of young physically disabled people, it could be argued that it raises similar issues to those raised in PE551, on St Meddan's Court, and in PE576, on Leslie House, which deal with the reduction in the number of available residential care home places for the elderly. Do members agree that the three petitions should be linked, along with PE599, which has just been submitted and which is on the same issue?

Phil Gallie: One difficulty for young disabled people is that they do not have such a clear-cut case for residential home care. Perhaps there is a fundamental problem with the attitude of local authorities that provide care plans for such individuals, which might be the reason why the private sector is not really prepared to make provision for residential homes that are specifically for young people.

There is a problem—whether it lies with the local authority or the Scottish Executive, I am not sure. I am aware that there are some excellent housing association projects around for young people with disabilities. They provide a degree of residential care, but profound care seems to be provided only in homes for the elderly, and that is not always ideal for young people.

Helen Eadie: The issue is important at any time, but it is of special importance in this European year of people with disabilities. I am in favour of linking the petition with the other petitions, as suggested in the recommendations. Members should also be aware that a special conference is being held at Heriot-Watt University on 28 February, dealing with care provision and alternatives such as the mutual option. I declare an interest: as a Co-operative Party member, I like to promote the mutual way of addressing problems such as this one.

The Convener: Shall we agree to link this petition with the others that deal with residential places? That is essentially what the petition is about. We will note the points that Phil Gallie

makes, but let us also agree to seek the comments of Capability Scotland on the petition itself and on the correspondence between the Executive and the petitioners, before finally deciding. Capability Scotland could provide us with useful information on how to handle the matter. Is that agreed?

Members indicated agreement.

Early-years Education and Child Care (PE523)

The Convener: Petition PE523 from Ms Carol Ball calls for an inquiry into early-years education and child care. Several responses have been received, from the Scottish Executive; Children in Scotland; the Early Years National Training Organisation—EYNT0; and Sport, Recreation and Allied Occupations—SPRITO. Significant work has been undertaken by the Executive and SPRITO in an attempt to increase the number of qualified workers in early-years education and child care, and to promote clear opportunities in the sector. Indeed, SPRITO is of the view that research work commissioned by the Executive addresses the petitioner's call for a review of early-years education and a standardisation of qualifications.

Children in Scotland has expressed concerns about the new system of child care training, especially the replacement of existing national training organisations with sector skills councils, which may not be able to meet the requirements of the newly established Scottish Commission for the Regulation of Care. The organisation recommends that the Parliament examines urgently current proposals to set up sector skills councils, with a view to establishing which, if any, of them will be most appropriate to the early-years sector. The Executive has pointed out that discussions continue among employers and others on proposals for a sector skills council for the early-years workforce, but no decision has yet been reached.

I suggest that we agree to ask the Executive for an update, if possible by the end of February, on the status of those discussions, and for comments on Children in Scotland's concerns. We could consider the petition further once we have that response. Is that agreed?

Members indicated agreement.

Public-private Partnerships (Schools) (PE526 and PE527)

The Convener: Petitions PE526 and PE527 are from the Rayne North School Action Group, and concern the use of funding through public-private partnerships—PPPs—to replace schools in the Aberdeenshire area.

We have now received responses from the Executive, the Accounts Commission and Aberdeenshire Council. It appears from the council's response that the school closures that promoted this petition will not now take place as part of the PPP proposals. The petitioners will probably welcome that development. It is also clear from the responses that it is for councils to make decisions on the funding mechanism to be pursued to replace schools and to provide appropriate justification for any school closure.

The Executive is content that the current system is robust and contains sufficient assessment criteria to ensure that local authorities follow the correct procedures.

The Accounts Commission has confirmed that there are no plans at present for the Auditor General for Scotland to examine the Executive's procedures in relation to PPP projects in education.

We must consider whether the concerns raised in the petition—many of which have been addressed in the responses received—are now sufficient to warrant a general review of the PPP process as it applies to projects to renew local authority schools.

I dare say that this will become quite an important election issue. Any progress on the issue might be pre-empted by voters themselves at the next election.

Phil Gallie: The petitioners will be delighted with the situation that has come about in Aberdeenshire. Perhaps pressures on the local authority representatives induced the decision that they require. After all, the matter is for local authorities and, as you say, will be a political issue come 1 May.

We should write to the petitioners, congratulate them on the local effort, and point out that the issue will be resolved in future by the politicians elected to do so.

The Convener: That is an excellent suggestion. Is that agreed?

Members indicated agreement.

Inadmissible Petition

Chapelhall (Joint Campus Schools) (IP39)

The Convener: The final item is an inadmissible petition from Ms Annette Philips, calling for the Parliament to urge North Lanarkshire Council to review its decision to build joint campus schools in Chapelhall. It would be inappropriate for the Parliament to interfere in the individual executive decisions of local authorities in Scotland, and it is recommended that the committee should agree that the petition is inadmissible. However, we may wish to suggest to the petitioner that she submit an official complaint to the Scottish public services ombudsman if there is any evidence of maladministration on the part of the local authority involved. Is that agreed?

Members indicated agreement.

Convener's Report

The Convener: Members have been sent details of a meeting with the Modernisation of the House of Commons Select Committee, led by Robin Cook. The meeting will take place on 4 March. Please reply to the clerk, Steve Farrell, by Thursday to confirm whether you will attend.

I thank members for their patience this morning.

Meeting closed at 13:15.

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