

PUBLIC PETITIONS COMMITTEE

Tuesday 5 October 2004

Session 2

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PUBLIC PETITIONS COMMITTEE

15th Meeting 2004, Session 2

CONVENER

*Michael McMahon (Hamilton North and Bellshill) (Lab)

DEPUTY CONVENER

*John Scott (Ayr) (Con)

COMMITTEE MEMBERS

*Jackie Baillie (Dumbarton) (Lab)

*Helen Eadie (Dunfermline East) (Lab)

*Rosie Kane (Glasgow) (SSP)

Campbell Martin (West of Scotland) (Ind)

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

*Mike Watson (Glasgow Cathcart) (Lab)

Sandra White (Glasgow) (SNP)

COMMITTEE SUBSTITUTES

Frances Curran (West of Scotland) (SSP)

Susan Deacon (Edinburgh East and Musselburgh) (Lab)

Phil Gallie (South of Scotland) (Con)

Rob Gibson (Highlands and Islands) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED :

John Corcoran

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP)

David Ferguson

Christine Grahame (South of Scotland) (SNP)

John Hutchison

Mr Adam Ingram (South of Scotland) (SNP)

Patricia Jordan

Stuart Maclean

Maureen Macmillan (Highlands and Islands) (Lab)

Jackie Pollock

Stewart Stevenson (Banff and Buchan) (SNP)

Olena Stewart

Kenneth Wilson

CLERK TO THE COMMITTEE

Jim Johnston

ASSISTANT CLERK

Joanne Clinton

LOCATION

Committee Room 5

Scottish Parliament

Public Petitions Committee

Tuesday 5 October 2004

[THE CONVENER *opened the meeting at 10:01*]

The Convener (Michael McMahon): Good morning and welcome to the 15th meeting of the Public Petitions Committee in 2004. We will be low on numbers throughout the meeting as we have received apologies from Helen Eadie, Sandra White and Campbell Martin, who are unable to attend. John Scott will have to leave early, because he has commitments with the Scottish Parliamentary Corporate Body.

New Petitions

NHS Clinical Strategies (Cross-boundary Working) (PE772)

Health Service Provision (North Clyde) (PE735)

The Convener: Jackie Baillie will speak to new petition PE772 before joining the meeting as a member of the committee. Current petition PE735, on health board boundaries, raises the same issue as PE772. Does the committee agree to discuss both petitions together?

Members *indicated agreement.*

The Convener: Helen Eadie has joined us, so I withdraw her apologies.

Helen Eadie (Dunfermline East) (Lab): My meeting was cancelled.

The Convener: Petition PE772 was lodged by Jackie Baillie and calls on Parliament to urge the Scottish Executive to ensure that any proposed clinical strategy that emerges from national health service boards, such as Argyll and Clyde NHS Board, must clearly demonstrate cross-boundary working in the interests of patient care. Jackie Baillie knows the system: she will be given three minutes in which to make a statement, after which we will ask questions. We welcome your comments.

Jackie Baillie (Dumbarton) (Lab): I thank the convener and the committee for giving me the opportunity to present petition PE772 and to speak to petition PE735. I should say that there is quality, if not quantity, present in the committee today. I recognise that it is not customary—or indeed encouraged—for members of the Scottish Parliament to present petitions. However, the

importance and significance of the issue to my community is such that the petition collected 24,000 signatures in a very short time, so we were keen to emphasise the matter—hence my presence.

I will introduce my colleagues. On my right is John Corcoran, who is the chair of the save our services campaign, and on my left is Jackie Pollock, the secretary of the Vale of Leven hospital services forum. I hope that both witnesses will be drawn into the discussion during questioning.

I will make a couple of principal points. It is clear that the Executive has laid down the right policy context in policy documents such as “Partnership for Care: Scotland’s Health White Paper”, which stated explicitly that patients are very much at the centre of our health service. Ministers have stated that health boards should focus on the patient’s journey. At question time recently, the First Minister stated that he regards health board boundaries as being of no interest or concern to patients. Despite all those clear policy directions, health boards have focused on artificial boundaries, notwithstanding what they might say to the contrary. I cite Argyll and Clyde NHS Board by way of illustration.

Before doing so, I want to scotch the myth, which people put about too readily, that we are dinosaurs who will not accept change. We acknowledge that medicine is continually changing and that those changes will drive some service changes on the ground. We do not ask that absolutely everything be delivered locally. An appropriate level of centralisation is required, but the key to that is to make it as easy as possible for patients to access quality services.

If Argyll and Clyde NHS Board’s clinical strategy is allowed to proceed, it will mean that patients who use public transport will face a two-and-a-half-hour journey to access basic services at the Royal Alexandra hospital, as opposed to a 20-minute journey to neighbouring Gartnavel hospital. On that long journey, they would bypass five hospitals: the Golden Jubilee national hospital, Gartnavel hospital, the Western infirmary, the Glasgow royal infirmary and the Southern general hospital. The strategy does not address cross-boundary working and it is clearly not in the interests of patients. We ask that cross-boundary working be made the norm, which should be demonstrated in all health board proposals.

I invite both my colleagues to comment.

John Corcoran: Good morning, convener and committee. I want to make a couple of points.

First, the committee should know that a senior officer of Greater Glasgow NHS Board had to clarify that Gartnavel was an option. That was not made clear in the clinical strategy. Secondly, the

committee should be informed that NHS Argyll and Clyde's modernisation board was set up only in September 2003. Those two things demonstrate that something is radically wrong with the clinical strategy.

Jackie Pollock: I thank the committee for listening to us.

Our main concern is that transport problems will lead to patient neglect. The geography that is involved is a matter of concern to all patients in the Argyll and Clyde NHS Board area north of the Clyde.

Jackie Baillie: In summing up, I refer the committee to Greater Glasgow NHS Board's response to petition PE735. I quote the board's chief executive, who states:

"That said, I do not believe that the existing mechanisms which are in place by which patient flows across NHS Board boundaries are organised are generally adequate."

Even the health service accepts that it does not do cross-boundary working well.

The Convener: We have agreed to consider the petition along with the similar petition PE735, which also deals with the general issue of cross-boundary service provision. I shall read out some comments on that petition to allow us to have a fuller debate on the matter.

Petition PE735 calls on the Scottish Parliament to urge the Scottish Executive to require Argyll and Clyde NHS Board and Greater Glasgow NHS Board to agree a special agreement on transferring responsibility for the design and provision of health services in the area north of the Clyde. The petition also calls on Parliament to amend existing legislation as appropriate so that the boundaries of the two health boards are adjusted to achieve the transfer of authority for the north Clyde area from the former to the latter.

At our meeting on 12 May 2004, we agreed to seek the views of the Scottish Executive, Argyll and Clyde NHS Board and Greater Glasgow NHS Board. The responses that we received are contained within members' committee papers.

Recently, the Health Committee launched an inquiry into work force planning in the NHS in Scotland that will focus on service delivery and on recruitment and retention. The Health Committee's clerks advise that, although aspects of petitions PE735 and PE772 could be considered, the central premise of the two petitions falls outwith the inquiry's remit. On that basis, we can ask questions in general terms before we decide what to do with new petition PE772 and current petition PE735. Do members have any questions for the witnesses?

John Scott (Ayr) (Con): How widespread is the problem across the country?

Jackie Baillie: I can really use only the illustration of NHS Argyll and Clyde. It is clear to me that health boards are focusing very much on their boundaries as they plan services. We have an increasing amount of evidence that suggests that not only is NHS Argyll and Clyde not talking to NHS Greater Glasgow, it is not talking to Ayrshire and Arran NHS Board, which I know John Scott holds dear to his heart. It is that sort of dialogue that we are striving to achieve. Like others, I have always believed that we have one national health service, but so far the boundaries suggest that we have a series of services that do not really talk to one another.

John Corcoran: I have been talking to health board members for many years now. What concerns me most is that they seem to be burying their heads in the sand. We have boundaries and they are inoperable, as far as I am concerned. At the end of the day, the person who is going to suffer is the patient. Several cases are cause for concern, some even involving early death, which worries me sincerely. We have to consider the way forward with new boundaries.

John Scott: Would you agree that we are moving towards centralisation of services in and around greater Glasgow and that the peripheral areas are simply not being adequately served?

Jackie Baillie: The existing boundaries mean that constituents of mine would face a two-and-a-half-hour journey to get to hospital in Paisley. We would welcome a closer relationship with NHS Glasgow, because that would make it easier for my constituents to get services there. That poses a negative to John Scott's argument. Instead of having a two-and-a-half-hour journey, patients would have a 20-minute journey without having to cross the Clyde—I do not think that anybody is suggesting rerouting the Clyde.

Helen Eadie: In the context of all the changes and of all the modernisation that is taking place in the health service—I am one of the people who likes the thought that we are actually going to modernise the health service at long last—is there a feeling about what would be the optimum service that people would like to have delivered locally in the community that you represent? There is an understanding in some parts of Scotland that, for specialist services, people need to travel to get the best-quality treatment. For certain standards of basic care, however, they want services provided locally. Is that a dialogue that you are having with people in your area?

Jackie Baillie: A mature dialogue is going on at local level. It is recognised that, although we want to maximise what can be delivered at the local

hospital and at general practices, we also want reasonable access to specialist services. There is a mature dialogue going on in that respect. Rather than hear it from me, however, I would prefer that you hear it from representatives of the community.

John Corcoran: Jackie Baillie is correct. From day 1, we have taken on board the fact that nothing remains constant forever. We have welcomed some of the changes, which we see as necessary if we are to have a health service that we can be proud of. As far as I am concerned, specialist services can be provided anywhere within a reasonable distance. However, I cannot accept that in the Argyll and Clyde NHS Board area—an area to the north of the River Clyde with a very large tourist trade—accident and emergency facilities have been lost and we are in danger of losing a minor injuries unit and a medical assessment unit. If we lose those, we lose acute medicine.

All I am asking the national health service in Scotland to do is to take on board the fact that people deserve local acute services. If we have specialist needs, we can go elsewhere. I can understand such services' being centralised; most of the public would accept that. What we cannot accept, however, is the fact that we will have to travel for two and a half hours for a 10-minute appointment in a hospital on the other side of a river, while there is a proliferation of health care elsewhere in the general area. That does not make sense to me as a humble member of the public. Why should we have to make such a journey if we can jump on a train and go to Glasgow to get that sort of service?

10:15

Jackie Pollock: As John Corcoran said, the problem is transport. Someone could be sent to Paisley for an X-ray that shows up nothing, but they are left to find their own way back. Many elderly people in our area cannot afford to get themselves back from Paisley. We want services to be maximised at the Vale of Leven, and we want links with Glasgow where services are accessible. We would go to another hospital for specialist operations, but diagnosis and follow-up treatment must be done at the Vale of Leven hospital.

Mike Watson (Glasgow Cathcart) (Lab): We are bracketing PE772 with PE735. Are you and your colleagues of a similar mind to the petitioner for PE735, Vivien Dance, who thinks that the health board in Argyll and Clyde should merge with Glasgow?

Jackie Baillie: The petitioners for PE735 are in the public gallery; we managed to talk to them when we were coming here on the train.

To answer the question, we are of similar minds. We are very clear that we face a clinical strategy that does not display any cross-boundary working. We are keen to rectify that because it is the immediate problem. However, there is a medium to long-term agenda that says that Argyll and Clyde NHS Board does not make any geographical sense at all. You will find that the petitioners for PE735 suggest that there should be a greater Glasgow health board that reflects patient flows and which reflects our transport, social and economic links; from north of the river flowing into north Glasgow, and from south of the river flowing into south Glasgow. There is a need for that kind of long-term perspective, so I am very comfortable that the two petitions are linked.

Mike Watson: As you know, discussions are taking place about reducing the number of health boards in Scotland. Wearing my hat as a Glasgow constituency member, I am slightly concerned by the idea of a greater Glasgow health board—which already exists—being extended to the north-west. If that was to happen, arguments could be made that it should be extended in other directions as well, so there would be a massive health board that covered more than half of the population of Scotland. Although I can see the benefit from the point of view of Argyll and Clyde, to open that up would open up possibilities for other areas that about Glasgow from other directions. If the health board is too large, that could cause problems. Do you see my point?

Jackie Baillie: I understand, but I would pose another argument. On one level we have a proliferation of health boards and officials within those boards, and no dialogue going on among them. Although some people would argue that centralisation is not a good thing, in this case centralising the bureaucracy of health boards is not a bad thing, but they need to get better at developing mechanisms of local accountability, even if that is done through divisional offices that would run particular geographical areas within the wider context. I believe that there are 15 health boards in Scotland; perhaps that number is excessive, given that there is very little dialogue among them.

Mike Watson: I agree that there should not be so many health boards; there is a case for a reduction in their number. The question is how that should be done.

In your opening remarks, you mentioned the letter from Tom Divers, the chief executive of Greater Glasgow NHS Board. You quoted him as saying:

“the existing mechanisms which are in place by which patient flows across NHS Board boundaries are organised are generally adequate”.

Jackie Baillie: He said that he does not believe that that is the case.

Mike Watson: That is quite an admission for a chief executive to make. Perhaps the most surprising thing for me was on the second page of his letter, where he points out that

“there has been in existence for some years a West of Scotland Regional Planning Group”,

in which several boards, including those from Argyll and Clyde and Glasgow, participate and which meets bi-monthly. He goes on to say that

“a formal liaison committee between Argyll and Clyde and Greater Glasgow was established more than a year ago”.

You are saying that those two bodies are not producing what they should be producing. Were you and your campaigners aware that those two groups existed? Why do you think that those groups are not producing what you and your community hope for when they are clearly meeting to discuss the sort of issues that you have brought to us today?

Jackie Baillie: We were aware of one of the groups; we were aware of the modernisation board that was set up in September 2003, to which John Corcoran referred. By that time, as you will be aware, most of Glasgow's clinical strategy was worked through and there was very little input from neighbouring health boards. I lay no blame at the door of Greater Glasgow NHS Board in that regard; I think that neighbouring health boards failed to engage or to realise what was happening.

I do not think that clinicians in hospitals are engaging at the level at which we would like them to engage. The engagement is usually on the part of senior managers, who have vested interests in keeping their own health board boundaries intact and in keeping their budgets within that context as much as possible. Argyll and Clyde NHS Board is reputed to owe Greater Glasgow NHS Board substantial sums of money for treatment of patients. That is not something that it wants to continue because it would rather keep its budget within its borders. At no time are the interests of patients at the centre of such thinking. I do not care whether the money is held by Argyll and Clyde NHS Board or Greater Glasgow NHS Board—I care about there being a safe good-quality service that is reasonably easy to access.

At the end of the day and in spite of the boards, the journey from the Southern general hospital, which will be the major south-side hospital for Glasgow, to the Royal Alexandra hospital in Paisley is short. They are between five and 10 minutes apart. However, they are prepared to deliver next to no services north of the river. That has to be of concern because it does not demonstrate that we have a joined-up NHS.

The Convener: If there are no further questions, we will decide what to do with the petitions. As I said, we will consider them together as they refer to the same issue. As the Health Committee is considering the issue, Helen Eadie—who is a member of that committee—might be able to tell us whether it would be reasonable for us to send the petitions to that committee for inclusion in its inquiry.

Helen Eadie: The only thing that worries me about that suggestion is that the clerks to the Health Committee have told us that, although some aspects of the petitions could be incorporated in the work force planning inquiry, the central premises of the petitions do not fall within that inquiry's remit.

This might not be the right place to express this view, but I think that the problem is less about structures in the health service throughout Scotland than it is about shortages of consultants and specialists and what we can do with limited resources. We hope that the inquiry will help to highlight that point.

I have no problem with the petitions being referred to the Health Committee, but I simply issue a health warning, as it were, that doing so might not give people the results that they hope for.

John Scott: Petition PE772 is a good petition that highlights a Scotland-wide problem—Ayrshire faces exactly the same problem. Areas around Glasgow are suffering from peripherality, essentially. The problems that Jackie Baillie cites are specific to her area, but other places in Scotland face problems that are just as dreadful. It is all very well to suggest that the petitions be sent to the Health Committee but, at the very least, we should copy them to Andy Kerr, the new Minister for Health and Community Care, to ensure that the issue lands on his desk first thing.

The lack of joined-up thinking in the health service is the biggest crisis that it faces. We know that there must, because of a shortage of doctors, be a concentration of specialist services. Nonetheless, it is true that the more peripheral areas are suffering loss of services. There is no other way to describe the situation. Andy Kerr must address the issue.

Mike Watson: I agree with John Scott. There is not much point in our formally referring the petitions to the Health Committee, because of what it has said in relation to PE735. Furthermore, in response to our letter to him, the head of the NHS in Scotland expressed the position of the NHS on the matter. I know that he has moved on from that post, but I presume that the NHS position is the same. I therefore suggest that we send PE772 to the minister.

The Convener: We could ask for clarification of the NHS position.

Helen Eadie: That would be more productive than sending the petition to the Health Committee.

The Convener: Are members happy to contact the new Minister for Health and Community Care to ask for his position on the matter?

Members *indicated agreement.*

The Convener: I thank Jackie Baillie for bringing the petition. As you know, we frown upon MSPs coming to the committee with petitions, but it was very interesting and well worth bringing.

Jackie Baillie: You and the committee were very kind to us. Thank you very much.

Recreation Open Space (Provision and Planning Regulations) (PE771)

The Convener: The next petition is PE771, by Olena Stewart, which calls on Parliament to urge the Executive to consider whether there is sufficient guidance for local authorities to safeguard the provision of playing fields and recreational open space, and to establish whether additional legislation is required to cover conflicts of interest within local authorities on planning matters that relate to the loss of playing fields.

David Ferguson is here to give a brief statement in support of the petition. He is accompanied by Olena Stewart and Kenneth Wilson. I welcome you to the committee. You have three minutes for your statement, after which we will discuss the matter.

David Ferguson: Convener, ladies and gentlemen, I thank the committee for this opportunity to address it. I hope sincerely that I can articulate our argument as eloquently as Jackie Baillie did for her petition. I would also like to thank John Scott MSP and, particularly, Adam Ingram MSP, for their assistance and guidance in the petition's preparation. It is most reassuring for us to receive cross-party co-operation on such an emotive issue.

Obviously, we can speak in detail only about the old racecourse in Ayr, but we were most surprised when we realised just how widespread the problem is in Scotland. The National Playing Fields Association has identified 20 locations in which playing fields are under threat. National planning policy guideline 11, which was published in 1997, and planning advice note 65, which was published in 2003, are supposed to protect playing fields and open space. However, it is obvious that local councils—for whatever reason, but more than likely for financial expediency—are choosing

to ignore Government advice and policy; hence our presence here today.

In Ayr, South Ayrshire Council proposes to build a primary school campus on the old racecourse. That priceless asset is common good land, which was given to the people of Ayr by royal charter in the 13th century. It is one of the most significant open spaces in the town of Ayr. Although it is recognised as such in current and emerging local plans, the planning department has been considering the council's application for eight months. That situation makes us very nervous.

It appears that the council's education, culture and lifelong learning committee is asking its colleagues on the planning committee to ignore every policy that protects open space and to grant permission for the application. Thereafter, their colleagues on the policy and resources committee would be asked to hand over the common good land that would be necessary to accommodate the school campus.

South Ayrshire Council claims that only 14 or 15 per cent of the old racecourse would be lost, but the planning application is for the entire area. If the proposal is not stopped, there is no way the remainder of the old racecourse could be protected.

As things stand, it seems that the people of Ayr—who believe passionately in retention of the old racecourse, as you can see from the number of people who have signed the petition and who have objected to the planning application—are powerless to stop the development. Our local problem is reflected across the country. For that reason, we respectfully request that the Scottish Parliament consider our petition.

10:30

The Convener: Thank you for your presentation. Do members have questions for Mr Ferguson and his colleagues?

Rosie Kane (Glasgow) (SSP): Can you tell me a bit about the background to the planning application? I believe that it is for a primary school.

David Ferguson: The planning application is for what is described as a “primary school campus”. The support papers describe it—

Kenneth Wilson: As

“a lifelong learning centre for the 21st century.”

David Ferguson: But the planning application is for a campus. We have not been able to determine, or to elicit from the local authority, exactly what will be contained within the campus. The support papers lead us to believe that the proposals are for more than simply the transfer of

the current Ayr Grammar School to the old racecourse.

Rosie Kane: You said that 14 or 15 per cent of the area would be lost. Do you suspect that that would represent a foot in the door, and that a larger area might be taken? I live adjacent to one of the playing fields mentioned in the sportscotland document that we have been given. Sometimes it seems that planning permission is granted for one reason, but you end up with something completely different. For example, planning permission given for a coffee shop will result in the building of private housing. Are you concerned that something other than what you are already aware of will happen?

David Ferguson: As I said, the planning application is for the entire area of the old racecourse. The education department has gone to great lengths to stress publicly that only 14 or 15 per cent of the land will be required. However, that was before it received a traffic impact study. It has now received that study and the recommendations contained within it suggest that more than 14 or 15 per cent of the area will be required.

We cannot see the mechanism whereby the local authority, after granting change of use for the entire area and building a school on part of it, can then seek a change of use back to recreational use for the rest of it. We simply do not believe that that will happen.

John Scott: Perhaps I can give the committee a little more local insight. There is no question that a new school is needed to replace Ayr Grammar School—even the petitioners would agree with that. However, what people who live in the area of the old racecourse find hard to accept is that playing fields are being pursued for the development. Eight other sites were scoped by the local authority, seven of which were formally ruled out prior to the consultation. A site is currently being pursued that enjoys the protection of existing guidelines, but that does not yet appear to have been taken into consideration by the planning authority. Since the consultation ended, there have been two planning meetings, but an actual application has not been forthcoming. One wonders whether the local authority is having difficulty making a case, given the guidelines. In my view—and it is probably everybody's view—the council should have considered other sites. It should still be doing so. My favoured site is the Seafeld site.

When petitions PE422, PE430 and PE454 were considered by the previous Transport and the Environment Committee, of which I was a member, it appeared that guidance on the use of playing fields would be prepared by sportscotland. Members will see that in the *Official Report*. I do

not know whether that guidance has appeared, and sportscotland may have some questions to answer in that regard. I do not know whether the Executive has not helped that organisation with the introduction of guidance, but it was down to sportscotland to do that and I do not think that it has. The problem is not restricted to the Ayr case; it is indicative of a national problem, as is shown by the list, helpfully submitted by the petitioners, of other playing fields that are under threat from similar developments. We definitely need to get on to sportscotland about the matter.

The Convener: Do the petitioners want to comment on anything that John Scott said? Is that your reading of the situation? I am concerned that although your petition highlights the situation in Ayr, we have to look at the general situation. John Scott has gone into some detail about the specific problem in Ayr, but are you aware of the same problem in other authorities? Have you spoken to people in similar situations elsewhere, where comparable concerns arise?

David Ferguson: Our main contact point has been the National Playing Fields Association, which has furnished us with information. We have had correspondence with—

Olena Stewart: Rose Harvie in Dumbarton. She told us that a similar thing happened there about four years ago. The council wanted to build a sheriff court on common good land and the people of Dumbarton won their case—the council did not build the sheriff court on common good land.

We have attended the football events on the racecourse and many people have come up to us to ask, "What's to happen to the racecourse?" and we have explained that the council wants to build on it. People told us that the same thing was happening in their area—the council says that there is a need for a primary school. In the Dumbarton area, it was not only a primary school that was built—there was also a learning centre. Many of the other schools were closed down and all the children were bussed to the learning centre. So the same situation is happening in other areas.

Jackie Baillie: As the MSP who represents Dumbarton, that last part of Olena Stewart's answer is not accurate, but your first reference to common good land in Dumbarton is absolutely accurate. It is important to set that straight for the record.

Having said that, I would like to ask the petitioners a general question that relates to their experience. As I understand the current situation, when local authorities either own land or have a direct interest in it—in other words, they are the ones who want to build the school—the case must automatically be referred to the Scottish Executive for consideration. In that context, the Scottish

Executive would naturally have regard to its own guidance on the use of sports fields and other related matters. Do you think that that safeguard is inadequate? Do you think that further safeguards should be put in place and, if so, what?

Kenneth Wilson: The Scottish Office produced NPPG 11 on open spaces in 1997, which states everything as Jackie Baillie said. However, there must have been a problem with that because the Scottish Executive produced PAN 65 in January 2003, which says: "You are not taking our advice in NPPG 11 and the word is that you are selling off playing fields for capital receipts and that is shocking." The problem is widespread and it appears that local authorities are ignoring the advice from the Scottish Executive.

This is not the first time that people from Ayr have come to Edinburgh to seek help to stop the council behaving in an inappropriate way. There was a petition to the Scottish Privy Council on 19 September 1573 whereby the indwellers of the Sandgate complained that the council was not spending the common good to clear the Sandgate of the sand that was blowing in. In that case, the Privy Council decided simply to caution Ayr town council. We hope that we might get something better than a simple caution from our Parliament. The reason why the indwellers of the Sandgate did not go to the Parliament, but to the Privy Council, was that, as a royal burgh, we returned two members to your predecessor Parliament.

Mike Watson: I have a couple of points relating to the correspondence that we have received on the issues that were raised previously with the Transport and the Environment Committee. The guidance that is being discussed seems to be more specific than what you are looking for. You are talking in general terms about common good land that is used for sports facilities and so on. I presume that that is where NPPG 11 comes into what you are saying.

The letter that we have received from sportscotland talks specifically about standards for playing field provision at schools, which is not quite what you are talking about. That concerns me. The letter from the then minister, Margaret Curran, states:

"The Executive has no separate plans to develop guidance on this topic."

She again refers to

"guidance on playing field provision at schools".

The sportscotland guideline seems too narrow to encompass what you are looking for. We cannot go into the individual case, but it seems to me that there must be some means of ensuring that local authorities abide by NPPG 11 and do not just ride roughshod over it, to use an apt analogy. That seems to be what is happening in Ayr.

I would like sportscotland to give us its view on the wider issue, rather than on the narrow one. The sportscotland letter says that it is basically happy with how things are operating. It states that

"sportscotland takes its role in protecting playing fields very seriously and ... the planning system is working effectively to this end".

It also states that it minimises the number of grass pitches that are lost each year. To some extent, sportscotland is saying that it does not see a major problem but that guidance would help in relation to schools. However, the issue goes beyond schools. For that reason, we should ask sportscotland to look at the broader picture. Whether that will help in the short term, in the immediate case in Ayr, I am not sure.

Rosie Kane: I agree with Mike Watson that the issue goes beyond schools. Most of us will know of land such as this in our communities, which is lost without, it would seem, much consultation or discussion with the community or even any measure of how the land is used.

I know that people used to go to the Queen's Park recs. The land is not organised or structured in any way; it is just available to the community. The least that we can do is find a way of protecting such areas before we lose them. The problem is Scotland-wide, and I am glad that the petitioners have come here to point that out. It has given me an opportunity to speak about Queen's Park, of which I have some experience. The kids in the community there use the land regularly, and more organised and structured use is also made of it, but parts of it are now being sold off. It would be good if the Scottish Parliament could find a way of overseeing what the councils are doing and ensuring that we protect the land and communities' right to have access to sport.

The Convener: Adam Ingram is with us this morning because he has an interest in the petition. Adam, do you wish to say something or question the petitioners?

Mr Adam Ingram (South of Scotland) (SNP): I agree with much of what my colleagues have said in their questioning. It is worth reminding ourselves what Executive policy, in the form of the national planning policy guidelines, is designed to do. The guidelines are designed specifically to protect playing fields and open recreational space. Paragraph 30 of NPPG 11 exhorts councils

"to lead by example in resisting the development of council owned land".

The situation in Ayr is not uncommon. Like John Scott, I served on the Transport and the Environment Committee in the previous session, which dealt with a number of petitions to the same effect. In this case, one arm of South Ayrshire Council is hell bent on driving a coach and horses

through the guidance. It is so determined to push the project forward that it has made a commitment to carry the plan through

“irrespective of timescale or source of funding”

if the campaign to save the sports pitches creates problems for the preferred public-private partnership funding packages. One wonders what kind of influence that has on members who are in the planning authority as well.

I support the provision of a new school. However, the terms of NPPG 11 are quite clear. For example, paragraph 47 states:

“There should be a presumption against redevelopment of playing fields or sport facilities, public or private.”

That should have led the council to rule out this proposition right at the outset. Why has that not happened? Is it because the guidelines are too weak or because it is thought that Executive policy can be opted into or out of as local circumstances arise? It is high time that we had a look at the implementation of Executive policy and to what extent it is being followed on the ground. I believe that the South Ayrshire Council example is just one among many. I urge the committee to take that message on board and to take it to other committees in the Parliament, or to whomever you decide to take it. Thanks very much for letting me speak.

10:45

The Convener: Do members have comments, or recommendations for what to do with the petition?

Mike Watson: I reiterate the point about writing to sportscotland on the broader issue of land that is used for structured or unstructured sport, but is not necessarily associated with schools.

Rosie Kane: I do not agree with what sportscotland said about blaes pitches being lost, but replaced with all-year-round pitches. That assumes that everybody wants to play five-a-side football on the replacement pitches. I do not even agree with its analysis of the situation. Perhaps we need to speak to sportscotland about that.

Mike Watson: The letter we have from sportscotland was received almost two years ago, so things might have changed in the interim.

Helen Eadie: Perhaps we should write again to the Scottish Executive and the National Playing Fields Association enclosing a copy of the *Official Report* of the debate, as we usually do, because there has been material on the broader range of issues.

Jackie Baillie: Can we pose to the Scottish Executive the specific question whether it is concerned about the adequacy of the guidance

and the safeguards put in place in planning that would prevent or prohibit local authorities from behaving in such a manner? It would be helpful to make that comment in relation not just to these circumstances, but in general.

John Scott: Helen Eadie raises a good point about the National Playing Fields Association. We should definitely seek comment from it, including comment on the point that Jackie Baillie made about the planning guidelines, because it might have telling comments to make.

The Convener: Are members happy to deal with the petition in that manner?

Members indicated agreement.

The Convener: We will let Adam Ingram know what responses we receive from the different organisations and give him an opportunity to comment on them.

NHS Consultant-led Services (Rural Areas) (PE774)

The Convener: Petition PE774 is from Sandra Casey on behalf of the Belford action group. The petition calls on the Parliament to urge the Scottish Executive to ensure the provision of acute 24-hour-a-day, all-year-round consultant-led services throughout Scotland, including rural communities. John Hutchison is accompanied by Stuart Maclean and Patricia Jordan and they will give a brief statement in support of the petition. I welcome you all to the meeting. You have three minutes, after which we will discuss the petition.

Patricia Jordan: Last year, 2,800 people turned out at a public meeting in Fort William because of their fears that 24/7 acute services were going to be withdrawn from the local hospital. They came from all over Lochaber, including the small isles and Knoydart. Those rural areas are not suburbs of the cities—they are the outreaches that are many miles and anything from two to three hours from the nearest town and hospital. Sea journeys are required for some people. Roads can be wet, icy and dangerous in winter and journey times are even longer in summer as a result of the large number of tourists.

In the documentation, one woman states that without consultant services in the Belford, we would be living dangerously in the peninsula. She speaks for many people who live and work in the Highlands and Islands. Increased travel time on roads of a poor standard creates stress and is a factor in patients' recovery. Patients should not be miles away from their friends and families—that puts strain on them in their time in hospital and on their pockets. There is growing resentment in remote and rural areas that our right to needs-led service provision is being ignored and there is a

feeling that we are being penalised for living in the countryside.

Stuart Maclean: I would like to say something about economic effects. The negative impact on the fragile economy of a rural community that the downgrading of hospital facilities causes far outweighs any additional costs that arise from meeting regulations, including the European working time directive. Businesses and potential recruits are not attracted to areas that do not have reasonable hospital facilities. We even have difficulty in retaining general practitioners when they do not have the back-up of an acute hospital. A reduction in such an important element of a community's infrastructure runs contrary to the Government's policy of decentralisation of Government departments and it reduces the effectiveness of economic development funding that is provided to rural areas.

We all know that many rural communities depend on tourism. There is high-risk tourism in Scotland. At one end of the scale, young people are pursuing active outdoor pursuits; at the other end, more elderly constituents are demanding health services, too. Hospital services are required out of hours and at weekends.

For the reasons that Patricia Jordan has given and because of the economic arguments that I have outlined, rural communities must become directly involved in the on-going work of the national advisory group on service change, which is under the chairmanship of Professor David Kerr. In that regard, I commend the solutions process that has been set up by NHS Highland and NHS Argyll and Clyde, which included representation from all sectors of the community. John Hutchison will now talk about that.

John Hutchison: Any downgrading of rural hospitals has implications for bigger hospitals—we have high-quality research to show that. The solutions group has now defined the role of a rural general hospital. The rural general hospital has European Union-compliant rotas and will be able to import patients, export skills or collaborate if that improves the service to the patient. It will also be a training resource for students who may then be able to consider a career as a rural general consultant. Quality standards will be maintained by managed clinical networks and rural general hospitals can develop specialisms in their own right, such as mountain trauma at Belford, which is one of only two hospitals in Scotland that meet all seven of the audit criteria set by the Scottish trauma audit group.

NHS Highland believes that the rural general hospital model will have far-reaching implications for rural Scotland. At a press conference on Friday, it asked the royal colleges and the medical schools to lead the change to allow a new health

service for rural Scotland. We, too, ask the Scottish Parliament to lead that change. What our small team has been doing is extremely relevant to the rest of the country. There is a different way. Consequently, we ask leave for our team, which will include clinicians, to present to the Health Committee as soon as possible.

Is e rud glè chudthromach airson ar dùthcha. Tapadh leibhse. That means, "This is important for our country. Thank you." Thank you for inviting us.

The Convener: Thank you for the information that you have brought to the committee. Do members have questions for the petitioners?

John Farquhar Munro (Ross, Skye and Inverness West) (LD): Good morning, folks. Although I was not involved in the campaign that was orchestrated by the Lorn and Islands district general hospital in Oban and the Belford hospital, I am aware of the fear in other parts of the Highlands that diminution of the services at the Belford would have a knock-on effect for the small community hospitals around the Highlands. When you conducted your research in the west Highlands, what sort of information did you obtain on that possibility?

Stuart Maclean: On what possibility?

John Farquhar Munro: On the possibility of a reduction in services at the small community hospitals.

Stuart Maclean: The Highland Council, Highlands and Islands Enterprise and Highland NHS Board have appointed a group to consider the issue from an economic standpoint. Its preliminary study says that the cost of the hospital staffing and additional ambulances that will be necessary is around £1.52 million. That compares with a figure of under £100,000, which is what the solutions group says will be needed to resolve the problem in Lochaber. I emphasise that the study is at the preliminary stage; we are not expecting the final report for another month. The comparison is between £2 million and £100,000.

John Farquhar Munro: What sort of people were involved in the inquiry group that reached its decision last week? Were they based mainly in the west Highlands or did they come from all over Scotland?

John Hutchison: They were based entirely in the west Highlands. They included representatives of the community, the two NHS boards, consultants from each speciality in the respective hospitals, local GPs, the two local authorities and the two health councils. In fact, I have brought 10 copies of the solutions group's report for members of the committee, in one of the appendices to which the membership is detailed.

The Convener: That is very helpful.

Jackie Baillie: You must forgive me, because I have watched the situation develop from a distance and have received the occasional e-mail from Sandra Casey, so I am aware of some of what has been going on in the background.

How much of the present situation is down to the willingness and imagination of the consultants that you have at the moment to think creatively and to put the patient at the centre? If you are relying on that, how fragile is the solution that is in place? You referred to Professor David Kerr's advisory group, which is considering the level of service that it is appropriate to deliver locally, regionally and nationally. Do you think that the work of the solutions group will feed directly into that?

Stuart Maclean: Absolutely. The concept of a rural general hospital that is spelt out in the group's report addresses what the committee was talking about when it dealt with petition PE772. It specifies what operations and what staffing levels would be required in a rural general hospital in future. We are addressing the Lochaber issue, but we believe that there are national consequences. Your question leads to consideration of the national framework and the royal colleges, which will have to tackle the provision of training for generalists to staff rural general hospitals.

John Hutchison: Sandra Casey is very vexed that she cannot be here today, because she is on a pre-planned holiday. The issue is wide—it is about more than the hospital consultants and the GPs who want to create a high standard of service; it is about a range of people who love their community. As well as thinking that it is a super place to live, they want it to be vibrant and healthy and to have a sustained economic future.

As Patricia Jordan mentioned, travelling times are at stake, because if we do not have acute services in a hospital such as the Belford, people will have to travel for two or three hours to get to an acute hospital; sometimes that will involve a sea journey. Events such as the mountain bike world championships in 2007 will not come to a rural area if there are no consultant-led acute services. A range of people, including health professionals, the community, the local authority, the local enterprise network and the business community, are interested in that sort of success.

Stuart Maclean: To refer back to the committee's consideration of petition PE772, mention was made of cross-border co-operation between NHS boards. The solutions group's report is again at the forefront, in that it calls specifically for collaboration between NHS Argyll and Clyde and NHS Highland on elective daytime operations and for a review of a pilot for cross-cover overnight. This might be the first time that there has been a constructive cross-border situation between health boards.

11:00

Helen Eadie: It is nice to have the chance to learn a little more about your initiative, which has received a lot of press coverage during the past few days. How would your strategy cope with a scenario in which you were particularly short of consultant radiologists, anaesthetists or venerologists—if that is the right term for the doctors who specialise in veins? How would you overcome the problem of missing pieces in the jigsaw puzzle?

John Hutchison: You raise a few questions. In recent years there have been developments in teleradiology that enable radiographers who are based in a rural general hospital to have access to a radiologist through a video link. Such a system has operated for two or three years between the Belford hospital and Raigmore hospital, to make specialist advice available at a distance.

The general issue about which specialisms will be available in a hospital will depend on the interests and professional skills of the general surgeons and physicians who work there. Inevitably, although many of us are generalists in our professional lives, we have particular specialisms and interests, which need to be encouraged. For example, a surgeon in the Belford hospital is a specialist in laparoscopic surgery, which is not currently available in Oban. Stuart Maclean talked about making such services available to the north Argyll community. Similarly, in Fort William there is no physician who specialises in respiratory problems, but there is such a specialist in Oban.

The unique position of the anaesthetist as the person who would lead the intensive care team emerged from the rural general hospital model that we have been developing. The situation will depend on the extent of the collaboration that develops with the neighbouring hospital in Oban—or between any rural general hospital and its neighbouring hospitals—but we recognise that the anaesthetist will be a key person in leading and managing the way in which the patient is supported. More anaesthetists than consultants from other specialisms will probably be needed.

Helen Eadie: In one health board the possibility arose that the vein specialist might not be available for an operation. What would happen in that scenario?

John Hutchison: I am not a clinician, as you might know, but I think that your question relates to a planned operation, or what clinicians call elective surgery. In that situation, a person is referred by their GP to a specialist and a decision is taken about where the operation will be performed. If the operation falls within the remit of the activity of the RGH as defined in the strategy,

it will take place at the local hospital, but a more specialised operation, whether it involves veins or something else, might be performed at the nearest appropriate hospital. I guess that an approach along those lines would be taken in the scenario that you describe.

Helen Eadie: I understood that in any health board area a situation might arise in which the fact that a particular consultant was not available could pull the rug out from under the plans for all the other surgery that might be carried out. In the case involving the health board to which I refer, interventions were made to the chief medical officer. I understand that there is a real shortage of vein specialists.

John Hutchison: Your question relates in particular to elective surgery, which is why I gave the answer that I did. A key requirement of rural general hospitals is that they should be able to deal with accidents and emergencies of the type that are relevant to the area, whether they relate to sailing, diving or mountaineering. In our community, a person who needed specialist care could go to Inverness, Aberdeen, or Glasgow. In the past, patients have even gone to Newcastle.

Stuart Maclean: In rural communities people are used to travelling for elective surgery.

Mike Watson: I will raise two points. My first point might seem slightly naive, but I hope that it does not come across that way. In your petition, you mention that the proposed changes could cause

“loss of life, detrimental effects on recovery times”

and

“unnecessary stress”.

Given that the proposals flow from a decision by a health board whose job is to protect and promote health care, what do you think is its motivation? Why do you think that such proposals have come forward? Presumably, if you know that they might have the effects that you suggest and that they might cause loss of life, the health board must know that as well.

Patricia Jordan: That did not come out during the initial research. During the past six months, it has come out strongly, through the solutions group, that the Belford hospital is important in relation to trauma and emergencies. A lot of people who come to our area are involved in outdoor pursuits; at one time the hospital's trauma unit was quoted as the second busiest after the unit at Chamonix. Moreover, we have a busy road and we still travel on the right side—or the wrong side—of the road. We have a huge number of foreign tourists each year who go from single-track roads to ordinary roads and we have a lot of head-on collisions. Our numbers swell in the summer

and the accident and emergency unit at the Belford hospital is an integral part of the services that we offer our tourists. It is also an integral part of our community. Some people have to travel for up to two hours to get to the Belford in the first place. I am sure that you are all parents and that you all have elderly parents. There are cases in which people would not have lived if they had not been stabilised at the Belford—we have to recognise that fact. The Belford provides an important service, as the figures show.

Mike Watson: I am not denying that. You have done your research to produce your petition and you have used your life experience, particularly from the height of the tourist season. However, if you can reach that conclusion, why do you think that the health board has reached a different conclusion or reached the same conclusion and said, “Tough,” which is unlikely? Why has the health board reached a different conclusion from yours? Is it financially driven? What is behind it?

John Hutchison: Initially, there was a lack of recognition of the role of accident and emergency services in some hospitals. There was a well-intentioned perception that someone who is involved in an accident that involves trauma can be dealt with by a paramedic and taken to a more senior and specialised hospital within a couple of hours' travelling time. However, the key role of the accident and emergency team in stabilising someone who comes down from a mountain, before they are passed on to the Southern general or Raigmore for further treatment, is now well recognised. I am sure that our clinical colleagues could talk most robustly about that. There was a perception that trauma can be dealt with by paramedic teams, but the big role of accident and emergency teams in stabilisation was not spotted.

Stuart Maclean: There has been a steep learning curve for NHS Highland. As we speak, it is debating the solutions group report in depth for the first time. We hope that we will get a decision within the hour and that NHS Highland will accept what the solutions group is saying. It has not made any recommendations until today. It rejected the previous detailed report and formed the solutions group—we expect a result within the hour.

Mike Watson: My second point is not so much a health issue as an economic development issue. In your petition, you talk about the potential effects of the proposed changes, such as difficulty in attracting people to the Lochaber area and the loss of general practitioners and medical staff. It seems to me that those issues would be of great interest to Highlands and Islands Enterprise, given the benefit of tourism and outdoor sports to the area—it is great for Scotland to host the mountain biking championships, which is the only world cup event that we have. Has HIE entered the debate?

Has it made a submission to the board on the potential economic effects of the withdrawal of services?

Stuart Maclean: It has been closely involved in the solutions group and, with Highland Council, it sponsors the economic review.

Rosie Kane: Mike Watson went to where I was going when he talked about your local knowledge and life experience. I take on board what you said about the need for people who are in hospital to stay in contact with their families and to have visitors. That is part of their recovery and their well-being. Is this an issue of democracy, the right to access services and community?

Patricia Jordan: Perhaps for the first time, we have been involved in choice, but the issue is not only about choice; it is about a needs-led service. As we have said, everyone in the community was involved in the solutions group. I was involved as the chair of the association of Lochaber community councils, which represents 29 community councils, and I reported back regularly. A lot of issues came out and were discussed in the solutions group. Our work was not so much about discussing the emotive subjects and saying, "We need X," as about getting the information, pulling the data together, having the figures in front of us and being able to give answers.

We are in a remote area that relies heavily on incoming young families and on our bringing our own young families back into the area. We often lose our young people when they go off to university or college and we need them to come back to increase our local skills and to keep our economy going. However, they will not come back because of the answers to the two questions that people always ask when they want to bring a young family into an area, one of which is about education and the other of which is about health. If we do not have good health facilities, we are automatically constricting our future economy.

John Hutchison: As far as the democratic process is concerned, we were facing serious difficulties that were about to arise from the previous west Highland project, but there is no doubt that 2,800 people turning out in Fort William stopped that process dead and caused a bit of a rethink. That led to the establishment of the solutions group, which has been a harmonious experience, with the council, enterprise network and NHS boards working closely together and striving to find a joint solution. All parties have learned a great deal from that and we have moved forward together.

Stuart Maclean: That is why we are calling for direct involvement in the drawing up of the national framework strategy document. I understand that the group that is drawing up the

strategy does not include any hands-on rural consultants or members of the community. Such people must become involved.

The Convener: We are joined by Fergus Ewing and Maureen Macmillan, who have expressed an interest in the petition. Fergus, do you have anything that you want to add or any questions that you wish to ask?

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): Thank you for giving me the opportunity to speak. As has been mentioned, Highland NHS Board is as we speak considering the work and recommendation of the solutions group. I suspect that it will give that recommendation the thumbs-up rather than the thumbs-down because, were it to be the latter, there would not be 2,800 people meeting in Lochaber; there would be a gathering of clans involving almost everybody in Lochaber.

I hope that it is in order to praise the solutions group and the Belford action group—which is known by its acronym TBAG—for the work that they have done, which has been a model for any campaign. It has had the support of all political parties and members of no party, as well as active input from the clinicians, which has proved invaluable as a means of providing the necessary information to justify the proposals. Were Belford hospital to cease to provide consultant-led care round the clock, it would be rather like someone in Edinburgh having to travel to Carlisle for emergency surgery—perhaps that puts it in perspective. No less than 1.1 million visitors pass through the area, many of whom stay in Lochaber, which indicates the huge number of people apart from the local residents who depend on the service.

I will raise some points that may pose longer-term challenges in relation to rural hospitals in Scotland. I hope that those general points will be able to be answered by the witnesses and, perhaps, considered by the Health Committee. Members of this committee have raised some of them already. I am particularly concerned about the influence of the royal colleges and their unwillingness to recognise general surgery in rural hospitals as a speciality; the impact and role of NHS Quality Improvement Scotland; recruitment and retention issues; and the importation of elective surgery from one area to another. Do those longer-term issues need to be addressed nationally?

I have two further, specific questions. First, what would be the impact on larger hospitals of downgrading consultant-led 24/7 rural general hospitals to cottage hospitals? A far greater number of patients would have to go to Inverness or other cities in Scotland. Secondly, will the

witnesses explain managed clinical networks and why they are important to rural general hospitals?

11:15

John Hutchison: The royal colleges undoubtedly need to be involved in the process. One of the fundamental reasons why we presented the petition was to encourage the Scottish Parliament to be involved, with the royal colleges, in leading the change. I believe that Highland NHS Board will this morning consider how to become involved in the process.

You asked about the effect of the downgrading on larger hospitals. Appendix 5 of the report that I have given to the committee shows the results of a 12-week audit at the Belford hospital, which was carried out professionally by local GPs, surgeons and physicians. They examined every case that came in the door—both planned and emergency admissions—and assessed how each one would have been handled if the hospital had been downgraded to what we call a consultant day hospital, which is one that is open 9 to 5, Monday to Friday. The crucial issue was whether overnight or weekend care would be provided for patients who had undergone a procedure.

The net result of the assessment—after we had extrapolated the results to get the figure for a year—was that, under the proposed changes, there would be more than 1,000 extra emergency or planned admissions per year to Raigmore hospital in Inverness. We understand the argument for centralising the specialisms and decentralising generalists, but there is a big issue about the effect on what we might call the city hospitals of the downgrading of rural hospitals. We are not certain that that work load issue has been taken on board properly. The survey was done professionally and the data are in the report that I provided.

Managed clinical networks help consultants in rural general hospitals to maintain their skills. They are arrangements whereby a consultant in a smaller hospital is in touch with a team of consultants in two or three tertiary hospitals. The consultants can discuss cases and join one another for operations—consultants from the smaller hospital go to the larger one and vice versa. The networks aim to achieve consistency of standards, keep up skills and allow consultants to learn from experience. Although some might regard rural general hospitals as isolated, they are supported by those networks. The networks exist, but they need to be reinforced and strengthened.

Maureen Macmillan (Highlands and Islands) (Lab): Much has already been said, but I want to congratulate TBAG on bringing the petition to Parliament and on the hard work that it has done

in the past months to raise the profile of the Belford hospital and its future. I have been a patient in the Belford hospital in my time—one of my children was born there—so I know it well and I have affection for it. I do not wish it to be downgraded in any way, particularly the accident and emergency service, which is crucial to the life of the area. The service is important economically, because we need to support the outdoor activities that take place in Lochaber.

The solutions group has done an excellent job. If NHS Highland ratifies what the solutions group has proposed, how best can it support that and how can the Executive support what the solutions group is proposing? In other words, what support do we need to give you in future to ensure that the recommendations are carried out?

Stuart Maclean: One of the key recommendations is obviously the employment of a physician, which I hope NHS Highland can approve today. Reaching further out, we are talking not just about the Belford, but about national considerations. All our reference points have been the Belford and Lochaber, but there is a national issue and that is why we are here today. The two most important aspects of the national debate are the national framework—the major document that will be produced in March—and the royal colleges. We are asking for the rural areas to be involved in the national framework and for the Parliament to lead the royal colleges in the direction of generalist surgeons for rural general hospitals.

John Hutchison: I endorse that point. I am glad that Stuart Maclean emphasised the fact that we see this as a national issue. We were greatly encouraged by the debate that was held last Thursday, when the Minister for Health and Community Care said, in response to a question from Jamie Stone MSP, that travelling time would be a factor in future clinical decisions. If the Parliament endorses that principle, that will also be important in conditioning the colleges' thinking.

Patricia Jordan: It is important that we start to do something fairly quickly, because staff morale is now very low in remote and rural hospitals. The staff are not sure about their future and we need to be able to do something quickly to ensure that we keep the staff that we have got and that we encourage other clinicians to work in those areas.

The Convener: The petitioners have specifically asked us to refer the petition to the Health Committee. Perhaps Helen Eadie can tell us whether the Health Committee's inquiry will cover the matters raised in the petition.

Helen Eadie: I think that some of the issues that have been raised this morning would be relevant to the work of the Health Committee. I hope that

the committee will get a copy of the report that the petitioners have brought with them today. I was going to suggest that we might also write to the royal colleges, but the Health Committee will be interviewing witnesses from the royal colleges. A lot of emergency provision is being closed because of the lack of accreditation from the royal colleges, so I am sure that the Health Committee will pick that up.

Jackie Baillie: I think that the royal colleges are probably among the most effective trade unions that I have seen in operation and perhaps some of their members should be challenging them. That aside, I suggest that we also send a copy of the petition to the national advisory group on service change, which is convened by Professor David Kerr, and to the Minister for Health and Community Care, commending the solutions group report as a model that could have wider application.

The Convener: Do members agree to that course of action?

Members indicated agreement.

The Convener: Thank you for bringing your petition to us this morning.

Stuart Maclean: Thank you very much indeed.

Local Government Finance (PE754)

The Convener: Our next petition is PE754, from Christine Grahame MSP, which calls on the Parliament to urge the Executive to accelerate the review of local government finance, to ensure that the review takes into account ability to pay and, in the meantime, to consider a means of reducing the impact of this year's increases on those who have no matching increases in income to meet the additional charges.

Christine Grahame is here to give a brief statement in support of her petition. Welcome to the committee, Christine. I invite you to make your statement, and we will then have a discussion on it.

Christine Grahame (South of Scotland) (SNP): Thank you, convener. I see that I have cleared the room. I also have 32 schoolchildren wandering round looking for me, so I will be brief. I am speaking on behalf of at least 3,500 borderers who signed the petition. No doubt, other people throughout Scotland feel much the same. I rather regret that, in five years, Parliament has not moved away from the council tax. The basic premise for a tax should be that it is fair and collectable. The poll tax was eminently unfair and it was not collectable.

The substitute, the council tax, is equally unfair and difficult to collect. I will emphasise the

unfairness of it. I have found out recently in a personal capacity that someone who is on the basic state pension and who does not get any supplements gets £79 per week, which will give them about £4,000 per annum if they do not get any benefits. If they have to pay council tax of £1,000 a year, they will be paying a quarter of their income in council tax. If they are an MSP on about £50,000 a year, which is about £1,000 a week, they have the same council tax demand, which is only one fifty-second of their income. Those are obviously extremes, but the situation is clearly unfair.

In addition to that unfairness, the Borders has the lowest average household income in Scotland, although the general situation applies to many other parts of Scotland. Low pay might mean being on the edge of getting benefits, and people to whom that applies still have to pay full council tax. Some 48 per cent of pensioners who are entitled to pension credits do not apply for them. Presumably, many of those people are not getting council tax benefit either. Many of them might not know about the 25 per cent discount for people who live on their own. The benefits system is a quagmire. There are people who are being taxed unfairly.

I accept that the Parliament has moved forward to some degree. I am looking at a Scottish Executive press release from June saying that the Executive had set up an independent review of local government finance.

The petition is asking for acceleration. It is saying, "Let's get a move on with this." We could talk all round the houses all the time, but most parliamentarians would recognise that the council tax is an unfair tax. Many parliamentarians would like there to be something based on ability to pay. We could call it a local income tax or whatever, but we would like it to be based on ability to pay. That would remove the burden from people who are on benefits but who do not claim council tax benefit and from pensioners, who, incidentally, are terrified that their houses will get revalued. Their house is probably all that a pensioner will have; it may well be bigger than they need, but it is their home. If it gets revalued, that could mean a hugely increased council tax bill.

The petition calls on the Executive to accelerate the process, so that progress can be made towards whatever tax we substitute, which should be based on ability to pay, and not on the bricks and mortar that people happen to have about them, which is unfair. The petition also asks for methods to be considered for relieving the unfair burden. I appreciate the integrity of local government, but there must be a means of assisting people to claim benefits to which they are entitled or of helping people who are out of the

benefits system to pay and meet their council tax obligations. Until that happens, we are penalising people who are poor or who are just on the boundaries of poverty.

The Convener: I will start off by pointing out the concerns that the committee has about MSPs presenting petitions. You said that more than 3,000 people signed the petition. Can you explain why not one of them could come to present the petition? As an MSP, you have several means by which you could raise the subject of the petition in the Parliament—for example, by asking written and oral questions, or through your political group. Why do you think that the committee is the vehicle for the issue to be raised at this time?

11:30

Christine Grahame: First, my apologies for the fact that the petition appears in my name. The petition was submitted in my name because nobody was available to put their name forward and I wanted to get the petition on the committee's agenda. We had hoped to get the petition on the agenda before the summer recess, so the petition was put in my name simply to get it through. Frankly, I would prefer to have somebody other than me presenting the petition. I did not intend to be doing this.

I take your point, convener, but I am here now simply because we tried to get the petition on to the committee's timetable before the summer recess but failed to do so. I am here now for, if you like, historical reasons. With the petition not coming on to the agenda until this month, we could probably have had a much more articulate and certainly much more interesting person from the Borders to speak about the petition.

As I explained, the petition goes way back to earlier this year. The petition was out in the streets in the Borders before the Executive made its June announcement. In a way, it is because of the committee's timetable that the petition is being presented now, after other things have taken place.

The Convener: Do members have any comments?

Helen Eadie: I am interested in the local tax system, but I am not knowledgeable about it. However, the council tax system is different from the poll tax system in the sense that there seems to be a measure of fairness involved in people paying according to the banding of their house. For example, if someone is in band A, their council tax is relatively low, but if they end up in band H, they obviously live in a very expensive house and so pay much more council tax. Why do you not like a banding system that allows for the ability to pay?

Christine Grahame: Let us say that a woman lives in a three-bedroom house that has been the family home for 50 years. At one point, she was working and her husband and family lived with her. She is now in her 60s, her husband is dead and her kids have gone, but she is still in the same house, which is her home. She will pay council tax on that property, but her only income might be the state pension plus some benefits or an occupational pension. She has never taken a holiday abroad. She didn't buy a big car or any of that stuff. She has just got her house. I think that it is unfair, from all aspects, for her to have to pay the council tax.

Let us say that someone lives in an up and coming area in the Borders that has become a posh bit to live in. Their house suddenly leaps up to be worth £300,000, but they have been in it for ages and hardly have an income. A banker or somebody comes in from elsewhere and buys the house next door at that market value. They will pay the same council tax as the person who has no other income to pay the tax with. What can that person do? Will they raise money against the value of their property? Everybody hates paying taxes, but most of us subscribe to the notion that we should pay tax according to our income, whether earned or unearned—stocks and shares or whatever. That is the sensible way to do it.

Rosie Kane: On the council tax being unfair, before I came into Parliament I was a youth worker on £13,000 per year. Overnight, I became a parliamentarian on £53,000 per year, but I pay the same council tax as my next-door neighbour. I take your point, Christine, but I am equally glad that you got a telling off for presenting a petition to the Public Petitions Committee as an MSP. I think that MSPs should perhaps support and coach people who want to present petitions. They should financially support them as well in future, so that we see the public rather than MSPs.

I like your petition, but are you not concerned also about people on income support paying water and sewerage charges? Such people still get a bill for those charges, although they often do not know that they are required to pay them. The charges might be just over £100 per year, but that is a hefty sum for someone who is on income support.

Christine Grahame: Of course. I take the telling off but, with respect, I have explained why I am here presenting the petition. I have helped people to draft petitions and I hope that they come and present them themselves. This is probably my last appearance sitting here being suitably chastised. Of course, the problem is that the benefits system is so complex. People have to go into it and understand it before applying for benefits. However, many people cannot understand the system because it is so complex. Regrettably, that

is not an issue for the Parliament, but it is a huge issue for people out there. Jackie Baillie and I are on the cross-party group in the Scottish Parliament on tackling debt and know that there are huge issues for people who are unable to cope with the benefits system because of their income, abilities, and so on. Even I cannot understand the forms. That is part of the whole deal.

However, the specific request is simply for the Parliament to accelerate what it is doing. The review group was set up in June. On the timescale and the next steps, the Scottish Executive's press release says simply that

"bodies of this sort are expected to last for less than 2 years".

It does not give a deadline by which the review group has to report. I would have thought that the committee might want to know when the Executive is going to produce a report to give the Parliament and the committees guidance on its views with regard to replacing council tax.

Rosie Kane: This is something over which the Parliament has power. Too often recently, we have talked about not having power over things and not being able to do things. I agree that the process possibly needs to be accelerated.

Jackie Baillie: I have three quick questions for Christine Grahame. First, do you acknowledge that the minister and the Executive were quite explicit in saying that the ability to pay should be taken account of in the review?

Christine Grahame: Absolutely.

Jackie Baillie: Secondly, do you agree that fairness should be part of the consideration? Thirdly, do you not agree that, in general, it is much better to give any review group that is set up enough time to do its job right, so that we are not back here in three or four years' time complaining about whatever taxation system is put in place?

Christine Grahame: Absolutely. When I say accelerate, I mean put a timescale to the review. As I just said, the press release gives no timescale. It states:

"As bodies of this sort are expected to last for less than 2 years, they do not fall within the formal remit of the Commissioner for Public Appointments in Scotland".

That is the only guidance in the press release and I could not find anything else on the Executive's website—although I am not the most wonderful person at looking through websites—to indicate what timescale has been given in order that we can progress. There is consensus in the Parliament that we need to move away from council tax to whatever is substituted according to the criteria, to which I subscribe, whether we call the replacement a local income tax or whatever. However, we do not have any timescale for it.

Jackie Baillie: Forgive me for being picky. You are asking not for an acceleration of the review, but for a clear timetable.

Christine Grahame: My petition asks the Parliament

"to accelerate the review of local government finance".

I think that the petition was in train before the review group was set up, so it does not refer to that group specifically. It refers to the review of local government finance.

Jackie Baillie: That is helpful. Thank you.

The Convener: For clarification, the petition was lodged on 15 June and the announcement of the review group was made on 16 June.

Christine Grahame: There we are, then. That was prescient.

The Convener: I do not know whether that was acceleration, but those events were in pretty close proximity. It is a legitimate petition. Do members have any recommendations on what we should do with it? Should we send it to the minister, letting him know the views of the petitioner?

Jackie Baillie: It would be useful for us to know the timetable and whether the minister intends to pass the petition to the Executive review group, which is properly where it should be discussed.

The Convener: Are members happy with that?

Members indicated agreement.

The Convener: Thanks, Christine.

Christine Grahame: Thank you very much.

TETRA Installations (Planning Process) (PE769)

The Convener: Petition PE769, in the name of Alan I Cameron, calls on the Parliament to unify the permission process for mobile phone and terrestrial trunked radio installations to ensure clarity and transparency in the decision-making process in order that local communities are taken fully into account at every stage; to halt all TETRA installations until health and other effects are clarified; and to arrange for all installations that have been approved by licence notification to be revoked and for the precautionary principle to be exercised when planning permission is being granted for sites that are adjacent to residential properties. Before it was formally lodged, the petition was hosted on the e-petitions website, where it gathered 15 signatures during the period between 24 June and 31 August 2004.

The Communities Committee is currently considering two petitions in relation to TETRA developments and, at its meeting on 29 September, it agreed to seek further information

from the Executive and to ask the Scottish Parliament information centre to prepare comparative research. Do members have any suggestions as to what we should do with the petition?

Jackie Baillie: We have had two similar petitions, both of which have been referred to the Communities Committee. I suggest that we refer the petition to that committee so that it can consider all the points in the round.

The Convener: Are members okay with that?

Members indicated agreement.

Family Law (PE770)

The Convener: Petition PE770 is by Patricia Orazio and calls on the Parliament to urge the Executive to investigate the apparent widespread undue influencing of children by any family members as a result of parental separation, to establish family law centres with responsibility for drawing up action plans or contracts for parents promoting shared parenting wherever possible and to create a children's law centre to support children who are involved in family law cases. The petition would appear to be prompted by the experiences of the petitioner's daughter in relation to a family law case.

On 7 September 2004, the First Minister announced that a family law bill was one of 12 bills to be introduced as part of the Executive's legislative programme for 2004-05. The bill will be based on three underlying principles: safeguarding the best interests of children, promoting and supporting stability in families and modernising the law to reflect the realities of families in Scotland. It is yet to be agreed which of the justice committees will be designated lead committee for consideration of the bill. Do members have comments on what we can do with the petition?

Helen Eadie: Would it be appropriate to send it to the relevant justice committee once it is identified?

The Convener: Are members happy to do that?

Members indicated agreement.

Current Petitions

Criminal Memoirs (Publication for Profit) (PE504)

11:41

The Convener: Item 2 is consideration of current petitions, the first of which is PE504, on convicted murderers profiting from their crimes by selling accounts of them for publication. The petitioners are calling on the Scottish Parliament to take the necessary steps to stop convicted murderers or members of their families from profiting from their crimes by selling accounts of them for publication.

At its meeting on 26 May 2004, the committee considered a response from the Minister for Justice and agreed to invite the minister to confirm when the Home Office is likely to be in a position to consult on the issue and whether the Executive has any role in the on-going review that will take place prior to proposals being published. The minister's response and subsequent advice from Executive officials is that the Home Office has not reached the stage of having firm proposals on which to consult.

Mike Watson: I notice that this is the ninth time that the committee or its predecessor has considered the petition. Given that the Home Office is not yet in a position to say what its proposals might be, the petition should be put on the back burner until such time as we hear the outcome of the Home Office's deliberations, whenever that may be.

The Convener: Do we just leave it on the table or do we close it? Are you suggesting that we just leave it until there is movement on the issue?

Mike Watson: Yes, the latter. As soon as we hear something from the Home Office, we might reactivate the petition. At the moment, there is nothing else that we can do.

Jackie Baillie: I agree entirely. I wonder whether we should write to the Home Office asking it to let us know when it makes a decision, just to be certain that we get advised.

The Convener: Is that okay?

Members indicated agreement.

Elections (Qualifying Age for Voters) (PE658)

The Convener: Our second current petition is PE658 on the proposed reduction of the qualifying age for voting. The petitioner is calling on the Scottish Parliament to take a view on the reduction of the qualifying age for all Scottish Parliament

and local government elections from 18 to 16 years and to make representation to the UK Parliament on the issue as appropriate. The committee considered the petition at its meeting on 29 October 2003 and agreed to seek comments from the Scottish Executive and the Electoral Commission. The Executive states in its response:

"the age at which people can vote is a reserved matter and one in which the Executive has no locus."

The clerks have received a copy of the Electoral Commission's report "Age of electoral majority". In its conclusions and recommendations, the commission states:

"The Electoral Commission therefore recommends that the minimum age for all levels of voting in public elections in the UK should remain at 18 years for the time being."

It also proposes further research on the social and political awareness of those around age 18, with a view to undertaking a further review of the minimum age of electoral participation in the future.

Mike Watson: Given the responses that we have received and the fact that the issue is a Westminster matter, I do not believe that we can do much more with the petition.

The Convener: Is it agreed that we close the petition?

Members indicated agreement.

Forestry Commission (Consultation Guidance) (PE691)

11:45

The Convener: Our next petition is PE691, on the subject of Forestry Commission guidance on consultations. The petitioner is calling on the Scottish Parliament to investigate the Forestry Commission's implementation of its guidance on consultations with residents in areas that are near to widespread logging, drainage and planting activity. The committee further considered the petition at its meeting of 12 May 2004 and agreed to invite the petitioners to respond to the Forestry Commission's response.

In their response, the petitioners ask what criteria are applied to consultation of local authorities or other statutory organisations. They also express concern that

"there is no statutory requirement for the applicant to notify neighbours"

and that

"the whole process seems to be based on 40 year old legislation and should be brought up to date."

Does any member have a view?

Helen Eadie: Will we ask the Forestry Commission for its view of the petitioners' response?

The Convener: Given that the petitioners have raised some new issues, it would seem reasonable for us to do that.

John Farquhar Munro: I think that the issue came before a parliamentary committee in the past and, although the accusation was directed at the Forestry Commission, the committee discovered that the operations were being carried out by a private contractor. Because the felling of trees for timber was involved, the community assumed that the operations were the responsibility of the Forestry Commission, which they were not. To be fair to the Forestry Commission, I think that it recognises its social responsibility for its forestry activities and tries to involve the local community in what it is doing most of the time.

The Convener: Do you agree that it is worth while asking the Forestry Commission for its view of the points that the petitioners have raised?

John Farquhar Munro: Yes.

The Convener: Is it agreed that that is the action we will take?

Members indicated agreement.

Historic Scotland (Remit) (PE703)

The Convener: The next petition is PE703. The petitioners are calling on the Scottish Parliament to urge the Scottish Executive, as part of its review of Historic Scotland, to amend the remit of the organisation in order to ensure that Historic Scotland is accountable for its decisions and responsive to the views of communities.

We considered the Scottish Executive's response at our meeting of 9 June 2004 and welcomed Historic Scotland's progress on developing a programme for greater engagement with stakeholders. However, we highlighted the importance of involving local communities in such consultation and sought further details as to how Historic Scotland intended to address the matter.

In its response, the Executive has provided details of Historic Scotland's current community involvement and outlined plans for further developments in this area. Do members have any views?

Helen Eadie: I am satisfied with the Executive's response. Historic Scotland is finding ways in which to involve local communities—the Executive set out a list of examples of such work. I suggest that we do not take any further action on petition PE703.

Jackie Baillie: I disagree slightly with my colleague. Having reflected on the letter, I note that it sets out ways in which Historic Scotland involves local communities in issues. However, the wider generic issue remains of how accountable Historic Scotland is, not only to ministers but to the communities that it serves.

A new minister is in charge of the portfolio and I am keen to raise community involvement with him as a generic issue and also to ask whether Historic Scotland can be encouraged to do more, beyond the basket of examples that it has given. A more fundamental issue is at stake and it is in concert with the original aims of petition PE703.

Helen Eadie: Yes, but that rationale could be applied to every quango. Such organisations are accountable to ministers. If Jackie Baillie is suggesting that we should go down the route of making all quangos accountable to local communities, I am entirely in favour of that. Indeed, that is why I support Bill Butler's proposed bill on direct elections to health boards.

Jackie Baillie: I did not go quite that far.

Mike Watson: Historic Scotland is not a quango, like sportscotland or the Scottish Arts Council, but an executive agency that is directly accountable to ministers.

Helen Eadie: In effect, Historic Scotland is an advisory group that has a budget to spend. Whether you call it an advisory group, an executive agency or a quango, it is an organisation that advises ministers and is delegated to spend public money. That is the broader issue. However, I do not oppose Jackie Baillie's suggestion. We should write to the minister to see what his response is.

The Convener: Are members happy with that suggestion?

Members indicated agreement.

Field Impairment Tests (PE714)

The Convener: Petition PE714 calls on the Scottish Parliament to urge the Scottish Executive to review the validity of field impairment tests in its road safety campaign on the dangers of driving while under the influence of drugs, to issue guidelines on the disposal of vehicles that belong to individuals who fail FITs, and to issue guidelines to courts on the evidence value of FIT results.

At our meeting on 23 June 2004, we agreed to write to the Scottish Executive and the Association of Chief Police Officers in Scotland to ask for further comments. The responses that we received are contained in members' committee papers, along with further comments from the petitioner.

Mike Watson: As on the previous two occasions, I preface my remarks by saying that Mr Humphries is a constituent of mine. As is mentioned in the correspondence, he raised the issue with me before he submitted his petition. Whether or not we agree with them, it is clear that both ACPOS and the Executive believe that they are constrained in the response that they can give while there are live court proceedings. The most sensible course of action would be to defer further consideration of the petition until the court proceedings have concluded. At that point, we might be able to consider the issues that Mr Humphries has fairly raised in his comprehensive response.

The Convener: Do we agree to defer consideration of the petition until a more appropriate time?

Members indicated agreement.

Aberdeenshire Harbours (PE716)

The Convener: Petition PE716 calls on the Scottish Parliament to take the necessary steps to annul the Grampian Regional Council (Harbours) Order Confirmation Act 1987 and to replace it with equitable legislation.

At our meeting on 23 June 2004, we noted that the Scottish Executive's response failed to provide details on why certain harbours were brought under council ownership by the order and others were not. We agreed to write a further letter to the Executive. The Executive's response to that provides a brief chronology of the more significant events that led up to the 1987 act. The response states that the act added Banff harbour to the list of those that were already owned by Grampian Regional Council on the basis that it was expedient to do so and that it was in the public interest. We have also received further correspondence from the petitioner on European Union funding and on coastal footpaths.

Stewart Stevenson has joined us for the petition, which he has helped with in the past. Does he have any comments that would help to clarify the matter?

Stewart Stevenson (Banff and Buchan) (SNP): It is kind of the convener to confirm that my previous input was helpful.

The letter from the Environment and Rural Affairs Department clarifies the situation with the 1987 act, but it merely highlights the discriminatory nature of that act. I am quite confident that other harbours in the area for which Aberdeenshire Council is now responsible were not treated in a similar way to Banff harbour, which was brought within the ambit of the council.

Now that the committee has sufficient information, I imagine that it might wish to consider passing the petition to the appropriate committee—I see that the response came from the Environment and Rural Affairs Department—to see whether it can establish an enhanced role for Scotland's rural harbours. Although the petition highlights a particular situation in Aberdeenshire, it raises an issue that I am sure applies elsewhere.

Alternatively, I imagine that the Local Government and Transport Committee might have comments to make, as might the Enterprise and Culture Committee, because harbours are an important tourism issue. It is not clear that we have, at council or Scottish Parliament level, a clear enough focus on the matter. In pursuing the issue, my constituent makes that general point, albeit in the context of Aberdeenshire. I hope that the Public Petitions Committee will see its way to keeping the petition on the books and considering whether to pass it to another committee.

The Convener: Stewart Stevenson makes a valid point, but the petition is specific—it relates only to harbours in Aberdeenshire. That is the difficulty in pursuing the petition further with another committee.

Helen Eadie: In a previous incarnation with Fife Council, I served on the St Andrews Harbour Trust, so I understand some of the issues. It would be legitimate for the committee to write to ask the Scottish Executive why the 1987 act brought some harbours but not others under council ownership. That clarification might help with the generality. When the committee has that, we can keep in mind Stewart Stevenson's comments.

The Convener: We wrote to the Executive, which explained why Banff harbour was brought under council ownership and gave a synopsis. As I said to Stewart Stevenson, the difficulty is that the petition is about the 1987 act and Aberdeenshire harbours, which makes widening the scope difficult. We must bear it in mind that we would exceed the petition's scope if we followed Stewart Stevenson's suggestion. I am not saying that no issues remain to be addressed, but we must be careful. We do not want to exceed the petition's scope, because that would set a precedent for other petitions, which we are careful to try not to do.

Mike Watson: I do not seek to broaden the scope. The opening paragraph of the letter from Mr Combe of the Environment and Rural Affairs Department says:

"the Petitions Committee wish to know why certain harbours were brought under council ownership by the 1987 Act and others were not."

He tells us why Banff harbour was brought under council ownership but does not explain why others

were not, which was part of the question, so he has given only a partial answer. I would like to know why some of the exotic-sounding harbours that are named in the petition are not mentioned in Mr Combe's letter. There may be reasons why they were not included, but we do not know them.

Jackie Baillie: That is right. The convener's guidance that we should not widen the petition's scope is also right, but questions remain unanswered. Of course, if the petitioner listens to the debate or even picks up the *Official Report*, or if his MSP advises him of our conclusions, he may submit a more general petition, which we could run with. That is a way to progress the specific and general issues.

Mike Watson: So we will hear about Dumbarton harbour in the future.

The Convener: If we wrote back to the Executive for answers to the questions that Mike Watson and Helen Eadie have asked, that might help with the petition, because issues are outstanding. If another petition that related to all harbours in Scotland were submitted, that would be fine, but we must deal with the present petition. As Mike Watson said, some answers are still required, so we should pursue them. Do members agree?

Helen Eadie: My constituency has three harbours, but I am not suggesting that I will submit an MSP petition, which has been a thorny issue this morning.

The Convener: That is a signal to watch this space.

John Farquhar Munro: We should concentrate on the issue that the current petition raises.

The Convener: That is all that we can do. The petition is specific to Aberdeenshire and we must focus on the issues that relate to the 1987 act. We still have questions to ask. Do members agree?

Members indicated agreement.

Stewart Stevenson: I thank the committee.

Independent Special Education Advice (Scotland) (PE717)

The Convener: Our final petition is PE717. The petitioners call for the Scottish Parliament to urge the Scottish Executive to provide adequate funding to allow organisations such as Independent Special Education Advice to continue their essential work throughout Scotland.

At its meeting on 17 March 2004, the committee agreed to seek the Executive's comments and, in particular, it requested information on how the Executive plans to ensure that adequate advice and support are provided to parents about any

additional requirements, such as tribunals and appeals, that arise from the Education (Additional Support for Learning) (Scotland) Act 2004.

The Executive's response says that funding for such purposes was made available in the children, young people and families unified voluntary sector fund. It also lists several other sources of advice and support for parents on additional requirements that arise from the 2004 act. Do members have any views?

Helen Eadie: The committee's papers suggest that we might take no further action, but I do not recall our consulting the petitioners about the response. Do we want to do that?

The Convener: We normally let petitioners know about responses.

Helen Eadie: When we have had the feedback, we can decide at a future meeting what action to take.

The Convener: That does not sound unreasonable. Do members agree to that?

Members *indicated agreement.*

The Convener: I thank members for their attendance. We went through the business well.

Meeting closed at 12:01.

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