

PUBLIC PETITIONS COMMITTEE

Wednesday 27 October 2004

Session 2

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PUBLIC PETITIONS COMMITTEE

16th 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:

Ivan Clark (Scottish Palestine Solidarity Campaign)
Christine Grahame (South of Scotland) (SNP)
Wilma Gunn (Scottish Heart at Risk Testing)
Mike Rumbles (West Aberdeenshire and Kincardine) (LD)
Professor W Stewart Hillis
Hugh Mackay (Scottish Palestine Solidarity Campaign)
James Mackie
Anita Shanley (Scottish Palestine Solidarity Campaign)

CLERK TO THE COMMITTEE

Jim Johnston

ASSISTANT CLERK

Joanne Clinton

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Wednesday 27 October 2004

[THE CONVENER *opened the meeting at 10:02*]

The Convener (Michael McMahon): Good morning, everyone. Thank you for attending the Public Petitions Committee's 16th meeting in 2004. We have a busy agenda this morning.

I have had apologies from John Farquhar Munro and Jackie Baillie, and Rosie Kane has indicated that she might be late in arriving because of a delay to her train. Unfortunately, I have to leave the meeting at 11.15 because a group of schoolchildren from my constituency is visiting the Parliament. From that time, the deputy convener, John Scott, will convene the meeting.

New Petitions

Tax Collection (Legislation and Procedures) (PE766)

The Convener: Agenda item 1 is new petitions, the first of which is PE766, by James Mackie, which calls on the Parliament to investigate the financial implications for businesses of the current Inland Revenue system of tax collection and to change the legislation so that, before a warrant is issued to collect alleged overdue taxes, businesses have prior notification and the opportunity to address issues in front of a sheriff.

James Mackie is with us to give a brief statement in support of his petition. Welcome to the committee again, James. You know the format, so if you would like to make your presentation, we will ask you some questions afterwards.

James Mackie: Thank you very much, convener. It is nice to appear in front of the committee in the new building for the first time, despite the reservations that everybody has about the building. However, those are history, so let me move on.

The petition comes from personal experience. I run a small business—a one-man band—which, in the economic climate of the moment, is quite a struggle, as everybody knows. As many businesses do, I employ an accountant, who is left to sort out my tax matters. However, for whatever reason, the accountant did not forward some paperwork to the Inland Revenue this year and, out of the blue, I had a knock on the door from the

sheriff officers with a warrant for the sum of £24,000. It was not the case that I was trying not to pay taxes; I wanted to pay them, but unknown to me, the accountant was late in submitting paperwork.

Had that been a normal business debt for which somebody was pursuing me, I would have had notification that the pursuer was applying to the sheriff court for a warrant. The Inland Revenue can approach the sheriff court and get a warrant without having to notify anybody, whether or not there is a dispute over tax. That is wrong. If the Inland Revenue was going to apply for a warrant, it should have had the courtesy to tell me; under the human rights legislation I should have been notified of that move.

I took up the matter with the Inland Revenue. It said that it had written to me, but I received no notification whatever of its plans. The problem for small businesses is that, once documents have been lodged with a court in relation to an alleged outstanding debt, that is public knowledge. Banks and possible suppliers will run a search for that information and if someone's name is on a warrant the chances of their being able to get extended or new credit from suppliers—extra loans, or whatever support from the bank—just disappear. Cash flow is a major problem for all businesses at the moment.

I am not against the Inland Revenue pursuing tax—everybody wants taxes to be collected—but there should be some change to the legislation. If the Inland Revenue is going to go to the sheriff court for a warrant, it should notify the defender that it is taking such action. Through this incident, my accountant found out that the Dundee office of the Inland Revenue is some seven to eight weeks behind in opening envelopes and reading its mail. There is, therefore, a probability that some people have sent cheques in but, because of the delay in opening that mail, there is an overlap and, for no reason whatever, a sheriff's warrant has been issued against them.

The Convener: I know that because of your past experience you check such things meticulously. Does this require a change in legislation, or is it a change in practice that is required?

James Mackie: When we spoke to the Inland Revenue, we might as well have been speaking to the desk—the people there were so arrogant. They said that they had done what was right and that was it. I understand, from my accountant and from a brief look at the legislation, that the Inland Revenue has the powers just to get a warrant without notifying anybody.

John Scott (Ayr) (Con): The scenario that you outline is somewhat incredible. As a businessman,

I know that the Inland Revenue writes to people a great number of times before it goes to the lengths to which it has apparently gone in your case. If the Inland Revenue sent numerous letters to you, none of which was delivered, how did it know what address to come to to recover its debt?

James Mackie: There was very little correspondence from the Inland Revenue. The tax was due for payment on 31 January 2004 for the period from 31 January 2003. In the financial year ending on 31 January 2004—my financial year ends at the end of January—the business made a very large loss. In discussion with my accountant, it was agreed that my accounts for that period would be done by the beginning of February—the end of February, at the latest—and would be submitted by the middle of March to the Inland Revenue, so that it could offset the one year's loss against the previous year's tax. My understanding was that my accountant had notified the Inland Revenue that that was what we were going to do.

Towards the end of March or the beginning of April, I received a phone call from the local tax collector saying that the payment of my taxes was overdue. I explained exactly what we were doing, and the tax collector said, "Fine. That's not a problem. You've explained what it's about." The next thing that I discovered was that a warrant for £24,000 had been issued against me. By the time that that warrant was issued, my accountant had already submitted the paperwork. The Inland Revenue has a problem processing paperwork—there is a time lag between its arrival in the letterbox and its being actioned. In addition, collection is made at local offices, which admit that they do not get information from the central office until three or four weeks after the correspondence has arrived there. All I am saying is that there should be a slight change in the legislation to state that, if the Inland Revenue applies for a warrant then, as in any other debt collection, the defendant should be notified beforehand that the application for a warrant has gone to the sheriff court.

John Scott: It seems that the fault lies with your accountant. To negotiate and average a figure in the March, April or May of the year in which the tax is due seems to be leaving it a bit late.

James Mackie: No, it is not. That is how the tax year is run. As a small businessman, I take advice from the accountants, and as I said, the accountant had been in touch with the Inland Revenue. My accountant said that, in the 20 years or so that she has been an accountant, this was the only time that she or any of the partners in the firm had come across a situation in which the Inland Revenue got a warrant for the collection of a tax that was due on 31 January by the middle of April of the same year. The accountants said that the process happened extremely quickly and that they had never experienced that before.

If there is a dispute over tax that is due, current legislation allows the Inland Revenue to ignore any dispute, go to the court and get a warrant. Once it has a warrant, one has little or no chance of disputing it. I am not asking for a change in the law to help people not to pay taxes; all I am saying is that, where there is a dispute, the business, like any other debtor, should be given the opportunity to explain what has happened in front of the sheriff. That would not stop the sheriff from deciding, "Right, we've got the arguments, now we can issue a warrant." However, it would make the Inland Revenue more responsible and it would also force people to pay their taxes. The change would not create a delay in that respect. If a warrant is issued to a business and it receives no notification of that beforehand, the major implication for that business is that all cash flow and credit facilities can be cut off. I hope that I have answered the question a bit better.

Mike Watson (Glasgow Cathcart) (Lab): A couple of points emerged from your opening statement that concerned me. You said that you had been told—perhaps anecdotally, but nonetheless—by someone who worked at the Inland Revenue in Dundee that mail could lie for up to seven weeks before being opened so that, although a payment could have been sent to the Revenue, it could take action against someone when all the while a cheque was sitting in another part of the same building. Is that the suggestion?

James Mackie: That was the information that my accountant got when she chased round the Revenue offices trying to find out exactly what was going on and who was responsible. She was told categorically that the Inland Revenue was eight weeks behind in opening its mail.

Mike Watson: I have no doubt that the Revenue would deny that if we wrote to ask if that were the case. However, you make a serious allegation. Could you give an example of somebody being put in that position after having paid—

James Mackie: I do not know about that; I have been looking at the specific problem that I experienced. I do not deny that taxes were due.

Mike Watson: No, but we have to speak about the general issues so that we can try to avoid such situations.

My second point concerns the information that you submitted in your petition about the Act of Sederunt (Proceedings in the Sheriff Court under the Debtors (Scotland) Act 1987) 1988 (SI 1988/2013) to which your petition relates. You said that the debtor does not get a copy of the warrant once the Inland Revenue applies for it to a sheriff and that that is the legal position—there is no obligation on the Inland Revenue to send a copy to the debtor. I presume that there is nothing in the

legislation to say that the Inland Revenue cannot send a copy, so all we need to do is to ask the Inland Revenue, "Can you make sure that you send out one extra letter when you apply for the warrant?" Would that deal with the problem that you bring to us?

10:15

James Mackie: In a normal debt claim, if you owe me money and I sue, the procedure is such that as part of my application to the sheriff court you will receive notification that I am applying to the court for the recovery of a debt. In the case of the Inland Revenue, it writes to the sheriff court to say that someone owes it money and it asks the sheriff for a warrant there and then. The person who allegedly owes the money is not notified that the case is going to the sheriff. The first that they know about it, officially, is when the warrant is issued. At that point, the sheriff officers can move in, seize the business and take out what they want to cover the lump sum. The business is gone. That has a major impact. When a warrant is issued it alters one's credit rating with both suppliers and bankers.

Mike Watson: I can see that point; in that sense, the system is self-defeating. Are you saying that there is a difference between how a normal civil debt is pursued and how a debt that is owing to the Inland Revenue is pursued, in terms of the notification of the person who owes the money?

James Mackie: They are completely different. There is no notification in the case of the Inland Revenue, but in the case of a civil debt there is notification.

Mike Watson: You seek to bring the Inland Revenue into line with all other people who seek to retrieve debts. I think that that is certainly something that we would want to take up with the Inland Revenue, and I will suggest at a later stage that that is what we should do.

Ms Sandra White (Glasgow) (SNP): I suppose I should declare an interest: my husband has a small business, although fortunately it has not encountered the problems that Mr Mackie's has. I know that the current climate is difficult for small businesses. Would you say that you are looking for a level playing field in relation to civil cases, in which people get notification?

James Mackie: The Inland Revenue debt collection service should be on the same footing as normal debt collection. There should be no difference between the two.

Ms White: Did you give evidence to the Social Justice Committee when it went through the Debt Arrangement and Attachment (Scotland) Bill? I

notice that the briefing note states that the issue was noted but not carried forward.

James Mackie: No. That is one of the few committees that I have not been involved with.

Ms White: Do you have any figures on the number of small businesses that have gone to the wall because of this practice by the Inland Revenue?

James Mackie: I have no information on that. My accountant has a number of offices throughout central Scotland. When the matter arose, my accountant asked all the partners, some of whom are nearing retirement age, and nobody had heard of such an action happening before, although they knew from the legislation that it was possible.

John Scott: Did you by any chance submit anything to the consultation on the draft Modernising Bankruptcy and Diligence etc (Scotland) Bill, which closed on 24 September?

James Mackie: No. I was not aware that there was such a thing.

The Convener: As members have asked all their questions, can I have some recommendations on what we should do with the petition? Mike Watson has already suggested—

Mike Watson: We should write to the Inland Revenue, ask for its views and say that the fact that one is not obliged to do something does not mean that one should not do it. It is a common courtesy to send somebody a copy of a letter that has a serious bearing on their financial affairs. It should not be beyond the Inland Revenue to write that letter in the relatively few cases in which it has to involve sheriff officers. Also, it would be interesting to hear whether the Executive received any submissions on that point to the consultation to which John Scott referred. It seems to me to be a blind spot if there is a special case whereby the Inland Revenue does not have to inform the person when everybody else who is pursuing a debt has to do so.

The Convener: It would be interesting to find out how widespread the issue is. Perhaps we should contact some organisations that can help us with that, such as the Federation of Small Businesses, if members agree that that is appropriate.

John Scott: If we are to contact the Federation of Small Businesses, we should also contact the Confederation of British Industry and we should think about other bodies such as the Law Society of Scotland and the Society of Messengers-at-Arms and Sheriff Officers.

Mike Watson: The Scottish Association of Law Centres often deals in communities with people who are in such situations.

The Convener: We would have to collect quite a wide range of information. The issue has affected the petitioner, but it might be more widespread and we need to get a perspective on it before we can fully address the petition.

James Mackie: In normal civil debt cases, when somebody applies to the sheriff court for action to be taken, the notification to the person being pursued is either delivered by hand by the sheriff officers or sent by recorded delivery. If the Inland Revenue is sending out information of the kind that I have been speaking about, I suggest that it should be done by recorded delivery. Otherwise, there will be no record of such a letter being sent out. Having that record would have a double benefit: the Inland Revenue would have a record of having sent a letter out, and the recipient also would have a record and so could not use the excuse of not having received the letter.

John Scott: Did you end up having to pay the £24,000?

James Mackie: No. It was £8,000, which we knew we would have to pay anyway. Once the Inland Revenue accepted the figures that the accountant drew up, the money was paid within a week.

The Convener: The clerks advise me that—strange as it may sound—an organisation exists called the Scottish Sheriff Court Users Group. It might be interesting to hear its members' perspectives on this issue—although I do not know which side of the fence its members are on or how they use the sheriff court.

James Mackie: In Edinburgh sheriff court, a charity offers a mediation service. I am involved with that group on another issue to do with one of my charities.

The Convener: I would be interested to hear that group's perspective and to hear which side of the argument it comes down on.

Thank you for bringing your petition to us this morning. We will let you know when we receive responses from the organisations that we will be contacting.

James Mackie: I look forward to that. Thank you.

Screening (Heart Disorders) (PE773)

The Convener: Our next petition is PE773, by Wilma Gunn on behalf of Scottish Heart at Risk Testing. The petition calls on the Scottish Parliament to introduce the necessary legislation to ensure that provision is made to offer screening for cardiomyopathy and all heart disorders—first, to all people aged 16 and over who are embarking on strenuous competitive sports; and secondly, to all families with a history of cardiac problems.

Wilma Gunn, the chair of Scottish HART, will give a brief statement in support of the petition. She is accompanied by Professor W Stewart Hillis, who is professor of cardiovascular and exercise medicine at the University of Glasgow and a consultant at the national stadium at Hampden park.

Welcome to the committee. You have three minutes, after which we will ask questions.

Wilma Gunn (Scottish Heart at Risk Testing):

Good morning and thank you very much for inviting us. I started this charity after losing my oldest son, Cameron, 13 years ago. The condition can run in families, and Cameron just collapsed and died the night before his 19th birthday. I would like families at risk, as well as all young people before they embark on sport, to be screened.

We achieved charitable status in 1997. It has taken us a long time to get people to recognise the condition. We often read in the news about things that have happened, but the condition has never come to the fore and it does not seem that anything positive is being done about it at the moment.

Professor Hillis has the medical knowledge and I will ask him to speak on my behalf.

Professor W Stewart Hillis: I hope that I will not take much longer than three minutes and I apologise if I do. I am professor of cardiovascular and exercise medicine at the University of Glasgow; I am the consultant with responsibility for adolescent and adult congenital heart services for the west of Scotland; and I am a consultant to the Scottish Football Association—responsible not for the results but for the medical care of the players. I thank the committee for the opportunity to support Mrs Gunn's application, on behalf of her self-help cardiac group, HART, to provide cardiovascular screening programmes for teenagers.

The health and well-being of all our young people is a medical priority. Reduced physical activity and increased obesity, with subsequent medical problems, are recognised as a social and medical problem and a time bomb for future medical provision. Increased exercise for all is being promoted, which has major advantages for the population at large, such as reduced risk factors for coronary artery disease and other medical problems. There are other advantages to exercise in terms of the well-being of people of all ages.

Youths are now undertaking organised sport and intensive training programmes that would not have been considered a generation ago. For a small proportion of subjects, the undertaking of such exercise can induce a risk of either cardiovascular collapse or even death. Such events are tragic and attract widespread media and public interest.

In many studies worldwide, the causes of cardiovascular risk with exercise have been identified and are similar no matter where the condition has been studied. In general, structural abnormalities of the heart muscle, the blood supply or electrical function occur in the young and problems of coronary artery disease occur in older people returning to exercise, perhaps as part of a mid-life crisis.

The condition that is most commonly associated with collapse and sudden death is hypertrophic cardiomyopathy, which has already been mentioned. The condition might be unknown to an individual but can be picked up by standard screening methods.

The petition asks the Executive to implement a cardiovascular screening programme, to identify young people who are at cardiovascular risk during exercise so that appropriate advice strategies can be implemented and, if necessary, therapeutic intervention can be undertaken. Such screening programmes have been performed in Italy and the United States and identified methods of implementation have shown apparent success in reducing sudden death associated with cardiomyopathy and exercise performance.

The Convener: Thank you for your presentation. I invite members to ask questions.

Helen Eadie (Dunfermline East) (Lab): Will you say a little bit more about the screening that takes place in other countries? I am particularly interested in how widespread such screening is and the cost issues that arise.

Professor Hillis: Those are the two most pertinent questions. In Italy, there is a programme in which every young person of secondary school age who is taking part in organised sport—that can be identified as a certain level of competitive sport—has a screening test performed. Professor Corrado and his colleagues have reported that they examined 30,000 people in their area around Venuto in the north of Italy and identified about 10 subjects with cardiomyopathy. They gave them guidance about exercise activities and during the follow-up period of between three and five years there were no deaths within that group. In the same population among the individuals who had not been screened there were about 12 deaths. The total population was about 300,000. They have suggested that screening can be positive in preventing such tragedies.

Of course, we then have to balance that benefit with the resources required to induce such a programme. It seems that the costs vary according to the health care service in place. In America, people have asked for all high school youngsters to be screened but, given the heavy cost, screening is not applicable in every case.

Italy and the United States have devised a screening programme whereby they start off with something that is cheap to implement, such as a health questionnaire. The questionnaire would identify warning symptoms and individuals would then be taken on to the next step. Likewise, as Wilma Gunn has said, it would identify cases where a problem runs in the family, given that cardiomyopathy is a hereditary condition.

The programmes can pick up individuals and do simple clinical examinations of teenagers, which we now do not do in this country. We can then add in the test, which is where the costs arise. An electrocardiogram is a good screening test and is positive in about 80 per cent of people with cardiomyopathy. Anyone whose electrocardiogram is abnormal can then be given an echocardiogram, which is where the major cost implications lie. However, the Italian experience has shown that, by using the first two methods to screen people out, only 10 per cent of subjects require the echocardiogram. I am sorry if this reply has been long-winded.

If we were to deal with all 16-year-olds in Scotland—or even all 14-year-olds—standard questionnaires could be sent to the approximately 33,000 males and 32,800 females who are in that age group. Some 6,000 echocardiograms would need to be carried out to identify such heart conditions in those individuals. The challenge is to deliver that.

10:30

Helen Eadie: I want to pick up on one small point. You said that we no longer undertake examinations of young people. What kind of examinations were carried out previously and when were they stopped?

Professor Hillis: When I was a lad, we received a standard school examination at several points, the last of which occurred between the ages of 12 and 13, around the time of transfer to secondary school. I should have found out when that arrangement was stopped. In balancing resources, we appreciate that we need to decide whether there is a great enough return from such examinations or whether most issues would have been picked up before then. Our reason for being somewhat emotive about the subject is the kind of exercise programmes that are now advocated for our youngsters.

Nowadays, a youngster who wants to be a middle-distance runner will be asked to take part in an exercise programme that involves running perhaps 80 to 100 miles a week. Some committee members may be old enough to remember Roger Bannister, who ran the first four-minute mile. He ran about 11 miles a week. Obviously, if we want

some youngsters to become elite athletes, that will translate into certain demands being made on them, but that is a different aspect from the health issue, which is our concern. A young swimmer is required to be up every morning between 5 and 7 pounding the lanes. Given that our youngsters are being asked to take part in exercise programmes that were unheard of just a generation ago, we want to remove from that population any tiny health risk from those activities.

Wilma Gunn: I think that it must be about 15 to 20 years since that practice was stopped, because both my boys had medicals while they were at school.

Rosie Kane (Glasgow) (SSP): I know that this issue was debated in the Parliament in November 2001 before I became an MSP. I am not sure whether my reading of this is wrong, but the response to the debate by the Minister for Health and Community Care at the time, Malcolm Chisholm, seems to contain a contradiction. At one point, he states:

"there is no good evidence that treatment will necessarily improve the outlook for those who have the condition but do not have symptoms."—[*Official Report*, 14 November 2001; c 3837.]

However, in the very next paragraph, he says that people whose family history suggests that they might be predisposed to a heart condition should be looked at. Is there a contradiction there?

Professor Hillis: There is little in the way of hard and fast figures on the incidence of the problem in the population. According to the best data available, some features might occur in one in 500 of the population, which seems a high level. However, the mortality rate is only about one in 100,000 for each year, which means that there is only a small number of deaths. Therefore, either the one in 500 figure overstates the situation or the one in 100,000 figure understates it. We examined the figures for deaths in which a cardiovascular condition, including cardiomyopathy, was a secondary cause. According to the best figures available, which come from the death certificates, there were about 70 such deaths among under-25s in 2002. The absolute number of deaths is not huge, but every one of those deaths is a tragedy.

Rosie Kane: I agree that every death is a tragedy. When I was in Sweden earlier this year for the homeless world cup—in which Scotland came fourth—all the young men and women who took part in that tournament were screened beforehand. That was as a result of a trust that was set up by an American family who lost their son to the condition.

I have two wee questions. First, Mrs Gunn, have other members of your family been screened for

the condition? Secondly, does the screening pick up other conditions at the same time?

Wilma Gunn: I was fortunate in that Cameron was born in the Eastern general hospital—I had been taken there from the Borders—where a Dr Miller told me about Cameron's heart murmur when Cameron was two days old. From that point, we attended the Royal hospital for sick children in Edinburgh every six months for the rest of his life, up until the last month, when we were transferred to the royal infirmary. I was led to believe that there was not much to worry about. However, after Cameron died and I started to study the matter, I discovered that my other son should have been screened. Some people who work in the medical profession will be aware of what should be done, but many doctors and people in education departments do not know about the situation. Families can be placed under a lot of strain because any member of the family could suffer from the condition. I could have had it and my husband could have had it. People on my father's and my mother's side of my family suffered from the condition. Family history is important in that regard.

When I was in Greece on holiday this summer, I asked questions and found out that every child is screened at the age of four before they go to school and must receive a piece of paper to say that they are able to take sport. I was quite amazed at that. If an abnormality is detected, the children are screened again in their teenage years and their families are screened as well.

Even though Scotland is supposed to have the highest rate of deaths from heart disease in Europe, it seems that we are not doing anything to help our cardiologists to inform the public about what I am talking about or to establish better figures. Professor Hillis might know more about this than I do, but I think that we are using figures that were collated a number of years ago. I have been running the charity for 13 years and have been working on an assumption that one in 500 people is affected by the condition, but we have no precise figures because no specific research that I am aware of is being done in the area.

Professor Hillis: Other conditions, which might not cause collapse or death, could be picked up by screening. Having examined youngsters, mostly through my association with football, I admit, I have detected conditions such as minor murmurs that need to be kept under review and high blood pressure, which can be modified in a way that will avoid later problems if it is picked up early enough.

On the question whether we can do anything once the problems have been identified, there are two important areas. There is a medical challenge in terms of what therapies we should give, be they drug based or interventional. In that regard, I point

out that there are procedures that can be used to treat cardiomyopathy.

The other area concerns the fact that most youngsters with good sporting ability have hand skills in several areas and, if they have a condition that we know of, they can be guided into a sport that is appropriate for them. That would retain the social inclusion aspect of being included in sporting activities. For example, many good rugby or football players can be good golfers and golf does not have the same cardiovascular risk attached to it. Actually, golfers have a high cardiovascular risk rating, but that is because of the number of middle-aged and elderly golfers rather than because of anything to do with the game. Golf puts low demands on the physical performance of youngsters. Hand-eye co-ordination is what is required.

Mike Watson: In his speech in 2001, Malcolm Chisholm said that the national screening committee could not recommend the introduction of population screening for cardiomyopathy. That committee's remit is to give the Executive advice, so I would like Professor Hillis to comment on why the committee gave that advice.

As Professor Hillis will know, the national advisory committee on coronary heart disease, chaired by Professor Ross Lorimer, was established in October last year. Is the establishment of that committee likely to change anything? What our witnesses are asking for strikes me as being common sense and I cannot understand why we are not screening youngsters.

Professor Hillis: There are two elements to this. First, there is a United Kingdom ruling, to which I will return. Mrs Gunn has pointed out to me that, because health is devolved, we in Scotland can make an individual decision about the matter. That is not a challenge; it is a matter of fact.

For programmes of breast screening, cervical screening and screening for other conditions that are as emotive as the search for cardiomyopathy, the questions that are asked are whether there is a condition that is recognised as having a risk, whether there are methods of diagnosis for the condition, how specific and sensitive those methods are—whether the condition can be picked up in a population—and, as you have said, whether there are treatments. That approach can be applied to populations at risk or the whole population. If it is applied to the whole population, the return will be small and the relative costs for a life saved will be very high. We advocate the use of pre-participation screening for a population that we are potentially putting at risk and for the population that is at risk because of a family history, which would mean that the return should be much higher. The UK guidelines have not considered that.

On the therapies that can be given, unfortunately, double-blind trials and other procedures do not tend to be carried out for cardiomyopathy because the instance is relatively small and the issue is so emotive. Therefore, we do not have the A-quality evidence that says that our new treatments are beneficial, but on symptomatic improvement and longevity, we can say that quality of life can be greatly improved with the therapies that we have. Along with Professor Will McKenna in England, we have challenged the findings.

The issue is costs. In the United States of America, the cost of an echocardiogram has been determined to be about \$600, whereas if we were providing a service and attaching it to existing NHS services, the cost for an echocardiogram might be between £40 and £45. That would also be the case for all the other things that we have mentioned. The level of return for life saved or condition identified depends on the health care system, but that has not been properly debated.

Mike Watson: Has the national advisory committee on coronary heart disease under Professor Lorimer considered the issue on which you are petitioning?

Professor Hillis: We spoke to Mr Chisholm and thereafter I spoke to Professor Lorimer. He has been greatly in support of our developing the Scotland-wide service with equity of access for the adult congenital cardiac disease aspects, but that is a disease-oriented system rather than a health-oriented system. I do a teenage clinic at the Royal hospital for sick children in Glasgow—I am sorry if I am digressing—and we have a seamless progression by bringing that patient group across to the adult congenital service. That service is disease oriented, because those youngsters all had big operations when they were young. We have been fully supported by HART and an application is being considered tomorrow to try to implement what we are developing. Something could be tacked on to that to provide a Scotland-wide service through a centre in Glasgow, Edinburgh or Aberdeen—those are the three main health-provision areas; the Borders would come under Edinburgh—so that the costs, which have been the problem in the past, could be greatly reduced. A business case is needed and we could provide that.

Mike Watson: Would the national advisory committee be likely to make the business case for you?

Professor Hillis: We are developing the business case for the adult congenital disease system and we could do a subsequent business case to determine how the wider system could be provided by being locked on to that.

The Convener: The committee is joined by Christine Grahame. Christine, you obviously have an interest in the issue; do you have comments to make or questions to ask?

Christine Grahame (South of Scotland) (SNP): I have been a patron of Wilma Gunn's charity since she got hold of me five years ago and I have come to the committee to support her. My file is enormous. When I showed it to Wilma Gunn's husband, he said, "You should see the filing cabinet that we have at home." Wilma and her husband have campaigned tirelessly on the issue, so I hope that the petition receives a favourable response. Wilma has worked on—if that is the right expression—Professor Hillis and me and everyone else, and the campaign has reached the stage at which something needs to be done, especially given developments abroad.

I ask Wilma to tell the committee about some of her other successes to date, such as her achievement with defibrillators.

10:45

Wilma Gunn: I have started the public access to defibrillators—PAD—scheme. It was brought to my attention that, two years ago, the British Heart Foundation provided defibrillators in public areas in England and Wales, but left Scotland out. This year, the BHF has been given another £6 million to spend in England. It seems that if lottery funding is applied for in England, it must be spent only in England.

Although Scottish HART is only a small charity, we have laid out £20,000 on defibrillators; we have one at the Commonwealth pool in Edinburgh. We train people to life-saving standards in cardiopulmonary resuscitation—CPR—and how to work the machine. Thirty people have been trained in Selkirk and there are defibrillators in the gondola that goes up the Nevis range, as well as at Pittodrie and Hampden. The campaign on defibrillators is another way of getting Scottish HART known. The feedback on cardiomyopathy that I have had as a result is surprising.

I appreciate the help of Christine Grahame and Professor Hillis, who understand what we are trying to get done.

Professor Hillis: I will make a supplementary point, if I may; I am sorry if I am taking up too much time.

In answer to Mr Watson's question, the UK policy is that we should have defibrillators in public places, but that has not been implemented in Scotland. Although the UK recommendations on cardiomyopathy screening are being implemented, the recommendations on defibrillators are being implemented only in England and Wales, so it

seems that, in Scotland, we can decide how we do things; the advice of a UK advisory board may or may not be taken. Ross Lorimer's group has taken evidence and it agrees that it would be a good thing to have defibrillators, but that is a cost issue.

The Convener: After hearing from John Scott, we will discuss the recommendations on the petition.

John Scott: Are you saying that, because defibrillators are readily available in public places in England, there might be less danger of someone dying from cardiomyopathy there, whereas in Scotland, that danger is much increased, because we have neither defibrillators nor screening?

Professor Hillis: We have emphasised cardiomyopathy, because the petition concerns provision for young people. The vast majority of sudden deaths in the community are due to narrowings of the coronary arteries, which lead to heart attacks and sudden death. Most of the people who are saved by the provision of defibrillators are probably within our age group rather than in a younger age group. Defibrillators have been placed in airports, railway stations and other public places through which a large number of people pass every day.

The worldwide picture shows that the best place to have a cardiac arrest is in Seattle, Washington, in America, where 70 per cent of people have had CPR training. That means that, if someone drops dead, there is a seven-out-of-10 chance that the person next to them will be able to start resuscitation and carry out defibrillation within one minute of the ambulance coming.

Although we acknowledge that ambulance response times are improving as part of the investment in public services, we are saying that there is still a need for other methods of rapid resuscitation in places in which people are participating in very strenuous sport or in which, because of the volume of people present, a greater number of people are at risk in that locus.

Wilma Gunn: We have put a defibrillator at St Mary's loch in the Borders, because it takes 35 to 45 minutes for an ambulance to get there. I am led to believe from health guidelines that every minute away a person is represents 10 per cent of their life, so St Mary's loch is quite a long way away for an ambulance. I have 17 trained people up the valley who can do CPR with the appropriate equipment if there is an accident or somebody takes ill. That issue should be addressed in many outlying areas of Scotland.

The Convener: Do members have any recommendations on the petition?

Helen Eadie: I congratulate the petitioners on bringing this worthwhile petition to the committee. We could write to the Executive and ask for an update on its position on the screening programme that the petitioners propose. We could also write to ask for the views of the Cardiomyopathy Association, the British Heart Foundation, the UK national screening committee and sportscotland.

Mike Watson: I suggest that we write also to Professor Lorimer of the national advisory committee to ask him to put in writing his view of the petition. The clerks can confirm this, but I presume that when we write to people we will send them a copy of the *Official Report* of this part of the meeting so that they can see what has been said. It will be helpful to do that.

The Convener: That happens as a matter of course, so people will know why they are being written to.

John Scott: In the letter to the Executive, we could ask what the outcomes are for people with cardiomyopathy, bearing in mind the quantity of defibrillators that are available in areas with sports arenas.

The Convener: That question would be helpful in gathering specific information. Are members happy with the recommendations?

Members indicated agreement.

The Convener: Thank you for bringing your petition to the meeting. We will let you know what response we get.

JNF Charitable Trust (PE779)

The Convener: Petition PE779, from Ivan Clark, on behalf of the Scottish Palestine Solidarity Campaign, calls on the Parliament to take all possible measures to ensure that the JNF Charitable Trust and similar organisations will not continue to benefit from charitable status in Scotland. Before being formally lodged, the petition was hosted on the e-petitioner site, where it gathered 687 signatures from 13 July 2004 to 30 September 2004. Background material from the petitioners has been circulated to members, as has a letter from the JNF. Ivan Clark is here to give a brief statement to the committee in support of the petition. He is accompanied by Anita Shanley and Hugh Mackay.

Ivan Clark (Scottish Palestine Solidarity Campaign): Thank you, convener, for inviting us here to speak on behalf of the petition's signatories.

The Parliament is considering a bill—the draft Charities and Trustee Investment (Scotland) Bill—that would amend the law on charitable status in

Scotland. That status is a public endorsement by the law of the activities of private organisations and is based on an assumption that society regards such organisations in a particularly positive light. Charitable status brings substantial advantages under the tax system and it is no exaggeration to say that all of us, as taxpayers, contribute financially to the organisation that we are here to discuss.

We are here to tell you that we find the charitable status of the JNF Charitable Trust offensive and that we object to subsidising it through the tax system. We reject the public endorsement that is represented by its charitable status.

The JNF Charitable Trust is one of a group of organisations that are known collectively as the Jewish National Fund, which is active in the areas of land acquisition, development and administration in Israel. The objection to the JNF is that it is an active part of the system that denies Palestinians their fundamental human rights with respect to land. The relationship between the United Kingdom organisation with charitable status and the JNF as it operates in Israel is complex, but funds that are raised here are transferred there for the activities of the JNF.

Ninety-three per cent of the land in Israel is in a form of public administration, most of it having been appropriated by the state following the war in 1948, when hundreds of thousands of Palestinians—including my colleague Anita Shanley—were forced to flee or were expelled from their homes. The fact that the land is in public administration means that, if someone wants to live in a house in Israel, they do not buy it or rent it from a private landlord; they have to apply for a lease from an organisation called the Israel Lands Administration.

The JNF has a dominant influence in the ILA, appointing 50 per cent of the council members and owning 17 per cent of the land that is under ILA administration. The JNF refuses to lease its land to non-Jews. That means that I would be able to apply for many leases in Israel because, although I was born in Scotland and have lived most of my life here, I am also Jewish. However, Anita would not be able to apply. That applies not only to refugees such as Anita, but to around 19 per cent of the citizens of Israel, who are of Arab origin. The situation has been described by the United Nations as an institutionalised form of discrimination and was also criticised in last year's human rights report from the United States Department of State.

There is evidence to suggest that the JNF has been involved in the acquisition and development of land for Jewish settlements in the occupied Palestinian territories, which is—as I am sure members will know—illegal under the Geneva

convention regarding occupied territory. It is also generally considered to be one of the major obstacles to a peace agreement in the middle east. The UK charity is particularly identified with the project to develop a settlement in an area of Israel that had been offered as part of a future Palestinian state in a proposed land exchange deal at the Taba summit in 2001. It seems likely that the project is being supported by the Israeli Government in order to prevent a similar offer from ever being repeated.

To summarise, the JNF Charitable Trust is part of a group that is involved in the denial of land rights to Palestinians. We object to subsidising the organisation through the tax system and we ask the Parliament, in considering the draft Charities and Trustee Investment (Scotland) Bill, to take measures to monitor the activities of charities that operate overseas and to include some reference to human rights abuses in the bill.

The Convener: Thank you very much. I open up the debate for questions from members.

Mike Watson: I preface my remarks by declaring that I am a member of the Scottish Friends of Palestine and that I was a founding member of the cross-party group on Palestine.

I was interested to read, in the correspondence that you sent us, the information about the British park in Israel, of which I was not aware and which I find quite amazing, not to say worrying. I was also interested to read the exchange of correspondence with the representative of the Charity Commission for England and Wales, who effectively says that the commission does not see anything wrong with this. You wrote in May and she replied in May; you wrote again and she replied in July. Have you subsequently responded to the points that she made? The specific questions that you asked were not really addressed.

Ivan Clark: They were simply ignored. For that reason, I have not responded but have focused our efforts on getting this petition to the Scottish Parliament, especially in view of the fact that a bill is proposed that will amend the laws relating to charitable status. We ask the Parliament to ensure that, after the bill is passed, the Scottish charity regulator will be required to investigate substantive complaints and make public the results of all its investigations. The letter that I received from the Charity Commission says simply that it contacted the trust, that it is satisfied and that no public information is available.

Mike Watson: In your second letter, you ask the Charity Commission what kind of investigation it has carried out and in its response it refers to correspondence with the JNF dating back to 2002, although your letter was written only this year. Do

you know what that refers to? Had a complaint been made previously against the JNF's charitable status?

Ivan Clark: I believe that complaints have been made by many individuals and groups over a number of years. I also believe that the Scottish Friends of Palestine has been involved.

Mike Watson: One other aspect that I want to follow up is the report that the JNF threatened legal action. I know that it claimed that the petition was ultra vires. The Parliament's lawyers have said that that is not the case, otherwise we would not be discussing it today. Did anything come of that legal action?

11:00

Ivan Clark: Nothing came of that legal action. It was merely a threat.

Mike Watson: Finally, I notice that the JNF copied its letter to Jane Ryder, who is the Scottish charity regulator. As an organisation, have you been in contact with her on the issue?

Ivan Clark: Yes, some members wrote to the Office of the Scottish Charity Regulator and were directed to the Charity Commission for England and Wales because, under the present legal arrangements, that is the responsible body. The draft Charities and Trustee Investment (Scotland) Bill proposes to change that.

The Convener: Before I come to Sandra White, I make it clear that the admissibility of the petition was checked out and the petition was found to be admissible. There is no doubt about it whatsoever.

Ms White: In your opening statement, you mentioned the ILA buying land and granting leases. I note from our papers that there is a dispute with KKL, which buys land in Israel with moneys that are given to it from the charitable trust. Anita Shanley is a refugee. How does that situation affect you or anyone who is living in the area?

Anita Shanley (Scottish Palestine Solidarity Campaign): I am very involved in a lot of Palestinian activities, because I am aware of the pain and suffering that people are undergoing. I was expelled in 1948 from my home. I was sent away to Lebanon in a car, because they were bombing my school. My family hung on a bit longer, but it became very dangerous, and they were warned that they should leave.

That affected me at the time, because I arrived in Lebanon and had no passport. I was going to bring my British mandate passport today. It dawns on you that you are nobody. You have no home. You have no country. You have no identity. I was stripped of my identity. Luckily, now I have a

British identity, so last year I could visit. There are so many refugees from Ajjur and Zakariyya, which are in the British park. Walid Khalidi says that people from at least 410 villages have been what is called "transferred".

Ms White: I just wanted clarification. You have given us the background of what happened to you. We see from our papers that the JNF gives money to a business to buy land. You are now a British citizen. If you wished to go back to your country and buy a piece of land to build a house, would you be able to?

Anita Shanley: I do not think so, because my passport says that I was born in Jerusalem.

Ms White: I believe that charities are supposed to be for everyone. As you are Palestinian, you would not be able to buy the land. The charity buys up land through the other JNF board. The letter from the Charity Commission for England and Wales points out that the stated objective of the JNF Charitable Trust is to take action that will be

"in the opinion of the Association ... directly of benefit to persons who, in the opinion of the Association, are of Jewish religion, race or origin."

What do you make of that? That is the charity's statement about who should buy up land in Palestine.

Anita Shanley: The charity says that it is for everybody—

Ms White: We believe that when charities gather money in Scotland or Britain, that money should be available to everyone, but the JNF UK states that it is for people of

"Jewish religion, race or origin."

Anita Shanley: In that statement, the charity says that it exists to serve Jews, but we must consider at whose expense that is done. The building is not being done in an empty country. The Palestinians are people who have roots in the land and people are expelled to allow the building to be done. That is the Zionist agenda. We are not against the Jews or Judaism, but we are against Zionism, which is the political ideology of those who want to drive out the people of the land who have been there from the beginning and to have that for themselves only.

That is why we must look beyond what the charity says to see how the purpose is really being achieved. On the surface, a park with trees and birds sounds lovely, but the villagers of Ajjur and Zakariyya have been shoved from pillar to post. They have not been made refugees only once: they arrived in Ramallah, then they went to Jericho, then in 1967 they were shoved to Gaza and now they have been shifted somewhere else. There is a strategy of moving a lot of people

around. The people involved do not care about that, as long as they have the land. The strategy is put in a lovely package, but we must go beyond that.

Ms White: I understand completely. I just wanted to put those points across to make it plain exactly what the charity does.

Ivan Clark: To clarify an issue that relates to your first question, KKL is the Hebrew acronym standing for the Jewish National Fund. The JNF Charitable Trust states that it is a UK charity that is not part of the Jewish National Fund but which remits money to Israel and employs the Israeli JNF to carry out charitable activities for it. I submitted a page from the trust's financial statement because it is evidence that money has been spent on the purchase of land. I presume that it is administered according to the JNF rules, which in other words means exclusively for Jews and against refugees and Palestinian citizens of Israel.

Rosie Kane: JNF UK, which has charitable status, has planted a British park, within which is the village of Ajjur, which in the charity's literature is described as abandoned. Will you describe what that abandonment meant?

Anita Shanley: The charity says that it is abandoned. Amos Oz has said that people got up and left. How can people get up and leave their agricultural land? How can they let their families traipse along the way, dying from hunger until they reach the border with Lebanon or another of our borders? Someone does not just wake up one day and leave their house, family and land. We know about the massacre of Deir Yassin and about all of the other massacres.

Rosie Kane: The people and their families who once lived in the area that is now in effect the British park now live in refugee camps. That does not seem very charitable. It is clear that the cleansing of the area could be seen as a war crime. What view does the Charity Commission take of that?

Ivan Clark: The committee has seen the letters that we received from the Charity Commission. The commission is not forthcoming on its views on the activities of the JNF.

Rosie Kane: What are your feelings about that? If the Charity Commission can overlook that sort of thing, I am concerned about the sort of organisation that can get charitable status.

Ivan Clark: Obviously. Perhaps the question should be addressed to the commission. My suspicion is that it might have been influenced by political considerations.

Helen Eadie: Has anyone in your campaigning organisation written to the Inland Revenue?

Having worked with a variety of voluntary organisations, I understand that one of the first things that an organisation has to do in order to gain charitable status is to send the wording of its constitution to the Inland Revenue for approval. Has that check been carried out? What did the Inland Revenue say when you raised the issue?

Ivan Clark: We have not contacted the Inland Revenue. I understand that the initial decision on whether to grant charitable status is made by the Charity Commission.

Helen Eadie: During my lifetime, I have been involved in the setting up of about half a dozen charities. Although I lived in London for 17 years, I am sure that the setting up of the charities with which I was involved in the Scottish context began with an application to the Inland Revenue. Ultimately, it was the Inland Revenue that negotiated the wording of the constitution. I am absolutely clear that certain criteria had to be followed before charitable status could be granted. I am therefore surprised to hear that that basic check was not carried out.

Perhaps the committee could write to the Inland Revenue to ask about the extent to which it considers the political involvement of an organisation that seeks charitable status. In due course, the Scottish Executive is to establish a charities regulator. At the moment, however, the only regulator in the Scottish context is the Inland Revenue.

Hugh Mackay (Scottish Palestine Solidarity Campaign): May I volunteer a comment on the subject? I have been involved in writing to the Inland Revenue in connection with requests to change the purposes of charities. I am aware of the correspondence that has to take place in that respect in Scotland. However, given that the JNF is an English-registered charity, the procedure is different. Although I could be wrong on the subject, is it not the case that, under present law, the Inland Revenue is the equivalent body in Scotland to the Charity Commission for England and Wales? In other words, if I were living in England and wanted to change the purposes of a charity or set up a new charity, I would take up the matter directly with the charity commissioners.

Helen Eadie: I have been involved fairly recently in setting up charities and we had to ensure that the wording went to the Inland Revenue.

Hugh Mackay: In Scotland?

Helen Eadie: Yes. We are to take a decision on whether to pass PE779 to the Communities Committee. Perhaps before we do so, we should clarify the point with the Inland Revenue.

Rosie Kane: I wonder whether it would be possible for us to write to some of the JNF's

honorary patrons such as Prime Minister Tony Blair, the Leader of the Opposition Michael Howard and the Rt Hon Charles Kennedy. Convener, you seem concerned by that suggestion.

The Convener: I just wonder why we should do that. If we pick out individuals in such a way, should we not write to every patron of every organisation?

Rosie Kane: Oh, but these people are not just any old patrons.

11:15

The Convener: I understand that, but we do not want to set precedents in the committee. Can you justify why we should single out those three individuals and not the other patrons of the organisation? Indeed, can you justify why we should single out any patrons at all?

Rosie Kane: Given what we have learned today, they might seek to distance themselves from the organisation. In any case, I would certainly like to hear their opinion and find out why they think that the JNF is a good organisation to be an honorary patron of. Perhaps they could also examine the decisions of the Charity Commission in this respect and then tell us why they feel that the organisation should have charitable status.

The Convener: Surely that is a matter for the Charity Commission, not this committee. Do we question every individual who takes part in any organisation because we are interested to hear their views?

Rosie Kane: We should do so if one of the individuals in question is the Prime Minister. I asked earlier why the Charity Commission has not responded to obvious concerns about the JNF's involvement with the British park. I am concerned that the involvement of certain honorary patrons might be the reason why the commission is quivering a little about providing an effective response. It is very clear that these are matters of great concern.

The Convener: I understand that, but it is a matter of record that these people are patrons. I would like you to justify why the committee should ask them why they are patrons of this charity when we do not do so with any other charity.

Rosie Kane: I want to let them know what has happened at today's meeting, given that their names are included in the list of patrons for the organisation.

The Convener: So you want to write to them for information.

Rosie Kane: Yes.

The Convener: So we would not ask them any questions. We would simply write to them for information.

Rosie Kane: I think that we should flag the matter up.

Ms White: I understand Rosie Kane's position. However, instead of having the committee write to Tony Blair and the other people whom she mentioned, I would prefer to write to them as an MSP. It would be much better if such letters came from individual members.

In light of the draft Charities and Trustee Investment (Scotland) Bill, I think that we should refer the petition and our comments to the Communities Committee. I am quite disgusted by some of the material that we received and think it disgraceful that the Charity Commission and the JNF have said that we have no powers to do anything. We have powers; the Communities Committee will consider the bill at some point and the petition should be referred to it as part of its consideration.

I am also very disturbed by some of the JNF's language, particularly the comment that I quoted that the charity benefits only people from the Jewish religion and with a Jewish background. That is not charitable in any way. If the Scottish people knew about that, they might not be so willing to give to the charity. I am sure that that will all come out in the Communities Committee's investigation. I am quite happy to write to Tony Blair, Charles Kennedy and Michael Howard as an individual MSP to highlight my concerns about what has been brought to my attention. I am sure that Rosie Kane would be happy to do the same.

The Convener: That point is valid. I am always careful not to set precedents in the committee. Up to now, every time we have discussed a petition about organisations with patrons, we have not had to write to and question those people about their patronage—

Rosie Kane: But this is a different matter. The Prime Minister is involved.

The Convener: I accept your point to an extent. However, what is the purpose of writing to the three people whom you mentioned and not the other patrons? If we write to those patrons, should we not write to every patron of every organisation that is mentioned in a petition? If we set a precedent in this case, we will have to follow it through with other petitions. After all, we must be seen to be even handed.

As Sandra White has said, the petition could be referred to the Communities Committee. We also have to take timescales into consideration. If we write to those patrons seeking their views, we will have to wait for that information to come back

before we can act on Sandra's request and refer it to the Communities Committee. In writing to the patrons, we might delay acting on the petition.

Rosie Kane: Which MSPs round this table will write to the named patrons?

Ms White: I will.

The Convener: I will do it. If you want the committee to write to the patrons on a point of information, we would just be advising them of our discussion; we would not be waiting for a response from them before we took any other action. If you want me to write to them on behalf of the committee with that information, that is fine—we have acted in such a way on several occasions. However, to ask people to say why they are patrons of an organisation just because their name appears on a letter that accompanies the petition would be to set a precedent that we do not want to follow.

Mike Watson: The convener's suggestion is the right way forward. We should, nonetheless, refer the petition to the Communities Committee, which is considering the organisation of Scottish charities.

Helen Eadie: Does that mean that you will not lose sight of my request that we also write to the Inland Revenue?

The Convener: We must consider the timescale. We could write to the Communities Committee and ask it to put the question to the Inland Revenue as part of its investigation. If we were to write to the Inland Revenue, we would not be able to send the petition to the Communities Committee until we had received a response. It might be better to suggest to the Communities Committee that it writes to the Inland Revenue.

John Scott: When we write to the Communities Committee, we should invite its members to consider what is a politically suitable charity, although I am not sure how they would achieve that. We cannot name just one charity as being unsuitable—although the JNF has political aims by definition, so do many others. A level of vetting would have to be put in place by the Scottish equivalent of the Charity Commission. The Communities Committee will have to consider that as well.

The Convener: Given the evidence that we have heard this morning and the political nature of some organisations that have charitable status, it is important that we flag up the issue to the Communities Committee to ensure that it asks the relevant questions about political involvement in charitable trusts. On that point alone, the petition should be addressed by the Communities Committee.

With the committee's agreement, we will write to the Communities Committee with those specific requests, ask that it takes account of John Scott's point and suggest that it seeks information from the Inland Revenue about the establishment of charitable status for such organisations.

Ivan Clark: The draft Charities and Trustee Investment (Scotland) Bill suggests that there should be a charity test based on public benefit. We suggested in our proposal for an amendment, which we circulated to members, that the bill should contain a list of activities that are incompatible with charitable status. That would exclude certain organisations, of which the JNF might be an example.

The Convener: Thank you for that information. I clarify that I will write to the patrons of the JNF for information and advise them of our discussion this morning.

I suspend the meeting for five minutes, after which we will consider further items.

11:23

Meeting suspended.

11:30

On resuming—

Public Water Supply (Fluoridation) (PE775)

The Deputy Convener (John Scott): The next petition is PE775 by Lois MacDonell on behalf of the Highland Movement Against Water Fluoridation. The petition calls the Parliament to take on the necessary steps to prohibit any artificial fluoridation of the public water supply.

At its meetings on 1 October 2003 and 26 November 2003, the committee considered PE649, also by Lois MacDonell on behalf of the Highland Movement Against Water Fluoridation, which called on the Parliament to take the necessary steps to prohibit any artificial fluoridation of the public water supply. The committee agreed at its meeting on 26 November 2003 to take no further action on the petition on the basis of the Scottish Executive's response of 11 November 2003, which said:

"Subject to Ministers' decisions, we expect to publish the report of"

an analysis of consultation responses

"together with a statement of the Executive's future policy, before the end of the year".

In response to a parliamentary question that asked on what date the Scottish Executive would publish the conclusions of "Towards Better Oral Health in Children: A Consultation Document on

Children's Oral Health in Scotland" and announce its decision on fluoridation of drinking water, and which asked for the reasons for the Executive's position if no such date had been set, the Minister for Health and Community Care, Malcolm Chisholm MSP, said:

"The views expressed during the consultation process have been independently analysed and are being carefully considered. The outcome will be announced as soon as our consideration is complete."—[*Official Report, Written Answers*, 26 May 2004; S2W-8282.]

Concerns over the lack of progress have prompted the petitioners to submit PE775, which is identical to their earlier petition. Do members have any comments?

Ms White: I honestly thought that Lois MacDonell would speak to the committee today; I talked to her when I entered the room. A similar situation occurred with a petition about a health board and hospital closures, on which petitioners were not allowed to speak because a similar petition had been presented before. The committee took no decision and I remember raising the issue at that time.

I plead with the committee to let Ms MacDonell speak, even if that is for just two minutes, to give us an update. If she had submitted a different petition, she would have been allowed to speak, but she has submitted the same petition—a year later and with a different number. It has been a long time, so to refresh people's memories, I request that she be allowed to speak.

The Deputy Convener: I am sorry, but the convener has agreed who will speak and we cannot breach the rules. I am sympathetic to what you say, given that the petitioner is here, but we do not want to set precedents. PE775 is exactly the same as PE649, so we have heard what the petitioner has to say. Her making the same comments would not be of benefit.

Ms White: I understand what you say. I do not wish to cause an argument—I was accused of doing that the last time that I mentioned the subject. I bow to the wishes of the convener and the clerk.

The Deputy Convener: Thank you.

Ms White: The Conveners Group has discussed the matter, although we in the committee knew nothing about that.

It is a long time since PE649 was submitted and since we received anything from the Executive. I declare an interest, as I am in favour of what the Highland Movement Against Water Fluoridation says, so anything that I say will be in favour of the petition. Members do not want to hear me rambling; I am sure that they would prefer to listen to Lois MacDonell or somebody else. I just ask the

committee to send an urgent letter to ask the Executive what is happening. Many people out there are terrified that fluoridation will come along and that fluoride will be slipped into the water without people's knowledge and without a full consultation. It is time to hear from the Executive what is going on.

Helen Eadie: I agree that we should write to ask the Executive what the outcome of its consultation was, what the timetable is likely to be and when it expects to make an announcement one way or another. We have all received many representations over a long period and it would be good to have a decision on the issue fairly soon. That action would help to progress the issue.

Rosie Kane: I would like to declare my support for the opposition to water fluoridation in Scotland. I have been involved in the issue for a long time and I agree with the stance taken by the petitioners. It is incredible that something that cannot be dumped anywhere can be dumped in the mouths of the people of Scotland, but that is another story for another day.

The lack of progress and the length of time that the consultation has taken make me a tad suspicious when I look at the huge hoo-hah about the consultation on smoking in public places and the massive coverage that it has received. This is clearly a major health issue, regardless of which side of the argument you are on. I am agitated and angry about the length of time that the process has taken. I would like to know why it has taken so long and when the Executive will announce its decision.

The Deputy Convener: We can confidently express that view, not only to the Executive but perhaps also to the minister.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I am also against the fluoridation of water; I think that it would be wrong. My party is against it, but we would have an unwhipped vote on the issue if it came to a vote in the Scottish Parliament.

The petition calls for the prohibition of the fluoridation of water, but I think that there is slight confusion. If any legislation comes forward in the Scottish Parliament as a result of the consultation it would surely be to allow fluoridation. I do not think that the Scottish Executive would produce proposals to prohibit fluoridation of water, because it is not currently being fluoridated. If health boards wanted to fluoridate the water they would have to come to the Scottish Parliament to ask Scottish politicians to allow it. There is a subtle difference.

The Deputy Convener: Yes. It is not an existing problem, therefore it does not necessarily need attention, which might explain—not that I am here as an apologist for the Executive—the delay in

replying to us or at any rate taking action on the matter. Would the committee be happy if we were to write to the minister directly to chivvy him along? Would that be an adequate response from the committee?

Members indicated agreement.

Out-of-hours Medical Services (Rural Communities) (PE776)

The Deputy Convener: We move on to PE776 by John Macpherson on behalf of Braemar community council, which calls on the Parliament to investigate the merits of proposed new arrangements for out-of-hours medical services in remote communities such as Braemar.

The new general medical services contract allows most general practitioner practices to transfer responsibility for out-of-hours care to their national health service board, which must have in place alternative arrangements for the provision of those services by the end of December 2004. It is anticipated that a more co-ordinated and strategic approach to providing out-of-hours care through the GMS contract will spread the work load across a range of professionals in accordance with their skills and areas of expertise. However, concerns have arisen that less involvement from GPs will compromise the service delivered and may risk lives, particularly in rural areas.

In response to a parliamentary question, the Minister for Health and Community Care stated:

“As part of the new contract implementation process a national working group has been set up to look at the issues around out-of-hours across Scotland. The group includes representation from NHS Systems, the Scottish Ambulance Service, NHS 24 and patient representatives. The aim of the group is to identify alternative schemes and produce models of best practice which are available for use by NHS boards.”—[*Official Report, Written Answers*, 15 September 2004; S2W-10037.]

Before I ask members for comments, I welcome Mike Rumbles, who is the constituency member for Braemar. We will come to him after members have discussed the petition.

Helen Eadie: I was on the Health Committee when it considered the Primary Medical Services (Scotland) Bill, as was Mike Rumbles. Many questions were put to the minister during that process and he was crystal clear that if general practitioners declined to provide out-of-hours medical services in their area there would be an onus on the health board to ensure that such services were provided, even if it had to employ GPs independently. I am not unsympathetic to the petition. It is one thing for the minister to make clear statements about legislation, but the question is how it is being implemented on the ground and what its impact is. If Mike Rumbles and others bring matters to the Scottish

Executive's attention, it will have to review where things are going, but that is my understanding of how the legislation is supposed to work.

Rosie Kane: NHS 24 is mentioned in our papers. My understanding is that NHS 24 is a complementary service or an add-on to the health service and not something to mop up shortcomings or failings in that service. Will NHS 24 be used to fill gaps as opposed to being an extra service, which is what it is supposed to be?

Mike Rumbles: I have had meetings with John Macpherson and Braemar community council and I support the petition. I hope that the committee will refer it to the Health Committee, and I will say why. The Parliament overwhelmingly supported the Primary Medical Services (Scotland) Act 2004—I did so, as did the vast majority of members of this committee—and it seems to be fine in theory, but there are practical problems. Braemar has hit upon such a problem. It is the only GP practice in the Grampian Health Board area that has not signed up to the NHS 24 option. For 95 per cent of my constituents in West Aberdeenshire and Kincardine it is a perfectly adequate system and there are no complaints, but my concern rests with the other 5 per cent and with patients on the periphery of the health board area.

I do not want to use trite phrases, but "one size fits all" comes to mind. I will focus on the Grampian plan as an example of the wider issues that affect the rest of Scotland. The original proposal was to place a GP 30 miles from Braemar in the village of Aboyne. That is fine for residents of Aboyne, such as me, but it is not good enough for the residents of Braemar. I had discussions on Monday with the local GP practice and Grampian Health Board and the board proposes to cover Braemar for a trial period of five months during the winter. It is prepared to pay for GP cover based in Braemar during the experiment. That might sound fine, but it has not yet been agreed and the plan goes live on Monday. Whatever happens during that five-month period, people will have GP cover, whether the GP opts in or out of the system, but my concern—and that of the people of Braemar—is about what will happen in the long term, if or when the GP in Braemar retires or leaves.

We heard at the Health Committee yesterday that Scotland will be facing a national shortage by 2012—within eight years—of 500 GPs. Once the GP in Braemar goes, it will be almost impossible under the current system to attract a GP to Braemar. Even under the temporary system, if the GP opts out of the system, the Braemar residents will be happy in the short term because they will have that cover, but once that GP disappears and is outwith the system there will be a real problem.

I am using Braemar as an example, but it is a national problem. What I am trying to say is that there needs to be a specialism to attract GPs specifically to rural and remote areas, and there ought perhaps to be special incentives from the centre, not necessarily relying on the health boards. I think that it is fitting for the committee to consider the petition to ensure that remote and rural Scotland receives a similar service to the rest of the country, and that the 5 per cent of people who run the risk in the long term of not getting a satisfactory service are provided for.

11:45

Helen Eadie: When the Health Committee went to the Western Isles, we were privileged to hear about the chair of remote and rural medicine that is being established. It might be appropriate to write to that chair and say that the issue has come up at the Public Petitions Committee and that we would be glad to receive observations and comments on the issues that have been raised. At the same time, we could also perhaps write to the Scottish Executive's national working group, giving it a copy of the *Official Report* of today's meeting and asking for its views on whether the arrangements are adequate, not just at the moment, but in the longer term. That is one of the points that Mike Rumbles has been emphasising, and I think that it would be helpful to reassure Mike and other members who have raised concerns about remote and rural medicine.

We could seek the views of the Scotland Patients Association and the Scottish Association of Health Councils. As Mike Rumbles suggested, we could also pass a copy of the petition to the Health Committee, which is actively engaged in looking at those issues.

The Deputy Convener: Thank you for that suggestion.

Ms White: I have a couple of questions. Mike Rumbles mentioned that there would be a GP in Aboyne anyway and that there would be a GP going to Braemar for five months. Is that a pilot scheme that has been set up by Grampian NHS Board to measure how many people use the doctor's services in Braemar?

Mike Rumbles: Maybe I should clarify that. The idea is that, in Grampian as a whole, there will be six centres and that patients will go to the nearest of those centres out of hours. Deeside is 60 miles long, from Aberdeen city out to Braemar in the Highlands. Aboyne is right in the middle of that area, and the centre for Deeside has been put in Aboyne, but there is still a distance of 30 miles between the GPs based in Aboyne and the GP practice in Braemar.

The plan, using NHS 24, is that a patient in Braemar would ring the NHS 24 number and that they would, if necessary, be directed to Aboyne. They would have to travel 30 miles there, making it a 60-mile round trip. Grampian NHS Board wants that arrangement to be put in place, because it believes that it is safe. The local GP is not so sure that it is a safe system and he has yet to agree it, although I hope that agreement will have been reached by 1 November. The health board has therefore decided to run a trial; it is not a matter of faith, but we think that it is going to work. The trial arrangement will involve using the NHS 24 system, but the local GP in Braemar will be on call as a back-up to that system.

When we review it at the end of March, after the winter period, we will not be guessing: we will be saying, "It did not work at this point and the local GP had to cover it." It is a practical trial that Grampian NHS Board is offering. That is fine and I commend the health board for proposing that; however, my problem with it is that, if the local GP does not feel that that is a safe system—and he is the professional judge of that—he will opt out of it, even if he is the only GP in the area. When he goes, there will be nothing there. That is an issue in remote and rural practices.

Ms White: Thank you for that explanation. I thought that it was a pilot scheme that was going to be tested, but it is obviously all worked out already. I agree with Helen Eadie's recommendation to send the petition to the Health Committee. What Mike Rumbles has just said should be explained to that committee, which could look at the issue holistically in relation to the lack of doctors in rural areas.

The Deputy Convener: I am interested to hear what Mr Rumbles says. A recurring theme of petitions that come to the committee is the problems of peripherality that many people in rural Scotland experience. I am also interested to hear about the need to incentivise doctors, in addition to offering the salaries that they currently receive, to provide this additional care in peripheral areas. I would be interested to hear the partnership's views on that in due course.

We have heard a series of suggestions from Helen Eadie and Sandra White. Rather than invite the Health Committee to re-examine the whole issue, we should perhaps pass the petition to it for its information. We will also write to all the other people who were mentioned by Helen Eadie and Sandra White. Is the committee happy with that?

Members indicated agreement.

Scottish Opera (Funding) (PE715 and PE777)

The Deputy Convener: PE777 is by Lorne Boswell on behalf of Equity and calls on the

Parliament to urge the Executive to safeguard the future of Scottish Opera by ensuring adequate funding to allow maintenance of a full-time chorus. Before being lodged formally, the petition was hosted on the e-petitions website, where it gathered 1,619 signatures during the period between 2 July and 30 September. The committee may wish to link PE777 with PE715, which is also on today's agenda. PE715, from Brian Jamieson, on behalf of the council of the Friends of Scottish Opera, calls on the Parliament to urge the Executive to ensure that Scottish Opera has adequate resources to maintain a full range of operatic provision. Are members content to link the two petitions?

Members indicated agreement.

The Deputy Convener: The committee considered PE715 at its meeting on 17 March. It noted that Scottish Opera had been asked to prepare a forward business plan and agreed to seek updates from the Executive and Scottish Opera on relevant discussions, together with details of the review of the structure of the arts in Scotland. Responses have been received, but appear to have been superseded by an Executive press release of 7 June, which states:

"Core Scottish Opera posts are expected to reduce from the present 208 to approximately 120."

The business plan that was produced by the Scottish Opera board retains a core administrative staff and a 53-person orchestra. Approximately 88 full-time posts would be made redundant. The Broadcasting, Entertainment, Cinematograph and Theatre Union—BECTU—has also been campaigning to maintain the chorus at Scottish Opera.

Ms White: I would have liked to hear someone speak to the petition, as the situation has been updated; however, I will not raise that issue again. PE777 was lodged on 6 October, and things have changed greatly for Scottish Opera—perhaps not moved on, but gone the other way. I am very concerned. All I can do is give my opinion, because I cannot ask questions of Lorne Boswell or anyone else. For a country the size of Scotland not to have a full and properly funded opera company is indefensible.

I am loth to suggest that we should write to the Executive again, or even to Scottish Opera or BECTU, for an update. However, I have not heard any updates and I want to ensure that these people get their jobs back and that we have a proper opera company. I am open to suggestions as to how we can move forward. Selling off the Theatre Royal, the home of Scottish Ballet, to make up a shortfall, and giving Scottish Opera £7 million and then telling it that it has to pay back £4.5 million in a short period, is not a good

business plan by the Scottish Executive. It has done down Scottish Opera, which I want back at the standard it was at before. However, I am quite willing to admit that I do not know how to go about that.

Whether or not we write to Scottish Opera for an update, I would like us to write to the Scottish Executive with our concerns about the financial situation of Scottish Opera. We cannot ask the Executive to overturn its decision—because it probably will not do that—but we should ask for clarification of its position.

Helen Eadie: We should write to Scottish Opera and BECTU to ask them to respond to the issues that have been raised. That would inform us for any deliberations in future committee meetings.

Ms White: I will not disagree with Helen Eadie but, now that the minister with responsibility for culture is new, we should write to her about this petition, telling her about our concerns and saying that we are writing to Scottish Opera and BECTU. That would keep her informed.

The Deputy Convener: It is plain that the Executive has decided to cut funding for Scottish Opera. Nevertheless, we can write to the Executive, Scottish Opera and BECTU to find out how matters are progressing. An update would certainly inform the committee's future decisions on this petition. Is everyone happy with those suggestions?

Members indicated agreement.

Current Petitions

Police Assaults (PE482)

11:57

The Deputy Convener: Item 2 on our agenda is current petitions. Petition PE482 is by Douglas J Keil on behalf of the Scottish Police Federation and calls on the Parliament to take the necessary steps to make it compulsory for assailants and others who have exposed or potentially exposed police officers to a risk of infection to submit to a blood test or tests, the results of which will be made available to the police officer should he so wish; and to take the necessary steps to amend the Data Protection Act 1998 so that the results of those tests may be retained on the police national computer.

At its meeting on 25 June 2003, the committee agreed to write again to the Executive asking that it keep the committee informed of any progress in relation to the scope and outcome of its proposed consultation on the matter, and urging it to resolve the matter as soon as practicable, given the seriousness of the issues.

Reminders dated 5 January 2004 and 7 July 2004 have been sent to the Executive. Those reminders requested updates. In its response dated 12 January 2004, the Executive stated:

"The intention remains to conduct a public consultation on this issue. A consultation document has been drafted for this purpose."

In its response dated 19 August 2004, the Executive stated:

"This matter remains under active consideration within the Executive, with a view to a public consultation on the complex issues raised."

It appears that the issue is getting further away from us rather than closer. Do members wish to comment?

Helen Eadie: I was a member of the committee when this petition first came to us and I remember that police officers from Fife constabulary presented it. You may have been there yourself, deputy convener. I am concerned that it has taken so long to move forward with the consultation. It would be reasonable for the committee to write to the Minister for Justice to express our concern at the delay and to ask about the public inquiry and the issues raised by the petition. Doing that would move us forward. We should express our dismay that things have taken so long.

The Deputy Convener: Are members content with that proposal?

Members indicated agreement.

The Deputy Convener: Given the scale of the problem, which affects 150 police officers a year, the Executive should address the issue urgently. We will write to the minister.

Unadopted Roads (PE507)

Adoption of Roads and Footpaths (PE563)

12:00

The Deputy Convener: The next petitions—PE507 and PE563—are linked. PE507 is by Mr Dan McRae, on behalf of Menzieshill Action Group, and calls on the Parliament to take the necessary steps to review the current system for the adoption of roads and pavements by local authorities and to consider whether the system needs to be modernised. PE563 is by Miss E J Stanley and calls on the Parliament to draft new legislation to instigate a statutory duty on local authorities to maintain unadopted roads and footpaths within village boundaries.

At its meeting on 19 November 2002, the committee considered PE563 and responses from Dundee City Council and the Convention of Scottish Local Authorities in relation to PE507. The committee agreed to link the two petitions and to write again to COSLA and the Executive to suggest that they liaise to produce guidance on good practice on the maintenance of council-owned roads and to use the responses from individual councils to PE507 as a starting point. The committee also agreed to ask the Executive to make specific comments on the maintenance of roads and pavements in areas that are susceptible to frequent landslips and ground erosion, as highlighted in PE563.

On PE507, the Executive's response states:

"Officials have been in liaison with their counterparts in CoSLA and have agreed to take this forward as time and resources permit."

On PE563, the Executive states:

"The responsibility to manage and maintain these roads ... lies with the local authorities who are accountable public bodies. The Executive has no locus to intervene in such matters."

COSLA states in its response in relation to PE507 that the Society of Chief Officers of Transportation in Scotland has approved "Guidance on Good Practice in the Management and Maintenance of Council Owned Roads and Footpaths" as good practice. It has no comment to make on PE563. Do members have any comments?

Helen Eadie: Given the responses that we have received, I suggest that we take no further action. I have considerable experience of such issues. Lairds in local areas have often sold off cottages

and the coal board and various landowners have sold houses on their land over a period of time. In effect, it is written into every householder's deeds that they are responsible for the frontage of their house and that they must bring it up to the adopted road standards in order to get the council to maintain it regularly thereafter. Until that has been done, local authorities must—quite rightly—manage their very limited financial resources on adopted roads. Therefore, people must ensure that they truly understand the obligations that they are required to meet when they purchase their properties. The only way forward for them is collectively to bring up the roads to the standard at which the council can subsequently look after them. Therefore, we should not take any further action. All the responses have set out with clarity the guidelines, codes and criteria that local authorities have established.

Ms White: I sympathise with the people whom we are discussing and with many other people throughout Scotland. It is not only lairds and landowners who are affected by the matter. People who have bought houses—

Helen Eadie: I am sorry to interrupt but, to clarify, people buy the houses on what was the laird's land and a condition of their buying them—

Ms White: I understand that. To continue, at the demise of Strathclyde Regional Council, responsibility for such roads and land was assumed by the housing revenue accounts department. That meant that the housing department, not the roads department, had to adopt them.

There seem to be some anomalies. It is not good enough for the Scottish Executive to say that the matter is for local authorities and that it has no locus. I know that the Scottish Parliament is not supposed to impinge on local authorities' areas of responsibility, but if the housing department is responsible for some roads and the roads department is responsible for others, I would like to know whether the petitioners or other people who are affected can write to the local authority ombudsman on this matter. That possibility should be explored.

The problem has gone on for a long time and it will not go away unless something is done. We are talking about not only wee dirt tracks leading to farms that are owned by landed gentry, but quite a lot of roads leading to small housing estates around Scotland. The people on those estates have been left in limbo and, in winter, no one grits their roads. Basically, local authorities are passing the buck.

The Deputy Convener: Indeed. Individuals can consider their next course of action. In response to the petition, COSLA and the Society of Chief

Officers of Transportation in Scotland have created the good-practice guidance. To that extent, the petition has served its purpose.

I am disappointed that the last item in our papers is a letter from Dan McRae that suggests that the guidance is not being followed by Dundee City Council. However, I appreciate that the guidance was proposed only in July 2004 and I am sure that Dundee City Council will pay great attention to it in due course.

Do we agree to close the petitions, on the basis of the action that has been taken and the responses that have been received?

Members indicated agreement.

Helen Eadie: I think that we have achieved a good result for the petitioners.

Palestine (PE536)

The Deputy Convener: PE536 is from Hugh Humphries, on behalf of the Scottish Friends of Palestine, and calls on the Scottish Parliament to offer advice and training to those who are involved in running the Palestinian legislature and any institutions following or preceding any elections and to those who are involved in communicating the proceedings of the Palestinian Legislative Council to the Palestinian nation.

At its meeting on 3 March 2004, the committee considered a response from the Scottish Parliamentary Corporate Body and agreed to seek clarification in relation to its statement that no funding is available through the SPCB for delegations from the Parliament to visit other countries in relation to the type of work that the petition envisages. The committee also agreed to write to the British Council Scotland to seek an indication of whether it would consider funding or part funding a delegation from the Scottish Parliament to provide assistance to the Palestinian Legislative Council.

The Presiding Officer states in his response:

"While it would be open to the Corporate Body to fund MSP delegations to offer advice and training to another legislature as envisioned in the petition, it has not, so far, authorised use of resources to assist another legislature in this way. Nor has it established criteria for doing so."

The British Council's response states:

"The British Council in the Palestinian Territories has been discussing with the Palestinian Legislative Council the possibility of the Chief Clerk and the Speaker and Secretary General of the PLC undertaking a study visit to the Scottish parliament, following up the visit of the PLC delegation in December last year. ... there is considerable commitment to making this happen, both in East Jerusalem and in Edinburgh".

Do members have any comments?

Helen Eadie: I have a question rather than a

comment. Am I right in thinking that you are on the SPCB?

The Deputy Convener: I am.

Helen Eadie: Has the subject been raised on your agenda? There is a general principle involved, which might apply not only to the situation with Palestine but to other countries' democracies that we want to assist. Should we ask the SPCB to examine how the Scottish Parliament could help develop democracies in other countries? Could we ask it to consider establishing the criteria that the Presiding Officer mentioned, which we might wish to make use of with regard to the petition? Lots of colleagues in the Parliament might also want to make use of those criteria. It would be worth while asking the SPCB, given that we have received the petition. The SPCB response describes the current situation, but we should ask whether we can change the situation.

The Deputy Convener: I am a member of the SPCB and the matter has been discussed. The Presiding Officer makes it quite clear that, given our budget, our responsibilities lie first and foremost in creating parliamentary services around this building, which one would expect. Given the tightness of the budgets within which we operate, we took the view that although we were sympathetic and would welcome visits from Palestine, or indeed any other area, with a view to helping, we could not commit funding to that. If you wish to write to the SPCB or the Presiding Officer, I am sure that he would respond in due course.

Helen Eadie: Perhaps we should just take up the matter with our party business managers and progress it through that route. We could identify whether colleagues support the view.

The Deputy Convener: That is a helpful suggestion. Each party could gauge whether there was an appetite for the SPCB to extend its remit to do the sort of work that we are talking about. There would certainly be a requirement for funding. We would test the water if we proceeded through the business managers.

Helen Eadie: We are doing work on external relations through the European and External Relations Committee, which has set itself clear objectives and targets. We just need to ask ourselves whether one of our targets should be to assist the developing democracies and, if so, how we do that. Do we allocate resources to match our aspirations on helping developing democracies?

Ms White: I agree entirely with Helen Eadie that we should write to our own business managers. I am a member of the cross-party group on Cuba, which requested that parliamentarians from Cuba come over here. We had no budget for that, so we

had to put our hands in our pockets for it. However, in Westminster MPs have a budget for that and they can fly parliamentarians over, which seems ludicrous.

The Deputy Convener: Notwithstanding Helen Eadie's comments, are members happy to close the petition at this point?

Members *indicated agreement.*

**NHS Prescribed Drugs
(Effects on Children)
(PE631, PE638, PE639 and PE640)**

**Children with Learning Difficulties
(Support and Information) (PE663)**

The Deputy Convener: At its meeting on 3 September 2003, the committee agreed to link PE631, PE638, PE639, PE640 and PE663 by James Mackie, on behalf of Overload Network. PE631 calls on the Scottish Parliament to urge the Executive to investigate the effects on future employment, housing and insurance cover for individuals who were prescribed neuroleptic and similar drugs as children. PE638 calls on the Parliament to investigate whether certain vitamin supplements should be prescribed by the NHS to help children with a nutritional imbalance caused by addiction to NHS-prescribed drugs. PE639 calls on the Parliament to investigate the storage and dispensing of NHS-prescribed drugs in schools. PE640 calls on the Parliament to take the necessary steps to ban the prescribing of neuroleptic and similar drugs to children. PE663 calls on the Parliament to take the necessary steps to ensure that the need to provide support and information services for parents of children with learning difficulties and behavioural problems is recognised by the Scottish Executive.

The committee considered the five linked petitions at its meeting on 31 March 2004 and agreed to seek comments from the petitioner on the responses from the Executive. Members have copies of the petitioner's responses, which I now propose to discuss. Does anyone have any comments?

12:15

Helen Eadie: A mountain of work has been undertaken in relation to the petitions. We have carried out some in-depth studies. It is good that that has happened, because clearly it is important that we get the nutrition of our young people and disabled people right.

In light of the various responses on PE631, we might decide that as the content of the Disability Discrimination Act 1995—which ensures that the rights of disabled people are addressed—is

reserved to Westminster, we will close that petition. On PE638, we received a full response from the Scottish Executive. We might also wish to close that petition.

PE639 is slightly different, because it raises other issues. We might consider inviting the views of the Educational Institute of Scotland, the Association of Head Teachers in Scotland, the Scottish Association of Health Councils and Scotland Patients Association.

We might wish to close PE640, because the regulation of medicines is a matter for Westminster. Lastly, given that the Scottish Executive has responded fully, we might also wish to close PE663.

The Deputy Convener: Are members happy to proceed on that basis?

Ms White: I thank Mr Mackie and Overload Network for bringing so many petitions to us. I was on the committee when the petitions first appeared, and I am back again for the updated briefings. I understand what Helen Eadie says, because the petitions have been explored, but I am concerned about the over-prescribing of drugs. The response on PE631 and the Disability Discrimination Act 1995 does not answer all the questions that are asked in the petition. The petition is about insurance and how kids have been prescribed neuroleptic drugs. I have concerns about not taking further action.

We might also wish to keep live PE639, which is on head teachers and the storage of medicines in schools, and ask for views on it. I do not know what happened to the petition when I left the committee previously, but was the Health Committee made aware of it? Has the petition been debated? Can I be given an update? Prescribing neuroleptic drugs to children is serious. It has been proven that the long-term health effects are horrendous. I do not want to take no further action; I would like something else to be done. However, I do not know whether the Health Committee has reported back on the petitions.

The Deputy Convener: We have received responses from the Executive, which form part of the briefing. The Executive comments that it is working to the Scottish intercollegiate guidelines network guidelines, which say that there is insufficient evidence to prove a case for dietary cause or intervention. Like you, I have a deal of sympathy with Mr Mackie's petitions, but we have asked the Executive for its views and it is working within the SIGN guidelines.

Ms White: Did we pass the petitions to the Health Committee to seek its views? I might be a bit late in the day in asking that, but I would have

liked the Health Committee to consider the petitions.

Helen Eadie: I cannot remember whether the Health Committee received the petitions; we would have to ask the clerks to check. A huge number of petitions are referred to the Health Committee.

The Deputy Convener: The petitions were not referred to the Health Committee.

Helen Eadie: I do not oppose that suggestion, but I give a health warning. Because the Health Committee, of which I am a member, receives so many petitions, it has agreed that all petitions will go into a pool. As we do our work programme each year, we will revisit that pool to identify which petitions we can deal with effectively in the context of an inquiry. The Health Committee would decide whether it thought that any of the issues that are raised in the petitions merited further work.

Like all members present, I know that nutrition, drugs, vitamins and minerals have an impact on all of us, so we should not take the issue lightly. I simply caution members that we should not raise people's expectations when it might not be possible to do something in the short term. However, I do not oppose our passing the petitions to the Health Committee, if that is what the committee wants to do.

The Deputy Convener: Are you talking about one petition in particular?

Ms White: I would like PE640 to be passed to the Health Committee. Although the prescription of drugs is a reserved matter, we are talking about the prescription of drugs to our children. I support Helen Eadie's recommendation on PE639, which was that we ask for teachers' comments. We might be able to close our consideration of the other three petitions.

The Deputy Convener: Are we content to close our consideration of PE631 and PE638, to keep active our consideration of PE639, to close our consideration of PE640 after sending it to the Health Committee for information and to take no further action on PE663?

Members indicated agreement.

Ms White: That is all right. Although PE663 is coupled with PE640 in that it is about the drugs that are used to treat children, I think that PE640 might cover the issue. However, I am not 100 per cent sure that it would cover the entire subject of PE663.

The Deputy Convener: If you would prefer, we can copy PE663 to the Health Committee along with PE640 and then close our consideration of them.

Ms White: Thank you—that would be great.

Childhood Vaccines (PE676)

The Deputy Convener: PE676, which was submitted by Bill Welsh on behalf of Action Against Autism, calls on the Parliament to urge the Executive to inform all health boards, health practitioners, immunologists and organisations involved in the childhood vaccination programme in Scotland of the opportunity that parents now have to choose the mercury-free vaccine Infanrix instead of vaccines with thiomersal, which contains mercury, for the immunisation of children against diphtheria, tetanus and pertussis.

At its meeting on 28 April 2004, the committee considered a response from the Executive and agreed to seek clarification of whether the Executive had informed all health boards, health practitioners, immunologists and organisations involved in the childhood vaccination programme in Scotland about the thiomersal-free option and, if so, by what method. The committee also agreed to invite the petitioner's views on the Executive's response.

The committee received a response from the Executive dated 16 July and a response from the petitioner on 26 May, which appears to have been superseded by a further response from the Executive in which the Minister for Health and Community Care outlined an announcement by the chief medical officer regarding changes to the immunisations against diphtheria, tetanus and pertussis. That announcement would appear to meet the aims of the petition. Do members have any comments on the response?

Helen Eadie: We should jot that down as another success story for the Public Petitions Committee and close the petition.

The Deputy Convener: Are we modestly going to chalk up that success to our efforts as well?

Are committee members happy that we close the petition?

Members indicated agreement.

Pyroluria (PE706)

The Deputy Convener: PE706, by James Mackie, calls on the Parliament to urge the Executive to ensure that NHS boards recognise, diagnose and appropriately treat the condition pyroluria.

At its meeting on 26 May 2004, the committee considered a response from the Executive and agreed to ask the petitioner to comment on the response and provide further evidence of his view that the condition pyroluria is well documented. The petitioner has provided a response, together with other material including a number of seemingly academic papers on the role of nutrition

in psychiatry. Pyroluria is mentioned in one of the papers as one of 29 possible causes for disperseptions that cause schizophrenia and as a less well-known cause.

In relation to the petitioner's comments regarding alternative therapies, the Executive has stated in its response:

"It is open to NHS Boards to fund alternative or complementary tests or therapy from the unified funds made available to them by the Executive, but this is at their discretion."

Do committee members have any comments on the petition or any suggestions on how we should deal with it?

Rosie Kane: We could invite the petitioner to comment on the response. I have not been around for the consideration of the petition and cannot ask questions on it, so I feel at a bit of a loose end and want to know more. Is there any way for me to find out more? If funding is down to boards' discretion, there will be no uniform approach.

The Deputy Convener: The petitioner has already responded.

Rosie Kane: I am sorry, is that all in our papers? I am lost on this petition.

The Deputy Convener: Jim Mackie's response is attached as annex B to the papers. There is a handwritten PS on the back of it.

Are there any suggestions on how we should deal with the petition?

Ms White: We must close the petition. I read Mr Mackie's response the other day. The funding of alternative or complementary tests or therapy is up to individual boards, although it should be up to the Executive. The next step now is for Mr Mackie, Overload Network and others to try to get figures from the boards about exactly what they are doing. They might then be able to bring the issue back not to the Public Petitions Committee, but to the Health Committee by saying that health boards are not doing what the Executive says that they should.

Helen Eadie: I support what Sandra White has said, but I reassure Mr Mackie that I am a great believer in alternative therapies. It is down to us all to go back to our various health boards and ensure that they understand that a great number of people in Scotland share that view and that the boards ought, therefore, to make increasingly greater budget provision to support alternative therapies. All kinds of approaches—alternative therapies and vitamin or mineral supplements—can often make an impact when more modern medicines have failed. We should close the petition in a supportive spirit and not at all write it off as a matter on which we can make no more progress. I am certain that we all know that, as

MSPs, we have continuing work to do on alternative therapies.

The Deputy Convener: I identify closely with those remarks, and I thank Sandra White for the suggestion of closing the petition. If that is the committee's view, we will do so.

Members indicated agreement.

Meeting closed at 12:30.

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