

PUBLIC PETITIONS COMMITTEE

Wednesday 14 June 2006

Session 2

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PUBLIC PETITIONS COMMITTEE

11th Meeting 2006, 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)

*Mr Charlie Gordon (Glasgow Cathcart) (Lab)

*Rosie Kane (Glasgow) (SSP)

*Campbell Martin (West of Scotland) (Ind)

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

*Ms 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 :

Eileen Fidelo (Parent Project UK Muscular Dystrophy (Scotland))

Sarah Fidelo (Parent Project UK Muscular Dystrophy (Scotland))

Rachel Fraser (Lenzie Moss Primary School)

Nicola Hardie (Lenzie Moss Primary School)

Louise MacLeod

Cathy Peattie (Falkirk East) (Lab)

Tom Waterson (Unison Scotland)

Yvonne Widd (Parent Project UK Muscular Dystrophy (Scotland))

CLERK TO THE COMMITTEE

Jim Johnston

ASSISTANT CLERK

Richard Hough

LOCATION

Committee Room 2

Scottish Parliament

Public Petitions Committee

Wednesday 14 June 2006

[THE CONVENER *opened the meeting at 10:03*]

New Petitions

Police (PE968)

The Convener (Michael McMahon): Good morning, everyone, and welcome to this morning's meeting of the Public Petitions Committee.

I welcome to the Scottish Parliament colleagues from the House of Commons Procedure Committee. They are here on a fact-finding visit as part of their inquiry into the petitions procedure. I hope that they find this morning's meeting very useful.

The first item on our agenda is new petitions, and the first to be considered this morning is PE968, by Nicola Hardie, on behalf of Lenzie Moss primary school. The petition calls on the Scottish Parliament to urge the Scottish Executive to increase the number of police officers on the beat. Nicola Hardie will make a brief statement to the committee in support of her petition. She is accompanied by Rachel Fraser.

Welcome to you both. You have a few minutes to make your statement and then we will start to discuss the issue that you have brought to us.

Nicola Hardie (Lenzie Moss Primary School): Thank you for inviting us to the Scottish Parliament to give a statement about the issue of police on the beat. We first became concerned about this issue when one of the pupils in our class complained about the state of the rugby field just off Lenzie moss. The sixth-year pupils at Lenzie academy had had what they call a muck-up day on the moss and had left behind a big mess. Plastic bags, cans, bottles and food cartons had been left behind and rubbish had also been burned. Someone called the police, but they were advised to call the council to clean up the mess.

We decided to raise the issue because if a police officer had been in the area, which they were not, the problem might have been prevented.

It just so happened that we were doing a project in school on the Scottish Parliament and we thought that this would be a perfect opportunity to raise the issue. Other places where vandalism has been taking place are outside the Moss Road shops, in local parks and outside old buildings around the Lenzie and Kirkintilloch areas. I have

brought some pictures of what has been happening in our community to show the committee.

The Moss Road shops have been littered with Pot Noodle cartons, Coke cans, chip bags, polystyrene food containers, chewing gum, sweetie wrappers and so on. The litter warden was contacted but they said that they would not come out without a police officer because they felt intimidated. The metal shutters on the shops have also been spray-painted with gang names and rude gestures.

Rachel Fraser (Lenzie Moss Primary School):

One incident happened at the shops last winter when it had been snowing and some youths had the idea of throwing snowballs at passing cars. That caused distress to the drivers and some were unable to see the road because of the snow.

The swings in the local parks have been wound around the top bar, which means that children cannot reach them. The climbing frames have been graffitied and glass bottles have been smashed and left littered around the ground. The glass also puts small children and dogs at risk of injury.

Vandalism and littering have also been going on in our school, Lenzie Moss primary. Three years ago, primary 7 pupils went to a college in Glasgow and built wooden benches for the school. Sadly, due to disrespectful youths, some of them have been broken and damaged beyond repair. The bird tables in the infants' playground have been broken; sadly, some of the non-damaged ones were stolen.

More police need to be out on the beat and protecting the community. Stabbings, muggings, robbery and many more petty crimes have been occurring. It needs to stop now.

We would like to thank you all for inviting us here today and we would also like to thank the primary 7 pupils at Lenzie Moss primary school for their support and for information about this issue.

The Convener: Thank you for bringing a very important issue to our committee this morning. Are you aware of the legislation that the Scottish Executive has already passed in the Antisocial Behaviour etc (Scotland) Act 2004? That legislation makes the offences that you have highlighted this morning the responsibility of the police and the local authorities. Have you done any research on that legislation and how it is being used in your area?

Nicola Hardie: No.

The Convener: So the legislation is there but you are not seeing any signs that what it is there to do is being done, because if it was, you would

not have the litter and the graffiti that you are talking about. Am I right?

Nicola Hardie: Yes.

Mr Charlie Gordon (Glasgow Cathcart) (Lab): Are you aware that it is the local chief constable who makes the operational decision about how police officers are deployed?

Nicola Hardie: Yes.

Mr Gordon: I am very sympathetic to what you are trying to achieve. A couple of weeks ago in Parliament I asked the Minister for Justice whether the Scottish Executive measures the fear of crime as distinct from crime itself and I was told that it does. However, it seems to me that—perhaps understandably—chief constables deploy officers where they believe they will have the maximum operational advantage, whereas you and I feel that if there are uniformed bobbies on regular patrol in the streets, that reassures the public and deals with the fear of crime as well as the type of crime that you have highlighted today. Do you go along with that? Would we feel safer if we saw more bobbies on the beat?

Rachel Fraser: Yes, because it would mean that the number of those crimes might go down.

Ms Sandra White (Glasgow) (SNP): Good morning. It is refreshing to see school kids at the Public Petitions Committee with a very important issue.

The convener mentioned the antisocial behaviour legislation. Are you also aware that on 19 April 2005, the Minister for Justice, Cathy Jamieson, said that she would ensure that every penny possible would be spent on front-line policing? From your experience, do you see any evidence of front-line policing in your area?

Rachel Fraser: Sometimes, but most of the time there is no one about the streets and things just keep on happening.

Ms White: I note the graffiti in the photographs that you have given us. Do you think that having more bobbies on the beat—community police, as they say—would prevent that type of thing from happening?

Rachel Fraser: Probably.

Ms White: Do you agree that crime prevention is better than reaction after crime has taken place?

Nicola Hardie: Yes—probably. I am not sure.

Ms White: Some members of the communities that we represent come to our surgeries and ask for closed-circuit television cameras to be put up. Do you think that CCTV cameras would be as effective as community police would be? Although the cameras might deter some people from

committing certain crimes, they are designed to catch the perpetrators of a crime. Police on the beat, however, would stop the crime from being committed. Do you agree with that?

Nicola Hardie: Yes.

Helen Eadie (Dunfermline East) (Lab): Good morning. I think that it is good that you have come to the Parliament this morning and have made a confident presentation on an issue that you care about. It is good that you care, because the more that we all care about our community, the better. In that regard, I see from your petition that you have approached your MSP, Dr Jean Turner. What response did you get from her?

Rachel Fraser: I do not think that we got a response. She came to talk to us and we told her what we were concerned about. She said that she would think about it but we have not had a reply yet.

Helen Eadie: Are there any CCTV cameras in your neighbourhood?

Rachel Fraser: Our school has closed-circuit television. After the last incident involving the wooden benches, the culprit was caught.

Helen Eadie: So that was positive. Are there any other areas in your community that could do with having closed-circuit television cameras?

Nicola Hardie: Lots of people gather and cause trouble around some of the local shops and in some of the parks.

Helen Eadie: The back of one of the photographs of litter said that it was taken outside the beauty salon. Is that area covered by closed-circuit television?

Rachel Fraser: No. At lunch time, a lot of youths from the academy hang about there. As Nicola Hardie said, the big groups are intimidating.

Campbell Martin (West of Scotland) (Ind): I congrad—I will try that again in English. I congratulate you both on your presentation. You spoke better than I have just done.

Your petition calls for more police officers on the beat. There is an issue about just how many police officers there currently are in Scotland. The Executive will tell us that there are more police officers now than there ever have been in Scotland. However, more and more of those officers are seconded into specialist departments, which means that they are not on the streets and are not there when the public need them. What is your experience of that? Do you find that the police turn up when they are needed or do you feel that the public are beginning to lose confidence in the police and are beginning not to report things to the police because they feel that the police will not turn up?

Rachel Fraser: Some people still report things, but the police are not there when the public need them. Occasionally, they come around, but most of the time, they are nowhere near where the crimes are occurring.

Nicola Hardie: In some of the areas where the crimes occur, there are not a lot of police officers, even though—I think—the police know that the crimes are occurring there.

Campbell Martin: Clearly, police officers want to catch people who are committing crimes. They are not sitting in the police station having a cup of tea. Do you think that too many officers are being seconded away from front-line services and that we need to get more officers back on the streets where the public need them? Is that what is behind the petition today?

Nicola Hardie: Yes.

John Scott (Ayr) (Con): Since you are specifically complaining about the lack of policing in your area, have you met a senior police officer who has responsibility for the area?

10:15

Nicola Hardie: We contacted the police, but they were not much help.

Rachel Fraser: They were not helpful. They said that there was an issue, but did not say much more about the matter.

John Scott: You have specifically requested that there be more police officers in your area. How many more would be appropriate? Are there special times of the day during which there should be more policing in the area?

Rachel Fraser: It would be a good idea to have more police at the Moss Road shops during week-day lunch times because that is when the academy pupils come out, and most of the crime in our area has taken place there.

John Scott: So there is a big issue. You are saying that your school colleagues need policing at school lunch times. You are opening up quite a big can of worms.

Rachel Fraser: We are not at the academy yet—we are still at the primary school and are not allowed out of our school's gates at lunch time. However, the issue matters to people because they feel intimidated when they go past the shops.

The Convener: Have you noticed any community wardens in your area?

Nicola Hardie: There have been a few, but they have to come out with a police officer because they feel intimidated by the children.

Rachel Fraser: The litter warden came out because we complained to her about the litter, which she knew about, but she felt intimidated by the youths and would not come out again without a police officer.

The Convener: So the problem has been so severe that even people whom the local authority has appointed to do the job that you have asked should be done feel at risk from crime.

Nicola Hardie: Yes.

Rachel Fraser: Yes.

The Convener: The situation is pretty serious.

The petition raises an interesting issue. Obviously, we are concerned that the legislation that we have passed does not seem to have had the impact that we hoped that it would have. It would be appropriate for the committee to write to several people for an explanation as to why the pupils who are before the committee feel what they feel. Do members have any suggestions about how to progress the issue?

Helen Eadie: I agree that the situation is serious if the legislation seems to be not working although adults have been appointed to take care of things. There is clearly an issue that we should be concerned about.

A good start would be to write to the Association of Chief Police Officers in Scotland, Strathclyde police and perhaps Victim Support Scotland. We could also write to the Scottish Youth Parliament, which might have a view to express on the matter, and to the Scottish Executive, to seek its views. Once we have received all the responses, we could send them to the petitioners to get their views on them.

Ms White: Our briefing note says that a new mobile police office has been introduced to cover the area. The press release about the new office states that it would, with the area's dedicated community police officers, bring a more accessible service to the Lenzie area. Could we write to the Glasgow north and East Dunbartonshire police division to ask whether its mobile police office is deployed at certain times in the areas that the kids have mentioned? I would like to get a response from that division.

I would also like the committee to write to the headmaster or headmistress of the academy. St Andrew's secondary school in Carntyne has recently received an excellent report. I noticed from television footage that the headmaster of that school comes out to see what is happening around the shops at lunch times. I wonder what the academy's headmaster or headmistress does.

The Convener: If we write to Strathclyde police, we could ask about the specific division that you

mentioned, rather than write to that division separately. We could ask Strathclyde police about the point that you have made.

John Scott: I suggest that we write to the local authority, which might get a response from the headmaster. If school pupils at the secondary school are intimidating the public at large, including nearby primary school pupils, at lunch times, that is a serious matter for the local authority as well as for others.

Campbell Martin: The Scottish Police Federation might make valuable comments about the level of policing in general, although it will probably not comment on the specific area that the girls are from.

The Convener: That is a good suggestion. The committee will contact a wide range of organisations and send Rachel Fraser and Nicola Hardie copies of the responses that we receive. When we do that, please write to let us know whether you think that the answers are satisfactory. We will then consider the petition again. Thank you very much for bringing the petition to the committee.

Rachel Fraser: Thank you.

Nicola Hardie: Thank you.

Hospital Parking (Charges) (PE967)

The Convener: Our next petition is PE967, which was lodged by Louise MacLeod. The petition calls on the Scottish Parliament to urge the Scottish Executive to conduct an inquiry into excessive car parking charges at national health service hospitals such as the Edinburgh royal infirmary. Louise MacLeod will make a statement in support of her petition. She is accompanied by Tom Waterson.

Louise MacLeod: Thank you for inviting me to attend the meeting.

I undertook my campaign as a result of my experience as a student nurse, when I drove to the Edinburgh royal infirmary every day and had to pay £46 per week in parking charges. I had no alternative to driving, because my child care needs were such that I had to be at a certain place at a certain time. I asked Napier University whether it could give me concessions, but nothing was available. I applied to the hospital and was astounded to be told that no parking concessions were available to students.

I realised that other nurses and patients have to pay the excessive parking charges. The Government is supposed to support women who want to get back to work, but if women are to do that they need help with parking charges. People are living much longer and the vast majority of

patients—that could be confirmed—who use hospitals are elderly and on a pension. Elderly people and students on a simple nursing bursary cannot afford the charges. Why are they being robbed?

Many patients attend out-patient clinics as a result of the policy on community care, which ensures that fewer patients stay in hospital, but many patients who attend clinics are severely ill and cannot use buses. They rely on family and friends, many of whom have to care for their own families. Many people are on sickness benefits and cannot afford the charges.

It is time that Consort Healthcare (Edinburgh Royal Infirmary) Ltd, the private company that operates the parking charges, considered its conscience and realised that people simply cannot afford the charges. The public have a right to know exactly how much Consort is making out of the charges.

The Convener: For the very reasons that you have outlined, I find it simply unacceptable that people should have to consider their ability to pay a parking charge in order to keep an appointment with a consultant or clinician at an NHS hospital. However, given that your petition refers to “excessive car parking charges”, do you think that there is a minimum charge that would be acceptable?

Tom Waterson (Unison Scotland): The word “excessive” comes from a Health Department letter that was issued in 2004.

The Convener: But you do not think that a certain charge is acceptable.

Tom Waterson: Unison Scotland feels that, where a fly parking problem has been identified and evidenced, a charge might be levied. For a number of years, St John's hospital in Livingston has charged £1 per visit. However, people who earn less than £10,500 pay nothing. We are not opposed to car parking charges per se.

The Convener: I realise that some people use hospital car parks for reasons other than visiting the hospital, but I know from experience that a hotel in a similar situation, for example, provides a parking token to hotel residents while charging non-residents for using its car park. Could not the NHS introduce a system in which people who wanted to visit the hospital would not be charged for parking, whereas people who did not want to visit the hospital but who wanted to use the car park would be charged?

Tom Waterson: That is a possibility. However, the car park needs to be maintained and staff have to be employed to handle controlled parking. The system at St John's hospital works very well.

Helen Eadie: Like you, convener, I strongly oppose car parking charges at hospitals. If the argument is that our society needs such charges, one real anomaly is that parking at shopping centres throughout Scotland does not cost a penny. Moreover, people can choose which shopping centre to go to whereas, because of greater specialisation, the same is not true of hospitals. What do the witnesses think of the suggestion that responsibility for car parking should be moved from the hospitals to the Minister for Transport? I feel that the minister has done nothing to make it easier for patients to access hospital and, under my proposal, he would be charged with ensuring that patients' overall transport needs, which would include car parking needs, were embraced.

The convener suggested that people who visit the hospital could receive a token so that they would not have to pay a charge. He is quite right to say that hotel residents have, for example, plastic cards with magnetic strips that give them access to their rooms and the car park for as long as they stay at the hotel. In this case, patients would receive along with their appointment card a plastic card with a magnetic strip that would allow them to park for free at the hospital car park only for the duration of their appointment. The same would apply for those who were visiting the hospital. What is your view of that proposal?

Tom Waterson: We would welcome it if NHS boards' budgets were increased to cover that. After all, someone has to pay for such measures. At the moment, the boards are underfunded.

Helen Eadie: Do you agree that we should switch the financing of car parks from the health budget to the Minister for Transport's budget? I feel that hospitals should not pay a penny to provide car parking facilities.

Tom Waterson: With respect, I think that the money can come out of any budget, as long as it goes back into the health boards' budget to ensure that they do not have to pay for the measure. The problem is that our health boards have to pay for controlled parking.

Helen Eadie: I agree that that is totally wrong. Not a penny of that funding should come out of the health boards' budget. However, if the Minister for Transport is charged with finding that money, he has a range of options open to him. The minister is talking about options such as congestion charging and car parking charges at shopping centres, which could finance hospital car parking facilities and keep them free.

10:30

Tom Waterson: Three years ago, we surveyed staff, patients and visitors. We received several

complaints about excessive car parking charges but no complaints from St John's or the Western general about the £1 charge. That is where we obtained the evidence on which we base our view. We are not against car parking charges per se where a problem with fly parking is evidenced, but not one health board that charges has shown us evidence of that.

Helen Eadie: You talk about the £1 charge. I pass the Western general on coming into Edinburgh and, if I wanted to, I could easily park there all day for £1. No one would monitor that, although I could be there all day. That does not strike me as a good system. A better system would involve controlling parking by issuing a card with an appointment card.

Tom Waterson: I doubt whether someone would pay for that.

Ms White: The issue that you raise—car parking charges—is a serious matter throughout Scotland. You are right that the Executive published guidelines in 2004. We have spoken about the cost, which may be £1 or £10. Does Louise MacLeod think that the excessive car parking charges that she and others pay deter not just women, but everyone, from returning to work in the health service?

Louise MacLeod: Absolutely. On many a day, I thought, "Why am I doing this? Why am I coming here?" Sometimes, I had to ration my lunch, because I could not afford to go to the canteen. I had to take simple sandwiches and eat really mediocre food. People used to comment on the lunch that I ate because I could not afford the canteen. I had to choose between paying the car parking charge and having a decent lunch. Sometimes, I had to skip lunch—it was as simple as that. Some students left the course because they could not afford the car parking charges. University staff were very sympathetic to us, but they could do nothing. They would say, "It's a private car parking company—what can you do?"

Ms White: I think that you are right to say that people are deterred from entering the health service. They should not have to choose between eating lunch and parking their car.

Tom Waterson will be aware of all the legislation and guidance. You mentioned that the charge at St John's is £1, whereas the charge for other car parks is £6, £7 or £8. However, the guidelines say that it must be proved that the income goes towards car parking facilities and that charges should not be used for profit. Will you explain the anomaly? Is St John's suffering more than other hospitals, which charge more? What happens to the money in private car parking?

Tom Waterson: The anomaly exists because the private finance initiative contract for Edinburgh royal infirmary is exempt from the HDL guidance.

Ms White: Will you explain the exemption?

Tom Waterson: The HDL that Malcolm Chisholm issued was not retrospective, so any existing PFI contract was exempt. That means that Meteor Parking, on behalf of Consort Healthcare (Edinburgh Royal Infirmary) Ltd, can charge £10 a day and £46 a week. It will not allow the people of Edinburgh, the Lothians and Scotland to see how much money it spends. A request was made at last week's Health Committee meeting for Consort to open its books; I repeat that request. We believe that it is taking probably more than £3 million a year from the people of Edinburgh, the Lothians and Scotland.

Ms White: I did not realise that other companies are exempt under the PFI, not only Consort. Throughout Scotland, that will affect most PFI contracts. That is interesting; I did not know that.

Tom Waterson: Neither did the Scottish Executive at last week's Health Committee meeting.

Ms White: There you are—if the Executive does not know, who does? The Executive makes the rules—or is supposed to, anyway. We should look into that. Perhaps we will take that up individually in the Parliament.

Tom Waterson: Disabled car parking was also discussed last week. I was concerned when a representative of NHS Lothian defended Consort and Meteor by saying that they did not charge for disabled car parking. Technically, that is true. The disabled people themselves are not charged for car parking, but Consort charges the health board for those spaces. We have to pay for them out of our budget.

Ms White: It is unbelievable that private contractors are doing that. I am sure that the Health Committee will look into that, after the revelations that were made at its meeting last week. You are basically saying that you do not know how much profit Consort makes on the Edinburgh royal infirmary PFI, which the petition mentions, and that it will not open its books to you.

Tom Waterson: That is correct.

Ms White: Thank you for that information; I find it astounding.

Helen Eadie and the convener mentioned that the parking charge at some hospitals is £1. The idea of letting people with appointment cards get into hospital car parks has been mentioned. What if hospitals had traffic wardens who could walk about hospital car parks and ticket people who fly park there? Would that work?

Tom Waterson: We have traffic wardens. The roads that surround Edinburgh royal infirmary are public roads. However, the car parks are private and we have no remit within them.

We need evidence on fly parking, because we have not seen any evidence that it happens. I challenged Consort about that last week and three years ago. If charging is just about fly parking, why does the company charge at night?

John Scott: Do you have other examples of what you regard as excessive charging throughout Scotland, such as in other car parks that Consort operates?

Tom Waterson: Consort operates only within Edinburgh royal infirmary. However, Meteor—the company that runs the car park on Consort's behalf—runs numerous car parks, such as Edinburgh airport car park and numerous city centre sites in Edinburgh, at which it is cheaper to park than at the royal infirmary.

John Scott: I am specifically interested in other hospital sites because I am in accord with my committee colleagues that it is outrageous that people are charged. In essence, there is a postcode lottery on whether people are charged for hospital car parking, depending on which hospital they go to.

Tom Waterson: There appears to be a problem in Tayside. The chief executive of the new Forth Valley PFI is on record as saying that there will be no car parking charges there, which we welcome. Everyone is concerned that there is a need for charges because of fly parking, but no one has come up with any evidence of a need. We would support it if it was evidenced.

John Scott: Does the money that Consort makes from the car park return to NHS Lothian or does it go straight into Consort's pockets?

Tom Waterson: I have no idea, because it will not show us the books. Consort gets £42 million a year in rent for the building. That is open because we have to pay it the rent and our books are open.

Mr Gordon: In view of the revelation that some aspects of the guidance do not apply to certain hospitals, perhaps you can tell me whether other parts of the guidance are universally applicable. For example, under the guidance, boards are supposed

"to demonstrate the level of income generated from car parking and how it has been utilised".

In a sense, you have already addressed that point because you indicated that, in Edinburgh royal infirmary's case, it is a closely guarded secret.

Tom Waterson: It is a secret for Edinburgh royal infirmary, but the health board's books are

open for St John's and the Western general, as they are throughout the country.

Mr Gordon: So that is another example of the guidance not being applicable in one place.

Tom Waterson: No. The guidance is applicable, but it is not followed through. It was clear in what the Scottish Executive Health Department said last week that it does not check whether the guidance is being followed.

Mr Gordon: The guidance says:

"Before introducing or substantially revising car park charges, NHS Boards must consult with staff, the public and any relevant bodies or organisations".

Does that apply everywhere?

Tom Waterson: That should apply everywhere. It applied recently when Lothian NHS Board decided that it is only fair that the people who work at its headquarters—people who earn more than £100,000 a year—should pay something for the use of a car parking space. However, the car parking space will still be reserved for people. The board is in consultation with us on that, but we have made it quite clear that we will not accept any charge over and above the £1 charge that is currently in operation at St John's.

Mr Gordon: We are not having much luck with the guidance being adhered to, but I will soldier on. The next paragraph in the guidance states:

"Sufficient car parking space and concessionary car parking rates should be available to staff and consideration should be given to providing concessions to certain categories of patient (e.g. patients attending regularly for dialysis or radiotherapy)".

Is that part of the guidance applied universally?

Tom Waterson: At Edinburgh royal infirmary, dialysis patients—this is a good example of how the guidance is applied—do not pay car park charges but a charge is paid for them that comes out of the health board budget. However, as Louise MacLeod clearly demonstrated, that part of the guidance is not applied to staff, students or staff in training.

Mr Gordon: Student staff are a good example of people for whom there ought to be a concessionary rate.

Louise MacLeod: I should add that many patients are elderly and do not know what they are entitled to.

Mr Gordon: Another issue that Mr Waterson mentioned previously is the requirement in the guidance that states:

"A reasonable proportion of parking spaces should be set aside for ... disabled persons".

Mr Waterson mentioned earlier that he has concerns about that issue.

Tom Waterson: At Edinburgh royal infirmary, disabled spaces are available, but the health board pays Consort for the use of those spaces.

Mr Gordon: The final and perhaps most significant point in the guidance states:

"Widespread charging of excessive rates to staff, patients or visitors cannot be justified."

That is why the petitioners are here.

Tom Waterson: Exactly.

Mr Gordon: Turning briefly to another aspect of hospital car parking, I associate myself with the convener's remarks but I also want to raise other concerns. Hospitals can sometimes be bad neighbours for residents who live nearby. In my constituency, visitors who drive to the Victoria infirmary impinge perhaps excessively on residents by parking in surrounding streets. I also have experience of difficulties in the west end of Glasgow, where the fact that Yorkhill hospital and the Western infirmary are in close proximity to each other tends to have a negative impact on surrounding residents. Have national health service managers given enough thought to the level of car parking provision and to access issues more generally? We seem to have a habit of building our hospitals in the wrong places where they are not accessible by all modes of transport.

Tom Waterson: Not only do we build them in the wrong place, we build them in the wrong way by using private money rather than public funding. I think that, in general, hospital managers attempt to get as many car parking spaces as possible, but the number of car parking spaces at Edinburgh royal infirmary, for example, had to be slashed because of the City of Edinburgh Council's green transport policy.

Campbell Martin: I totally agree with the convener's comments and with what seems to be the consensus of the committee. It is an absolute disgrace that hospitals charge for parking. I do not know whether the charges are excessive, but it is a disgrace that any company should seek to make a profit from the ill health of the general public by charging visitors and those who work at our hospitals.

Tom Waterson has already said that he cannot answer the question that I want to ask, which is how much profit the company makes from its car parking operations. Charlie Gordon has taken that issue further by showing that people are not following the guidance where it suits them not to follow it. Let me ask about what consultation took place prior to introduction of the charges. Were staff consulted? Was Louise MacLeod ever offered the opportunity to comment on the introduction of charges or the level of the charges?

10:45

Louise MacLeod: I have been at the hospital for only two years and four months and I have just completed my training. Obviously, the hospital was already there when I started. I happily accepted a placement there thinking that it was a great flagship hospital, but I was unaware that there was no parking concession. I could not keep up with the car parking charges, which I felt were detrimental to my career. It has made me think strongly about where I go from here.

Tom Waterson: From reading the papers, whether the *Daily Record* or the *Edinburgh Evening News*, and coming to this committee or the Health Committee, one would think that car parking charges had been introduced in just the past few weeks. Unison has been campaigning since 1997, initially against the car parking charges that were proposed for Edinburgh royal infirmary at that time. We took the matter to our MPs, our MSPs and our councillors. Everyone still says that it is a disgrace, but you have the power to do something about it, so I suggest that you do it.

Campbell Martin: It is the Executive that has the power to do something about it.

Tom Waterson: I apologise. The Executive can do something about it, but I suggest that the Parliament can wield its power. Everyone agrees that car parking charges are a disgrace, but all we ever hear is people saying that it is a disgrace. We ask that you actually do something about it.

The Convener: We hear clearly what you say. Perhaps we are fortunate to represent constituencies in which hospitals do not charge for parking. Although we are aware of the general issue, there is no impact on people in my constituency who have to visit Wishaw general or Hairmyres hospital, which are public-private partnership hospitals that do not charge for parking.

Our experience seems to be different from yours and it should be borne in mind that not every MSP is aware of the practical difficulties that Ms MacLeod has brought to our attention this morning. There were revelations last week in the Health Committee and some more this morning because we gave Ms MacLeod the opportunity to come and explain things to us. Much of the information presented this morning was new to us. Regardless of how effective Unison's campaign has been in your area, your area is not the area that I represent and I was not previously aware of the points that were made this morning.

Helen Eadie: When the Transport (Scotland) Bill was progressing through Parliament, I proposed amendments to the effect that we should not have car parking charges at hospitals, but they were

defeated by all my colleagues and only one MSP supported me at that time. I am glad that the pendulum is now swinging the other way.

I ask about the maintenance of hospital car parks in the context of the profit made by car park owners. When I visited the Western general with one of my constituents about three weeks ago, I noticed that the car park surface was in a horrendous state of repair. If I or my constituent had been in a wheelchair, we would have had the bumpiest ride imaginable. What is the level of maintenance of the car parks at the hospitals covered by your remit?

Tom Waterson: The Western general only recently started running its £1-a-day scheme, which is the same as the one at St John's. In fact, work started last week on the Western general car park. People visiting the Western general pay £1 a visit compared with £10 a day at the Edinburgh royal infirmary. Is it dear concrete there? I do not know.

Ms White: Everyone is gobsmacked by the evidence that we have heard. Will you clarify that Edinburgh royal infirmary is the only hospital of all those built under PPP and PFI contracts that does not disclose what is on its books?

Tom Waterson: On car parking?

Ms White: Yes. Do other PPP and PFI hospitals behave in the same way? The convener said that the PPP hospital in his area does not charge for parking.

Tom Waterson: Should Wishaw and Hairmyres now decide to charge for car parking, they would not be subject to the guidance. Their contracts were signed prior to April 2004. Those two hospitals in Lanarkshire, Edinburgh royal infirmary and Stonehaven are excluded.

John Scott: The reality is that we are where we are now. The Health Committee will have a meeting to discuss the matter on 20 June. The convener suggested developing a token scheme. Is there any mileage in developing such a scheme for those whom the Scottish Executive believes should not need to pay?

Tom Waterson: Yes, there is.

John Scott: Is that ground that the Health Committee could explore as a means to resolve the problem?

Tom Waterson: We would support such an approach. The money has to come from somewhere. We do not mind if Consort pays for it, because it has enough money to do so, but other health board areas should be supported by the Executive.

John Scott: The problem of which budget to take the money from would be one for the Executive to solve.

Tom Waterson: Exactly. The money has to come from somewhere. If we ask a hospital not to charge but to maintain its car parks, the money will come out of patient care.

The Convener: We know that the Health Committee is addressing the issue. We have heard evidence this morning that I hope it can use. If members agree, we could refer the petition directly to the Health Committee in support of the work that it is doing on the issue. The Health Committee will get the *Official Report* of our discussion this morning for its information, so that it can form part of its deliberations.

Ms White: The Health Committee will consider the issue at its meeting on 20 June. I want to send the petition to the Health Committee, but I am loth to let it go. I would really like to write to Consort and ask it why it will not disclose its books. You are saying that there is an issue about the legislation. Does the committee have the power to write to Consort to ask it to disclose its books?

The Convener: As I have said, the problem is that if we decide to give the petition to another committee it becomes the role of the other committee to do that type of thing. We could ask the Health Committee to consider the issue that you raise, but we could not do it ourselves. If we give the petition to the Health Committee, it becomes the Health Committee's property and it is for that committee to take the issue forward as it sees fit. However, there would be no harm, when we send the petition to the Health Committee, in asking whether it could make the type of inquiry you suggest.

Ms White: I agree with that proposal. The matter must be addressed. We should add as a rider to the Health Committee that it should ask Consort how much money it makes and to open its books.

The Convener: Are members happy that we take that approach and send the petition to the Health Committee?

Members indicated agreement.

Duchenne Muscular Dystrophy (PE965)

The Convener: Our next petition this morning is PE965 by Dean Widd, on behalf of Parent Project UK Muscular Dystrophy (Scotland), which calls for the Scottish Parliament to urge the Scottish Executive to ensure sufficient funding and resources are in place to combat Duchenne muscular dystrophy and to ensure that the care requirements of those with the disease are met. Before the petition was formally lodged it was

hosted on the e-petition system, where it gathered 2,171 signatures.

Yvonne Widd, Sarah Fidelo and Eileen Fidelo will make brief statements to the committee in support of the petition. I welcome you all to the committee. You can speak for a few minutes before we discuss the matter that you have brought to us.

Eileen Fidelo (Parent Project UK Muscular Dystrophy (Scotland)): Good morning. As you said, we represent a charity called Parent Project UK, which was set up a few years ago. All the office-bearers are parents of boys with the disease, so, as you can imagine, it is a highly motivated group and we are proud to be part of it.

This is yet another health issue, but it is a matter of life and death: the severely impaired life and the early death of upwards of 200 boys in Scotland who have Duchenne muscular dystrophy, which is a progressive, muscle-wasting, genetic disease. At the moment, there is no cure.

The fact that only a little more than 200 boys have the disease is a reason not to ignore their plight but to ensure that every boy has the best possible life. Of course, we hope that one day we will open our newspapers and discover that a cure has been found, but in the meantime there are treatments that have been proved round the world to be successful. Just over the border, in Newcastle, boys who have the disease live, on average, 10 years longer than they do in Scotland—that is hard to believe. Those of us who live in Edinburgh and Glasgow are lucky because we have access to research centres of excellence and physiotherapists who know what they are doing, but people who live up north are not so lucky. There is a need for communication and training.

Dr Wilcox, a geneticist at the University of Glasgow who works at Yorkhill hospital, established the Scottish muscle network. He and his wife have worked tirelessly on the project and have scabbled around for funding, but they must again seek funding. It would be helpful if the Scottish Executive could fund the network.

Research is going on throughout the world to find a cure for the disease. We have attended the research conference that PPUK runs every year in London and I always say—my daughter will be bored to hear me say this again—that the researchers are the only people apart from sufferers and their families who wake up thinking about Duchenne muscular dystrophy. Their enthusiasm is very encouraging. We must always have hope.

There have been advances in treatment. Respiratory machines can help with the breathing difficulties that boys suffer in the later stages of the

disease. However, there is no equity across the country about who gets what and there remains a postcode lottery—that phrase is bandied around a lot.

We ask for recognition of the disease. There are about 250 kids out there—the figure is not definite because diagnosis cannot be made until a boy is two or three years old or his parents start to notice mobility problems.

We also ask for research to be funded. Dr Wilcox will tell you next week at our lobby day—I hope to see members of the committee at the evening meeting—that boys are living longer as a result of steroid treatments, for example, but their heart muscle problems have not been specifically addressed. Scotland is an excellent centre for cardiac research and Dr Wilcox will tell you about the research that is needed.

We also make a plea for grants for house adaptations. In Wales and Northern Ireland, non-means-tested grants have been fixed at £30,000 and I believe that that is the case in England, too. Yvonne Widd will talk more about that, because she is in the throes of having her house adapted to meet her little boy's needs.

The Parliament discussed wheelchair provision during last week's debate on muscular dystrophy. The basic NHS wheelchair is not adequate for Duchenne muscular dystrophy sufferers, whose muscles waste away over the years. Sufferers need a specialised electric wheelchair, which costs about £15,000, but the number of sufferers is small and it seems to me that the best small country in the world might like to help us.

Yvonne Widd (Parent Project UK Muscular Dystrophy (Scotland)): Thank you for allowing me to speak. My son has Duchenne muscular dystrophy and I am going through the process of getting my house adapted with Stirling Council. My son was diagnosed three years ago and we started building then, because we knew that we must prepare for his mobility problems. There was a grant of up to £12,500, eligibility for which was means tested. Stirling Council said that we would get a percentage of that sum to build an £80,000 adaptation to enable my son to live independently.

We have spoken to Sylvia Jackson and another family has spoken to Anne McGuire about the adaptations that we want to carry out. There is a funding grant of up to £20,000, which is means tested. As of the past few weeks, we have been given 55 per cent of that—£11,000—to help us build an extension for my boy to enable him to live independently. We do not earn wages that allow us to pay the excessive cost of the adaptation work that is necessary. My son is being discriminated against, as are other boys whose parents cannot afford the adaptation bills. If I lived

in an appropriate council house, I would get all the work done for free.

All I ask is that the Scottish Parliament and the Scottish Executive give careful consideration to the abolition of means testing and to the adoption of the same system that exists in England, Northern Ireland and Wales, where a mandatory £30,000 is provided to help families out with such adaptations.

11:00

The Convener: As you mentioned, the Parliament debated Cathie Craigie MSP's motion on muscular dystrophy last week. The availability of grant in Scotland was compared with its availability in the rest of the UK. The Deputy Minister for Health and Community Care responded at the end of that debate. Have you had a chance to read the *Official Report* of what the minister said? If so, have you identified any gaps in what he said?

Yvonne Widd: I had a brief look at the minister's response just the other night. It did not dwell on means testing. The situation in Scotland is a postcode lottery because each local authority offers a different level of funding grant. Although the funding that is available does not come under the disabled facilities grant, it is located within the council grant system. There are discrepancies in the amounts that are awarded, with the result that some families are not benefiting. Parents who cannot afford the adaptation work are suffering poverty. It would be fine if all parents of children with muscular dystrophy had bungalows built for them to provide for their disabled children and their siblings, but even though housing associations throughout Stirling are regenerating housing in the area, the accommodation is no good because there are not enough rooms to support the family needs of a disabled child.

The Convener: I invite members to make points or to ask questions.

John Scott: What is it about the treatment of boys with Duchenne muscular dystrophy in England and Wales that means that they have an extra 10 years compared with boys with the condition in Scotland? Will you give a brief explanation of the difference in the treatment?

Yvonne Widd: The difference lies in the provision of care to, and the assessment of the needs of, each individual client with Duchenne muscular dystrophy, the approach that is adopted and the treatments that are available to those children. Boys in Stirling with the condition have died at the age of 13. Although one or two boys in Scotland with DMD are living into their late 20s, provision is poor compared with Newcastle, where all patients with muscular dystrophy receive

treatment in the same centre. The treatment in Newcastle is much more satisfactory than it is in the north of Scotland, by Thurso, where there is a boy with Duchenne muscular dystrophy. Because PPUK and the Muscular Dystrophy Campaign are close-knit organisations, we are in touch with many parents who have boys with DMD. The situation is the same across the board—everyone complains about the provision of care.

John Scott: You are saying that the difference is purely a function of the care that the boys receive rather than the hospital treatment that they get.

Yvonne Widd: It is a bit of both. The staff input is important, as well. Although the staff in Scotland are very sincere in their work, much more research needs to be done on Duchenne muscular dystrophy. Because there are only between 200 and 300 boys with the condition in Scotland, their treatment seems to be getting missed somewhere along the line. A parent in Scotland is entitled to take their child to attend two appointments a year with a paediatrician, who assesses the child's mobility to determine whether there has been any decline or progression in their condition. Basically, the children are just given steroids and their heart, blood pressure and peak flow are monitored. In Newcastle, children with the same condition are observed closely and their physiotherapy input is marvellous. My son has a good physio, but he does not see her often. We have to do my son's exercises at home every night to prevent his muscles from tiring or stretching.

Sarah Fidelo (Parent Project UK Muscular Dystrophy (Scotland)): The level of care is also an issue. Every child in the Newcastle area gets the same level of care because they all attend the same centre of excellence. However, parts of Scotland are less populated and some local authorities and health boards do not fully understand the level of care available.

Eileen Fidelo: The date of diagnosis is also important—I imagine that that is a problem up north. Sarah's doctor did not mention the possibility of muscular dystrophy for at least two years. Various other theories were thrown up—viral conditions, blah-de-blah.

We would be asking for money to fund a network of communication. PPUK has a web directory of every boy or young man in the whole country who has muscular dystrophy—and you would not believe how many different kinds there are. Because of the directory, if somebody in Honolulu comes up with something they will know immediately which children could benefit from their particular line of research. As I have said, conferences have given us so much hope. We feel that a change is not far away, but in the meantime we want all the children to have the best life

possible. Life is not easy at the moment, as my daughter will tell you.

John Scott: If funding here were made as available as it is elsewhere in the UK, would there be carers to provide the care required?

Eileen Fidelo: Training would be required for that, so perhaps the money should also go towards training. I do not want to pre-empt what Dr Wilcox will say a week today, but he recently came back from Denmark and he will have a lot to tell you about how the Danish health service helps boys and young men with muscular dystrophy. Denmark's population is similar to ours, so come on Scotland.

John Scott: If you know about it, we would be happy to hear some preliminary findings today. This is our one opportunity to discuss them with you.

Eileen Fidelo: For young people with the condition, the average life expectancy is 19 in Scotland and 29 across the border, but when I spoke to Dr Wilcox on the phone he said that in Denmark the average life expectancy is 37 and that there is one young man who is 47. In Denmark, all young men who have Duchenne muscular dystrophy and who are over the age of 23 live in special accommodation with two permanent carers. The number of kids and young adults involved is small; why can we not do something similar here?

Ms White: I thank the witnesses for coming here to give evidence. I am stunned by the age differences you have mentioned. Perhaps we should say that Denmark is a small country but an independent small country. That may have something to do with why it can provide such great care. However, it would not be fair to go into the politics of it.

The evidence is that the young men in Newcastle are living 10 years longer than the young men here in Scotland, simply because of a difference in treatment. You mentioned a special unit. Is that unit attached to a hospital?

Yvonne Widd: No. When people see their general practitioner or paediatrician, they go to the mainstream hospital in their area, but the local paediatrician sees all the boys in the catchment area at the same time, twice a year.

The Muscular Dystrophy Campaign has two support advisers in Scotland—one for the east coast and one for the west coast. They are paid from the funds of the Muscular Dystrophy Campaign. When my son was diagnosed, we were given an adviser. She does a wonderful job helping us with information on diagnosis and adaptations. We bought the adaptations manual so that we could ensure that my son had

everything he needed. However, because we are up against red tape to do with funding and means testing, we are not getting very far.

Ms White: From the written evidence that the committee has received and from what you have said, I would not say that a vast amount of money is needed. Would you say that a vast amount of money is needed to bring the care that children in Scotland receive up to the standard of care that children receive in Newcastle?

Yvonne Widd: Because we do not work in the health service, it is difficult to say how much would be needed to bring the service here up to the standard in Newcastle. You would need to go through the NHS channels for that information and to ask the professionals at the hospitals.

Sarah Fidelo: I think that the Scottish muscle network could help with that, if it was to be continuously funded. That would allow everyone and anyone throughout Scotland to log on and find out about symptoms. If parents were worried or if a doctor was seeing a boy and did not know what was causing muscle failure, they could find out. At the moment, some doctors do not know, for example, what course of steroids to offer. It took me two years to find out that my son had Duchenne, and that was in Glasgow. We must raise the levels of care and awareness and ensure that people know about the disease, which is affecting 250 boys in Scotland.

Ms White: I was going to ask about the Scottish muscle network. Is that the network that Dr Wilcox has set up and which he and his wife manage?

Eileen Fidelo: Yes.

Ms White: You are saying that, although we do not know what it would cost to bring care in Scotland up to the standard of care that children receive in Newcastle, if the SMN was funded through the NHS by the Scottish Government, as research into Duchenne was undertaken, people would be able to log on and get information much more quickly and easily.

Sarah Fidelo: Yes—and everyone would have the same amount of knowledge.

Eileen Fidelo: The Westminster Government invested £1.5 million two or three years ago in a four-year research programme, but that money is finished now and the Government is not going to give any more money. The most common form of Duchenne is caused by a gap in the gene and the researchers at Hammersmith are trying to make what they call molecular patches, which are obviously not real patches, but patches that fool the body into jumping the gap in the gene. That work is well under way and clinical testing will be happening there soon.

At the other end of the scale, a drug company in America has developed a drug that works on animals and has no side-effects when it is given to young boys. At the moment, clinical testing is happening there on boys who are the same age as Milo, my elder grandson. We are in touch with Professor Kate Bushby in Newcastle, who fronts the place that we have talked about; she says that as soon as the drug is cleared in America, tests can start here, which will have to be funded. We are looking for an on-going commitment but, as you say, not a huge one because of the small number of boys who are affected.

Sarah Fidelo: Every parent must have access to information about what is going on, otherwise it is just a waiting game.

Eileen Fidelo: It is quite heartbreaking to watch as the disease develops.

Campbell Martin: I have a couple of questions to better my understanding of what is happening. Eileen Fidelo referred to research that is being undertaken into DMD. The chief scientific officer in Scotland is not funding any research into DMD or muscular dystrophy in general. Where is the research being carried out and at what level?

Eileen Fidelo: The research is being carried out by Professor Francesco Muntoni who works from Hammersmith, in London. As I said, he is halfway through a four-year research plan on molecular patching.

Our boys have what is called a nonsense mutation—that is the medical term; one is just left bewildered and helpless. We go through peaks and lows. The drug that is being tested in America is specifically for boys with that kind of point mutation, not the gap in the DNA, so naturally we are interested in it. Sarah has been on the internet, speaking to the people in the United States and to Kate Bushby, who is the contact in this country, in Newcastle. As I said, every country has to do its own tests to clear drugs, which is a long process. Our boys are running out of time, and there are many boys older than ours who are really running out of time.

11:15

Yvonne Widd: There are different forms of gene deletion in muscular dystrophy. Down in England, work is being done on stem-cell treatment that relates to the exon 51 gene. However, because the boys have different gene deletions, any particular treatment will be available only to some of them. That is the reason for having the DMD registry—we know the exact numbers of boys with the condition in Scotland and the rest of the United Kingdom and which of them would benefit from the exon 51 treatment. That is all I can say on that,

because the researchers are doing the rest—we are just the candidates.

Eileen Fidelo: There are about 50 different strains of muscular dystrophy—it is bewildering.

Yvonne Widd: Some of the strains are genetically inherited.

Eileen Fidelo: The research is very much in the early stages. Gene research is big now, but we would like some of it to be focused on what is a very needy group of young people.

Campbell Martin: I turn to another aspect of the petition. What level of adaptation of their homes do people need to carry out?

Yvonne Widd: My son needs full access to the lower half of the house. He needs a bedroom with en suite facilities, with either a specialised bath or shower, and he needs access to the kitchen. My funding officer from Stirling Council said that my son does not need access to the kitchen, but I asked him where my son would eat. I do not want him to be isolated in his bedroom. He needs full access to the lower part of the house. If he is isolated in any room, he cannot live independently.

Helen Eadie: Among the many issues that you have raised today, you have mentioned the requirement for specialist wheelchairs. I have dealt with a constituent who needed a particular type of wheelchair. We met the Deputy Minister for Health and Community Care—then, Rhona Brankin—who was sympathetic about the issue of specialist wheelchairs. Some years ago, a petition on wheelchairs came to the committee, which resulted in a review of wheelchair provision and a consultation document. Are you aware of that document?

Yvonne Widd: I know that Westmark in Glasgow provides wheelchairs to people who need them throughout Scotland and that Whizz-Kidz and Barnardo's Scotland have joined up to improve the provision of seating facilities and wheelchairs that help posture. That is a big issue for boys with Duchenne because they cannot sit up properly and need to be supported. They, along with people who have other disabilities, need better wheelchairs to help their posture.

Helen Eadie: Ministers have not yet come to a final view on the consultation, so this is your chance to stipulate clearly which wheelchairs you would like for sufferers of DMD. I do not want to pre-empt the committee's decision, but I imagine that we might write to the Scottish Executive. If you are after a particular sort of wheelchair, we could ask for that to be taken into account.

Yvonne Widd: Because the wheelchairs come from the health service, through Westmark, only certain types of chairs are available—they are just basic, normal wheelchairs. My son has already

had a manual wheelchair and has just been reassessed for another manual chair. When the boys start to use electric wheelchairs to manoeuvre, they will spend the rest of their lives in those chairs—until they die, basically—so the chairs must be suitable. Parents sometimes have to go out and buy electric wheelchairs, which do not come cheap.

It is also necessary to pay for repairs. I know that Westmark does a wonderful job, because I work in an environment that provides independent living for people with special needs. I have a fair idea of the wheelchair provisions that are available to people and of the chairs that our sons will use in the future.

The Convener: The document that was mentioned—"Moving Forward: Review of NHS Wheelchair and Seating Services in Scotland"—is on our agenda, because a petition on wheelchairs has been submitted to us. The Scottish Executive has still to respond to the independent review, so input can be made in respect of the document.

Eileen Fidelo: The wheels grind exceedingly slow, do they not?

John Scott: This is more a comment than a question, but I have done the arithmetic and £30,000 multiplied by 250 comes to £7.5 million in a year. That is a big figure to you and me, but it is not a huge amount of money for health service and local authority budgets.

Eileen Fidelo: That would be the mandatory grant for adaptations.

John Scott: If it represents people's having higher life expectancy, it is worth it. I have the greatest sympathy with you. The Scottish Executive would have to provide additional funding to local authorities, but it is having considerable difficulty doing that at the moment. Should the committee move to recommendations?

The Convener: I was going to suggest that. Having heard all the important evidence that has been given this morning, do members have views on how we should progress the petition?

John Scott: We could seek the views of the Scottish muscle network, the Chief Scientist Office, NHS Quality Improvement Scotland and the Minister for Health and Community Care. Thereafter, we could seek the witnesses' views on the responses that we receive.

The Convener: Are members happy with that proposal?

Members indicated agreement.

The Convener: As John Scott said, we will provide you with the responses that we receive and will welcome your comments on those responses. We will consider the responses and

comments together when we look again at the petition. Thank you for bringing it to us this morning. That was the last oral evidence that we will take this morning.

Eileen Fidelo: Thank you for having us. The meeting has been valuable.

Renewable Energy Technology (Installation) (PE969)

Small-scale Energy Generation Equipment (PE837)

The Convener: We continue with consideration of new petitions. PE969, from Alan Kennedy, calls on the Scottish Parliament to urge the Scottish Executive to promote and encourage the development and installation of micropower renewable energy technology in business and domestic premises and to set targets for doing so.

Before it was formally lodged, the petition was hosted on the e-petitions system, where it gathered 491 signatures. Petition PE837, which also relates to small-scale energy generation equipment, is on today's agenda. As the two petitions raise similar issues, members may wish to link consideration of them. Is that agreed?

Members indicated agreement.

The Convener: Petition PE837, from Neil Hollow, calls on the Scottish Parliament to urge the Scottish Executive actively to use its influence to ensure that by the year 2020 all buildings in Scotland, including domestic, commercial and government buildings, are fitted with at least one type of small-scale energy generation equipment, that such equipment should be brought within permitted development rights and that no charges for connecting to the grid should be made. At its meeting of 7 December 2005, the committee agreed to invite the views of the petitioner on the responses that had been received. A response has been received from the petitioner and has been circulated to committee members.

Do members have comments on petition PE837 and petition PE969? How should we deal with the petitions?

Helen Eadie: This is an important issue. We could seek an update from the Scottish Executive on the promotion of micropower renewable energy technology, which would help to move things forward a little.

The Convener: Do members agree that we should write to the Executive seeking that information?

Members indicated agreement.

7:84 Theatre Company (Closure) (PE970)

The Convener: Our next petition is PE970, by Chris Bartter on behalf of 7:84 Theatre Company, calling on the Scottish Parliament to urge the Scottish Executive to act urgently to prevent the closure of 7:84. Before being lodged, the petition was posted on the e-petitions system, where it gathered 1,635 signatures. The petitioners have said that all funding to 7:84 Theatre Company will cease in August 2006, which will result in its closure, as it will not be able to compete for ad-hoc project funding in 2007. We are joined by Cathy Peattie, who has an interest in the petition. Do you want to comment on the petition, Cathy?

Cathy Peattie (Falkirk East) (Lab): I am not an expert on 7:84, but I feel strongly about it and wanted an opportunity to speak this morning. I understand that the committee has discussed Borderline Theatre Company, which is in a similar position. I know that members have fairly comprehensive notes from 7:84, but it is worth noting that it is a special organisation that has been touring Scotland for 33 years. The funding for 7:84 runs out in August 2006. It is too late for any appeal to the Scottish Arts Council and too late to apply for new funding, so it is crucial that something happen quickly.

We all find ourselves in situations in which we do not appreciate that something is special until it is no longer there. In my opinion, 7:84 is special: it takes theatre out to ordinary people, it speaks ordinary people's language and it motivates them to become involved. If we allow 7:84 just to go and do not make any appropriate noises, that would be tragic. I hope that the committee will consider the recommendations from 7:84 to urge the Scottish Arts Council to rethink the funding situation and to ask the Minister for Tourism, Culture and Sport whether there are ways within the new cultural structure to treat 7:84 as a national company. I think that it is as valid as Scottish Opera or any of the other national companies that the Scottish Executive funds.

The Convener: Members will remember that we discussed Borderline Theatre Company a few weeks ago. We were amazed that it was losing funding because it was too audience focused. If art is not about being focused on the audience, I am at a loss to understand what the Scottish Arts Council thinks it should fund. I know that the situation came about as a result of a change in the criteria which, in effect, makes it difficult for groups such as Borderline and 7:84 to receive funding. We have taken up the issue. I am interested to hear whether members think that we can progress 7:84's petition as we did Borderline's petition.

Helen Eadie: I agree. It is tragic that a project that people like is going to be turned off. The fact that the goalposts have been moved in midstream

is an issue of real concern. I have received briefings on the issue—Cathy Peattie has perhaps received the same information. For many years, there have been consistent attempts to stop 7:84 in its tracks. This is the first time we have got to this stage. The decision makers have changed; officials are in the driving seat, whereas lay members were much more involved in the past. That is a cause for concern because lay involvement in decision making is always valuable. Officials do not know everything and lay people quite often speak from experience.

I support the views that Cathy Peattie has expressed. Having linked the petition with the petition on Borderline, perhaps we could write to the Scottish Arts Council and to the Minister for Tourism, Culture and Sport to seek their views on the issues that have been raised. When we get their responses, we could seek the petitioners' views on them.

In view of the urgency of the matter, we could in the meantime send a copy of the petition to the Enterprise and Culture Committee. Parliament goes into recess at the end of June and funding will stop at the end of August, so there must be a big red exclamation mark in front of everything that we propose to do.

11:30

Ms White: I am sorry that nobody from 7:84 is here to give evidence, although Cathy Peattie has given evidence eloquently on its behalf. There is a link between the 7:84 and Borderline petitions, but also a slight difference between them in that one case is more urgent than the other. Basically, 7:84 will not receive any funding at all and, as Helen Eadie has rightly said, the Parliament will shortly go into recess.

I would like the committee to ask the Scottish Arts Council questions, but we will not have another meeting until after the recess, so perhaps that will be impossible. However, the SAC should still come to the Parliament. We are discussing an attack not only on popular theatre, but on political theatre. People enjoy such theatre and learn from it. Like Borderline, 7:84 does excellent outreach work. I think that I have been to all its productions and I look forward to more of them. Therefore, I hope that it receives funding.

We must act urgently. The company is in danger of going down the tubes and never coming back again, and this country is in danger of losing the precious democratic ability to attack Governments and do political theatre. Such theatre makes people think. If we lose 7:84 and Borderline, we will have nothing left.

I have attended a meeting of the cross-party group in the Scottish Parliament on culture and the

media, of which Cathy Peattie is convener, and I get emotional and angry about the issue because 7:84 goes to schools to do outreach work and people think when they see it performing. They discuss the issues that are raised and come out of productions laughing. That is what good theatre is about. People should not tell the rest of the public what they should watch.

I would like the SAC to come to the Parliament. I was appalled by comments that were made to me about 7:84 in a conversation that I had with someone who works for the SAC, whom I will not name—I am not talking about one of its members. There are agendas relating to 7:84 and Borderline that we must get to the bottom of. There is an agenda to get rid of popular, thought-provoking theatre that attacks the Government. If we let 7:84 go, we will never get it back and we will not live in a democracy any more—we will live in a place that is more like Stalinist Russia. I said that to the girl—I have now given the person's gender away—who works for the SAC. Is that what the SAC wants to happen? It is out to make a name for itself. The convener talked about elitism, and I have talked about the snobbery that exists. Both words apply. We cannot afford to lose 7:84.

We cannot have a special meeting of the committee, but we must send the petition somewhere. I agree with some of Helen Eadie's suggestions, but would like to hear suggestions from other members about what we can do with the petition. I feel strongly that we must do something quickly.

I am sorry for going on, convener.

The Convener: That is okay. I hear what you are saying.

John Scott: I support much of what has been said. The company is undoubtedly in a more difficult situation than Borderline is. However, my mouth is metaphorically hanging open at Sandra White's suggestion that a political agenda is being pursued. I was certainly not aware that it was. It would be interesting and would help the committee's deliberations if she could provide more evidence that that is happening.

Ms White: I do not want to interrupt, but perhaps the SAC could give more evidence on that in the Parliament.

John Scott: That is certainly worth considering. I agree with Helen Eadie that we should write to the Scottish Arts Council and do everything else that has been suggested.

Rosie Kane (Glasgow) (SSP): I agree with what all members have said. In particular, I agree with Sandra White that snobbery and elitism are at play. Anyone who has gone to election hustings knows that you get a handful of people and a

stone there. However, no one could deny that, at a 7:84 event, there is true democracy, people are totally involved and there is broad discussion. The company supplies something that is not found anywhere in mainstream politics, and I am concerned that it is easy to reach the conclusion that that might be why it has found itself in the situation that it is in.

I see why the situation is similar to that of *Borderline*, but a flashing light has appeared. Like Sandra White, I am concerned and pained that we will lose such an incredible part of Scottish culture, in which many people have been involved. I do not know how the SAC assesses things. How it makes assessments and decisions is bizarre. I, too, would like to hear from the SAC, but not in a letter—I would like to have a discussion to find out exactly what is going on. Perhaps we could assess the SAC at the end of that and see what we think.

That is the way to go, but I do not know how quickly that can be arranged or whether we can do anything in the meantime to make a funding bridge to protect 7:84 until the Parliament can look more deeply into what is going on and how the conclusion was reached. Is there an opportunity to do anything like that, or could we ask someone to do that?

The Convener: Because of the seriousness of the issue that has been raised, I agree that inviting the SAC to give evidence would be desirable. However, the problem is the practicality of bringing representatives here. Our next meeting is our last before the recess and will be in Jedburgh. I am more than happy to invite the SAC to speak to us in Jedburgh, but I do not know whether that would be possible. The next meeting is in September, so we face a practical difficulty. I concur that we should ask the SAC to speak to us, but I must make members aware that we have only one meeting between now and the summer and it will be in Jedburgh.

Campbell Martin: I agree totally with Sandra White, Rosie Kane and others that a major problem with the Scottish Arts Council is clear. It should come here and justify its decisions. I know that we cannot impose our will on the SAC but, if it cannot appear until September, could we ask it not to take such actions until it has come to the Parliament to justify them, given the committee's reservations and concerns?

The Convener: We would get into difficulty with that.

Campbell Martin: I accept that the matter is difficult, but we could ask.

The Convener: We cannot intervene in such individual decisions. We can certainly make the SAC aware of the committee's strength of feeling;

perhaps that would influence or hold in abeyance decisions. However, realistically, we cannot ask the SAC not to make decisions. We do not have the authority to do that. We can make the SAC aware of our concerns, which it may or may not consider. That is as far as we can go.

Cathy Peattie: The convener spoke about building audiences. It is worth noting that the audiences that 7:84 and *Borderline* build do not go to the theatre every Friday night. Those companies work at the grass roots to encourage people to go to the theatre. That is special and very few companies do that. The petition is about maintaining political theatre.

I welcome the idea of the committee taking evidence from the SAC. If the committee is to do that, I urge it to give 7:84 an opportunity to speak, too. Bridging funding is not available; nothing is there. Can members imagine the consequences for any company of having no money round the corner? The situation is dire. I welcome any support that the committee can give. I realise that that is limited, but I welcome all members' comments.

The Convener: We are definitely going into uncharted territory for the committee, but I am not against that. I am talking to Jim Johnston about ways to address members' concerns. Not every member has said that they will go to the Jedburgh meeting, which I encourage members to go to. We are in serious danger of being unable to hold that meeting if members do not start to confirm their availability. I must point out that we could invite the SAC to Jedburgh but discover that members were not present.

We could try to fit in a special meeting with only one item on the agenda on another Wednesday before the recess. We will pursue the issue with the SAC, but I need a commitment from members to go to Jedburgh. If we invite SAC representatives to Jedburgh, I want members to be there to meet them.

Ms White: I entirely agree. I have already said that I am going to Jedburgh—I have a map so that I can find my way when I drive down. I would be more than happy if we could write to the SAC and ask for representatives to appear at our next meeting, which is in Jedburgh. Your suggestion is spot on: if the SAC's representatives cannot come to Jedburgh, we should have a special meeting at which they can answer our questions.

Rosie Kane: Who is the SAC accountable to? Perhaps I should know that, but other committee members might.

The Convener: It is accountable to the minister.

Mr Gordon: I associate myself with the support for 7:84. Reading the background report made me

feel old, because I remember going to its first productions in the early 1970s.

We need to give committee members more than one option for a special evidence-taking session. Indeed, to be scrupulously fair, we should also try to give the SAC more than one option. I am not able to go to Jedburgh because the meeting is on a Monday on which I have constituency commitments that were made long in advance, but I agree with the other option of having a special committee meeting on this matter alone.

I take Cathy Peattie's point that we should also hear from 7:84. There is an urgency to the situation. I agree that, in principle, the issue is similar to that in Borderline's petition but, before we start to get answers to some of the questions that concern us, 7:84 might well have gone out of business. I would not like our approach to set too much of a precedent for handling petitions in future because it would have the potential to gum up the works, but 7:84's circumstances are exceptional.

The Convener: That is the point that I was making. Given the committee's strength of feeling, we have to think beyond what we would normally do, and I am more than happy to try to do that. We would have to leave it up to the clerks to liaise with the SAC to find out when representatives were available. If 28 June is the best option, I would have no difficulty in going for that, but we must bear it in mind that that comes down to all sorts of things, such as resources and the availability of committee rooms. I suggest that we allow the clerks to try to get the SAC along to the committee before the summer recess. The alternative is that we meet the SAC in September, by which time it might be too late for 7:84.

The fact that 7:84 is not giving oral evidence is purely about timing, as Borderline got its petition in first. The issue is the same; the criteria that affect Borderline affect 7:84. The latter put its petition on the e-petitions system and it took a couple of months for signatures to be collected and the petition to be presented; Borderline lodged its petition immediately. Had the situation been reversed, 7:84 would have given oral evidence and we would have had to consider Borderline's petition in addition to 7:84's. That is just the way in which the petitions system works. Regardless of the petitioner's profile, I try to be as consistent as possible in applying that system in order to be fair to other petitioners who have been told in the past that their issues have already been addressed. It was purely a matter of timing that Borderline got its petition in before 7:84 and hence got the opportunity to give oral evidence.

We will have to consider all the issues, but we will try to arrange a meeting with the SAC before the summer recess to ask it about the funding

decisions and how they affect Borderline and 7:84, which clearly stimulates much interest. I ask members to leave the clerks to get on with that; they will try to facilitate it.

Mr Gordon: If our best endeavours are not successful and it is not possible to arrange an evidence-taking session before the summer recess, the members of the SAC and the officials who work for it ought to examine the *Official Report* of this meeting and take careful note of the strength and unanimity of the committee's feeling. If, later this year, something unpleasant should happen to 7:84, it will not remove any accountability obligations from the SAC.

The Convener: That point is well worth making. Are members agreed that we should write to the organisations that have been suggested and invite the SAC to come and discuss the issue?

Members indicated agreement.

Housing (Scotland) Act 2001 (Compliance) (PE971)

11:45

The Convener: Our final new petition this morning is PE971 by David Minnery, on behalf of East Renfrewshire tenants and residents federation, which calls on the Scottish Parliament to urge the Scottish Executive to review the implementation of the Housing (Scotland) Act 2001 to ensure that local authority landlords are complying with the legislation, particularly with regard to tenant participation and consultation in the management of housing and related services. Before being lodged formally, the petition was hosted on the e-petitions system, where it gathered 228 signatures.

I should point out that the petitioner is particularly concerned about the withdrawal of warden services to sheltered housing without adequate consultation with vulnerable service users. Do members have any comments on how we should take the petition forward?

Mr Gordon: I have a question rather than a comment. The petitioner refers to

"The plundering of Housing Revenue Accounts to fund General Account obligations".

That in itself is ultra vires; indeed, I imagine that the courts have an instant remedy to that problem. However, we do not seem to have received much background information on the specific allegation that housing rental income has been used to fund services that should be funded by council tax. The law in this country is quite clear on the issue: the two accounts are quite separate and money cannot be moved between them in that way. Do we have any more information on that? It seems to

me that the matter should be addressed by an interim interdict rather than by a petition.

The Convener: When we write to the various organisations, we can certainly seek their response to the suggestion that has been made.

Mr Gordon: This very serious allegation needs to be substantiated.

The Convener: We can ask the petitioner to provide evidence, but in the meantime we can send the petition to various organisations for their comments.

Ms White: We have to write to East Renfrewshire Council not only on the point that Charlie Gordon has raised but on the fact that certain inspection reports have identified a number of areas, including consultation with tenants, where the council needs to make improvements. We should also seek the views of the umbrella body Communities Scotland; the Tenant Participation Advisory Service Scotland; the Convention of Scottish Local Authorities—although I note that it has not responded to our correspondence on previous petitions—and the Scottish Executive.

The Convener: Are members happy with that?

Members indicated agreement.

The Convener: We will seek clarification from the petitioner on Charlie Gordon's comments and, if required, send the information to those organisations to make them aware of the accusation. In any case, we will also seek the petitioner's views on any responses that we receive. Are members agreed?

Members indicated agreement.

Current Petitions

Mental Health Services (Deaf and Deaf-blind People) (PE808)

11:48

The Convener: We move to item 2, which is consideration of current petitions. We are joined for this item by Sue Mowat and Rosie Addis from Deaf Action's communication and support unit, who will provide British Sign Language interpretation services.

The first current petition is petition PE808 by Lilian Lawson, on behalf of the Scottish Council on Deafness, which calls on the Scottish Parliament to urge the Scottish Executive to develop and establish a specialist in-patient mental health unit for deaf and deaf-blind people and to provide resources such as training to make mainstream psychiatric services in the community more accessible to deaf and deaf-blind people in Scotland.

At its meeting on 18 January 2006, the committee agreed to seek the petitioner's views on the responses that it has received on the petition. The petitioner's response has now been received and circulated to committee members. In addition, the committee has received correspondence from the cross-party group on mental health and the Royal College of Psychiatrists.

Do members have any suggestions on how to deal with the matter?

John Scott: The petitioner's suggestion of establishing a

"centralised in-patient service in a suitable location"

or locations seems very reasonable and worthy of consideration. In light of that, we should seek the minister's views. Centralisation of such services is a reasonable idea.

The Convener: So we will write to the Deputy Minister for Health and Community Care with the views of the petitioner, the cross-party group and the Royal College of Psychiatrists.

Members indicated agreement.

Ms White: We have to write to Lewis Macdonald, the deputy minister, but last Wednesday we had a debate in Parliament in which he replied to that question. I have a copy of his answer here, although I am sure that he will remember it. His answers to some of the questions that I put to him did not give me any hope for the future of the services that we are looking for. I note that all the responses to the petition are in favour of what Lilian Lawson and Drena O'Malley want, so I hope that the minister

will take cognisance of that. He was asked questions last Wednesday and he said that there would be a review.

The Convener: We will try to get a response from the minister to the points that have been made.

Scottish Culture (Study of History, Literature and Language) (PE910)

The Convener: Our next petition is by Dr Donald Smith on behalf of the Literature Forum for Scotland, calling on the Scottish Parliament to urge the Scottish Executive urgently to review the study of Scottish history, literature and language at primary, secondary and tertiary levels to ensure that all citizens of Scotland have the opportunity to understand those key aspects of their own society and culture. At its meeting on 18 January 2006, the committee agreed to seek the views of Learning and Teaching Scotland, Her Majesty's Inspectorate of Education, Bòrd na Gàidhlig, the Educational Institute of Scotland, Universities Scotland, the Scottish Funding Council, the Minister for Education and Young People and the Minister for Tourism, Culture and Sport.

Responses have now been received and circulated to members of the committee. In addition, several letters have been received from members of the public in support of the petition. Do members have any suggestions on how to proceed with it?

Helen Eadie: Shall we write to the petitioner and ask for his views on the responses that we have received?

The Convener: Yes, and then we can reconsider the petition in due course.

Disabled Parking (PE908)

Local Authorities' Traffic Orders (Procedure) (Scotland) Regulations (PE909)

The Convener: The next two petitions are linked. PE908 is by Connie M Syme, calling on the Scottish Parliament to urge the Scottish Executive to ensure that traffic regulation orders are applied to all disabled parking bays so that they are used by registered disabled users only. PE909 is by James MacLeod on behalf of Inverclyde Council on Disability, calling on the Scottish Parliament to urge the Scottish Executive to review the Local Authorities' Traffic Orders (Procedure) (Scotland) Regulations 1999 to allow for speedier provision and enforcement of dropped kerbs and disabled parking bays to prevent their abuse, thus ensuring

greater and easier access for disabled, elderly and other users.

At its meeting on 30 January 2006, the committee agreed to link consideration of PE908 and PE909 and agreed to write to the baywatch campaign, the Disability Rights Commission, the Mobility and Access Committee for Scotland, the Convention of Scottish Local Authorities, the Association of Chief Police Officers in Scotland, the Automobile Association and the Scottish Executive. Members have received those responses. Do we have any suggestions on how to proceed?

Helen Eadie: Again, convener, shall we write to the petitioners and ask for their views on the responses?

Ms White: It is obviously protocol to write to the petitioners about the responses that we have received. However, I said at the time that the petitions should be separate. I am not knocking anyone, but we have received separate and different responses because one petition is about dropped kerbs and the other is about people parking in disabled parking bays. There is a lot in both petitions and, although they could be put together because they are about disability, they are quite separate. We have to write to ask the petitioners what they think. I hope that when we get their replies we can take the petitions further. There are rules and regulations that should be applied so that people can park. I agree with Helen Eadie, but I just wanted to make that point.

The Convener: The petitions are linked not because they are concerned with disability but because they are about road traffic regulations. That is the connection.

John Scott: Sandra White is right that the petitions raise a serious issue about road traffic legislation. The responses from the AA and COSLA are worthy of further consideration, but we should hear the views of the petitioners first. The petitions have highlighted a real problem that needs to be sorted out.

The Convener: We will reconsider the issue when we hear back from the petitioners.

Public Libraries (PE831)

The Convener: Our next current petition is PE831 from Catriona Leslie on behalf of Portree community council. The petition calls on the Scottish Parliament to urge the Scottish Executive to review its policy on public libraries to ensure appropriate provision in rural areas.

At its meeting on 21 December 2005, the committee agreed to invite the petitioner's views on the responses that we had received to her petition. Do members have any suggestions on

how to take the petition further? Should we take it further at all?

Helen Eadie: It is always a matter of regret when the committee is unable to do as much for a petitioner as we might like to do by waving a magic wand to solve the problem. Given that the decision is really a matter for the local authority and given our policy of not trying to replace the role of external decision-making bodies such as local authorities, the petitioner really needs to pursue the matter further with the local authority. We have done all that we can, so we should close the petition at this point.

The Convener: Do members have other views?

Do members agree with Helen Eadie that we should close the petition?

Members indicated agreement.

School Building (Funding) (PE832)

The Convener: Our next petition is PE832 from Catriona Leslie—I thought that I was reading the wrong thing, but this is another petition from the same person—again on behalf of Portree community council. The petition calls on the Scottish Parliament to debate the use of public-private partnership funding to build new schools and to urge the Scottish Executive to provide adequate public sector funding for local authorities, which are better placed to meet the needs of the local community, to build new schools.

At its meeting on 21 December 2005, the committee agreed to invite the views of the petitioner on the response that we had received from the Scottish Executive. The response from the petitioner—in respect of both this petition and of petition PE831—has now been circulated. We now need to decide what to do with this petition. Do members have any suggestions?

Campbell Martin: In an earlier petition today, we heard about the problems that are associated with PPP projects. Although the petition comes from Portree community council, the subject of the petition is not a local issue but a national issue. Local authorities throughout Scotland are being forced down the PPP route—the only choice is to take it or leave it—because funding is not available unless they go down that route. The petition asks us to get the Executive to debate the use of PPP, but the Executive will be reluctant to do that. Obviously, the petitioners are ultimately looking for a change in policy to allow local authorities to fund projects in the traditional manner. Our problem is that we cannot force the Executive to debate or change the policy.

Having allowed the petition a hearing and received responses to it, we probably have no

option other than to allow the petition to be closed. In doing so, we can perhaps point out to the petitioners that, as I have said at previous committee meetings, they have the ultimate sanction. If things are not to their liking, at next May's election they can choose not to vote for the people who imposed PPP.

The Convener: That is democracy, Campbell.

Campbell Martin: That is how it is supposed to work.

The Convener: Are we agreed that we should close the petition as nothing further can be done with it?

Members indicated agreement.

NHS (Provision of Wheelchairs and Specialist Seating Services) (PE798)

The Convener: Our next current petition is PE798 from Margaret Scott. The petition calls on the Scottish Parliament to urge the Scottish Executive to resolve the current critical problems in the provision of wheelchairs and specialist seating services within the NHS both by an immediate increase in funding and through a review, which in consultation with users will address minimum standards, the scope of equipment provided and the delivery of services.

At its meeting on 18 January 2006, the committee agreed to seek an update from the Deputy Minister for Health and Community Care on the independent review of the NHS wheelchair service. The Executive has now published "Moving Forward: Review of NHS Wheelchair and Seating Services in Scotland".

Sadly, the petitioner Margaret Scott recently passed away. On behalf of the committee, I offer my condolences to Mrs Scott's family and friends. The work of the petitioner is acknowledged in the introduction to the review, which states:

"Sadly, at the final proof stage of this report, we have learned of the untimely passing of Margaret Scott, who for years has campaigned to improve the lives of children, like her daughter Fiona, by having the appropriate equipment provided timeously by the Health Service. As promulgator of the Petition to the Scottish Parliament, without Margaret's tenacity and dedication we would not have progressed this far. The baton has now been passed to us, so let us all now respond to the challenges ahead as a lasting tribute to Margaret."

Do members have any suggestions on how we should deal with the petition? I suggest that we write to the deputy minister, asking what progress has been made. Reference was made to the report earlier.

12:00

John Scott: I think that we should wait and see what the final report says before deciding what further action to take.

The Convener: We need to let the minister know that we are awaiting information on the review.

Campbell Martin: Is it possible to ask the deputy minister what the next steps will be? There are concerns that there has been no progress on the matter.

The Convener: The minister's next step will be to respond to the review, which was published in March. We may ask about the timescale for his response, but we know what the next step is: he has to respond to the review.

Campbell Martin: I asked the question because of the use of the word "shortly". When the Executive uses the word "shortly", that can mean anything up to a year. We need to pin the Executive down a bit on what is happening.

The Convener: I do not think that there would be any difficulty in asking what timescale the minister will work to.

Helen Eadie: I associate myself with your earlier comments about the work of Margaret Scott. I also compliment the officials who have been involved in the review. I know, from my personal involvement in it, that they have done a power of work and have carried out roadshows throughout Scotland. That has been a really good way of getting out there and speaking to members of the public to seek their involvement in shaping the policy that will be put before ministers.

Nevertheless, I associate myself with the concern that has been raised by other members that what we need now is a determination. All the groundwork has been done—that is excellent—and we now need a decision on how the work is going to be financed and what the money will provide. I hope that we will get that determination from ministers sooner rather than later. If we got it in the autumn, that would be good news for us to come back to.

The Convener: Taking up Campbell Martin's point, I think that we should ask what timescale the minister is working to. When we have an idea of that, we can think about our response to the progress that has been made or the lack thereof. Is that agreed?

Members indicated agreement.

European Drinking Water Directive (PE929)

The Convener: Our final current petition is PE929, from George Packwood, calling on the Scottish Parliament to review the implementation of European Union drinking water directive 98/83/EC in relation to the replacement of lead piping in public and private sector domestic

properties to ensure that drinking water in Scotland has zero lead content.

At its meeting on 22 February 2006, the committee agreed to write to the Drinking Water Quality Regulator for Scotland, Scottish Water, the Scottish Environment Protection Agency, COSLA, Friends of the Earth Scotland and the Scottish Executive. The responses that have been received have been circulated to members along with a further submission from the petitioner. Do members have any suggestions as to how we should deal with the petition?

John Scott: I think that we must write to the petitioner because of the responses that we have had—we would do that anyway—which are determined and robust in their refutation of part of his petition. They all say that there is no requirement in the EC directive for regulations to achieve zero lead content. Somebody has got their facts wrong somewhere. It would be interesting to hear the petitioner's views on the letters that we have received.

The Convener: Okay. Are members agreed that we should write to the petitioner, asking for his view on the correspondence?

Members indicated agreement.

Proposed Petition

12:04

The Convener: The clerks have circulated a proposed petition by Brian McKerrow in relation to the Family Law (Scotland) Act 2006. The committee is invited to consider the admissibility of the proposed petition. Do members concur that it is inadmissible?

Members indicated agreement.

Meeting closed at 12:04.

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