

PUBLIC PETITIONS COMMITTEE

Tuesday 4 December 2007

Session 3

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PUBLIC PETITIONS COMMITTEE

9th Meeting 2007, Session 3

CONVENER

*Mr Frank McAveety (Glasgow Shettleston) (Lab)

DEPUTY CONVENER

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

COMMITTEE MEMBERS

*Bashir Ahmad (Glasgow) (SNP)

*Claire Baker (Mid Scotland and Fife) (Lab)

Angela Constance (Livingston) (SNP)

*Nigel Don (North East Scotland) (SNP)

*Rhoda Grant (Highlands and Islands) (Lab)

*Robin Harper (Lothians) (Green)

*Nanette Milne (North East Scotland) (Con)

COMMITTEE SUBSTITUTES

Jim Hume (South of Scotland) (LD)

Marilyn Livingstone (Kirkcaldy) (Lab)

John Scott (Ayr) (Con)

*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO ATTENDED :

Brian Adam (Aberdeen North) (SNP)
Walter Baxter
Pete Cheema (Scottish Grocers Federation)
John Drummond (Scottish Grocers Federation)
Murdo Fraser (Mid Scotland and Fife) (Con)
Iain Gray (East Lothian) (Lab)
Christopher Harvie (Mid Scotland and Fife) (SNP)
Colin Landsburgh (Scottish Grocers Federation)
Lewis Macdonald (Aberdeen Central) (Lab)
Mike Rumbles (West Aberdeenshire and Kincardine) (LD)

CLERK TO THE COMMITTEE

Fergus Cochrane

ASSISTANT CLERK

Franck David

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 4 December 2007

[THE CONVENER *opened the meeting at 14:00*]

New Petitions

National Proof-of-age Card (PE1090)

The Convener (Mr Frank McAveety): Welcome to the ninth meeting in the third session of the Public Petitions Committee of the Scottish Parliament. Please ensure that all mobile phones and other electronic devices are switched off. I have received a standing apology for Angela Constance MSP and I welcome John Wilson, who is still substituting for her. I do not think that we have any other apologies.

Agenda item 1 is consideration of new petitions. PE1090, which was submitted by John Drummond on behalf of the Scottish Grocers Federation, calls for the Scottish Parliament to urge the Scottish Government to introduce a national proof-of-age card free for all 12 to 26-year-olds. Present with Mr Drummond are Pete Cheema and Colin Landsburgh. All three of them are welcome to this afternoon's meeting. As they will know, the format is that we will hear a brief opening statement for a maximum of three minutes on the issue that they have raised. As always, we have received previous correspondence and information from you.

Welcome and good luck, Mr Drummond.

John Drummond (Scottish Grocers Federation): Thank you for considering our petition and for allowing us to make a representation to the committee today. Mr Cheema and Mr Landsburgh are respectively president and vice-president of the Scottish Grocers Federation. I am chief executive of the same trade association.

The Scottish Grocers Federation represents convenience stores in Scotland. Organised convenience store groups such as Spar and the Co-op are the mainstay of our membership but our federation also has other members, including a great number of independent unattached retailers. Our philosophy—shared by Spar, the Co-op and the independents—is of responsible community retailing.

We recently held a series of meetings or roadshows to communicate to our members the details of the Licensing (Scotland) Act 2005. There was great concern among our members about

how they can police underage sales. That is how the petition came about. At this stage, I should emphasise that the petition calls for a proof-of-age card rather than an identity card, which can be a politically sensitive issue.

As retailers of a number of age-related products such as alcohol and tobacco, we feel that a proof-of-age card would be of considerable benefit to protect our staff from the threat of abuse, intimidation and even violence. The threat of violence is very real in many of our stores that trade in difficult areas. When challenged for proof of age, some youths get angry and threatening. That creates fear and anxiety among our staff.

We believe that the introduction of a national proof-of-age card for 12 to 26-year-olds that was strongly encouraged by Government and accepted by all would help greatly towards creating a safer environment in our communities.

Thank you. We will be happy to answer any questions that the committee might have.

The Convener: Thanks for your time on that, Mr Drummond. I invite committee members to ask questions.

Nigel Don (North East Scotland) (SNP): Forgive my ignorance, but are such compulsory schemes in operation in Europe? I know that there are voluntary schemes, but is there a precedent for a Government introducing such a scheme?

John Drummond: I understand that there are proof-of-age schemes—in fact, identity card schemes—throughout the world, but I do not know enough about the specific instances to back that comment up. I will attempt to get some information, if that will help.

Nanette Milne (North East Scotland) (Con): Is it proposed that the age band be 12 years old and upwards or 15 years old and upwards? I saw both mentioned.

John Drummond: There are two comments in the petition. The 12 to 26 age band is preferred, simply because there are some videos that require the consumer to be at least 12.

Nanette Milne: There is the Young Scot card and I think that there are other voluntary schemes. Can you clarify that for me? I do not know the detail of this area.

John Drummond: There are a number of schemes: the citizen card is one and there are others. That is part of the problem: there is a plethora of proof-of-age cards, which makes the situation confusing for youngsters.

We believe that the Young Scot card could be part of the solution to our problem. It is an entitlement card that provides discounts for transport and so on, but it is purely voluntary and a

youngster will acquire one only when they want to avail themselves of those discount opportunities. We would like the card to be used by all youngsters and for the emphasis to be changed so that it is a proof-of-age card rather than an entitlement card. It provides the answer—if it can be supported more vocally and, if necessary, financially, by Government.

Nanette Milne: Have you any idea of the financial implications?

John Drummond: I do not think that they would be very much. The Young Scot scheme is supposed to be available in all local council areas. Unfortunately, coverage is patchy; some councils do a good job of maximising uptake and others do not do very much at all. If they were given the proper incentives—not necessarily financial; the incentive could simply be encouragement from Government—a much better job could be done to make the card freely available.

Bashir Ahmad (Glasgow) (SNP): What kind of personal details should be on the card?

John Drummond: Date of birth, full stop.

Bashir Ahmad: No address or anything like that?

John Drummond: A photograph and the date of birth. There is an opportunity for the Young Scot card to have a hologram and a proof-of-age standards scheme—or PASS—accredited chip, which means that it cannot be copied.

Pete Cheema (Scottish Grocers Federation): John Drummond has with him an example of a Young Scot card, which we can let you see.

The Convener: Does it have your real age on it, John?

John Drummond: And a photo of me when I had long hair. No, it is not my card, but you can see that it has on it the date of birth and an expiry date, which means that it would need to be updated from time to time. It even has a saltire on it.

The Convener: You are nearly winning the committee over with that observation.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): I am sure that there is a lot of merit in this petition and in the campaign. There must be a lot of difficulty when a young person comes into a store and is asked to give their age. They might take offence. Has that been your experience?

John Drummond: Yes. I will let the retailers come in with specific examples in a moment. We encourage our members to adopt a scheme called challenge 21. When a customer looks as if they are 21 or younger, we challenge them for proof of

age. If they do not have proof of age, we will not continue with the sale; they will not be served. If they can provide something that shows that they are over 18—they do not have to be over 21—and can buy alcohol and cigarettes, we proceed with the transaction.

John Farquhar Munro: You are suggesting that everyone who wants to buy tobacco or cigarettes must have some form of identification that confirms their age.

John Drummond: We are insisting on that now.

John Farquhar Munro: Who would provide the certificate or card? Would it be the Government?

John Drummond: Yes. The Government supports the Young Scot card, so we are calling for that scheme to be beefed up and to be given some more funding if necessary, to achieve our aims.

John Farquhar Munro: Your current campaign is directed at a Scottish market.

John Drummond: Very much so.

John Wilson (Central Scotland) (SNP): Mr Drummond, you said that a number of grocers have been assaulted or faced being assaulted because they refused to sell alcohol or other goods to people they believed were underage. Do you have any hard evidence of that? Saying that grocers face assault is a broad statement.

One of my concerns—you raised this earlier—is that, because of the new licensing legislation, there will be penalties on grocers who sell goods such as alcohol and tobacco to underage people. If we support your petition and provide such a card, we will provide a service to grocers and others.

John Drummond: On your final point, we believe that Government should be responsible for giving us the tools to do the job. We are doing our best at the moment. We are encountering some resistance from youngsters who might be 18 and eligible to purchase alcohol and tobacco but, because they do not have proof of age, we refuse the sale. That is where the intimidation arises. The retailers who are sitting on either side of me can probably give some specific examples.

Colin Landsburgh (Scottish Grocers Federation): I have a recent example from one of our members in Fife. When the age for the sale of tobacco changed, he had a problem with a youngster who was refused cigarettes and immediately went outside and threw a brick through the window. We can give you specific details of that.

In the past, my staff might not have been threatened with violence, but they are faced with argumentative and difficult customers all the time.

We rely on our staff to make judgments, but they have no tools to do the job. With young people appearing to mature faster than ever, several of our members are moving to a challenge 25 policy, to give us some sort of buffer to make the odd mistake—knowing full well that the person will be at least 18 or 21. We are asking our employees to do a very difficult job and we need to give them the tools to do it.

John Wilson: I accept the comments that have been made. I should declare an interest at this point, as I have a 16-year-old daughter who went through the process of getting what is no longer known as the national entitlement card; it comes along with the Young Scot card but it is separate.

You have identified some of the problems with having a national entitlement card—you avoided using the phrase “ID card”—

John Drummond: I did not avoid using it; I do not use the term. We are talking about a proof-of-age card.

John Wilson: You talked about a proof-of-age card versus an ID card. I think you recognise the difficulties that are involved in the latter.

It may not be possible to avoid incidents that arise from your members refusing to sell alcohol to youngsters. A national entitlement card or national date-of-birth card may not prevent that from happening.

14:15

John Drummond: Ideally, we would like to see a culture in Scotland whereby every youngster—particularly vulnerable youngsters—carries a card and presents it when they want to make an age-related product purchase. Your daughter would not come into that category until she was 18, given that we are talking about alcohol and tobacco. Alcohol and tobacco happen to be the most sensitive areas, but the requirement to present the card would apply to all age-related products. I appreciate that such a culture will not happen overnight, but we call on Government to try to encourage it.

Pete Cheema: In his introduction, John Drummond said that we represent Spar, Co-ops and other convenience stores, but we represent a wide spectrum of retailers that also includes Somerfield, Keystore, Londis, and Costcutter.

I return to the point that Mr Wilson made. At present, there is no Government-led initiative to help us regulate the policies that the Parliament has asked us to police. If we are to do that, the policy must be Government led; we need to be able to tell our staff that they must adhere to—and police—this policy because it is Government regulated. We are having to put policies in place

ourselves. That is all well and good, but this needs to be Government led. The Government has to tell everybody throughout Scotland that if they want to buy age-specific products, they must adhere to the law.

John Wilson: In its recent changes to the law on tobacco purchases, the Government placed a duty on shopkeepers to display the regulations that apply to such purchases. I understand that the situation is similar in respect of alcohol sales. The Government legislates on a wide range of issues and, when it does, it expects people to regulate the situation themselves; people must adhere to the law that has been passed.

Pete Cheema: With all due respect, Mr Wilson, the Government gave retailers across Scotland two weeks’ notice of the change in the age limit. It was very difficult for retailers to convey that message in two weeks. The situation should have been Government led: more information should have been given to the Scottish people and there should have been more time in which to inform them.

John Drummond: Pete Cheema is right about the two-week notice period, but that was the result of parliamentary procedure. Working with the appropriate Government department, the SGF advised our members of the increase in the age limit for purchasing tobacco products well ahead of time, which meant that we also produced posters. That said, the Government was unable to put the message out until the appointed time—which, unfortunately, was two weeks ahead of the change.

The Convener: Have things settled down in terms of the transition stage?

John Drummond: The incident that we mentioned—the brick being thrown through the window—happened only last week.

The Convener: I am thinking of people’s broad awareness of the legislation—obviously, enforcement is a key point—and the powers that grocers and stores have been given to challenge individuals. I may have missed the point, but why call for a card for all 12 to 26-year olds?

John Drummond: Because there are some 26-year-olds who look younger than they actually are.

The Convener: I have that problem myself.

It seems a very high upper limit.

John Drummond: That is the only reason for it. As Colin Landsburgh said, some members are moving to a challenge 25 philosophy—only for the Irish reason: to be sure, to be sure.

The Convener: The last time Ant and Dec went into a store to buy alcohol, they were rejected on that ground alone.

I know from discussions with local police that approaches might vary in different parts of the country. What is the police view? If there is a proof-of-age card and most young people have bought into the scheme—a situation that the Young Scot card scheme is trying to bring about—do the police think that it will help you to deal with difficult or critical issues in stores? I am talking about a Saturday evening, for example, at about half past 7 or 8 o'clock when the money is gathered together—of course, I have no knowledge of this because I am a teetotaler—and the older-looking boy is sent in to buy the items.

Colin Landsburgh: Some of our members are asked to enforce moral policing—not only ensuring that someone is old enough to buy alcohol, but ensuring that they are planning to drink it themselves. We are asking our staff to do a difficult job. I have had discussions about the issue only with local police officers. They are very supportive of anything that will allow us to do our job properly and prevent alcohol getting into the hands of youngsters, but it is not just about alcohol; it is about alcohol, tobacco, knives, scissors, videos—you name it. As the Government, you are asking us to do all those jobs. Please give us the tools to do the job properly.

John Drummond: In my work with the trade enforcement group, in which the Association of Chief Police Officers in Scotland is represented, members are very sympathetic towards the idea of a proof-of-age card—a consistent one that applies across the country.

The Convener: A question about potential costs was asked. We do not seem to have any real figures. Has any work been undertaken by any sector to examine the notional cost of a national scheme? At least committee members would then know what the ballpark figure is. If I go to a minister, the first thing they will say is that the scheme is unwieldy or too costly in comparison with other measures that we can enact. Do you have any evidence that would be of use to members of the committee?

John Drummond: We will have to follow up on that. I took the view that the Young Scot card entitlement scheme, or whatever it is called, can be beefed up at minimal cost, but I need to get some figures on that—I will pursue it.

The Convener: It would be useful to get the figures because, as you have mentioned, the application of Young Scot varies.

Robin Harper (Lothians) (Green): I am intrigued—did you say that the silver bit on the example Young Scot card is an information chip?

John Drummond: Yes. Well, it is a hologram that ensures that it cannot be copied.

Robin Harper: Okay. So it is not actually an information chip; it is a hologram.

John Drummond: No, it is not an information chip. I might have used the word “chip”, but that is just to describe it. It is a hologram.

The Convener: That is Green policy—you are okay.

The petitioners have raised a number of issues and we have interrogated cost elements, practical application and so on. When the Public Petitions Committee first receives a petition, it determines who it wishes to get further information or background details from, so that it can decide at a subsequent meeting how to take the matter forward. At the moment, we are information gathering, and we are trying to identify with whom we wish to explore the issue in more detail. I am open to suggestions.

We should contact representatives of the police, given that they have a role at a local level. It might be worth contacting the Convention of Scottish Local Authorities, because local authorities have other regulatory functions in relation to the consumer trading sector and regarding enforcement issues such as implementing the smoking ban in public places. It might be helpful to get some information on their experiences.

John Farquhar Munro: We should contact the Scottish Government directly—it should be involved at this stage.

The Convener: Okay. We can write to the ministers who have responsibility. Does one minister have responsibility for the issue—is it the Cabinet Secretary for Justice—or does it cut across several portfolios?

John Drummond: We have had meetings with Miss Sturgeon and Ms Robison as well as with Mr MacAskill.

The Convener: So there is a crossover. Okay. We will write to the First Minister, who can pass our letter down to the three of them.

Nanette Milne: It would be interesting to find out Young Scot's views if a card were to be based on something that it already does.

Rhoda Grant (Highlands and Islands) (Lab): It may also be able to provide costings.

The Convener: In the light of the proposed tobacco sales licensing (Scotland) bill, we could write to the Scottish Licensed Trade Association. Obviously, I know what its views are, but it will have views on enforcement and costs.

John Drummond: It has been very supportive whenever the issue has been raised at industry group meetings.

The Convener: Okay. There do not seem to be any more suggestions about whom to contact to gather more details.

The suggestions that have been made are reasonably helpful. We could also consider contacting a couple of organisations that deal with young people's health and issues relating to access to tobacco and alcohol, which are the primary purchases that the public are concerned about. People need to patrol the sale of other products a bit better, but people's access to tobacco at an early age and access to and misuse of alcohol are obviously fundamental issues. Contacting such organisations would be helpful.

We will take the issue forward with the relevant organisations and individuals and report back. I think that the petitioners will be notified of the next stage in the process when the petition returns to the committee. We will then decide what to do with it.

I thank the petitioners for their patience and for giving us their time. I hope that the meeting has been positive and constructive.

John Drummond: Indeed. Thank you again for the opportunity that we have been given to appear before the committee. The line of questioning was very interesting.

The Convener: I hope that we are not as tough as your grocers are when a young team asks for stuff.

There will now be a changeover of witnesses.

Neurosurgery (Merging of Units) (PE1084)

The Convener: The next petition is PE1084, by Walter Baxter, which calls on the Scottish Parliament to urge the Scottish Government to take immediate action to halt the merger of Scotland's four neurological units and to give proper consideration to the impact on people in Aberdeen and the north of Scotland who have brain injuries or trauma and who would have to travel south for life-saving treatment.

The petition has gathered a substantial number of signatures—more than 23,000 people have signed it, which means that it has attracted among the most signatures in support of a petition.

Other people had hoped to be with Walter Baxter, but one of them cannot be here due to ill health and the other cannot get here because of the genius of modern Scottish transport. Walter is therefore on his own, although he will be reasonably supported by three Aberdeenshire members—Mike Rumbles, Brian Adam and Lewis Macdonald—who have expressed an interest in the petition. I welcome to the meeting that trinity of

Aberdonians, who may want to speak after committee members have spoken.

Do not be intimidated, Walter. We met when the petition was presented to Parliament five or six weeks ago, and I am glad that it is in front of us. You have a few minutes to express views on it; the discussion will then be opened up for questions. I hope that we will interrogate the issue positively.

Walter Baxter: Thank you very much for your welcome.

I am the chairman of Brain Help, which is a Scottish charity. We help people with various types of brain injury. When I first heard of the suggestion to merge neurological units in Scotland into one centralised unit two years ago, I was disgusted. Back in 1998, I had a brain haemorrhage, and the Southern general hospital in Glasgow saved my life. However, on the day I had that haemorrhage, the hospital had a problem with its angiogram machine, which was broken, so my family tried to get me shifted back up to Aberdeen for immediate surgery, because it could not be carried out at the Southern general.

14:30

My family was upset because they had been told that I had to be operated on as quickly as possible if my life was to be saved, but Glasgow Southern general hospital wanted to postpone the operation over the weekend. When my family tried to have me moved up to Aberdeen, the consultant surgeon would not allow the transfer because he doubted very much whether I would survive the journey. The only thing that was keeping me alive was a blood clot, which would very likely have been dislodged by any type of travel. I received an emergency repair and the operation—thankfully—was successful.

As the chairman of a Scottish charity called Brain Help, I deal every day with people throughout the United Kingdom who have brain injuries, specifically brain haemorrhages. The fact is that anyone in this room can be unlucky enough to have a brain haemorrhage. The treatment is first diagnosis, to ensure that you have actually suffered a haemorrhage, followed by surgery, which must be carried out as quickly as possible. If you have a brain haemorrhage or if you receive a traumatic brain injury from, say, a road traffic accident, the quicker a neurosurgeon sees you, the better. Any delay can have a big say not only in whether you live or die, but in your mental and physical bearing.

The unit at Aberdeen royal infirmary treats more than 750,000 people from Aberdeen, the Highlands, the Western Isles, Orkney and Shetland. Forcing those people to travel another hour or two to either Glasgow or Edinburgh will

definitely cost lives—no ifs, no buts. A caring Government has to look after its citizens as best it can: allowing the merger to go ahead will definitely show that the Government is not doing that.

There is no way around it: there is no point in having the best surgery unit in the world if the patients cannot reach it in time. It would be better to invest the millions of pounds that are—I am sure—involved in this centralisation on the four on-location neurosurgical units in order to improve the current service for the people of Scotland. Such a move would only improve the lives of those who suffer from brain injuries.

The Convener: Thank you. I will open up the questioning first to committee members and then to members who represent the affected areas.

Rhoda Grant: What do you understand to be the reason for merging the units?

Walter Baxter: The opinion is that the merger will improve training facilities by allowing surgeons to undertake the same procedures over and over again. A brain haemorrhage can be treated either by clipping or by coiling: the more a surgeon undertakes the coiling procedure, for example, the better he will get at it. Centralisation of surgery is for that reason a good idea; however if, because of its location, more than 750,000 people cannot get there in reasonable time, it will definitely cost lives. There are no ifs or buts about that.

Rhoda Grant: Given how often the condition that you highlight occurs, I would have thought that there would be enough opportunities for hands-on working in the four centres without surgeons becoming deskilled. I appreciate that the skills of someone who does not practise often enough might get rusty and they might not be able to provide the appropriate level of service, but as there are only four centres, I cannot imagine that happening. Is that your understanding? Do you feel that the centres are not being used enough?

Walter Baxter: The centres are being used daily because they have a catchment of people.

I have been reading about the reasons for the centralisation of neurosurgery. One of the participants said that it would definitely be better for the Scottish people to have one centralised unit, although that would cause minor disruption in getting to the place. That is completely wrong. Travelling to the units is the most important factor. We have all heard of the golden hour: if brain injuries—especially serious ones—are not examined and addressed in the golden hour, the outcome can be horrendous. It will definitely cost lives if people cannot get to a unit in time.

Of course, the travelling is also an issue in the context of global warming. I am 57 and I remember the late 1960s and early 1970s, when

Aberdeen was virtually cut off for weeks on end because the snow was 3ft to 4ft deep on the ground. If global warming brings bad weather to Scotland, can you imagine being transferred down to Glasgow or Edinburgh by ambulance from the likes of Wick, Tain and so on? In some cases, that would be impossible.

Nanette Milne: I declare an interest of sorts, in that I am a North East Scotland MSP who was raised in Aberdeen. In fact, I did my medical training and work experience in Aberdeen royal infirmary. I am pleased that the petition has been lodged. There is little doubt that the suggestion of centralising neurosurgical services at one unit in Scotland has caused great consternation in the north-east. We have all been to meetings at which the issue has been raised. Mr Baxter has put the case extremely well.

There are two issues for us to consider, which Mr Baxter has probably dealt with in enough detail. Immediate access to emergency neurosurgery is important because we live in an area that has a high accident rate. There is also an argument for a highly specialised central unit, but that is another issue.

Walter Baxter: Not really. A highly specialised neurosurgical unit will deal with the likes of brain haemorrhages and the clipping and coiling procedures. In Aberdeen, the unit treats more than 100 cases of brain haemorrhage a year, whether the aneurisms have burst or whether the doctors are just treating them. It is a highly specialised area. If the service in Aberdeen is downgraded, that will definitely cost lives.

Nanette Milne: I accept that there are specialised units and that there are even more highly specialised units than those to which I referred. However, there is another issue on which you may care to touch. Although the patient clearly comes first in neurosurgical treatment, there is also an issue for the patient's relatives. I do not know what your experience was in Glasgow, but I would welcome any comments that you want to make on the difficulties that a patient's relatives experience in getting to the hospital.

Walter Baxter: I was a patient for four weeks in Glasgow's Southern general hospital. On the first day, my son and daughter and my son's wife had to sleep in an empty ward because they arrived at 2 o'clock in the morning. For the four weeks during which I was in the Southern general hospital, my family had to find accommodation. Not everyone can afford to live in a hotel or even in bed-and-breakfast accommodation.

Behind the idea of having a specialised unit is the proposal that, once the operation has taken place, the patient will be transferred back to Aberdeen or wherever. However, transporting a

patient who has a brain injury is a dangerous procedure.

To be honest, in the fourth week of my stay in hospital, I did not want my family to come down to see me because I realised that, when they left, they had to catch a train or drive 135 miles back to Aberdeen. They were working, they had kids to look after and so on. The inconvenience is terrible.

That is the second main argument against the merger going ahead. It would be more than an inconvenience. People already have more than enough to worry about when their friends or family have been involved in a traumatic road accident or have had a brain haemorrhage or brain injury, without the additional worry of having to travel 100 miles or 135 miles to see them. It would be particularly bad if children were involved. Imagine that your son or daughter was in a hospital 135 miles away for four, five or six weeks and you had to work. You would find yourself in an impossible situation.

Nanette Milne: I have no more questions at the moment.

Brian Adam (Aberdeen North) (SNP): Walter Baxter has explained why there is such a strong desire to retain the services in the north-east. It is about the golden hour, distance and access to services. It is not just about road traffic accidents; there are also offshore accidents. Most of the medical services that are provided for offshore workers are provided at Aberdeen royal infirmary. I note that in the past day or two, some of the trade unions have weighed in helpfully to point that out.

This is not the first time the situation has been reviewed. Dr Carter, the former chief medical officer, reported on the issue seven short years ago and concluded that there was no case for centralisation. As Mr Baxter explained, the drivers for change were to do with medical staffing and medical training. A lot of that related to the European working time directive, the implementation of the new consultant contract and dramatic changes in medical training and junior doctors' hours of work. Those concerns peaked four or five years ago. As I understand it, the professionals who have considered the matter concluded that none of those issues relates to patient need and many have now been resolved in some or all of the existing centres. I am assured that the issues have been completely resolved in the Aberdeen centre. Where those pressures have been resolved, the case for change is greatly reduced.

I have seen a draft document called the "National Neurosurgery Needs Assessment for Scotland", which examines a wide range of issues. It was produced in September and was revised this month. It will be considered by the

neurosurgery implementation group in the near future and should form the basis of its decision making. To reinforce the point about distance, it highlights that

"It is important for emergency neurological care to be accessible to as many of the population as possible."

and that

"The current distribution of neurosurgical centres gives a good geographical coverage, with 92.2 per cent of the population within 2 hours of a neurological centre ... No other model proposed can achieve this level of coverage".

It goes on to say that if any centre were to be closed, it should be the Dundee one. I do not believe that should happen either. It is telling that—as Dr Carter concluded—the draft conclusion says that

"This Needs Assessment has found no conclusive evidence of patient need or patient benefit from a centralisation of general neurosurgery services."

That is the first sentence of a relatively small conclusion.

I am aware that some people in the implementation group do not share that view. I am disappointed that, in the Kerr report, which looked at the background to all health services in Scotland, there was an additional part that dealt with some tertiary services.

14:45

I suspect that it was included not necessarily because this is a key part of the overall health service, but because the same people who tried to centralise services towards the end of the previous century and whose proposals were rejected following a report in 2000 from the then chief medical officer, Dr Carter, have tried again—this time citing pressures on medical staffing and training. The quality of the service is high. There is willingness, at least in some quarters—certainly in the north-east—to work on a national managed clinical network approach. That is the direction in which we should encourage the Cabinet Secretary for Health and Wellbeing to go.

Unfortunately, Walter Baxter's two colleagues were not able to come to the committee. I received an e-mail from Jess Small. She would have liked to have been here, but she is too ill to come. They have done the public a great service by lodging the petition. I hope that the committee will consider it appropriately and engage with the minister, perhaps with the implementation group and, if necessary, with the Health and Sport Committee on the matter.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): As you might imagine, given that three north-east MSPs who are not members of the committee are in attendance, and

committee member Nanette Milne, who is also a north-east MSP, has already spoken—all the parties are represented at the committee—this is a major issue for north-east MSPs.

I am here to support this important petition. The key issue is patient benefit, which is what the national health service is about. It is not there for the convenience or the benefit of the professionals who run the service.

Walter Baxter made the point about the golden hour—it is about being available to the neurological services at the right time. The report to which Brian Adam referred is a new report, which was commissioned by the Scottish public health network. It states:

“This Needs Assessment has found no conclusive evidence of ... patient benefit from a centralisation of general neurosurgery services.”

We have four centres of excellence. If there is any doubt about removing one or two of them, we must ensure that there is a geographical spread across the country, so that as many as people as possible have access to the services. The centralisation of services in the central belt should not even be considered.

The proposal is about downgrading services across the centres of excellence. Neurosurgery is the first one to come before the committee, because it was raised in Professor Kerr's report of two years ago, which sparked off this whole thing. One of the reasons why I, as a north-east MSP, refused to vote for the Kerr report was that I saw what it said about neurosurgery centralisation—it was wrong then and it is wrong now. Three dozen specialties are under threat—they will be picked off one after another. If that happens in Aberdeen, it will no longer be a centre of excellence, not only for neurosurgery but for children's cancer services. That has already happened with cleft lip and palate services, and many others are under threat—up to three dozen are at risk. We cannot have this in Scotland's national health service. It is extremely important that we do not go down this route and that we maintain a service that is available for as many people as possible and which is geographically spread.

Lewis Macdonald (Aberdeen Central) (Lab): I echo the comments that have been made. I acknowledge the coherence and clarity of the case that Walter Baxter has made today and the large degree of public concern that lies behind it.

I have two or three interests in the issue. First, I am the constituency member for Aberdeen royal infirmary, among other places, but I was also a member of the ministerial team two years ago when the Kerr report was presented to us. It is important to point out that when the Kerr report suggested that an examination of neurosurgery

services was required, there was no implication in the minds of health ministers that that meant a downgrading of the services that are provided at centres such as Aberdeen royal infirmary. The Kerr report stated that there might be a clinical case for having a single prime site for the most specialised services. Crucially, it also proposed that neurosurgery should continue to be delivered at the four existing sites for adults and the three existing sites for children. That seemed to be implicit in the report.

It was equally clear at that point that the examination was about which services should be delivered at which centres. I hope that, as the report that Brian Adam mentioned indicates, the clinical examination will show that the services need to continue to be delivered on four sites, because that would secure the best service for patients.

As Mike Rumbles said, it is important that we recognise that this is not an isolated issue. The new Administration has decided to withdraw cleft lip and palate surgery from Aberdeen, which is cause for concern. When I asked Alex Salmond why that decision had been taken, he replied:

“there is solid medical advice that it is in the interests of patients that there is specialisation in the service.”—[*Official Report*, 4 October 2007; c 2470.]

When services are considered in isolation it is always possible to argue that certain procedures could best be delivered in a specialised fashion. However, I am concerned that if the model that has been adopted in the approach to cleft lip and palate surgery is followed for all services, there will be centralisation of services to the central belt and there will be no recognition of the quality of surgical and medical staff and procedures elsewhere. I think that everyone in the north-east, whatever their perspective, wants to protect and maintain the critical mass of expertise in Aberdeen royal infirmary. I hope that the committee agrees that the petition is worth taking further.

The Convener: Do other members want to comment? I have allowed members from the area a lot of time. Nanette Milne also has a local interest in the matter.

Nanette Milne: I agree with the comments about the implications for other services. Aberdeen has a good medical training centre and a lot of expertise, from which young undergraduates and graduates gain a great deal. There is a justified fear that too much centralisation will mean that Aberdeen would no longer be attractive to specialists. That could downgrade medical training in the north of Scotland, which would be disastrous.

Nigel Don: I live close to the teaching hospital in Dundee and I am about to move to live close to

Aberdeen royal infirmary, so I am not sure where I belong in this discussion.

Two issues seem to emerge, one of which has been picked up on by Nanette Milne. In the context of the petition, we seem to be talking specifically about time-critical services. If someone has a problem of the type that Mr Baxter talked about, it is important that it be dealt with quickly. I ain't a doctor, but I know that there are other medical conditions for which it matters more that the operation is performed by someone who can do it well than whether the operation takes place today, tomorrow or next week. In such circumstances there is a case for centralising, so that what is done is done well.

Walter Baxter: What if you cannot get to hospital in time? You are dead.

Nigel Don: My point is that there are time-critical conditions. Your petition plainly mentions one such condition. However, other conditions are not time dependent. I do not know how we separate out those conditions; that is for the doctors. Good-quality care can be achieved by centralisation, but in some cases, when time is of the essence, quality can be compromised by centralisation. Perhaps in such cases the more diffuse the service the better.

As I understand the rules of the game, we must consider the issue that the petition raises. However, if Nanette Milne and Mike Rumbles are right about the need for critical mass of staff in teaching and other hospitals to ensure that hospitals are viable, we are becoming engaged in a much wider debate about which services might reasonably be centralised and which services should not be centralised, for clinical reasons. It is not obvious whether we can pursue that debate through the petition, but I suspect that that is the direction in which we are being forced to go. The Public Petitions Committee cannot resolve such issues; the appropriate minister must do so.

The Convener: Such issues can be pursued by members in their different roles. The Health and Sport Committee might well consider broader planning in the health service, which is a big challenge.

What is Walter Baxter's understanding of the timescale for a decision by the health board or the minister?

Walter Baxter: Are you asking about the final decision?

Brian Adam: Can I be helpful? The final decision will be made by the Cabinet Secretary for Health and Wellbeing once the neurosurgery implementation group has produced its report, which it is expected to do early next year. Whether it will succeed in doing so then is another matter,

but that is the plan.

The Convener: I would like to clarify some information that I and other members of the committee have received, which suggests that David Carter's assessment favours centralisation. According to one of our papers,

"David Carter published a Review of Neurosurgery in Scotland which recommended unit rationalisation from four to two sites in the first instance."

Is there any uncertainty about that?

Lewis Macdonald: The point is that ministers at the time rejected that recommendation.

The Convener: Okay. That is important because it has a partial influence on the debate about volume.

We have heard from Walter Baxter, and members of the committee and other members have had a fair opportunity to amplify some of the issues that the petition has identified. I am in the hands of the committee on what consultation options we wish to pursue.

Nanette Milne: It is clear that we must write to the Scottish Government and probably also the Neurological Alliance of Scotland to seek their views. We would like to know when the review will be reported on.

The Convener: It would be useful to flag up, in any letter that we send, the broader implications that members have raised. We could include the three or four compelling issues that we have discussed and get the Government, the Neurological Alliance and any other organisation to which we write to respond to them.

Mike Rumbles: Can I request that the committee request more information on the issue from Grampian NHS Board?

The Convener: I am happy that we do that.

Do members have any other suggestions? There are three issues, the first of which is the time that it would take to access services. The second issue is about the quality of care and staff having the skills capacity to deal with the volume of cases and handle whatever extreme conditions people present with. The third issue is the impact on other support services, because a range of other services could end up being subject to notional agreement on centralisation. With a bit of imagination, such services could easily be retained in the part of Scotland in question.

Brian Adam: The impact of any decision to merge units on the medical school and medical training in Aberdeen and on the city's attractiveness to students and staff is important and should be raised with the appropriate people.

Lewis Macdonald: I agree with that. In that context, it might be worth getting in touch with NHS Education for Scotland, which is responsible for some of the issues and could take an overview of the impact of any changes on particular teaching hospitals.

Nigel Don: I am not sure how the process is managed. Will the Scottish Ambulance Service have an input into the decision? Its staff are the people who fetch patients from places such as Wick.

Walter Baxter: As far as I know, the Scottish Ambulance Service has not been consulted. I contacted it and it said that it had not—

The Convener: It said that it would take 15 minutes to get back to you.

Walter Baxter: It took the service a week to get back to me.

The Convener: That is even more worrying.

There is a range of players whom we might think have not been engaged in the debate, and three or four core issues have emerged that we want to interrogate further. There are two critical factors: the implementation group's report, which could have a good or a bad influence; and the submissions that are made in response to the implementation group's report, following which the cabinet secretary will come to a view. Knowing the four local members who have an interest in the subject, I am sure that they will submit their views quite candidly.

I hope that that has been helpful to the petitioner. I am conscious that you are on your own, but I hope that you will take back the news that we will pursue the issue further and that you will thank everyone for their endeavours so far. Thank you for your time.

We will take a five-minute comfort break.

14:59

Meeting suspended.

15:04

On resuming—

Hairdressing Training (Funding) (PE1045)

The Convener: Our next petition is PE1045, which is in the name of Tom Miller, on behalf of the Indigo Group. The petition calls on the Parliament to consider and debate the concerns of employers and work-based training providers in the hairdressing industry following a change in policy by Scottish Enterprise that has led to a severe reduction in the number of young people being funded for hairdressing training in Scotland.

Are there any suggestions on how we should deal with the petition? We have the petition in front of us and we have had a chance to look through its contents. I am open to suggestions from committee members on what we should do next.

Claire Baker (Mid Scotland and Fife) (Lab): It might be helpful to write to Scottish Enterprise. I tried to follow from the petition where the funding went for the different levels of modern apprenticeship and Scottish vocational qualifications. It would be handy to find out why Scottish Enterprise has decided to reduce the number of people who are funded for hairdressing. Unless I have missed something, the reasons behind that change are not clear from the information that has been given. We can ask for a justification for that.

Rhoda Grant: We should write to Highlands and Islands Enterprise as well as Scottish Enterprise, given that Scottish Enterprise does not cover the whole of Scotland.

The Convener: People in the Highlands and Islands get their hair done too.

Rhoda Grant: Not very often perhaps.

The Convener: I am just glad that I have hair.

Should we write to any other organisations?

John Wilson: I suggest that we write to the National Hairdressers Federation to seek its views. Concerns have been raised in the past about how modern apprenticeships applied to trainee hairdressers. In my previous life, I gave advice on how the national minimum wage applies to apprentices and trainees. It might be useful to seek guidance from the National Hairdressers Federation on the overall impact that it perceives the creation of modern apprenticeships has had on the industry.

The Convener: Do members have any other suggestions about other sectoral interests as well as the National Hairdressers Federation?

Claire Baker: As this is a question of economic priorities and of deciding where skills resources should be allocated, we should also get in touch with the Sector Skills Development Agency and learndirect Scotland.

The Convener: Okay, that is fine.

Nigel Don: One question that springs to mind is why on earth staff turnover in the industry is reckoned to be 30 per cent. If we could address that issue, we might go some way towards recognising why there is a problem. I cannot think of any other occupation with a similar turnover.

The Convener: I have a funny feeling that that might be related to John Wilson's point about benefits, income and low pay. From experience—

this might be hard to believe given the condition of my hair, but I have had a couple of interesting experiences with hairdressers and hair dye—it strikes me that a lot of folk go into the industry and then move on to other activities or transfer those skills into other sectors by working either in a more private capacity or for companies and so on. A range of career paths might kick in. However, it is legitimate to ask about the turnover rate. I imagine that we can usefully explore that issue with the sector skills council and the enterprise boards.

Are there any other issues about the petition? We have a lot of petitions to consider today. I think that we need to gather further information on this petition before we can move it on a bit. We will accept those recommendations and bring the petition back to the committee once we have received the appropriate responses.

Registered Social Landlords (PE1075)

The Convener: PE1075, by David Emslie, calls on the Scottish Parliament to investigate the administration and operation of registered social landlords such as Grampian Housing Association Ltd and the role of Communities Scotland as the regulatory and inspection body, and for such registered social landlords to be brought within the remit of Audit Scotland. Again, we have received the background papers on the petition and on the issues that it raises.

Do committee members have any suggestions on how best to handle the petition?

Nigel Don: The petitioner suggests that he has written to a large number of eminent and competent people. That suggests that there is a long-standing problem somewhere. No doubt we ought to write to the Government to ask it for its view. Perhaps we should start by asking Communities Scotland for its view. Is there a Scottish Federation of Housing Associations?

The Convener: Yes.

Nigel Don: Despite what has gone before, it is incumbent on us to ask the obvious people for their first comments. We will see what response we get.

Rhoda Grant: I suggest that we write to the Scottish Government, given that it plans to abolish Communities Scotland. We could ask what its plans are for regulation thereafter.

John Wilson: The organisation that is being referred to in the petition is not accountable to Communities Scotland. I am trying to get underneath the surface of the petition. How many organisations of that nature exist in Scotland? How are such housing associations regulated? Nigel Don made a point about Communities Scotland's involvement. That is an important

issue, but I am trying to think whether it might be of value for us to contact any other organisations regarding such establishments. Looking at the list of people who have already been written to, we might start to panic when we see that the procurator fiscal is included.

The Convener: The petition raises the question whether Audit Scotland should also have a role. Perhaps we should write to Audit Scotland and ask what its position is. Communities Scotland is regulated by Parliament and ministerial direction; it is the Parliament's responsibility to set its role and remit. There would be no harm in our asking Audit Scotland whether it judges it appropriate to take on the issue and the claims of the petitioner. It might well say that that would not be appropriate, but we could ask it to identify the appropriate vehicle.

The petition contains a broader question, in that the petitioner is concerned about how issues relating to their housing provider have been dealt with. They have literally been going round the houses in dealing with the matter. We need to get clarity regarding whom we seek information from.

John Farquhar Munro: I note the proposals to tackle the problem with antisocial landlords—by which I mean those who pack huge numbers of tenants into unsuitable accommodation—by using the new legislation. However, I do not think that that has done anything to alleviate the situation, which can be criminal in some instances and often dangerous.

Nigel Don: I am thinking back to a previous conversation with people from Audit Scotland. If we ask them what they think should happen, they will say that it is not their job to decide. We must be careful to ask them whose the problem is if it is not theirs, rather than asking Audit Scotland to take on something that it will not take on.

The Convener: Are there any further suggestions about the organisations with which we should explore the matter? The petition is sensitive and we need to identify whom it would be best to contact. We have had a number of useful suggestions.

Scottish Public Services Ombudsman (Appeal Tribunal) (PE1076)

The Convener: The next petition is PE1076. One of the local members wishes to contribute—I invite Murdo Fraser to come to the table. The petition, which is by DWR Whittet QPM, calls on the Scottish Parliament to set up an appeal tribunal to review final decisions by the Scottish Public Services Ombudsman in any cases in which the complainer so requests.

Murdo Fraser (Mid Scotland and Fife) (Con):

Thank you for the invitation to the committee. Mr Whittet is indeed a constituent of mine, and his petition relates to a proposed right of appeal against decisions that are made by the Scottish Public Services Ombudsman. As I am sure members are aware, decisions of the ombudsman are currently final and there is no appeal right. Mr Whittet is a retired police officer with 35 years' service, 12 of which were at a senior level. The substance of his complaint is not particularly relevant to the petition; his concerns are about the way in which his case was handled by the SPSO, what he felt were administrative failures and a failure to address the basis of his complaint.

The practice of the SPSO is to issue a draft before its report is laid before Parliament, to allow comments to be made. In Mr Whittet's case, he commented but, in his opinion, his comments were entirely ignored. The petitioner feels that a complainer has no right to challenge a view that the ombudsman's office takes. Given what he feels are the failures in the handling of cases by the ombudsman's office, that needs to be addressed.

15:15

From my experience, Mr Whittet's views are by no means unique. I have been contacted by several other constituents who had similar concerns about the way in which the ombudsman handles cases. I have raised the concerns in the Parliament, at Scottish Parliamentary Corporate Body question time and when the current ombudsman was reappointed earlier in the year. I know that other members have similar concerns. Since the petition was lodged, Mr Whittet and I have been contacted by several members of the public expressing similar concerns.

The petition is about creating a right of appeal. There is no current right of appeal against the Scottish Public Services Ombudsman's decisions, no matter how poorly a case may have been handled and no matter what factual errors there might be in the final report. That appears contrary to natural justice. The only currently available remedy for people who want to challenge the SPSO's decisions is to go for judicial review. However, judicial review is complex legally and extremely expensive. Members might recall a recent judicial review by Argyll and Bute Council against a decision of the SPSO in relation to free personal care. The legal costs of that case to the ombudsman's office alone amounted to about £74,000. For private citizens who want to pursue judicial review, the cost will clearly be prohibitive in the great majority of cases. Therefore, we need to put in place an affordable review mechanism to allow people who are not happy with the

ombudsman's handling of a case to challenge that.

Nanette Milne: We need to find out from the Scottish Government and the SPCB why no appeals procedure has been set up, because such an appeals body seems a reasonable final port of call. I have no idea what the situation is in other parts of the United Kingdom. Is there an appeal beyond an ombudsman in Northern Ireland or in other parts of the UK? Perhaps we could write to the appropriate people to find out about that.

The Convener: I do not know. We can explore that to try to get clarity.

Robin Harper: If a case can be made for the proposed appeals tribunal—although I am not entirely persuaded that it can be—we would have to set up similar tribunals for all the other ombudsmen. We could not have a tribunal for just one of the ombudsmen, because setting it up would establish a principle. We need to consider the wider context of whether we should have an overall appeals body for cases that have been through the various ombudsmen and tribunals—a sort of super tribunal, if you like.

Many cases with which the SPSO deals have already been through complaints procedures in the public services. They have been through one process and then another one, and now we are considering a third process of appeal. Are we considering overegging the pudding?

Rhoda Grant: I tend to agree with Robin Harper. Before people go to the ombudsman, they use all the appeal functions in the public body that the complaint is about, for instance, a council. People do not suddenly go to the ombudsman without pursuing the matter through the available appeals processes in the council. The ombudsman is almost a final stop or a last-gasp independent appeal to consider the council's actions.

I guess that the question is where we stop appealing. I am not sure that another layer of appeals would be helpful. If people are unhappy with the way in which the system works, the office of the ombudsman should be reconsidered to find out where those concerns are coming from. However, we do not want to set up yet another appeal mechanism; a line must be drawn somewhere.

Nigel Don: I come from much the same tack, convener. If we do what the petition requests, bearing in mind that judicial review will still wait at the other end of the process, we will have more appeals on matters of public administration than we have on matters of law, given the number of levels that would be involved. I cannot believe that that was the intention when the ombudsman was set up. As I understood it, the idea behind the

ombudsman—it is based on a Scandinavian model from 20 or 30 years ago—was that someone could look at things dispassionately and try to nudge people in the right direction. If we are not careful, we will turn it into a monstrous legal system.

I have drifted into the substance of the case rather than whether there is an issue, which is what we are meant to assess. Nevertheless, I would be extremely worried if we pushed the matter too far, because I am not sure that it would be going to the right place. I am with Rhoda Grant—if something is wrong, it is in the ombudsman's office; that is the bit we should fix instead of looking for a further appeal mechanism.

The Convener: Do members have any other comments or observations?

Nanette Milne: I hope that we will get answers to these concerns if we get in touch with the Government or the corporate body.

The Convener: Murdo, do you have any final comments?

Murdo Fraser: No. I have listened with interest to what members have said, and I appreciate the concern that has been expressed that we should not create another tier of appeals. I have detected fairly widespread concerns about the manner in which the ombudsman's office operates in relation to the investigation of complaints. The committee might be minded to pursue that matter further with the ombudsman's office and with the corporate body, which would be the appropriate level of government to deal with such matters.

The Convener: Okay. I am happy to do that.

Rhoda Grant: Does Audit Scotland have a role to play? Could Audit Scotland examine the workings of the ombudsman's office? It might be worth writing to it to ask.

The Convener: Okay. The issue is difficult and complex—the petitioner recognises that—and there are probably differences of opinion on where the petition should go and how far we should take the matter without repeating the cycle all the time. I understand members' concerns about that. Let us try to gather together all the points that have been made. Up to now, there has been neither the will of Government—past or present—nor the will of the Parliament to establish a broader appeals mechanism. Robin Harper made the legitimate point that the issue would require substantial interrogation, as it is not just in this arena that we would expect such appeals to arise. There might be a plethora of things that we would need to address.

Let us gather all the information. We will probably have different views on it, but we need at

least to have a more considered reflection on the matter than we can have at the moment.

Robin Harper: There is also the matter of the glass being half full or half empty when we consider the figures. Before the ombudsman was invented, a lot of complaints would have stopped at a lower level and we would have faced a larger number of discontented petitioners. However, 50 per cent of those people should now be either a little bit happier or completely happy, which is a very good thing.

The Convener: Human happiness is an important aspiration.

A series of questions has been raised, which will be reflected in the committee's report. We will gather together the issues and write to the appropriate bodies on them.

I thank Murdo Fraser for his attendance. There is a limit to how often we can allow petitioners to speak directly to petitions, because it is not just about giving them two or three minutes to speak; it is also about having a question-and-answer session. We have had to make a call on that. I understand the frustration that every petitioner must feel about not having a chance to come to the committee. However, in this case there has been a good opportunity to elaborate on some of the issues, and I hope that we can progress the petition.

Care Standards (PE1092)

The Convener: The next petition is PE1092, from Ronald Mason, which calls on the Scottish Parliament to urge the Scottish Government to ensure that the long-term sick, the elderly and the disabled receive care on the basis of need and that, in particular, such care is provided seven days a week. Members have information on the petition in front of them. The petition raises a number of issues that the committee has considered in relation to previous petitions on care for those who are in need. I seek members' suggestions on how we should progress.

The Scottish Commission for the Regulation of Care would be an appropriate agency to approach. As is the case with many petitions, we might also want to ask for the Government's view on the issues. Do members have any other suggestions?

John Farquhar Munro: We could write to the Social Work Inspection Agency.

Nanette Milne: Given that a lot of the people who are affected in this way are in the elderly age range, perhaps it might be worth consulting an organisation such as Age Concern.

The Convener: I agree—we should consult either Help the Aged or Age Concern.

We should write to the Association of Directors of Social Work, as it will have a national picture of the resource implications of such a policy. It would be useful to explore that aspect, because the petition's proposal would involve a lot of money.

Nanette Milne: That is a good suggestion. There is widespread concern about this issue in various council areas.

The Convener: Do we agree to follow those suggestions?

Members indicated agreement.

Nursery Schools (Closures) (PE1093)

The Convener: The next petition is PE1093, by Helena Hamilton, on behalf of the Friends of Cameron House Nursery School. The petition calls on the Scottish Parliament to urge the Scottish Government to extend the guidelines governing proposed school closures to the proposed closures of nursery schools.

Do members have any suggestions on how we should deal with the petition?

Robin Harper: The petition deals with an issue that is a worry across Scotland. In Edinburgh, when the school closures were first proposed, a number of nursery schools were included in that proposal. However, nursery schools are not included in the appeals procedure, so they have absolutely no second line of defence.

Mothers and fathers have to be with young children when they go to school, so it is important that schools are close by. A school closure is a big problem for them and it is a bigger problem for people with children at nursery, who, therefore, require that much more protection when the possibility of a closure looms on the horizon. I feel strongly that the petition should be sent to the Government, COSLA, the Association of Directors of Education in Scotland and the Scottish Pre-School Play Association, which, I am quite certain, is on side in any case.

The Convener: That is a fair set of suggestions. It is strange that, of all the areas of education, the one that caters for young people who are the most vulnerable is the one on which we have no ministerial guidelines or parliamentary framework. I should note that the Government is due to announce, sometime in 2008, its early years strategy, which is the culmination of work that was done by the previous session's Education, Culture and Sport Committee.

Do we agree to follow those recommendations?

Members indicated agreement.

Planning Procedures and Policies (Quarrying) (PE1094)

The Convener: PE1094 by Pamela Masson, on behalf of Braco and Greenloaning community council, calls on the Scottish Parliament to urge the Scottish Government to review the effectiveness of its planning procedures and policies, such as Scottish planning policy 4, which deals with planning for minerals, and its policies in relation to the protection of species and habitats, in the light of proposed quarrying activity at Braco Castle Farms in Perthshire and to ensure that objections to such developments are properly and fully considered by the planning authority concerned through the statutory planning process.

I welcome Christopher Harvie MSP, who has expressed an interest in the petition and invite him to make a contribution.

Christopher Harvie (Mid Scotland and Fife) (SNP): I am here in the persona of Roseanna Cunningham—

The Convener: So, this is the Public Petitions Committee's version of "Stars in Their Eyes" and you are Roseanna. It is a hell of a thought.

15:30

Christopher Harvie: I have been briefed by the local councillor, John Law, who has been in communication with Mrs Masson. The situation is that permission to quarry has been given; it is now a question of the continuance of that quarrying. However, it is more a question about the procedures that led to the rather global permission from an earlier landowner to quarry on a total of about 300 acres, which virtually loops round the village. The people in the village are worried that without due reference to the historic nature of the village—a Roman camp and a medieval Scottish mansion are on the site—or the possible real utility of what is being quarried, which is a mudstone that has not been very effective when used as a filler because it is highly alkaline, existing permissions will simply be drawn on in the future without any fundamental review of the long-term ecological and economic value of such quarrying.

The question is of procedure rather than specific objection to the quarrying as it is undertaken at the moment, but the belief is that for the entire 300 acres to be used in this way without further detailed appreciation of the likely consequences would be damaging to the ecology and economy of the region.

The Convener: Thank you. Are there other observations on or questions about the petition? Do members have recommendations on how we might wish to proceed?

Nigel Don: Christopher Harvie suggested that the petition is about procedure. I wonder whether the procedures are badly written so that we have ended up with a bad result or whether, if the procedures had been followed, there would have been a good result. Perhaps the procedures are good, but for some reason they have not been followed and there has been no follow-up on that failure. I want to clarify whether the procedures have not been followed and somebody needs to be told off, or whether the procedures are just bad and we need to rewrite them.

Christopher Harvie: I think that the procedures have not been followed—the phrase that is used in the second paragraph of the petition is:

“aspects of the planning process have not been correctly carried out.”

The assumption is that approval to continue quarrying was passed not quite in a thoughtless moment by a committee, but that if it were to be revised in the frame of the intention of the legislation, the result could be different.

Nigel Don: If we return to where we were with the previous petition, is there some right of appeal or should some minister enforce something off his own bat? Does the procedure have no teeth?

Christopher Harvie: There seem to be no teeth for revision of the procedures at the moment; that is the worry. I will not say that there are no teeth for revision in ministerial hands because that sounds awful, but the dentures have been mislaid.

The Convener: Or calcified.

Robin Harper: Nigel Don asked what I was going to ask—have you exhausted all possible methods and modes of appeal and objection?

Christopher Harvie: According to Mr Law's briefing, the matter was raised with the council, but the use of previous guidance has been very vague and it has been difficult for the community council to find out what logic lies behind the decision. There should be revision of the procedure that, according to the intention of SPP 4, would not allow the granting of a permission to quarry on such a large area of land. There is a fairly impressive list of malfunctions in the structure:

“Failure to obtain a screening opinion on the need for strategic environmental assessment; lack of clarity in Council's complaints procedure; alleged bias in favour of applicant; responsibility for protected species habitats; responsibility for remediation of flooding already caused; timeousness of communication to statutory consultees; allegedly conflicting road safety advice, lack of clarity about future proposals; lack of demonstrable demand for the extracted material.”

The Convener: Other than that, things are fine.

We should write to a series of individuals about the petition. We want the Scottish Environment

Protection Agency's view on the framework for assessment. We will need to write to hear the local authority's side—the petitioner obviously takes a different perspective. Several other organisations might be worth contacting. Do members have suggestions?

Nanette Milne: If we are thinking of writing to the council, perhaps we should broaden that out and write to ask COSLA whether the problem is experienced in other local authority areas.

The Convener: We could ask whether there is a national phenomenon, which we want to cover with petitions. Many petitions are dominated by an immediate local concern, but we try to take a bigger view and to consider policy and its implementation. Nanette Milne's suggestion is helpful.

We should think about contacting one or two other organisations.

John Wilson: I suggest widening the petition's application. We should write to Historic Scotland, the Scottish Wildlife Trust and RSPB Scotland. I agree with Nanette Milne's suggestion of writing to COSLA. Given the road transport issue, writing to Transport Scotland might be worth while to find out its views on the impact of transporting such minerals around the countryside.

Christopher Harvie: From experiences of Baggerseen in Germany—the petition seems to concern a similar feature—I know of issues that have been raised. For instance, most lakes that are created after quarrying are sterile and require considerable engineering to sustain water life and animal life. Such principles should govern what is in effect extraction over large areas by scooping out—the term “quarrying” is not right—low-level materials.

Rhoda Grant: Can we write to the Scottish Government? If planning guidelines have been breached, surely the Government has the ability to call in the application.

Nigel Don: Can we write to Planning Aid for Scotland, which will have a view on SPP 4?

The Convener: That is a lot of scribbling for the clerks. They will thank members for that at Christmas.

Nanette Milne: John Wilson mentioned lots of environmental bodies, but he did not mention Scottish Natural Heritage, which might be relevant.

The Convener: That will keep the clerks busy. I ask them to use e-mail—I worry about the trees.

I thank Christopher Harvie for his attendance.

Christopher Harvie: I must thank David Whitton, who guided me here like a guide dog leading a blind man. When I mentioned Braco, he

said, "Oh yes—that's the place with the enormous quarry."

Wind Farm Developments (PE1095)

The Convener: Our last new petition is from Sybil Simpson, on behalf of the save your regional park campaign, who asks the Parliament to urge the Government to provide greater protection for Scotland's national and regional parks from industrialisation, including wind farms and their associated quarries, roads, cable trenches and substations. The petition has gathered more than 2,500 more signatures since closing on the e-petitions system on 15 November. Other related objections have been made to the impact of a wind farm on Clyde Muirshiel regional park in North Ayrshire. The petition raises several issues and members have the background paper to consider. Do members have suggestions on how to progress the petition?

Rhoda Grant: Could we seek the views of the national park boards and of Clyde Muirshiel regional park authority, as the petitioner is concerned about that park? It is important to have the two national park boards' views.

The Convener: Okay. Do members have other suggestions? The petition raises the question of generating capacity, so perhaps we could ask Scottish Renewables for its take on the petition. It is concerned with some of the issues that the petition raises.

Nigel Don: I noticed a comment about Scottish planning policy 6, so segments of planning policy are getting kicked about again. Can we talk to the planners about what they make of that document? It might just need a bit of revision.

John Wilson: A number of organisations need to be contacted, particularly about regional parks. I know that the Clyde Muirshiel regional park has special habitats and wildlife. The Scottish Wildlife Trust and the Royal Society for the Protection of Birds should be contacted because there is particular interest in the birdlife in the park, which might be affected by any wind farm development, and not just by quarrying and cable laying.

The Convener: Okay, we will take that suggestion on board. Are we happy with the recommendations?

Rhoda Grant: We should contact Scottish Natural Heritage as well.

The Convener: Yes. SNH will be pleased to receive communication from the clerks.

Current Petitions

Scottish Criminal Record Office (PE544)

15:41

The Convener: I am aware that this has been a lengthy meeting and that there are still some survivors in the public gallery—I hope that they will bear with us. We have a series of current petitions to consider. I think that we will be able to get through some of them relatively quickly, although we will want to spend a wee bit of time on one or two.

PE544 is on an inquiry into fingerprint identification. We have received the papers on the petition. Obviously, the Parliament has discussed this issue in detail. Are there any views on how to deal with the petition?

Rhoda Grant: Given that the Justice 1 Committee had a detailed inquiry into the case, can we close the petition? We cannot refer it on to another committee.

The Convener: Given the level of detailed discussion and examination of the fairly sensitive case that impacts on the petition, are members happy to close the petition?

Members indicated agreement.

Methadone Prescriptions (PE789)

The Convener: PE789 is on methadone prescriptions. It was submitted by Eric Brown, who has already attended the committee, and it calls on the Scottish Parliament to take a view on the need for regulation to ensure that methadone prescriptions are taken by the patient while they are being supervised by a suitably qualified medical practitioner. We have papers and responses in front of us. Are there any strong views on how to deal with the petition?

I invite Iain Gray to come to the table. He is Mr Brown's constituency member and he has raised the matter with me. Given that other MSPs have had the chance to speak, I do not think that it is fair that he should be sitting at the back. Would you like to give the committee your view on some of the issues raised by the petition?

Iain Gray (East Lothian) (Lab): Thank you, convener. The committee has considered the petition before. Four years ago, Mr Brown suffered a personal tragedy involving methadone. Since then, he has done a considerable amount of research into issues surrounding methadone. He has found some telling statistics that demonstrate that, for example, in the majority of drug deaths involving methadone the methadone had not been prescribed but had passed on to the street.

When the committee considered the petition, it wrote to the Government for information and three reports were returned to the committee; they are part of the committee's papers. The reports were quite telling in that, although they all refer to the report from the Scottish Advisory Committee on Drug Misuse, which said that methadone should continue to be the primary treatment for opiate addiction, they all said that the administration of the methadone programme could be significantly improved. Mr Brown has written to this committee—and I have written to support his point of view—to suggest that the Health and Sport Committee might be the appropriate committee to consider what those significant improvements might be and how they could be taken forward.

15:45

The Convener: Thank you. Are there any strong views on the petition? We had a good discussion about it before.

Rhoda Grant: I am on the Health and Sport Committee, which is examining drug and alcohol problems across several budget headings—health, justice and communities—as part of its budget scrutiny. It might be an idea for us to send the petition to that committee as soon as possible for it to consider. There are spending implications to what the petitioner wants, but one of the points that has come out of the work that the Health and Sport Committee has done so far is that, if we spend more in one place, we will make savings in another. However, if we spend most of our money dealing with the issues that arise rather than trying to prevent them from arising, we could end up spending more. The petition would fit well into that consideration.

The Convener: I see Robin Harper nodding in agreement. Is he comfortable with that suggestion? This committee has been good at trying to deal with petitions itself rather than send them to other committees but, every so often, issues pop up that require more interrogation on policy and implementation than we can provide. It is reasonable to think about referring the petition to the Health and Sport Committee, because it connects with other issues that that committee is considering.

Robin Harper: We should take advantage of the serendipity of the situation. It is the right time.

The Convener: I have always wanted to use that word in a committee, so well done.

Nanette Milne: I was going to suggest before Iain Gray spoke that the petition should go to the Health and Sport Committee. I am glad to hear about that committee's investigation, because the issue is hugely important for the whole of Scotland.

The Convener: That is a positive suggestion from committee members. I thank Iain Gray for submitting his view as the petitioner's constituency member. I also thank the petitioner.

Mental Health Services (Deaf and Deafblind People) (PE808)

The Convener: The next petition is PE808, from Lilian Lawson, on behalf of the Scottish Council on Deafness. There is sign language interpretation. I hope that the interpreter is fluent in Glaswegian English and that the interpretation is of benefit.

The petition calls on the Scottish Parliament to urge the Scottish Executive to develop and establish a specialist in-patient mental health unit for deaf and deafblind people and to provide resources—particularly training—for mainstream psychiatric services in the community to make them more accessible to deaf and deafblind people. We have a copy of the written submissions that are specified in the paper on current petitions. A couple of years ago, there was a powerful lobby to parliamentarians on the issue. I look for views from committee members on how to deal with the petition.

Nanette Milne: There is great concern among the deaf community that the petition is still coming before the Public Petitions Committee. A lot has been done—the Government is undertaking quite a lot of consideration—to address the particular needs of deaf and deafblind people through various provisions. Is there any more that the committee can do in that respect? I would like the Scottish Government to provide the detail of what is going on and I would also like the petitioner to be kept informed of progress. It might be appropriate to close the committee's consideration of the petition, but I would not like the matter to be let go of altogether and we should ask the Government to follow it through.

Rhoda Grant: I will probably be thrown off the Health and Sport Committee this week for suggesting that two petitions be referred to it. That committee's work programme includes an inquiry into mental health services, which is not happening immediately. Could we close the petition but refer it to the Health and Sport Committee, so that it can be taken into account in that inquiry rather than be left hanging in the air?

The Convener: Who is the convener of the Health and Sport Committee?

Rhoda Grant: Christine Grahame, who will not be speaking to me.

The Convener: It is not so much that. It is just that I got a cheeky letter from Roseanna Cunningham a while back, so I do not want to antagonise her for a second time.

Rhoda Grant: Work on the topics of this and the previous petition is going on or will take place in the Health and Sport Committee.

The Convener: It sounds a logical suggestion. Sometimes the world is not logical, but let us think about that suggestion before we commit ourselves to closing the petition. What do other members feel about it? Are there any other suggestions?

Nigel Don: I suspect that the person who is signing is one of the 53 fully qualified interpreters. There are not enough interpreters—some of us are pursuing the issue.

I make the same suggestion that Rhoda Grant made. Can we send the petition to the Health and Sport Committee? We should say, "Hey, guys. This is important." I do not know whether we must close the petition before we do that—that is a procedural issue.

The Convener: We would not close the petition; we would refer it to the Health and Sport Committee.

Robin Harper: It is important that we keep the petition open. We are not as good at mental health welfare as we should be.

Rhoda Grant: The petition might not be dealt with in the near future, given the Health and Sport Committee's work programme, but it would inform the committee's inquiry, which is important.

Nanette Milne: I agree that we should not close the petition but should refer it to the Health and Sport Committee. Can we also write to the Government to say that we would like the petitioner to be kept up to speed on what is happening?

The Convener: Yes, absolutely.

John Farquhar Munro: The previous Executive received quite a lot of representation on issues such as signing and services for deafblind people. The Executive was very supportive and was willing to take the issues forward. We should keep the Scottish Government on board by making it aware of the petition and asking it when it will introduce legislation that supports the cause.

The Convener: Okay. Members have made a series of points, but the core message is that we will risk the wrath of conveners of subject committees when referring a petition is the right thing to do.

High Voltage Transmission Lines (Potential Health Hazards) (PE812)

The Convener: PE812 was brought by Caroline Paterson, on behalf of Stirling Before Pylons, and calls on the Scottish Parliament to urge the Scottish Government to acknowledge the potential

health hazards associated with long-term exposure to electromagnetic fields from high-voltage transmission lines, and to introduce as a matter of urgency effective planning regulations to protect public health. Members have a paper on the petition and I invite comments on the options for action. We should perhaps explore the issue with the relevant authorities. We could write to the Scottish Government and SEPA. Do members have other suggestions?

John Farquhar Munro: The issue is highly controversial and will roll on and on, so the Scottish Government should be involved, even at this early stage. I have been involved in a petition from people in the west Highlands but I have not been able to get anyone in our current elected Government to accept it, although it has 10,000 signatures. To whom can we go? We are making arrangements to present you with a bundle of signatures, convener, so that you can decide what to do.

The Convener: I will happily take on the role of First Minister for a day. What a great idea that is.

Nigel Don: Is the matter that is raised in the petition fully devolved, or should we also involve the Westminster Government? I am sorry; I am not sure.

The Convener: There are probably issues to do with the UK regulatory framework in relation to planning. We should liaise with the appropriate agencies on that. Should we also contact Health Protection Scotland, given that the petitioner is concerned about the impact on public health?

Members indicated agreement.

The Convener: Thank you. I will be happy to receive the petition that John Farquhar Munro mentioned when it is brought to the Parliament.

Neurological Services (Post-polio Syndrome) (PE873)

The Convener: PE873 was brought by Helene MacLean, on behalf of the Scottish Post Polio Network, and calls on the Scottish Parliament to urge the Government to join the international community in recognising post-polio syndrome and to conduct a much-needed national review of neurological services, to take account of the needs of PPS and all other long-term neurological conditions, with a view to establishing multidisciplinary centres. The petition was considered by the Public Petitions Committee in the previous session. I invite members' suggestions on how to deal with it.

I understand that there have been meetings to try to address the issues raised by the petitioner. The chief scientist's office and representatives of the Scottish Medical and Scientific Advisory

Committee have been dealing with it, so I am minded to close the petition.

Nanette Milne: The fact that those meetings are taking place indicates that the concerns of the petitioner have been taken on board. It would therefore be appropriate for us to close the petition.

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

Members indicated agreement.

Skin Cancer (PE931)

The Convener: PE931, from Helen Irons, on behalf of Skin Care Campaign Scotland, urges the Government to review its policy on tackling the growing skin cancer epidemic in Scotland. Do members have any suggestions on how we should deal with the petition?

Rhoda Grant: Part of the Public Health etc (Scotland) Bill deals with the licensing of sunbeds, but it has not been drafted properly and does not take into account Ken Macintosh's member's bill. The Health and Sport Committee is waiting for the Government to address that. That takes care of one aspect of the petition. I hesitate to say that we should refer the petition to the Health and Sport Committee, as part of its scrutiny of the bill—I had better not or I will be thrown off the committee.

The Convener: Two out of three ain't bad—I never thought that I would get a Meat Loaf song into a Public Petitions Committee.

Rhoda Grant: Could we ask the Scottish Government about that? It still has to redraft that section. If it can address the issue, I might be spared by the Health and Sport Committee.

The Convener: We will continue the petition, seeking further information from the Government on issues raised by the petition.

Members indicated agreement.

Supporting People Funding (PE932)

The Convener: PE932, from Stella Macdonald, on behalf of the Citizen's Rights Action Group, calls on the Parliament to urge the Government to review the supporting people funding arrangements to ensure that vulnerable adults are in receipt of the responsive services that they require. The issue relates to the strategic spending review. A debate has opened up on ring fencing, and on the approach taken by the Cabinet Secretary for Finance and Sustainable Growth to the Government's relationship with local government. Given that supporting people funding is now part of the overall allocation to local government, it may be worth asking the Government for clarity on the issue. There is

concern in some sectors that the money might disappear into a general fund. Vigilance is required on that and on the outcome agreements that are part of the Government's negotiations with the Convention of Scottish Local Authorities and individual authorities. I have jumped in on that, but are there any other views?

Nigel Don: You have just made the point. Obviously, the first thing to do is to write to the Government. I suggest that we also write to COSLA. If COSLA is saying the same thing as the Government, that is fine, but it would be interesting to know whether it is saying something different.

The Convener: That would be very interesting. Let us try to get clarity on that. The issue is also about the sectors that are dealt with by supporting people funding, which take in social work, housing and community services. It is hard to follow the money unless there is clarity. Are we happy to write to the Government and to COSLA about the issues to do with supporting people funding arrangements?

Members indicated agreement.

Oil Depots (Public Health) (PE936)

The Convener: PE936, from Simon Brogan, calls on the Parliament to urge the Government to review the public health implications of siting oil depots in residential areas in light of depot explosions in the past. Do members have any views on how we wish to process the petition?

John Farquhar Munro: There should be stricter regulations on developments that introduce petrol stations or fuel depots into built-up areas. Once the investigation into what happened at Buncefield is complete, fresh information will probably come forward. In the meantime, the Scottish Government and all local authorities should take a controlling interest in what is happening in such developments.

The Convener: There is an option to close the petition, but another is to hold off final consideration until we have the Health and Safety Executive advice in summer 2008. My inclination is to hold on. Are we okay with that? We would not close the petition but would wait for a more authoritative perspective.

Members indicated agreement.

Family Law (PE944)

The Convener: PE944, from Gary Strachan, urges the Government to address the issue of access to children and children's residence after parents have separated. The petition has been in the system for a while. There are issues to do with fathers and the Scottish court system, and there

have been a number of initiatives regarding family law. Have those initiatives addressed the petition?

Nanette Milne: I do not know whether it has been properly addressed, but many of the points that the petitioner makes are valid, particularly in relation to the consideration that is given to fathers when parents separate. A lot of work is on-going. I do not know whether the committee could take the matter any further.

The Convener: Justice structures in the Parliament and in the Government have identified issues that need to be addressed through the Family Law (Scotland) Act 2006. There are various other issues relating to the Scottish Schools (Parental Involvement) Act 2006. Is it appropriate to close the petition in light of those developments?

Nigel Don: Is there a case for writing one more letter to the Cabinet Secretary for Justice, asking him to confirm that all the issues in the petition are being covered? If he says yes, the petition is finished.

The Convener: Are we happy to accept that recommendation?

Members *indicated agreement.*

New Petitions (Notification)

16:01

The Convener: We have notification of the new petitions lodged since our previous meeting. They will be timetabled to come before us for consideration. Our next meeting is on Tuesday 18 December.

Meeting closed at 16:02.

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