PUBLIC PETITIONS COMMITTEE

Tuesday 18 November 2008

Session 3

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PUBLIC PETITIONS COMMITTEE
17th Meeting 2008, 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)
*Bill Butler (Glasgow Anniesland) (Lab)
*Nigel Don (North East Scotland) (SNP)
*Marlyn Glen (North East Scotland) (Lab)
Robin Harper (Lothians) (Green)
Nanette Milne (North East Scotland) (Con)
*John Wilson (Central Scotland) (SNP)

COMMITTEE SUBSTITUTES

Claire Baker (Mid Scotland and Fife) (Lab)
Jamie McGrigor (Highlands and Islands) (Con)
Christina McKelvie (Central Scotland) (SNP)
Nicol Stephen (Aberdeen South) (LD)

*attended

THE FOLLOWING ALSO ATTENDED:

Dr Colin Brown
Dr Georgina L Brown
Dr Peter Cawston
Gale McCallum
Michael McMahon (Hamilton North and Bellshill) (Lab)
Dr Anne Mullin
Mary Scanlon (Highlands and Islands) (Con)
Dr Phil Wilson

CLERK TO THE COMMITTEE

Fergus Cochrane

ASSISTANT CLERKS

Franck David
Zoé Tough

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 18 November 2008

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

New Petitions

Health Visitors (PE1198, PE1199, PE1200)

The Convener (Mr Frank McAveety): I welcome everyone to the 17th meeting in 2008 of the Public Petitions Committee. I have received apologies from Robin Harper and Nanette Milne; Nigel Don and Bill Butler will be late as a result of commitments to another committee but will be along at some point this afternoon. I ask everyone to ensure that mobile phones and other electronic devices are switched off in case they interfere with the sound system.

I welcome to the Scottish Parliament a delegation from north-east English councils, including Newcastle, Durham, Gateshead, Blyth Valley, Teesdale, Stockton-on-Tees and Easington, who are exploring ways of making petitions part of local authorities' democratic future. I hope that members of the delegation will find this afternoon enjoyable and of benefit and that their meeting this morning with the committee clerk was of some help. I am sure that over the next few years we will continue to share our knowledge and experience, to the benefit of us both.

The Public Petitions Committee also congratulates Clydeside Action on Asbestos on winning the campaigner of the year award at this year's Scottish politician of the year ceremony. Petition PE336, which the group submitted in the Parliament's first session, resulted in legislative success for those campaigning for fair treatment for people who have undergone the terrible experience of having an asbestos-related illness.

On the same shortlist were two other campaigners—Tina McGeever and John Muir—who also petitioned the Parliament. For the benefit of our visitors, I should mention that as a result of John Muir's petition on knife crime we will hold a knife crime summit in the Scottish Parliament in January 2009 and that we continue to discuss with the Cabinet Secretary for Health and Wellbeing the issues Tina McGeever's petition raises. In fact, her petition will be discussed later this afternoon.

All the petitioners deserve great credit for campaigning on issues of importance to them and to the quality of life in Scotland. The fact that the groups and individuals on the shortlist for campaigner of the year presented petitions to Parliament is also testament to the role that the committee itself has played—perhaps I can make a quick plug to any members of the media who might be present for the committee to be considered as committee of the year at next year's ceremony.

We have grouped together PE1198, PE1199 and PE1200 as they all focus more or less on the role of general practitioners and health visitors in NHS Greater Glasgow and Clyde. I am sure that similar issues have arisen in other parts of the country.

I welcome to the meeting quite a few doctors—I hope that I am not keeping you away from your GP practices. Dr Anne Mullin and Dr Phil Wilson are appearing on behalf of GPs in the south-east and south-west Glasgow community health and care partnership areas. I particularly welcome Dr Georgina Brown, who is appearing on behalf of GPs in the north Glasgow community health and care partnership area. She is also one of the GPs in the practice that I visit, so if I am kind enough to her this afternoon I might get early appointments from now on. Finally, I welcome Dr Peter Cawston and Gale McCallum who are appearing on behalf of the west Glasgow community health and care partnership area.

The petitions call on the Parliament to urge the Government to ensure that, when changes are proposed to the structure and role of health visitors, a transparent, effective and meaningful public consultation with service users and health professionals is carried out. We met the petitioners a few weeks ago when they presented a petition to the Parliament, but I believe that Dr Brown and Dr Cawston wish to make some opening remarks.

Dr Phil Wilson: I think that three of us wish to say a few words.

The Convener: I am sorry about that. That has put me in my place but, then, that is what GPs are like. Perhaps Dr Wilson can lead off.

Dr Wilson: Thank you very much.

The Glasgow review of health visiting was set up in 2006 with the best of intentions: to maintain a community nursing service specialising in parents and young children in the face of threats from the review of community nursing in Scotland to abandon the health visiting role in favour of a generic community nurse role. The road to ruin, of course, is paved with good intentions.

Health visiting is very important for children's physical and mental health. Very robust trials of parenting support that have been conducted throughout the world have provided incontrovertible evidence that nursing support to

young families produces massive gains for young people and, indeed, the whole of society.

The universal health visiting service is extremely popular with parents. For example, a recent Scotland-wide Ipsos MORI Scotland poll showed that 90 per cent of parents

"found the health visitor's advice reassuring"

and 76 per cent of parents agreed that they

"would have missed the help provided by health visitors if"

they "had not received it."

The health visiting service has to be universal and available to all; otherwise, it risks becoming a focus of stigmatisation and, as a result, being rejected by families in need. Instead of being there to pull people out of the river, this kind of universal service seeks to prevent them from falling into it in the first place. Anyone who needs to be pulled out can be referred to specialist services such as social work or secondary health care. If we do not stop people falling in, those services will be swamped.

Health visitors have to be nurses. Trials have shown that other professionals are not granted access to homes and that, when they do get in, they are not as effective. Health visitors also have to be aligned with the health service. The Glasgow health visiting review proposed that health visitors should be moved into social-work-led multi-agency children's teams but, as the sure start evaluation carried out in England has indicated, health-led services provide by far the most effective model. More recently, the Audit Commission's evaluation of another model of multi-agency care—children's trusts—concluded that they provide no discernible benefit to children or families.

Health visitors are most appropriately aligned with general practice. After all, GPs have the best established and most trusting long-term relationships with families and routinely see all babies and new parents. According to the Ipsos MORI poll, we are almost as popular with parents of young children as health visitors. Moreover, as we are the professionals to whom parents are most likely to disclose details of mental illness, drug dependency or domestic violence, our knowledge about families perfectly complements health visitors' knowledge. The fact that good communication between health visitors and GPs is incredibly important in protecting young children has been demonstrated in countless inquiries into child protection disasters.

Continuity of care by health professionals is very important to families and is achieved through contacts for child health surveillance, immunisation, drop-in clinics and so on. Recent research has demonstrated that changes in staff are associated with loss of contact with families. Despite all the evidence, the Glasgow health visiting review proposed the end of a universal service after a child reaches 16 weeks if they are judged to be at low risk.

In producing the health visiting review's recommendations, NHS Greater Glasgow and Clyde deliberately ignored the overwhelming body of evidence on this matter, and we request that Parliament inquires into why and how that happened.

Dr Georgina L Brown: A health board with responsibility for co-ordinating and providing care for a quarter of Scotland's population has to find a way of engaging meaningfully with all stakeholders, the most important of whom are our patients. It is difficult to clarify the process of the health visiting review as there are no minutes of any meetings and the authorship of the documents that have been written has not been declared. Moreover, a freedom of information request to the board for all health visitor-related documentation produced only three or four letters that were already in the public domain.

A steering group established in East Renfrewshire had no grass-roots GP representation. When we inquired into the matter we were told that a wider reference group called the greater Glasgow and Clyde review group, which would comprise a balanced membership including stakeholders, would be set up, but that never happened.

Overwhelming concerns were expressed about the lack of involvement of users, GPs, academics, health visitors and unions. The post of health visitor team leader was created even before the first report came out. A number of respondents also felt that the review was a fait accompli and suggested that a new review be conducted with a new steering group.

A total of 134 letters expressing concern were lodged. Despite that, the 11 community heath and care partnership managers made only minimal changes. They stated that they would meet to review our responses, then develop the definitive set of proposals and then arrange the implementation arrangements. The word "they" figured a great deal, and the briefing sessions that they arranged for staff presented a vision of a non-negotiable future structure and caused justifiable dismay in the health visitor and GP community.

A complete change of provision of a service should be planned with front-line staff, and health boards must work with us to develop services for vulnerable children, which should not be provided at the expense of safe and effective current services. After planning a service, all stakeholders must be consulted, including GPs, the families, patients and the public. Ninety per cent of the

population attend their GP surgeries; surely practices are an obvious vehicle for the board to canvas patient opinion—after all, primary care professionals managed to canvass the same opinion at least 21,916 times in just eight weeks. The failure to listen runs the risk of community health and care partnerships becoming unchallenged dictatorships. They have the power to make drastic changes to services without meaningful consultation or any overall governance, and in the presence of overwhelming discord. Surely that cannot be right.

We already have concerns about the Glasgow maternity strategy, which proposes a change in service without adequate patient consultation. If NHS Greater Glasgow and Clyde continues to push through untrialled, unevidenced and unconsulted-on policies, we will continue to object. I hope that the health board will listen, or we may be back here again soon.

I will stop there and hand over to Dr Cawston.

Dr Peter Cawston: I speak to the petition from the west Glasgow doctors. Dr Kate Pickering sends her apologies; she could not attend today on health grounds. Gale McCallum, who is a health visitor, has kindly agreed to take her place as a witness. I will update the committee on events since the petitions were lodged online.

In view of the concern that was expressed, NHS Greater Glasgow and Clyde agreed to halt the implementation process for six weeks to enter negotiations. As a consequence of those negotiations, a statement of principles was produced, which was meant to form the basis for further, more detailed negotiations in an effort to resolve the matter. The statement of principles was put to the doctors' representative group, the local medical committee, which voted to agree the document. The health visitor unions have also been offered the statement of principles, but I am not in a position to update the committee on exactly where they stand, as I am not involved in that process with the unions.

Taken at face value, the statement of principles appears to represent significant movement from the health board's original position. In particular, it has granted that health visitors should remain attached to practices and that attached health visitors should be responsible for 95 per cent of a practice's children. That is a substantial change from the health board's original position, and we feel that it reflects the pressure that was exerted by the widespread support for the petitions. However, we continue to have grave concerns and do not believe that the requests that are made in the three petitions have yet been met.

We are happy to answer more detailed questions about the statement of principles if the committee wishes to know more about it, but our main concern is that it is simply a statement of intentions; it is expressed in general terms and it is open to interpretation—it could easily be used in negotiations differently from how it appears to be intended to be used. For example, its phrasing on the continuing presence of health visitors at immunisation clinics, the exact relation to geographical social work teams and the level of guaranteed universal service that will remain if resources are redistributed is ambiguous.

Bearing in mind the evidence that my colleague has given about the democratic deficit in community health and care partnerships and the failure to listen adequately to front-line doctors, nurses and—above all—patients, we remain concerned that the implementation of the broad, general principles in the statement might end up being very different from what appears to be intended in the statement and that managers might be able to press ahead with plans to centralise health visiting services into geographically managed teams and fragment or even dismantle primary health care teams.

We therefore have three requests to put to the committee, and we are happy to make them more detailed if it wishes. First, we would like Parliament to inquire into why major changes began to be implemented following inadequate consultation with minimal regard for patient opinion, ignoring the experiences of front-line staff, and making selective use of the evidence, as outlined by my colleague.

Secondly, we call for robust governance mechanisms to be brought in to hold health boards and community health partnerships to account for the transparency and effectiveness of their consultation processes. In particular, they should be expected to give firm evidence of true clinical leadership by practising front-line clinicians such as GPs and health visitors, and of authentic consultation and engagement with stakeholders, especially parents, families and patients. That should apply not only to negotiations over the health visiting review but to other current review processes such as the reviews of midwifery and district nursing.

Finally, we ask Parliament to recognise that the primary health care team that is attached to general practice is the foundation stone of universal health services. We ask for that recognition to ensure that health visitors are retained as part of the team and, more important, that a universal primary health care service continues to be available to all within the Scottish NHS.

14:15

The Convener: I invite questions from committee members and from any other member who is here.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): Your collective opinion is that the health visitor provides a different service altogether from the social work visitor. It is suggested that the qualified health visitor would transfer to the social services but would not have the back-up of GPs.

Gale McCallum: The health visiting service and GPs have always communicated with social work services and shared information when there are any concerns about child protection. Health visitors have always prioritised their case loads and concentrated on vulnerable families. Vulnerability cuts across all social strata and health visitors and GPs are highly skilled at detecting it. The ethos of health visiting is to build up a relationship with families; the health visitor is welcomed into the home and trusted just as a midwife or district nurse would be.

It would appear that the plan is to link us with social work services to help vulnerable families more, but those families will see us as social work police, reporting back to the social services. Post-natal depression and a lot of domestic violence will go underground. People will be scared to tell us that they are having problems because they will think that we will immediately phone the social work department, although we would do that if we had a major concern.

It is very important that we remain within the primary health care team. Health visitors cannot understand why GPs and midwives provide a universal, non-stigmatising service, but we are not being allowed to do so. We must remain the experts in the norm and work across all families to retain that idea of what is normal so that we become more skilled at picking up when things go wrong.

John Farquhar Munro: The point that I was trying to make is that there is quite a distinct difference between the health visitor and the social work visitor. There might be a connection, but there are distinct differences in the services that they provide.

Gale McCallum: There is a difference, yes. We are concerned with normal child development, parenting, immunisation, child health and all such issues. Social services become involved only when there are problems. We are happy to work with them when problems arise, but not to be managed and led by them, and not to become mini social workers.

John Farquhar Munro: The health board decided that this change should happen. How much consultation took place with GP practices? Was there any consultation, or did the board just take a decision and tell you what was going to happen from a particular date?

Dr Wilson: General practitioners were denied access to meetings of the health visiting review board. We were not privy to any of the proceedings until implementation of the review had begun. When the review report was finally released, it was issued by e-mail to all general practices in Glasgow, and feedback was requested as part of the consultation process. There was relatively little response to that request, largely because the implementation had already begun. Most of my colleagues felt that it was already a done deal—that the implementation would happen and that the consultation was a cosmetic exercise not worth taking part in.

Dr Anne Mullin: I agree. Last year, we saw a copy of the draft health visitor review. The local medical council facilitated a meeting, with some representation from the health board, to discuss our initial concerns about the draft review. We made clear our objections to many aspects that we felt were contentious and would be dangerous for children and families, but when the review appeared in its final form it was virtually unchanged. Even our initial concerns went unnoticed, as did our subsequent comments on the draft document. We felt that giving our views had been a waste of time.

John Farquhar Munro: In papers that we have been provided with, it is suggested that there would be a six-week delay before the changes were implemented. How far into that six-week period are we? Or has it long since passed?

Dr Cawston: The six-week process is complete; it was at the end of the process that the statement of principles was made. That statement has been agreed by the local medical committee. It sets out that the health board has moved from its original position—of wanting to move health visitors into social work teams—to a position of accepting that health visitors should remain attached to GP practices. However, that statement of principles was in broad and general terms and it has yet to be implemented by community health partnerships. Given the lack of transparency and the lack of mechanisms for effective engagement with front-line doctors and health visitors, our concern is that people will just press ahead with their plans anyway, rather than implement the statement of principles.

Gale McCallum: The LMC has agreed to the statement of principles, but the unions have yet to agree to it.

The Convener: When do you expect a response from the staff unions?

Gale McCallum: At present, there is a grievance, so we do not know what will happen.

The Convener: Mary Scanlon MSP has come to the committee today as she has a particular interest in this issue. I will invite her to comment shortly.

There has obviously been a stushie. Health professionals were not consulted, and you have great concerns about the impact on the quality of service that health visitors can provide in the greater Glasgow area. You have touched on the sharing of information. We are in difficult territory after this week's terrible revelations of what happened in a council down in London. People have genuine concerns about how best to look after the interests of children and share information. All the reports tell us that the professionals—GPs and health visitors—should be sharing information with other agencies so as to allow for early interventions.

Twice now, you have mentioned the model of governance that CHCPs seem to have developed in a relatively short period. You are concerned about a lack of accountability and transparency, and that managerial decisions can be made that do not help with the long-term quality of the service. You come from different parts of Glasgow, but can you give us some more information about those particular concerns? The committee might be able to raise them with the health board.

Dr Colin Brown: I attended a meeting of our CHP's local implementation group yesterday. I expected there to be some revision of the plans in the light of the agreement of the statement of principles, but the statement of principles appeared to be relegated to the status of an appendix to the proceedings, as an issue that was for future reference. Meanwhile, the talk continued to be of the movement of health visitors away from practices and into social work-based geographic teams. When I objected to that and said that no attention was being paid to the agreed statement of principles, it was decided that some attention would be paid to it, but it seems that the governance issue is that if health boards delegate responsibility for implementation to CHPs, they must retain control of what the CHPs do. It is no use the health board-wide doctors committee agreeing to a statement of principles if it is then ignored at local level.

Dr Cawston: As regards the sad events that have been in the news, relationships with people matter as much as systems. It is important for information to be shared, but it is extremely important to have competent professionals who have strong relationships and who can make decisions. It is difficult for an organisation such as a CHCP to recognise ways of building such relationships. If one talks to patients and listens to clinicians, one finds that those relationships are what matter to people, but if one tries to input into a CHP process, one finds that the focus is on systems and organisation rather than on what matters to doctors, nurses and patients—relationships with competent professionals who are able to make decisions with patients.

The Convener: Is the concern still that there is a fundamental philosophical issue about where the emphasis should be? Your third point was about the primacy of the primary health care team in assessing the long-term interests of the people you serve. Are you still worried that there might be another dominant impulse that is about finding an administrative mechanism that would replace that?

Dr Cawston: It is important for a professional-led culture and a manager-led culture to coexist. Both are important and both have their strengths and weaknesses, but the CHPs have not been able to find the balance between the two and so have reverted to tending towards a highly organisational, managerial and process-led culture rather than one that acknowledges the importance of professional leadership.

The Convener: Gale McCallum wants to come in, after which we will hear from Mary Scanlon.

Gale McCallum: Due to the lack of consultation with the main players in the health visiting review—health visitors—health visitors have left the primary health care team en masse. In Glasgow, we now face a severe shortage of health visitors, which puts vulnerable families even more at risk.

Last February, at a children's services seminar that was held at Dalian house, the employee director recommended an overarching structure whereby CHCP directors should meet the staff side and the trade unions, as used to happen in the old days of the primary care partnership forums, which fed into the area partnership forum. We are missing that overarching structure. The CHCP directors meet and make decisions without involvement from the staff or trade union side. If that recommendation could be implemented, I am sure that it would help negotiations a lot and make staff feel that they have a voice.

Mary Scanlon (Highlands and Islands) (Con): Thank you very much for letting me speak, convener. I do not often turn up to meetings of the Public Petitions Committee. I will stick to Glasgow, although the issues that have been raised apply to the whole of Scotland.

The petition raises several issues, the first of which concerns the universal provision of health visiting. The problem is that some of the main

issues might get lost because there is huge anger about the lack of consultation and accountability. I do not know where the CHPs in Highland are or who is in charge of them, even though I know most of the other people who operate in health in Highland.

14:30

The second issue is about keeping health visiting in primary care. An important point about recruiting health visitors was made. I am also concerned about the provision of a universal service, which we do not have in Highland. I am so pleased to see these doctors here today speaking on behalf of their patients, because in many other areas health visiting has withered on the vine. That is why I feel so passionate about the subject. If you want a health visitor in Inverness, you have to call and ask for one, but not everybody wants to do that; some people might feel that doing that is an acknowledgement of their failure as a parent and vulnerable families might not know just how vulnerable they need to get before they ask for help.

I am not a member of this committee so I have no say, but I hope that you will consider looking at provision in the whole of Scotland. As members for the Highlands and Islands, John Farquhar Munro and I know about the sad case of Danielle Reid in Inverness, which has been in the public domain. In that case, as in Haringey in London, there was a lack of co-ordination between services.

I welcome the petition and wanted to come here today to support it. In Highland, school nurses, district nurses and health visitors are being rolled into one. By the time the pilot happens, it will be too late to roll that process back again. There have been no consultations or petitions there. I wanted to come along today and hear what was being said and to say that the same issue arises throughout Scotland. I hope that the committee will investigate the subject of the petitions further.

The Convener: I welcome to the meeting my two colleagues, Nigel Don and Bill Butler, who have been busy at another meeting. I thank them for their forbearance. I explain to them that we are in the latter stages of considering three petitions on GPs' concern about the health visitor programme and consultation process in NHS Greater Glasgow and Clyde. Another MSP has told us that there are wider concerns about health visitors in Scotland that should be drawn to our attention.

Do committee members have questions?

Marlyn Glen (North East Scotland) (Lab): I have more a comment than a question. I agree with Mary Scanlon's comments about the broader implications of the programme and believe that the petitions are timely. The petitioners said at the beginning of the discussion that there had been some movement on the situation, so I started to think that there was a chink of light. Will there be more movement now that you have brought your concerns to the Parliament? I hope that that will be influential. It seems grave that there has been such a huge breakdown in communication and in working practices and relationships. I sincerely hope that we can make progress on the petitions.

Dr Georgina L Brown: Until we involved our MSPs, the health board ignored us completely. You are right in what you say. The health board did not listen to us. Not only did it not involve us in consultation or planning, but when we brought evidence to say that what it was doing was wrong, it still ignored us. We are grateful to the Parliament because if we had not involved members, we would not be sitting here today and we would continue to be ignored.

John Wilson (Central Scotland) (SNP): I have a comment too. I had hoped that health boards had learned their lesson from what happened when certain health boards decided to close accident and emergency units, with an apparent lack of recognition of the views expressed by professionals and the general public. The three petitions before us today raise that issue again and call into question NHS Greater Glasgow and Clyde's decision-making and consultation processes. The professionals giving evidence to us today tried to contribute to the decision-making process, but were totally ignored. We should raise the issue with the Cabinet Secretary for Health and Wellbeing and ask what lessons—if any—about public consultation health boards have learned. By public consultation, I mean consultation with the professionals who deliver services in local communities, so that we get their views.

I have one question for the witnesses. If there had been transparent, effective, meaningful and full consultation—as the petitions call for—but the decision and outcomes had gone against your views, what would have been your reaction?

Gale McCallum: Surely consultation is about getting a consensus, and what patients want must come into it. All along, we have said that the health visiting review had positive aspects, such as increased information technology and administrative support for staff. However, we have always wondered why social work could not be linked to primary health care teams. Why dismantle a team that works? It is not perfect, but it works. For some time, as has been the case in England, there has been a slash-and-burn attitude towards health visiting posts. In the recent cases that have been mentioned, I am unsure how much

of a case load the health visitors were carrying, but it is not unusual for health visitors to have 1,000 families, which is clearly unmanageable. If nothing else, we hope that there is a realisation that we need more health visitors and social workers, and probably more GPs.

The Convener: Tell them to join your union and see what happens.

Dr Cawston: We could not say that the issue has gone against us—it is not as black and white as that. I accept that the current situation is far from ideal and I believe that better ways of working can be found. However, rather than seek to impose a grand solution that simply destroys what is there and does not offer much hope of anything better replacing it, it would be better to ask parents about their real-life experiences and involve them, as well as health visitors and doctors—that would find better ways of doing things. I would love to find better ways of working together, rather than simply have decisions imposed from the top.

Mary Scanlon: I have a small point to make. I hope that John Wilson will forgive me, but I do not think that we can compare the situation that we have heard about today with the closure of accident and emergency services. There may or may not have been the right consultation in Glasgow—there was not in my part of the world—but today we are facing a wholesale change in service provision. My main concern is about service provision. As I said, elsewhere in Scotland the service is withering on the vine. There is no incentive for people to go to college to study to be a health visitor, because they cannot see a career. Health visiting should be an excellent professional career. We keep complaining about parents not having discipline or parenting skills, but we are taking away a service that helps to give people those skills. I welcome the petitions because, elsewhere in Scotland, the service has disappeared, and we have an opportunity to bring it back. The issue is about service provision, unlike the case with accident and emergency units.

The Convener: I did not know that Mary Scanlon had Unison membership, but that was a fantastic contribution.

I want to draw the discussion to a close. The witnesses have drawn attention to two or three issues and committee members have sought reassurance on them. We will need to raise the more universal issue with a combination of Government ministers, the health department and health boards, to ask what the overall view and direction of travel are.

We will also want to ask specific questions of NHS Greater Glasgow and Clyde about the process that it has followed to date; the real meaning and intent behind the statement of principles to which some witnesses have referred; and the monitoring of the implementation of that document. As I understand it, there is a fundamental philosophical difference between those who say that the process should be driven by a central social work team, and those who argue that the primary health care structures should drive it. Some folk who were involved in the review process might still want that first perspective to be the dominant one. The petitioners have raised issues and perhaps had some rolling back from that view but, given that the process has been difficult to date, their worry is that the CHCPs might simply find another route to do similar things. We need reassurance from the health board about exactly what is intended.

It would be useful if those who are involved in other staff unions presented a clear view, to provide reasonable unanimity of perspective. That would assist the petitions process and help the committee to play its role. Those are the things that we need to nail down over the next period.

Is there a review process that reviews the review? I am sorry that that sounds so technical. Are the professionals invited back three months later to say how things are operating locally? Is it unclear whether that will happen?

Dr Georgina L Brown: There are no arrangements for that at all.

The Convener: Perhaps we can draw that to the attention of the health board in our submission.

How do members wish to handle the petition? Who else should we contact?

Marlyn Glen: We need to ask questions about the consultation. To make comparisons, we have to ask questions of different health boards, rather than just NHS Greater Glasgow and Clyde.

The Convener: Mary Scanlon could help by asking her colleagues whether there are any other areas where similar ideas have been mooted or where the range of health visitor programmes has been considered. She said that throughout the country health visitors play an uneven role in primary health care.

We have had submissions from the likes of the Scotland Patients Association. Given the number of individuals who signed the petition over a short period of time, it is clear that it struck a chord with the people who visit practices. We would like to hear the views of organisations that are collating the views of patients across the country.

I am aware that the unions will respond. However, we could perhaps write to a couple of the main staff unions, including the most powerful staff union—the British Medical Association—to get their view. That would be a useful step.

Do members have any suggestions about the tone of what we wish to inquire about?

John Farquhar Munro: We should quickly contact the main player—NHS Greater Glasgow and Clyde—to let it know that we have concerns about what has happened. We should also contact the Association of Community Health Partnerships, which will have a wide, national interest in the issues.

The Convener: Are there any other observations or thoughts from the petitioners?

Gale McCallum: Action has to be taken soon: health visitors in Glasgow are on their knees because the staffing levels are so dangerous.

Dr Georgina L Brown: There is a lot of evidence about. We were asked about the difference of opinions during consultation. There is evidence to which the committee can refer; we referred to it, but the health board did not. That evidence is still out there, if anybody is interested in reading it.

The Convener: I will explain the process. This is stage 1—you have submitted petitions to the committee. We need to get a response from NHS Greater Glasgow and Clyde—I think that we are in almost weekly correspondence with it—and from the other organisations that we mentioned. Once that is done, we will put the petition back on the agenda for a subsequent meeting. In the interim, should there be any substantial changes, or if inappropriate things are happening, our clerk can receive further submissions from you, or from anyone else who is interested in the issue, which we can take on board.

Parliamentarians other than committee members have expressed an interest. I know that Paul Martin, along with a number of other members from the Glasgow area, keenly supports the petitions.

When the petitions come back on to our agenda, you will be notified in advance. Although you might not have a chance to speak directly to the committee again because of the volume of petitions, if you have good working relationships with individual MSPs, there is a chance that they will continue to speak on your behalf to the committee. I am reasonably open-minded about that procedure. You can come to future committee meetings if appropriate. I know that you are very busy individuals who work in communities that require your professional skills, so I do not want to burden you with that.

That is the process. We will draw the petitions to the attention of the health board, given the most immediate concerns, and we will see whether we can get continuous movement in the right direction, which might satisfy all the individuals involved in the debate.

14:45

John Wilson: Given the evidence that we have heard today and the fact that the six-week suspension has ended, the health board is likely to move for implementation any day now. Is the committee minded to write to the Cabinet Secretary for Health and Wellbeing and NHS Greater Glasgow and Clyde, to ask them to delay implementation of the policy until we have satisfied ourselves that proper consultation has been carried out on the issue? If we do not take that action, the policy could be implemented next week, which means that when the committee meets again, we will be working against a health board policy decision.

The Convener: I am sure that the committee agrees that that is an appropriate course of action, so we will do that as well and try to keep pressure on the health board so that it takes cognisance of the concerns that have been raised.

I thank the petitioners for their contribution. This is probably the largest delegation of petitioners that we have had at the table. Let us hope that we can make some progress on the petitions.

Access to Legal Representation (PE1197)

The Convener: Our next petition is PE1197, from Bill Alexander, which calls on the Scottish Parliament to urge the Government to reform the legal system to adopt the Scandinavian system of allowing unrestricted access to legal representation before the court, for example, by allowing non-lawyers to appear in court on behalf of other parties.

The petition and papers are in front of us. Are there any particular points to note?

Bill Butler (Glasgow Anniesland) (Lab): I apologise for my lateness, convener. Nigel Don and I were delayed elsewhere.

I suggest that we need to seek responses to the point about whether a precedent to widening the rights of audience has been set by the granting of a right to conduct litigation and a right of audience to the Association of Commercial Attorneys. We also need to ask whether the Scottish Government plans to extend the list of those who can represent people in court, whether such a change is desirable and what impact it would have on the legal system. Perhaps we could write to the Scottish Government, the Faculty of Advocates, the Law Society of Scotland, the Scottish Law Commission and the Scottish Legal Complaints Commission. That would be one way of proceeding.

The Convener: I am happy with that. Are there any other points?

Nigel Don (North East Scotland) (SNP): I apologise for being late.

It seems to me that there are two issues in the petition that we need to tease out and separate. The first is whether other professionals should have a right of audience. That right already exists in principle, and groups can apply for it in appropriate circumstances.

To be fair, the petitioner is not really heading in that direction. He is asking for individuals to be able to represent themselves in the higher courts, and we need to take cognisance of the fact that that is the wider question. The wisdom of an individual representing themselves in court is not immediately obvious, bearing in mind the fact that a lawyer will be in court as an officer of the court, rather than just to represent their client.

It might be worth my mentioning on the record a case that I read recently, which involved a constituent of mine. He was unable to get representation, so he represented himself. It is clear from the judgment that the counsel for the other party did most of the legal work—indeed, the judge commended her for doing so—and that, in the process, my constituent's case was made rather better than the defendant's case was, because that was how the law lay. Counsel ended up helping the court to reach the other person's view, which is, of course, exactly what a lawyer should do, as they should want the right answer rather than simply to represent their client. That ought to be considered. A person does not go to court only on their own account. If they go with a lawyer, the lawyer's job is to produce the right answer; they do not go merely to present the person's case.

The petitioner has a fair understanding of what he is about, because he makes the point that, as citizens, we should be able to deal with matters pertaining to contract and delict. That is probably right, and things should probably be done in that way. However, if he is looking for rights of audience when family or land law issues are being dealt with, that would be unwise. Perhaps the issue is much more complicated than he has made it out to be. Perhaps it is to do with rights of audience in particular cases, rather than the generality of cases. We need to ask about such matters.

The Convener: As members have no other points to make, we will pull together what has been said and progress the petition.

Bone Marrow Services (PE1204)

The Convener: PE1204, from Jessie Colson, on behalf of the Richard Colson Severe Aplastic Anemia Fund, calls on the Parliament to urge the Scottish Government to recognise and promote the life-saving impacts that bone marrow testing and donation can have on people with life-threatening illnesses, and to provide adequate funding to the Scottish National Blood Transfusion Service to support bone marrow services and encourage more donors.

I welcome to the meeting Michael McMahon, who is the relevant constituency member. He was present when the petition was presented to the Parliament some weeks ago. I invite him to speak to the petition on behalf of the petitioners.

Michael McMahon (Hamilton North and Bellshill) (Lab): Thank you for giving me the opportunity to speak. I shall ask a few questions that the petitioners have put to me. Getting answers to those questions is essential to the campaign that the petitioners are conducting on behalf of their son, Richard. Jessie and Robert Colson have done a huge amount of work to promote bone marrow donations. Throughout their campaign, they have encountered a few areas in which questions have arisen to which they are seeking answers.

ScotBlood and the Anthony Nolan Trust recently released a statement in which they said that they were joining forces to encourage more Scottish blood donors to join the Anthony Nolan Trust register. An August 2008 press release from ScotBlood stated that it was committed to collecting bone marrow donors in Scotland. It launched an initiative a few weeks ago, but the family points out that people are only asked and encouraged to join the Anthony Nolan Trust register in that initiative—there is no commitment on collection. The family believes that a clear distinction is involved.

The criteria for joining the Anthony Nolan Trust register are similar to those that are used by the Scottish National Blood Transfusion Service, of which ScotBlood is part. The only difference is in the age of donors. The age range for the Anthony Nolan Trust is 18 to 40; the SNBTS age range is 18 to 50. My constituents wonder what is wrong with 40 to 50-year-old Scottish blood donors. They also wonder why the Anthony Nolan Trust keeps potential donors on its list until they are 60 if the ideal age for donors is between 18 and 40. Is the Anthony Nolan Trust prepared to use donors from 40 to 60, or are names retained to make the register look better than it is?

Bone marrow is a live tissue that can be donated only by living donors. ScotBlood should be the primary collection agency in Scotland, and the age

limit of potential donors should be increased, in the view of the Colsons. It costs the Anthony Nolan Trust £125 per person to collect and store donor samples and details. In the view of my constituents, the value of life therefore comes down to £125.

Scottish people are dying because the current rules mean that people over the age of 40 who live in Scotland cannot donate bone marrow that could be a potential recipient's only lifeline.

Agencies use figures to inform us of how many people desperately need bone marrow donations. The Scottish Government should commit to advertising in the media to inform the public of the importance of bone marrow donations, and it should seek to remove any obstacles to donating to increase the number of potential donors.

In Scotland, people who are awaiting bone marrow transplants rely on a charity—which has, in the main, to rely on the public and the business community for funding—rather than on a Government-funded agency that already has staff and amenities at its disposal to collect bone marrow samples from Scottish blood donors.

My constituents rightly regard Scottish health services as the finest in Britain, and they want the area of bone marrow donation to move forward in line with those services. They do not want their son to have to rely on a charity—no matter how large and famous—to control such a major part of the health service. They want people to remember that underneath the figures and the issues that are under discussion, real people, such as Richard Colson, and real families are affected.

The Convener: You have been dealing with the issue with your constituents. Have they made positive suggestions to the SNBTS or other agencies with regard to mapping the potential cost? Can a pilot programme be carried out? Do you have any thoughts or observations on that?

Michael McMahon: Some positive suggestions have been made. The family work closely with the Anthony Nolan Trust and campaign a great deal on its behalf—they are certainly not critical of the trust. The family also approach ScotBlood regularly to discuss how best to address what they consider to be the gaps in the service and the frustration that they feel at knowing that there are potential donors out there who are not being reached. We need to ask how we can reach potential donors and how we can ensure that people are given the best possible opportunity to become donors or prospective donors.

I am sure that members will be aware of ScotBlood's recent initiative, which involves asking people who give blood whether they wish to put their name forward as a possible bone marrow donor. As the family point out, however, that leaves another step in the process: how we collect information about bone marrow donors to go on the Anthony Nolan Trust list. There needs to be some connectivity, which is where the family hope that the Government will step in, rather than leaving the issue to a charity.

The family are in no way critical of ScotBlood or the Anthony Nolan Trust. They realise that there is some way to go, and they would like some Government assistance in taking the issue forward.

The Convener: Are there any comments from members?

John Farquhar Munro: We should raise the issue with the Scottish Government to find out what its views are and what support it is giving to the bone marrow donor register. Michael McMahon raised a point about how people contact an organisation that promotes the collection of bone marrow.

Bill Butler: Michael McMahon raised an important point about the need for joined-up working and connectivity and how that could best be effected. We could write to the SNBTS and the Anthony Nolan Trust to ask how that could best be progressed.

We should also raise the issue of widening the narrow age groupings of donors—the Anthony Nolan Trust limits donors to those who are over 18 and under 40. We could pose those questions to the Scottish Government, as John Farquhar Munro said, and to the SNBTS, the British bone marrow registry and the Anthony Nolan Trust.

The Convener: Does Michael McMahon wish to make any further comments on behalf of the petitioners about what he would like to happen?

Michael McMahon: From my experience on the committee, I know that it will give its best endeavours. I look forward to seeing the responses that the committee receives.

The Convener: We will take on board what members have said. We need to explore further the age anomaly. More important, in order to deal with the specific issues raised by the petitioners, we need to consider whether structures will be put in place, what resources can be made available and what kind of mapping exercise is being carried out.

Succession Law (PE1210)

15:00

The Convener: PE1210, from I Chambers, calls on the Scottish Parliament to urge the Government to ensure that the rights granted under the Succession (Scotland) Act 1964 are

enforced and that any beneficiary who has been denied their rights due to non-compliance with the act is identified and compensated.

Nigel Don: You may or may not be relieved to know that I am the MSP who was consulted on this case. It is not entirely clear from the issues that are written down in the papers precisely what is going on. I do not really want to go into it at length, but what my constituent is really concerned about is a situation in which matters are not formalised. It is not really about who is entitled to property left over in a will, or property that is left even if there is not a will. We know the answer to that.

The petition relates to a situation in which a couple separated but did not divorce. Some property was in the hands of other people who were technically holding it in trust but probably did not even realise that that was what they were doing, and certainly did not realise that when things changed they should act as trustees. Motives in such situations are difficult to establish—things can simply get lost in the mists of time and only come to light almost by accident.

What the petitioner is really looking for is a review of how the law works in murky areas such as this, in which people perhaps do not do all the right things. It is not really about the law of succession but about how we get things to work properly in the hands of lawyers and laymen. We should ask the Cabinet Secretary for Justice whether he can review such situations to see how the law is working.

Bill Butler: I do not disagree with Nigel Don, but my information is that the Scottish Law Commission is considering the issue and is due to publish a report on the wider issues of succession. I guess that it will refer to the case that Nigel Don has just described. Perhaps we could suspend further consideration of the petition until the commission has reported, and let the Scottish Government know that we will write to it about the petition in the light of the findings of the commission.

Nigel Don: Is it possible to point the Government in the direction of a particular constituent and a particular issue? I do not know whether that is legitimate—it might be opening cans of worms. However, there are, in the petition, important issues that have, like everything else in law, come out only because of a particular case.

The Convener: We can make the petition available to the Government and others for consideration. We should note what Nigel Don has said about the handling process and so on for the petition. I agree with Bill Butler. A petition of a similar ilk is under consideration—PE1154. The two petitions should perhaps be broadly linked together because they relate to the impending review by the Scottish Law Commission. I would like to read that review. We should explain to the petitioner that we will consider how the petition's issues relate to any suggestions from the commission. We will also make the Government aware of the petition.

Delivery Charges (Highlands) (PE1211)

The Convener: PE1211, from Chris Ferne, calls on the Scottish Parliament to urge the Scottish Government to investigate whether economic, business and social development is being constrained by the charges that are levied by some courier companies that deliver to areas of Scotland such as the Highlands and Islands.

John Farquhar Munro: This is a topical issue in many remote parts of the Highlands, where charges for delivery by courier services seem to be excessive. It is ridiculous that the Isle of Skye, which—despite its title—now has a bridge, is still considered by the courier companies to be an island for which an excess charge applies for delivery of goods. However, such charges apply not only to Skye but to remote glens and villages down the whole west coast, as well as to the islands. The charges are not just a token sum: the difference between the charge for delivering a package to the mainland and delivering it to Skye can be £50, which is quite excessive.

The Convener: The additional information that has been provided by the petitioner points out that folk are increasingly using the internet for ordering goods and that one fellow was charged £220, which is probably almost as expensive as the item that was received.

Obviously, the issue cuts across responsibilities that remain at United Kingdom level, but we can raise the issue with agencies such as Highlands and Islands Enterprise. It would be worth asking the local authority whether it has received consumers' views on how they feel they are being treated with such charges. We can also ask the Minister for Enterprise, Energy and Tourism, who can perhaps raise the matter with the UK Government, about how we can ensure that fairness applies across the UK no matter one's location. It is out of order that folk are charged at such levels just because of travel distances. Are members okay with that?

Members *indicated agreement*.

Current Petitions

Coastal and Marine National Park Process (PE1047)

Maritime Organisations (PE1081)

15:06

The Convener: There are 15 current petitions that we need to make our way through. We will consider the first two—PE1047 and PE1081—together.

PE1047, from Mark Carter, on behalf of the Hebridean Partnership, calls on the Scottish Parliament to consider and debate the failure of the existing coastal and marine national park and marine environmental protection process, and the extent to which such failure is due to pressure from individuals and industries that have vested, affiliated or commercial interests.

PE1081, from Ronald Guild, calls on Parliament to urge the Government to seek a UK-wide reappraisal of all organisations—Government, local authority and non-governmental—that have maritime and maritime airspace responsibilities, taking into account European Union and International Maritime Organization contexts and worldwide best practice. Members have also been circulated with an updated submission—paper PE1081/F—from the petitioner.

Do members have any suggestions on what to do with the petitions? As the marine bill is due to be introduced in the foreseeable future, I suggest that we refer the petitions to the appropriate committee, which is the Rural Affairs and Environment Committee. Is that agreed?

Members *indicated agreement*.

The Convener: Thank you for that approval.

A76 (Safety Strategy) (PE1067)

The Convener: PE1067, from Councillor Andrew S Wood and Councillor Gill Dykes, on behalf of ward 8 in Dumfries and Galloway, calls on the Scottish Parliament to consider a safety strategy for the A76 to improve signage on the road, to consider how the road can be improved to remove blind areas and address bad corners, and to erect average speed cameras where speed should be controlled.

Do members have suggestions on how to deal with the petition? We await the strategic transport projects review summary report.

Bill Butler: We could write to Transport Scotland for an update on the situation once the summary report of the strategic transport projects review—that trips off the tongue—has been received by Scottish ministers.

The Convener: That sounds like a great bedside-reading document that we will all love and hold dearly. Bill Butler makes a reasonable suggestion, given that we need to see how the review fits in with the wider strategy of Transport Scotland and others.

Are members happy to accept that recommendation?

Members *indicated agreement*.

Primary Schools (Visiting Specialist Teachers) (PE1071)

The Convener: PE1071, from Ruchelle Cullen, on behalf of Lochinver Primary School Parents and Teachers Association, is about ensuring adequate access to visiting specialist teachers of music, art and physical education.

Do members have any views on the petition?

John Farquhar Munro: The issue that the petition raises comes up regularly in remote and rural areas, where pupils are at a disadvantage because they do not receive such specialist tuition. Perhaps we should write to Highland Council. I am sure that the problem exists in other areas of Scotland, so perhaps we should go beyond Highland Council. However, I suggest that we seek first the views of Highland Council.

The Convener: It troubles me that we seek clarification on the issues that petitions raise even after we have been dealing with them for some time. The point does not apply to Highland Council, which has been written to and has responded. However, issues that we are already progressing continue to pop up. Perhaps we are not getting the responses that we require—such responses should consider in detail the issues that a petition raises. Because there is an expectation that the clerks will bring petitions before us, we are falling between two stools and repeating ourselves. We could ask the clerk to look at petitions that are in that ball park. Petitions should not be progressed until we get the responses that we require.

I could send letters from the committee offline to remind people to respond to petitions that have been in the system for a while. To be fair, we have managed to call to account one or two Government departments. A couple of ministers have had a wee skelping from the committee—an all-party skelping, which is always enjoyable. They got the message, and the attitude that was prevalent in one or two departments—not all departments—has changed. We need to sort out the issue. The clerk is happy to be a big wrecking ball on our behalf.

Bill Butler: Have we received a response from Highland Council?

The Convener: Yes.

Bill Butler: I do not gainsay your suggestion on what the clerk should do, but it would be reasonable for us to write to the Scottish Government to ask whether it is satisfied that the policy initiatives to which it refers will create a situation in which there is adequate access to the specialisms in rural and remote areas.

The Convener: Okay—but behind the scenes we must try to iron out these matters. Some petitions keep going backwards and forwards.

John Farquhar Munro: Are you suggesting that you will send such letters, convener?

The Convener: I suggest that the clerk provide the committee with a summary report on current petitions on which responses have not been received. I may need to write directly to those concerned to inform them that, if we do not receive the responses that we expect, we will reveal that.

John Farquhar Munro: I am sure that they will be delighted to receive a letter from you.

The Convener: Yes, but I will need committee members' approval before writing to them.

John Farquhar Munro: You have it.

Scottish Prison Population (Catholics) (PE1073)

The Convener: Petition PE1073, from Tom Minogue, calls on the Parliament to investigate and establish the reasons for the apparently disproportionate number of Catholics in Scottish prisons. Do members have any suggestions on how we should deal with the petition? When the petition was before us previously, one or two members expressed concern that we were not really interrogating the issues that it raises and that the responses that we had received were not very clear.

I have views on what we should do next, but I would like to hear what members think. In my opinion, the issues remain outstanding and have not been addressed in the responses that we have received so far. These are sensitive topics, and people always get nervous when they are raised. The number of prisoners from Muslim backgrounds is also disproportionately high. There are issues that we need not cease to pursue. I know that members have views on the matter.

Bill Butler: In its response to the petition, the Scottish Government states that it does not consider that there is merit in investigating the issue further. What is the rationale for its position, other than the suggestion that the disparity is related to social and economic factors that may or may not be prevalent in the west of Scotland? That is not a throwaway remark—it seems to be a general view. Can the Scottish Government provide a more specific reason for its view that there is no merit in pursuing the matter?

15:15

Nigel Don: I read the responses that we have received, which make some fair points about deprivation. In many ways, they say things that we could have guessed, but it is better to hear other people saying them. I do not think that anything in the responses comes as a huge surprise.

The petitioner makes some extraordinarily good points in his most recent response, not least that our names reveal a great deal about our backgrounds, and we can hardly hide our names. The matter is not as simple as has been suggested. We recognise that, because we are human beings, we are instinctively prejudiced. It is difficult not to be, so we should not hold it against our fellow men and women if, occasionally, they are prejudiced.

However, it is not clear to me how we should investigate the matter. Unless the committee wants to try to do something—and I am not even sure what we could do—it is difficult to know to whom we could refer the petition to get better information. I think that the answers that we have are simplistic, and I do not mind saying so, but I am not sure how we can improve on them.

John Wilson: I raised the issue of the number of Muslims incarcerated in Scottish prisons in response to the petition, which concerns the disproportionate number of Catholics in Scottish prisons. In his paper, the petitioner raises a number of other questions.

The responses that we have received do not satisfy me that enough work has been done on the matter. The evidence from the University of Stirling states that it is not aware that any research has been done on the ethnic or religious backgrounds of prisoners in Scottish prisons. If we are to take the matter seriously, we need such research. It is all very well to say that people find themselves being incarcerated because of social and economic factors, but the Scottish Government, the Scottish Prison Service or even the Scottish Court Service should analyse the matter further and find out why there are higher than normal proportions of certain categories of prisoners in Scottish prisons.

I would like the committee to refer the matter back to the Scottish Government, which should ask the appropriate bodies to undertake research. The committee will then have some meaningful information to consider—whether or not we also

consider the social deprivation factors—in discussing why we lock people up in prison. If it is the case that we lock people up because of social deprivation factors, we should draw that to the attention of the Government and other decision makers. We must ensure that we address the issues meaningfully and that we do not just resolve problems by incarcerating people.

The Convener: I am minded to support Marlyn Glen's and John Wilson's view that we should keep the petition open. I do not think that the body of evidence that we have received responds conclusively to the petition. It is appropriate for us to ask the Government and the Scottish Prison Service to examine further whether they can address the higher proportions of the prison population that come from certain religious backgrounds—as far as such affiliations can be identified.

I am surprised that no research has been done, given the importance of the cultural and religious issues, which seem to dominate many of the narratives that take place in Scotland. It would be interesting to find out whether there is an option for that research to emerge.

Bashir, do you want to add anything?

Bashir Ahmad (Glasgow) (SNP): No.

The Convener: Okay.

We will keep the petition open. Do we know whether the Equal Opportunities Committee has considered the matter?

Marlyn Glen: It has not done so from the point of view of the petition.

The Convener: Would its doing so be appropriate?

Marlyn Glen: I am wrestling with what the Equal Opportunities Committee could do. If we want to find out more, we need research. If the proportion is statistically significant, the question is what came first. That is the difficult question for the research.

The Convener: I might raise the matter informally with the convener of the Equal Opportunities Committee to find out whether the petition would fit into any likely future work plan for that committee.

Bill Butler: The problem is that, as Marlyn Glen said, the Equal Opportunities Committee would, with the best will in the world, be left in front of the stumbling block that we face: there is no research. I am not—heaven forfend—against the convener having an informal chat with the convener of the Equal Opportunities Committee, but we should ask the Scottish Government to set aside resources for proper research.

The Convener: Okay. Thank you.

Wind Farm Developments (PE1095)

The Convener: PE1095, from Sybil Simpson, on behalf of the Save Your Regional Parks Campaign, has been presented to the committee previously. We have also had a submission from the constituency member in support of the petition. Do committee members have views on how we should progress the petition? I note that one of the options is "to write again". Have we had a limited response, if any, from the Scottish Government?

Fergus Cochrane (Clerk): There was a response. I could not comment on whether it was limited.

The Convener: Okay. We could perhaps look for more information the next time we write to the Government on the issue.

Fergus Cochrane: Yes.

The Convener: Okay. I understand the language. To paraphrase what the clerk has said, we are not getting very far. We should write again on a number of points contained in the petition. Are there any other views?

Bill Butler: We need more specificity.

The Convener: That is easy to write but harder to say—well done.

Bill Butler: Thank you.

The Convener: We need to address a number of issues about the planning process in national and regional parks. We will pursue those issues. Are members happy with that approach?

Members *indicated agreement*.

Motorcycle Facilities (PE1100)

The Convener: PE1100 is from Bob Reid, on behalf of Scottish Auto Cycle Union and North Lanarkshire Scramble and Quad Bike Club. It asks for a review of planning and environmental regulations to allow for the provision of off-road motorcycle facilities, with the particular intention of tackling anti social behaviour.

The petition has been before us on at least two previous occasions. John Wilson would like to comment.

John Wilson: The letter from the petitioners clearly states their position. We should respect their wishes to have the petition closed to allow them to continue a dialogue with Government.

The Convener: Let us hope that the dialogue is constructive and addresses the issue.

John Wilson: I add that the petitioners should not hesitate to come back to us if the answers that they get from the Government are not satisfactory.

The Convener: Let us ensure that it is not a mad scramble, though.

Cancer Treatment (Cetuximab) (PE1108)

The Convener: PE1108, from Tina McGeever, on behalf of Mike Gray, calls on the Parliament to urge the Scottish Government to consider the provision on the national health service of cancer treatment drugs, in particular cetuximab, to ensure equity across NHS boards on the appropriateness, effectiveness and availability of such treatments.

I think some members who wanted to comment are not able to be here. I know that Bill Butler would like to comment—he has previously spoken on the petitioner's behalf.

Obviously, this is the big inquiry that we undertook. I record our appreciation for the work that Tina McGeever has done and for the progress that she has continued to make. Both at UK and Scotland levels, ministers have had to respond on some of the principles that the petition raises, as well as on their proper and sensitive application locally. The documents are all before the committee.

Bill Butler: As colleagues will know, the committee's report was debated in the chamber on 1 October. On 27 October, the Scottish Government published "Better Cancer Care, An Action Plan".

Colleagues will also know that the committee's report set out 16 overall conclusions. The Scottish Government stated in its response that those will be addressed through a number of policy initiatives, one of which will be the action plan. However, colleagues will know that although there are passing references to the issues that are highlighted in the committee's report, there is not sufficient detail or clarity about what is happening, how it is happening, when it is happening and by whom it is being done.

The committee should take a couple of steps. First, we should write to the Scottish Government to ask it to detail clearly and precisely how each of the conclusions in the committee's report is being addressed through the plan. For example, how are variations in the planning of drug use in cancer services and the provision of such drugs being monitored? How is the overall exceptional prescribing process to be improved—for instance, what new guidance material will be produced? How will liaison officers, which my constituent George Darroch proposed, be appointed to facilitate communication between clinicians and patients?

We should also seek the views of the witnesses during the committee's inquiry, to gauge whether they think the action plan addresses adequately the issues that they raised. For example, does it go far enough in expecting or requiring more from health boards? Will it lead to the required improvements to the processes that patients, such as the late Mike Gray and others, have gone and are going through to access cancer treatment drugs? If so, how?

Many questions are still to be answered. Continuing examination is required and the Government must address specific points that relate to the 16 major conclusions in the committee's report.

The Convener: As Bill Butler said, time has passed since the parliamentary debate and developments have occurred at UK and Scotland levels that show a willingness to engage and to work out the best ways forward. We identified a series of actions that we want to be taken. We will take on board Bill Butler's points and pursue them and the key issues in our report with the Scottish Government.

Bill Butler: Will we write to the people who gave oral evidence?

The Convener: Yes.

We will have a brief five-minute comfort break, after which we will continue with the rest of the petitions.

15:27

Meeting suspended.

15:32

On resuming—

Residential and Abstinence Treatment (PE1113)

The Convener: I thank members for their patience. PE1113, from Peter McCann, on behalf of Castle Craig hospital, calls on the Parliament to urge the Scottish Government to increase the availability and provision of residential and abstinence treatment for people who are alcohol and/or drug dependent. Do members have views on the petition?

Nigel Don: Could we close the petition with some satisfaction, because it coincides with the Government's plan? The Government has produced the strategic document "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem". A letter from the Government says:

"The Government shares the Committee's view that there needs to be … clarity about how much is spent"

on the various issues of drug misuse. Audit Scotland is to examine such spending urgently. Those two elements add up to giving the petitioner what he asked for. The Government is working on that.

The Convener: Are members happy to accept that recommendation?

Members *indicated agreement*.

Medical Records (Destruction) (PE1141)

The Convener: PE1141, from Myles Fitzpatrick, calls on the Parliament to urge the Scottish Government to consider whether it is satisfied with the policy and guidance that it has issued under which NHS boards may destroy a patient's medical records and whether that policy in any way hinders the right of an individual whose records have been destroyed to access treatment on the NHS. Do members have comments or observations?

John Farquhar Munro: The evidence that we have suggests that the issue has been resolved, so we should close the petition.

The Convener: Our information is that a policy on what happens to medical records now applies. A code of practice on NHS records management, which was issued in July 2008, covers the retention and disposal of patient records and was agreed with the National Archives of Scotland. There is no evidence of a conflict between the policy for destroying medical records and principle 5 of the Data Protection Act 1998, and there is no link between the destruction of patients' records and entitlement to NHS services.

Are we happy to close the petition on the basis of that information?

Members *indicated agreement*.

Fire Service Boards (PE1147)

The Convener: PE1147, from Mrs Annmargaret Watson, on behalf of the fire reforms action group, calls on the Parliament to urge the Scottish Government to review current legislation to ensure that each local authority is represented on the fire service joint board, to ensure that board decisions reflect local concerns and views, and to revise legislation that prevents local authorities from increasing fire cover without full joint board authorisation and bring it into line with police service cover.

I think that some issues that the petition raises still need to be discussed. What are members' views?

Bill Butler: Perhaps we can write to the Scottish Government on a number of issues. We can ask whether there are anomalies between joint fire boards and joint police boards in terms of their board structures and their decision-making processes on funding and station staffing. If there are anomalies, what are they and why do they exist? We should ask whether the Government is fully satisfied that the existing constituency make-up and decision-making processes and powers of joint fire boards deliver the best fire and rescue services for local populations. We can tie up other points by asking whether the Government would agree to meet the petitioner and the Fire Brigades Union Scotland to discuss the salient issues that the petition raises. I think that that might cover it.

The Convener: Okay. We can ask the Government about the decision-making processes. Are members happy to accept what was suggested?

Members *indicated agreement*.

Disabled Parking (PE1149)

The Convener: PE1149, from Kenny Shand, on behalf of Disability Help Scotland, calls on the Scottish Parliament to urge the Scottish Government to introduce legislation to allow for parking bays for disabled drivers with mobility impairments—for example, outside a person's home.

We are aware that a member of the Parliament has introduced a member's bill on the issue, which is the Disabled Persons' Parking Places (Scotland) Bill. It is evident that, should the Parliament approve the bill, it will address the issues that the petition raises. I think that we should therefore suspend consideration of the petition until the bill has completed its process through Parliament. Is that agreed?

Members *indicated agreement*.

Hypertrophic Cardiomyopathy (Screening) (PE1151)

The Convener: PE1151, from Wilma Gunn, on behalf of Scottish HART, calls on the Scottish Parliament to urge the Scottish Government to undertake a review of the need to establish a national heart screening programme for young people taking part in sport and for families at risk. The petition asks for health boards and general practitioners to reconsider certain areas. The petitioners gave evidence to the committee previously and spoke movingly of their experience of losing a young member of their family through undetected heart problems.

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

Bill Butler: My information is that the Scottish Government has accepted the advice of the National Screening Committee that close relatives of those diagnosed with a condition such as hypertrophic cardiomyopathy should be offered tests and advice; and that the Government has launched a two-year cardiac assessment in young athletes programme that will offer cardiovascular assessment to people over the age of 16 who take part in any organised amateur sport. Those are positive measures. I am not sure what the committee should now do with the petition.

The Convener: That information shows that there has been progress. The petitioners called for a universal screening approach, but the National Screening Committee has said that perhaps a more targeted approach is required to identify where weaknesses may exist. As Bill Butler said, those over 16 who are involved in amateur sport will be assessed, as will relatives of those with a heart condition, who may have a predisposal to that condition. Those people should be assessed.

I think that we should close the petition on the basis that we have made progress on the issues that the petitioner raised. Are we happy to do that?

Members *indicated agreement.*

Closed-circuit Television Provision (PE1152)

The Convener: PE1152, from Robert Kyle, calls on the Scottish Parliament to urge the Scottish Government to allocate funding for the provision of permanent closed-circuit television facilities in communities that are subjected to significant levels of crime.

The Government is undertaking a review of public-space CCTV. Obviously there are major resource implications for continuing with public-space CCTV, and that will be part of the Government's consideration. We should therefore suspend the petition pending the outcome of the Government's review.

Members *indicated agreement*.

Children's Interests (PE1156)

The Convener: The final current petition is PE1156, from Jimmy Deuchars, on behalf of the Grandparents Apart Self Help Group, which urges the Parliament to ask the Government to review the administration of child and family law services with regard to grandparents' access. To inform policy development, the justice analytical services division has sought the views of the petitioner and various others on their experience of family law services. The petitioner has also had the opportunity to meet the Minister for Children and Early Years. I do not know whether there is much more that the committee can do.

Nigel Don: You have just taken the words out of my mouth, convener. The petitioner has essentially got what he was after. He has the ear of Government and they are talking about the issue. Not for the first time this afternoon, we can give ourselves a small pat on the back, say that we have done our job, and close the petition.

The Convener: Does the committee accept that recommendation?

Members *indicated agreement*.

New Petitions (Notification)

15:41

The Convener: Item 3 is notification of new petitions. Does the committee agree to note the new petitions?

Members *indicated agreement*.

The Convener: Our next meeting is an external meeting that will be held in Berwickshire high school in Duns. I know that sometimes we make commitments and then, as the date approaches, realise that we are overwhelmed with other work and I know that members who have other committees on the same day will have difficulties in attending, but no committee of the Parliament has visited that part of the country, so it is important. I know that we all have calls on our time, but could members look at their diary commitments and see whether there are any opportunities for flexibility?

John Farquhar Munro: When is that?

The Convener: It is a fortnight today, at 12.30. Transport will be arranged to leave the Parliament at 10.30. The meeting will be a combination of committee business and discussion with members of the public about the role of the Public Petitions Committee. I am just drawing attention to that. I am conscious that members are under a lot of pressure.

Bill Butler: Is it planned that members who are able to go will be transported back in time for decision time? I am sure that we will be transported back, but I just wondered about the timescale.

The Convener: It is a Tuesday. The problem is the clashes between committees. My plea is that the committee should be reasonably represented, although I know the pressures that we are all under; members have had to come from other committees today. If there is any way that members could be flexible, it would be much appreciated.

Nigel Don: I hear what you are saying. Given what we are currently dealing with, I think that I am speaking for Bill Butler and myself when I say that I do not think that we have that flexibility. I do not think that we will be able to be with you.

The Convener: That means that it is incumbent on the rest of us to be utterly and totally disciplined. I know that Nigel Don and Bill Butler are dealing with important evidence.

Marlyn Glen: I also have previous commitments on that day.

John Wilson: I just want to confirm that we are being brought back. We are not being taken down there and left there.

The Convener: It could be better fun than a Tuesday night in Edinburgh.

Meeting closed at 15:44.

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