

# **MEETING OF THE PARLIAMENT**

Wednesday 25 October 2000  
(*Afternoon*)

Volume 8 No 12

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## Scottish Parliament

*Wednesday 25 October 2000*

*(Afternoon)*

[THE PRESIDING OFFICER *opened the meeting at 14:30*]

### Time for Reflection

**The Presiding Officer (Sir David Steel):** To lead our time for reflection today, we welcome the Right Reverend Joseph Devine, the Bishop of Motherwell.

**Rt Rev Joseph Devine (Bishop of Motherwell):** I was privileged to be here, at the invitation of Sir David Steel, on the Friday following the death of the First Minister, Donald Dewar, to hear such moving tributes that were paid to him by all who spoke on that sad day. What I heard that afternoon has concentrated my mind on what I want to share with you today. I heard very powerful words and phrases: words such as honesty, integrity, loyalty and sincerity, as well as phrases such as “the father of the Parliament”, “a Scot for all seasons”, “someone whom we will miss terribly”, and “the loss of one of our own”. For once at least, the press covered what was said with great accuracy the following day.

Behind those generous words and phrases, I was hearing a key phrase and concept from the Jewish and Christian scriptures. That concept is wrapped up in one word: vision. The key phrase is: “without a vision, the people die”. I want to explore the significance of those words for all of you.

You entered your chosen career as politicians in the light of the vision that was yours, following an impulse to serve the areas that you represent with a vision of how best to serve them. You did so through the political parties that are represented in this Parliament and because you thought that you could make a difference. That was an honourable thought. Despite all the differences between the parties that are represented here, your vision led you to think that you had something important to contribute to what is called the common good of society.

The promotion of the common good is still the best description of the chief business of politics and democracy. It was first given voice in ancient Greece and was bettered in the final words of Abraham Lincoln’s Gettysburg address. The words of the Our Father, with which I will end this time for reflection, number no more than 52. By contrast,

the European Community’s regulation on the packaging of jams and preservatives runs to more than 280,000 words. Lincoln’s Gettysburg address ran to 180 words, and I quote the final words of that address, which were offered as a kind of prayer:

“government of the people, by the people, for the people, shall not perish from the earth.”

That is your chief task in this Parliament. In meeting such a task, I ask you to have a care for yourselves. The demands on each of you are great. In the words of the Old Testament, the Lord bids us to tend our vineyards lest we be unable to attend the vineyards of those given into our care. That means that you have to have a care for yourselves. Despite your responsibilities as members of this Parliament, have a care for your health, as perhaps the late First Minister may have neglected his. There is a deeper meaning to that message, which was well articulated by Sir David Steel in his speech on 13 October, when he listed those who have died long before their time; some of them decades before their time. I ask you to have a care for each other.

In the cut and thrust of politics, there has to be conflict and confrontation. However, there has also to be a gentler way that is rooted in the awareness that all power is given from above, entrusted to all in leadership roles as stewards of the source and origin of all power—the Lord, who is the true guardian of the walls of the nation, to whom I pray in the great words of Jesus:

Our Father, who art in heaven, hallowed be thy name.  
Thy kingdom come. Thy will be done on earth as it is in heaven. Give us this day our daily bread, and forgive us our trespasses, as we forgive those who trespass against us. And lead us not into temptation, but deliver us from evil. For thine is the kingdom, the power and the glory. Amen.

## Lead Committees

**The Presiding Officer (Sir David Steel):** Before we come to the three Parliamentary Bureau motions, I give the chamber notice that I will use my discretion to put them to the vote after each has been moved. The first motion is S1M-1278, on the designation of lead committees. I ask Tom McCabe to move the motion.

*Motion moved,*

That the Parliament agrees the following designations of Lead Committees—

The Health and Community Care Committee to consider The Specified Risk Material Order Amendment (Scotland) Regulations 2000 (SSI 2000/344)

The Health and Community Care Committee to consider The Specified Risk Material Amendment (Scotland) Regulations 2000 (SSI 2000/345)—[*Mr McCabe.*]

**The Presiding Officer:** No one has requested to speak, so I will put that question to the chamber. The question is, that motion S1M-1278, on the designation of lead committees, be agreed to.

*Motion agreed to.*

## Business Motions

**The Presiding Officer (Sir David Steel):** The second motion is motion S1M-1277, on the suspension of standing orders.

14:37

**The Minister for Parliament (Mr Tom McCabe):** We have just heard some wise words about the benefits of brevity, so I will try to be brief.

We have two motions before us today. The first, as the Presiding Officer rightly said, is to suspend standing orders. The second is a business motion dealing with our business for the rest of the week. The points to be made on both are similar.

With regard to motion S1M-1277, the advice that has been received from the parliamentary clerks is that to give effect to the proposals within the business motion we are required to suspend those standing orders. I therefore ask that the chamber agree to the suspension of those standing orders. I will explain the thinking behind the business motion that is proposed when we come to that motion.

I move,

That the Parliament agrees that Rules 13.6.2 and 13.6.3 of the Standing Orders be suspended for the duration of the Meetings of the Parliament for the week beginning Monday 23 October 2000 and that Rule 5.6.1 (c) of the Standing Orders be suspended for the duration of the Meeting of the Parliament on Thursday 26 October 2000.

**The Presiding Officer:** There is an amendment to this motion.

14:38

**Alasdair Morgan (Galloway and Upper Nithsdale) (SNP):** I am conscious that in opposing this motion and moving the amendment, which would have the effect of not allowing us to scrap question time or First Minister's question time tomorrow, we may cross over into the subsequent debate.

It is a sad day when we have to come here to oppose a motion that would have the effect of reducing the democratic scrutiny that the Parliament can exercise over the Executive. It is unnecessary. The effect of the motion without the amendment would be that we would elect a First Minister tomorrow afternoon; that is all that we would do. There would be no question time, no debate and no members' business.

On 13 May 1999, when we first elected a First Minister, it took us from 2.31 until 3.17 in the afternoon—it took us 46 minutes. That is hardly

justification for us scrapping the rest of the afternoon's scheduled business. Question time is the most important event in the parliamentary week. The public attest to that, the journalists attest to that and members attest to that. They vote with their feet and go to it, unlike many of the other activities in this chamber.

It is not for nothing that the standing orders specifically state that we will have a question time and a First Minister's question time every week that this Parliament meets. It is the opportunity, often the only one, for back benchers to hold the Executive and civil servants to account. We have only 35 opportunities a year to ask those questions.

**Johann Lamont (Glasgow Pollok) (Lab):** Will Alasdair Morgan give way?

**Alasdair Morgan:** I suggest to Johann Lamont, and anyone else who wants to ask a question, that they vote for my amendment and then they can ask a question tomorrow.

What about First Minister's question time? I understand that the new First Minister will not be confirmed until Friday. However, we have an acting First Minister. He chaired the Cabinet yesterday, when it was business as usual, and he has handled First Minister's question time before. More important, there are urgent matters that could and perhaps should be raised at First Minister's question time, regarding the use of civil servants; the likely announcement tomorrow—before we meet—of the roll-on-roll-off order that may go to Govan; haemophiliacs and contaminated blood products; and the crisis in Scotland's rail industry, involving the west coast main line.

The questions for question time are still in place. Members will not be able to lodge them again for next week, or if they can be lodged again, the questions may not be taken. Members must still perform their duty and hold the Executive to account. More important, the ministers are still in place and are still meant to be doing their jobs, so we should still be able to ask them questions. Why should we give up the once-a-week, 35-times-a-year chance—if a member is high enough up the draw—to interrogate ministers and put them on the spot? The questions will be answered in writing, but that misses the point, because there will be no chance for a supplementary question.

The motion negates all that the Parliament stands for. It represents a decision of the Executive rather than the Parliament's ordinary members. Given the disarray of the past couple of days, I understand why the Executive might not want to answer questions. However, I cannot understand why anyone in the chamber would not want to ask questions. More important, if we agree

to the motion, we will create a disgraceful precedent. That is made all the easier by the strange provision—of which I was unaware—in standing orders, which means that only a simple majority is needed to scrap question time. If we agree to the motion, the Executive will be able to scrap question time any time that it wants.

I am at a loss to understand why the proposal was introduced. As I said, we have ample time to hold the election of the First Minister, both question times and members' business as well. Is it because the Executive is making things up as it goes along? Is it because the Executive wants live television coverage of the election of the First Minister? Is it because the Executive wants to avoid difficult questions? Is it due to cock-up rather than conspiracy? Whatever it is due to, it should not be at the expense of our duty as members to interrogate the Executive.

I move amendment S1M-1277.1, to leave out from "Rules 13.6.2 and 13.6.3" to "and that".

14:43

**Tommy Sheridan (Glasgow) (SSP):** I will be briefer.

The amendment deserves to be supported for no other reason than the image that the Parliament is trying to portray. We have just had two weeks of recess—in effect Mr McCabe's motion would scrub out another day, which we cannot afford to do. We are behind on much of the important business that the Parliament should be dealing with. From that point of view, we should have business in the morning, deal with question time, have First Minister's questions and then have the elections.

**Dr Richard Simpson (Ochil) (Lab):** Will the member give way?

**Trish Godman (West Renfrewshire) (Lab):** Will the member give way?

**Tommy Sheridan:** The members shout from a sedentary position. Many of them wish to scrap this business and shout about whether people are here—many of them are not here during the debates. They want to pile up the business that we are unable to deal with. They will scrap a whole day, to have what is in effect a 40-minute election. A ridiculous motion has been moved. Let us get on with what is set down in the business bulletin. Let us have the election in the afternoon, after question time. That is what the people of Scotland expect us to do. They do not expect us to have another morning aff.

**The Presiding Officer:** Dr Simpson, your name is on my screen. Do you wish to speak?

**Dr Simpson:** No.

**The Presiding Officer:** As no one else wishes to speak, I will put the question. The question is, that amendment S1M-1277.1, in the name of Alasdair Morgan, which seeks to amend motion S1M-1277, in the name of Tom McCabe, on the suspension of standing orders, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### FOR

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

#### AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)

Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McLeish, Henry (Central Fife) (Lab)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

#### ABSTENTIONS

Aitken, Bill (Glasgow) (Con)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Young, John (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 35, Against 59, Abstentions 16.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that motion S1M-1277, in the name of Tom McCabe, on the suspension of standing orders, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.



**Mr Adam Ingram (South of Scotland) (SNP):**

On a point of order, Presiding Officer. I think that there is something wrong with my card and I want to record my vote.

**The Presiding Officer:** I can hear you, so there is nothing wrong with your microphone.

**Mr Ingram:** The card seems to be the problem. It is not operating properly.

**The Presiding Officer:** Well, I am afraid that that is a matter for you, not for me and the whole chamber.

**FOR**

Aitken, Bill (Glasgow) (Con)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gallie, Phil (South of Scotland) (Con)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeish, Henry (Central Fife) (Lab)  
 McLetchie, David (Lothians) (Con)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)

Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Mrs Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)  
 Young, John (West of Scotland) (Con)

**AGAINST**

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 77, Against 34, Abstentions 0.

*Motion agreed to.*

That the Parliament agrees that Rules 13.6.2 and 13.6.3 of the Standing Orders be suspended for the duration of the Meetings of the Parliament for the week beginning Monday 23 October 2000 and that Rule 5.6.1 (c) of the Standing Orders be suspended for the duration of the Meeting of the Parliament on Thursday 26 October 2000.

**The Presiding Officer:** We now turn to the business motion S1M-1275, in the name of Tom McCabe, which sets out the business programme.

14:47

**Mr McCabe:** As most members will see, the business motion sets out the proposed changes to the business for this week and the planned business for the following week. The main changes to tomorrow's business are due to the scheduling of the selection of a new First Minister.

All members understand that none of us would have wished for the circumstances by which we require this business. However, irrespective of how we have reached the position of needing to select a new First Minister, it is undoubtedly a very significant parliamentary event. As such, it is very important that we give the event the dignity and respect which it is due.

Furthermore, the event should be given the necessary status. As the Parliament is still very young, we require to develop its conventions and therefore, whenever there is a selection of a First Minister, it is important that members of this chamber and the general public who watch our business see that such an occasion is given the importance that it deserves.

Undoubtedly, tomorrow is a big day for all members who will be nominated. The timings for selection of the First Minister will be different from the timings used for the selection of the first First Minister. On that occasion, the time for speeches was two minutes; it has now been agreed that the time for speeches will be seven minutes, which is considerably more time. As nominations will not close until 2 pm tomorrow, we are unable to determine just how many people will be required to speak in the debate. *[Laughter.]*

Some members—who are having a laugh at the moment—decided to put themselves forward the previous time. They took up the time, as they were perfectly entitled to do, and may decide to do so again. However, no one can determine that until 2 pm tomorrow.

Members raised some points in the earlier debate about the suspension of standing orders. I have already indicated that the speakers tomorrow will be given more time to explain why they are the right person to become First Minister. It is important to offer absolute assurances on this matter. I am sure the public and members of the press will understand that this is far from a device on behalf of the Executive to avoid question time. It is about properly organising the Parliament's business to give the proper status and recognition to the selection of a new First Minister.

Most experienced politicians in this chamber will

recognise the preparation that is required by all those who are considering putting themselves forward tomorrow. I am sure that they also recognise that, when members elect a new First Minister, new obligations will instantly fall to the individual who is chosen.

It was suggested a few minutes ago that perhaps our motive is to get live television coverage. I expect that the people of Scotland will want to see the proceedings that will take place in this chamber tomorrow, and I make no apology whatsoever for the fact that those proceedings will be shown to the entire nation and to many people well beyond Scotland.

**Mr Andrew Welsh (Angus) (SNP):** Why can we not do everything Mr McCabe says he wants to do and have question time in the morning?

**Mr McCabe:** I have already said that tomorrow is a day of some significance for this chamber. The individuals who will put themselves forward for election obviously need time to prepare and should be allowed that time. In our view, there should be no other business that might detract from the importance of tomorrow's occasion.

Mr Sheridan said that some of my Labour colleagues are seldom here for debates. I do not think that the event that we are talking about should be turned into the usual political knockabout that one would expect in this chamber. I have to say that Mr Sheridan himself has taken on other obligations outside this chamber and finds it necessary to be elsewhere at certain times, so he is in no position to criticise other members.

I move,

That the Parliament agrees

(a) the following revisions to the Business Motion agreed on 5 October 2000:

Thursday 26 October 2000

delete all for that day and insert:

2.30 pm	Selection of the Parliament's Nominee for First Minister
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(b) the following programme of business:

Wednesday 1 November 2000

2.30 pm	Time for Reflection
2.35 pm	Executive Motion to appoint Scottish Ministers
3.05 pm	Executive Motion to appoint junior Scottish Ministers
3.35 pm	Executive Business
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business - debate on the subject of S1M-1188 Mrs Mary Mulligan: Sydney Paralympics and

## Olympic Games

Thursday 2 November 2000

9.30 am Scottish National Party Business  
 followed by Business Motion  
 2.30 pm Question Time  
 3.10 pm First Minister's Question Time  
 3.30 pm Executive Debate on National Cultural Strategy  
 followed by Parliamentary Bureau Motions  
 5.00 pm Decision Time  
 followed by Members' Business - debate on the subject of S1M-1171 Alex Fergusson: Waiver of Groundwater Maintenance Charge

Wednesday 8 November 2000

2.30 pm Time for Reflection  
 followed by Executive Debate on Equality Strategy  
 followed by Parliamentary Bureau Motions  
 5.00 pm Decision Time  
 followed by Members' Business - debate on the subject of S1M-1236 Ms Sandra White: Glasgow and West Coast of Scotland Rail Infrastructure

Thursday 9 November 2000

9.30 am Executive Debate on Children's Issues  
 followed by Business Motion  
 2.30 pm Question Time  
 3.10 pm First Minister's Question Time  
 3.30 pm Executive Debate on Sport  
 followed by Parliamentary Bureau Motions  
 5.00 pm Decision Time  
 followed by Members' Business

and (c) that the Rural Affairs Committee reports to the Health and Community Care Committee by 10 November 2000 on the Specified Risk Material Order Amendment (Scotland) Regulations 2000 (SSI 2000/344) and the Specified Risk Material Amendment (Scotland) Regulations 2000 (SSI 2000/345).

**The Presiding Officer:** I remind members not to make sedentary comments. There is an amendment, motion S1M-1275.1, in the name of Tricia Marwick.

14:52

**Tricia Marwick (Mid Scotland and Fife) (SNP):** It is with regret that I shall move this amendment to the business motion today, particularly as it is one of my first actions as the SNP business manager. It is not something that I intend to make a habit of, but I warn the Executive that I shall do such things if necessary. Yesterday, I notified Tom

McCabe and other members of the Parliamentary Bureau that I would be lodging such an amendment. I am not confrontational by nature and I would have preferred that the business managers could have agreed that question time and First Minister's question time be held this week as normal. However, we could not agree. That is why the SNP has been forced to lodge this amendment.

The SNP has no wish to delay or stop the election of the First Minister, but there is a key point of principle involved in all this: accountability. The consultative steering group report, the touchstone document of this Parliament, states that

"the Scottish Executive should be accountable to the Scottish Parliament and . . . to the people of Scotland".

The CSG report went further, detailing how that could be done. It said:

"Oral . . . Parliamentary Questions . . . will provide an important means for individual Members to obtain information from the Executive and to hold the Executive to account."

**Ms Margaret Curran (Glasgow Baillieston) (Lab):** I accept the tone of Tricia Marwick's speech, but does not she think that she is getting things slightly out of perspective? We are not abolishing question time. It is simply because of the significance of the appointment of the First Minister that the business motion has been lodged. I think that she is going a wee bit over the top.

**Tricia Marwick:** I will go on to talk about the precedent that is being set today. The role of the Parliament, of the Opposition parties and of individual members of all political parties is to hold the Executive to account. Question time has been designed to enable us to do that. If question time has to be abandoned, there should be an overwhelming and compelling reason for doing so. There is no such reason.

The SNP amendment will allow question time to take place on Thursday and will provide more than sufficient time for the election of the First Minister. The action by the Executive is an affront to the Parliament and it flies in the face of the key principle of accountability, as agreed by the CSG. Indeed, as Henry McLeish underlined in Parliament on 9 June last year,

"all ministers, including the First Minister, should be fully accountable to the Parliament . . . I hope that that will be the case in question time".—[*Official Report*, 9 June 1999; Vol 1, c 368.]

The abandonment of question time sets a dangerous and unwelcome precedent, which should be resisted by members of all political parties. The Parliament is not a plaything of the Executive; it is far too precious for that. Nor is it

there simply to serve the needs of the Labour party. There has been no question time for two weeks while the Parliament has been in recess. It is more than three weeks since some of the questions in the business bulletin were lodged. Ministers have been running the country; they have been making decisions. An acting First Minister is in place, as Alasdair Morgan said. In view of the impending Cabinet reshuffle, some ministers will not be here next week; therefore, this is the final opportunity to have questions answered before portfolios are shuffled or ministers are dumped.

Has nothing happened in the past two weeks that has required attention? Are not Nicola Sturgeon and Gordon Jackson entitled to ask the acting First Minister what he has done about the Govan orders? Are no members for the north-east and Inverness entitled to ask about the abandonment of Great North Eastern Railway services north of Edinburgh? Are not Kenny Gibson and Paul Martin, who have questions 1 and 2, entitled to a response about fireworks and property factors? Of course they are.

Tom McCabe says that the selection of a First Minister should be a parliamentary occasion. The SNP does not disagree with that. Apart from anything else, it will give the Parliament an opportunity, I hope, to show off how a modern, democratic Parliament should go about its business, in stark contrast to the mother of all farces witnessed in Westminster this week. Who knows? Members might follow the example of the good people of South Parks and Macedonia, by voting for an SNP candidate.

This Parliament has to be more than just a Parliament of occasions. It has to be about more than capturing live television opportunities. It has to be a Parliament that works, which fulfils its functions and hold ministers to account. That is what is expected of us, that is how the Parliament was designed to work and that is what we should do tomorrow.

I move amendment S1M-1275.1, in point (a) of the motion to leave out from "2.30 pm" to "Minister" and insert:

"2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Selection of the Parliament's Nominee for First Minister"

**Mr McCabe:** Like Margaret Curran, I welcome the tone of Tricia Marwick's contribution. However, in the commonsense view of the people of Scotland watching these proceedings, I do not think that it will be the Executive that is judged as using this Parliament as a plaything. Given the importance of selecting a new First Minister, people will wonder why elected politicians must

spend so much time debating an issue such as this. No precedent is being set; we are simply acknowledging the importance of tomorrow's occasion.

**The Presiding Officer:** The question is, that amendment S1M-1275.1, in the name of Tricia Marwick, seeking to amend the business motion, in the name of Tom McCabe, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### For

Adam, Brian (North-East Scotland) (SNP)  
Campbell, Colin (West of Scotland) (SNP)  
Canavan, Dennis (Falkirk West)  
Crawford, Bruce (Mid Scotland and Fife) (SNP)  
Cunningham, Roseanna (Perth) (SNP)  
Elder, Dorothy-Grace (Glasgow) (SNP)  
Ewing, Mrs Margaret (Moray) (SNP)  
Fabiani, Linda (Central Scotland) (SNP)  
Gibson, Mr Kenneth (Glasgow) (SNP)  
Gorrie, Donald (Central Scotland) (LD)  
Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
Ingram, Mr Adam (South of Scotland) (SNP)  
Lochhead, Richard (North-East Scotland) (SNP)  
MacAskill, Mr Kenny (Lothians) (SNP)  
MacDonald, Ms Margo (Lothians) (SNP)  
Marwick, Tricia (Mid Scotland and Fife) (SNP)  
Matheson, Michael (Central Scotland) (SNP)  
McGugan, Irene (North-East Scotland) (SNP)  
Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
Munro, Mr John (Ross, Skye and Inverness West) (LD)  
Neil, Alex (Central Scotland) (SNP)  
Paterson, Mr Gil (Central Scotland) (SNP)  
Quinan, Mr Lloyd (West of Scotland) (SNP)  
Reid, Mr George (Mid Scotland and Fife) (SNP)  
Robison, Shona (North-East Scotland) (SNP)  
Salmond, Mr Alex (Banff and Buchan) (SNP)  
Sheridan, Tommy (Glasgow) (SSP)  
Sturgeon, Nicola (Glasgow) (SNP)  
Swinney, Mr John (North Tayside) (SNP)  
Ullrich, Kay (West of Scotland) (SNP)  
Welsh, Mr Andrew (Angus) (SNP)  
White, Ms Sandra (Glasgow) (SNP)  
Wilson, Andrew (Central Scotland) (SNP)

#### AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)  
Baillie, Jackie (Dumbarton) (Lab)  
Barrie, Scott (Dunfermline West) (Lab)  
Boyack, Sarah (Edinburgh Central) (Lab)  
Brankin, Rhona (Midlothian) (Lab)  
Brown, Robert (Glasgow) (LD)  
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
Eadie, Helen (Dunfermline East) (Lab)  
Ferguson, Patricia (Glasgow Maryhill) (Lab)  
Finnie, Ross (West of Scotland) (LD)  
Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
Godman, Trish (West Renfrewshire) (Lab)  
Grant, Rhoda (Highlands and Islands) (Lab)  
Gray, Iain (Edinburgh Pentlands) (Lab)  
Harper, Robin (Lothians) (Green)  
Henry, Hugh (Paisley South) (Lab)  
Home Robertson, Mr John (East Lothian) (Lab)

Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McLeish, Henry (Central Fife) (Lab)  
 McLeod, Fiona (West of Scotland) (SNP)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Mrs Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

#### ABSTENTIONS

Aitken, Bill (Glasgow) (Con)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Young, John (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 33, Against 62, Abstentions 15.

*Amendment disagreed to.*

**The Presiding Officer:** The question is, that business motion S1M-1275, in the name of Tom McCabe, be agreed to. Are we agreed? If we are, we will move on to the next item of business.

[MEMBERS: "No."] Members must speak up. I did not hear a no. Was there one?

**Tricia Marwick:** I said no.

**The Presiding Officer:** All right, but let us be a little more vocal when required, although not when not required. I will put the question again.

The question is, that business motion S1M-1275, in the name of Tom McCabe, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### FOR

Aitken, Bill (Glasgow) (Con)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gallie, Phil (South of Scotland) (Con)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Harper, Robin (Lothians) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeish, Henry (Central Fife) (Lab)  
 McLetchie, David (Lothians) (Con)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)

Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Mrs Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Ben (North-East Scotland) (Con)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)  
 Young, John (West of Scotland) (Con)

#### AGAINST

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 78, Against 33, Abstentions 0.

*Motion agreed to.*

That the Parliament agrees

(a) the following revisions to the Business Motion agreed on 5 October 2000:

Thursday 26 October 2000

delete all for that day and insert:

2.30 pm Selection of the Parliament's Nominee for First Minister

(b) the following programme of business:

Wednesday 1 November 2000

2.30 pm Time for Reflection

2.35 pm Executive Motion to appoint Scottish Ministers

3.05 pm Executive Motion to appoint junior Scottish Ministers

3.35 pm Executive Business

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1188 Mrs Mary Mulligan: Sydney Paralympics and Olympic Games

Thursday 2 November 2000

9.30 am Scottish National Party Business

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Debate on National Cultural Strategy

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1171 Alex Fergusson: Waiver of Groundwater Maintenance Charge

Wednesday 8 November 2000

2.30 pm Time for Reflection

followed by Executive Debate on Equality Strategy

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1236 Ms Sandra White: Glasgow and West Coast of Scotland Rail Infrastructure

Thursday 9 November 2000

9.30 am Executive Debate on Children's Issues

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Debate on Sport

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

and (c) that the Rural Affairs Committee reports to the

Health and Community Care Committee by 10 November 2000 on the Specified Risk Material Order Amendment (Scotland) Regulations 2000 (SSI 2000/344) and the Specified Risk Material Amendment (Scotland) Regulations 2000 (SSI 2000/345).

## Primary Dental Care

**The Presiding Officer (Sir David Steel):** The main business of the afternoon is the debate on motion S1M-1271, in the name of Susan Deacon, on primary dental care services. I have selected two amendments to that motion and I invite those who wish to speak in the debate to press their buttons now. I point out to members that more members wish to speak than are likely to be called.

15:01

**The Deputy Minister for Community Care (Iain Gray):** In the debate on public health on 5 October, Susan Deacon made it clear that oral and dental health are priorities for the Executive. In that debate, several members suggested that Parliament should have a full debate on dental health. We are happy to make that possible today.

Dental health is clearly an important issue for members of the Parliament. That is as it should be. Today's debate is timely, as Susan Deacon and I have received an increasing amount of correspondence and parliamentary questions on a variety of dental issues. That is perhaps not surprising, as it is no secret that Scotland's dental health compares poorly with other areas of the United Kingdom. Levels of tooth decay are strongly related to deprivation: in surveys of dental health among Scottish five-year-olds, 12-year-olds and 16-year-olds, the poorest 10 per cent of children have 50 per cent of the decay. Around 56 per cent of five-year-olds show signs of dental disease. Adult dental health also remains poor—18 per cent of adults have no teeth.

There are, however, some positive signs for the future. Between March 1998 and March this year, registrations of nought to two-year-olds increased by more than 30 per cent, and registrations of three to five-year-olds increased by 4.7 per cent. In 1998, the level of complete tooth loss among the Scottish population was 18 per cent—the figure I just quoted—but that showed a considerable, if gradual, improvement on the 1972 figure of 44 per cent and the 1988 figure of 26 per cent. More dentists—2,112—are practising in Scotland this year than were last year, when the figure was 2,003. Those are positive signs, but the record remains poor and action is clearly required.

In our programme for government, we committed ourselves to taking steps to improve the nation's dental and oral health. They include a wide-ranging consultation on fluoridation, which I would like to spend a few minutes discussing. In May 1999, the Department of Health commissioned the NHS Centre for Reviews and

Dissemination at the University of York to undertake a systematic review of research on water fluoridation. The report—the most comprehensive ever on the health effects of water fluoridation—was published on 6 October. It looked at more than 200 individual studies of fluoridation and showed that fluoridation reduces tooth decay. Importantly, it also established that there is no evidence that fluoridation affects general health.

**Mrs Margaret Ewing (Moray) (SNP):** Is it not also the case that the York study indicated that further research had to be done on fluoridation?

**Iain Gray:** That is the case, and the study commented on the methodologies of the studies that it considered. However, if Mrs Ewing will bear with me, I will say something about how we intend to progress from the York study.

We recognise that there are strongly held views on both sides of the fluoridation argument—views that are held with real conviction—but I hope that we can all agree that if we allowed our appalling record of dental health to continue we would be failing our children.

It is with that in mind that, in the new year, we will issue for public debate a wide-ranging document on children's oral health. It will set out clearly the salient facts about oral health in Scotland, describe what we are doing and seek views on further measures that might be taken. It will set out options for fluoridation of local public water supplies, but it will also explore other options, such as fluoride tablets and fluoridated drinks. The document will be circulated widely and will allow full opportunity for individuals and organisations to express their views as part of what I am sure will be a mature and constructive debate.

On 14 August, the Executive launched "An Action Plan for Dental Services in Scotland". The plan recognises the important contribution that dental services make to health improvement and patient care. It also recognises the contribution that dental services make as a service in their own right, as part of the wider NHS and in their links to other Scottish initiatives and confirms the importance of planning now to meet the changing needs of the people of Scotland.

**Phil Gallie (South of Scotland) (Con):** Is the minister aware of the proposal, made by dentists in Ayrshire, to establish an emergency call-out system in line with the extremely successful out-of-hours Ayrshire doctors-on-call—or ADOC—scheme? I understand that approaches have been made to the minister. Is he prepared to take action to bring that proposal to fruition?

**Iain Gray:** We are aware of the initiative and we will pursue an interest in that. The action plan that

I referred to includes, in the long term, an examination of how we provide services to increase their effectiveness and availability. Of course, that includes emergency services. That is part of the debate about how we approach such services in the NHS more generally, through, for example, NHS Direct.

I want to put on record our thanks to the Scottish branch of the British Dental Association for the constructive comments and suggestions that it made when we drew together the action plan. We are putting in place an implementation support group to take forward and prioritise the recommendations in the plan. The first meeting of that group will take place next month. It will continue to include representatives of the profession and will include patient representatives and others with an interest in dental issues.

As I have said, the action plan outlines what we intend to do over the next two to three years, but we also intend to consider in the long term other fundamental issues relating to dental health, including the balance between prevention and restoration treatment and an examination of remuneration for general dental services, with rewards for quality rather than quantity.

The plan is geared to help the Executive, the NHS, professionals and the public to work together to achieve the target set out in "Towards a Healthier Scotland"—60 per cent of five-year-old children with no experience of dental disease by 2010.

A range of factors needs to be taken into account when considering the future shape of primary care dental services: changing patterns of general health service provision; changing demography; differing public expectations; different patterns of supply of services across the country and the development of centres of excellence where specialist staff can offer specialist services.

Fundamentally, the Executive is committed to an effective and accessible NHS dental service for all who wish to use it. People should not have to pay for private dental treatment when they wish to make use of NHS dental services. However, we must recognise that dentists are independent contractors to the NHS who are free to choose whether to accept any individual under NHS arrangements. Indeed, in some parts of Scotland, access to NHS dentists is a problem. In part, that has been caused by a reducing commitment to the NHS by some general dental practitioners. In some more remote areas it has proved difficult to attract dentists. Consequently, there has been pressure on the community dental service, which has had to act as a safety net where general dental services are not readily available.



To address the demand for primary care dental services, health boards can apply to the Scottish ministers for approval to appoint salaried dentists in areas where they think services are inadequate. To date, approval has been given for the appointment of more than 40 salaried dentists. Further applications are in prospect.

**Elaine Smith (Coatbridge and Chryston) (Lab):** Where does the funding for those dentists come from? Do health boards have to find the funding?

**Iain Gray:** The funding comes through the health board and the approval to appoint a salaried dentist is given by Scottish ministers, but of course health boards have funds to provide general dental services. We are talking about situations in which they find it impossible to do that, when they can contract with independent contractors who practise in their area.

Under the Scottish dental access initiative, we are providing grants to build and equip new surgeries and to expand practices to meet the needs of NHS patients. So far, grants totalling £750,000 have been made.

Patients have to be at the centre of the service that we design and deliver. They want to see a readily available, good-quality, effective service, with choice where possible and the correct balance between prevention and treatment. We have to recognise that a greater health gain is likely if resources are targeted to tackle inequalities in dental health and access. With that in mind, we have to consider how to improve the current poor dental health record, particularly of children, in Scotland. Our commitment to that is outlined in the white paper "Towards a Healthier Scotland".

This is not just about better dental health; it is about tackling inequality. Only 20 per cent of children from our most deprived communities are free of dental caries, compared with 60 per cent in affluent Scotland. Parliament will recall Susan Deacon's announcement of the additional £26 million tobacco tax resources to target public health. In particular, the health improvement fund will include substantial resources to improve dental and oral health in Scotland through the provision of free toothbrushes and toothpaste to young children.

**Dorothy-Grace Elder (Glasgow) (SNP):** Can I take it that the minister does not approve of the installation of confectionery and soft-drink vending machines in school halls, which seems to oppose his policy and commitment? Schools are trying to make money through those machines because they are underfunded state schools.

**Iain Gray:** I want to move on to talk about effects on health, on which there has been some

debate. I think that Dorothy-Grace Elder is thinking in particular about the fuel zones in Glasgow, where an attempt has been made to try to ensure that young people stay in school to have lunch, so that a range of healthier eating options is available to them. In Glasgow, work has been done to ensure that that happens without sponsorship.

The point is important. Diet is important in this area, which is why the Scottish diet action plan contains a target to reduce sugar intake by 2005. That encourages schools to take steps to ensure that meals, tuck shops and vending machines provide a range of healthy food and drink choices. I am delighted to hear about the schools that have implemented initiatives such as breakfast clubs, healthy eating vending machines, smart card systems for school meals and school nutrition action groups to encourage pupils to eat more healthily. We will continue to work closely with health boards and local authorities to develop and encourage healthy eating in schools.

The Health Education Board for Scotland also has a key role in the development of materials for dental and oral health professionals, voluntary organisations and the public on the prevention and early detection of oral health problems, including oral cancer. For example, key dental and oral health messages are promoted to the public through the publicity campaign, national smile week, which takes place in May each year. Many projects are local and involve local authorities, health boards and other organisations in promoting children's consumption of low-sugar food and encouraging regular toothbrushing.

We will provide free toothbrushes and toothpaste to all children at the age of eight months and target distribution to pre-school children aged one to three in areas of deprivation, which will total 100,000 Scots children by 2001. A further initiative to combat dental disease in children is the early years enhanced capitation scheme, which was introduced in 1998.

We have also earmarked a further £1 million this year for an enhanced registration payment scheme for six to eight-year-old children in some deprived areas. It will include a requirement for fissure sealing the first molars of those children. The use of unfilled resin on the pits and fissures of teeth has been demonstrated to be an effective preventive measure. We are currently discussing with the profession the detail of the initiative and its implementation.

Encouraging young children to register with a dentist, advising parents on toothbrushing and reducing sugar in the diet are all necessary elements in the promotion of oral health.

**Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** So far, the minister has not

mentioned that one of the main ways to improve dental health would be to increase the number of dental graduates. He referred to salaried dentists, but in my constituency—as he knows—the Alford practice had to close because it could not get a salaried dentist. Many people in rural Scotland who are non-exempt national health service patients cannot get NHS treatment.

**Iain Gray:** If Mr Rumbles will bear with me, the next section of my speech will address some of the issues that he raises.

We need our general dental practitioners to play a key role in developing policy with local health services and other organisations. The education and training of dental practitioners and of practitioners in the professions complementary to dentistry are vital. That is why the Scottish advisory committee on the dental work force was set up in 1999 to take forward strategic planning for the whole dental work force. Its report “Workforce Planning for Dentistry in Scotland: A Strategic Review” is available at the back of the chamber. It is a discussion document that looks to the future and seeks to address over the next 10 years the issues that Mr Rumbles raises.

We spend £171 million on general dental services in Scotland and we know a great deal about the quantity of service that is delivered. The payments system for general dental services still relates in the main to quantity. We need to review that for the future. We have already made available additional funding to support the initiatives that I have mentioned, such as dental access schemes and the requirement for fissure sealants. We need to consider what resources will be required to implement the action plan.

We believe that our public health initiatives and the action plan for dental services in Scotland provide a starting point for a co-ordinated approach to improving the dental and oral health of people in Scotland and for further debate about how we should do that. In that spirit, I commend the motion to the chamber.

I move,

That the Parliament notes the vital contribution which dental services make to health improvement and patient care; affirms its commitment to an effective and accessible NHS dental service for all who wish to use it in rural and urban Scotland, and welcomes the recently published Scottish Executive action plan for dental services in Scotland as a first step in improving the dental and oral health of Scotland and addressing inequalities in dental health.

15:17

**Nicola Sturgeon (Glasgow) (SNP):** I welcome today's debate and the fact that the improvement of dental and oral health is being prioritised by the Scottish Executive. As the minister has outlined,

good dental health is vital to people's general health and well-being. That is why effective public education about how to minimise the effects of dental disease and the availability of high-quality NHS dental services for everyone in Scotland, regardless of where in the country they live, is so important.

However, it is three and a half years since Labour came to power at Westminster and 18 months since Susan Deacon took office as the Scottish Minister for Health and Community Care, and we are entitled to ask why Scotland still has the worst dental health record in the United Kingdom—indeed, one of the worst in the whole of Europe. We are also entitled to ask why—as I will go on to show—things appear to be getting worse rather than better.

The statistics that tell the story of Scotland's dental health, some of which Iain Gray quoted in his speech, are shocking. People listening to this debate would have appreciated rather more frankness about the scale of the problems with which we are dealing than the minister showed in his speech. It should be a matter of shame that more than half of all five-year-olds in Scotland show signs of dental disease. The figure is 56 per cent, compared with 57 per cent in 1988. In other words, we have witnessed an improvement of only 1 percentage point in 12 years. In six health board areas—Greater Glasgow, Fife, Grampian, Highland, Tayside and the Western Isles—the situation has actually deteriorated. In each of those areas more five-year-olds suffer dental disease today than was the case 10 years ago. The Minister for Health and Community Care is shaking her head, but that is a fact. I dare say that she will reflect on it when she winds up the debate.

The statistics demonstrate the failure of past policies, not just of the Labour Government but of the Conservatives before it. Although the dental health of our children appears in many respects to be deteriorating, the problem is compounded by the fact that fewer and fewer children are registered with a dentist. Sixty-four per cent of children are registered with a general dental practitioner—that is 2 per cent fewer than a year ago and it is down on the level that existed when Labour took office.

Only three health boards in Scotland employ paediatric dentists. Most of the health boards in whose areas child dental statistics are deteriorating have no paediatric dentists. Labour's headline response to that has been to set one of its many targets; a promise that, by 2010, 60 per cent of all five-year-olds should have no experience of dental disease. That sounds grand until we read a document that was published by the Conservative Government in 1991, in which

there was a promise to do the same thing—the only difference being that the Conservatives promised to achieve that target by 2000. All new Labour has done is take the old Tory target and give itself an extra 10 years to achieve it.

The position of adults is even worse. Under Labour, the proportion of adults who are registered with a dentist has fallen to below 50 per cent of the adult population. I concede that there has been a slight increase in the average number of dentists per thousand people in Scotland, but the number of dentists has dropped in a third of health board areas in Scotland. The reality on which Iain Gray has reflected is that, in some areas of Scotland, people have genuine difficulties accessing any dental services.

Dental hospital waiting lists are increasing. An anxious patient who is referred to Glasgow dental hospital will wait more than 40 weeks for a first appointment. Against that background, the need for dental services has never been greater. Dental health is getting worse in some areas. The incidence of oral cancer is on the increase and we have an aging population that includes many more people who retain their natural teeth. Those are the real challenges that we face. I make those points not simply to be political and to denigrate the work of the Executive, but to paint a genuine and true picture of the challenge that we face. We should be prepared to own up to that challenge, openly and fully.

The SNP welcomes the action plan for dental services, but we retain some scepticism about fluoridation. We remain unconvinced that local communities are being and will be properly consulted and that alternatives to putting fluoride in our water are being properly and thoroughly pursued. However, we welcome the action plan on the whole—which is why we are happy to accept the Executive's motion, as far as it goes.

We must, however, continue to ask whether more could reasonably be done to tackle the fundamental reasons why our nation's health is so bad. Let us take the example of public health. I will return for a moment to the question that was raised by Dorothy-Grace Elder and which, I have to say, the minister did not answer. That question related to the promotion of good dental health among our young people.

Commendably, the action plan talks about co-ordinated community programmes that could be used to encourage, among other things, the consumption of low-sugar food and drinks. It is a fact, however, that in increasing numbers of schools throughout Scotland—for example, in about a third of secondary schools in Glasgow—there are vending machines that have been installed commercially for profit by the schools. Those machines peddle high-sugar fizzy drinks

and sweets. Susan Deacon shakes her head, but that is a perfect example of a lack of effective co-ordination and an example of why we need to get the rhetoric of joined up working and thinking off the page and into the reality of the ways in which our health boards and local authorities conduct their business.

**Mr Brian Monteith (Mid Scotland and Fife)**

**(Con):** I admit that it is a long time since I was at school, but when I was there I ran the tuck shop, which sold Mars bars—

**Mr Rumbles:** We can see that.

**Mr Monteith:** We sold Mars bars, Polos and crisps, and the financial benefits went to buy snooker tables, books and so on for pupils. Does Nicola Sturgeon advocate that the sale of any of those items in schools be banned?

**Nicola Sturgeon:** I advocate implementation of a national strategy—as there is—to encourage good dental health among young people and to encourage them to consume low-sugar products. It does not make sense for schools to have what is almost a policy of raising money by peddling high-sugar products. That is an example of how thinking is not joined up and of how local authorities and health boards must move from the rhetoric of joined-up thinking to its practice.

I will stay with the issue of public health to recognise the fact that there is a link between smoking and the incidence of oral cancer. I am disappointed that we heard nothing today about the Executive's progress towards a ban on tobacco advertising—perhaps the Minister for Health and Community Care will comment on that later.

We must also ask whether we are doing enough to remunerate dentists and to support them to stay in the NHS. I appreciate the comments made by Iain Gray in that regard, as one of the reasons summarised in the action plan on the difficulty with access to dentists is that some dentists have

“a reducing commitment to the NHS”.

Perhaps that would have been better expressed the other way round, as we should recognise the high commitment to the NHS among dentists in Scotland. The problem for dentists is that they struggle to sustain their practices on the strength of NHS work alone.

I welcome the range of measures that the action plan identifies, but we must recognise the underlying problem, which is that NHS fees are not sufficient to enable dentists to meet the costs of running a practice. The other day, I spoke to a dentist who said that, given the existing fees for check-ups, he is under pressure to complete a check-up in six minutes—if the deputy minister would care to listen for a minute—from the

moment a patient comes in to the moment he or she leaves. That problem is not just about access; quality is also at risk.

**Iain Gray:** Is the member aware that dental fees are set by a body that is independent of the Government and that it recommends each year the percentage increase in fees?

**Nicola Sturgeon:** I am fully aware of that fact, but if MSPs are to have a reasoned and rational debate on the future of dental services in Scotland, we cannot ignore the realities that exist for dentists simply because they do not fall within the Parliament's powers. I am raising a real issue for dentists and it will not go down very well if the deputy minister simply buries his head in the sand and passes the buck to someone else.

In the couple of minutes that I have left I will move on to the SNP amendment and the issue of removing charges for dental check-ups, which goes to the heart of what the dental strategy is trying to achieve.

We all agree that early detection and prevention of disease should be at the heart of a strategy to improve dental health, but many people, particularly young adults and pensioners—who are among those who are most in need of dental check-ups—are deterred because of cost. Without regular check-ups, oral cancer and other diseases will go undetected and untreated.

We must also accept that the action plan's objective of increasing registration among children will be harder to achieve if the parents of those children are deterred from visiting the dentist regularly. Research published last year by the British Dental Association found that one in two people were more likely to go for check-ups if charges were removed. Last year, the SNP and the Liberal Democrats included such a commitment in their manifestos. The SNP costed that commitment at £14 million over three years, which is a relatively small amount of money. Charges could be removed.

The SNP amendment asks the Executive to introduce proposals to abolish charges. The amendment would allow the Executive to consider the issues of priority and time scale. The Executive and the Liberal Democrats might want to examine the partnership agreement in Wales as a starting point. I congratulate the Welsh Liberals on that achievement, as that agreement promises to introduce free annual dental checks for 18 to 25-year-olds and for those aged over 60. I ask the Executive to give a commitment to consider going down that road. I will accept the Executive's comments on priority and time scale, but it should make a commitment today to move in that direction.

I ask Labour members to support what they held

dear when they were in opposition and I ask the Liberal Democrats to honour the commitment contained in their manifesto last year and to follow the excellent lead of their Welsh counterparts.

I move amendment S1M-1271.1, to insert at end:

"and further calls upon the Scottish Executive to bring forward proposals for the abolition of charges for dental check-ups."

**The Deputy Presiding Officer (Mr George Reid):** Before I call Robin Harper, I advise members of a purely editorial change in the last line of his amendment—S1M-1271.2. The phrase "NHS Centre for Research and Dissemination" should read "NHS Centre for Reviews and Dissemination".

15:29

**Robin Harper (Lothians) (Green):** I am pleased that the workings of the Scottish Parliament have allowed a small party to contribute to the debate through an amendment.

I have no problem with the Executive's motion, apart from its complete endorsement of the action plan for dental services and the increase in fluoridation.

I support the Scottish National Party's amendment, which proposes the abolition of charges for dental check-ups, and I completely support Nicola Sturgeon's comments on the provision of sugary foods and drinks in schools.

Members will forgive me if I concentrate on speaking to my own amendment. Much of the Executive's document, "An Action Plan for Dental Services in Scotland", is commendable, but in paragraph 22, under the heading "Contributing to Public Health", it says:

"Fluoridation of the water supply, where practicable, offers the most effective means of improving dental health".

In the "Proposed actions" section that follows, the plan says:

"proposals will be developed with Health Boards for consultation on fluoridation of the water supply."

My amendment seeks to alter the Parliament's endorsement of the action plan by suggesting that the commitment to the fluoridation of Scotland's water supplies be withdrawn.

There has been a change since the publication of the action plan in August 2000: three weeks ago, the long-awaited report "A Systematic Review of Public Water Fluoridation" was published by a Government commission. It was carried out by the NHS Centre for Reviews and Dissemination at the University of York.

Given the controversy over fluoridation and the

constant debate about its risks, that review was to be something of a final say on fluoridation, although I very much doubt that it will be. It states:

"This review presents a summary of the best available and most reliable evidence on the safety and efficacy of water fluoridation."

In answer to a recent oral question, the Minister for Health and Community Care told the chamber:

"I have examined the evidence closely and believe that there is very strong evidence to suggest that fluoridation can have a dramatic impact on the health of our children's teeth."—[*Official Report*, 7 September 2000; Vol 8, c 138.]

What did the review find? Is fluoridation effective in reducing dental caries? To quote the review directly:

"Given the level of interest surrounding the issue of public water fluoridation, it is surprising to find that little high quality research has been undertaken."

In other words, there is little evidence of any quality to answer the question whether fluoridation is as effective as is claimed in reducing dental caries.

The reviewers went on to say:

"Any future research into the safety and efficacy of water fluoridation should be carried out with appropriate methodology to improve the quality of the existing evidence base."

That clearly suggests that the minister and her advisers based their intention to fluoridate the water supply on scientific evidence of poor quality. I am not saying that that was deliberate; it is just that that has now been established. In other words, the idea that fluoridation has been proved to be effective beyond all reasonable doubt is false.

What does the little high-quality research on fluoridation, which we can trust, show? That fluoridation might help to prevent dental caries. Significantly, however, it also shows that the level of improvement is far lower than the figures that the advocates of fluoridation have been bandying about. Far from fluoridation being a miracle cure, the evidence shows that in only about 15 per cent of cases is it likely to bring about an improvement in dental health and the prevention of caries. A reasonable extrapolation from the figures is that if we add fluoride to the entire Scottish water supply, we will prevent one filling in six.

I draw members' attention to the effectiveness of other methods of reducing the incidence of dental caries. They have been carefully explained, I am happy to note, by the Deputy Minister for Community Care, with a list of thoroughly good ideas. Recent research from Tayside and Glasgow shows the effectiveness of school-based toothbrushing schemes, under which children are provided with their own tray and toothbrush and toothpaste at school and are supervised during the

school day during their brushing.

The money that the Executive proposes or, perhaps, might spend, on fluoridation plant and chemicals would go a long way to cover the extension of such a scheme to all children up to the age of 11 years.

What about the possible harmful effects of fluoridation? On that, the reviewers said:

"The research evidence is of insufficient quality to allow confident statements about other potential harms or whether there is an impact on social inequalities."

That means not that there are no other harmful effects to health, but that no quality research on that has been done. It is perhaps of insufficient quality, but a lot of evidence suggests harmful health effects. We cannot just ignore it. If there is a suggestion that some of the population's health will suffer, we have to be sure and we must take a precautionary approach.

**Phil Gallie:** I understand that fluoride exists naturally in some water supplies. If Mr Harper is really concerned about the harmful effects, does he believe that those supplies should be treated to take the fluoride out?

**Robin Harper:** Mr Gallie is talking about one small area of Scotland, around Burghead. It would be nice to have good-quality research on that area. I have tried to find some conclusive research on it, but I have not found anything. There is good evidence that dental health is better in that area. I am not contesting that. Nor am I contesting the evidence that there is a beneficial effect on dental caries as a result of fluoridation. It is the other things that concern me.

The study found sufficient good evidence on one effect, that fluoridation causes significant fluorosis—discoloration of the teeth—in 48 per cent of the population. While that is a cosmetic effect, the review found that 12.5 per cent of people exposed would have fluorosis that they would find "aesthetically concerning". One in eight people might have to go to the dentist because fluoridation had discoloured their teeth.

The reviewers conclude that

"the evidence of a reduction in caries should be considered together with the increased prevalence of dental fluorosis".

They said in summary that their evidence on benefits and harms of fluoridation

"needs to be considered along with the ethical, environmental, ecological, costs and legal issues that surround any decisions about water fluoridation. All of these issues fell outside the scope of this review."

Given the findings of the University of York review, there is little need to go into the other arguments against fluoridation. There is reason enough for the Executive to reconsider its

intentions following that review.

If fluoride is added to drinking water, everyone will have to consume it, whether they like it or not. It is not just a matter of people who do not want to drink water with added fluoride buying bottled water; fluoridated water will end up in foodstuffs prepared in Scotland.

This is a question of freedom of choice. Strathclyde Regional Council was taken to court when fluoridation was proposed. I expect that if the Executive goes ahead with the plan there will be legal challenges on the basis of the European convention on human rights. I beg the Executive to reconsider its dedication to fluoridation.

I move amendment S1M-1271.2, to insert at end:

"but believes that the plans relating to the fluoridation of water supplies as a means of supporting primary care dental services outlined in the action plan should be abandoned in the light of the conclusions of the systematic review of fluoridation by the NHS Centre for Reviews and Dissemination."

15:38

**Mary Scanlon (Highlands and Islands) (Con):**

I, too, welcome the opportunity to debate the important subject of primary dental care services, including the plans for early registration schemes, fissure sealing and other proposals. I am pleased that my son and daughter, aged 26 and 27, have no fillings and I think that that is because they had fissure sealing at the appropriate time.

I welcome Robin Harper's speech. I hope that when the time comes we will have a full debate on fluoridation, from the environmental as well as the health point of view. I hope that the decision on fluoridation does not go through the Parliament added on to dental treatment, as the issues are wider. In the Conservative party, we would have a free vote on fluoridation because many people have strong feelings for and against it.

I regard "An Action Plan for Dental Services in Scotland" as the kind of vision that Bishop Devine spoke of earlier and "Workforce Planning for Dentistry in Scotland" as the real plan for action. Today, therefore, I will consider the outline of the latter document, its aims and objectives and how it addresses concerns about current practice; I am pleased to say that it goes a long way towards doing that.

Page 4 of the document lists seven areas of increased demand and 12 factors that illustrate the reduction in supply. That variance produces a huge gap, which the document largely deals with. There is not only a training gap, but an action gap and a major funding gap. I am pleased that we will consider dentistry again in the new year, as we have made a professional and responsible start in

dealing with that important subject.

The proposals will mean a significant increase in the number of patients who are seen by dentists. To allow that to happen, we will need more dentists and many more dental personnel. Figures in the document outline that in the European Union, the average number of inhabitants for each practising dentist is 1,634. In the United Kingdom, the average is 2,645—1,000 above the European average.

The recommendation for the number of dental graduates in Scotland—120 a year—has been accepted by the two major dental schools. I was pleased to hear that the dental college in Dundee recruits more than 50 students to allow for a drop-out rate and to ensure that 50 students graduate each year.

As Nicola Sturgeon mentioned, serious problems exist in our system, even before we consider the implementation of the proposals. At Glasgow dental hospital, waiting times are 71 weeks for oral medicine; 69 weeks for anxiety treatment and hypnosis; 34 weeks for oral surgery; 11 months for prosthodontics; 30 weeks for dental conservation; and 22 weeks for children's dental health. We have a lot of work to do in facing those problems.

Similarly, Dundee dental school is not without its problems. It faces a £250,000 deficit and has to work under the constraints on investment and expenditure that result from Tayside University Hospitals NHS Trust's £19 million deficit. Will the Executive ensure that the expenditure for the dental hospital in Dundee is ring-fenced to ensure that the hospital is given the opportunity to rise to the challenges in the action plan and the work force planning review?

The minister mentioned the need for adequate funding and incentives. I am pleased that funding and incentives will be further examined for general dental practitioners.

The recent case of John Evans-Appiah—who has had 44 jobs in 22 years—gives rise to concern over the 1,701 new entrants to the dentists register in 1999. Of those new entrants, 54.2 per cent qualified overseas. Can we be sure that those dentists have undergone the rigorous and extensive training that Scottish dental graduates have undergone? We want to ensure that there is no repeat of the exceptionally bad working practices that occurred with John Evans-Appiah and that led to such tragic events.

The cost of educating a dental student is accepted to be far greater than that of educating any other undergraduate. The supervision of dental students is much more intensive than on other courses. That gives rise to a serious issue of underfunding. Will the Executive consider ways of

providing funding to allow all dentists to fulfil the obligations for continuing professional education that are outlined in both documents?

The General Dental Council has approved the concept of continuing professional development and lifelong learning for dentists and of linking a proportion of that training to attendance at verifiable courses. On that point, we must ask whether our dental schools have the funding, the resources and the facilities to meet those demands. The dental schools are already stretched, so resources must be made available to recruit more staff to allow the new courses to be run without an adverse affect on clinical activity and clinical university teaching.

Training must be given and posts created for speciality practice, in addition to more facilities being made available. I have praised the work force planning document, which is excellent. None the less, little is said in the document about specialities—for example, surgical restorative orthodontics and prosthodontics—although such disciplines are essential to achieve the continuing professional development that is outlined, the aims and objectives that are contained in the action plan, and equality of access throughout Scotland.

I refer members to page 29 of the work force planning document, which states:

“The lack of significant expansion of the consultant grade in the dental specialities in comparison with medical and surgical specialities is of some concern to those involved with training and improving clinical practice.”

I hope that Scotland can continue to work towards being a centre of excellence for dentistry. To achieve that and the levels of training that are outlined, we must address the personnel issues. However, the recent announcement that all dental general anaesthesia outside hospitals will end by January 2002 offered no positive suggestions for the proper resourcing of alternative methods of anxiety management, or increased training for general dental practitioners.

Morale in the dental profession is a matter of serious concern. When an NHS plan devotes 144 pages to the medical profession and only eight lines to dentistry, dentists do not get a sense that their contribution to NHS care is valued. I hope that when we produce our Scottish health plan in November, we will devote more attention to dental needs. It is time for the minister to put her money where her mouth is and commit fully the resources that are required to benefit oral health in Scotland.

15:47

**Nora Radcliffe (Gordon) (LD):** No one would disagree that oral health is important, that we do not want our children to have fillings or extractions, and that all of us should retain a healthy mouthful

of teeth and gums throughout our lives. Unfortunately, we are a long way short of achieving that. It is important to set out how we can get from where we are to where we want to be; in that context, the action plan is to be welcomed.

Let us begin at the beginning, with prevention. The first-line tools that are available are information and education. People can deliver those in a variety of public and private sector arenas, and the budget for health education has been boosted. I do not want to say much more about prevention, except that I welcome especially the proposed action on local co-ordinated community programmes, which I regard as one of the best ways forward. They will form a long, slow process but they are possibly the only truly effective long-term answer. There is a necessity to change people's behaviour, and achieving that will require sustained personal contact over a long period.

The next line of defence—or attack, depending on how one looks at it—is intervention. That covers such measures as fissure sealings, the supply of fluoridated milk and the fluoridation of water. The partnership agreement proposes widespread consultation on whether water supplies should be fluoridated. Dental professionals regard fluoridation as an effective way of achieving dental health improvement, and it is superficially attractive in its efficacy. It is a fairly draconian measure, and evidence and general acceptance that it is an appropriate way forward must be secured. I do not support Robin Harper's amendment, which would eliminate the option of fluoridation without due public examination.

One of the most important elements in the whole equation is the general dental practitioner. The ideal would be for everyone to be registered with a dentist and to have regular dental check-ups. That is easier said than done, not least because there are not enough dentists. Not every airt and pairt of Scotland has an accessible dental practitioner.

About 20 years ago, the powers that were decided that dental health was improving, so three dental schools were closed; two in England and one in Scotland. With hindsight, that was probably a mistake.

**Nicola Sturgeon:** Will the Liberal Democrats vote in line with last year's manifesto commitment?

**Nora Radcliffe:** I will deal with that when I come to it. I will not duck the question.

Nicola Sturgeon has made me lose my place.

Three dental schools were closed. It is right that we are re-evaluating how many dentists we need to train. The fact that an increasing proportion of

dentists will be women means that time off for childbearing has to be factored into the equation.

**Mary Scanlon:** The recommended number of dental graduates each year in Scotland is 120; Glasgow produces 70 graduates and Dundee produces 50. Dundee is allowed to fund 59 graduates in the first couple of years to allow for drop-outs. Does the member disagree with the figure of 120, which is met adequately by the two dental schools in Scotland?

**Nora Radcliffe:** Whether or not we are training enough dentists, we do not seem to have enough on the ground. That points up the fact that we need more. We also need more ancillary staff. I welcome the intention to recruit and train more ancillary staff and to make better and fuller use of their skills.

The basis on which general dental services are provided, which is largely by self-employed contractors, needs to be examined for several reasons. Is there sufficient margin to enable the new dentist to set up a practice and pay off the debt in a reasonable time? Is there sufficient margin to enable upgrading and renewal of equipment? That must be considered.

I am told that NHS loyalty payments, if we can describe them as such, do not provide the same incentive to work within the NHS as they used to. They do not provide any incentive to dentists who work part time. Pilot schemes have used salaried dental practitioners, and salaried dentists will become an important element in dental provision. Not everyone wants to run a business as a dentist. The option of employing salaried dentists should make it easier to direct dental provision to rural areas, or deprived urban areas; being a salaried dentist will also be a more attractive career option for some people.

The SNP amendment could have come straight out of our election manifesto. Unfortunately, Liberal Democrats were not returned to the Scottish Parliament in sufficient numbers to be the majority party and that restricts our ability to implement our manifesto. I am happy to say that we negotiated a partnership agreement that has enabled many, but not all, of our policies to be implemented. Provision of free dental checks remains our party policy, but it is not one of the partnership commitments. Money has not been allocated for it in the budget and, with the best will in the world, we cannot have something that we cannot pay for. Parties that are not in government, and do not expect to be, can make commitments in the knowledge that they will not have to produce the goods. We do not have that luxury. However, we have not abandoned our position and free dental check-ups are still Liberal Democrat policy.

I welcome the action plan. We have an

enormous job to do and the best way to tackle it is to get started. The plan gives us a good basis on which to proceed.

**The Deputy Presiding Officer:** We will have speakers from the floor until 4.29 pm. I suspect that more members want to speak than time will allow, but if members keep speeches to four minutes plus interventions, we will make reasonable progress.

15:54

**Paul Martin (Glasgow Springburn) (Lab):** Given the appalling dental decay figures in the Greater Glasgow Health Board area, I welcome today's debate.

In my constituency, 84 per cent of five-year-old children suffer from dental decay. That is the only time that I will use statistics or refer to the glossy documents, some of whose covers have nice photographs. I was unable to obtain the popular document with a picture of a toothbrush on the cover, because the information centre had run out of copies.

Delivering front-line services is an important part of the Executive's strategy. I will focus on a couple of areas in which we can make a difference. First, we can identify the young people who are suffering from dental diseases—the five-year-olds to whom the statistics refer—and the best ways of tackling the problems. I propose that we set up and pilot a database that would identify those youngsters. It is not good enough to say that north Glasgow is a deprived area; many parts of north Glasgow have been involved in regeneration strategies over the years and are not deprived. However, in other parts, such as Ruchazie and Blackhill in my constituency, there is a great deal of deprivation, and young people have particular difficulties in accessing dental services.

I ask the minister to respond to my proposal that we develop and pilot a database that would allow us to identify and track those youngsters throughout their lives, so that we can focus the limited resources—which we and any Government will always have—on assisting them in tackling dental decay. A database would also give us the opportunity to work with parents and local schools on attacking dental decay. However, I repeat that to do that we must identify where those young people are and find ways of assisting them. We can use that information to our advantage in allocating resources throughout the Greater Glasgow Health Board area.

Local health boards have shown a lack of innovation, for example in health centres, which provide an excellent opportunity to access parents when they meet their general practitioners. I am appalled at how that opportunity has always been



missed.

I suggest that the minister takes the opportunity to propose a pilot in the Greater Glasgow Health Board area, involving a multi-booking system under which parents could book a dental appointment at the local health centre at the same time as booking a visit to their general practitioner. Over the years, trends have shown that parents spend more time in health centres than they do in dental practices. We must enable parents to book dental appointments through that process. That opportunity has been missed over the years. In Glasgow, some health centre notice boards are two years out of date. We must move forward on that.

We must put greater emphasis on providing outreach staff, who can spend time in local schools and health centres. It is not good enough to provide documents that will not make sense to local parents; we must get staff in place, working with local organisations, health centres, schools and medical practices.

It is not good enough that 84 per cent of the children born in my constituency are more prone to experiencing dental decay than children in other parts of Scotland. It is up to the Parliament to present an action plan to deal with that. I welcome the action plan that has been introduced by the Scottish Executive today, but I ask the minister to take my points into consideration. I hope we will fine-tune the process.

15:59

**Mrs Margaret Ewing (Moray) (SNP):** It is a pleasure to follow Paul Martin, not least because I ken his faither. I am sure that everyone in the chamber would wish to send their congratulations and best wishes to Michael Martin in his new position. [*Applause.*]

We are speaking on a serious issue. We are unanimous about the need to deal with Scotland's appalling record on oral care and hygiene. Indeed, our own poet spoke about

"the hell o' a' diseases"—

namely toothache—and those of us who have suffered with toothache will know exactly why he called it that.

At the House of Commons, I voted consistently against the abolition of free dental check-ups, which are the gist of the SNP amendment today. At the time of those votes, I spoke to dental surgeons the length and breadth of my Moray constituency. They were very much against any such abolition; they predicted that exemption schemes for pensioners and people on income support would confuse so many people that registration would fall, which is indeed what has

happened. The dentists thought that it was important for people to attend their surgeries regularly and free of charge, because they could automatically detect the potential for oral and throat cancer and many other diseases. The abolition of free check-ups was the worst thing that happened to the dental service; if they still existed, many more people would register with their dentists.

We are all afraid of dentists. Let us face it: if we are honest with ourselves, we would admit that none of us really likes going to the dentist. However, it is part and parcel of looking after ourselves. Members should support the SNP amendment; Nora Radcliffe's convoluted explanation of why the Liberal Democrats are not supporting it is not sufficient.

**Mr Rumbles:** The SNP is being a bit disingenuous—surprise, surprise. I have gone through the SNP election manifesto and—surprise, surprise—the abolition of dental charges is not mentioned. We need a little bit of honesty from the nationalists.

**Mrs Ewing:** Mike Rumbles is taking up an awful lot of my time. Obviously, he has not read "Investing in Scotland's Health Service", which the SNP published in 1999 and which makes it quite clear that the abolition of dental charges is part of our manifesto commitments. He should be more sensible.

The minister referred to 40 new appointments, and Elaine Smith asked him where the funding was coming from. I want to know the geographical distribution of those new appointments. Along with Mike Rumbles, Nora Radcliffe—with whom I am currently having a little dispute—Richard Lochhead, Brian Adam and others, I have been confronting the problems of the provision of dental services in the Grampian area. Such problems range from the closure of rural dental services to the provision of consultants in orthodontics and other areas.

**Lewis Macdonald (Aberdeen Central) (Lab):** Will the member give way?

**Mrs Ewing:** No, I am sorry. Lewis Macdonald and I have followed the issue through oral questions, and I know that he has also been pursuing the matter. I cannot mention everybody.

As I said, we have all been pursuing the issue in Grampian, and I would like to know what funding will be given to that area.

As Burghead in my constituency has been mentioned—and they do not call me "Gnasher" Ewing for nothing in that part of the world—I want to make a plea for a separate debate on fluoridation. We cannot make a decision on such a matter in a debate on general dental services. The

York report has made it clear that more research into fluoridation is needed. There should be a free vote on the matter, as every MSP in this Parliament has a different view on whether we should have that form of what many people have described as mass medication.

16:04

**Pauline McNeill (Glasgow Kelvin) (Lab):** The Scottish dental service is the poor relation of the NHS. The right to see a dentist is not the same as the right to see a doctor, although it should be. This Parliament can change that and the action plan that the minister outlined has the potential to make such a change.

The picture of dental decay among our children and our poorest adults is heartbreaking. In Glasgow, adults and children have the worst oral health in Scotland—a further reminder of Glasgow's poverty and ill health. Sixty-four per cent of three-year-olds have irreversible tooth decay by the time they start school. A tiny percentage of children are registered with a dentist and only half the adults in Glasgow are registered. Tooth extraction is the main cause for under-10s being administered anaesthetic, and we all know the dangers of that. A fifth of Glasgow adults have lost all their teeth.

Margaret Ewing made an important point in passing—she referred to the attitudes and fears of the dentally anxious. Attitudes to going to the dentist have been passed on from generation to generation. We all joke about fear of the dentist's chair, but that is a culture that we must tackle. We have a chance of doing that if we concentrate the strategy on children.

Children should be registered with a dental practice in their locality at the age of five at the latest. There should be a duty on health authorities to ensure that that happens; Paul Martin has outlined some ideas about how it could be done. Schools can play a vital role. Members may remember that, before the 1980s, milk was issued to every child in school—it was a ritual that was part of the primary timetable. For me, Margaret Thatcher is many things, but she will always be the milk snatcher. Provision of milk to children is a form of mass medication that I support. Glasgow City Council's fruit initiative is the type of project that is crucial in recognising the role of schools in promoting a proper diet.

**Mary Scanlon:** Does Pauline McNeill's party support the provision of free milk in schools in Scotland?

**Pauline McNeill:** We have not discussed that, but I would certainly support it. I am sure that Mary Scanlon appreciates the fact that schools have a vital role to play. I wish that the Conservative

Government had not taken away school milk from children, but sadly it did.

Access to dentists should be local and affordable. Although the damage has often been done by the time people get to a dentist, we will get nowhere without on-going oral checks. We must consider how we can ensure that everyone registers with a dentist. The action plan goes some way to addressing points about continuing care.

It is right that we should discuss how to encourage dentists to do more NHS work, and it is necessary to set targets. I am pleased that, in answer to questions from me and from Robin Harper, Susan Deacon announced that we have 40 salaried dentists. I was not aware of that, but I think that we should go further. A lot of NHS care is still provided, but we must create conditions for NHS dentistry to flourish. Good oral health contributes to an individual's ability to function in the community and to their quality of life.

16:08

**Mr Brian Monteith (Mid Scotland and Fife) (Con):** I welcome this debate on primary dental care, which ensures that the debate about fluoridation is at least out in the open. I share Margaret Ewing's concern that fluoridation should be a separate debate, but we cannot avoid mentioning it today. My party has no position for or against fluoridation but, as an individual MSP, I support Robin Harper's amendment.

There are two arguments against fluoridation. The first is the failure of the scientific case. As Robin Harper said, the problem is not that fluoride does not strengthen tooth enamel; there is evidence that it does and is effective in reducing tooth decay. It is the side effects of fluoridation that raise questions about its benefit to public health.

As members will be aware, we have made strenuous efforts for some years to reduce lead consumption, with the replacement of lead water pipes and tanks and the use of unleaded petrol. Fluoride is a cumulative poison, more toxic than lead. The optimal dose of 1 part fluoride per million parts water, or 1 mg per litre per day, was set in 1945, before the advent of fluoride pills, drops, toothpaste, mouthwashes and dental floss, and even fluoride-impregnated fillings.

It is accepted that an intake of more than 3 mg of fluoride carries the risk of chronic fluoride poisoning, the visible sign of which is dental fluorosis, or mottled teeth. A study of Polish children with dental fluorosis found unusual changes in their bones. In the Birmingham area, it has been reported that dental fluorosis affects as many as 34 per cent of children. Researchers in

China found depressed intelligence levels in children exposed to too much fluoride. It should not be forgotten that fluoride was first introduced to water supplies by the Nazis to act as a mind-dulling drug to control inmates of concentration camps. That may sound exaggerated or emotional. Some, even all, of the research may be doubtful, but the lack of quality research leaves enough doubt for the scientific case to be challenged. Politicians did not know enough about BSE or hepatitis C. Can the ministers give a categorical assurance that fluoridation is safe?

My second argument relates to civil liberties and goes against ecological tampering in the environment, which belongs to us all, and in favour of the freedom to choose how, if at all, we take fluoride. Surely priority should be given to alternative schemes such as those that are being considered in relation to fluoride ingestion.

When the Minister for Health and Community Care and the Deputy Minister for Community Care take their children to McDonald's or Burger King—or, if they prefer, to survey the shelves of their local co-op—it cannot have escaped their attention that soft drinks come in diet and caffeine-free alternatives. Why then do we not have a fluoride Irn Bru as well as a diet Irn Bru? If soft drinks are such a problem, let us target those who most need help by using soft drinks to distribute fluoride.

Mass medication is not the answer and will serve only to undermine confidence in our water. It is not just fashion that led to the growth in sales of bottled water; it was the belief that bottled water was of a better quality. The industry has grown to become a multi-million-pound business. The prospect of people cooking their vegetables and brushing their teeth using bottled water may seem risible, but it will become a reality for many as they seek to avoid mass medication.

The scientific case for fluoridation is unconvincing, the public health benefits may be outweighed and the Parliament's ecological credentials will be damaged if mass medication replaces individual choice and responsibility. Members should support Robin Harper's amendment.

16:12

**Colin Campbell (West of Scotland) (SNP):** I declare an interest: I have teeth, some of which are still my own—members may believe that if they like. I am well past primary dental care, as are my children, but I have grandchildren, aged from two weeks to 10 years, all of whom are candidates for primary dental care. Thus, I have an interest in primary dental care typical of all grandparents in Scotland.

Like many other people, I have serious

reservations about mass medication, especially at a time when a big effort is being made—for good healthy reasons—to ask people to drink even more tap water than they have to date. The bottom line of the University of York's conclusions is that no one seems to know how much good or harm can be done by fluoride. The sensible conclusion would therefore be to research the matter thoroughly before indulging in mass medication. Some of the older among us will remember that DDT was once a supposedly safe panacea—I used it in my childhood for killing flies—but it was subsequently found to be carcinogenic. We must watch what we do.

On the practical front, according to my former dental wife, regular brushing, a good diet and regular dental visits are safe and proven methods of guaranteeing dental health. That has wide implications for members of the population who cannot afford good ingredients for their children's meals and for parents who do not have the inclination or knowledge to buy and cook healthy foods. It also places an enormous burden of responsibility on health professionals and teachers.

The battle must be won in the pre-school years, as we all know. Once children fall within the scope of the school meals service, there is a golden opportunity to educate the child's palate in healthy options. Unfortunately, that opportunity has been largely sabotaged by the perceived need to induce children to support the school meals service and woo them away from vans and corner shops by selling many of the same things that vans and corner shops sell. Thus, dental health is put in jeopardy by dietary options that include, alongside healthy food, junk food such as chips, either alone or with everything, and a variety of sugary drinks—which I suppose had better remain nameless unless I want to be sued—that coat teeth with tooth-rotting sticky sugar and hasten decay.

A teacher whom I spoke to the other day said, "It's a farce—good food is on offer, but the kids choose chips, soft drinks and sweets." As I have mentioned—and I have been guilty of exploiting this in my time—many schools have vending machines that, for financial reasons, sell just the sort of junk food that we do not want kids to eat. All the wringing of hands by the Executive and the rest of us will be totally meaningless as long as institutions in our responsibility are selling the very commodities that we all agree are detrimental to good dental health.

Mass medication is a runner only when everyone is convinced that there are no side effects—and there are side effects, especially mottling. The elimination of dental caries will be attained only when a healthy diet, regular brushing and regular visits to the dentist are universal. That

will require a massive change in attitudes, which will be achieved only through education, consistency in the messages that are delivered to children through the food that is available in schools, regular visits to dentists, and persuading everyone—adult or child—that self-esteem is partly attainable through a healthy lifestyle and is infinitely preferable to personal dietary neglect.

16:16

**Elaine Smith (Coatbridge and Chryston) (Lab):** I am pleased that this debate is taking place, as our appalling dental health record is a major cause for concern. I commend the Executive on its action plan, although I will return to the fluoridation part of it.

One of the most worrying aspects of this debate is that an estimated 25 per cent of Scotland's children, and 37 per cent of adults, are not receiving on-going dental care. As we have heard, part of the problem lies in the way in which dental services are operated. Most family dentists are independent contractors who provide a mix of NHS and private services. A number of them have a reducing commitment to NHS work. Many, in fact, are encouraging patients to join dental insurance schemes. In the short time that is given to back benchers, I cannot go further into that important issue. Suffice it to say that I urge the Executive to put the brakes on the increasing privatisation of dental services and to concentrate additional resources on increasing community dental services. It should also consider ways of encouraging family dentists to recommit to NHS provision. I assume that most members would support such action. I certainly hope that my comrades on the Labour benches will join me in calling for an end to the shocking state of affairs in which many people are forced to choose between dental health and the other necessities of daily life.

I will concentrate on two key areas—children and fluoridation, neither of which I will have time to do justice to. As the minister said, poor dental health is clearly linked to poverty, with the poorest 10 per cent of children in Scotland having 50 per cent of the tooth decay. A key Labour party principle is tackling inequality, and there is no doubt that serious inequalities exist in dental health. In Lanarkshire, our five-year-olds have the second highest incidence in Scotland of decayed, missing or filled teeth. The situation gets worse in older children. Lanarkshire Health Board is working to a five-year strategy, which was devised in 1996 and is about to be reviewed. The health board's strategy document states:

"The most prevalent oral disease is dental decay, which affects the majority of the population in Lanarkshire. It is related to social factors and the incidence is worse in areas of deprivation."

I wanted to go into specific courses of action, priority groups to be targeted, and a number of local priorities, but I will not have time to do so. Many initiatives are already under way in Lanarkshire. Health visitors are already giving toothbrushes and toothpaste to parents whose babies are about eight months old, and they are encouraging parents to register their children with a dentist. A nursery school toothbrushing programme is under way. One of my colleagues mentioned GPs; health visitors are also encouraging GPs to get people to register. Nurseries and schools are promoting healthy eating initiatives. I commend Lanarkshire Health Board for recognising the problem and taking positive action. Over the past two years, the registration of children aged from zero to two has risen from about 10 per cent to 22 per cent.

Many of the initiatives will make a significant difference. Diet is the key. I have a small child and despite my best efforts, and those of my husband, my child has a small amount of decay in one of his baby teeth. I see the pressures on parents to give sweet treats and sugary drinks to children as an act of kindness or a reward for good behaviour. I know that the older generation needs to be educated on what such treats do to little teeth.

I have two questions for the minister. First, can the tobacco revenue fund be used to provide free fruit and milk in nurseries and schools? Secondly, can money be committed to funding innovative healthy eating projects, such as the campaign by the *Airdrie & Coatbridge Advertiser*, in conjunction with North Lanarkshire Council and the health board, to provide fruit for nursery and primary schools? A local business is providing the fruit for the four weeks of the project, but funding needs to be provided to sustain the project thereafter.

I do not have time to go into fluoridation, except to say that it is taking a sledgehammer to crack a nut and could be detrimental to the health of the wider population. I urge the precautionary principle. Furthermore, fluoridation is a convenient way of disguising the underlying issues. It is poverty and inequality that must be addressed—those are the real causes of poor oral hygiene. I agree with other members that we need to have a separate debate on fluoridation.

16:21

**Mr Andrew Welsh (Angus) (SNP):** The Scottish nation has always had a sweet tooth. The result can be seen in Scottish international football teams, which have one tooth between the whole forward line. The change that must come should concentrate on the young and on the provision of top-quality dentists. Despite the commitments of successive Governments, Scotland has an extremely poor dental record. Although new

Labour has followed the Tories in making dental and oral health a priority, it is evident that current policies are inadequate in key areas.

The latest figures show that only 43.3 per cent of five-year-olds are free from dental caries. That shows a mere 1 per cent improvement over the previous decade. There has also been a steady and alarming drop in the number of patients registered with a dentist. The number of adults registered with a dentist has dropped to less than 50 per cent of the adult population and has continued to fall in recent months. That trend must be reversed.

Although the £1 million from tobacco taxes to be spent on toothbrushes and toothpaste for under-12s and the extra £1 million provided this year for sealant are steps in the right direction, further positive action must be taken if we are to reduce substantially the incidence of dental disease. The Executive would be advised to follow the example of its Welsh counterpart, which, as part of the Welsh Assembly's partnership agreement, is to extend the availability of an annual free dental check to individuals aged 18 to 25 and those over 60. Better still, the Executive should adopt SNP policy and reintroduce free dental check-ups for everyone in Scotland.

Investment is required to reduce the incidence of dental disease, but I also ask the Government to listen to concerns in the profession about dental training. Student training and continuing professional development must be supported if we are to ensure the highest clinical standards and adequate resources must be made available to train the dentists we clearly need. The supervision of clinical dental students is highly intensive and the profession is warning that there is serious underfunding. I hope that the minister will address that point when she sums up.

Postgraduate education of dentists is yet another area of concern. Last year, the General Dental Council approved continuing professional development for dentists, part of which will be attendance at verifiable courses. Not only is the funding of such courses insufficient, but there are question marks over who will offer the courses. Universities and hospital trusts are already stretched, so further resources must be made available to allow courses to be offered without affecting adversely clinical activity and clinical university teaching.

I am particularly concerned that money was recently diverted from creating a postgraduate centre at Dundee dental school, which is one of only two dental schools in Scotland. I hope that, when she sums up, the minister will give a commitment to providing an adequate postgraduate facility in Dundee.

If we are to ensure the highest possible dental standards, there must be an additional positive change in policy. The Government must not only show its commitment to training dental students and to continuing professional development, but live up to its promise of making dental and oral health a key priority. For the sake of future generations, I hope that the minister will address those issues.

16:25

**Tommy Sheridan (Glasgow) (SSP):** I support the amendments lodged by Robin Harper and Nicola Sturgeon. I know that the minister has been asked many questions today, and that it will be difficult to address them all in detail, but I ask the minister to make a crystal-clear, cast-iron statement that fluoridation of water will not take place in Scotland until there is a debate on that issue in this Parliament. If that commitment is not made, the only option for members who share the concerns that I and Robin Harper and other members have expressed is to vote for his amendment, because the document that we are discussing today talks about plans for fluoridation. The problem is that we are talking about developing those plans. Robin Harper's amendment opposes them. If we are told by the minister that there will be a separate debate on the issue, that will be fine, and the positive features in the document could be supported, although in support of Nicola Sturgeon's amendment, I believe that plans should be made completely to abolish dental charges.

A letter that I received from a single mother in Govanhill in Glasgow, who wrote to me today in anticipation of the debate, draws attention to the problem of fluoridation:

"For me fluoridation of drinking water is a total waste of time and money. I am on income support so my daughters receive free school meals. My kids brought home the school menu, complete with colourful ads for Coca Cola and Irn Bru. The school tuck shop is full of every conceivable tooth destroyer.

This is where the problem of tooth decay lies. The children who are most vulnerable are the very children who seldom drink tap water.

I am not opposed to chlorine in the water supply . . . chlorine is required to combat cholera and typhoid but I would never compare these diseases to tooth decay.

If we do down the road of using that argument, then what next? The west of Scotland has a very high incidence of heart disease. So let's put aspirin in the water supply. Some people might have a bad reaction, but it'll be worth it in the long run. I don't think so.

We must work harder and spend more money encouraging people to visit the dentist regularly. Wouldn't it have been nice if my kids' school menu promoted healthy eating rather than sugar filled soft drinks?

Poverty, poor diet and fear of the dentist are the underlying cause of tooth decay. Let's tackle the real problems: there is no magic wand."

That single mother from Govanhill says it a lot better than I could. She says it with compassion and genuine concern, and I do not think for one minute that any of the ministers, deputy or otherwise, do not share that concern. Obviously, they think that fluoridation of water can help, but the problem is that the evidence for its safety is nowhere near being overwhelming enough to allow it to be used.

The World Health Organisation looked at the situation between 1972 and 1992 in one of the longest surveys that has ever been carried out. Robin Harper and others are right; there has not been enough research. That survey included Ireland, because it had recently fluoridated 85 per cent of its water. The WHO compared the incidence of decayed, missing and filled teeth in 12-year-olds in European countries between 1972 and 1992. The reduction in tooth decay in Ireland for that period was 65 per cent. It might be thought that Ireland fluoridated the water and achieved a reduction of 65 per cent, which is a great result, but the problem is that the WHO went on to make the point that in Finland, where there was no water fluoridation, the reduction was 84 per cent. In Denmark, where there was no water fluoridation, the reduction was 80 per cent and in Sweden, with no water fluoridation, the reduction was 76 per cent. All those countries pursued other measures to encourage dental hygiene, to make children much more aware of the need to visit the dentist, and to make going to the dentist much more friendly. Crucially, they tried to tackle the twin causes of dental decay: diet and poverty.

I appeal to the Minister for Health and Community Care today to rule out any further steps towards water fluoridation without a more specific debate in the chamber. If she does not do that, I appeal to other members to support Robin Harper's amendment.

**The Deputy Presiding Officer (Patricia Ferguson):** We now move to the winding-up speeches. I call Mike Rumbles to wind up on behalf of the Liberal Democrats.

16:30

**Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** I am delighted that we have had this debate today on the important subject of primary dental care services. I welcome particularly the emphasis in the Executive's motion on access to effective dental services in both rural and urban areas of Scotland. As the minister knows, for some time I have been campaigning to highlight the fact that people in many of our rural areas have real problems in accessing NHS dental

provision.

Those problems were first brought to my attention specifically when the dental practice in Alford in my constituency was closed down earlier this year. The practice had to close because, despite trying for almost two years, it could not recruit a dentist to work there. The efforts of the local health authorities to recruit a salaried dentist—and we have heard much about salaried dentists—also failed.

I have conducted a survey of dentists in my constituency, which reveals that 50 per cent of them are not accepting non-exempt NHS patients. I do not believe for a moment that that is unique to West Aberdeenshire and Kincardine. The Scottish Executive accepts that access to NHS dentistry is a problem, but I am keen that it should recognise the reasons for the problem in rural Scotland. At the moment, unfortunately, I am not convinced that the Executive action plan does that. For example, it states that the use of salaried dentists will be promoted where access is a particular problem. However, the issue is not the promotion of salaried dentists; it is the fact that more dentists are needed. The Executive accepts that, with the closure some years ago of the Edinburgh dental school, recruitment is a problem. The example of Alford shows that salaried dentists are a solution only if they can be recruited.

**Brian Adam (North-East Scotland) (SNP):** Mr Rumbles is right to identify the problems that exist in recruiting dentists who are prepared to work in the NHS. Is he aware that in the city of Aberdeen, a major retail organisation is currently considering setting up a private dental practice? What impact does he think that might have?

**Mr Rumbles:** We need private dental practices as well, but I want to focus specifically on NHS dental provision. We need that throughout the country, not just in urban areas.

Mary Scanlon raised the issue of dental graduates. I would like the Executive to set itself a more ambitious target for dental graduate numbers than the target of 120 per annum that was announced in the action plan, which was being achieved in Scotland two years ago. We need to aim much higher if we are to meet the needs for access to dental services in rural Scotland.

My main question is whether the Scottish Executive will set a target date for access for all to NHS dental services, as has recently been done south of the border. Simple access to normal and regular NHS dental treatment is essential to patient care. I am delighted that in the motion the Scottish Executive affirms its commitment to that.

However, access to NHS dental services is not the only problem. There is a real difficulty in

accessing specialist dental treatment. One of my constituents, Mrs Pollard, has been informed that she must wait 56 weeks just to be seen by a consultant, never mind receive treatment. She has also been told that if she goes private and pays £2,000, she can receive treatment immediately. That is fine if people can afford it, but is it what we mean by access to an effective and accessible NHS dental service?

The publication of the action plan for dental services in Scotland is a first step towards addressing the inequalities in dental health. In the past, I have been critical of it in the Parliament, pointing out to the Executive that rural Scotland was mentioned just once in the entire document. I must say that I am very pleased with the motion, because it suggests that the Executive is making moves to remedy that deficiency.

The action plan did not seem to address the problem of lack of access to dental services in rural Scotland. I am delighted, therefore, to see that the Executive's motion makes special reference to the difficulties in accessing NHS dental services in both rural and urban areas.

The minister has acknowledged the problems, but we must ensure that they are addressed effectively, especially in relation to NHS access in rural Scotland.

16:35

**Ben Wallace (North-East Scotland) (Con):** I should perhaps declare an interest in that I am the grandson of a 92-year-old former dentist. One of his ex-patients, Dr Richard Simpson—who has fled in terror, I think—told me of his experiences under my grandfather. I know well how important dentistry is, especially in towns such as Perth, where my grandfather practised.

Another Executive strategy means—no doubt—that we are in for more patient involvement, further reviews and the continuation of the current schemes. But what of action? The Executive's proposals are called an action plan, after all.

We have heard from Iain Gray about what I hope will be wide-ranging health measures to be implemented in the new year. We will welcome and study the proposals. His proposals on salaried dentists might plug the gaps, but those proposals will rely on health boards having the money to pay for them. At the moment, many health boards do not have the money, should the proposals be given the go-ahead.

I welcome the idea of a national smile week—perhaps Nicola Sturgeon and Iain Gray might break with tradition and give us a smile during it.

**Mr Rumbles:** Does Ben Wallace accept that the problem in Grampian, for example, is not money,

but the difficulties in recruiting dentists? As Mary Scanlon pointed out, there are not enough dentists.

**Ben Wallace:** I will come to that.

The first nine minutes of Nicola Sturgeon's contribution contained not one proposal or suggestion from the Scottish National Party. One might say that all that we heard from her was a manifesto commitment to ban sweets from schools. In the final minute of her speech we heard support for the motion, but no suggestion of how her proposals might be paid for. Nicola Sturgeon failed with her speech and was far more negative than one might expect in relation to what I think is a good document.

Robin Harper made a point about fluoridation. I agree with fluoridation, but I acknowledge that there are diverse opinions in the Conservative party on such future plans. I seek assurance from the minister that no progress towards fluoridation of water will be made without a debate on the matter in Parliament. If there is to be no debate, I will find myself backing Robin Harper—it is important that fluoridation is not introduced through back-door measures.

Mary Scanlon and Mike Rumbles made many suggestions on how to put the plan into action—which I hope is what the debate is about. It is important, as Mary said, to note that Scotland lags well behind the EU average for dentists per head of population.

Nora Radcliffe gave reasons why the Liberal Democrats could not fulfil their manifesto commitments on dental health. They could, however, make a start—the salaries of the three Lib Dem ministers would go some way towards providing the salaries of five dentists throughout Scotland.

**Nicola Sturgeon:** Is that Ben Wallace's proposal?

**Shona Robison (North-East Scotland) (SNP):** Will Ben Wallace give way?

**Ben Wallace:** I will come to my proposals if Shona Robison will sit down.

**Nora Radcliffe:** Will the member give way?

**Ben Wallace:** I am sorry.

The action plan contains many good proposals. The document is clear, concise and honest, although it gives little recognition to the serious shortfall in dentists in some parts of Scotland. The work load of general dental practices is increasing and the key to successful implementation of the action plan will be provision of more dentists.

A recent survey of general dental practitioners by the Office of Manpower Economics found that

seven out of 10 dentists say that they feel rushed when they are treating patients. Three quarters of them say that their work load does not allow them sufficient time to discuss treatment with their patients. What is perhaps most worrying is that 60 per cent feel that their work load does not allow them to provide a standard of patient care with which they would be happy.

Kevin Lewis, editor of *Dental Practice* magazine, said:

"the Government completely fails to recognise that, without the dentists, NHS dentistry will be hard to find in some parts of the country."

The last phrase that he used was:

"we are talking invisible."

Members from the north-east of Scotland will already feel that dentistry is invisible. In Grampian, about 26 job vacancies in dentistry are being advertised. I live three miles from Alford, which has for some months been without a local dentist. A 30-mile trip to Aberdeen for dental treatment is now the norm. The health board has found it difficult to recruit dentists and, unfortunately, it is now looking to Scandinavia as an option.

We support many of the proposals made today, but I would like more details of the proposed financial scheme to reward high levels of commitment to the NHS, and I ask the minister to provide those details.

The action plan clearly identifies the fact that our children, particularly those from the most deprived areas, are exposed to oral health problems, which will create problems for the future. The Scottish Conservatives would like more direct steps to be taken to ensure that such groups are not missed out. Perhaps more could be done to tie up with the work done in schools, to ensure the implementation of Robin Harper's good suggestions of encouraging more brushing among and an increased availability of more toothbrushes for children in schools. Those would be good steps forward.

The Conservative Government's record was good. Between 1980 and 1997, we increased the number of primary care—

**Shona Robison:** Will the member give way on that point?

**Ben Wallace:** No.

We increased the number of primary care dentists by 52 per cent.

**The Deputy Presiding Officer:** Please begin to wind up, Mr Wallace.

**Ben Wallace:** Over that same period, we increased revenues for general dental services by a massive 86 per cent, and the number of

community dental treatments also rose. Our record on pay is equally good: dentists' pay rose in real terms by 84 per cent over the 18 years of Conservative government.

We know that more can be done and that the situation is continuing. We also recognise that it is important not only to get people to register with a dentist but to get them to maintain regular visits and treatment. If needs be, we should go to them.

The Scottish Conservatives welcome the Executive's action plan, but wish that there were more recognition of the serious situation in some of Scotland's rural areas, where there is a shortfall of dentists.

16:42

**Robin Harper:** I have been asked to consider withdrawing my amendment, but I will explain why I do not intend to withdraw it.

I draw members' attention to paragraph 22 of the action plan, which states:

"Fluoridation of the water supply, where practicable, offers the most effective means of improving dental health, particularly for children in disadvantaged circumstances . . . The importance of full and informed consultation on this issue is recognised."

Therefore, consultation is included in the document. However, I again draw members' attention to my amendment, which states that

"the plans relating to the fluoridation of water supplies as a means of supporting primary care dental services outlined in the action plan should be abandoned in the light of the conclusions of the systematic review of fluoridation by the NHS Centre".

In other words, that is the context of my amendment.

I hope that, over the next two or three years, more good science will be produced on which the Executive could begin to base its plans—or, following which, could decide not to make plans—on fluoridation and on which we could begin the debate. We would not preclude further debate by agreeing to my amendment, but that would delay the debate until such time as the science is available on which we could reliably base such a debate. For example, we could not move to a sensible debate on fluoridation tomorrow, as we simply do not have enough evidence.

Tommy Sheridan and Colin Campbell, backed by Paul Martin's comments, ably made the point that progress can be made through all the steps identified by the Executive, such as education, better health and dealing with poverty and deprivation. The document recognises that progress and it is in those areas that most progress can be made.

Tommy Sheridan spoke about the evidence from



countries that do not employ fluoridation but which, by following the route of education, health, good food and good diet, achieved an 80 per cent reduction in dental caries. Yet, according to current reports, the best that we can say about fluoridation is that it could produce a reduction of between 16 and 35 per cent in dental caries.

I beg those members who support my amendment to vote for it, to demonstrate to the Executive that the debate about fluoridation must be taken seriously and that there are far more important and effective strategies for dealing with dental caries. The Executive is employing those strategies already and needs only to finance them properly over the next three or four years. We could expect there to be the most dramatic reduction in the incidence of dental caries in Scotland as a result of all the other strategies that are outlined in the action plan. I ask members to support my amendment.

16:45

**Shona Robison (North-East Scotland) (SNP):**

Overall, this has been a good debate, apart, perhaps, from the rewriting of life under the Tories by Ben Wallace. The Tory Government introduced dental charges in the first place, so he has a brass neck.

I want to focus on some of the key issues that have been raised today. The motion talks of

“commitment to an . . . accessible NHS dental service”.

That is laudable, but we have heard evidence in the debate today that NHS dental services are far from accessible. It has been pointed out that, since Labour came to power, the number of adults registered with dentists has dropped to less than half the adult population. The number of children who are registered with a general dental practitioner has fallen since 1997. The UK has the second highest population: dentist ratio in Europe, almost three times that of Greece. We have a long way to go.

Hospital waiting times are also a problem. Let us take the figures for Dundee dental hospital and school. They show that, whereas less than 20 per cent of outpatients had to wait more than nine weeks to be seen in September 1997, nearly half the outpatients had to wait more than nine weeks by March 2000. We have heard from Margaret Ewing and others about the problems in Grampian. I hope that the minister will address those specific problems when summing up.

Another problem that has been highlighted is that many people have difficulty accessing an NHS dentist at all. I was contacted today by an Edinburgh resident who has been trying for some time to get on to a dentist's list. He needs a lot of

work done, which will apparently not be compensated sufficiently by the NHS. Dentists are therefore loth to take him on. He has approached nearly 40 dentists, all of whom have refused him. He currently survives by taking regular painkillers, and sees a general practitioner for antibiotics when he gets a tooth abscess. That sort of thing cannot continue, and I ask the minister to address the problem of accessibility.

There has been agreement that Scotland's oral health remains poor, particularly compared to that of people in England, and that the oral health of children remains particularly bad. While I agree with the emphasis given in the action plan to increased oral health promotion, that sits uneasily with the points that were made during the debate about the plethora of sugary products that are being promoted in our schools. That is not joined-up thinking, and I hope that the minister will give an adequate explanation, as her deputy minister failed to do so.

All in all, the minister's record on dental health is not good, and she cannot be complacent. That is why the SNP wants real action to be taken. The abolition of charges for dental check-ups would be a start. As has been pointed out, that was a policy previously held by the Lib Dems. Indeed, it was in their manifesto—the pick-'n'-mix manifesto. It seems incredible, but Nora Radcliffe was hinting that they may even stick it back in their next manifesto, so that they can ignore it again the next time round. They clearly have the intention of never implementing that policy, and voters should take note.

The SNP amendment is necessary. There is no doubt that charges for check-ups stop people visiting their dentist. As Nicola Sturgeon said, the British Dental Association poll showed that one in two people were more likely to visit a dentist regularly if the charge for the NHS dental check-up was abolished. That figure speaks for itself.

As for cost, Mike Rumbles had better find a better researcher. If he had looked at the SNP's “A Penny for Scotland” document, he would have seen that that was included.

**Mr Rumbles:** Will the member take an intervention?

**Shona Robison:** No, thank you.

For a mere cost of £14 million over three years, less than 10 per cent of the underspend of this year's health budget, we could restore free dental checks, removing one of the biggest obstacles to people visiting dentists on a regular basis. Unlike the Liberal Democrats' manifesto commitment, we would implement ours. The Lib Dem manifesto clearly gets ignored from one election to the next.

I will move on to the serious issue of oral cancer.

I was disappointed that the deputy minister failed to mention it adequately. More than 100 people die in Scotland needlessly from oral cancer each year. The incidence of oral cancer has increased by one third between 1985 and 1995. I have no doubt that if free NHS dental check-ups were introduced for everybody, but particularly for the elderly, deaths from oral cancer would be reduced by early detection and treatment. Many elderly people are excluded from income support because they have a small occupational pension. That is a real issue, and I hope the minister will address it.

There is no disagreement about the dreadful state of Scotland's collective teeth, but there is a difference of emphasis on the solutions. We are not quibbling about the action plan, only saying that it does not go far enough.

I hope that the minister will address the ban on tobacco advertising—that is a serious issue and there is a clear link to oral cancer.

It is clear that people from all parties want to see fluoridation dealt with in a separate debate. I hope that the minister will agree to that.

I urge the chamber to support the SNP amendment.

16:51

**The Minister for Health and Community Care (Susan Deacon):** I recall, as one of my earliest comments as a health minister, in reply to a parliamentary question, giving a commitment to push dental health further up the agenda in the Parliament and in the Government's health priorities. I am pleased that, in the intervening period, that has happened, as today's debate shows.

That said, there is no room for complacency. We have united today in acknowledging how poor Scotland's dental health record is, particularly for children. I am determined that we will continue to act with vigour and determination. After hearing many of the contributions today I hope that agreement on some of our priorities will be reached.

In our action plan we have set out much of the work that is under way. Iain Gray referred to that work so I will not take time to repeat it, but I will repeat the thanks he expressed to the BDA for its contribution and for the other inputs to developing effective policy from the dental service and others with an interest.

Children's dental health is an area where there was a lot of involvement in developing policy and it is central to the health policy agenda. I am pleased that there was so much agreement today that children's dental health must be a top priority. We have taken action to encourage parents to

register their children with a dentist at an early age, working with other members of the primary health care team such as health visitors. We have also taken forward measures to establish good habits, for example, using tobacco tax money to provide fruit in nursery schools and toothpaste and brushes for young children, and many other practical steps.

I agree with the comment made by many members that much more must be done. I agree with Colin Campbell that the battle must be won in the pre-school years if we are going to make a difference in future. I note the many suggestions that members have made, such as Paul Martin's suggestion of a database on children's dental health. I will examine and take forward that and other ideas suggested.

I note the many comments made on the role of schools in improving dental health. I am pleased that we are working closely with local authorities and education professionals right across the public health agenda to make sure that schools are at the heart of our work and that there is a genuinely joined-up approach. Much reference has been made to the use of vending machines in schools. There is nothing inherently wrong with vending machines in schools or, for that matter, with the public sector working with parts of the private sector to make food available or to promote health messages.

**Dorothy-Grace Elder** *rose*—

**Susan Deacon:** I will answer the question that I think that Dorothy-Grace Elder is about to ask by saying that a problem arises when there are mixed messages and when unhealthy foods are promoted in schools. We are aware of that problem and are working with the Health Education Board Scotland, schools and other bodies to ensure that messages are consistent and that children have access to a healthy diet in a range of settings.

Mary Scanlon raised an important point when she referred to the tragic case of Darren Denholm, which has been in our minds again this week. I will say, unequivocally, that I want to assure all members that we are working actively with representatives of the dental profession to ensure that such a tragic case does not occur again. Safety—a high-quality standard of service—must be at the heart of our agenda in relation to this area.

I am pleased that significant progress has been made in Scotland to eliminate the use of general anaesthetic in general dental practice. In that context, Mary Scanlon raised the issue of education. I am pleased that many members have welcomed our efforts in that area and our wider work on work force planning. We will remain active

in that area and will work with the dental profession in recognition of the fact that not only dentists but all professionals working in dental services should be equipped with the skills that they need. We will ensure that, when planning numbers of dentists and their training needs, we think not only of the present but of many years hence. That is the job of work that we are involved in through our various planning measures.

Quite rightly, the question of access to dental services has come up repeatedly in the debate. It concerns the Executive greatly. I am aware that availability in some parts of Scotland is patchy, particularly for adults and for people in certain rural areas. I am aware that Mike Rumbles and others have raised those points on a number of occasions. We are also aware that some dentists have chosen to move towards the provision of private services, particularly for adults. I hope that the commitment payment scheme, which is being introduced for general dental practitioners in Scotland next month, will help to retain practitioners and will increase their commitment to the NHS.

I advise members that we are actively considering a number of new proposals from some health boards regarding the provision of emergency dental services—I think that Phil Gallie raised that point. We recognise that access to emergency services is crucially important. I want members to note that we are taking forward the development of the NHS Direct Scotland service. Soon, officials from the Scottish Executive health department will meet representatives of dental organisations to examine how dentistry can be embraced as part of that service.

It has been said repeatedly that there must be more dentists. I have touched on some of the action that is being taken to ensure that there are. I stress that we are moving in the right direction. The number of dentists in Scotland rose from 2,003 in March 1999 to 2,112 in March 2000. However, we have to continue to invest and develop.

I will not cover the issue of fluoridation in detail today, as that would not do justice to the subject. It is precisely because I do not believe that we can do justice to the subject by treating it as an element of a wider debate that I am happy to give the commitment that members have requested that we must have a full debate on the issue before measures are introduced. Indeed, when I announced plans to consult on this matter, I encouraged open debate and specifically suggested that the Health and Community Care Committee might want to consider the issue in further detail, although that decision would be up to the committee.

Robin Harper is right to refer to what the action

plan says about fluoridation, but what is said there is not inconsistent with the generally positive messages in the York report or with the wide-ranging consultation on children's oral health that we propose to conduct in the new year. That consultation will seek views on, and will raise awareness of, a range of measures for improving children's oral health, including ways in which the benefits of fluoride can be made available not only through fluoridation of the public water supplies, but, as several members have suggested, by means of fluoridated drinks or tablets and toothbrushing schemes. This issue is not party political, but one that we should be able to discuss widely in a mature and open debate, in the best interests of the dental health of our children.

The issue of investment and funding has arisen consistently, also in relation to the question of charging. I share many of the aspirations that have been expressed in today's debate. The key issue is for us to decide on the right priorities for investment. Although I have not entered into party political terrain much in this debate, I have to say that lectures from Mary Scanlon on underfunding in the NHS rankle somewhat after the 20 years of underfunding in the NHS in Scotland that we are working very hard to turn around. Even though we are pumping massive resources into the NHS, we must still decide on priorities and on where to spend money first. Charges have existed since the inception of the NHS and have existed widely in dental services. Anyone who is advocating a change in current policy would have to decide where that priority ranked among the many priorities that have been identified.

My final point is that it is important for us to return to first principles and ways in which we can ensure that more people will use dental services. Charges are only part of that. Evidence shows that around 25 to 30 per cent of adults who do not attend dentists do not attend them through fear of doing so. We must work hard to change that.

I do not often quote Tommy Sheridan, but I will do so now, not least because he was himself quoting one of his constituents. I agree with Tommy Sheridan's constituent: there is no magic wand. However, I believe that, if we continue in the direction in which the Executive has set out and continue to improve prevention, tackle poverty, increase access and invest in dental services in Scotland, we can make a difference in future. This Executive is determined to do that.

## Decision Time

17:03

**The Presiding Officer (Sir David Steel):** There are three questions to put as a result of today's business. The first question is, that amendment S1M-1271.1, in the name of Nicola Sturgeon, which seeks to amend motion S1M-1271, in the name of Susan Deacon, on primary dental care services, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### FOR

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

### AGAINST

Aitken, Bill (Glasgow) (Con)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)

Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gallie, Phil (South of Scotland) (Con)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLetchie, David (Lothians) (Con)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Mrs Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)  
 Young, John (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 37, Against 76, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The second question is,

that amendment S1M-1271.2, in the name of Robin Harper, which seeks to amend motion S1M-1271, on primary dental health care services, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### FOR

Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Harper, Robin (Lothians) (Green)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Young, John (West of Scotland) (Con)

#### AGAINST

Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Canavan, Dennis (Falkirk West)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gallie, Phil (South of Scotland) (Con)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Etrick and Lauderdale) (LD)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAllion, Mr John (Dundee East) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)

Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Mrs Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

#### ABSTENTIONS

Adam, Brian (North-East Scotland) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Campbell, Colin (West of Scotland) (SNP)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Davidson, Mr David (North-East Scotland) (Con)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Gibson, Mr Kenneth (Glasgow) (SNP)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 10, Against 67, Abstentions 36.

*Amendment disagreed to.*

**The Presiding Officer:** The final question is, that motion S1M-1271, in the name of Susan Deacon, on primary dental care services, be agreed to.

*Motion agreed to.*

That the Parliament notes the vital contribution which dental services make to health improvement and patient

care; affirms its commitment to an effective and accessible NHS dental service for all who wish to use it in rural and urban Scotland, and welcomes the recently published Scottish Executive action plan for dental services in Scotland as a first step in improving the dental and oral health of Scotland and addressing inequalities in dental health.

## Scottish Bus Group (Pension Schemes)

**The Deputy Presiding Officer (Mr George Reid):** The final item of business today is the members' business debate on motion S1M-1096, in the name of Dennis Canavan, on Scottish Bus Group and transport operatives pension schemes. The debate will be concluded, without any question being put, after 30 minutes.

*Motion debated,*

That the Parliament notes that both the Scottish Bus Group pensions scheme and the Transport Operatives pension scheme have still to be wound up some seven years after privatisation; further notes that the schemes have a surplus of around £129 million and that some 8,000 pensioners and 4,000 deferred pensioners are awaiting payment from this surplus, and calls for urgent action to be taken in order to secure the maximum possible benefit for the pensioners and deferred pensioners from that surplus.

17:07

**Dennis Canavan (Falkirk West):** I thank the Parliamentary Bureau for giving me the opportunity to initiate this debate. I also express my thanks to the 96 members of the Scottish Parliament, from all parties, who have signed my motion, especially Sylvia Jackson, the principal co-signatory, who has put a lot of hard work into this issue on behalf of her constituents and others who are affected. I welcome some of the pensioners involved, who are in the public gallery this afternoon.

It is 11 years since the Westminster Parliament passed the Transport (Scotland) Act 1989, which provided for the privatisation of the Scottish Transport Group. On 8 December 1993, it was revealed to the Public Accounts Committee of the House of Commons that there was a surplus of more than £100 million in the Scottish Transport Group employees pension funds. I pay tribute to the Public Accounts Committee, especially my good friend Alan Williams MP, who dragged the information out of senior civil servants under cross-examination.

The current surplus appears to be about £129 million. It is not surprising that members of the pension funds feel that they should benefit from that surplus. A total of about 12,000 people are involved, which includes 8,000 pensioners and 4,000 deferred pensioners. They include former bus drivers, conductors, engineers, cleaners, ferry crew and office staff. Some of them invested their entire working lives in public transport. Most of them live off very modest pensions.

A similar case south of the border involved former employees of the National Bus Company.

There was a surplus of £356 million in their pension fund. It took years of expensive legal action before John Prescott, the Secretary of State for the Environment, Transport and the Regions, eventually agreed that it should be used for the benefit of the pensioners. Ensuring a fair deal for Scottish Transport Group pensioners should not require expensive and prolonged legal action. The Scottish Executive should act now.

I wrote to Sarah Boyack, the Minister for Transport and the Environment, more than a year ago to ask for appropriate action. I was eventually informed by her office that the matter was under consideration by the UK Treasury. I therefore wrote to Gordon Brown, the chancellor, only to be told that the matter is the responsibility of the Scottish Executive. The responsibility of the pension fund trustees in winding up this scheme has also been mentioned.

The Pensions Advisory Service recently advised one of my constituents that the trustees might have exceeded their powers when they used part of the surplus to enhance the benefits of only one class of member. That is a serious allegation, which I would like the minister to investigate and comment on.

On 27 July 2000, I wrote to Mr Archie Douglas, secretary to the trustees, to ask for a copy of the trust deed and the rules relating to each of the pension schemes. I thought that that was a simple request. I received a reply from Shepherd and Wedderburn, solicitors acting for the trustees, saying that I should direct my inquiries to the Scottish Executive. I wrote to the Minister for Transport and the Environment on 22 August and asked her to forward me a copy of the trust deed and rules. That was more than nine weeks ago. At last, one hour before today's debate was due to start, a messenger magically appeared at my office with a letter from the minister, saying that providing the trust deed and rules was not a matter for the Scottish Executive, but was the responsibility of the trustees or the solicitors acting on their behalf. In more than 26 years as a parliamentarian, I have never before experienced such dithering, buck-passing and obfuscation. Is it any wonder that some of the pensioners question whether they will live long enough to see any benefit from their pension fund surplus?

The Treasury told me that the matter was the Scottish Executive's responsibility. Therefore, I fail to see why the Executive should have to wait for Treasury permission to act. Executive action is needed, and needed now. On 6 July, in answers to parliamentary questions from Sylvia Jackson and me, Sarah Boyack said:

"We hope to bring to the Parliament in the autumn an order that will achieve the wind-up"

of the Scottish Transport Group.

"We are in discussion with the trustees and the Treasury to move matters forward."—[*Official Report*, 6 July 2000; Vol 7, c 1222.]

We are into autumn now, and it will soon be winter. I hope therefore that the minister will give a positive response when she replies to the debate. The Scottish Transport Group pensioners, many of whom have travelled long distances to listen to today's debate, are looking to the Scottish Parliament for justice and to the Scottish Executive to deliver. The Scottish Transport Group pensioners have waited far too long already and I urge the minister to ensure that they receive a fairer deal.

17:13

**Dr Sylvia Jackson (Stirling) (Lab):** I too welcome the retired employees of the Scottish Bus Group who are with us in the Scottish Parliament today. They represent many parts of Scotland: Stirling, Falkirk, Grangemouth, Kilsyth, Kirkintilloch, North Lanarkshire and Inverness, to name a few. I welcome also officials of the Transport and General Workers Union, with whom the MSPs who are members of the TGWU have been working closely on this issue.

Like Dennis Canavan, I first became aware of the surplus moneys in the transport operatives pension scheme last year. However, I was approached by two constituents, one of whom, Chick Hulston, has, with a few others, been at the forefront of the whole campaign.

The first meeting of the retired employees of the SBG took place in Stirling, in the Braehead project hall. From there, the numbers at subsequent meetings in Falkirk have grown and grown. As well as me, MSPs Dennis Canavan and Cathy Peattie have regularly attended those meetings. Dennis and I have lodged parliamentary questions on the issue. As Dennis said, the reply to one of them was that the minister hoped to have the dissolution order brought to Parliament this autumn. I re-emphasise Dennis's words, that autumn will soon be winter. None of the pensioners is getting any younger.

The crux of the issue is that retired employees who belong to the Scottish Bus Group pension schemes, of which TOPS is just one, should have the same rights as colleagues in England and Wales who are members of the National Bus Group pension funds. Should not members of the Scottish Bus Group pension schemes have the same moral rights as their colleagues in England and Wales to the surplus funds in their pension schemes?

Working with the TGWU, the MSPs involved have also become acutely aware of the difficulty

that Dennis Canavan documented in receiving certain information from the board of trustees, which is led by Archie Douglas. They have been trying to get answers to questions about the current surplus and whether trustees have been drawing payments of expenses from the TOPS surplus. That was the main part of my recent parliamentary question on this issue, to which I hope to receive an answer very soon.

We should be constructive in developing a way forward; indeed, the TGWU has suggested such an approach by urging the board of trustees to meet union representatives urgently to discuss the issues further. Like Dennis Canavan, I eagerly await the minister's response and hope that the pensioners here today—some of whom have travelled from very distant parts of Scotland—will receive some positive news at long last and that the surplus money in the TOPS will be passed on to them.

**The Deputy Presiding Officer:** Lord James Douglas-Hamilton has indicated that Annabel Goldie should go first. I concur with that.

17:16

**Miss Annabel Goldie (West of Scotland) (Con):** Presiding Officer, I extend my thanks to two gentlemen in this chamber. Indeed, I include a third gentleman in my thanks—Mr Dennis Canavan. I welcome this debate and we are all grateful to him for providing us with this opportunity to comment on what by any consideration is a highly unsatisfactory state of affairs.

It seems extraordinary that, seven years down the road from the privatisation of the Scottish Bus Group, both actual and deferred pensioners are being denied very necessary benefit. It is clear that the situation is down to bureaucratic constipation. However, if there has been a stoppage of the bowel in Edinburgh, there has also been a stoppage of the bowel in Westminster, because it is perfectly clear from the Transport (Scotland) Act 1989 that the Secretary of State for Scotland has the power to make provisions in the absence of administration being determined by the pension fund administrators.

I have a very brief suggestion. It is absolutely unacceptable that the pensioners should be subjected to any further delay. They are looking for money in some form. Heaven knows, they should surely have received that money long before now. Is there any reason why there cannot be an interim distribution of the pension fund and the surplus? Surely to goodness the Scottish Executive and the pension fund administrators can between them knock heads together and agree some form of interim arrangement to benefit

pensioners. At their stage in life, seven years is no doubt a very long time; with all the financial needs and challenges that confront them nowadays, they would welcome any immediate and swift attempt to alleviate the current difficulties.

Quite simply, this delay cannot continue. It is incomprehensible to everyone in this chamber and intolerable for the pensioners. It behoves the minister to take whatever action she can in conjunction with—or, if necessary, in isolation from—the pension administrators to unlock this impasse and, preferably before Christmas, bring a little cheer to the people who have had the courage to come to the Parliament.

17:18

**Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP):** I congratulate Dennis Canavan on securing this debate. I became involved in the matter on behalf of Mr Alex Munro, one of my constituents, who for 36 years was a bus driver with Highland Omnibuses Ltd, a subsidiary of the Scottish Bus Group. He and his wife are now pensioners and are waiting for an outcome to this long-delayed matter.

The delay has lasted 10 years, since the Scottish Bus Group was privatised. In 1993, a Mr Brian Wilson, who was then in opposition, pointed out that the delay was unacceptable and said that the Public Accounts Committee had started to reveal the rottenness of the affair. He condemned the secrecy that marked the approach of the then Conservative Government.

If the people of Scotland expected one thing from devolution, it was that we could deliver more efficient government. My experience of devolution so far is that that is simply not happening. Because it is not happening, all of us are lessened. This affair must be brought to a conclusion and the minister must reveal in her response why nothing has been done by her department to resolve the matter, given that she has had well over a year so to do.

Specific questions must be answered. Has the Executive identified the total number of potential beneficiaries? Is it 12,000? If it has done that, why has it not made a partial distribution, which could be an average payment of just over £10,000? How many people who were beneficiaries have died before they could receive payments from the scheme? What message has the minister given, or will she convey, to the families of those who have died before the matter has been resolved?

It is completely inadequate for a minister to come to the chamber and give us no explanation whatsoever of what has been happening. The revelation that Mr Canavan received a reply to his letter shortly before this debate began speaks



volumes for everything that is wrong with the Lib-Lab Administration. Its approach to open government is quite deplorable and utterly appalling, and it must change. [*Applause.*]

17:21

**Hugh Henry (Paisley South) (Lab):** What the minister is hearing today is a plea from every section of the Scottish Parliament that she should play a part in righting a grievous injustice. However, it is important to put that injustice into its proper context.

Annabel Goldie said that the situation is highly unsatisfactory. That is a huge understatement if ever there was one. Let us remember how this debate started. The 10 companies collectively known as the Scottish Bus Group were sold cheaply, allowing the buyers to make tenfold profits within a year. The decision to sell off those companies was made by a Conservative Government and was not criticised by anyone in Annabel Goldie's party at that time.

**Miss Goldie:** It would be appropriate to point out that careful consideration was given to the pension aspects of the privatisation process. My colleague, Lord James Douglas-Hamilton, stated that

"the principal conditions in each sale relate to property clawbacks, employee pensions"—[*Official Report, House of Commons*, 2 December 1991; Vol 200, c 45W.],

and various other ancillary matters. He also said that it would

"be for the privatised companies in due course to establish pensions arrangements for their employees."—[*Official Report, House of Commons*, 20 February 1989; Vol 147, c 725.]

I do not think that it is helpful to look at such a long intervening gap and say that the fault lies entirely with the Conservative Government, simply because the Conservatives were in office when privatisation took place.

**Hugh Henry:** I did not say that the fault lay solely with the Conservatives; I asked for the argument to be put into a proper historical perspective. Twenty-seven former SBG executives were granted a total of almost £700,000 in tax-free payments to compensate for the loss of their private health insurance perks.

It is an absolute disgrace that the Conservative Government of the time helped a handful of people—not just in the bus industry, but in a range of privatised industries—to make huge amounts of money. It is an absolute disgrace that there are pensioners who are today pleading for what is rightfully theirs. One of the things that was often said over the years was, "Look after yourself." The Conservative Government told us to take

individual responsibility. These pensioners did that. They contributed to a fund. All they are asking for now is to get back what is rightfully theirs. [*Applause.*]

**The Deputy Presiding Officer:** Order. I remind people in the public gallery that our standing orders do not provide for applause. I may overlook that at the end of speeches, but not during a member's contribution to the debate. Please continue, Mr Henry.

**Hugh Henry:** It is to the credit of all those involved that they have persisted for so long in the face of so many obstacles. If one fact emerges from today's debate it must be that the obstacles are not insurmountable. The delay is intolerable and something must give.

I ask the minister to consider a number of things when she examines this matter, which I hope she will do urgently. The union and individual pensioners have asked for a meeting with the trustees. The trustees cannot be allowed to ignore those requests. People should be given that meeting as a priority and I ask the minister to intervene to ensure that that happens. I also ask the minister to make it clear to the trustees that the surplus should not be used to cover legal or trustee costs. I ask the minister to make it clear that, if the surplus is passed to the Government, it will be passed to TOPS pensioners and deferred pensioners in increased or additional benefits.

There is a fundamental point of principle: the money belongs to the pensioners and it is time to do something about that.

17:25

**Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD):** I will be brief. I regret the fact that a wee bit of political blame culture has come into this debate, because I think that members from all parties want justice for the pensioners. It is not edifying for the pensioners to see us turning this debate into a squabble.

We want to know what action has been taken in relation to the winding up and the time scale to which we are working. We want to know about the arrangements for distributing the surplus to pensioners and, if there is to be an initial pay-out, details of which groups will be prioritised. We also need clarification of who within the scheme will qualify.

A constituent of mine who worked for one of the bus groups was advised to transfer his pension to a private pension scheme. He was advised to do that because the pension was going to be wound up, so he had no real alternative. Shepherd and Wedderburn now says that he has no further entitlement, but he believes that if he paid into the

scheme he should be considered for any residue that is to be disbursed. However, he does not know what his situation is.

We need to know who is eligible and, as Hugh Henry said, we need assurances that the surplus will be distributed in full to the pensioners and not to the employers, whoever—legally—that may turn out to be.

17:27

**Lord James Douglas-Hamilton (Lothians) (Con):** I rise to support Mr Dennis Canavan on this issue. We were both on the committee that considered the subject about 11 years ago. It is quite astonishing that we should have to debate the issue at all.

I recall that in 1993 I made a commitment. As Annabel Goldie said, there are reserved powers in the Transport (Scotland) Act 1989 to make pensions orders if satisfactory pension arrangements are not provided by any of the privatised companies. Section 12(1) of the act states:

"The Secretary of State may make such orders under section 74 of the 1962 Act (power to make provision about pensions in the nationalised transport industry) in relation to related companies as he could make if those companies were subsidiaries of the Group".

It is my understanding that those powers were transferred to the Scottish Administration under the devolution legislation. As I said, that act was passed many years ago. The Administration should intervene in strong support of the motion.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** Will the member take an intervention?

**Lord James Douglas-Hamilton:** I will give way shortly.

Whatever the complexities of the matter, it has been delayed far too long. I urge the Executive to make strong representations to both the trustees and the Treasury. If Treasury officials are holding the matter up in any respect, that should be taken up vigorously with Gordon Brown.

**Cathy Jamieson:** Will the member give me some clarification? Is it not the case that, in 1996, the Tory Government introduced a statutory instrument which enabled the trustees to pay any surplus to the Secretary of State for Scotland? Does the member agree that this is a moral question? The money belongs to the pensioners who paid into the pension fund. The trustees have a responsibility to ensure that the money goes directly to the pensioners and not back to the Government. Does the member agree that it has taken time to get things right, but that we should now give the minister the opportunity to ensure

that the pensioners get their money?

**Lord James Douglas-Hamilton:** As a matter of principle, every pensioner should get his or her entitlement. We hope that the minister will assure us on that point. I had expected this scheme to be wound up a considerable number of years ago. It is extremely annoying, and very disturbing, that the matter has not been brought to a conclusion. I hope that the minister will act as a catalyst to bang heads together to ensure that there is no more buck-passing, that there is no further impasse and that this matter is resolved speedily and without delay.

**Dorothy-Grace Elder (Glasgow) (SNP):** On a point of order. I do not have a personal reason for this point of order, because I have not requested to speak in the debate. However, many members care passionately about this issue, and the gallery is populated with people who have come from all over Scotland at considerable expense and bother. Could you possibly extend the debate until almost 6 o'clock?

**The Deputy Presiding Officer:** Members know that I am always anxious to help the chamber in such cases. I have looked at the possibility of a 10-minute extension but, regrettably, for logistical reasons that is not possible on this occasion.

17:30

**Alex Neil (Central Scotland) (SNP):** We are calling for two things in this debate. First, we are calling for an immediate resolution to the problem of the STG pension fund. Secondly, a call should go out to the House of Commons for a major change in pensions legislation, because it is becoming a national scandal. Whether it is private companies putting the surpluses in their pension funds back into the companies themselves to ensure bigger profits or the public sector or former public sector organisations using their pension surpluses to top up the funds of the Treasury, in either case it is morally wrong. It is also a financial scandal for pensioners.

Let us go back to first principles. Who built up the fund? Who contributed to the fund? It was the pensioners themselves—the people who were working for the Scottish Transport Group and the Scottish Bus Group—as well as their employer. The employer puts money in on behalf of the employee: employers and trustees have no moral right to take it upon themselves to refuse to distribute the surplus to the people it was intended to benefit.

As Fergus Ewing said, if the surplus was used to give a cheque to each of the 12,000 pensioners, each would receive about £10,000. Even if that money were invested and pensioners received only the interest, they would receive an increase in

their pension of around £15 a week. To an average pensioner in Scotland, that is a substantial increase by any standards.

As long as this situation continues, we are cheating pensioners out of their entitlement and we are standing by as their standard of living is reduced well below what it could and should be. The pensioners are getting older—some have already died during the past seven to 10 years. Tonight, I hope that we will get answers from the minister, instead of further delays. I hope that we will get a commitment to some degree of backdating for those who have been cheated out of their entitlement.

My final message to the minister is this: if the Treasury says that this matter is its responsibility, and the minister says that it is her responsibility, and the Treasury refuses to do anything, let the minister stand up for the pensioners and tell the Treasury to get stuffed. It is more important that our pensioners get their entitlement than that we play footsie with the UK Treasury in London.

**The Deputy Presiding Officer:** I apologise—for the reasons that I gave earlier—to the three members who were not called.

17:34

**The Minister for Transport and the Environment (Sarah Boyack):** I would like to add my congratulations to those given to Dennis Canavan on securing this debate. I also congratulate him on the determined manner in which he has pursued this matter over recent months. He may not expect that sort of comment from a minister; but from my mailbag, and from discussions with many members in the chamber who have been representing their constituents, I know how important it is that we resolve these matters. Compared with the usual, the attendance today is very good for a debate at the end of the day's business. In addition, SBG members and their representatives are in the gallery. There is huge interest in this issue.

Let me start by making it absolutely clear, as Dennis Canavan and Sylvia Jackson asked me to, that I think there are important issues of equity in this particular case. Scottish pensioners have contributed to the fund throughout their working lives and I can well understand why they have expressed a claim on the moneys.

Members across the Parliament have alluded to the fact that the administration of the fund is a complex matter, particularly post-devolution. It might help members if I provide some background and add some clarity to the points raised when we discussed the issues previously. We have pursued the matter during the summer and I would like to report on our progress.

The Scottish Transport Group, which is now owned by Scottish ministers, was established in 1969 and brought together the interests of 10 bus companies in Scotland and the ferry interests of Caledonian MacBrayne. In 1988, the then Conservative Government announced its intention to privatise the bus companies that were owned by the STG. The companies were sold off and the trustees of the two pension schemes—the transport operatives pension scheme and the staff pension fund—made arrangements to secure the existing benefits for scheme members whose bus companies were taken over. Some 12,000 scheme members stayed with those schemes, while a further 2,000 opted to transfer their entitlements, in most cases to pension schemes with new employers.

Following the privatisation of the bus companies, the only substantial business remaining is the wind-up of the pension funds. It is fair to say that the STG pension scheme trustees have been very keen to resolve the matter for some time. I share the views of the trustees and the members that the matter should have been addressed a long time ago—the scheme should and could have been wound up in 1995 by the Conservative Government. Perversely, it is only because there has been such a long delay that management of the funds in the interim has provided a surplus that we must now deal with. As nothing was done, devolution and the transfer of responsibilities over what was and is unfinished business has made the legalities even more complicated. We should not forget—as Lord James Douglas-Hamilton mentioned—the inherited terms of the Transport (Scotland) Act 1989. The act makes it clear that the proceeds from dissolution of the Scottish Transport Group should be paid to the UK Exchequer.

Several members have commented that the matter is further complicated by the fact that different outcomes have emerged north and south of the border. The initial STG settlement in Scotland was regarded, at the time, as a good one. Members approved the settlement at meetings in 1989, after the STG took the necessary steps to ensure that members were able to vote on the proposed changes. The meetings and proposal were advertised widely and explained fully; trade union representatives were involved. In England, that did not happen. Accordingly, members of the equivalent English schemes were able to argue that their trustees had not acted properly and that was upheld by the pensions ombudsman. In settlement of the potential litigation in England, the Deputy Prime Minister agreed with the trustees, through the High Court, that a payment should be made to the beneficiaries.

The Scottish schemes were settled properly and

there has been no similar threat of court action in Scotland. However, that does not mean that we cannot act. I have already mentioned the requirements set out by the Transport (Scotland) Act 1989, overseen by the then Conservative Government. Under that act, the proceeds arising from the dissolution of the STG, including the pension schemes, should be paid to the Exchequer. When drawing up the Scotland Act 1998, the new Labour Government recognised the importance of the matter and ensured that any such receipts may be taken into account in terms of settling the Scottish Executive's budget.

There are restrictions on the Parliament and on ministers' powers to make provisions in relation to the pensions. However, the Scottish Parliament has the competence to authorise ministers to make ex gratia payments where appropriate. As the Scottish Minister for Transport and the Environment, I am concerned to ensure that Scottish pensioners are not left significantly worse off as a result of the fact that they and the trustees of the Scottish schemes have at all times acted properly in respect of the STG schemes. Accordingly, I believe that in those exceptional circumstances, ex gratia payments are appropriate. I hope to come to Parliament this autumn to seek members' permission to make such payments. At that point, we will be able to answer some of the detailed questions and points that members have raised. I hope that I can count on members' support when I do that.

The winding-up of the schemes has commenced and we have been working on that over the summer—that process will be concluded as soon as possible. The late First Minister was as concerned as I am to ensure that Scottish pensioners do not lose out. In the last days of his life he was in discussion again with the Treasury about the details of the settlement for STG pension members. Tragically, he was unable to finish that work. However, Jack McConnell and I expect to conclude those negotiations soon. Ultimately, I hope that a substantial sum will be distributed.

*Meeting closed at 17:40.*

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