

MEETING OF THE PARLIAMENT

Thursday 1 March 2001

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Scottish Parliament

Thursday 1 March 2001

[THE PRESIDING OFFICER *opened the meeting at 09:30*]

Primary Care

The Presiding Officer (Sir David Steel): Good morning. We begin with a debate on primary care. I ask members who would like to speak to indicate now that they do. I call Susan Deacon to move the Executive motion.

09:30

The Minister for Health and Community Care (Susan Deacon): White coats, hospital beds, high-tech equipment, intensive care units—those are typically the images that flash up on television screens and in people's minds when we talk about the national health service. However, the reality is that more than 90 per cent of patient contacts with the NHS do not take place in our hospitals, but in our communities. Every day, one in 10 of the population visits a community pharmacy; more than 60,000 people visit their family doctor; 8,500 people visit the dentist for a check-up; 2,700 people receive a free eye test; and district nurses make 12,600 visits. That is the scale of the effort every day in the NHS in Scotland. Our motion reflects the Executive's view that front-line, community-based primary care and, crucially, the staff who provide it, deserve more airtime and more recognition in the Parliament and, more widely, in the media.

The Labour-Liberal Democrat Executive has made clear the priority that we give to the NHS and our recognition of the key role that primary care plays in delivering a modern, responsive and patient-centred NHS. In "Our National Health: A plan for action, a plan for change"—the Scottish health plan that was published in December—we set out an ambitious but achievable programme for investment and reform.

That plan was developed in dialogue and in partnership with staff and patients. In drawing it up, we consulted widely. The findings of our MORI-System 3 survey of patient views and experiences were clear. More than 90 per cent of patients were broadly satisfied with general practice and other primary care services. However, certain key issues were identified. First and foremost, people were concerned about access to primary care. Care is not always provided at a time that suits people or in a convenient location. Sometimes they have to wait

longer than they think is reasonable and sometimes health professionals are not easily contactable by phone for informal discussion and advice.

Individuals also expressed concerns about the way in which the system as a whole works. People do not want simply a friendly general practitioner who can see them quickly; they want a smooth and responsive journey from GP practice to outpatient clinic, and from hospital to home. As a priority, they want better hospital discharge arrangements and the quick return of test results. Above all, they value services that are provided at, or close to, their homes.

Many of the concerns that were identified by patients during our research and in our dialogue with them have been echoed by NHS staff. The British Medical Association's survey of GPs, which was published last week, shows that doctors want to be able to spend more time with their patients. They, too, want better communication, fewer delays and more co-operation between primary care in the community and secondary care in hospitals. We share those objectives—we have a shared agenda—and we are working together with NHS staff to address them. I shall set out some of the ways in which that is being done.

Investment is part of the solution, although I stress that it is just one part. Almost £500 million more is being spent on health this year than last year, and the health budget is rising from £4.7 billion last year to £6.7 billion in 2003. However, we need not only to spend more, but to spend better to ensure that additional resources reach the front line. That is one reason why we are rationalising the bureaucracy and decision-making processes of the NHS. Next week, we will advertise for chairs of the new, unified NHS boards. Those boards will bring primary and secondary care providers together around the boardroom table to plan and deliver services on a properly integrated basis, to ensure that investment delivers results locally.

Alongside investment we need reform. Many of the concerns that were expressed to us by patients and staff do not have a simple monetary solution; changes to systems, culture and practice are every bit as important. I am pleased that innovations and new ways of working are being developed in the NHS throughout Scotland. Barriers of the past are being replaced with partnership working for the future. The programme of work that the Executive has set out in the Scottish health plan seeks to accelerate that progress. At the heart of that agenda is improved access. Access and availability are not just about opening hours; services must be provided in the right place and at the right time, and easy telephone access is vital. Furthermore, services

must neither intimidate nor patronise those who use them.

As "Our National Health" states, we have traditionally viewed GPs as the gatekeepers to the NHS. We need to think about developing and extending gateways to the NHS. For example, we are investing heavily in NHS24, implementation of which will begin during 2001, providing 24-hour access for patients to health advice and a link to the appropriate services. It will be a distinctively Scottish service, building on the excellent work and expansion of GP out-of-hours co-operatives in Scotland in recent years.

We are supporting a range of initiatives that empower professionals to deliver a wider range of services, make better use of their skills and, in so doing, improve services to patients. That will result in a win-win situation for both patients and staff. For example, we are increasing the number of nurses and other professionals who are trained to prescribe, thereby providing a better and more responsive service to patients. That will free up GPs' time so that they can concentrate on other tasks, and it will minimise and reduce frustrations and delays for both staff and patients.

We are piloting new ways of providing nursing care—for example, through the family health nurse. This week, we will publish two major reviews of nursing in Scotland—one on nursing generally and the other on public health nursing in particular. Further details of those will be set out later in the week. There will also be major developments of the school nursing service, which will offer services to people where they are, in the right place and at the right time.

"Our National Health" also stresses the central role of pharmacists and dentists. That is warmly welcomed by those professions as reflecting fully the importance of their roles, perhaps for the first time. Key initiatives include the extension of the model schemes for pharmaceutical care in the community; support for the medication review by pharmacists, in partnership with GPs, of patients with chronic conditions; promotion of the direct supply of over-the-counter medicines by pharmacists to those who are exempt from prescription charges; and the extension of the pharmacists' role in the delivery of repeat prescriptions.

We must ask questions. Are there better ways in which to deliver services? Can we make better use of the skills, time and expertise of all staff? Why should somebody have to wait for a GP appointment or be referred from one professional to another if it is possible for some tasks to be performed by others? There are 1,100 community pharmacists on people's doorsteps in Scotland, who are ready, able and willing to perform that role. Not enough of those fundamental questions

have been asked. We are asking them now and we are answering them.

We are following through the actions that are set out in "An Action Plan for Dental Services in Scotland", which was published last year. As in other areas, the key emphasis will be on prevention, especially in the cases of children and the elderly.

What about optometrists? They are also skilled professionals who are right there on most high streets. Why should an optometrist have to refer a patient to a GP if that stage in the journey is not necessary? In some parts of the country, direct referral from optometrists to specialist services in relation to cataract treatment, for example, has been established and is being backed by appropriate protocols. If that can be done in one area, it can be done in others. We are promoting a consistent approach throughout Scotland of co-management schemes that involve optometrists for patients who have diabetes, cataracts and glaucoma. That is not the stuff that grabs the headlines—let us be honest about that—but it is the stuff that makes a real difference to the patient's journey and quality of life.

All the access initiatives that I have mentioned, and more besides, need infrastructure support. We need to invest in better and more flexible premises and we need to promote information sharing while ensuring security and confidentiality. That is why we are investing £33 million over three years in improving health centre premises, mostly in deprived areas, which will enable them to deliver a range of services under one roof. We are also investing heavily in information technology to link GP surgeries and hospitals. The electronic clinical communications implementation initiative—ECCI—will provide the means to deliver more responsive appointments and referrals, faster test results and better discharge information. Those are the things that matter to people—both staff and patients. Community nurses will get access to information technology; the NHS net and integrated GP and nursing records are being developed.

All those measures will enable professionals to access information more quickly and will reduce the need for patients to trudge through the system, chasing information and repeating answers to questions from a range of professionals.

I am particularly pleased to announce that the first pilot scheme for the electronic transmission of prescriptions will be launched in Ayrshire and Arran Health Board this spring. That initiative will provide an improved service to patients by, for example, enabling patients to get repeat prescriptions direct from the pharmacist, rather than having to visit a GP. That is better for patients and better for staff.

All those measures represent an ambitious programme and an enormous package of work and investment. Over the next few years, however, they will start to modernise radically primary care services and transform patients' experiences. They will also enable us to achieve the target that is set out in "Our National Health: A plan for action, a plan for change", that patients in every part of Scotland will be able to get access to an appropriate member of the primary care team in no more than 48 hours. I regard that as a key deliverable for the new unified NHS boards.

We will, of course, continue to work with the professions to consider the implications of changing roles in primary care for work force planning and training. We will continue to invest in the development of skills. We need to ensure that we have the right core capacity for the services that we want primary care to deliver.

Other work force issues must be addressed. Access and flexibility go hand in hand—greater flexibility for professionals and greater flexibility for patients. That is particularly important in general practice, in which significant pressures exist. The needs and expectations of professionals and patients are changing and there are gaps in provision, particularly in rural and deprived areas.

It is not widely recognised that, since the inception of the NHS in 1948, GPs have not been employees of the NHS, but have worked as independent contractors who are paid by the NHS through a complex system of fees and allowances. While that system has been effective in many areas for many doctors, it has led to gaps in service provision and to recruitment and retention problems in some parts of the country.

During the past three years, we have been piloting new ways of providing GP services, using the powers of the National Health Service (Primary Care) Act 1997. Those pilots have worked and there are many excellent examples throughout Scotland of new contractual options having been explored, with benefits accruing to patients and staff as a result. Many have involved the offer of a salaried option to GPs and that is why we are now enabling the NHS to employ GPs directly and to contract on an individual basis with primary care teams. We are doing that not merely as a pilot scheme, but permanently.

Last week, I announced £18.5 million of investment over three years to target resources through the existing mechanisms to areas of greatest need. Let me be clear: I am talking about net additional investment in primary care to provide more doctors and nurses in our communities. That is not at the expense of other primary care budgets. It is a tangible example of our commitment to giving staff and patients the flexibility that they need.

I note from the recent BMA survey of GPs that 20 per cent of respondents expressed a preference for salaried status. We know from other research that the changing profile of people coming into the medical profession, for example, the increased number of women, is leading to demands for other contractual options and more flexible ways of working. We are now starting to offer that choice. It is a radical shift and one that I am pleased has been welcomed by many GPs.

Last week I presented the Royal College of General Practitioners quality practice award to the Northfield practice in Aberdeen. Converting to salaried status has allowed the GPs there to focus their time and effort on developing services for the local community. As one of the doctors said, it has enabled them to address problems with recruitment and retention. Within two years, the practice changed from being a practice in a deprived area that could attract no applications for a vacancy to one that attracted seven applications—all appointable—for a vacancy.

Mr David Davidson (North-East Scotland) (Con): The minister mentioned that 20 per cent of GPs in a survey said that they would prefer to be salaried, but she did not mention the 60 per cent who said that they would prefer to be independent contractors. Will she comment on that?

Susan Deacon: I am pleased to comment on that. It is highly significant that one in five of those who have opted to work in the independent contractor system, and whom that system suits, have said that they would prefer to have a salaried option. It is true that 52 per cent of people in the survey expressed a preference for their existing status and we are not trying to remove that option. We want to provide a choice for people who are already in the system who want a choice and for the new people who come into the profession. By offering that choice, we will attract people into the service and we will retain them.

The alternative salaried options have been developed in many places throughout Scotland. I do not have time to go into great detail today, but our evaluations prove that the pilots have delivered demonstrable results. For example, they have enabled GPs to offer longer appointments and consultation times, targeted provision for homeless people and greater integration of GP services and other disciplines. We can and must build on that and I applaud the excellent work of staff throughout the country in making those changes and improvements a reality.

The issue of delivering better services through better use of the team leads me, last but by no means least, to local health care co-operatives. LHCCs are diverse and are still developing—they are not yet two years old. We have monitored their development closely and we share many of the

concerns that are expressed in the BMA survey about the patchy development of LHCCs and agree that they are at a key stage of development. During the coming weeks, we will consider several reports that are nearing completion and which have been compiled in conjunction with the service. They include the report of a best practice group, the report on a programme of regional seminars—which has been run with the service—and work that is being carried out by Audit Scotland.

The reports show a picture of tremendous success and improvement in some parts of the country, but of less success and improvement in others. We want to build on success and address weaknesses. That is why, based on that programme of work, we will presently set out the next steps in the development of LHCCs. As stated in “Our National Health: A plan for action, a plan for change”, the new unified NHS boards will have a key role to play in developing primary care services and strengthening the role of the LHCCs in their areas.

I do not want the unified boards to get hung up on structures; I want them to deliver better, integrated services. That means listening closely to what primary care practitioners and LHCCs tell them about patient need, about communities and about service development.

I have set out just some of the work that is in progress to support and develop primary care services. I hope that we will hear more in the debate about some of the excellent practice that takes place in primary care in Scotland. I hope also that we will have an informed debate about the challenges that exist, the progress that has been made and the work that still requires to be done.

I hope that we will hear a little less emphasis from the Opposition benches on problems, and a few more suggestions about solutions. Patients and professionals want positive and practical action, investment and improvement. That is what they are getting from the Executive and that is what we—with them—will continue to work to deliver in the months and years to come.

I will finish where I started—by thanking and acknowledging primary care staff, who do some of the least glamorous and most vital tasks in our community, such as bandaging leg ulcers, dealing with the problems of drug abusers and giving caring and consistent support to those who are terminally ill. Thousands of staff in the NHS throughout Scotland carry out those tasks day in, day out. I acknowledge their contribution and thank them for it. In that spirit, I move,

That the Parliament applauds the vital contribution which community-based health professionals make to the health and health care of the people of Scotland and affirms the

commitment in the Executive's health plan *Our National Health: A plan for action, a plan for change* to developing these services.

09:52

Nicola Sturgeon (Glasgow) (SNP): This is the first opportunity that the Parliament has had to debate at length the issues of primary care. The opportunity is overdue, and I know that Dr Richard Simpson has been waiting for it for some time.

In the spirit of consensus that Susan Deacon appealed for, I start by welcoming much of what she said, particularly her announcement about the pilot scheme for electronic prescriptions, which represents an important step forward.

As we all know, primary care is at the heart of the national health service in Scotland. GPs work in primary care teams, together with other health professionals—including practice nurses, health visitors, pharmacists, and people from all the other professions that are allied to medicine—to provide a range of services. They offer patients a unique variety of competences and experiences, all within patients' own communities. That is a reflection of the range and quality of the services that are provided in the primary care sector, which is so highly valued in Scotland.

As the BMA is rightly always ready to point out, general practice is the most valued public service in Scotland. It is right that we value the strengths of our primary care sector and that we seek to develop it. I associate myself completely with the Executive's motion to the extent that it praises and applauds the hard work and commitment of all those who work in the sector. There is a wealth of evidence to suggest that the more we improve and strengthen primary care, the better our nation's health will be, and the more satisfied patients will feel with the NHS in general. Given the finding of the recent ICM poll, that eight out of 10 people in Scotland—including 70 per cent of Labour's supporters—believe that the NHS has either stayed the same or got worse under Labour, patient satisfaction must surely be a priority.

Although primary care is so important, many of the people who work in the sector feel that, to an extent, it is treated as the Cinderella of the health service. Susan Deacon rightly touched on that in her opening remarks. The media and the politicians—I do not mean only those in Government; we are all guilty—focus more on what goes on in hospitals than on what goes on in communities. The care that patients receive in hospitals is obviously crucial, and deserves the attention that it receives. Care that is provided in hospitals can be a key factor in determining the morale of those who work in the primary care sector.

As Susan Deacon said, we should never forget that, for the vast majority of patients, the main and perhaps only point of contact that they will ever have with the NHS is in the context of primary care. To illustrate the point that they are rarely credited adequately for the work that they do, GPs often use an example that all members have probably had related to them. During last year's winter crisis, the media's focus and, to a great extent, that of the Parliament, was on cancelled admissions and other pressures on hospitals. It was correct that attention was given to those matters, but little was said about the increased pressures that the crisis brought to bear on those who work in primary care. GP consultations, for example, increased by one third over the period.

The debate is welcome and timely, although Susan Deacon's speech contained the usual self-congratulatory rhetoric, which has become the hallmark of the Government in debates such as this. There has been action for which the Government should be praised, including increased investment in health—although I might argue that there has not been enough—many aspects of the health plan, the greater focus on the role and importance of primary care in the NHS than was ever the case under the Tories and the many other initiatives than Susan Deacon outlined.

However, not everything in the garden is rosy. More recognition of the current strains on primary care would have been highly appropriate in a debate of this nature. The recent survey that was carried out among BMA principals, to which Susan Deacon referred fleetingly—I am the first to admit that it does not tell the whole story of primary care in Scotland—paints an alarming picture. It paints a picture of a primary care sector that is, to use the words of the BMA in the published survey, "facing a crisis". That view should not simply be brushed aside, as the Minister for Health and Community Care attempted to do in her rather ill-tempered attack, when she accused GPs of hypocrisy and of doing a disservice to the profession. She has tried to brush that view aside again this morning.

When the public are faced with a conflict between Susan Deacon's view from St Andrew's House and the view of those who work at the front line in the health service, they tend rightly to give the benefit of the doubt to the latter, especially because that view is often confirmed by their experiences as patients. The view that primary care in this country is facing a crisis is held by a majority of GPs in Scotland—it is the view of the profession and that view deserves to be listened to and taken seriously.

The fact that Susan Deacon, in an Executive-sponsored debate—

Susan Deacon: Will Nicola Sturgeon take an

intervention?

Nicola Sturgeon: Just a minute. The fact that Susan Deacon, in an Executive-sponsored debate on primary care, made only very selective reference to that view is a sign of how deeply buried in the sand her head is. With that, I am happy to take an intervention.

Susan Deacon: Will Nicola Sturgeon answer a simple question? If she is so concerned about the views of GPs and about general practice, why—in the Scottish National Party's recently published health policy document—is there not a single mention of general practice?

Nicola Sturgeon: If the minister reads that document carefully, she will see mention of primary care. If she listens even more carefully to the remaining 10 minutes of my speech, she will hear much about general practice and about the areas in which the SNP considers that action is needed to improve primary care. Listening is not something that Susan Deacon is very good at, but I ask her to practise it for the remainder of the morning.

Susan Deacon made no reference in her speech to the fact that more than half the GPs who were surveyed said that their morale was low or extremely low; that 71 per cent said that morale had declined over the term of office of the Labour Government; or that 60 per cent said that they were more likely to leave the profession now than they were five years ago. She made no mention of the fact that more than 80 per cent of GPs said that they were under more stress now than they were five years ago. Of course, she made no mention of the fact that 80 per cent think that there has been a decline in the quality of service that patients receive in hospitals in the period during which the Labour Government has been in office.

To put it bluntly, eight out of 10 doctors who work at the front line of our health service believe that the situation is worse now, under Susan Deacon, than it was when that lot over there were in power. What an indictment that is of the Executive's record on health.

The findings of the survey serve to underline the importance of the relationship between primary care and secondary care. That is obviously of importance for patients, but is also important for the morale of the people who work in primary care. Many of the doctors who took part in the survey commented on how often they are forced to apologise to patients for deficiencies in the secondary sector; for example, for the length of time that patients must wait for appointments and treatment. That is yet another fact that was missing from Susan Deacon's opening remarks.

It is no surprise that she decided to body-swerve that aspect of the survey's findings, because the

Government squirms at the very mention of waiting lists or waiting times, as anyone who watched "Newsnight Scotland" last night would have seen. No wonder the Government squirms. The Government promised—not, as the minister suggested last night, in some distant age that has no relevance to today, but in the campaign for the election to the Scottish Parliament—to cut waiting lists in Scotland by 10,000 by the next general election. It did not promise to do so by 2002. However, on yesterday's figures, the Government will enter that election having to explain not only why it has failed to deliver the reduction of 10,000 that it promised, but why there are more people languishing on waiting lists today than there were when the Tories left office.

Of course, the Executive wants to be excused from breaking that promise because it now thinks that it was the wrong promise to make in the first place. Susan Deacon says that waiting lists are only one measurement of NHS performance. She is right, but they are the measurement by which the Government asked the people to judge it. A Government source was quoted in newspapers yesterday as saying that

"there was an acceptance that waiting lists had now outlived their usefulness".

For whom—we might ask—is that the case? Waiting lists were only ever politically useful for Labour—they have certainly outlived their usefulness in that respect. Unfortunately for Labour, the rest of Scotland will hold it to account for yet another broken promise. The Government source went on to say that the focus would now shift to waiting times—a swift moving of the goalposts. The only problem is that, according to yesterday's figures, waiting times are also up.

On television last night, Susan Deacon said that it was important to judge the performance of the NHS in the round. Again, in the spirit of consensus, I agree with her. However, whether on the measure by which Labour asked in 1997 and 1999 to be judged or on the measure by which it now asks to be judged, the Government is failing to deliver tangible improvements in the health service. Eighty per cent of doctors know that and 80 per cent of the public believe it to be the case. Labour will have to explain that failure during the general election campaign.

Mr Davidson: Nicola Sturgeon talked about morale and accused the minister of doing a bodyswerve. That is fine, but what policies would she deliver to lift morale among GPs?

Nicola Sturgeon: Patience is a virtue. One example of how SNP policies will relieve pressure in the primary care sector is our promise to employ 1,500 more nurses in our health service, including practice nurses. That will address the fact that

there are 800 fewer nurses in the health service now than there were when the Government came to power. I am outlining the background against which Susan Deacon is working. If she were honest about that, people would be more inclined to believe what she says about her determination to improve the performance of the NHS.

I will return, as David Davidson requests, to issues specifically related to primary care. I will concentrate on a couple of areas in which action needs to be taken to improve the quality of primary care for patients. First, I will deal with access to primary care, which Susan Deacon talked about. An area of agreement in the chamber is that the quality of service and treatment that is received at all stages of the patient's journey must be improved. That journey starts in primary care.

A key initiative in the Scottish Executive's health plan is that work will be done to ensure that all patients can gain access to an appropriate member of the primary care team in no more than 48 hours. That is an admirable ambition, although no time scale is attached to it. However, it is hard to understand how that ambition can be achieved without a substantial increase in the number of primary care staff, including practice nurses, physiotherapists, occupational therapists and so on. If by "primary care team" the Executive envisages genuinely integrated, multidisciplinary teams—I hope that it does—access within 48 hours is miles away.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Will the member give way?

Nicola Sturgeon: Not just now.

For example, physiotherapy waiting times in primary care are four weeks in Fife, and up to 12 weeks in Lothian and Perth and Kinross. We need to hear more about how the expansion of staff will take place. If it does not, guaranteed access to the appropriate member of the primary care team will, at worst, never become a reality or it will, at best, lead to increased pressure on already over-stretched primary care staff. That is why the SNP's commitment to employing 1,500 more nurses is so important. A similar commitment from the Executive would not go amiss. We also need such an expansion of staff to provide patients with more time with their GP or other members of the primary care team. All the evidence suggests that that is what patients want.

Secondly, I will talk about the role of local health care co-operatives, which was addressed by the minister. This is another area in which the GP survey had some very alarming comments to make. Sixty-eight per cent of GPs think that LHCCs have made no change to the quality of patient care, and nearly 60 per cent are pessimistic about the future development of

LHCCs. Those figures are disappointing. LHCCs could and should be powerful levers for change in the health service. They should drive improvements and ensure a configuration of services that best suits local needs and circumstances. We must ensure that they can do that.

An achievement of the Government that deserves praise is the stripping away of the lunacy of the internal market and GP fundholding that the Tories brought to the system. However, we are some way from securing a structure in the NHS that works to the best advantage of patients. I was glad to hear the minister say that the Executive is still considering how LHCCs should be developed. I hope that, as more changes are made, the Government will consider how LHCCs can be empowered to be levers for change in their communities; that will be crucial.

Those are two areas in which more action is needed. I am sure that, in summing up, the Deputy Minister for Health and Community Care will address them. Action in such areas, coupled with recognition of the problems and strains in primary care, is required to improve morale and the quality of care that patients receive. We have said that primary care is at the heart of our health service. If it is to work properly for patients and for the improvement of health and the health care system, primary care must be the jewel in the crown of the Scottish NHS. I hope that this debate will make a contribution to that.

I move amendment S1M-1699.1, to leave out from "and affirms" to end and insert:

"notes the recent survey conducted by the Scottish General Practitioners Committee which found that primary care in Scotland is facing a crisis, with low morale and increasing levels of stress amongst general practitioners, and concludes that the Scottish Executive has a great deal still to do to develop primary care services in Scotland."

10:07

Mary Scanlon (Highlands and Islands) (Con): Before addressing my amendment, I would like to make a point about Nicola Sturgeon's speech. Referring to a political party as "that lot over there" is disrespectful, and does a disservice to her party and the chamber. It is time that the party that is against everything and for nothing grew up and entered the world of adult politics.

Today's motion applauds the vital contribution that community-based health professionals make to the health and health care of the people of Scotland, and we fully support that. The second part of the motion affirms the commitment in the health plan to change and develop services. We cannot support vague promises and affirmations from plans, glossy brochures, strategies, focus groups, reviews and consultations until they are

translated into action, and genuine efforts are made to enable, empower, support, co-operate with and assist GPs and other professionals so that they can do the job that they are committed to doing.

There is much in the health plan and in what the minister has said this morning that Conservatives totally support.

I was visited by Hugh Campbell, from Tain, of the Association of Optometrists. I am delighted that the minister is now forming partnerships with optometrists and focusing on diabetic care, particularly in relation to eyes. I applaud those partnerships.

I was delighted to learn in a recent written answer that the minister has given a commitment for pharmacists to support and counsel smokers and help them to quit, once prescribing comes forward.

I am also delighted to hear that there will be a greater commitment to ECCI. I visited the pilot study at Raigmore hospital, where I saw how the system operated and how referrals were made instantly to the consultant. Papers were not lost and patients were given more information on discharge. We all commend and welcome that. We look forward to the day when that is spread out across the whole of Scotland, not just to assist GPs and consultants but, at the end of the day, to assist patients.

I will concentrate my comments on GPs, as my pharmacist colleague, David Davidson, will speak on the subject of health professionals. Although I agree that money could undoubtedly be spent better, members should never forget that we already spend over 20 per cent more on the national health service in Scotland than is spent elsewhere in the United Kingdom. If we cannot get it right—by spending wisely, looking at and rolling out best practice and ensuring value for money—then there is something seriously wrong with the management of the NHS in Scotland.

We hear constantly from the minister how proud she is to have abolished the internal market and to have denied GPs the opportunity to be fundholders. Yet it was fundholding that provided the lever and incentives for change; brought forward so many excellent initiatives for care and treatment at the local doctor's surgery; and brought closer collaboration with the primary care and acute sector.

One initiative put forward by the minister, in place of fundholding, was the joint investment fund, but the minister then made it impossible for GPs to access that money. I believe that the joint investment fund, or JIF as it is called, has sunk without trace and that nothing has been put in its place.

Fundholding was in its early days when it was abolished and I say to Nicola Sturgeon that when she insulted fundholding—I think that she called it “lunacy”—she insulted every single GP who operated within that system. I quote from an article “GPs: We’re Sick of the NHS”, in the *Sunday Herald* of 18 February 2001. In the article, Dr David Shaw from Dundee, who has been in practice for four years, was reported as saying:

“Changes in recent years, including the scrapping of GP fundholding, which allowed doctors to manage their own budgets, have left doctors with little control over the care of their patients. He said: ‘Whatever the rights and wrongs of GP fundholding, it did mean that GPs had an opportunity to deliver care more towards the particular needs of their patients. I think we have thrown the baby out with the bath water. There is no longer a chance to deliver services tailored to local needs.’”

Other GPs quoted in the same article included Dr Helen Jackson, a GP for 22 years, who said:

“Doctors are leaving the profession in droves – they . . . would do anything rather than this.”

Dr Gregor Venters, a GP for 10 years, is now leaving the profession because he is sick of the paperwork and of having too little time to treat patients.

Another GP is quoted as saying:

“The care my patients get at hospital level is atrocious . . . I’m ashamed of the NHS and of the care I’m providing.”

It is one thing for Opposition members of Parliament to use soundbites and quotes, but this article allows us to hear doctors speaking out as they have never spoken out before.

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): That is not true.

Mary Scanlon: It certainly is: they cannot all be wrong. Those views were confirmed in a recent BMA study of more than 2,200 Scottish GPs, which has already been mentioned in the debate, and I say to the minister that GPs do not feel that they are in a win-win situation at present.

Fiona Hyslop (Lothians) (SNP): On that point, what is Mary Scanlon’s response to the views expressed to me by a GP who retired at the time when the Tories were still in power. When I asked him how he felt about retiring, he said:

“When I joined the medical profession, I wanted to be a doctor. When I retired I was an accountant”.

That was the result of Tory policy.

Mary Scanlon: I cannot comment on an account of a one-way conversation that Fiona Hyslop had with a GP. I can comment not on the situation of four years ago, but on the situation that we face today. It would be far better if we were all a bit more professional and responsible, as we need to identify and address the problems that we face today, not the problems of four years ago.

The BMA study showed that 82 per cent of GPs said that stress has increased in the past five years; 72 per cent said that morale had declined in the same period; 60 per cent said that they were more likely to consider a career change or early retirement; 65 per cent cited increased bureaucracy; and 76 per cent said that they had no sense of involvement in the current NHS changes. I like much of what is set out in the health plan, but how can we vote for a motion that states a commitment to change if the prime movers of that change have not even been involved?

On the changes that have been put in place, 14 per cent of family doctors are optimistic about the future of LHCCs—indeed, I look forward to hearing what the minister has to say about the future plans for LHCCs. She rightly admits that some are evolving, some are moving forward, and many are struggling simply to stand still.

According to 79 per cent of GPs, the quality of service care in hospitals has declined. The debate is not about the acute sector, but when there are problems in that sector, patients go along to their GPs, who deal with 90 per cent of patients’ problems, and ask them for help. Problems in the acute sector, therefore, directly impact on the primary sector.

Given the fact that GPs deal with 90 per cent of patient cases, they still receive less than 10 per cent of the budget, and they are far from ecstatic about any of the minister’s so-called plans and commitments. According to the recent GP survey, there is no doubt that, after four years of Labour government, things are not getting better in Scotland. Recent cuts in GP funding have meant that many excellent initiatives have been curtailed. The scrapping of fundholding has taken away the incentive to treat patients closer to home just as effectively.

The BMA’s “Valuing Scottish General Practice” says:

“Clear benefits in relation to the monitoring of the quality of hospital services which were inherent in the internal market have been lost to the detriment of patient care.”

That has led to many problems in the acute sector. Waiting lists are up by 10 per cent on the past year and 1,000 more people are waiting than when Labour came to power. As I said, people constantly go to GPs when they have to wait for a long time to see a consultant and for surgery. GPs are the first line of defence. Anger and frustration with the acute sector are undoubtedly focused back on GPs. That increases their work load and the bureaucracy that they face. It is hardly surprising therefore that emergency admissions to hospitals are rising by between 10 and 20 per cent throughout Scotland.

While people wait to see a consultant or for surgery, many conditions deteriorate as a direct consequence. That is an added pressure on GPs. Examples of such conditions are heart disease, arthritis and particularly mental illness, which is an increasing element of GPs' work load. Patients turn to GPs to ask them to put pressure on the hospital sector. I heard what the minister said about the smooth journey for patients and look forward to hearing the minister's proposals. That matter undoubtedly has to be urgently addressed.

Although the debate is not about the acute sector, we can surely recognise from it that the NHS is a team exercise and that failures in the acute sector impact heavily on the primary care sector. It is reported that Aberdeen royal infirmary has only six out of 16 general surgeon posts filled. An applicant who recently applied for a job at the Beatson Institute reportedly described it as a slum.

In response to the serious crisis in primary care, there is an announcement of 50 salaried GPs. That sounds good, but only £18 million has been allocated and the minister expects that to be recouped by the movement of current GPs from their existing contracts to new contracts. That was in the press release.

The Scottish Conservatives will fully support any motion on and commitment to better patient care and treatment for people in Scotland. However, we need more than mere soundbites: the national health plan may be a plan for action but, to date, it is only a plan.

I move amendment S1M-1699.2, to leave out from "affirms" to end and insert:

"further calls upon the Scottish Executive to address urgently the serious problem of low morale among GPs, the associated issues of workload, bureaucracy and lack of resources, and to look to greater recognition of and partnership with community-based health professionals in order to ensure greater utilisation of local services and to put the patient at the heart of the NHS."

10:20

Mrs Margaret Smith (Edinburgh West) (LD):

As has been said, this is an important debate. We have waited a long time to have a debate on the specific issue of primary care, yet we cannot help but tip into the acute sector and other parts of the health picture. While primary care is an important strand of health care, it is not the whole picture. We must find a way forward in relation to team building and partnership working among those who work in the primary care sector, the acute sector and preventive medicine.

When people think about health, they think of "ER" and "Casualty". When they think of the NHS, they think of hospitals, when they should be thinking about their doctor's practice or the district

nurse who visits their homes. The majority of patient care takes place in the community and involves primary care teams of professionals. I am happy to pay tribute to those professionals and to the great work that they do in our communities. The vast majority of decisions are taken at the primary care level by dedicated GPs, district and community nurses, dentists, community pharmacists, therapists and many more professionals.

It is vital to acknowledge the great importance of primary care services. After a couple of post-internal market years, we are moving into a new era and now is the time to take stock of what was done right and what was done wrong. Not many members will share whole-heartedly Mary Scanlon's enthusiasm for the internal market. However, I suspect that some MSPs have a sneaky suspicion that there was a grain of truth in her comment that we might have thrown the baby out with the bath water.

Mary Scanlon also said that we must reconsider how to put incentives back into the system. While I do not think that we should give practitioners financial incentives, there is a need for incentives to empower people in the decision-making process, as Nicola Sturgeon said. We should empower primary care professionals to lever the needs of their patients into the acute sector. Therefore, I give some support to Mary Scanlon's comments, and I will come back to incentives later in my speech.

The internal market created a two-tier system. As Fiona Hyslop said, it created extra bureaucracy, taking doctors away from the fundamental job of caring for people and turning them into accountants and managers. The internal market changed completely their way of working and, for the most part, it was detrimental. In Scotland, we are trying to rebuild the national health service and to create a service that is as free from division and demarcation as we can make it, but we are likely to be successful only to a degree.

"Designed to Care" introduced primary care and acute trusts and we are on the cusp of another change with the introduction of unified health boards. As the minister said, we hope that people will sit around the same table with one common purpose in mind: how to make their area as healthy as it can be. The unified health boards will also produce local health plans and examine the range of services and the different strands of service delivery in order to provide better health services for the people of Lothian, Grampian and other areas of the country.

We must examine the key issue of ensuring that the primary care sector receives the investment that it needs. At present, 90 per cent of decisions

are made in the primary care sector, yet it accounts for only about 10 per cent of investment. I agree with the minister: it is not just about investment or the amount of money that is put in but about ensuring that that money is used to best effect to provide the best patient care. That is the challenge that faces the new unified health boards.

The concept of the LHCC is one of the children of "Designed to Care", but it appears to be almost stillborn in some parts of the country. The minister used the word "patchy" to describe the development of LHCCs, and it is indeed patchy. No member who has had the great pleasure of sitting on the Health and Community Care Committee for the past two years would be surprised at the BMA's comments on LHCCs. We discussed LHCCs as a possible route into greater integration for community care services, but we dismissed that option, not because we did not think that good work was being done in certain areas of the country but because we knew that the service was patchy and was still developing, with a long way to go. I welcome the minister's comment that best practice will be evaluated over the next few weeks and that changes will be made. I return to the point I made earlier about incentives: we should find ways to give primary care professionals incentives and the tools to deliver better patient care.

Fifty-seven per cent of GPs are pessimistic or very pessimistic about the future development of LHCCs. When I speak in the chamber, I do not refer often to my constituency because I tend to speak about health on a strategic level, but the north-west Edinburgh LHCC in Edinburgh West has had a successful and enthusiastic start to life. It has worked well with the local social work team and, for example, has been innovative in the field of mental health. As the Deputy Minister for Health and Community Care can testify, by providing financial support to local health projects the LHCC played an active part in the continuing work of the local social inclusion project in Muirhouse, Pilton and Drylaw on the challenge of tackling health inequalities. Both Malcolm Chisholm and I know that funding for those projects has been threatened year in, year out. The LHCC's dynamism comes from the local clinical directors and the local practices, which are working towards accreditation from the Royal College of General Practitioners.

The LHCC's first annual report makes interesting reading. It says that its first year

"has been about developing structures of the LHCC and building relationships between different groups of professionals. Although we are all technically part of the 'NHS family' we have tended to work in isolation. The introduction of the LHCC with its objective of enabling enhanced multidisciplinary and multiagency working has

seen . . . the small fruits of such a partnership approach."

It is clear that, without an incentive—financial or otherwise—to get involved, some practices have refused, failed or been unable to embrace that new approach to the same extent as other practices. It is good news for my constituency that professionals got involved and it is a shame—it is unfortunate—that other professionals have not done so. I hope that the Executive will consider seriously trying to kick-start the LHCC process.

I also want to flag up the need for improvements in the fabric of primary care services. I am not talking about big capital projects in our major hospitals alone, as it is important to give both patients and staff good surroundings so that the best possible care can be delivered. In my constituency of Edinburgh West, a large number of capital projects are in progress, with the modernisation of the Muirhouse medical centre, new premises for the Pilton health hut—which is on the border with Malcolm Chisholm's constituency—an extension for my local surgery in East Craigs and new health centres for South Queensferry and Kirkliston. It is clear that money is being put in, but it is important that that money facilitates the best possible care.

The Scottish health plan acknowledged and supported the primary care sector. It recognised and supported the development of multidisciplinary teams of primary care professionals. Making better use of the considerable skills and talents of nurses and others by extending prescribing powers and the use of clinics will allow GPs to spend more time with those patients who require greater clinical input. An all-round educational job needs to be done with the public, so that they realise that they are not getting a second-class service if they cannot see their GP, and with some GPs, who must let go a bit and trust their colleagues. An educational job also has to be done to ensure that our nurses—practice nurses, community nurses, district nurses, school nurses and occupational nurses—have the investment, tools and training that they need to do their extended jobs. We await information on the Executive's strategies for nurses.

The minister highlighted the considerable role of nurses and community pharmacists. All of us in the chamber have been impressed—and Mary Scanlon touched on this—by some of the work that has been done by community pharmacists large and small, from Boots in Glasgow through to local community pharmacists. By meeting people daily, community pharmacists have a great opportunity to engage with them in a way that improves their health.

The minister is right to say that that we can use a number of gateways to improve health. People

have talked about waiting times, but I will not dwell on that topic too much, as I am into my last minute and a half. However, we must do all that we can to meet the waiting times challenge that we have set ourselves. We have to ensure that people can have an appointment with an appropriate primary care team member within 48 hours. We can do that in a number of ways. We can utilise new technology, and I welcome the minister's statement on that. I am concerned about some of the reports to do with the Common Services Agency and the overpayments that have been made to community pharmacists.

The NHS has not done so in the past, but it must embrace new technology in an effective and integrated way. An example is NHS24, which allows parents peace of mind at the end of a telephone, so that they may not have to turn up at a GP's surgery and wait for 30 or 40 minutes with a screaming child. The line will give people access to advice from health care professionals.

We all want the same thing, whether we are the BMA, the Executive, the Parliament or patients, GPs and primary care professionals. We all want a good, thriving primary care sector that is supported by Government, has proper investment, has decent facilities and has restructured services that put the patient at the heart of things. We must do everything in our power to improve the range of primary care facilities—whether that means telemedicine or extra prescribing by nurses—in order to improve the health of Scotland. That is the challenge for all of us. We are all on the same track, although we may have a slightly different way of articulating it.

Trish Godman (West Renfrewshire) (Lab): On a point of order, Presiding Officer. Before we get into the debate proper, would it be possible to do something about the heating? It is very cold in here.

The Deputy Presiding Officer (Mr George Reid): I take that point. I have asked that the matter be investigated urgently and I will report back to members when I can.

We now move to the open debate.

10:33

Dr Richard Simpson (Ochil) (Lab): I shall begin by declaring that I am still a member of the British Medical Association and of the Royal College of General Practitioners. However, that declaration is incorrect in that I no longer do any locum work—I am not a practising GP.

I have tried to write this speech about half a dozen times since I learnt that we were having this debate. As Nicola Sturgeon rightly said, I have been waiting for this opportunity for two years. The

extension from four to five minutes in the time that we are allowed for speeches is very welcome, but even that will not give me much opportunity to say what I really feel about primary care.

I think that everyone in the chamber agrees that British primary care is unique. It is evidently trusted by patients, although the minister has rightly referred to access problems. The system saves an enormous amount of money by providing a gateway. I think that "gatekeeper" is the wrong term—again, the minister is quite right. It should be a rapid transit system that allows people to get the care that they want, either at secondary or, equally important, at intermediate care level, which has not so far been mentioned.

The strategies that are in place are correct. I welcome the minister's speech, which showed the way forward and all the initiatives that are either being undertaken or in the process of being undertaken. However, at present, they are insufficient. The minister recognises that we still have an awful lot to do.

We need to change the role of the general practitioner, for two reasons. First, the general physician has now gone in the secondary care sector, being replaced by the general practitioner. Secondly, the general practitioner's overriding wish is to have more time to discuss with patients the extremely complex care that they now receive at secondary care level. That desire is matched by the patients themselves, who also wish their general practitioner to have more time. However, that will be totally impossible unless the role of general practitioners is changed substantially and they are freed to undertake that additional work.

Over the years, many systems have been employed to try to change practice, but I will touch only on the ones that have been employed over the past decade. Mary Scanlon referred to fundholding, but Margaret Smith had a much more balanced approach to that. Fundholding was bureaucratic, market-based, competitive and divisive—and I say that as someone who was a fundholder. On the other side of the coin, it brought out new leaders in general practice; it created innovation of a sort that I had not seen in my professional life; and it changed secondary care practice, in a way and at a speed that had never occurred before and that has not occurred since.

When fundholding was stopped—and I am absolutely convinced that we were right to stop it, because I have no desire to return to that bureaucratic market system—we threw the baby out with the bath water, as Margaret Smith said. In effect, we decapitated many of the new leaders, by taking away from them the opportunity to change secondary care. Part of the waiting list problem that we now have has come as a result of

that. There is now no pressure on secondary care to meet its targets. I will come back to the waiting list initiative at the end, because it is not so important.

What have we had instead of fundholding? In 1997, when trusts' structures changed and primary care trusts emerged, the JIF was introduced. If any members have not heard of the JIF, it was the joint investment fund—referred to as a lemon by most people in primary care. The JIF was the opportunity to replace fundholding, but it died the death in 1997 because there was no funding available to make it work. Its obituary is one of the shortest in history: three lines in the NHS plan saying that JIF is no longer with us. That is regrettable, because JIF was about service redesign and about creating vertically integrated networks—which we are all agreed should happen. We were on the point of getting the money that could have allowed the JIF system, which was created by Sam Galbraith, to function.

We now have local health care co-operatives. Those are collaborative and have been welcomed by GPs, but their honeymoon period is almost over. It is over for two reasons. First, in the first year, generic drug cost rises—which we did not ameliorate to any great extent—meant that the LHCCs had no flexibility and little opportunity for innovation. Secondly, there are no funds, no mechanisms and no levers for change for LHCCs in relation to the secondary care sector. In the primary care sector and across community care they are making big changes, but in the secondary care sector they are not.

I have some suggestions for the minister. First, give a small amount of money—£100,000 to £400,000—to each LHCC. Sow those talents, and hold the LHCCs accountable. Insist that patients are involved in the spending of that money so that it is spent wisely. Secondly, for goodness' sake push the public health nurse initiative and the school health nurse initiative as hard as possible. I know that the minister is very keen on those initiatives. Thirdly, give the LHCCs some commissioning powers so that they can develop vertically integrated networks, choose a few topics such as diabetes, and make things work. Fourthly, merge practice nurses and community nurses so that the discrepancy between the two is removed, provide 100 per cent funding for practice nurses, and ensure that teams are self-managed.

Fifthly, introduce intermediate care and ensure that all minor surgery is done in primary care rather than secondary care. That will help the waiting lists. We should ensure that endoscopy, which is done in Liverpool and for which there are no waiting lists, is increasingly done in primary care resource centres. We should ensure that cystoscopy, which is done in Bradford, is done in

primary care in Scotland and that sigmoidoscopy, which is fundamental to the colorectal initiative, is done in primary care—that will also reduce waiting lists.

I have one last comment on the waiting lists. There have been 100,000 additional procedures carried out on the NHS since 1997. If that had been 90,000, the waiting lists would have gone down; if it had been 120,000, the waiting lists would have risen by double the amount. The NHS is more productive and its performance greater than ever before and it is insulting to suggest otherwise.

Ben Wallace (North-East Scotland) (Con): Will the member give way?

Dr Simpson: I am sorry but I am already running over time.

The waiting list issue is about an increase in performance and not simply an increase in waiting times and lists.

10:41

Christine Grahame (South of Scotland) (SNP): I thank Trish Godman for raising a point of order about the heating. My woolly scarf is not a fashion accessory; it is all that is standing between me and a great chill factor. At this rate, I may need primary care.

I will focus on democracy and the balance of power in the various organs that deliver and administer primary care. Haylodge hospital, a successful hospital in Peebles in my constituency, is served by six GPs. It also houses the community centre. There are 50 beds—34 that are notionally for the elderly frail, although they are no longer used for that purpose. Unfortunately, a breach has developed between the Borders Health Board on one side and the GPs and the community on the other about the health board's plans for the hospital. At a recent meeting, 200 people turned up to oppose the plans.

The health board wants to provide secluded long-term stay beds. As I understand it, that would involve the closure of the community hospital for some eight months at a cost of £1 million and with the loss of 14 beds. However, that is based on a three-year-old plan that criticised the long-term stay conditions at the hospital at the time. There was no consultation with GPs at that time and things have moved on. Bed use has changed; at the time of my recent visit, only three of the long-term stay beds were in use. All the other beds were being used for intermediate treatment and for convalescents from the Borders general hospital—they were being used as GP beds. Indeed, they were all full and there was no room for anyone else to be admitted. That reflects the national

trend in the treatment of the elderly, which rightly endeavours to maintain the older person in their home for as long as possible, rather than consigning them to a hospital bed unnecessarily. Nowadays, older people are more likely, if it is appropriate, to be moved to a nursing home. I will come to problems with that in a moment.

The health board refuses to give ground and, when it does concede a little, it does so with bad grace. I wrote to the chief executive supporting the GPs' call for a moratorium. I mentioned updating the local care provision—remember that the report was three years old—bed use and what was required locally, given the democratic changes in Peebles. Behind the polite façade of the chief executive's reply, I detected a resistance to listening to local voices—she has rejected a moratorium out of hand. That shows little sign of the empowerment of professionals or partnership working to which the minister referred. I am concerned that the chief executive of the Borders Primary Care NHS Trust appears to have no profile in those decisions. The policy is driven by the health board rather than by primary care management or, better still, by locally informed requirements.

I would like the minister to address the question that I have illustrated with the problems at Haylodge. Why should unelected administrators do something other than administer? Why are they interfering in policy matters? The minister and I have to listen to the general public, because our jobs depend on it. However, the jobs of the people at the Borders Health Board do not. Those people could drive through unwanted reforms. In my view and in the unanimous view of local GPs, the board's plans are out of date and out of touch. There is a huge fault line in the structure of health care at a local level when policy is driven by the board and the primary care trust is left with the role of delivery.

The minister referred to cultural changes in the system. We have heard much today about the proposed changes to the administrative structure of health provision at a local level—the merging of boards and trusts. There have also been many references to LHCCs. However, as my colleagues have said, provision is patchy. The changes must be radical enough to meet the needs and aspirations of the local professionals and users, rather than simply demand compliance with some one-size-fits-all template. We must strengthen democracy and accountability in primary care services.

The other issue that I want to raise is what happens when a patient is transferred from hospital to a nursing home because it is not suitable for them to return home. The Borders Health Board will not pay for an additional GP to

visit the people who have been transferred to a nursing home. That is not necessarily what happens elsewhere in Scotland. In the Lothians and in Grampian, services continue, whereas in the Borders only crisis treatment is provided—there is no physical therapy or occupational therapy. One day patients receive such treatment and the next day they do not, simply because they are in a different venue. We are back to postcode care, which is unacceptable. Does the minister intend to do anything about that problem? She has talked about additional GP funding. Will she iron out the unfairness in the delivery of GP services to elderly people who have been transferred from a community hospital to a nursing home?

The Deputy Presiding Officer: Before I call the next speaker, I want to reply to the point of order raised by Trish Godman. It is unusually cold outside, but I am informed that the boiler is going at full belt. If members wish to drape themselves in their coats, I am prepared to make an exception and disregard the restriction on so doing.

10:46

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I should declare an interest as a member of Unison, which has a significant number of members working in primary care and the NHS in Scotland.

For the vast majority of the people of Scotland, primary care is the face of the national health service. Patients have significant needs and those needs must be addressed in new ways. It is no longer acceptable for services to be provided without patient involvement. Much has been said this morning about the involvement of the professionals but, in designing services, we must also take on board the views and aspirations of patients.

We have the opportunity to design new services and to redesign current services so that they are patient centred. That is firmly on the NHS agenda, particularly with the advent of personal medical services. The benefits of PMS for primary care are vast. It challenges professionals to work in a team that crosses professional boundaries, even extending beyond the national health service. Many health service professionals have faced structural and professional barriers that have worked against the interests of patients. Partnership is a big opportunity and it is there for everyone to take. That is the way forward for primary care, because it involves not only those who work in the service, but those in other organisations that contribute to the provision of that service.

Recently, I had the opportunity to work with a community group, the New Farm Loch initiative, in

Kilmarnock. New Farm Loch is a large housing estate that was built just over 30 years ago. In those days, large schemes were built without any facilities—they had a school and, if they were lucky, a shop. Adam Ingram, another native of Kilmarnock, will know exactly the type of scheme that I am talking about. New Farm Loch was built without any health provision. Thirty years ago, the population of that estate was young—there were many young families. The individuals who have stayed on the estate need more and more health care, yet there is none. In Kilmarnock, there are five GP surgeries within spitting distance of each other, all in the town centre—patients have to travel to them. The New Farm Loch initiative obtained money to undertake a survey of the community, which was carried out by the University of Paisley. High on the agenda was the desire for some health provision within the community.

That area is no different from many others throughout Scotland—everybody has an example that they can refer to. We looked at what was available—for example, the buildings—and we looked to our partners on East Ayrshire Council, who were talking about opening a local office in the area. The primary care trust decided to manage the office in partnership with the council. We tried to include our colleagues in the local health care co-operative, but unfortunately there are still barriers—whether technological or professional—that prevent them from having a branch surgery for people in the area. We have to overcome that barrier.

It is heartening to hear the minister talk about the extended role of nurses, because that is one area in which we will be able to provide my constituents with a service that has been denied them for so long. It is not always necessary to have a GP. There are many other highly skilled and highly competent professionals in the health service who are not being used appropriately to take the weight off GPs. If we are serious about doing that, we need to address the issue. I welcome the fact that the nursing strategy will be published tomorrow, but that strategy will fail if it is not backed up with sufficient funds to allow additional skills to be developed in nursing.

The pilot scheme for the electronic transmission of prescriptions will significantly decrease the number of scripts that GPs have to look at. Irvine in Irene Oldfather's constituency will be the pilot area for the Ayrshire and Arran Health Board. We have piloted a great deal in Ayrshire and Arran that is now being used throughout Scotland. I hope that that pilot will also be a success.

Dorothy-Grace Elder (Glasgow) (SNP): On a point of order, Presiding Officer. You have been considerate enough to allow us to put our coats

on, but in the corridors—those marble halls—the security staff are shivering. Many of them are not permitted to come into the chamber or the members' coffee room except by special dispensation from the Presiding Officer. Would you be kind enough to grant that, so that they can at least go in and out of the coffee room for a bit of a heat? They are in a worse situation than we are.

The Deputy Presiding Officer: Yes, I shall see what can be done.

10:53

Mr David Davidson (North-East Scotland) (Con): I declare that I am a member of the Royal Pharmaceutical Society of Great Britain.

Today's debate is important, so I am disappointed that so few members are present. I do not think that we in the Parliament appreciate how vital the debate is. I welcome some of the Minister for Health and Community Care's comments, but I have one or two questions for her. I am concerned about her attitude and her perception of what is in fact a crisis in morale in the NHS. That is being talked about not only by GP associations and bodies, but by individuals. There is a perceived difference in attitude between the minister and people who work in health delivery, which I hope she will attempt to address. Laying out the stall is all very well, but the minister has to be more persuasive in getting across what she is all about, in order to get the partnership that I believe she is seeking.

Richard Simpson said that the minister once again focused on controls rather than outcomes. If that is the case, is that why there were great underspends in last year's health budget, despite the crying need for the resources that have already been voted through? I recently talked with medics in Grampian, who are extremely concerned about the shift of resources under Arbuthnott. They claim that there is no recognition of the demand on primary care, especially the demand on GPs. They say that they cannot expand the range of services that they want to provide, which will put pressure on the hospital sector. Worse, some GPs are talking about curtailing current services, which will also place a strain on hospital trusts.

I am fed up with the obsession with waiting lists and with trying to pick out one or two sexy disease areas. Everything should be based on the clinical need of individuals. If we are to have a patient-centred NHS, we have to ensure that decisions on the services that patients need and their design and delivery—I accept Margaret Jamieson's point about the voice of the patient—are made close to the patient.

As I have said before in such debates, there is a

brain drain of qualified health professionals from Scotland. There is now no incentive to become a GP, as the BMA research that has been cited today clearly shows. If GPs are to have more time with patients, there must be more GPs or, as Richard Simpson eloquently said, some of the roles that they perform must be transferred. Why are no new GPs coming on stream? It is not just because of salaries. The key is the conditions and professional environment within which they have to operate. There are problems with retention. Incentive is not just about salaries; it is about giving GPs the professional environment that they want and the tools to do the job that they want to do.

We mentioned the ins and outs of fundholding. Fiona Hyslop and Margaret Smith had a pop at it, and Richard Simpson was honest about his experiences. Last week, *The Press and Journal* carried an article on a medical practice in Buckie. It is a state-of-the-art practice, which runs all sorts of clinics, performs minor surgery, uses all sorts of health professionals to deliver clinics and services and has an integral pharmacy—the list goes on. The GPs say that that is a result of fundholding and their ability to design their service. They are concerned about whether they will be able to keep that service running. It is an integrated service, which is the gold standard, particularly in smaller communities in Scotland.

I will now deal with salaried service. Has the minister considered salaried service for dentists, given that we do not have many dentists in Grampian and the Highlands? She should also consider salaried service for GPs, but only as an interim solution, because the people who go into salaried service do so as a career move; they do not do so with a long-term commitment to stay in general practice, which is worrying. Recently, I tried to get help for a practice in Gardenstown. It has been operating with locums, which is a disaster for co-ordinated health care. Once again, why are pilots taking money away from existing services?

Other people play their part in primary care. We must recognise that many of them, such as pharmacists and optometrists, are in the private sector. We have to accept that there is a need for those contractors in the system and that there is no two-class system with the public and private sectors. We have to co-ordinate and use existing resources. Although there might be shortages of pharmacists, chiropodists and physiotherapists, the main point is to get access to all those services and treat people as near to home as possible. If all those professionals were involved in screening, a lot of GPs' work would be removed and care would be focused on what has to be done.

We have said often enough—I said it two years ago in the health debate at our party conference—that we need to co-ordinate social care and health budgets because, on the ground, health and social care people work together. At the moment, there is an artificial divide. It is pointless having two sets of masters when much can be delivered more centrally.

Community hospitals have the ability, particularly in the north of Scotland and rural areas, to deliver a range of services from all parts of the health service, but they are funded by hospital trusts. All those who practise in community hospitals are concerned that there are not enough resources to run community hospitals. I would like Malcolm Chisholm to address that issue when he winds up the debate. How will he ensure the continuing existence of community hospitals?

The Deputy Presiding Officer: The member has 30 seconds left.

Mr Davidson: I have one final comment to make. The chamber has today recognised the potential role that everybody out there can play in the care of our people; we must now focus on looking for the best delivery system.

11:00

Mr Adam Ingram (South of Scotland) (SNP): As the convener of the recently formed cross-party group on mental health, I welcome the opportunity that this morning's debate affords to raise some concerns regarding the delivery of mental health services in Scotland.

The debate has been brought into sharp relief by the publication of the report "The Reality Behind the Rhetoric", which revealed the appallingly low morale and increased stress among Scottish GPs. It is clear that, in a situation where practitioners are stressed, the propensity to misdiagnose or to be less sympathetic to patients who are suffering from mental health problems is likely to increase.

The Millan report, which was commissioned to review mental health legislation in Scotland, received evidence from professionals and from NHS users and their families that mental health services are often overstretched and inadequate. The report also states that the proper operation of mental health legislation is

"clearly predicated on the provision of effective and responsive mental health services."

There is plenty of evidence that there are problems with access to urgent help through primary care services for mentally ill people. Carers in particular may not have the credibility with GPs to get over how urgent that need is. In a recent survey by the National Schizophrenia

Fellowship, one carer related:

"I phoned the GP to say that my son was suicidal and was told that this was only attention-seeking behaviour. He tried to commit suicide that same evening."

Another stated:

"The GP refused to come. We had no car. Over the phone, the doctor told my husband that my son did not need to take medication."

On Tuesday, *The Herald* reported a case in Glasgow in which a GP was found by the General Medical Council to be guilty of serious professional misconduct by refusing to see a psychotic woman in her home. Unfortunately, such experiences are far from uncommon for families, particularly those who have to deal with disturbed adult patients who do not believe that there is anything wrong with them.

The answer to such problems must lie with the development of primary care teams so that, as has been suggested this morning, they include many more skilled nurses. Community psychiatric nurses are worth their weight in gold.

That brings me to the subject of resources. An article in this week's *The Health Service Journal* points out:

"90% of patients' problems are dealt with entirely within primary care and this is increasing, yet it receives less than 10% of the NHS budget. We are at a political crossroads. There is a pressing need for real change and improvement in the Scottish Executive's support for primary care."

I emphasise that that is particularly true for mental health services. Although mental health is one of the three clinical priorities, mental health services funding has traditionally suffered leakage to other less stigmatised health areas. There is a fear that, with frameworks for cancer and cardiac care coming on stream, history will repeat itself. I appeal to the minister not to allow that to happen.

Those who provide mental health services within the NHS are committed to change. Service users and carers, having been asked on numerous occasions for their views on what is needed to improve services, are now suffering consultation fatigue. It is up to the Executive to match those needs and expectations with resources. It will be judged on how it rises to that challenge.

The Deputy Presiding Officer: We have time in hand this morning, so members may extend their remarks if they so wish.

11:05

Janis Hughes (Glasgow Rutherglen) (Lab): I start by declaring an interest: I am a member of Unison, the health service union.

I am delighted to be able to speak in the debate, especially as I worked in the health service for 20

years—mainly in the acute sector. I therefore appreciate just how beneficial an efficient primary care service can be.

Unfortunately, Mary Scanlon is not in the chamber. I would like to say to her that, having experienced 20 years in the health service—18 of them under her party's rule—I found Nicola Sturgeon's comment about "that lot over there" more polite than some versions that I have heard. Mary Scanlon should accept that it was not offensive.

The term "primary care" would not have been used a few years ago. Everybody knew about GPs, dentists and district nurses, but the concept of many such disciplines working together as a team was not widely considered. Susan Deacon is right that new developments in that field have given us an excellent facility, which provides local health care and eases the burden on the acute sector.

As most MSPs will have found, constituents often complain about local provision of health care services. Local health care co-operatives, which we have heard about this morning, are one way of improving locally delivered services. It is beneficial for all the disciplines that are involved to talk and work together as a team, but one of the most important elements is the involvement of the community in the planning of the services that are to be delivered. I do not agree with Adam Ingram about consultation overload. Although people get fed up with consultation, we have to make sure that we consult everybody—all members of the team and the people who are on the receiving end of the services of that team.

An LHCC in my constituency held a public meeting to involve local people in workshop groups to discuss their concerns. The afternoon was a success, but it was poorly attended by members of the public. When I mentioned that to local people who are interested in health care, I was met with incredulity at the fact that they could participate in such a discussion and that their views would not only be welcomed but seriously considered in the future planning of the co-operative's work.

I think that we all agree that LHCCs must be developed and fine-tuned so that they can be an effective force in NHS planning. Giving them commissioning powers, as Richard Simpson mentioned, is one way of doing that.

Excellent-quality primary care is vital to our local communities. We must ensure that everyone in those communities has an equal right to access the facilities. The services must be designed around the patient, not the other way round.

As we are all aware, health care provision goes much further than doctors, dentists and opticians. I

welcome initiatives such as those in Govanhill in Glasgow, which is close to my constituency, in which the emphasis will be on a joined-up approach to the integration of health and social work services. Other initiatives will involve mental health services and, importantly, health promotion facilities. The old adage that prevention is better than cure is sound advice. We can now offer advice and practical support to people who want to avoid having to use health facilities in the first place.

One of the key principles in such a joined-up approach is the ethos of team working. Staff from a wide range of disciplines are needed to work as part of a team. That in itself provides new career opportunities for health and social work staff. However, we must not overlook the fact that, given the value of those staff, proper provision must be made for training to ensure a high level of skills at the outset and to ensure that skill levels are maintained and updated. If we expect an excellent service from our staff, we must ensure that their terms and conditions are commensurate with that. We must also ensure that they are given the most modern and efficient equipment to allow them to work effectively.

Conditions also include their working environment. We are now in the 21st century and, quite rightly, people expect health facilities that reflect that. That is why I am delighted that the £27 million over the next three years will improve GP surgeries and health centres. I am sure that all members remember the days of visiting GPs in cold, draughty rooms where even the most minor treatments could not be carried out and needed a visit to hospital. Now, we can provide modern, efficient health care locally and drastically reduce the need to travel to acute hospital sites. That is efficient primary care and represents 21st century health care at its best.

11:10

Ms Sandra White (Glasgow) (SNP): I do not particularly congratulate the minister, although she has provided fine glossy documents that are thick, heavy and compact.

We must be honest with one another, as a member said, and we must be honest not only with ourselves, but with the public. That means facing the fact that everything is not well—if members will excuse the pun—in the health service. We must take many further steps to develop the services that the Scottish people need.

I would like to refer to many sections in “Our National Health”, but I do not have the time. I am sure that someone will pick up on section 3, which refers to funding of services that are provided to

more than one NHS area. I look forward to scrutinising that issue further when other proposals are made after March.

I am especially interested in the plight of the homeless in accessing medical care. I do not think that any member discussed that in detail, although the minister touched on it. That is an important aspect of the NHS in Scotland. Every day—especially during such weather as we are experiencing—people out there suffer and cannot access information or care from the medical profession. We must address that.

I noted the minister’s comments about the voluntary and professional agencies—particularly the initiative in Edinburgh and various agencies in Glasgow—that deal with homeless people, sometimes in difficult circumstances. That is an onerous task, and I congratulate those agencies. The lack of up-to-date data on the health of homeless people does not make the task easier. I acknowledge the work of the Joseph Rowntree Foundation, which has done a marvellous job in tracking aspects of homeless people’s experience of health care in the 1990s. Those data are a wee bit out of date, so we should update them.

Section 2 of “Our National Health” contains pater that mentions a health and homeless co-ordinator. I welcome that idea, but there is just a mention of it. The first part of the document refers to NHS hospitals; I look forward to scrutinising those proposals and getting back to the minister on them. The proposals and relevant action that I hope will accompany the plan should give people—whether a family or a single person—who have no permanent home access to medical services.

I stress the plight of the single homeless. In my opinion and in the opinion of professionals, they are the most vulnerable people. They cannot access help. They are folk without any support. I ask the minister to consider that carefully. Those people are slipping through the net. I do not want to give any figures. I am sure that some exist, but the data are pretty out of date. Even in the current weather, the single homeless have no access to information, and access is important. They need to be able to access medical care, whether they have a serious medical problem or something that we might not consider serious, such as a need for dental care. Toothache may not be serious but, on a cold day, it may seem just as serious as other medical problems.

I received a letter from councillors in Renfrewshire who say that they are establishing a one-stop shop. I congratulate them on that and I will study the initiative closely. Perhaps the minister could contact Renfrewshire Council and see the good work that it proposes to do.

We must be honest with one another, look deeply into the issues and admit that all is not well with the health service for everyone and particularly for homeless people. We do not have current figures. The figures that are available on the number of homeless households, rough sleepers and hostel and night service users are all estimates. A chief aspect of the health plan must be to obtain up-to-date figures on which to base work.

There is ample evidence that single homeless people have poorer physical health than the rest of the population in Scotland. Some researchers, including some from the Joseph Rowntree Foundation, have argued that the key threat to single homeless people is inadequate access to health care services. We must rectify that situation. I have a couple of suggestions. It would help if we advertised the agencies and provided information in areas that rough sleepers and the single homeless frequent. It would also help if we collected up-to-date data. I look forward to the minister's reply on how that can be co-ordinated. We must act sooner rather than later. I ask the minister to please take that on board.

11:15

Pauline McNeill (Glasgow Kelvin) (Lab): In the past, primary care has not been given its rightful place at the front line of our universally accessible national health service. The Administration and the Parliament can change that, and what I have heard this morning makes me believe that there is a will to change. The primary care sector is the gateway to secondary services, specialist services and the acute sector. It is supposed to be the starting point of the patient's journey that will attempt to ensure equality of care. Recognising that primary care is the critical link between the patient and the community will improve morale among the health professionals involved in the process—and among patients.

Creating a more joined-up health service means breaking down barriers in both directions, which involves co-operation locally and between the primary and secondary care sectors. There must be a better exchange of information between GP practices and hospitals. That is a job for us. We should aim for patients to be able to leave their GPs' surgery knowing the date of their hospital appointment, who it is with and how to access information about it. We should address the issues, not just with the professions, but with patient power. Sometimes, patients want to ask questions about their care after they have left the GP's surgery, but they do not feel empowered to do that. We must set up systems to allow patients to have more say about their care.

I believe that community is the key to achieving

those aims. Labour is committed to eight new hospitals and to building community services. Janis Hughes talked about some of the new initiatives and some of the new money that will be invested in them. We understand that we must tackle health in deprived areas. The primary care strategy outlined today is crucial. It is also crucial that we recognise that community is the key for the work that we want to do in deprived communities.

Yorkhill children's hospital, in my constituency, plays a critical role for children who live in deprived areas. Sixty-three per cent of ill children come from the five most deprived postcode areas. The hospital does not work only in the acute sector. It is a critical part of the primary care sector. It recently opened a new community centre for children in Glasgow, and believes that that can do more than anything to tackle the ill health of children. The opening of such a community centre does not seem to have the glamour of the opening of a new hospital, but it is as important. Evidence suggests—especially with cancer—that when Scots have symptoms they do not always present themselves to their GPs early enough. Evidence also shows that community facilities can encourage people to do that.

Dorothy-Grace Elder: Will the member take an intervention?

Pauline McNeill: A quick intervention.

Dorothy-Grace Elder: Does the member approve of Greater Glasgow Health Board's prospective plan to move the two Yorkhill hospitals down to the Southern general in Govan?

Pauline McNeill: I do not think that it would be fair to give my view in this debate, although I have a strong one. The integration of child and maternity services is crucial. That is the model in which I believe, wherever it is sited. I do not believe in the collocation of children and adults. That is much as I can get away with saying in today's debate.

Mary Scanlon quoted a consultant who said that the Beatson oncology clinic was a slum. The clinic is in the process of moving to a new building at Gartnavel hospital. By the end of the year, it will be able to treat double the number of cancer patients that it can now. It has been widely known for some time that the clinic is moving lock, stock and barrel to a new hospital. We are making progress.

Janis Hughes and Margaret Jamieson talked about the importance of expanding the role of nurses. The skills that nurses have, and their willingness to perform some of a doctor's duties—under the right conditions—are not recognised. Under the Labour Government, the removal of performance-related pay and staging awards and

the return to national pay bargaining have been crucial in raising the morale of nurses and improving their conditions. That will assist in the recruitment of nurses.

I am glad that Mary Scanlon has returned—she missed Janis Hughes's comment that the phrase "that lot over there" was unparliamentary language. I agree that we should improve the way in which we refer to one another in the chamber. I am being polite when I say that if there is one subject that people were angry about during the 18 years of Tory rule it was the suspicion that the Tories were about to privatise the health service. The Tories must recognise that.

11:21

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I applaud the motion before us:

"That the Parliament applauds the vital contribution which community-based health professionals make to the health and health care of the people of Scotland".

I will talk about two types of health professionals: chiropodists and—the Deputy Minister for Health and Community Care will not be surprised to hear this—dentists.

Before I go on about chiropodists, I should declare an interest. My wife is a state registered chiropodist who runs a busy private practice in Banchory, in my constituency. The problem is that it is a very busy private practice. She would have preferred to work in the national health service, and sees a tremendous number of elderly people who cannot get treatment on the NHS.

There are real problems associated with podiatry—or chiropody—services. Without going into too much detail, many elderly people who are unable to look after themselves cannot get appointments to the podiatry service more than once every 12 weeks. People are suffering and in pain and they need to be seen more often than that. There are too few chiropodists working in the NHS—the problem is a lack of investment. Similarly, there are too few dentists in Scotland.

The podiatry service in the NHS is not as it should be, and we must consider a long-term solution. There are too few chiropodists. Another reason for the state of the service—on which, although it is a reserved matter, the Executive should have a view—is the closure of the profession. There is nothing to stop someone as eloquent as Mary Scanlon taking up a scalpel and operating on people. She could even undergo a correspondence course in chiropody. If she paid enough money and passed the course, she could become a "qualified" chiropodist. The punter in the street—and members, I am sure—does not know that that is possible. There are many entries under qualified chiropodists in "Yellow Pages", but they

are not state registered and they would be unable to work in the NHS. It is amazing how many people think that those qualified chiropodists would be able to work in the NHS. That is a problem.

I believe that there is a motion at Westminster, and a proposed bill—

Mary Scanlon: I commend the member for raising the problem of chiropodists, but does he have the same concerns about opticians?

Mr Rumbles: I would if I knew enough about opticians. I only got glasses two weeks ago—it is the strain of the job. I am not aware of the problems with opticians, but they may well be the same.

I know something about chiropodists and dentists and I ask the Scottish Executive to consider the problems and, where necessary, to put pressure on the Westminster Government to do something about the closure of the chiropody profession and to get more state-registered chiropodists into the system.

It would be remiss of me not to direct the deputy minister's attention to the problem of the lack of dentists, especially in Grampian and the north-east of Scotland—we have discussed that in the chamber before. I was heartened by what the deputy minister said about trying to link training between the Dundee dental school and Aberdeen. He is not making eye contact with me, but I am sure that he is listening.

Mrs Margaret Smith: The member should put his glasses on.

Mr Rumbles: I will put my glasses on so that I can see the minister.

The Deputy Presiding Officer: He is looking at you now.

Mr Rumbles: It would be helpful if the minister would comment on any progress that has been made since the members' debate before Christmas. I thank members and the minister for listening to me. It is important that we consider those two professions—chiropody and dentistry—and whether we can improve the situation in the long term.

11:26

Irene Oldfather (Cunninghame South) (Lab): Like my colleagues, I welcome the opportunity the debate affords us to re-state the Parliament's commitment to patient-centred health care and to recognise the contribution that primary care staff make to that objective.

It is worth remembering that there remains in Scotland an almost unique contribution to primary

care, which few countries have retained: the principle of the home visit. I often speak late in the debate, when others have said what I had intended to say, so I am relieved that there is a subject left that has not been covered.

I lived in the United States for a couple of years, and I assure members that over there a person's only chance of a home visit is if they are dead—and that visit is by the medical examiner. Home visits to the very ill, the elderly and the frail remain part of our health service and we should be proud of that. They are a tribute to community health professionals. I use that phrase advisedly, because—as many have said this morning—it is about the team that looks after the needs of our most vulnerable at home. The service is valued not only by patients, but by the professionals in a caring NHS.

A few months ago, I was fortunate to participate with the minister in a consultation exercise with service users from my area, who gave their views on their experience of the health service. Part of the exercise was to ask people how the primary care aspect of the service could be improved. I can sum up their general views by citing the four priorities that people identified for improving the primary care sector. Some have been mentioned this morning. First, people want more convenient times for surgeries, so that those with work commitments can attend appointments without having to take time off work. Secondly, people want easier access to appointments with GPs and health professionals. When a patient requires to see a GP, they should not have to wait two weeks for an appointment.

Thirdly, people expressed an interest in having more time with the GP. For most GPs, consulting practice is to detail the problem, then examine the patient. Some patients felt that there was insufficient time to conduct an examination. If the patient leaves the consultation with a doubt about the diagnosis or treatment, they are likely to take longer to recover and to return for another appointment. It therefore makes sense—for the patient and the GP—for the patient to leave the surgery feeling positive about the consultation.

Finally, people want quicker test results, which seems to be a spend-to-save proposal. If we consider the value of quick assessment and diagnosis, set against, for example, time lost in absence from work as a result of anxiety and stress, the benefits of one-stop clinics will far outweigh the initial costs.

The minister asked for some examples of good practice. Let me say a word about some of the achievements of the primary care sector in my constituency. Tomorrow evening, I will be attending a Royal College of General Practitioners quality award presentation at Townhead surgery in

Irvine. Townhead is one of five practices in Ayrshire that will receive that quality award. Those awards are about more than just framed certificates on a wall; they are about actually improving the delivery of care to patients. That is why we must recognise practices that do that well.

I thank Margaret Jamieson for pointing out that it is Irvine, in my constituency, that will be the pilot area for the electronic transmission of prescriptions initiative. That is important, because establishing a communication flow between GPs and community pharmacists, and electronically linking those pharmacists to NHS Net, will greatly benefit patients and GPs and will result in a more robust management of medicines.

The Presiding Officer is signalling that I have run out of time. I thought that I had five minutes.

The Deputy Presiding Officer (Patricia Ferguson): I am sorry to interrupt you. The clock did not start when you did, so I am afraid that you are further ahead than you appear to be.

Irene Oldfather: In that case, I will quickly conclude.

It is important to send a message from the Parliament that we commend the work of our community health professionals and that they have our unreserved support and thanks. I support the motion.

11:31

David Mundell (South of Scotland) (Con): Although members have complained, rightly, that it is cold in the chamber, if they had been in Moffatt High Street on Tuesday morning, they would really have known what cold is.

Unlike David Davidson, or even Mike Rumbles in a surrogate fashion, I am not speaking as someone with any expertise in the health field. However, I felt empathy with a GP whose comments appeared in the British Medical Association Scotland survey, "The reality behind the rhetoric". He said:

"Today: started 8.20am, finished 7.05pm. No tea break, no lunch break. Did not finish proper work. Spent 50 minutes reading today's mail alone. Fixed toilet holder in practice before coming home. This will probably be most significant achievement of the day."

Many of us can empathise with that. The issues that have been touched on in relation to GP morale are very important.

Never, other than when one requires the use and support of a GP, does one appreciate what they do. Recently, my daughter was rushed into hospital at 11 o'clock at night with suspected meningitis. The fact that the GP had come out and immediately given her injections helped to ensure

that she recovered fully. When one has such experiences, one realises how important GPs are in our communities.

Let me say a little about my personal experience of local health care co-operatives, of which there are four in Dumfries and Galloway. It is interesting to see how differently they operate. The one in Annandale and Eskdale is operating very well and everybody is involved. Another one, in the Nithsdale area, seems to be much less visible and much less keen to invite people from outside to contribute. Many people can play an important role in LHCCs. At one meeting I attended I was struck by how many people in the pay of the national health service are not involved in front-line medical treatment, but work as promotions officers or in sundry other positions. It is important to keep the focus on front-line care.

Another specific Dumfries and Galloway issue that I have raised with Malcolm Chisholm is the practice of using district nurses to provide nursing care to people in residential homes. That is a matter of increasing concern. The area's district nursing resource is being severely depleted by the need to provide nursing care in residential homes, rather than having people reassessed as requiring nursing care and moved to a nursing home. That problem must be resolved.

I have been pursuing a number of information technology issues, which I have raised with the Executive on several occasions, mainly through written questions. I was disappointed by the answer that Susan Deacon gave to one of those questions. She said:

"To date, there has been no systematic evaluation of why videoconferencing facilities in GP surgeries are not more widespread."—[*Official Report, Written Answers*, 13 December 2000; Vol 9, p 241.]

That must be done, particularly in rural areas and particularly for mental health issues, which Adam Ingram mentioned. The opportunity for a patient to link up with a psychiatrist while in the presence of their GP could have great merit. I would like an evaluation of videoconferencing.

Irene Oldfather talked about a greater extension of the use of IT generally, and I would like that to happen. Other questions that I asked provided me only with further acronyms. I was told, for example, about the ECCI, which is being supported by the SCI—the ECCI being the electronic clinical communications implementation and the SCI being a programme of work called Scottish care information. Although that is all very worthy, the underlying factor that is of greatest concern is that the software that is currently used to link GPs' surgeries with outpatient facilities is described as limited. Much greater emphasis must be put on IT in that area. IT can play an enormous role in primary care, particularly to link it to

secondary and other care, and I would like the Executive's efforts to be more focused.

Finally, I want to respond to what Pauline McNeill said, although she is no longer in the chamber. Let me make it absolutely clear that, to use the vernacular, us lot—the Scottish Conservatives—are absolutely committed to the health service as a public service, not a private service. I hope that we do not need to keep saying that every time we have a debate on health care, because it is absolutely clear.

11:37

Dorothy-Grace Elder (Glasgow) (SNP): I thank all the Presiding Officers on behalf of the security staff, who have told me that they are grateful that they have been allowed to put on their coats and to take shelter in the coffee room. Their uniforms are far too thin for this weather. Perhaps such permission could be given automatically in future, because we do not want to risk people's health any further. We in the Parliament are in this together, fighting Scotland's oldest enemy—the weather.

I take up a point made by my colleague Sandra White about medical treatment for the homeless. Just yesterday, I was passing by St Giles and going very slowly, as I was finding it hard to keep my feet. There was a man sitting outside in the shelter of the cathedral, just on the cold, wet pavement. He was such a frail man. I was going so slowly that he caught my hand as I went past and simply said, "Help me. Help me." I stopped and spoke to him, and it turned out that he was ex-Royal Navy. He had done about 20 years in the Royal Navy. His life had gone downhill for family reasons and because of ill health, and he had not received any medical treatment. In fact, he was apprehensive about seeking treatment for a long list of complaints. I could see by his face just how ill that man was. He was a Dickensian picture in this day and age. I appeal to the Deputy Minister for Health and Community Care to have words with his colleague to see what more can be done to encourage people—who may very well die on our streets in this severe weather—to have faith to come to clinics, where they will be welcome.

I have one or two other points. There has been no mention of the cardiac transplant unit at Glasgow royal infirmary. It closed, supposedly temporarily, almost a year ago. Frail, sick Scots are being diverted to Newcastle, which puts an extra strain on them, to undergo transplant operations. How many fewer have been operated on in Newcastle compared with previous years in Glasgow? I am told just a handful. Perhaps the deputy minister could give me accurate figures and comparisons with previous years, when people could get transplants at Glasgow royal

infirmary.

I have heard little mention of another neglected group of people who are out in the cold—multiple sclerosis sufferers. There is still postcode medicine for them when it comes to the new treatments that are available. There are still just eight specialist MS nurses in Scotland. Many sufferers are quite young and some of them are mothers, who struggle to stay on their feet, raise their families and keep out of a wheelchair. Those people are being overlooked.

I must declare an interest in relation to the next group of overlooked people that I want to mention. I am chair of the proposed cross-party group on chronic pain, which has had marvellous support from members of all parties. We are talking about 500,000 Scots who are being overlooked. That is the number of people who suffer chronic pain in one form or another, whether daily or weekly, according to the Pain Association Scotland. Those 500,000 people are right at the bottom of the NHS's list and of the health agenda. Some of their pain is acute pain that started after an accident, but the majority is caused by arthritic diseases and back pain. Nicola Sturgeon's amendment refers to the stress on GPs. That stress is added to by the GPs' knowledge that the person sitting opposite them, suffering from chronic pain, has little chance. GPs know that that person will not see a specialist pain consultant for four to six months. Back pain alone is one of the most common reasons for people visiting their GP.

There is stress also on the few pain consultants we have in Scotland. There is only one full-time pain consultant in the whole of the country. The pain unit at Ninewells hospital in Dundee is so overstretched that it must squeeze cancer patients into what is supposed to be the doctor's brief lunch break. It is reckoned that 50 per cent of cancer patients do not get adequate pain relief and there is a six-month waiting list for a first appointment for all other chronic pain sufferers. Try to imagine how it affects doctors and nurses when they have to send people away to suffer some more. Back pain alone costs British industry a minimum of £6 billion a year. It is therefore cost-effective, never mind humane, to relieve pain. I appeal to the deputy minister to change his mind on my plea for an audit of pain facilities in Scotland.

To round up, let me give a brief example. Anne is a young mother from the east end of Glasgow who has such chronic back and arm pain that she can no longer hug her children. Anne screams into her pillow at night to try to muffle the noise that her husband must hear. Anne's husband and family suffer along with her, witnessing their loved one in pain. Anne told her husband one day, "Just get out. Save yourself. Don't go through this agony with me." Her husband stayed, but why should

people have to suffer so much? I appeal to the deputy minister to put chronic pain at the top of his agenda.

11:44

Mr John McAllion (Dundee East) (Lab): First, let me endorse Dorothy-Grace Elder's final comment about the importance of putting chronic pain at the top of the NHS agenda. That is very important indeed.

To return to the debate, for me what vindicates more than anything else the approach to primary care that is set out in the NHS plan is the fact that even Nicola Sturgeon almost managed to sound positive about it. I say almost, because very quickly she reverted to the norm and became the nippy sweetie that we have grown accustomed to her being.

Nicola Sturgeon focused most of her remarks on the recent BMA survey of GPs in Scotland. It is important that we take on the issues that were raised in that survey, because it is true that it paints a very different picture of the state of primary care in Scotland from that perceived by the Executive. It is a classic case of the same events being viewed from two radically different perspectives.

The GPs' perspective is reflected in the survey. From experience, they know that they are being expected to do more and more work to deal with more and more patients and that they are being subjected to more and more pressure. They are right and we all know why that is happening. New medical techniques, such as keyhole surgery, which was pioneered at Ninewells hospital in Dundee, have slashed the number of patients who require a stay in hospital following surgery. I believe that 60 per cent of all non-emergency surgery cases are now dealt with as day cases. The same techniques have also led to a massive reduction in the length of the average post-operative stay in hospital. However, although patients can be discharged early from hospital or not be admitted at all, they still require post-operative care. That explains in part the new burdens that are being placed on GPs, which affect their experience of primary care.

That technical trend is being accelerated by the policies pursued by the previous and the current Governments, such as early discharge schemes, which try to get patients back into the community more quickly, and the plan for a new generation of walk-in-walk-out hospitals, which is mentioned in the NHS plan. Care in the community and the closure of long-term psychiatric and geriatric hospitals put far more patients back into the community, all of them in the care of GPs. Demographic changes take place all the time,

which mean that we have not only more elderly people in society than ever before, but more infirm and frail elderly people than ever before. The growth in home care for the elderly, which every party in the Parliament supports, is another factor. All those factors add to the enormous pressures on GPs, who are the main providers of primary care in Scotland.

The changes coincided with the election in 1997 of our Labour Government, which was committed when it came to power to sticking to the spending levels that it inherited from the outgoing Tories. Inevitably, in what have come to be described as the hair-shirt years, there could not be a massive increase in resources for primary care services to match the increased work load that primary care services had to bear. I believe that that situation has led to the screams of pain that we are beginning to hear from GPs, as reflected in the recently published BMA survey. We can understand why GPs are screaming in pain about the coincidence of those circumstances.

The other perspective is that of the Labour Government, which sees that the hair-shirt years were necessary to sort out the chaotic public finances that it inherited from the outgoing Tories, to try to bring some sort of stability back into public finances and to create the economic stability that, alone, would generate the surpluses to release resources. The Exchequer is now beginning to build up those surpluses and, through the comprehensive spending review, resources are beginning to be fed into the NHS and the primary care system and will continue to be fed in during the next three years.

Time will tell whether the hair-shirt road that the Labour Government went down was the right one to go down and whether it will, in the long term, bring stability to public finances and make money available to support primary care. It is too early to tell at this stage. Remember what Chairman Mao said about the French revolution, 200 years after the event—that it was too early to say whether it was a success or a failure. We will have to give the Labour Government a wee bit more time—although I suspect that the voters will not give it 200 years—to see whether its policy works.

What we can do in this debate—although, of course, we do not have enough time to do it—is focus on what is right about the approach to primary care in the NHS plan. What is certainly right is the move away from the model of having the GP as the sole gatekeeper to the rest of the NHS services.

Mary Scanlon *rose—*

Mr McAllion: The Presiding Officer is signalling that I cannot give way.

It is right to move towards a model of integrated

primary health care teams, which provide gateways to the rest of the health service. The proposals for nurse prescribing, family health nurses, a greater role for community pharmacists and, especially, for salaried GPs—who already do a marvellous job in the primary care services—should all be encouraged. If those proposals are to be a success, the new primary health care teams must be given leverage—some kind of commissioning power—that would enable them to fashion the services that are available in hospitals. That is not the same as GP fundholding.

Primary health care teams must also be given resources. Everything is contingent upon sufficient resources being made available in the primary care sector to enable all the proposals to work. I hope that the gamble of the hair-shirt years pays off. However, as a betting man, I know that it is necessary to go on previous form, and the previous form of capitalism is that it cannot serve the interests of the public service very well, so I would not bet on it.

11:51

Robert Brown (Glasgow) (LD): Behind this excellent debate today lies the fact that the national health service—the universal access to health care in the public sector—is held dear by all parties in the chamber and, more important, by the public of Scotland.

It is not surprising that high passions are raised when debates about health care take place. This has been a superb debate. There have been some notably good speeches by my colleague Margaret Smith, Richard Simpson, Adam Ingram—if I may say so—and one or two other members.

Those speeches were in stark contrast to the opening speeches that were given by the Opposition leadership: we got the usual political rant from Nicola Sturgeon on behalf of the SNP and Mary Scanlon, on behalf of the Conservatives, attempted to defend the indefensible.

Health is, potentially, a quagmire for all Governments, not because they are incompetent or uncaring or because they pay insufficient attention to the detail of the problem, but because of several factors that we must take into account. The demand for health resources is rising faster than national economic growth, however it is measured. Changes take a long time to be effective; it takes six years to train a doctor and lengthy periods for similar professionals. In a consumerist age, people do not expect to be ill or dying without there being a remedy. The result is that there is a degree of dissatisfaction; doctors become demoralised and Governments get blamed.

That is one side of the coin. The other side is the

new, modern facilities that are gradually appearing across Scotland—in Buckie, as David Davidson mentioned, in Edinburgh as Margaret Smith mentioned, and in my local health surgery in Rutherglen. That is right, because primary care—the family doctor, the community nurse and local services—are crucial; increasingly so, as Richard Simpson rightly said, as the pace of transfer from secondary to primary and intermediate sectors builds up. That process is likely to go faster than the professionals or policy makers anticipate.

There are problems in primary care—of change, of pressure and of resource. However, those problems are manageable and should not disguise the vast amount of good work that is being done by primary care professionals.

Are members aware of the current review of university funding? It is proposed to increase the amount of money, and the weighting, that goes into medicine. That may well be correct, but I understand that it is intended to do so at the expense of other specialisms, including the professions allied to medicine. That may result in more money going to train doctors, but threaten effective and sufficient training of professions allied to medicine. That is a particular problem in Glasgow Caledonian University and other universities of that sort.

I urge the Minister for Health and Community Care and the Executive to keep a close eye on what comes out of that review. The matter has not yet reached the stage of being considered by ministers, but we must be careful that we do not, on the one hand, improve training resources for doctors while we cannot, on the other hand, train the chiropodists, whom Mike Rumbles talked about, and the other professionals such as nurses who are so important in delivering the teamwork, which is what counts in this sector.

I will support a couple of other points that my colleagues have made. There is a need to rebuild effective links between the primary and secondary care sectors. If GPs are to be the gatekeeper to other sectors of health care, they must be able to advise patients, so they must be knowledgeable about the facilities and resources that are available, where they are to be found and how best to access them.

Better communication between professionals and patients is necessary, especially in the mental health sector, which Adam Ingram talked about. Patients are confused, frightened and worried when they come to the health sector for advice; they want to know their options and the implications of their choices, and they want to be involved in the decision-making process. In the mental health sector, there may be adult sufferers who are difficult to deal with and whose carers have been driven to distraction by the problems

but are not involved adequately and effectively in decisions because of considerations of confidentiality. We must find ways of overcoming that problem so that we can involve in a partnership all the key people who have to deal with those problems.

Mary Scanlon: Does Robert Brown share the concern of the BMA, which stated in its recent document that about 30 per cent of GP consultations have a mental health component? That highlights the point that both he and Adam Ingram have made.

Robert Brown: That is a good point. I have some knowledge of the matter, as from the legal side I saw the interrelation between mental health, psychiatric problems and physical problems.

We are touching on an issue about the empowerment of health professionals; I am not sure that I am yet seeing clearly in my own mind how that would best be achieved. Richard Simpson talked about the aftermath of the two-tier system and the fundholding professions. We must consider how to empower health professionals and the public to make decisions in this sector.

Janis Hughes rightly said that prevention is better than cure. That theme must underlie this debate. GPs do not deal only with prevention—they deal with many other matters—but it is important that we get the policies for this sector right. The NHS plan, the comments that the minister made earlier and the investment that is going into this sector are considerable steps in the right direction.

The modernisation of the NHS is a great venture. It is an inspiring and noble venture, which requires all our energies and political skills in this Parliament. We must back up the real work that is done in the community by our GPs and health professionals, to ensure that the service that the public seek from the national health service, which they so respect, is given to them. That is what this debate is about and, given the quality of the speeches, it has been a contribution to that end.

11:59

Ben Wallace (North-East Scotland) (Con): I am sorry to break the consensus, but today we have seen—as we saw on “Newsnight” last night—another example of Labour’s year dot mentality. In 1997, Labour portrayed itself as the saviour—the only party that could save patients and GPs—and claimed that the NHS was due to break up in 48 hours. The self-righteousness that came from Labour stank from top to bottom. Labour was right and we were wrong; there was no question about it.

Since then, Unison and the GMB—certainly not

friends of the Conservative party—the BMA and public opinion have all disagreed with the Government. The Government has, to date, produced 43 documents about health reform. Promises have been made and a fair few promises have been broken. The latest plan, “Our National Health: A plan for action, a plan for change”, is couched in the sort of language that can be found only in the First Minister’s dictionary of English.

The Executive has again moved the year that reforms started from 1997 to 1999. No matter that waiting lists, waiting times, staff levels, public satisfaction and professional confidence are all worse, not better, than they were under the Tories, the minister ploughs on.

One of the Labour Government’s first white papers—“Designed to Care”, which was published in December 1997—started the problems for doctors. All and sundry were brainwashed by the myth that fundholding was part of the evil empire. Never mind that many of the critics had never really opted for fundholding or given it much time to work. The internal market was branded in the same way that old Labour branded privatisation. Sam Galbraith and Susan Deacon never paused to think that a system that produced greater GP satisfaction was perhaps not bad, or that a system that treated more patients within nine weeks than today, or in which people did not have to wait as long as they do now, was okay.

In her enthusiasm, the minister has wrecked GPs’ initiative and incentive. LHCCs were to replace fundholders, and the JIF was to be introduced. But where is the JIF now? It has gone; as Dr Richard Simpson pointed out, it has the shortest obituary in history. Who did the minister think would handle the administration if some of the bureaucracy of fundholding were removed? It has to be handled by somebody and today the doctors and nurses are doing that work. In many areas, LHCCs are becoming committees and subcommittees, taking community doctors away from treatment. A GP recently said that the local health care co-operatives seemed to have brought about only an exponential rise in committees, subcommittees, working groups and reports.

The Conservatives’ structural reforms of the early 1980s were an attempt to address the failures of the old NHS-style consensus management to achieve strategic planning. It is interesting that Labour has not abandoned the innovation of purchasers and providers, which is the basis of the internal market. In fact, we still partly have an internal market. John McAllion supported the policy of giving some commissioning power back to LHCCs or sectors; however, that would create a purchaser-provider split and bring us back to the internal market.

Either we are in the internal market or we are out of it.

We still see nothing wrong with the internal market; it treated more people and saved money. In 1994, only 25 per cent of GPs were fund managers; however, they saved £68 million, which the GPs were empowered to put back into their initiatives and surgeries. That money did not go back to central Government.

Dr Simpson: I want to raise two points of interest. The NHS is treating 100,000 more cases than in 1997, which means that efficiency has improved without the bureaucracy of the internal market. Secondly, after five years of fundholding, I had 12 yards of paper that contained all my contracting data. That had nothing to do with clinical care and everything to do with bits of paper circulating round a system. We have got rid of that. Although some aspects of the internal market were very good, other aspects were very bad.

Ben Wallace: I do not know where Dr Simpson gets his statistics. The latest statistics from the information and statistics division show that, this year, 19,000 fewer people were treated from the waiting list than in 1997. In fact, we have to go back to the early 1980s to find a worse situation. Furthermore, in terms of mean waiting times, people are waiting five days longer than in 1997 and the number of people who have waited more than 18 weeks has nearly doubled from 8.6 per cent to 14 per cent.

According to every statistic for waiting lists and waiting times, the policies have failed. For example, the number of people who have disappeared to the deferred waiting list has increased by 7,000. We need to consider the statistics in the round—to use Susan Deacon’s words—which means considering the statistics for waiting times as well as waiting lists. The time for the first out-patient appointment from the GP has risen by a third. It is important for people to examine such statistics before they say that the system works.

I agree that there is too much bureaucracy at individual GP practices. Perhaps we should consider what has happened in England, where commissioning happens at LHCC level and gives the co-operatives the power to flex their muscles. That said, we must recognise that that is the internal market, as it creates a marketplace between the LHCCs and health providers. We cannot brand the internal market an evil place that treated no one, when commissioning and the purchaser-provider split formed an integral part of it.

I will defend the internal market; although there was too much bureaucracy, we should not throw the baby out with the bath water. Mike Rumbles

was spot on when he talked about the concerns of chiropodists; Mary Scanlon also mentioned opticians. We must listen when our GPs express such concerns. It is not enough to cherry-pick responses, as the minister did in her opening speech; we must consider the whole issue in the round. If we lose the GP gateways to our NHS, we will endanger the very fabric of its system. It is no accident that the title of the BMA report is "The reality behind the rhetoric". That report was produced in response to the Executive's 43 health reform documents and its announcements, which have often proved to be nothing more than rhetoric. The Conservatives urge the Executive to address the report's concerns, which is why I urge the chamber to support Mary Scanlon's amendment.

In concluding, I will address Janis Hughes's comments about our lot. Let us consider what Labour has confidently abandoned since our 18 years in power. It has abandoned its opposition to the regrading of nurses, to the general management, to the hospital trusts, to the purchaser-provider split, and even to some of the contracting configurations that have been introduced in England. Perhaps our lot did not actually do that badly in reforming the old NHS into a new, more efficient NHS that treats more people.

Our NHS is one of the best health services in Europe and, although there are funding problems that must be addressed, we cannot escape the fact that the Tories—our lot—changed the NHS from an old-style system that had problems trying to marry consensus management with strategic planning. The proof is in the pudding and the results so far on waiting times, waiting lists and first out-patient appointments show that the Executive's policies are not working. Perhaps the Executive should pause to think and to listen to our doctors. I urge the chamber to back Mary Scanlon's amendment.

12:07

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

There has been much to agree about in this debate, particularly on Nicola Sturgeon's reference to "that lot over there". The Tories question why they have to keep defending their previous role concerning the NHS—the answer probably lies in the question itself. The Tories' health service legacy has been to turn doctors into accountants and for Ben Wallace to maintain that there is nothing wrong with the internal market raises the same questions about how safe the NHS would be in Tory hands, however unlikely that is in the near future.

Ben Wallace: Is the member saying that the SNP will abandon the idea of commissioning or

the purchaser-provider split, which are the basis of the internal market?

Shona Robison: No. I am saying that the Tories cannot be trusted with the NHS.

Nor am I sure how much Labour can be trusted with the health service. John McAllion talked about needing a wee bit more time to find out whether Labour's health policy will work and mentioned the necessity of the hair-shirt years. However, John McAllion does not have to wear that hair shirt; instead, the hair shirts are worn by the tens of thousands of people who are waiting for treatment in the NHS.

That brings me to the motion. Everyone

"applauds the vital contribution of community-based health professionals to the health and care of the people of Scotland".

The SNP will not argue with that. However, as well as applauding, why does the Executive not listen to the views of those same community-based health professionals? I have heard nothing from the minister this morning that indicates that she is listening to their concerns. The health professionals would prefer her to listen to those concerns and act accordingly, instead of applauding but ignoring them.

The BMA survey on the views of GPs in Scotland on morale, service provision and priorities says it all and must make uncomfortable reading for the minister. I am sure that its timing caused her a great deal of irritation. Instead of lodging self-congratulatory motions, the minister would do better to reflect on the results of the survey. I remind her again of some of its findings.

The majority of Scottish GPs claim to suffer from low morale and claim that morale has decreased over the past five years. The majority of GPs say that they are now more likely to consider a career change or retirement than they were five years ago. The majority of GPs would not recommend the career to young people, which is a problem, given that we will have a shortage of doctors in the near future. Finally, a large majority of GPs believe that the level of stress in their jobs has risen in the past five years. The survey does not make good reading, but the minister is too busy with another conversation to listen.

The main change that patients and GPs want is for GPs to get more time to spend with their patients. That would improve the quality of care that people receive. GPs gave that idea priority in the survey, and patients also want that change. However, such a move would be dependent on longer consultations, which would require delegation to other staff to free up the GPs' time. That will not happen by accident.

One of the initiatives that the minister talked

about was ensuring that patients get access to an appropriate member of the primary care team in no more than 48 hours. I agree that that is a good aim, but no deadline is attached to achieving it and it is difficult to see how we will get from the situation that we are in to the realisation of that aim. I have heard nothing on that from the minister; perhaps the Deputy Minister for Health and Community Care will tell us what the time scale will be and how that aim will be achieved.

The role of the LHCCs has featured much in this debate. The survey shows that 68 per cent of GPs think that LHCCs have made no change to the quality of patient care and that nearly 60 per cent are pessimistic about their future development. Those figures are very disappointing, because LHCCs could and must be levers in the health service to drive improvements and improve local services. I do not always agree with what Richard Simpson says, but he made some important points about the LHCCs. Many members listened when he talked about the loss of innovation, as he touched on an important issue. We must consider how we can restore motivation and innovation to the health service without requiring a return to the internal market. That point was well made. Giving commissioning powers to the LHCCs would be one way of doing that.

I disagree with Richard Simpson's comments about waiting lists. He said that waiting lists were not a barometer of the health service, and that we were wrong consistently to raise the issue. The problem could be solved easily if the Minister for Health and Community Care acknowledged that it was a mistake to set the target in the first place. If she withdrew today the pledge that the Labour party made, I do not think that any member would raise the issue again.

Mr Rumbles: Does the member accept that although waiting lists were a target of the Labour Government when it came to power in 1997, the Scottish Executive—which is a partnership between the Labour party and the Liberal Democrats—has targeted waiting times? What is important to people is how long they wait.

Shona Robison: Mr Rumbles has his facts wrong. That commitment was made in the 1999 manifesto and it has not been delivered.

Mr Rumbles: It was a Labour commitment—this is a coalition Executive.

Shona Robison: Mr Rumbles should have learned that he must choose his friends carefully. The Liberal Democrats have chosen to be friends with the Labour party and must stand by the commitments that it has made.

Some important points have been made in today's debate. Although I attacked the Conservatives at the beginning of my speech, I

agree with Mary Scanlon's view that when problems arise in the acute sector, they impact on primary care, and that there is a recycling of people through the system that is a problem for the health service.

Christine Grahame spoke about health managers not listening at local level. That was a constant theme throughout the debate, which Adam Ingram related to mental health services in particular. He spoke knowledgeably about the way in which mental health has become the poor relation in the health service, despite the fact that it is one of the Government's three clinical priorities. The Millan report has highlighted an over-stretched and inadequate service. Despite the hard work of many staff, and community pharmacists in particular, we have a service that, in many ways, is crumbling at local level. Like Adam Ingram, I have spoken to a number of carers. I met members of the Tayside Carers Support Project, all of whom said that they were trying to fit the person for whom they cared into services that were wholly inappropriate at local level because the services that were required were not available. As a matter of urgency, we must examine what is happening to mental health services.

Community pharmacists have been mentioned. We agree that their role must be extended and that their skills need to be utilised to better effect. The Executive has our support in its attempt to do that.

This debate has been useful in identifying the key issues for the primary care sector: staff morale; resourcing; structures, particularly the role of LHCCs; and the better utilisation of staff and their skills. We all want those improvements to happen. The SNP realises that the primary care sector is the key to delivering a better health service and preventing people from being admitted to the acute sector in the first place.

Janis Hughes said that prevention is better than cure. I am sure that everyone in the chamber can agree with that.

12:18

The Deputy Minister for Health and Community Care (Malcolm Chisholm): I begin as Susan Deacon ended, by thanking and recognising all the people who work in primary care. I am sure that I speak for everyone in the chamber when I say that.

One of the main themes of today's debate has been the changing role of people working in primary care and the empowerment that goes with that. Margaret Jamieson and Richard Simpson were two of the members who mentioned that, and the issue is referred to in Mary Scanlon's

amendment. I would say to her, however, that the measures that she calls for in that regard are already happening.

The BMA survey has been mentioned; we take the concerns of GPs seriously. However, we should bear it in mind that that survey was conducted before "Our National Health" came out. The Royal Pharmaceutical Society of Great Britain said that the Scottish health plan that was outlined in that document presented

"a superb opportunity to improve the provision of health care in Scotland. By removing traditional and, at times, obstructive working practices and professional demarcations we can make major improvements to the quality of service delivered to patients."

While referring to the Royal Pharmaceutical Society of Great Britain, I should respond to the point that David Davidson and Shona Robison made, about Susan Deacon not listening or consulting, by pointing out that the society wrote to welcome greatly the minister's personal commitment to engaging the profession. People should be more careful when throwing accusations about.

We take the concerns of GPs seriously. However, I want to make three points about the concerns that have been highlighted today. First, as I said, the survey was conducted before the publication of "Our National Health". The briefing from the BMA today takes a more balanced approach and welcomes some of the Executive's initiatives such as NHS24. Secondly, we are dealing with many of the issues about which GPs expressed concern, including the need for more time with patients and for less bureaucracy.

My third point is in reference to Mary Scanlon's comment that the doctors are speaking out as never before. I remind Mary Scanlon and other members that, in 1990, the new contract that introduced the internal market and fundholding led to a threat on the part of the BMA of mass resignation—not early retirement.

Mary Scanlon: As a reformed rebel from the back benches, does the minister now agree with his colleague John McAllion that commissioning should be reintroduced for GPs?

Malcolm Chisholm: I will talk about developments in local health care co-operatives in a moment, and ask Mary Scanlon to bear with me.

As I have just referred to fundholding, we should now remind ourselves about how bureaucratic and competitive the situation was, as Richard Simpson mentioned, and about the extent to which fundholding gave rise to institutionalised inequity. We have no intention of going back to that.

I agreed with one point that Mary Scanlon made, when she said that the SNP was

"against everything and for nothing".

I thank Nicola Sturgeon for recognising improvements in primary care and for praising the importance of primary care. However, there is absolutely nothing about primary care in the SNP's policy paper. I wish that "paperlet" was a word in the English language, as that would describe its policy document very appropriately. There was little in her speech about primary care, except with regard to LHCCs, which I am coming to.

Nicola Sturgeon asks for 1,500 more nurses. In the health plan, we have already committed to 1,500 nurses over and above the previous proposals. That comes on top of the 210 specialist nurses who were recruited this winter.

The subject of waiting inevitably came up. We of course recognise that more needs to be done. As the SNP is keen on quoting from our 1997 pledge card, I remind members of what it says. This UK pledge says:

"We will cut NHS waiting lists by treating an extra 100,000 patients".

In Scotland alone, there have been more than 100,000 extra operations since 1997. The fact that that has not led to reductions in waiting lists is because of the great increase in the volume of treatment. I am in no way complacent about waiting, but I ask members who quote pledges to do so accurately.

Nicola Sturgeon: I will do just that. It is good to see the minister with a pledge card. There are very few of them in circulation these days—and I wonder why. Having quoted that pledge accurately, could the minister also accurately quote the pledge contained in Labour's 1998 pre-manifesto for the elections to this Parliament, which said that Labour would reduce waiting lists in Scotland by 10,000 before the next general election? The minister was elected on that pledge—when will he deliver on it?

Malcolm Chisholm: If SNP members are reduced to quoting from pre-manifestos, it shows how desperate they are.

Our commitment to primary care is not just in our policies and proposals, but in the resources that we put in. Susan Deacon reminded us of the global figure for health: an increase from £4.7 billion last year to £6.7 billion by 2003. Margaret Smith reminded us that within that is the £33 million for the new primary care premises that are to be provided, especially in deprived areas. There is also the £18.5 million for personal medical services, which Susan Deacon announced last week. I can assure Mary Scanlon that that is additional money.

Margaret Smith also referred to the excellent work of LHCCs in her constituency. We should

consider the best practice that is developing in LHCCs. In cases of best practice, GPs are working together better than ever before with other players, such as community nurses and pharmacists. LHCCs also serve as a focus for public health activity and for the important health promotion work to which Janis Hughes referred.

Mary Scanlon: An important point of clarification is needed. I understood that the minister had been quoted as saying that much of the £18.5 million over three years would be recouped, because GPs on existing contracts would opt for the new salaried contracts. Will there be 50 additional GPs or will there be changes in the contract?

Malcolm Chisholm: I merely repeat the point that, although obviously there will be some transferred money, the £18.5 million is additional to any money that would be transferred.

We are awaiting the report of the LHCC best practice group. We will then produce proposals that will fulfil the commitment that we have made to strengthen the role of LHCCs.

In response to Ben Wallace's point, I say that £13.5 million has already been put into LHCC development. With reference to Richard Simpson's proposals, I say that we are already involved in detailed discussions on both funding and the levers for change to which various members have referred.

Several members also spoke of personal medical services. On that I pay tribute to the Conservative party, because four years ago this very month Lord James Douglas-Hamilton and I were working on the National Health Service (Primary Care) Bill in the House of Commons. In many cases, the National Health Service (Primary Care) Act 1997 has improved access and quality. It has developed new arrangements for service delivery, reduced bureaucracy and led to better and more flexible services, for marginalised groups in particular.

Sandra White and Dorothy-Grace Elder raised the issue of homelessness in that regard. Sandra White mentioned the homelessness pilot in my constituency. I am sure that everybody recognises its success. Very soon we shall issue guidance on health and homelessness and name a health and homelessness co-ordinator.

David Davidson asked us to apply PMS to dentistry. I assure him that that is already happening, as there are 40 salaried dentists. That will go some way to meeting the concerns that were expressed by Mike Rumbles. I assure him that progress is being made by Dundee dental school in getting students into areas of Grampian.

Adam Ingram, Robert Brown and Shona

Robison all raised the important issue of mental health and primary care, of which we are mindful as mental health is one of our key priorities. We want to build on the work of the mental health framework, in which primary care may not have been highlighted enough. That is why the health plan referred specifically to the further development of extended mental health services in primary care. The health plan recognises that severe and enduring mental illness is only the tip of the iceberg and that we need to do a great deal of work in primary care to deal with the broader range of mental health problems, to which members have referred.

There are good examples of best practice in LHCCs and primary care generally, on which we want to build. On Monday, at Glasgow Caledonian University—to which Robert Brown referred—I was told about a mental health promotion project by community nurses in Glasgow. That emphasised the importance of health promotion in primary care, which is a point that Janis Hughes made.

How long have I got, Presiding Officer?

The Deputy Presiding Officer: You have 12 minutes.

Malcolm Chisholm: In other words, I have one minute left.

I will repeat some of the themes of the debate. Clearly, the priority at the heart of the agenda is better access. Several members talked about primary care gateways rather than GPs as gatekeepers. I have referred to NHS24. I also remind members of the pledge that people should be seen by a primary care worker within 48 hours.

Another main theme has been changing roles. Time forbids me to describe the new roles of nurses and pharmacists, but various members have referred to them. We all recognise the importance of empowering those primary care workers in new ways.

As Susan Deacon said, much of the content of today's debate is not the material that grabs headlines—we can but hope that we will be proved wrong—but it makes a real difference to the patient's journey and the quality of their life. I hope that I have convinced members that we are in the business of proposing solutions as well as identifying problems. It is unfortunate that the SNP is so engaged with the latter but not the former.

Lest I am thought to be too soft on the Tories, however, I remind members that many have short memories, but we do not. It ill befits the party of bureaucracy, whose actions led to the threat of mass resignations by the BMA, and which talks under William Hague's leadership of creating a two-tier service and hiving off large sections of the

NHS, to criticise us for not having made all the improvements that were necessary in 1997. We have made a great many improvements. We have made an important start and I am sure that the people will ensure that we are allowed to carry on with the task.

Business Motion

12:31

The Deputy Presiding Officer (Patricia Ferguson): The next item of business is consideration of motion S1M-1709, in the name of Mr Tom McCabe, on behalf of the Parliamentary Bureau, setting out the business programme.

The Deputy Minister for Parliament (Tavish Scott): Members will have noted from today's business bulletin that the Sewel motion on the Culture and Recreation Bill will be taken on Thursday 8 March.

There are two changes to members' business. First, on Wednesday 7 March, the members' debate is on a motion lodged by Marilyn Livingstone, on a strategy to tackle sexual abuse. On Thursday 15 March, members' business is a debate on a motion lodged by George Reid, on national tartan day. Finally, the Conservatives have intimated that the subject of business for the morning of Thursday 8 March from 9.30 am to 11.00 am is criminal justice and that the subject from 11.00 am until 12.30 pm is crisis in the countryside.

I move,

That the Parliament agrees:

(a) the following programme of business—

Wednesday 7 March 2001

2.30 pm	Time for Reflection
<i>followed by</i>	Stage 1 Debate on the Regulation of Care (Scotland) Bill
<i>followed by</i>	Financial Resolution in respect of the Regulation of Care (Scotland) Bill
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business - debate on the subject of S1M-1564 Marilyn Livingstone: Strategy to Tackle Sexual Abuse

Thursday 8 March 2001

9.30 am	Scottish Conservative and Unionist Party Business
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Business Motion
2.30 pm	Question Time
3.10 pm	First Minister's Question Time
3.30 pm	Executive Debate on the International Development Bill – UK Legislation
<i>followed by</i>	Stage 3 Debate on the Leasehold Casualties (Scotland) Bill

followed by Executive Motion on the Culture and Recreation Bill – UK Legislation

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business - debate on the subject of S1M-1452 Alex Fergusson: Less Favoured Areas

Wednesday 14 March 2001

2.30 pm Time for Reflection

followed by Stage 1 Debate on the Housing (Scotland) Bill

followed by Financial Resolution in respect of the Housing (Scotland) Bill

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 15 March 2001

9.30 am Executive Debate on Freedom of Information

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Business

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business – debate on the subject of S1M-1670 Mr George Reid: National Tartan Day

and, (b) that the Justice 2 Committee reports to the Justice 1 Committee by 12 March 2001 on the draft Advice and Assistance (Financial Conditions) (Scotland) Regulations 2001 and the draft Civil Legal Aid (Financial Conditions) (Scotland) Regulations 2001; and that the Justice 1 Committee reports to the Justice 2 Committee by 13 March 2001 on the draft Limited Liability Partnerships (Scotland) Regulations 2001.

The Deputy Presiding Officer: No member has asked to speak against the motion.

Lord James Douglas-Hamilton (Lothians) (Con): On a point of order, Presiding Officer. Can it be confirmed that the Sewel motion will be put only if it is cleared by the relevant committee beforehand?

Tavish Scott: That is my understanding.

The Deputy Presiding Officer: The question is, that motion S1M-1709 be agreed to.

Motion agreed to.

12:32

Meeting suspended until 14:30.

14:30

On resuming—

The Presiding Officer (Sir David Steel): Before we begin question time, I will respond to the points of order that were raised this morning with the Deputy Presiding Officers about the heating in the chamber. I am afraid that the fathers and brethren who normally occupy the hall do so in the summer and have not experienced the winter here. We have done our best. The heating is up to full pitch and I have asked facilities management to investigate heating for future weeks. I cannot do much more this afternoon, but I repeat the dispensation that the Deputy Presiding Officers gave this morning to allow members to bring outdoor clothing into the chamber. In the meantime, we will proceed with question time, which I hope will generate more light than heat.

Question Time

SCOTTISH EXECUTIVE

Community Schools

1. Karen Whitefield (Airdrie and Shotts) (Lab): To ask the Scottish Executive what plans it has to develop further the community schools initiative. (S1O-3022)

The Minister for Education, Europe and External Affairs (Mr Jack McConnell): Forty-seven projects are up and running under the new community schools pilot programme. A further 15 have been offered support and will start in April. That fully meets the commitment that we gave in the programme for government to establish 60 new community schools by 2001. The pilot projects will be evaluated locally and as part of the programme of inspections of Her Majesty's inspectors of schools. A three-year evaluation of the pilot programme started in April 2000 and is being conducted by the University of London.

Karen Whitefield: If the community school model proves successful after evaluation, what steps will the minister take to ensure that larger councils such as North Lanarkshire Council benefit on a scale that is proportionate to their need?

Mr McConnell: Following representations from some colleagues, I am considering the position of the larger councils, which may have felt that they deserved proportionately more than two community schools under the pilot programme. However, in the short term, before the evaluation of the pilots is complete, we must discuss whether local authorities might take the initiative to roll out the community schools initiative, because they must be involved in those innovations rather than

always rely on direction from the centre. I would be keen to discuss that with the Convention of Scottish Local Authorities in due course.

Irene McGugan (North-East Scotland) (SNP):

As new community schools have made a contribution to the lives of children and their families, what reassurance will the minister give projects that are reaching the end of their three-year funding period? Will they be able to consolidate their good work and continue confidently, knowing that their future funding is secure?

Mr McConnell: The reassurance comes in their success. We must discuss with local authorities how existing and future projects are best funded as part of mainstream funding, rather than as an add-on. We can do that in the next year or two as the evaluations come through. However, it is most important that we celebrate the success of the community schools and expand that good practice throughout Scotland. We need not badge everything as community schools to make schools good, integrated examples of best practice.

Cathy Peattie (Falkirk East) (Lab): Does the minister agree that the best way of evaluating the schools is by using softer indicators and by ensuring that HMI understands the value of community participation and joined-up working?

Mr McConnell: Yes. I am sure that that is that case. I hope that inspections will evaluate the whole nature of the community school, particularly the integrated working with departments, agencies and the local community.

External Affairs

2. Mr Lloyd Quinan (West of Scotland) (SNP):

To ask the Scottish Executive whether it will publish a policy on external affairs. (S10-3013)

The Minister for Education, Europe and External Affairs (Mr Jack McConnell): In my speech to the Centre for Scottish Public Policy on 4 December 2000—copies of which are available in the Scottish Parliament information centre—I set out the Scottish Executive's policies on European relations. I discussed that policy with the European Committee on 12 December and am now involved in discussions with several other bodies to develop that strategic approach.

Mr Quinan: I thank the minister for his reply, but my question concerns our external affairs policy, not our European policy. I would like to know whether a document will be produced that outlines the Executive's policy towards Europe and towards non-European Union states.

The Parliament, as well as the Executive, is required to engage with Parliaments that are at a similar level to us, including the Parliaments in

Catalunya, in the Basque country and in Flanders. That is in addition to our negotiations with nations that have similar interests and are of a similar size to us, such as Norway, Finland and Denmark.

Does the minister agree that there is a requirement for a statement of external affairs policy and that we need to put in place a structure through which the Parliament can scrutinise the Executive's external affairs policy?

Mr McConnell: The last time I looked at a map, Catalonia, the Basque country, Flanders, Norway, Finland and Denmark were all in Europe and would therefore be covered by our policy.

Mr Quinan: Norway is not in the European Union.

The Presiding Officer: Order. I want to hear the question.

Mr McConnell: Was that a supplementary, Presiding Officer?

The Presiding Officer: No. I am waiting for Hugh Henry.

Hugh Henry (Paisley South) (Lab): Members will be aware that Lloyd Quinan's point is valid. No committee in the Parliament scrutinises the external affairs remit of the Scottish Executive. Will the minister ensure that there are early discussions with parliamentary representatives to ensure that there will be scrutiny by an appropriate committee of the Parliament?

Mr McConnell: As the member knows, I am happy to discuss that matter with parliamentary representatives at any time the committees choose. In the discussions that took place in the European Committee in December, we strayed beyond the boundaries of Europe when we talked about the importance of external affairs to the Parliament.

On the previous point, I make it clear that Norway may not be in the European Union but it is in Europe.

Dennis Canavan (Falkirk West): Does the minister agree that bilateral relations between Scotland and Ireland—and indeed between Scotland and other countries in the world—would be enhanced if the Scottish Parliament as a whole were to play a leading role instead of leaving it to an unholy trinity such as Helen Liddell, John Reid and Frank Roy?

Mr McConnell: That is an unfortunate remark in the week when the Parliament has joined the British-Irish Interparliamentary Body. I welcome the Parliament's involvement in that body and celebrate the fact that we have good relations at parliamentary level as well as at Executive level.

Housing (Investment)

3. Mr John Home Robertson (East Lothian) (Lab): To ask the Scottish Executive what resources for investment in housing stock are available to housing associations and local authorities not pursuing stock transfer. (S1O-3044)

The Minister for Social Justice (Jackie Baillie): In the current year, housing associations will receive £169 million to invest in social housing. It is estimated that local authorities will have around £347 million available, through housing revenue account borrowing consents, usable capital receipts and revenue surpluses. It is not possible at this stage to show separate figures for authorities that are not pursuing stock transfer.

Mr Home Robertson: Will the minister acknowledge that there is a serious shortage of affordable rented housing in many parts of Scotland? Does she share my concern that about 5,000 people are stuck on the council house waiting list in East Lothian, many of them in overcrowded accommodation? Many of them are having to pay inflated private sector rents and some face homelessness. Will the Executive take urgent steps to help local authorities and housing associations to build more houses to meet that need? Can we have a sensible debate about the right to buy, with the objective of sustaining an efficient and adequate supply of affordable rented housing in all areas of Scotland?

Jackie Baillie: I assure John Home Robertson that that is precisely why our programme for government commitment has increased from 18,000 to 20,000 the number of new and improved homes that we will build over the next three years. I pay particular tribute to East Lothian Council, which will receive some £10 million of support from our new housing partnership initiative to build 500 new houses for rent in the area. I hope that that will address some of the problems that John Home Robertson has outlined.

Mr Kenneth Gibson (Glasgow) (SNP): Does the minister agree with the view of our local authorities—expressed this week at the Local Government Committee—that the case for abolition of housing capital set-aside arrangements is overwhelming and that failure to abolish set-aside betrays a lack of trust in local government's ability to decide whether housing investment or debt repayment is a priority on a council-by-council basis? Is the minister willing to put her faith in Labour councils on this issue?

Jackie Baillie: I can assure Kenny Gibson that I have enormous faith in all local authorities, but his question oversimplifies the issue. We have some £4 billion of debt in Scottish housing stock. That housing stock is valued at only £2 billion. People who are tenants are currently bearing the cost of

that debt. It is therefore critical that we reduce that debt to benefit them.

Donald Gorrie (Central Scotland) (LD): Will the minister give a clear undertaking that there will be really significant increases in the number of available socially rented houses in Scotland year by year for the foreseeable future, if she has anything to do with it?

Jackie Baillie: If I have anything to do with it, I am quite happy to give Mr Gorrie that commitment. Our programme for government statement clearly indicated that we wanted to build 20,000 new and improved homes across Scotland, and we are on course to deliver that.

Bill Aitken (Glasgow) (Con): Does the minister agree that, notwithstanding her enormous faith in Scottish local authorities, stock transfer is still the preferred way forward for Scottish council house tenants, as it seeks to overcome the failure of Labour local authorities to maintain their housing stock to a satisfactory level?

Jackie Baillie: It is not very often that I find myself agreeing with Bill Aitken, and this is not going to be one of those occasions. The high level of debt and disrepair is a direct consequence of the 18 years of underfunding that local authorities experienced at the hands of the Conservatives. We are keen to create that step change in investment to ensure that people in Scotland have access to warm, dry and affordable homes. Our policy is to support community ownership, not just for financial reasons but to ensure that communities themselves have control over their houses.

Stirling Council (Meetings)

4. Mr Brian Monteith (Mid Scotland and Fife) (Con): To ask the Scottish Executive when it last met representatives of Stirling Council and what issues were discussed. (S1O-3030)

The Deputy Minister for Finance and Local Government (Peter Peacock): The Scottish Executive regularly meets representatives of councils, including Stirling Council, to discuss matters of mutual interest.

Mr Monteith: When the minister last met representatives of Stirling Council, did they tell him that, following the financial settlement, that local authority will have to cut its education budget? Did they tell him that it will have to raise local taxes by 17 per cent over three years? Did they tell him that it will have to cut its voluntary sector budgets during the United Nations international year of volunteers?

Peter Peacock: The last time I met the leader of Stirling Council, he welcomed the settlement of an additional 7.3 per cent in the coming financial

year, 5.5 per cent the year after and a further 4.2 per cent the year after that, on top of the 26 per cent increase in capital spending. That settlement, unlike the grant settlements under the Conservative Government, is allowing Stirling Council and other Scottish councils to stabilise their provision and grow services where appropriate.

Bruce Crawford (Mid Scotland and Fife) (SNP): Brian Monteith rightly referred to the cuts that are being made in funding for the voluntary sector. Does the minister accept that the voluntary sector in the Stirling area is the cement in that community and that reductions such as the £10,000 reduction in funding to the Stirling volunteer centre and reductions to the citizens advice bureau cut right across what the social inclusion agenda is trying to achieve?

Peter Peacock: Several members come from the voluntary sector. The Parliament is renowned for its support of the voluntary sector and I support it as well. The decisions of local councils are ultimately a matter for those local councils and they must stand accountable for those decisions in their local communities.

Scottish Cycle Challenge Initiative

5. Bristow Muldoon (Livingston) (Lab): To ask the Scottish Executive what action will be taken to encourage further school and workplace cycling initiatives in the light of the recent evaluation of the Scottish cycle challenge initiative. (S1O-3039)

The Minister for Transport (Sarah Boyack): I will give prominence to cycling, walking and safer streets projects when allocating resources from the public transport fund. The fund itself will be increased to £150 million over the next three years.

Bristow Muldoon: I welcome that answer and I welcome the additional resources that the minister has said are likely to be made available over the forthcoming years. Does she recognise the contribution that schemes such as the safe routes to schools project, which aims to encourage more walking and cycling by Scotland's young people, will make to improving the health of our young people, to reducing congestion in our towns and cities and to improving traffic awareness among young people?

Sarah Boyack: I strongly agree. Bristow Muldoon will know that West Lothian Council received £151,000 last year for work to improve safer routes to schools. I am keen to ensure that that kind of work can carry on across the whole of Scotland and over a long period, rather than as a one-off. The critical task is to ensure that safer routes to schools and safer opportunities to cycle and walk are built in throughout Scotland in all

local authority areas.

The Presiding Officer: Question 6 has been withdrawn.

Tourism

7. Christine Grahame (South of Scotland) (SNP): To ask the Scottish Executive what specific initiatives it has introduced or will be introducing to assist and develop tourism. (S1O-3023)

The Minister for Enterprise and Lifelong Learning (Ms Wendy Alexander): The new strategy for Scottish tourism, which we published last year, includes several actions, including encouraging the use of information technology by the industry, improving training and skills, improving marketing and, in particular, promoting niche products, in which Scotland has particular strengths.

Christine Grahame: Does the minister agree that a report into the economic potential of tourism if the Borders railway were to be reinstated should consider the reinstatement of the whole line, from Edinburgh to Carlisle? Can the minister explain why the tourism report lodged as evidence in the feasibility study considered a railway only to Galashiels? On the subject of initiative, will the minister now show some and instruct a proper report?

Ms Alexander: The current position is that the promoters of the railway, headed by Scottish Borders Council, must establish the costs associated with any project and whether any public funding is necessary. Scottish Borders tourist board, in consultation with tourist boards across the border, has examined the likely uplift in traffic and the potential for tourism that would be associated with the development of the rail link.

Scott Barrie (Dunfermline West) (Lab): Notwithstanding her response to Christine Grahame's first question, does the minister agree that in promoting tourism in Scotland we should not concentrate solely on traditional tourism areas, but should promote less visited yet historic areas of our country?

Ms Alexander: Such as Dunfermline and Fife, perhaps?

I made reference to that when I visited Lochaber, which probably counts as one of our more prominent tourism areas, during the past fortnight. We should develop the niche products—a lot of work is going on in genealogy, walking in the Borders and golf in other parts of Scotland—which will allow us to succeed in the future.

Mr David Davidson (North-East Scotland) (Con): The minister will be aware of the stresses and strains that area tourist boards are under due to lack of support because councils are no longer

able to give them as much as they did. In Aberdeen, the net result of that is the closure of the tourist information centre because of local government's inability to support it. Will the minister consider funding area tourist boards directly from the centre?

Ms Alexander: I was concerned to hear about the possible closure of the tourist information centre. We have provided Aberdeen City Council with a budget for the next three years, so it should now be able to look favourably on the level of assistance it provides to the area tourist board.

George Lyon (Argyll and Bute) (LD): When will the minister be able to make an announcement to Parliament on the appointment of a new chief executive for the Scottish Tourist Board?

Ms Alexander: I am hopeful that I should be able to make an announcement on the new chairman and the new chief executive within the coming month and certainly before we rise for Easter.

Warrant Sales

8. Alex Neil (Central Scotland) (SNP): To ask the Scottish Executive whether it will clarify the remit of the working group on a replacement for poindings and warrant sales. (S1O-3002)

The Minister for Finance and Local Government (Angus MacKay): The working group is tasked with identifying a humane and workable alternative to poinding and warrant sale and making proposals to the Deputy First Minister. Information about the group and its work can be found on the dedicated pages of the Scottish Executive's website.

Alex Neil: First, will the minister clarify whether the group is examining an alternative to poindings and warrant sales only in relation to moveable assets or whether it will consider a replacement for a system of arresting movement of household goods? Secondly, will he clarify that the remit will extend to ending other injustices in the system of debt recovery?

Angus MacKay: The remit of the working group is exactly as it was when the group was constituted; it has not changed. The working group has considered a wide range of issues that form the background to the need to deal with the current system. In the course of considering those issues, it has discussed, for example, the need for a comprehensive system of debt counselling.

Tommy Sheridan (Glasgow) (SSP): The minister answered Alex Neil's question by saying that the working group is considering a replacement for poinding and warrant sale. The remit given on the website, which he kindly invited

us to visit, is

"To identify a workable and humane replacement diligence against moveable property to that of poinding and warrant sale".

I ask for the third time: will the minister clarify whether the alternative is, by necessity, against moveable property, or will he open his eyes to the reality that he cannot humanise a system that is inhumane?

Angus MacKay: If Mr Sheridan had remained present throughout the meeting from which he walked out when he resigned from the working group, he would not have had to ask that question in Parliament today. The remit of the working group stands as it did when the working group was constituted, as it did when Mr Sheridan was invited to join the working group and as it did when Mr Sheridan left the working group.

Mr John McAllion (Dundee East) (Lab): Can the minister confirm that if the remit of the working group is restricted to finding an alternative diligence against moveable property, that must involve the poinding and forcible sale of the goods of debtors? As we know that any allegedly wealthy debtors—fly-by-night types who are alleged to have Jaguar cars in the driveway—are probably smart enough to ensure that their moveable property is registered and owned by somebody else, does not that inevitably mean poinding and forcibly selling the goods of poor people? Has not this Parliament already voted to abolish such a system?

Angus MacKay: As Mr McAllion may know, the Executive will conduct a review of the wider principles of diligence in the legal system of Scotland; it may address some of the points that he made.

The other point that I make to Mr McAllion is that, notwithstanding whatever conclusion the working group may reach—I do not want to prejudge that—having seen Christine Grahame and Mr Sheridan leave the group, a number of other organisations and individuals remain within the group, including Money Advice Scotland, Citizens Advice Scotland, the Institute of Credit Management, the Convention of Scottish Local Authorities and a leading and respected independent academic. I would not want to prejudge the conclusions that the group may reach about what would be a suitable proposal to present to the Deputy First Minister.

Opencast Developments

9. Michael Russell (South of Scotland) (SNP): To ask the Scottish Executive what consultation it has had with South Lanarkshire Council with regard to the opencast development at Broken Cross Muir. (S1O-3028)

The Deputy Minister for Sport and Culture (Allan Wilson): There have been no formal consultations on this matter. The department's written observations on the finalised draft of South Lanarkshire Council's minerals subject local plan, which were sent to the local authority on 14 December 2000, made passing reference to the proposal. In addition, South Lanarkshire officials presented an update of the position at the conclusion of a planning case briefing meeting with my department on 16 January. Further, at a meeting on 19 February to discuss my initiative on the review of strategic planning, my officials were informed that, on 14 February, members had decided to grant planning permission. They were also advised that, as the proposal did not qualify for notification, the matter would not be referred to the Scottish ministers.

Michael Russell: I thank the minister for his reply. He will be aware that opencast developments produce strong passions, both for and against. Can he give reassurance to people in the community, who are concerned that the arrangements for transportation breach the Executive's guidelines for the carrying of coal and that the nuisance and difficulty created will be considerable?

Allan Wilson: That is primarily a matter for South Lanarkshire Council, as the planning authority. My information is that the proposal is a replacement for the existing operation at Dalquhandy, where coal is initially transported by road—via the B7078 and the A70—to the rail loading facility at Ravenstruther, to the north of Lanark. It is proposed to transfer coal from Broken Cross in exactly the same way.

Criminal Injuries Compensation Authority

11. Johann Lamont (Glasgow Pollok) (Lab): To ask the Scottish Executive what steps it is taking to review the effectiveness of the Criminal Injuries Compensation Authority.

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): We have no plans to review the effectiveness of the Criminal Injuries Compensation Authority. It is a cross-border authority which was reviewed last year by both the National Audit Office and the Public Accounts Committee of the House of Commons. However, the Scottish Executive participated in the Home Secretary's recent review of the criminal injuries compensation scheme. That provides a welcome increase in the level of various awards, specifically for victims of rape, child abuse, serious multiple injury and HIV-AIDS. It also changes the tariff system to make it easier for victims to use.

Johann Lamont: I thank the minister for that reply. Is he aware of some of the concerns about the system of criminal injuries compensation,

especially in the circumstances highlighted by the experience of a constituent of mine: someone was found guilty of a serious assault but payment to the victim of the assault was delayed because the convicted person appealed?

Does the minister agree that it is at the very least ironic that a victim suffers because of a successful prosecution and conviction? Will the minister assure me that he will consider the means by which he can bring those issues to the attention of the appropriate people to ensure that, in our strategy for victims, victims of a crime are not further victimised when they seek compensation?

Mr Wallace: I am certainly aware of that particular case as Johann Lamont has raised it with me previously. I hope that I can send her a full reply in very early course. I have made inquiries into the circumstances of that case. The authority awaits the outcome of criminal proceedings including any appeal as very often such proceedings can bring to light facts that impact on the eligibility to receive compensation.

In cases where there is evidence of fatality, such evidence is often not available from the various authorities, including the Crown Office, until the judicial process is completed. I will draw the matter to the Lord Advocate's attention, given the Crown Office's interest. In the particular circumstances of Johann Lamont's constituent, a decision was finally made in advance of the appeal on the basis of evidence that was provided.

Phil Gallie (South of Scotland) (Con): Has the minister given thought to the situation where those who have committed serious crimes benefit from their harmful escapades by writing about them? Furthermore, will the minister consider means of redirecting such earnings either to the victims or to the Criminal Injuries Compensation Authority?

Mr Wallace: As Mr Gallie is aware, some consideration has been given south of the border to the effect—if any—of combating or dealing with people who profit from writing about their crimes. However, as people have the right to freedom of expression, any such measures would be difficult to implement.

Mr Gallie is right to say that victims of crime should have proper compensation. In 1999-2000, the Scottish contribution to the Criminal Injuries Compensation Authority was £25 million. A consultation paper on how to deal with the proceeds of crime will be issued shortly.

Ms Margo MacDonald (Lothians) (SNP): Will the Minister for Justice reassure us that he will resist the temptation to limit the freedom of expression? The minister has expressed his own abhorrence of people who profit from writing about their crimes and, like everyone else, I do not wish that practice to continue. The onus is on the

people who publish. As a result, perhaps the appeal should be made to publishers instead of the people who committed the crime and might have repented. Does that not come into the equation?

Mr Wallace: I have already said that consideration of this matter must take place against the background of a very fundamental freedom in any democracy—the freedom of expression.

Housing (Calcium Chloride)

12. Andrew Wilson (Central Scotland) (SNP):

To ask the Scottish Executive what action it will take on the sale to tenants of Cumbernauld Development Corporation of houses that were constructed using calcium chloride but sold after the use of this substance in construction was banned in 1977. (S10-3007)

The Minister for Social Justice (Jackie Baillie): Owners who purchased houses from Cumbernauld Development Corporation have responsibility for their own homes. However, I am aware that Scottish Homes is working closely with the affected owners.

Andrew Wilson: The minister must be aware that those owners were sold homes that, without their full knowledge, contained a substance that was banned for a purpose. Calcium chloride leads to corrosion of the blocks, which is why those houses are now crumbling and why we are in this crisis situation. Is the minister aware of one of the owners, Sheila Benjamin, who was reported in the *Sunday Mail*—[*Interruption.*] Labour members should be aware of a serious issue that is facing them.

The Presiding Officer: Order. I have a point of order.

Mr Duncan McNeil (Greenock and Inverclyde)

(Lab): On a point of order, Presiding Officer. Should not Mr Wilson declare an interest when he introduces the *Sunday Mail*?

The Presiding Officer: I hope that he was not following on from the previous question.

Andrew Wilson: It is important for Labour members to listen to serious quotations. This occupant, who has serious problems, has said:

"We're stunned. The materials used were outlawed just before we bought the flat. These buildings were only built in the . . . 60s, and now we've found out that they are crumbling."

The Presiding Officer: Can we have a question?

Andrew Wilson: Will the minister take responsibility for homes that were sold that were a pig in a poke and people now having to pick up the

pieces?

Jackie Baillie: I do not think that there was any suggestion that Cumbernauld Development Corporation knowingly sold those homes on with faults. I am aware of the problem, not as a result of reading about it in the local press, but as a result of discussing the matter with Cathie Craigie, the MSP for Cumbernauld and Kilsyth. I have told Cathie that I would be happy to have a further discussion with her on the basis of Scottish Homes commissioning structural reports and working with the owners to try to find solutions to the problems.

Cathie Craigie (Cumbernauld and Kilsyth)

(Lab): I thank the minister for her reply to Mr Wilson's supplementary question. The *Sunday Mail* article described him as a local member for Cumbernauld and Kilsyth; he might want to take that matter up with the paper. The minister is very well aware of the difficulties faced by the—[*Interruption.*]

The Presiding Officer: Order. Let us hear the supplementary.

Cathie Craigie: The minister is well aware of the difficulties that are faced by owners and tenants who live in this small area of Cumbernauld. She is also aware of the concerns of owners, tenants and tenants of private landlords. Will she ensure that Scottish Homes continues to support the recently established steering group that hopes to examine the engineers' report and make recommendations? Will she agree to meet both me and the steering group when that information is available?

Jackie Baillie: I would be happy to meet Cathie Craigie and the steering group, which has worked extremely hard to find solutions. That is the fundamental difference: people can quote the headlines, which last for 24 hours, or they can do some real hard work to help.

Bank of Scotland

13. Ms Margo MacDonald (Lothians) (SNP):

To ask the Scottish Executive what representations it will make to the Bank of Scotland and the Secretary of State for Trade and Industry regarding the impact of retaining the bank's head office in Edinburgh in the event of any merger involving the bank. (S10-3014)

The Minister for Enterprise and Lifelong Learning (Ms Wendy Alexander): The Scottish Executive recognises the significance of the head office of the Bank of Scotland in Edinburgh and is in contact with the parties concerned.

Ms MacDonald: I thank the minister for that answer. Does she agree that the Abbey National's termination of interest in a merger with the Bank of

Scotland gives the opportunity for the Executive, or perhaps the Enterprise and Lifelong Learning Committee, to mount an audit or inquiry into all the changes that have been taking place in the Scottish financial services sector, which are of fundamental importance to the economy not only of Edinburgh, but of Scotland?

Ms Alexander: The Executive is aware of the situation and is monitoring it closely. I do not want publicly to speculate further on what is a fluid situation. The Scottish financial sector has been one of the most dynamic growth areas in the Scottish economy over the past few years and is a key financial centre, ranking fifth in Europe in equity markets management. We can therefore be assured of the future of the sector in Scotland.

Asylum Seekers

14. Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): To ask the Scottish Executive what measures it is taking to help integrate young asylum seekers into the education system. (S1O-3008)

The Deputy Minister for Education, Europe and External Affairs (Nicol Stephen): Local authorities are responsible for the delivery of school education, and it is the primary responsibility of individual councils to consider and take action that is appropriate to the circumstances of pupils who attend schools in their areas.

Cathy Jamieson: I thank the minister for his answer and I accept it. Notwithstanding the fact that the primary responsibility lies with the local authorities, will the minister confirm that he is aware of the report from the Scottish Refugee Council, entitled "Rebuilding lives", and will he take note of the comments that have been made by many young people who have arrived in Scotland as refugees and asylum seekers? Will the minister condemn any form of racist attack on those young people and assure me that the Scottish Executive will do all that it can to support local authorities in ensuring that those young people receive a proper education and are welcomed by the people of Scotland?

Nicol Stephen: I am aware of that report. I am extremely concerned whenever there is evidence of racism, especially in schools, and I condemn all such activity. About 350 children of asylum seekers are currently in schools in Glasgow. If Cathy Jamieson or any other member would like to discuss with me any issues that relate to those children or to the children of refugees, I will be happy to do so.

Shona Robison (North-East Scotland) (SNP): Will the minister tell us what progress is being made to ensure that, as part of the integration into

the education system of young asylum seekers, funding is being made available to local authorities and schools, as it has been made available to the Department for Education and Employment in England?

Nicol Stephen: We are considering that issue. When the scheme was announced by the DFEE in England, only a small number of children in Scotland fell into that category. The number has now grown and it is appropriate for us to review the situation in the light of experience.

Transport (Aberdeen)

15. Elaine Thomson (Aberdeen North) (Lab): To ask the Scottish Executive what the next steps will be in progressing the transport strategy for Aberdeen. (S1O-3021)

The Minister for Transport (Sarah Boyack): I will announce presently my decision on Aberdeenshire Council's revised bid for public transport fund support for studying improved rail links between Stonehaven and Inverurie. The new park-and-ride site at Kingswells, which will open this autumn, offers commuters and shoppers an attractive alternative to car use in the city.

Elaine Thomson: I look forward to the minister's visit to Aberdeen on 14 March, when she will discuss with the north-east Scotland economic development partnership the best ways in which to progress Aberdeen's proposed modern transport system. What will be the minister's main priorities in that discussion, which will start to deliver for Aberdeen the integrated transport system—including the western peripheral route—that it so desperately requires for its future prosperity?

Sarah Boyack: I am keen to work in partnership and my objective in meeting representatives of NESDEP later this month will be to follow on from the discussions that we had last year, when I said that I would ensure that one of my officials would work in regular contact with NESDEP. We followed that work up and the First Minister was in Aberdeen last month to talk about partnership work between the Scottish Executive and NESDEP. The key challenge is to talk about individual projects and ways in which we can work together through the public transport fund and the Executive's integrated transport fund to deliver in the short term and the long term for Aberdeen and the surrounding areas.

Brian Adam (North-East Scotland) (SNP): In light of the First Minister's fairly positive comments about the western peripheral route at a recent business breakfast in Aberdeen, is the minister in a position to give a commitment to designate that route as a trunk route and to accept the financial responsibilities that come with that?

Sarah Boyack: If Mr Adam had listened carefully to my answer to Elaine Thomson, he would have noted that I said that the task was to talk about individual projects and ways in which they add together. My officials and I must do a lot of number crunching and detailed work with Aberdeenshire Council, Aberdeen City Council and the economic development interests in the area. That is why I will visit Aberdeen this month.

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I hope that the announcement about the rail link between Stonehaven and Aberdeen will be positive; I look forward to it.

As far as I am aware, the plan for the western peripheral route is ready, NESDEP is ready, and Aberdeen City Council and Aberdeenshire Council are ready. We need a commitment from the minister. Will she give that commitment?

Sarah Boyack: Mike Rumbles is not right. Ideas—which I described as exemplary last year—about putting together an integrated transport strategy have been produced. I repeat the point that I made to Mr Adam. My officials and I need to discuss with NESDEP and the other interested parties the detail of the proposals, the modelling issues and the ways in which the range of projects that are contained in the integrated transport strategy can be dealt with practically.

Schools (Discipline)

16. Mr Frank McAveety (Glasgow Shettleston) (Lab): To ask the Scottish Executive, further to the answer by Mr Jack McConnell to question S1O-2893 on 1 February 2001, what further measures are being taken to improve discipline in schools. (S1O-3045)

The Minister for Education, Europe and External Affairs (Mr Jack McConnell): The discipline task group is examining current measures. It will make recommendations in June on how policies can be improved and on what else we can do to combat disruptive behaviour in schools. Following its first meeting in January and a seminar in February, the task group has formed three sub-groups on school management, pupil attitudes and inter-agency working. Earlier this week, I announced that the Scottish Executive will continue to offer financial support to secure the operation of the ChildLine anti-bullying helpline and I am also considering the future funding of the anti-bullying network. I expect to make an announcement on the subject presently.

Mr McAveety: I welcome the commitment to tackling bullying in schools.

In recognition of the high exclusion rates in schools in Glasgow City Council's area, could I have a commitment from the minister that his people will work in partnership with the council to

address the issue of high exclusion rates to ensure that pupils have education of a quality that will make a difference to their futures?

Mr McConnell: I can give that commitment. I want to make it clear that, while we will take those disruptive pupils out of the classroom, we do not want them out of the system. It is vital that we get the right balance between excluding pupils who affect the learning of their peers from the environment in which they cause disruption, and making sure that they get an education and learn to be better citizens.

Dorothy-Grace Elder (Glasgow) (SNP): The minister will agree that there is a high rate of early retirement among Scottish teachers and that that is partly because of stress and ill health. I would like to find out the latest figures on that—if the minister does not have them to hand, he could pass them to me later.

Does the minister agree that the stress of coping with some very unruly pupils is leading many teachers to flee the education system and to be very glad to say, "Bye-bye, blackboard"?

Mr McConnell: As I once did. The issue of stress in schools is important. We do not have the figures from authorities. They are the employing bodies and the matter is therefore not our responsibility. We have not collected such information in the past. However, it is important that we take the matter seriously, which is why we set up the discipline task force. Stress in schools was the No 1 issue that was raised in every private listening meeting that I have had with teachers and parents and, for that matter, with pupils. We will continue to give priority to the issue in the coming months.

First Minister's Question Time

SCOTTISH EXECUTIVE

Prime Minister (Meetings)

1. Mr John Swinney (North Tayside) (SNP):

To ask the First Minister when he will next meet the Prime Minister and what issues will be discussed. (S1F-875)

The First Minister (Henry McLeish): In replying to John Swinney, I wish to put on record on behalf of my party—and, I am sure, on behalf of everybody else in the chamber—our appreciation of Lord John Mackay of Ardbrecknish, who has tragically died. He was a man of integrity and a great public servant, who made an enormous contribution to the Conservative party and to the country. I hope that the Parliament shares those sentiments. We express our sincere condolences to his wife and family and to his enormous number of friends, many of whom were represented at the funeral yesterday. [Applause.]

I last met the Prime Minister on 16 February in Glasgow.

The Presiding Officer (Sir David Steel):

Before Mr Swinney responds, I would like to add to what the First Minister has said. Because of the snow, I was unable to get to John Mackay's funeral yesterday, and I would like to add my tribute to him.

Mr Swinney: I associate the Scottish National Party with the First Minister's remarks—they are most appropriate.

Does the First Minister agree that our rural communities face an enormous crisis? Will he acknowledge the wide support that was expressed yesterday for the stance that was taken by the Minister for Rural Development and the Scottish Executive rural affairs department in tackling the foot-and-mouth problem in Scotland? Does he share our deep dismay at the identification and announcement of two cases of foot-and-mouth disease in Scotland?

Yesterday, the Minister for Rural Development said that he would not extend his actions until such time as

"an actual case of foot-and-mouth disease was confirmed in Scotland."—[Official Report, 28 February 2001; Vol 10, c 10.]

Will the First Minister take this opportunity to reinforce the Minister for Rural Development's message and agree to some of the proposals that were advanced by the Opposition yesterday, such as the proposals for a compulsory disinfecting

scheme and for a wider public information campaign to raise awareness about what the public can do to help in the circumstances—and about what they must definitely not do to hinder the efforts that are being made?

The First Minister: I welcome and agree with every point that John Swinney made. The issue should unite not only our country, but the whole United Kingdom. I, too, want to praise the work of the Minister for Rural Development and the whole rural affairs department. I also highlight the close working relationships that we have with not only London, but Brussels.

I associate myself with John Swinney's concern about the deepening crisis that faces our rural communities. We are all well aware of the severe difficulties that face the farming industry, and two cases of foot and mouth have indeed been confirmed this morning—one in Lockerbie and one in Canonbie. Movement restrictions are now in place within a 10km radius of each of the farms. A total of 410 sheep and 437 cattle will eventually be destroyed at the premises.

I share John Swinney's concern that this is not an issue just for rural communities, but for us all in Scotland. That is why I say that we must continue our vigilance and continue to treat the countryside with respect. In one sense, banning movement helps, but on the other hand, every person who lives in Scotland can help by abiding by the suggestions that have been made.

The Minister for Rural Development is monitoring the situation very carefully and will want to take any further action that he sees fit in relation not only to people's conduct in the countryside, but to anything that emerges from close discussions with colleagues in London.

Mr Swinney: The First Minister referred to the deepening crisis in our rural communities, which affects almost every sector of those communities. Last week, I visited the port of Fraserburgh, where I met a skipper who told me that he is faced with a choice between tying up his boat and going bankrupt or going to sea and destroying the future of the Scottish fishing industry.

There are 300 boats now involved in a voluntary tie-up scheme that has been organised by the Scottish fishing industry. I welcome the First Minister's undertaking to meet the fishing industry next week. When he does so, will he give the industry the message that it needs to hear, which is that the Executive will pay for a temporary tie-up scheme to provide a future for the Scottish fishing industry?

The First Minister: Let me again identify myself with the fishermen who are facing this plight. Since before Christmas, the conservation of cod stocks has been a key generator of concern among

fishermen. As John Swinney confirmed, I met briefly the fishermen, who are represented in the gallery today. I am very willing to meet the Scottish Fishermen's Federation and representatives of the group that lobbied the Parliament today.

The SFF has made a huge contribution to the debate. Its representatives have left their suggestions for a way forward with Rhona Brankin and Ross Finnie. Those suggestions concentrate on decommissioning, but a tie-up scheme is also suggested. In meeting the SFF with such urgency next week, we appreciate that we have to move forward on the issues. However, we also say to the fishermen who are here today that we have a long-term, shared aspiration to have a sustainable fishing industry in Scotland in the years to come. The debate should be about capacity, stocks and conservation. It should also be about a Parliament and an Executive that listen. We want to respond as soon as possible.

Mr Swinney: The First Minister talked about securing a long-term future for the fishing industry. At the rally that took place across the road earlier today, one fisherman said, "How can you talk about a long-term future if you do not have a present?" The crisis is now. Will the First Minister undertake to provide temporary assistance for the fishing industry for a tie-up scheme that will allow fishermen to bridge the difficult circumstances that they are in and that will provide a basis on which a long-term future can be created? The crisis is now, and it needs the Executive to act now.

The First Minister: I have already confirmed that enormous difficulties face the fishing industry. That is why Rhona Brankin met the Scottish Fishermen's Federation this morning and why we will hold meetings next week. We have embraced this with a real sense of urgency. We have received proposals from the SFF on tie-up and decommissioning. We are looking at those proposals very closely, and will move quickly after we have considered the matters that are before us.

Cabinet (Meetings)

2. David McLetchie (Lothians) (Con): I begin by thanking the First Minister for the generous tribute that he paid to John Mackay, Lord Mackay of Ardbrecknish. I thank the First Minister, the Secretary of State for Scotland, John Swinney and others for attending John's funeral service yesterday.

To ask the First Minister when the Scottish Executive's Cabinet will next meet and what issues will be discussed. (S1F-863)

The First Minister (Henry McLeish): The Scottish Executive Cabinet will next meet on 6 March when it will discuss issues of importance to

the people of Scotland.

David McLetchie: I am sure that the crisis that has been caused in our rural communities by the recent outbreak of foot-and-mouth disease will be discussed at that meeting. I welcome the measures that the Government and the Scottish Executive have taken, particularly in light of the worrying news that the disease has spread into Scotland. It is clearly a virus that recognises no national or political boundaries.

We know that there have been relationship problems in the past between the Ministry of Agriculture, Fisheries and Food and the Scottish Executive rural affairs department. I do not wish to dwell on those problems but, in light of that history, can the First Minister assure members that there will be a fully co-ordinated response to the foot-and-mouth outbreak throughout the whole United Kingdom?

The First Minister: The simple answer is yes, but I will amplify that by saying that there is the closest co-operation, not only between Edinburgh and London, but between London and Edinburgh and Brussels. It is vital that we take a co-ordinated approach. Too many farms, families and futures are at stake for us not to do so. I give a categorical assurance that a co-ordinated response is being made now and that it will continue for the duration of the outbreak of foot-and-mouth disease in the UK.

David McLetchie: The current situation will almost certainly lead to a further increase in beef imports and to further dumping on the British market. Is the First Minister satisfied that enough is being done through the Food Standards Agency to ensure that imported beef from Germany and elsewhere conforms to British food safety standards, given the five instances that have been identified by the Food Standards Agency of substandard beef finding its way on to the supermarkets in this country? Can our inspection systems cope with that increased volume of imports?

The First Minister: The points that David McLetchie raises are important. Discussions with the Minister for Rural Development would confirm that the stringent checks that are in place will continue. Indeed, they have been stepped up this week, in view of what is happening in the United Kingdom. I want that reassurance to emanate not only to MSPs in this Parliament, but to people in Scotland, especially those who depend on farming for their livelihoods.

Richard Lochhead (North-East Scotland) (SNP): When the First Minister next meets his Cabinet, will he ensure that fisheries is at the top of the agenda, along with the farming crisis? On Monday, I met 300 skippers in the north-east of

Scotland and, on Tuesday, I met 70 owners of processing companies in the north and north-east of Scotland. Yesterday, I joined John Buchan of the Fishermen's Action Committee on his vessel the Fairline, at the head of a flotilla of 40 vessels. Today, 500 fishermen from all over Scotland have come to the Scottish Parliament to present their case. Many of them are present in the public galleries. Those fishermen represent 25,000 jobs in Scotland's coastal communities.

The Presiding Officer: Question.

Richard Lochhead: Will the First Minister give a commitment today that he will give the short-term aid that will ensure the viability of our fishing fleet and coastal communities? We are talking about less than £10 million that is needed—not next week, not next month, but in the next few days.

The First Minister: Although I accept the sincere sense of urgency that is felt by members in all parts of the chamber, it is important not to drive wedges between any particular MSP and any political party. We are all committed to a sustainable fishing industry. As I have said, we are dealing with real urgency with the suggestions that the SFF has made. There are financial consequences of that. All that is being dealt with very quickly and effectively. As I said, Rhona Brankin and I will meet the fishing industry next week. Our response is as immediate as that. I accept that real urgency is required.

Foot-and-Mouth Disease

3. Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): To ask the First Minister what measures have been taken in connection with the outbreak of foot-and-mouth disease and what other measures are being considered. (S1F-870)

The First Minister (Henry McLeish): The Scottish Executive is taking all necessary measures to contain and deal with the disease. Those were outlined in the Minister for Rural Development's statement yesterday.

Fergus Ewing: I thank the First Minister for that answer. Today's news is the news that we all hoped we would never hear. The disease was eradicated 34 years ago, so will the First Minister confirm that it can be contained and eradicated again, if proper and effective measures are taken? Will he give serious consideration to using the statutory powers that are available to extend the use of the policy of disinfection? Will he confirm that there will be sufficient quantities of disinfectant? Many people suspect that there may prove to be shortages. Will the process of distribution of disinfectant be sufficient or will other agencies require to be brought in? Does the First Minister agree that public information is essential at this time? Does he agree with the suggestion

that was put forward yesterday that a television and radio public information campaign about what is safe and what is unsafe should take place in the next day or so?

The First Minister: Again, those points are welcome, but I think that the Minister for Rural Development took care of most of them yesterday. I will, however, confirm again that effective attacks on the disease are in place. There are 30 confirmed cases in the United Kingdom today. The main objective must be to contain and eradicate the disease. The rural affairs department, the Ministry of Agriculture, Fisheries and Food and indeed Europe must all drive to ensure that that happens.

Fergus Ewing also raised important questions on disinfection. I have assurances that those questions are now being effectively dealt with. No area should be without disinfectant, although supplies will be stepped up in some parts of Scotland and the United Kingdom to ensure that proper treatment can be given to those who are walking and that there is enough for the other uses to which disinfectant is put.

We have a genuine concern about foot-and-mouth disease. The figures rise as each day unfolds—the figure of 30 confirmed cases might have risen since I stood up. I say to Fergus Ewing that our clear unity of purpose is to ensure that we get rid of the disease. Only then will the farming community be able to start to march forward. Farmers have faced BSE, swine fever and a recent drop in income, but this situation is truly a crisis for farmers. We want to see foot-and-mouth disease eradicated as soon as possible.

The Presiding Officer: A lot of members wish to ask questions, but I will give priority to members I was unable to call yesterday.

Dr Elaine Murray (Dumfries) (Lab): Obviously, I am sad to hear that cases of foot-and-mouth disease have been confirmed in my constituency.

The First Minister mentioned that he has been working with the Ministry of Agriculture, Fisheries and Food and with a number of other organisations. What communication does he have with local authorities such as Dumfries and Galloway Council—the leader of which I spoke to earlier today—to ensure that problems that they identify are addressed as quickly as possible? Councils are responsible for much of the emergency planning and for the implementation of enforcement measures.

The First Minister: I can reassure Elaine Murray that every possible step is being taken to involve as many organisations as possible. It is clear that local authorities have an important—indeed, vital—role in relation to footpaths and rights of way. The Minister for Rural Development

said yesterday that he would consider in more detail taking action on footpaths, when cases of foot and mouth occurred in Scotland. That reality is now in our midst and discussion and action with local authorities will be key in ensuring that the problem is tackled.

Iain Smith (North-East Fife) (LD): What information is being made available to farmers who might be concerned about what they should do to deal with attacks of foot and mouth and to minimise the risk of spreading the disease? Is consideration being given to extending action to places such as railway stations and airports, through which people might be travelling who are unaware that they are carrying infection?

The First Minister: Iain Smith highlighted the fact that the situation is fluid and fast moving.

Information is available and farmers also have access to veterinarians, Government and the National Farmers Union. I want to put on record our appreciation of the NFU and its chief executive, with whom we are working closely and with a common purpose to tackle the problems.

If members have suggestions on ways to improve communication and information, the Minister for Rural Development is keen not only to listen, but to take appropriate action, if necessary.

David Mundell (South of Scotland) (Con): Through an unfortunate set of circumstances, one of the infected farms happens to be located in a town, rather than in a remote location. Will the First Minister ensure that, because of those circumstances, liaison with the public will be such that they will be fully informed about the disposal of carcasses, which I am sure they will support?

Will the First Minister ensure the removal of the apparent blockages in the system that prevent the disinfecting with a layer of disinfected straw of public roads through unfenced grounds? I know that, for many people in Dumfries and Galloway in particular, that blockage is prevalent. They are concerned that they have been unable to put those measures in place.

The First Minister: We need the public's support, particularly in the areas and farms in which cases of foot-and-mouth disease have been confirmed. We will pursue further suggestions to ensure that public liaison is in place. I am assured that we are working closely on information to ensure that the public not only appreciate what is happening, but are prepared for some of the activities that will take place.

I want to make it clear and to give a firm message from the Parliament that anywhere that requires disinfectant or disinfected straw to deal with problems as they arise should have those measures. We will ensure that that becomes a

reality, particularly in areas where cases have been confirmed and with which additional dangers and difficulties are associated.

The Presiding Officer: Although I wish to get to question 4, I call Christine Grahame to ask a brief question.

Christine Grahame (South of Scotland) (SNP): Thank you, Presiding Officer.

Once the crisis is over—I trust that that will happen shortly—and in the medium to longer term, will the First Minister and the Cabinet consider locating abattoirs closer to the points of livestock production, given the spider's web of movement of animals, some of which travel 700 miles?

The First Minister: This is an extremely complex issue. Everybody is well aware that, in the aftermath of BSE, many abattoirs were closed down on health grounds. That has resulted in the existence of large abattoirs throughout the country, which has led to the complex movement of livestock that we see today. I can assure members that the Minister for Rural Development is considering whether, in exceptional circumstances, there can be direct movement from farm to abattoirs to ensure that meat is processed.

After the crisis ends—we hope to end it as soon as we can—we will need to get together with the farming community, the National Farmers Union of Scotland and all those who are concerned, to ensure that we have a farming industry for the future, that we build up confidence and that, where necessary, we support the farming community in marketing and in every way possible, so that it can move away from crisis towards a more prosperous and sustainable future.

Fisheries (Haddock)

4. Alex Johnstone (North-East Scotland) (Con): To ask the First Minister what the Scottish Executive is doing to protect haddock fisheries during the implementation of the cod recovery plan. (S1F-868)

The First Minister (Henry McLeish): The Executive and fishermen share the same goal, which is long-term sustainable fisheries. We are committed to effective conservation of stocks. We have acted to protect haddock stocks by introducing the requirement to have square-mesh panels in fishing nets. Rhona Brankin met fishermen's leaders this morning to progress discussions about the issues that face the industry. I can assure Parliament that those matters are being considered with the industry as a matter of real and serious urgency.

Alex Johnstone: I understand from the First Minister's earlier remarks that he intends, with

Rhona Brankin, to meet representatives of the fishing industry next week. Before that meeting, will he consider the fact that it was a policy-related matter that brought about this crisis in the industry, and will he undertake to hold talks—if necessary with UK ministers—to secure the necessary authority and resources to fulfil the short-term needs of the Scottish fishing industry?

The First Minister: That is happening at present and it will also happen next week. On fishing, as on agriculture, we need continuing dialogue with UK ministers. We serve the same interests—the fishermen and their communities. Discussions will continue. As part of the exercise, Rhona Brankin and I will meet representatives of the fishing industry next week. We want to reflect the solidarity of this Parliament and Executive and to ensure that we move forward and benefit the industry.

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): Does the First Minister agree that the severe problems that face the fishing industry have wider ramifications for people such as net makers and fish processors? The loss of even a handful of jobs in villages such as Kinlochbervie or Lochinver in my constituency would be a disaster for remote Highland areas. Does the First Minister agree that the enterprise network has a hugely important role to play? Will the Scottish Executive make representations to the enterprise network to seek the maximum possible assistance during the months ahead?

The First Minister: I can confirm to Jamie Stone that that is already happening. In Grampian, we have established a group to look into fish processing. Rhona Brankin will meet that group next week to discuss some of the ideas that it has come up with. I can give that guarantee. We want to get all parts of the enterprise network involved because it has an enormous contribution to make. That will be done.

Mr Alex Salmond (Banff and Buchan) (SNP): I welcome the First Minister's commitment to meet fishermen next week. I also welcome his statement today that he wants to proceed with urgency. Does he appreciate fully that the reason why the crews of 300 fishing boats have been on strike this week is that fishermen could not stomach going to sea and slaughtering young immature haddock, 90 per cent of which are being discarded, dead, over the sides of fishing boats? If fishermen are forced back to sea through financial pressure, that slaughter will continue and the future will be gone.

Given that the amount of short-term aid that is required to solve this problem is less than Rangers pays for a striker, will the First Minister, when he meets the fishermen next week, at least indicate that he understands that this is exactly the sort of

issue that justifies the existence of this Parliament—and, indeed, of the Government—in responding to the concerns of one of Scotland's vital industries?

The First Minister: It has been an interesting 20 minutes and it has been difficult to inject any humour, but I will not pick up on Alex Salmond's analogy of a transfer fee for a Rangers player. Let me be serious. Alex Salmond, Rhona Brankin and I have met representatives of the fishing community. We appreciate the urgency. I understand the serious consequences that lie ahead for the industry.

The fishermen do an incredible job on behalf of the nation and we appreciate that. I think that Alex Salmond will agree that we must now consider the report and meet the Scottish Fishermen's Federation and the group that is considering fish processing. It is vital that we move forward with a great deal of urgency.

Elaine Thomson (Aberdeen North) (Lab): As the First Minister will be aware, the current crisis affects not only the catching sector, but the fish processing sector, which employs many thousands of people in Aberdeen and the north-east. What continued progress can be made to support the processing sector, given that it is also vital in ensuring that Scotland has a sustainable fishing industry?

The First Minister: Scottish Enterprise and the enterprise network are considering the future of the industry and its structure. The processing group is considering the north-east at the moment and, as I said, it will report to Rhona Brankin next week. We hope to take matters forward after that. There is unity on this issue in the Parliament. If any members—including those from Aberdeen—want to discuss those matters further with me, Rhona Brankin or the Minister for Rural Development, we would be very willing to do so.

Fuel Poverty

The Presiding Officer (Sir David Steel): The next debate is on motion S1M-1700, in the name of Jackie Baillie, on fuel poverty.

15:37

The Minister for Social Justice (Jackie Baillie): All parties in the Scottish Parliament agree that providing affordable, adequate and warm homes for all is an appropriate and necessary objective for housing policy—and not just on extremely wintry March days such as today.

We know that cold homes dull the educational performance of children, rub cold noses in the lack of household resources, chill the very bones of the elderly and cut like daggers into weak chests. Cold homes are damp homes and they are usually leaky homes; they let damp in but they also let out and waste heat, adding to the production of greenhouse gases. In short, cold homes and fuel poverty reduce individual and household capabilities to learn, work and play and they contribute not just to neighbourhood despair but to global damage. Fuel poverty has complex causes and major, multiple impacts; tackling fuel poverty requires integrated and partnership approaches.

Last week, the UK Government, working in partnership with the devolved Administrations, published our collective strategy for ending fuel poverty. That strategy contains chilling estimates, prepared by Scottish Homes, of the extent of fuel poverty in Scotland. The current depth and extent of fuel poverty in Scotland is unacceptable. Our cause is to strive for social justice, not endlessly to debate constitutional niceties while people are freezing at home.

Fiona Hyslop (Lothians) (SNP): At what point did the minister want to bring this debate to the Scottish Parliament, given that she obviously had to wait for London to decide its UK fuel strategy? What communications and meetings has she had to debate the UK fuel strategy and when did those take place?

Jackie Baillie: Fiona Hyslop constantly disappoints me. This debate is about our central heating programme initiative and the warm deal in Scotland. Those are the measures that we are taking. She fails to recognise that if we are serious about tackling fuel poverty, we have to do it in partnership at the UK level and with the private and voluntary sectors. I am disappointed that, once again, we are back to talking about constitutional niceties.

Fiona Hyslop: Will the minister give way?

Jackie Baillie: No, I have given way already.

We define fuel-poor households as those households that spend more than 10 per cent of their income on domestic fuel. According to the 1996 Scottish house condition survey, 740,000 Scottish households—one household in three—are fuel poor. Those are three quarters of a million reasons to hold this debate. If members need further convincing, they should watch the video that many of us received this morning from Unison, Energy Action Scotland and Transco, which paints a bleak picture of the reality of fuel poverty. It highlights the problem of a woman and her family from Knightswood who have one heating source in one room, even though three children have chronic asthma. However, it is positive about what can be achieved if we work together.

Tommy Sheridan (Glasgow) (SSP): The minister referred to the Scottish house condition survey. She will be aware from that survey that the largest proportion of fuel-poverty households is in the city of Glasgow. In recognition of that, will she agree today that the central heating installation programme will prioritise the city of Glasgow?

Jackie Baillie: We are not prioritising geographical areas; we are prioritising people who are aged over 75, elderly people who live alone, the disabled and the long-term ill. I anticipate that a sizeable proportion of the people who are being given priority will be in cities where there are concentrations of elderly people. This is a programme for the whole of Scotland and we want to ensure that all our elderly people benefit.

Hugh Henry (Paisley South) (Lab): On the point that those who are in need will receive help, the minister will be aware from correspondence that I have a case in my constituency in which an elderly person, having got into debt, will effectively be paying interest on a loan to install a central heating system until they die. They live on restricted income. They are poor, but they will not benefit from the scheme. I welcome what the Scottish Executive has done, not just with this initiative but with others. For the first time in many years, we are seeing a determined effort to tackle the problem, but will the minister examine some of the anomalies that have been created with the introduction of the scheme?

Jackie Baillie: Our priority is to ensure that 140,000 households that have no central heating at all benefit first. When we have completed the programme, we will look to extend it. I am happy to consider the case that Hugh Henry highlighted in further discussions with him.

I must press on. The 2002 Scottish house condition survey will be our earliest opportunity to assess how the figures have changed since 1996.

We believe that the number of fuel-poor households is likely to have declined. There are three causes of fuel poverty for the three quarters of a million fuel-poor households. The first and second are low incomes and high energy prices, both of which are largely influenced by reserved powers. The third is almost two decades of low investment in housing stock, which is a devolved matter.

We are all aware of the improvements in Scottish incomes and employment since 1996, with unemployment at its lowest level for a generation. Over the same period, domestic fuel prices have fallen. Having restored some vigour to the Scottish economy, we have begun to reverse the shocking decline in housing quality. However, to avoid any suggestion of complacency on the part of the Executive, and given the tendency for the Opposition to generate more heat than light on most issues, the Executive is taking the number of fuel-poor households to be around 740,000.

Mr Lloyd Quinan (West of Scotland) (SNP): Will the minister give way?

Jackie Baillie: No, I have given way several times.

We can talk at length about the nature and scale of the problem, but let me focus on actions. The UK fuel poverty strategy was published on Friday. It commits the Westminster Government, the Scottish Executive, the Welsh Assembly and the Northern Ireland Assembly to

“end the blight of fuel poverty for vulnerable households by 2010.”

As I have said many times, that commitment will be reflected in an amendment to the Housing (Scotland) Bill that will align Scotland with the Warm Homes and Energy Conservation Act 2000, which came into force in England and Wales three months ago. The amendment will place a duty on ministers to put in place a strategy, with aims, targets and monitoring arrangements, to address fuel poverty. However, I will not wait for the bill to complete its passage through the Parliament. Key elements of that strategy are being put in place now.

Fiona Hyslop: Will the minister take an intervention?

Jackie Baillie: I have taken enough interventions and am rapidly running out of time.

We have an interim target in Scotland. We will ensure that by 2006 all pensioner households and all tenants in the social rented sector live in a centrally heated and well-insulated home. Those are our most vulnerable groups. We do not exclude other groups of people—when the central heating programme is completed, we will consider and take views on which groups should next be

identified for priority treatment. However, pensioners in all sectors and council tenants need help now. That is why our main policy—the central heating programme—is aimed at them.

The new central heating programme is probably the most ambitious and best-funded programme of its kind ever introduced in Scotland. Some £350 million will be spent and 140,000 homes will receive central heating and better insulation.

We will continue the existing warm deal programme. We are committed to insulating 100,000 homes over this parliamentary session. As at 31 March 2000, we will have achieved a total of 47,000 houses that have been insulated to much higher standards than before. I can announce today that the figures for the second year of this session will show that more than 80,000 houses have now been insulated. We are very much on course to exceed our target. Let us not forget that, in addition, 400 new deal places have been created and sustained in both those years. That is a major achievement. The warm deal is about creating energy-efficient homes; it is about making a real difference to fuel poverty; it is also about generating employment.

Probably only a small minority of members now fail to recognise that we will have increased public spending on housing during this session by 25 per cent above Tory plans. At the same time, we have been unleashing greatly increased investment in not-for-profit community housing. With new designs and new standards, we will fashion warm homes well beyond the central heating initiative and the warm deal.

I do not forget that around half of the Scots who are in fuel poverty live in private housing, most of them as home owners. The Housing (Scotland) Bill seeks to reform the improvement and repairs grant system to deal more effectively with fuel poverty.

There is, however, a physical limit to the extent to which we can reduce fuel poverty by improving housing alone. We could have all Scottish households in the right-sized homes—all at peak quality and all energy efficient—but low incomes would still contribute to fuel poverty. That is why we are working in partnership with the United Kingdom Parliament to make changes.

It is fair to say that there has been a sea change in our understanding of fuel poverty and in the considerable resources that we are committing to tackling it. That has been our prize. Unlike the SNP, we want to devote our energies to the real problems that Scots face today rather than replay tired historical divisions. Unlike the Tories, we believe in social justice that is delivered through higher employment, higher incomes and better and warmer homes. My Labour and Liberal

colleagues are adamant that no pensioner and no vulnerable household in Scotland should be huddled over a two-bar fire yearning for warmth or have to choose between heating or eating. That is the difference between us and our opponents. We are not just talking about the scandal of fuel poverty, we are acting to end it.

I move,

That the Parliament commends the Scottish Executive for its commitment to tackling fuel poverty, as set out in the UK Fuel Poverty Strategy which will form part of the Housing (Scotland) Bill, through the central heating programme, which will provide all council and housing association tenants and all pensioners, irrespective of their tenure, with warm and dry homes by 2006, through the Warm Deal, New Housing Partnerships and investment in social rented housing and through its proposals for a new Index of Housing Quality and its plans to extend the scope of the improvement and repairs grant system to include energy efficiency measures.

15:50

Fiona Hyslop (Lothians) (SNP): This morning, members were shivering, complaining about the cold and uncomfortable. I note that the temperature has risen with the hot air that has been expelled since then. I do not accuse the minister of that. Indeed, I welcome the fact that she is finally putting targets for reducing fuel poverty in the Housing (Scotland) Bill. However, why has it taken until now to do that? Why were targets not originally included in the bill? People campaigned for them day in, day out. Why did people such as those from the warm homes campaign have to give evidence to the Social Justice Committee without anything in the bill on which they could comment? They have had to wait until this late stage.

Jackie Baillie: Will the member take an intervention on that point?

Fiona Hyslop: No. I am only 40 seconds into my speech.

It is apposite that we discuss fuel poverty today. As we shiver from the cold for a couple of hours, we must recognise that it is our duty to represent those people—particularly pensioners—who sit frozen in their homes hour in, hour out, day in, day out and week in, week out. They cannot afford to pay for the fuel that they need to heat their homes and they live in homes whose heating costs are extortionate.

The minister should feel uncomfortable when we discuss fuel poverty—and not just because the air temperature has been freezing recently. We live in a country where inequalities are increasing, where the poor pay most for their fuel and where the rich pay least. If the poor pay by pre-payment because they cannot afford to take the direct debit discount, they pay 9 per cent more.

When Frank McAveety was Deputy Minister for Local Government, he told the Social Inclusion, Housing and Voluntary Sector Committee that he would engage with the utilities and would try to meet the Office of Gas and Electricity Markets. My understanding is that ministers now say that the issue is a reserved matter and will not take it up.

The definition of fuel poverty that is most often used is of a household that needs to spend in excess of 10 per cent of its income on fuel to maintain a satisfactory heating regime. The 1996 Scottish house condition survey estimated that 30 per cent of Scottish households lived in fuel poverty.

Today is 1 March, but snow is on the roads and Scotland has crawled to a standstill. People in countries such as Finland and Norway cannot believe that, as a cold country in the northern hemisphere, we cannot cope with a snowfall. In 1998, issue 316 of the *British Medical Journal* said:

“Winter mortality rates in Siberia do not increase, in spite of temperatures sinking as low as –25c. This is thought to be because indoor temperatures in Siberian homes are kept relatively high.”

We should be a modern country. We have discovered oil, yet our country has people who are fuel poor. It is about time that we got off our knees and started acting like a modern country by raising conditions to meet the requirements of the 21st century.

Jackie Baillie: I became slightly confused during Fiona Hyslop’s speech, because I was not aware that the Executive was responsible for the weather. The country is not on its knees. However, the Executive is charged with taking action to help the fuel poor, and that is what we are doing. I have not yet heard any suggestion of what the SNP would do.

Fiona Hyslop: We have measures on succeeding and investing. The minister talked about the investment in housing that is needed. Why do we not do what the Norwegians do? Why do we not use our oil wealth and invest in our public infrastructure to build the quality housing that we need? It is an absolute disgrace and it is obscene that thousands of people die from cold-related illness every year—last year, it was 4,000—in Scotland, which has so many energy resources and is a wealthy country.

The Executive should invest in central heating and allow councils to use their capital receipts and to borrow. It should provide the vital public investment. We could use public service trusts, bonds and a variety of initiatives to invest in housing. The minister must take that seriously. Investment must happen now. She has too many initiatives that are not delivering. The money for

the rough sleepers initiative has not been spent. The minister mentioned £350 million for the central heating initiative, but she can identify only where a third of that will come from. We need action now, not later.

What could we do? We must invest in housing. We could follow the examples of other countries and invest in our infrastructure to ensure that we have quality housing. We should invest now. That is better than the jam tomorrow of the never-never land of wholesale stock transfer. I heard the minister taking a pasting on the radio today. She is in trouble on that issue. We have no action—nothing is happening in housing in Glasgow. Pensioners are not going to get anything. Will the minister tell me whether pensioners in Glasgow will be able to access the central heating initiative as of 1 April this year?

Jackie Baillie: I was evidently on a different radio programme from the one that Fiona Hyslop is talking about. We have been clear that, irrespective of whether tenants vote for stock transfer, they will get central heating.

Fiona Hyslop: When? Will it be 1 April? I doubt it. The problem is that Scotland needs its own fuel poverty strategy.

The Deputy Minister for Social Justice (Ms Margaret Curran): Will the member take an intervention?

Fiona Hyslop: No. I am moving on.

The problem is that London decides what Scotland does. It decided that there would be an amendment to the Housing (Scotland) Bill on targets when we had this debate, and not in January. The minister has still not answered the question. If she was part of the UK strategy, when were the meetings? What did she say? How did she influence the UK fuel strategy?

Our problem is that, although there are some commitments and some proposals, they are slow and ponderous and they lack funding. The Government's proposals still beg too many questions for Scotland to feel confident that this brave new Parliament in this energy-rich country is tackling fuel poverty.

People have campaigned for years on this issue. The Deputy Minister for Social Justice will remember, from the Social Inclusion, Housing and Voluntary Sector Committee, that the first issue that Communities Against Poverty wanted to tackle was fuel poverty. On Friday night, I spoke to Gordon Wilson, former SNP MP, who championed the cause of the cold climate allowance in London, which eventually led to the implementation of the winter fuel allowance. Margaret Ewing has campaigned on the issue for years. Last year, Robin Harper secured a debate in which he asked

for energy audits to be included in the bill—those have not been delivered. We are at last getting targets, but they should have been provided for in the original bill. These are things that people have campaigned long and hard for. I am angry, because our country is full of resources and we can tackle fuel poverty. We should invest in housing now rather than later.

The central heating initiative is the big suggestion. It is welcome but, if Dumfries and Galloway, the Borders, Glasgow, Aberdeenshire, Orkney, Shetland and the Western Isles consider stock transfer, will they get central heating on 1 April? According to the Executive, the programme is a five-year plan. The Executive will not be in power in five years' time—we want the investment now.

Ms Curran: Is the member finished or am I making an intervention?

The Deputy Presiding Officer (Mr George Reid): I thought that the member was giving way.

Fiona Hyslop: No. I have finished.

I move amendment S1M-1700.2, to leave out from "commends" to end and insert:

"recognises the consistent calls from a number of parties for fuel poverty to be tackled as an early priority by the Executive, particularly in a country which has so much fuel wealth but also so much fuel poverty, is disappointed that the Housing (Scotland) Bill as currently drafted contains no targets for the eradication of fuel poverty or other measures previously indicated in earlier consultation documents, is further disappointed in the lack of detail, funding and timetabling of the Central Heating Initiative particularly for pensioners in areas where councils are considering wholesale stock transfer of council homes; recognises that Scotland should have its own Fuel Poverty Strategy, and calls on the Executive to address all these issues as a matter of urgency."

15:58

Mr Keith Harding (Mid Scotland and Fife) (Con): Labour's 1999 manifesto promised to eliminate fuel poverty by 2007, but that promise was watered down in the partnership agreement with the Liberal Democrats. That is the stance taken by Shelter Scotland in its briefing to MSPs for today's debate. Shelter is critical of what it calls the Executive's piecemeal approach to fuel poverty.

I can only agree that there are a number of policy holes, the first of which is in the figures. Shelter's estimation of the consequences of poor housing is stark and shocking. Excess winter deaths due to cold in 1999-2000 were 4,331—double that of the previous year. The irony is that the worst figures for a decade come under a Labour-Lib Dem Executive that claims to be solving those problems. What is helping and why is the Executive still failing so many Scots on the

issue?

The best part of the approach taken by the Executive has been the retention and expansion of the Conservative Government's successful home energy efficiency scheme—although rebranded as warm deal. HEES was introduced by the Conservatives in 1991 and provided energy efficiency to more than 2 million homes at a cost of £400 million. According to Shelter—this was confirmed by the minister today—fuel poverty affects 738,000 households in Scotland.

The greatest benefit to those householders in recent years has resulted from the Conservative privatisation of the utilities. Since privatisation, consumers have experienced a 29 per cent fall in domestic electricity prices in real terms and a 29 per cent fall in domestic gas prices in real terms. Privatisation helps everyone and I look forward to more efficiencies from competition in future.

Another area of improvement is in the housing stock. To reduce fuel poverty, we must continue the efforts to reduce dampness and condensation in Scotland's worst housing. I agree with the minister in that respect, although I know that that may upset her. Community ownership and the investment that it brings are the best way forward and I am pleased that the Executive is continuing that approach—another Conservative policy. Stock transfers will bring new resources to improve housing and the financial discipline to ensure that those improvements are maintained. Transfer also gives tenants far more say in the way in which their estates are run and it regenerates communities. We believe that the Executive must expedite more transfers.

What has gone wrong? All those benefits come at a time when, under Labour, local authority expenditure for improving housing conditions in the private sector has reduced sharply. Capital allocations were slashed nationally, but Labour's cronies in councils did not help. In 1995, they asked Michael Forsyth to remove the ring fence on non-housing revenue account funds. They claimed that they knew best how to spend their capital allocations. He believed them. However, the combined result is that capital spending on private sector housing has plummeted from £118 million in 1995-96 to £45.3 million in 1998-99. Nearly £200 million that would previously have been spent on improving housing conditions for elderly and low-income households—those most in need—has been spent on other services. That has had a major impact.

The biggest new measure is the Executive's central heating scheme, which the Scottish Conservatives broadly welcome. However, the devil is in the detail and the success or failure of the scheme is likely to be strongly influenced by the way in which it is implemented. So far, I see

some flaws in the details that the minister has provided to members.

First, the scheme is not targeted at the elderly in the social rented sector, as it appears that all tenants will get the new heating. The minister must explain what makes a better-off social rented sector tenant more deserving than private sector tenants or owner-occupiers living on state benefits.

Secondly, the scheme assists bad landlords and penalises the tenants of good landlords. Most local authorities already have plans to install central heating in all their properties and many have already done so. In Edinburgh, the central heating programme will be complete by 2002, with the improvements accelerated through the use of capital funding from tenants' rents. Some councils have already installed central heating and double glazing in all their stock. Why is it fair that those tenants paid for central heating through their rent, while tenants of councils that provide a poorer service get it free?

Thirdly, there is nothing for those in the private sector with existing and expensive heating systems, even if those people are old and in need.

I urge the Executive to expedite stock transfers and I am keen to see the Social Justice Committee review implementation of the central heating scheme to address the flaws that I have highlighted. The Executive should heed any committee recommendations to ensure that best use is made of the limited resources to help those with the worst difficulties. I am sure that the Parliament will support my amendment.

I move amendment S1M-1700.3, to leave out from "commends" to end and insert:

"notes the Scottish Executive's commitment to tackling fuel poverty and that a major part of the action being taken is the continuation and expansion of the Housing Energy Efficiency Scheme introduced by the last Conservative Government in 1991; urges the Scottish Executive to expedite further transfers of Council housing stock to community ownership to facilitate the necessary investment to ensure the eradication of the poor housing conditions that contribute to fuel poverty, and calls upon the Scottish Executive to assist the Social Justice Committee in consideration of the detailed implementation of the Central Heating Programme in order to ensure that the Executive targets the available resources at those most in need."

16:03

Robert Brown (Glasgow) (LD): It is good that members have been able to hear the calming, measured tones of Keith Harding as an antidote to the tirade from Fiona Hyslop, who continually disappoints the Parliament, despite her talents. I do not know what it is about SNP members. Perhaps it has something to do with the approaching elections, but they seem to go into

overdrive mode, speak twice as fast as normal and end up contributing little, if anything, to the real issue before Parliament.

This is an important debate on a subject that, although not unique to Scotland, certainly bites with extra sharpness in our northerly climate. It is appropriate, as has been mentioned, that we are holding the debate in a somewhat ill-heated and draughty chamber. At the very least, the weather conditions may ensure that we have a degree of fellow feeling with people who have to put up with fuel poverty in households elsewhere in Scotland.

We can define fuel poverty technically, and we have heard various versions of that already. However, it may be sufficient to remind ourselves that 367,000 children and 119,000 pensioners live in houses affected by condensation and damp. Seventy-eight per cent of households on the lowest incomes and nearly half of all single pensioners are said to live in fuel poverty. The 4,000-odd excess winter deaths and the 93 per cent of Scotland's houses that fail to meet the 1991 energy standards for new houses are stark statistics that disguise tragic human stories.

Fuel poverty is a scandal with many causes and many culprits. Governments, councils, political parties and individual householders all have a part to play in the legacy of poorly insulated, badly maintained, badly designed, draughty, cold, damp houses that are the norm in Scotland. It need not have been like that, as a glance at statistical and anecdotal comparisons with other north European countries makes clear. Countries in Scandinavia simply do not have the same excess of winter deaths. Their houses are much better designed for the climate, better insulated and better heated.

We are where we are, however, and the Scottish Executive is making great strides in tackling fuel poverty through the warm deal, the central heating initiative and all the rest of it. Those are major initiatives—that cannot be disguised. Jackie Baillie may have used a little ministerial excess in introducing the matter, but those significant announcements will make a major difference to the lives of many people. The provision of central heating, at a cost of £350 million, will benefit 140,000 people, broadly those in the greatest need. We do not need to be too precise about whether we target this group or that group; the targeting generally hits those in greatest need.

The warm deal and the central heating scheme together give a potential for grant of up to £2,500 in Scotland, compared with only £2,000 in England under the home energy efficiency scheme. Of course, that is not enough—such things never are—but it must be matched against other priorities, such as student support and free personal care on the national health service.

Fiona Hyslop: On additional measures, the Executive's motion talks about proposals for a new index of housing quality. Would it help fuel poverty if the bill raised significantly the tolerable standard? Does the member regret that the new index of housing quality will be supplementary rather than statutory?

Robert Brown: There is considerable worth in examining and improving the tolerable standard and the index of housing quality—both things have a part to play. The Executive, both in the moves that it is making and through the housing improvement task force, is considering the issues in the proper, detailed way.

At the end of the day, there is no magic wand and no pot of gold at the end of the rainbow. We must make best use of—draw every scrap of benefit and value from—the spend that we have available. We must look for even more partnership with and input from private companies. We must scratch around for more money to put into fighting fuel poverty. Above all, we must ensure that the resources that are currently allocated are fully and properly spent. The health, educational and other benefits that we have talked about make this a win-win policy. Less fuel poverty and less cold and damp means less ill health and fewer excess winter deaths.

Let me say a word about efficiency of spend. Houses vary enormously in their design. We cannot just wave a wand and produce one standard of central heating system and insulation that fits every house. Insulation and central heating work must be effective and long lasting. There must be effective and adequate professional involvement in the programmes.

Tommy Sheridan: Will the member give way on that point?

Robert Brown: Unfortunately, I am in the final part of my speech.

The central heating working group that the Executive has established will be of considerable assistance. The effectiveness of heating and insulation work must be considered, not only in general, but for individual houses. The infrastructure must be in place—there must be support for home energy conservation officers in each local authority area to drive through change and make things happen locally. The quality of work must be examined. There must be certification of the contractors that do the work and standards of work must be set. There is therefore still a bit of flesh to be put on the bones of the Executive's announcements.

Fuel poverty is not entirely within the preserve of the Scottish Parliament; it is linked to other forms of poverty. It is an issue of the quality of life of our people. We must—as we are doing—set realistic

standards and timetables for enabling people to get out of their situation. The targets set by the Executive will go a long way towards that, but let us consider the detail. That is my plea to ministers.

16:09

Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab): A few comments have been made about the low temperature in the chamber meaning that we are able to sympathise with people who cannot afford to heat their homes. If we really wanted to sympathise with them, the lights would go out, the heating would go off and we would be stuck, because we would not have another power card and our emergency supply would have run out. Let us remember the reality of life for people on low incomes in poor-quality housing, who suffer because they must pay excessive fuel bills. I commend the Executive's work in trying to get a strategy that we can take forward.

It is unfortunate that, again, the constitutional question rather than delivery has become the focus of the debate. For the first time in my parents' lives, in a house that they have lived in since I was nine years old—members can work out how long that is for themselves—they are going to have central heating put in, as a result of a Labour Government policy. Like many pensioners throughout the UK—and Scotland is obviously part of the UK—

Ms Sandra White (Glasgow) (SNP): Will Cathy Jamieson give way?

Cathy Jamieson: No. Sandra White will get her chance in a minute; I want to finish the point.

My Westminster colleague, George Foulkes, was involved in launching the UK strategy on tackling fuel poverty. The issue does not stop at national boundaries. We must ensure that we tackle low incomes. The Government is attempting to tackle the problem through the winter fuel allowance and the working families tax credit; we must use all those measures to improve incomes.

We are looking at tackling poor housing and I will respond to Tommy Sheridan's comment on that. I appreciate that Glasgow has particular difficulties with poor-quality housing, but there is extremely poor housing throughout Scotland—including rural communities. It should not be ignored because it is not on the scale of that in Glasgow. Many people in my constituency are delighted that we are going to tackle the problem by ensuring that people in the private rented sector—many of whom are on low incomes—are able to do something about getting a decent, heated home.

There are anomalies. I wonder whether the

minister will take on board, when summing up, the issues that have been raised with me about people in tied housing and in the private rented sector. There is a challenge for the private rented sector and we must ensure that everybody works together. If people who own properties are making a profit from renting them out, they have a responsibility to ensure that decent heating systems are installed.

Fiona Hyslop was right when she pointed out that people on the lowest incomes pay most for their fuel. I hope that we will take on that challenge. I know that my Westminster colleagues are taking it on with the utility companies. It is not acceptable that people who use pre-payment meters, not through choice but because their weekly budgets force them to, pay considerably more for fuel than do people who can take advantage of various discounts because they are better off and can afford to have bank accounts and pay their bills by direct debit. The utilities must examine that and consider how they can reduce inequality.

I will finish on a point about the Tory contribution to the debate. Am I right in thinking that they were arguing against a universal principle that all tenants in the social rented sector have the right to have central heating put into their homes and saying that they should be means-tested? Is that what they were suggesting when they talked about inequalities? That does not sit well with the way in which they have promoted equality of opportunity for elderly people in other settings. I am open to clarification on that point, if Bill Aitken is prepared to give it.

Bill Aitken (Glasgow) (Con): In his speech, Mr Harding was very careful. He pointed out the anomaly that exists between the public rented sector and the private rented sector, whereby everyone in the public rented sector gets central heating but equally needy people in the private rented sector do not. Mr Harding made his point carefully and I thought that it was crystal clear.

Cathy Jamieson: I am delighted to hear that.

I remind members that it was Labour-controlled local authorities that ensured that central heating went into a large proportion of the social rented sector. I have given the answer for people in the private rented sector. Those who are making a profit out of renting out homes have a responsibility to install decent heating. We will target our scarce resources on the people who need it most.

Mr Harding rose—

Cathy Jamieson: I will finish on that point, as I have run out of time.

16:14

Ms Sandra White (Glasgow) (SNP): A lot of heat has been generated in the chamber in the last couple of minutes.

The minister will appreciate that I cannot commend the Government for its commitment to fuel poverty, especially as it was not mentioned at stage 1 of the Housing (Scotland) Bill. I acknowledge that Jackie Baillie mentioned that the Executive would lodge amendments on the matter at later stages. I suppose that it is better late than never.

I congratulate the minister on her lovely quotation in the Key Housing Association magazine. She said:

"At the end of the day, the lady is not for turning."

Where have we heard that before? The article promotes stock transfer in Glasgow, which is an old Tory policy reiterated by new Labour.

Jackie Baillie: Will the member give way?

Ms White: No, I have only four minutes.

Much has recently been made of the £350 million. The announcement of heating for the elderly and for tenants has been reiterated on television, in the newspaper and so on. That is all fine and dandy, but when will it happen? The minister's motion says that it will be 2006.

Jackie Baillie: Will the member give way?

Ms White: I am answering the minister's question for her. Her motion says that it will happen in 2006.

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): Will the member give way?

Ms White: Cathie Craigie will get her chance.

If we examine the nitty-gritty, the Executive has budgeted only £110 million.

Jackie Baillie: Will the member give way?

Ms White: I am sure that Margaret Curran is capable of replying to my questions in her summing-up.

Cathie Craigie: On a point of order. If a member asks another member a question, is not it proper practice to allow that member an opportunity to respond?

The Deputy Presiding Officer: No. It is entirely up to the member on her feet. However, I ask Sandra White to push ahead.

Ms White: I shall, but I will clarify something for Cathie Craigie. In case she did not realise, what usually happens during a debate is that ministers can answer questions in their summing-up.

A great press release from Age Concern

Scotland is entitled:

"Free central heating: too good to be true".

It probably is too good to be true, particularly for a pensioner in the middle of a stock transfer ballot. There is absolutely no guarantee that the pensioners in Glasgow will receive free central heating or that moneys have been budgeted for future years—

Jackie Baillie: Will the member give way?

Ms White: No, I will not take an intervention. Even if the stock transfer goes ahead, the free central heating will not be installed until 2003-04. Let us not even mention what will happen if the tenants vote no in the housing stock transfer ballot.

The minister has given false hope to pensioners in the Glasgow area. "Too good to be true" is a perfect description of what is happening. Glasgow has the worst health record in Scotland; this is postcode discrimination at its worst.

Johann Lamont (Glasgow Pollok) (Lab): Will the member give way?

Ms White: No. I was going to quote from a letter that I received, but I really do not have the time. I can quote it for the minister after the debate.

While we were taking evidence on this matter in the Social Justice Committee, I asked one of the interested parties—who came from all over Scotland to give evidence—whether people ever died of the cold in Sweden or Denmark. They replied that although they might die of cold, it never happens in their homes. That is a terrible indictment of what is happening in Scotland.

Fiona Hyslop is absolutely right. Scotland should have its own fuel poverty strategy; it should not have to wait until Westminster gives the nod before the Government acts. I ask members to support amendment S1M-1700.2.

16:18

Elaine Smith (Coatbridge and Chryston)

(Lab): I am pleased that the Executive, working in partnership with Westminster, has declared war on fuel poverty. All our citizens must be given the right to live in affordable, warm homes. It is a national disgrace that people in this country are still living in cold, damp houses without hot water. Not only are such conditions unacceptable, they are directly responsible for deaths.

Avoidable winter deaths are primarily suffered by the elderly and are caused by the cold, which aggravates circulatory diseases, leading to strokes, heart attacks and respiratory diseases such as pneumonia and bronchitis. Vulnerable groups include the young and, as we have heard,

many people are forced to choose between eating and heating.

A report from the Help the Aged-British Gas partnership shows the connection between falling temperatures and deaths and indicates that for every 1 deg C drop in temperature below 20 deg C, mortality increases by about 2 per cent. That correlation highlights the need for action to end such avoidable deaths.

The 18 years of Conservative Government attacks on the welfare state, local government and public sector housing increased the levels of poverty and deprivation. The Tories ravaged our society. They would not then—and will not now—admit the existence of fuel poverty in Britain.

The Labour party will bring an end to the blight of fuel poverty among vulnerable households throughout Britain by 2010. The warm deal, the central heating programme, the £200 winter fuel allowance and the reduction of VAT on fuel are just a few of the ways in which Labour has begun to tackle the issue. I deliberately use the word “begun”, as I know that there is a long way to go before, in the words of the minister,

“everyone in Scotland has a warm, dry home.”

However, as a back-bench member and the constituency member for Coatbridge and Chryston, I seek clarification on several points that relate specifically to the innovative central heating initiative. First, I would be grateful for a specific interpretation of what is meant when we are told that the scheme will apply only to those

“who do not have any central heating.”

If that refers to households that rely solely on a focal-point fire for heating, sadly the scheme will exclude most of the public sector houses and a number of private sector houses in Coatbridge and Chryston, although many of my constituents are suffering from fuel poverty. Many are living in houses that have obsolete or malfunctioning systems, such as storage heaters and under-floor heating, and many houses have deficient systems with a limited number of radiators.

Pensioners and other vulnerable groups who have deficient, defective or expensive cost-in-use systems will also be among those who will have to choose between heating and eating. As all our citizens are to live free from fuel poverty by 2010, I would be grateful if the minister could assure us that, having tackled those in priority need, other groups, such as those that I have outlined, will be addressed. The minister mentioned that, but I would like clarification of the matter in the summing up.

A recent Scottish Executive news release mentioned the installation of cold alarms. I would like further information on that initiative. One of my

constituents, Geraldine Dillon, raised the issue with me some weeks ago. Geraldine had seen an advert for such alarms, which cost about £20 each, and felt that the potentially life-saving devices should be provided to vulnerable groups by the Government. I have written to North Lanarkshire Council on the matter, but I would be delighted to hear whether that initiative is being considered by the Executive.

Finally, I am a bit confused about why a delay is proposed in the installation of central heating in the homes that are being considered for stock transfer in the seven authorities. As I understand it, if transfer proceeds, the Executive will meet the cost of installing central heating through reduced receipts or, failing that, the local authorities concerned will be included in the programme. One way or another, the costs will be met by the Executive. The Scottish Executive says that those tenants will not be disadvantaged; however, I think that they will. Statistics prove that a lack of central heating causes unnecessary suffering and deaths. I would therefore be grateful for an explanation of the reasons for the proposed postponement.

I commend the commitments that have been made by the minister, which show that fuel poverty has been recognised and will be tackled. I know, and the people of Scotland know, that only Labour can deliver an end to the scourge of fuel poverty throughout the UK.

16:23

Tommy Sheridan (Glasgow) (SSP): It always amazes me that in a country such as ours, which is probably one of the most energy-rich countries in the world, so many people—especially our senior citizens—suffer premature death through cold-related illness. Given the gas, electricity and oil resources that we have, it is incredible that approximately 2,000 pensioners a year die prematurely from cold-related illness.

When Cathy Jamieson talks good old socialist talk about universality, she is talking as an individual, and hopefully with the integrity that I believe that she has. The problem is that she is not talking on behalf of the Labour party in government. The Labour party does not govern on the basis of universality. In fact, new Labour has introduced more means testing than even the old Tories. We are approaching 1 April, when Labour will have been in power for four years, and not one pensioner household will have received a unit to provide full central heating.

Mr Quinan: Does Mr Sheridan agree that an obvious and swift way in which to deal with the issue of fuel poverty among our pensioners would be an approach by the minister to the generating companies, seeking to establish a voluntary code

for the removal of standing charges?

Does Mr Sheridan further agree that the use by the current minister—as opposed to the previous minister—of the constitutional argument that she is not best placed to enter into discussions with the regulator as the problem is one for the Office of Gas and Electricity Markets is deeply saddening, and that it is regrettable that the Minister for Social Justice refuses to meet the generating companies to ask them to institute a voluntary code for the removal of standing charges for our pensioners?

Tommy Sheridan: I thank Lloyd Quinan for his intervention. I hope that the minister will take up the challenge, which the previous incumbent of her post did not, to meet the energy suppliers and ask them to, at the very least, remove standing charges. That should be only the first phase, because we should be trying to implement a programme that is funded to the tune of £350 million and which will begin on 1 April.

For four years we have had nothing when, with a set-aside of capital housing receipts, we could have had an investment of £650 million. That would not only have delivered central heating for every pensioner household and socially rented home, it would have begun the process of delivering what we should have, given that our country is rich in energy: free fuel for our pensioners.

I ask the minister to consider an approach to Westminster. Since the Government is keen to mimic the Tories in everything it does, would it be prepared to mimic the Tories in relation to a point that Fiona Hyslop raised about the use of oil in Norway and which I hope she will see through to its natural conclusion? It is ridiculous that we in Scotland do not publicly and democratically own our oil resources and cannot spend the money raised from them on our pensioners and on our housing. I remind the minister that, in 1914, a Tory minister, Winston Churchill, nationalised British Petroleum at a cost of £2 million and point out that, last week, BP announced profits of £5 billion. It is about time that that type of resource was part of the public purse instead of the private wealth.

16:27

Tricia Marwick (Mid Scotland and Fife) (SNP): Any initiative that addresses the problem of cold, damp homes is welcome, but the minister should not suggest that the proposals that she has outlined will lead to the eradication of fuel poverty, as they will not.

Shelter Scotland wrote to me today to say that it

“would be very concerned if the Scottish Executive think that their Central Heating Scheme will be a major step in eradicating fuel poverty in Scotland”

and that it is concerned that the scheme will not “effectively target households in fuel poverty.”

Three quarters of a million households suffer fuel poverty, but Shelter Scotland estimates that, at best, the Executive's scheme will be able to target only 275,000 homes.

Johann Lamont: Will the member give way?

Tricia Marwick: No, I will not.

I want to address two specific problems. The minister has stated that the three groups of priority households are those over 75, the elderly living alone and disabled people and the long-term ill. We all agree with that, but I am disturbed that the minister does not regard children living in poor housing to be a matter of priority.

I have spoken before in the chamber about the effect of cold, damp housing on children and I have no doubt that I will do so again. I cannot begin to express my dismay at the fact that children's lives will continue to be blighted by respiratory disease and asthma caused by their housing conditions. I am further dismayed by the thought of the children who will lose time from school because of illness or who will be shunned by their classmates because their clothes stink of dampness, despite the efforts of their parents. So much for social inclusion. The UK fuel poverty strategy considered children to be a priority group, but the Scottish Government does not.

We have a Scottish Parliament. Devolution means that we can act differently from the rest of the UK. In doing things differently, however, we must aspire to do things better, not make things worse. The Scottish Government must not condemn 400,000 children—the future of our country—to suffer in cold, damp housing because it does not consider them to be a priority.

Jackie Baillie: Will the member give way?

Tricia Marwick: No, I will not.

Secondly, I want to deal with the central heating scheme. As Elaine Smith said in an excellent speech, the minister's letter said that the scheme will cover only dwellings that lack any form of central heating.

Jackie Baillie: Will Tricia Marwick take an intervention?

Tricia Marwick: No, I will not. Let me remind the minister about the nature of Scotland's public sector housing stock, which was built in the 1960s and 1970s, when the misguided fashion did not stop at flat roofs, but extended to warm-air central heating or underfloor heating. The First Minister can update the Minister for Social Justice about the communal heating system in Woodside, in Glenrothes, a very expensive and inefficient

system that has caused misery for years.

Under the proposals that the minister is outlining, because there is a semblance of a central heating system there, the tenants and owners will not be eligible for the central heating that will be made available to anybody else. The Executive's scheme specifically excludes householders who have been saddled with old, unaffordable, inefficient, outdated heating systems. For those tenants, the prospect of affordable heating is as distant as ever.

Jackie Baillie *indicated disagreement.*

Tricia Marwick: The minister shakes her head, but I can quote from her letter, in which she says that the only people who will be eligible for central heating will be those who live in

"dwellings which currently lack any form of central heating."

I would welcome it if the Deputy Minister for Social Justice—

Ms Curran: Will Tricia Marwick give way?

Tricia Marwick: I am just closing. I would welcome it if the minister could make a commitment on this. Perhaps Elaine Smith and I have misinterpreted the advice, but it says clearly that the scheme will apply only to those households that have no central heating at all.

The proposals are limited, but they are welcome. However, they will not eradicate fuel poverty. The minister should not pretend that they will.

16:31

Robin Harper (Lothians) (Green): The day before yesterday, I tried to lodge an amendment to this motion, but it was not accepted. On the face of it, it seemed very similar to an amendment to the Housing (Scotland) Bill that the Executive will be lodging. The basis of my amendment was to cut the amount of time it will take to end fuel poverty in order to save as many lives as possible. I remind the Executive that it originally promised to eradicate fuel poverty within the first two terms of the Scottish Parliament, which is eight years from 1999. We are now well into the second year of the Scottish Parliament, and the fuel strategy is not due to be published until 2002. A date of 2010 would give the Executive more than a two-year extension on its original ambitions.

I draw the Executive's attention to a few things. In the research that I did last year—or had done for me, as I should be honest about that—it came to light that there were serious concerns about the level of insulation that was being installed in houses throughout Scotland. The Executive needs to consider that carefully. My information was that, although the level of insulation would provide substantial benefits to people living in very cold

houses and would allow for temperatures that would at last be reasonably tolerable, that level of insulation would not provide benefits to the extent that fuel saving could be made. In other words, somebody who was spending £10 a week—10 per cent of a very low wage or pension—on their heating, most of which was going out of the windows or doorways, and who had insulation and central heating installed would still be spending £10 a week, but getting tolerable warmth in their houses from that.

The whole level of insulation currently being installed needs to be reviewed. We—or rather the Executive—might find ourselves having to go round all the projects again to bring them up to a much higher standard. I also draw the Executive's attention to the fact that, although setting a target for five years from now may count as an interim target, any interim target for any part of the strategy should be shorter than that. I suggest that an interval of two or three years would be more appropriate and a much better idea for examining how far we have reached in our progress towards eradication of fuel poverty.

Finally, the Minister for Social Justice should put pressure on the Minister for Finance and Local Government by asking for a little bit more each year. When one starts a scheme such as this, there can be a rolling-increase effect. As more people are engaged in the insulation business and the installation of central heating, there will be more trainers and it will be possible to train more people, and progress will be made exponentially each year.

16:35

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): I see that Sandra White has just returned to the chamber. I thank her for her lecture on standing orders earlier today. I remind her that when she engages in debate, she should take interventions so that there can be a proper debate. I am sorry that she did not allow the Minister for Social Justice or any of my Labour colleagues to answer or correct the points that she made.

I am sure that Opposition members would be happy to tell the population that the central heating programme is too good to be true. However, it is true and it will help many people. Unfortunately it will not help as many people in the North Lanarkshire area, which I represent, as it will in Glasgow, as Labour-led North Lanarkshire Council and Labour-led Cumbernauld and Kilsyth District Council supplied central heating not only to pensioners but to families and households. Labour-led local authorities in East Lothian, Stirling and Falkirk—

Fiona Hyslop: The Labour-led council in

Glasgow has appalling housing conditions, which are leading the minister to consider wholesale housing transfer. Does Cathie Craigie think that a pensioner in Glasgow will be able to access the central heating scheme on 1 April this year?

Cathie Craigie: I think that the Minister for Social Justice answered that point. She was questioned on a radio programme today, and I am confident that pensioners in Glasgow and in Cumbernauld and Kilsyth will not be disadvantaged.

A few weeks ago, I visited a pensioner who wanted information on this subject. The pensioner household that I visited reminded me very much of the household in which I was brought up. As the daughter of a miner, I was brought up in a house with a roaring coal fire in the living room. We were roasted—we were told to move away so that we did not get lazy tartan on our legs. It was very warm. However, the old lady whom I visited would sit frozen in her kitchen, bathroom or toilet—just as we were frozen when we got up in the morning and found that our toothbrush was frozen.

It is not acceptable that people should live in that way in this day and age, but the lady whom I visited did not have the resources to put her hand in her pocket to pay for a central heating system. However, now she will be able to apply to the scheme and the capital for her to install central heating in her home will be provided by the Scottish Executive. She will be able to live warm in her own home. Tommy Sheridan is wrong to say that Labour is not delivering on fuel poverty and heating our pensioners' homes.

In future, we have to ensure that we carry out energy audits of our housing stock. When we consider housing standards and building regulations, we should ensure that energy ratings are placed in new properties. Only by examining the problems now can we address them in future.

Lloyd Quinan, Tommy Sheridan and others made a point about standing charges. I agree with Cathy Jamieson that it is unfair that people who can afford to pay for their fuel should benefit from a discount because they pay by standing order. I am pleased that our colleagues in Westminster are working with the fuel suppliers to consider that matter and ensure that mechanisms are introduced so that people who are poor can afford to turn on their light.

I welcome the moves that are being made. I am not surprised that the Opposition is pouring cold water on the programme, but it is good news for our pensioners and for people with disabilities.

The Deputy Presiding Officer: We move on to closing speeches and I call Donald Gorrie for the Liberal Democrats.

16:40

Donald Gorrie (Central Scotland) (LD): I had always heard that Jackie Baillie was a tough cookie, and she has certainly proved that today by sitting through the debate in a short-sleeved garment. I certainly have had to nip out every hour or so for a coffee to stoke up a wee bit of warmth.

Before I descended in the world and became a politician, I was a schoolmaster. If I were to give an ex-schoolmaster report card to the Executive and to Jackie Baillie personally, I would say that they have genuinely made a serious effort for which they deserve commendation. Like any report, we have to say that they could do better. All of us want people to spend more money on things that we care about, and the Executive could spend money more cleverly.

First, let me share a big insight: fuel poverty has two words—one is fuel and one is poverty. The poverty question is a Westminster question, but Labour ministers in the Scottish Parliament could push their colleagues at Westminster harder. I am sure that the other parties across the floor at Westminster will push the Westminster Government harder to do more about benefits, pensions, the winter fuel allowance and cold weather payments. More could be done to help people not to be so poor and they could then afford better fuel. Although poverty is a reserved matter, we could work on that.

We can also co-operate with Westminster so as to have a coherent programme that is aimed at removing the lack of insulation, fuel loss and dampness problems of all our houses. It would be like painting the Forth bridge in the old days before the new system was put in place. A lot of people could be guaranteed work for a lifetime. Standards would gradually improve, as the same things would be done every 10 or 20 years.

Fiona Hyslop: At Energy Action Scotland's conference in December, I spoke to suppliers who were concerned about the central heating initiative. Most of their engineers are in their 50s and the suppliers were concerned about training. Donald Gorrie talked about training and training arrangements. Does he agree that those must be looked into, to ensure that we have good-quality, safe central heating system initiatives?

Donald Gorrie: That is a very good point. Our famous joined-up Government should bring together the benefits from fuel saving, energy saving and the removal of poverty with a policy of job creation. However, because such benefits tend to go out of different pockets, the matter is not dealt with coherently. Such an approach would benefit Westminster greatly: much less benefit would need to be paid out if thousands more people had coherent and continuous jobs.

I want to make two other points. First, I have long council experience in Edinburgh where there are many privately rented tenement-type properties. It is correct that the money spent on improving and repairing those properties has gone down very significantly. We can cast the blame here and there but the money spent must go up again. There exist some quite successful local schemes that involve energy suppliers, landlords and councils together in improving houses. We could work more on such schemes to get our money to go further, but there is no point in having a great new scheme and campaign if the existing situation is to get much worse.

Secondly, we have to sort out the business of the tolerable standard and index of housing quality. In my view, voluntary standards are a waste of space. If there are signs on the edge of every town that say that it would be very nice if drivers stay at roughly 30mph, that would have zero effect. If a notice is put up that says "Rain, please keep out" or "Burglars, please keep out", that has no effect. Decent people will do the decent thing anyway and indecent people will do it only if they are likely to go to jail or get into serious trouble if they do not. There must be a legal standard and we must keep to that. We have gone backwards in that respect and I urge the minister to take the opportunity presented by the bill to make a legal standard absolutely clear and strong. The energy conservation aspect should be included in the bill.

16:45

Bill Aitken (Glasgow) (Con): It is surprising that this highly topical debate was not as consensual as one might think that it would be. Fuel poverty is a serious issue and it is worth underlining some of the figures that were quoted during the debate. We should take Shelter Scotland seriously when it says that 738,000 people in Scotland suffer from fuel poverty. We should take extremely seriously the figures that indicate that, last year, 4,331 excess winter deaths occurred because of the cold.

We should consider a number of issues, such as the history of the situation, to find a degree of consensus. There is no doubt that, for many years, Scotland has experienced the effects of bad house design. One must question the sanity of the house designers and architects in Glasgow who decided that deck access blocks were a suitable form of housing for the west of Scotland climate. One looks at that housing almost in despair.

One must also consider the lack of maintenance in—although not exclusively in—the public sector, and note the effect that that has had on fuel poverty, resulting in heat loss and lack of insulation. We should not enter the blame culture

but rather we should look for a more constructive solution. As always, it is my earnest wish not to upset people or to be controversial.

What is the answer? The answer is investment, of course: investment in housing stock, whether in the public sector or the private sector. I must draw attention to the year zero attitude that Executive ministers appear increasingly to adopt—it did not all start to happen two years ago. The Labour party has been in government for four years—

Jackie Baillie: Will the member take an intervention?

Bill Aitken: Of course, on the basis of my consensual approach.

Jackie Baillie: The member is so kind, but I am sorry that I cannot continue that consensual approach.

Perhaps you could explain to the chamber exactly what you were doing for the previous 18 years, when you were in control.

Bill Aitken: I will certainly tell the minister what the Conservatives were doing. We established the most successful heat and energy conservation scheme ever. HEES was so good that you copied it and called it the warm deal. I admit that—

Jackie Baillie rose—

Bill Aitken: Just let me finish the point, minister, and I will let you in again. I admit that the Labour party made HEES a bit more flexible and threw some more money at it, but it is obvious that, recognising the success of that scheme, you expanded it.

I am happy to give way.

Jackie Baillie: You admitted that part of the problem was decades of underinvestment in housing quality. You—or at least your colleagues—were responsible during that period. HEES was targeted badly: while it helped people who were on benefit, it failed to target the fuel poor. I am sorry, but HEES comes from a past that does not make sense today.

The Deputy Presiding Officer: Mr Aitken, you are on your last minute.

Bill Aitken: I do not accept the minister's comments for a moment.

Let us consider the record. Cathie Craigie highlighted how some local authorities reacted, but not all local authorities reacted with the dynamism and foresight of Stirling District Council. That council was the first to carry out a full central heating programme and largely finished its double-glazing programme—not under the leadership of Jack McConnell but under the most distinguished and dynamic leadership of my colleague Keith

Harding.

Where are we, and how far down the road are we going? We must make progress on fuel poverty, as the issue is too important not to. It is disappointing that the Executive did not think that the Housing (Scotland) Bill should address fuel poverty. With respect, I know what the minister is trying to do and it is inadequate. The matter requires legislation, rather than being dealt with on an administrative basis.

The Deputy Presiding Officer: Wind up, please, Mr Aitken.

Bill Aitken: The Executive must also consider what it is doing about investment in the private sector. It must provide a ring-fenced increase in investment in that sector.

We await the outcome. I accept that these are early days, but much more must be done before the debate on fuel poverty can be concluded.

I urge members to support the amendment in the name of Keith Harding.

16:50

Linda Fabiani (Central Scotland) (SNP): Here we are again and practically every speaker has mentioned Scotland's appalling health record and winter deaths while quoting from Shelter Scotland and Energy Action Scotland. We have been doing that for two years now. Yet here we are, almost halfway through the first session of the Parliament and we are only now learning that fuel poverty will be addressed in the Housing (Scotland) Bill. The Executive has come forward with an amendment to that bill, but why was it not there right at the beginning?

Jackie Baillie: Will the member give way?

Linda Fabiani: Not yet.

How many times do we have to debate the horror of what is happening in our country before we do something about it? I am not going to spend any more time with that.

The minister seems to be quite happy to go into partnership with the UK Government and wait for the results of that before making a decision. We have heard that before. Why can we not just do things ourselves?

Ms Curran: Linda, could you guarantee us this afternoon that an independent Scotland would improve the lives of the fuel poor in Scotland? How quickly could you do that? How much would it cost?

Linda Fabiani: Minister, there is something that you guys seem to forget: you are the Government, you are in charge and you are supposed to come up with the solutions. You are not doing it. But

when we have an independent Scotland, it shall be done. Tommy Sheridan mentioned the oil. The SNP would use the tax revenues from oil to ensure the complete eradication of fuel poverty in this country. They do it in Norway, so why can we not do it? Why do we have a culture of no can do?

The minister said that we suffered from low investment in housing stocks for two decades. Yes, we did. I am certainly not going to stick up for the Tory party. Its tenure of government was appalling for Scotland. However, we have to face the truth and be realistic about the problems in Scotland: there has been no investment in Scotland's housing for an awful lot longer than two decades. That started way back.

The only decent council housing that we got in this country was after the second world war when we had the homes for heroes. We see evidence of that all over the country, and lots of it in Glasgow. The decent stock in Glasgow has now largely been bought up through the right to buy and is no longer in the social rented sector. Do not blame the Tories for everything. We have had successive Labour and Tory Governments in our country for years and years. Here we are in a brand-new millennium and we still have fuel poverty in our country. It is absolutely disgusting.

Mr Frank McAveety (Glasgow Shettleston) (Lab): Will the member take an intervention?

Linda Fabiani: No, thank you.

Labour members are all sitting there saying, "What would you do, what would you do? What's needed?" I will tell them what is needed. What is needed is not the piecemeal approach, as described by Shelter and mentioned by Keith Harding. We do not need a piecemeal approach with lots of initiatives that confuse everybody. What we need is some decent co-ordination.

Donald Gorrie spoke about building standards and about the tolerable standard. I asked yesterday during the debate on sustainable development why a tolerable standard, including energy efficiency, cannot be part of the Housing (Scotland) Bill which is supposed to improve housing conditions in Scotland. Why can we not do that in our country? It seems to me to be fairly simple and straightforward.

Why, before Glasgow's pensioners can access funds for central heating, are we waiting for the result of the ballot on stock transfer in November? That that is the case is confirmed in two letters that the minister has written to members of my party. I do not have time to quote them—

Jackie Baillie: Will the member give way?

Linda Fabiani: No, I do not have time.

What is needed is real energy efficiency and real

sustainable development. We need to take this issue seriously. We need to get away from the standard assessment procedure ratings and start to consider proper thermal U-values that cover every element of building. This is not just about insulation, which, as Robin Harper pointed out, does not even help with fuel poverty; and it is not just about central heating, especially when, as Tricia Marwick pointed out, people will not get that central heating if they have any form of it at all in the house.

We end up going way back to the 1960s again, to Parker Morris standards, but they still apply in the new millennium. That is absolutely out of order. We need to consider every element of housing, including roofs, windows and doors. We need to take advice, not from England but from Europe. They do these things. Can you not get it through your heads? They do it, and we can do it. It is perfectly easy.

You have made an awfully big play about not having to wait for permission from London. I should remind you that in your manifesto you were quite clear that you were going to end fuel poverty in Scotland within two terms of government. It was a terrible assumption that you would get a second term—that shows typical complacency. However, you are now going with the UK figures and saying that it will be 2010 and perhaps 2015 before fuel poverty is ended. That is ridiculous. Why can you not stick to your original promise? Why must you wait for the UK strategy?

In particular, I want an answer to my last question, because you did not give one to Fiona Hyslop or Sandra White. Where is the £350 million for the central heating programme coming from?

The Deputy Presiding Officer (Patricia Ferguson): Before I call the minister, I remind all members that their comments should be directed through the Presiding Officer rather than at one another. We would progress much better if we were to adhere to that rule.

16:56

The Deputy Minister for Social Justice (Ms Margaret Curran): I will not take that personally, Presiding Officer.

Every time I come to speak in my role as a minister, I promise myself that I will be measured and calm and not shout at the Tories or the nationalists—we always seem to have the same personalities around. However, every time I get up to speak, I tear it all up and abandon such promises. So it is back to usual, folks. Today's debate has been extremely disappointing. *[Interruption.]* Bear with me. It is only fair that you let me speak, given that the SNP would not take any interventions.

I am particularly pleased that Karen Whitefield, Johann Lamont and Cathy Jamieson are here today. If members cast their minds back to the beginning of the Scottish Parliament, they will remember that Mr Duncan Hamilton made certain remarks about Labour women who refused to take interventions in debates. Remember sisters, he told us that we were such terrible debaters because we refused to take interventions. However, this afternoon, a whole panoply of SNP speakers would not take interventions.

Ms White rose—

Ms Curran: I am delighted to let Sandra White intervene.

Ms White: I thank Margaret Curran—a woman who will take an intervention, particularly when she is summing up. Will she give us a categorical assurance that the pensioners in Glasgow will receive central heating in April 2001?

Ms Curran: I am going to spend some time in my speech dealing with that issue. I can give a categorical assurance that the pensioners in Glasgow will have access to the central heating programme. I will take members through the details of that in a moment. The minister tried to intervene three times on Sandra White, who would not let her in, so I ask Sandra to bear with me.

This afternoon, we have been treated to a set of wilful misunderstandings. Every time that we sought to clarify something we were not given the opportunity to do so. That is why I am delighted to offer some clarification, although it will prevent me from dealing with some of the points that were made by Cathy Jamieson and Elaine Murray. If I do not deal with all the points, I will try to get back to members on them.

First, let me deal with the central heating programme, which has been such an important part of this afternoon's debate. At best, Tricia Marwick was disingenuous when she talked about children being excluded from the central heating programme. She clearly does not understand what is happening in the social rented sector if she thinks that children will be excluded from the programme.

Tricia Marwick rose—

Ms Curran: Our policy, in the social rented sector—extending to the private sector post-2006—is to make provision through the HRA to deliver 70,000 replacement and upgraded central heating systems.

Furthermore, our policies for fuel poverty must be seen in the context of a comprehensive strategy for the regeneration of Scottish housing.

Tricia Marwick: Will the member give way?

Ms Curran: No. Tricia Marwick did not offer me

that privilege.

Stock transfer offers a wide range of benefits to tenants, including central heating. The overall investment for property in Glasgow will be £16,000 per unit—not just the £2,500 for central heating. We want the project to move forward for the benefit of all, within the timetable that we have set. That will be far quicker than anything that the SNP has promised in any policy to be implemented pre or post independence.

I would like to deal further with the issues that the SNP raised about the Glasgow situation and to which Mr Sheridan also alluded. The SNP is quite wrong in its statements about stock transfer and the central heating programme. I could demonstrate to the Parliament, using leaflets that have been circulated around the city of Glasgow, that the SNP is either very badly misinformed or is misleading the tenants of Glasgow. It is quite improper for a serious political party to do such a thing. It is a fact, and let me repeat it, that the central heating programme will be delivered in Glasgow, irrespective of the outcome of the ballot. If the tenants vote yes, the programme will be delivered. If the tenants vote no, the programme will be delivered.

Let me talk about the timing, because it seems to me, as I have said on numerous occasions, to be common sense—and all the tenants in Glasgow would agree with this—that if a programme of refurbishment is planned, central heating should be put in at the same time. The SNP would have us put in the central heating then rip it out again when we start the programme of refurbishment. What the tenants in Glasgow will get as a result of this Executive proposal will be the most sustained level of investment in housing that they have seen for a generation.

Fiona Hyslop: Will the minister give way?

Ms Curran: I am short of time.

The Deputy Presiding Officer: I must interrupt you, Ms Curran. The level of noise in the chamber is excessive. I ask members to do Ms Curran the courtesy of listening to what she has to say.

Ms Curran: Thank you, Presiding Officer. I will not take the level of noise as a personal comment.

Let me summarise the key words that are associated with our strategy. The strategy is collaborative, committed, cost-effective and compassionate. It is a compassionate drive in our policy that makes us start with the fuel poor first. We are putting substantial resources into Scottish households: £350 million is going into the central heating programme; almost £40 million is going into the warm deal programme over the next five years—

The Deputy Presiding Officer: Ms Curran, we

have a point of order.

Robert Brown: On a point of order, Presiding Officer. I still cannot hear a word that the minister is saying, because of the babble. I am interested in the details.

The Deputy Presiding Officer: I repeat my injunction to members in the chamber to keep the background noise down and allow members who wish to listen to do so.

Ms Curran: I do not know if Mr Duncan Hamilton is here, but given my reference to him, it is time that the SNP extended the courtesy of either taking interventions or listening to us. Perhaps then SNP members would begin to understand our policies. They consistently question us on details, but they will not listen to the answers.

Fiona Hyslop *rose*—

Ms Curran: I will pick up another point that was raised earlier. SNP members increasingly are questioning us about our work—[*Interruption.*] We are talking about fuel poverty. Fiona Hyslop questioned Jackie Baillie on the meetings that she attended. It is interesting that Fiona Hyslop has a grasp of the big issues. Neither the problems nor the solutions begin or end at the Scottish border. Dealing with environmental consequences needs more than a little Scotlander approach. Increasing resources and incomes are a consequence of UK economic union. It is to the credit of the UK Labour Government that we are able to deliver on this issue. Small-minded separatism will simply make fuel poverty and its consequences worse.

We are committed to this issue because social justice for Scots is one of the core goals of this Executive. We have made the reduction of fuel poverty a major aim for the Executive, which is in contrast to the Conservatives. We have set out a comprehensive strategy and the mechanisms to monitor and scrutinise it, so that the Parliament and all of Scotland can track our progress.

In moving forward, we must not forget that fuel poverty has many causes, but in combination with the new minimum income guarantee, which will be worth so much to our pensioners, and the working families tax credit and the forthcoming child tax credit, which will benefit low-income households in work, we will start to deliver on fuel poverty. Our programme for tackling fuel poverty is not only light-years ahead of a few years ago, it stands comparison with any programme elsewhere in the UK. I believe that it will bring substantial benefits to the well-being and health of Scots, to the fabric of our homes and to the environment, not just in Scotland but beyond. This is the future for Scotland—not separatism, but remaining safe in the hands of this Executive. I commend the motion.

Culture and Recreation Bill

17:05

The Presiding Officer (Sir David Steel): The next item of business was to have been an Executive motion on the Culture and Recreation Bill, which is UK legislation, but, as members were told earlier, that has now been postponed until next Thursday.

Parliamentary Bureau Motion

Motion moved,

That the Parliament agrees that the following instruments be approved—

Special Grant Report No. 1, Special Grant for Scotland Asylum Seeker Assistance: Report by the Scottish Ministers (SE 2001/60);

Special Grant Report No. 2, Special Grant for Scotland Kosovan Evacuees: Report by the Scottish Ministers (SE 2001/61); and

The draft Highlands and Islands Area of Operation (Scotland) Order 2001.—[*Tavish Scott.*]

Decision Time

17:06

The Presiding Officer (Sir David Steel): Before we begin, I remind members that the young people's health congress, which will be attended by delegates from schools throughout Scotland, will be held in the chamber tomorrow. I draw members' attention to the presence in the public galleries of a number of the young delegates who will participate. The deputy presiding officers and I trust that they will be a good deal quieter than the members were in the chamber this afternoon.

There are seven questions to be put as a result of today's business. The first question is, that amendment S1M-1699.1, in the name of Nicola Sturgeon, which seeks to amend motion S1M-1699, in the name of Susan Deacon, on primary care, 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)
Hyslop, Fiona (Lothians) (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)
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)
Russell, Michael (South of Scotland) (SNP)
Salmond, Mr Alex (Banff and Buchan) (SNP)
Sheridan, Tommy (Glasgow) (SSP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
White, Ms Sandra (Glasgow) (SNP)
Wilson, Andrew (Central Scotland) (SNP)

AGAINST

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)

Butler, Bill (Glasgow Anniesland) (Lab)
 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)
 Fergusson, Alex (South of Scotland) (Con)
 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)
 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)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (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)
 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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (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)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)

Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

Harper, Robin (Lothians) (Green)

The Presiding Officer: The result of the division is: For 33, Against 78, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The second question is, that amendment S1M-1699.2, in the name of Mary Scanlon, which seeks to amend motion S1M-1699, in the name of Susan Deacon, on primary care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Campbell, Colin (West of Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (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)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North-East Scotland) (Con)
 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)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeod, Fiona (West of Scotland) (SNP)
 McLetchie, David (Lothians) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 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)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)
 Young, John (West of Scotland) (Con)

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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 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)
 Gorrie, Donald (Central Scotland) (LD)
 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)
 Lyon, George (Argyll and Bute) (LD)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (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)
 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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (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)
 Thomson, Elaine (Aberdeen North) (Lab)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Harper, Robin (Lothians) (Green)
 Sheridan, Tommy (Glasgow) (SSP)

The Presiding Officer: The result of the division is: For 49, Against 61, Abstentions 2.

Amendment disagreed to.

The Presiding Officer: The third question is, that motion S1M-1699, in the name of Susan Deacon, on primary care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 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)
 Gorrie, Donald (Central Scotland) (LD)
 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)
 Lyon, George (Argyll and Bute) (LD)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (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)
 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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (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)
 Thomson, Elaine (Aberdeen North) (Lab)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Harding, Mr Keith (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)
 Mundell, David (South of Scotland) (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)

ABSTENTIONS

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)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (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)
 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)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 62, Against 17, Abstentions 34.

Motion agreed to.

That the Parliament applauds the vital contribution which community-based health professionals make to the health and health care of the people of Scotland and affirms the commitment in the Executive's health plan *Our National*

Health: A plan for action, a plan for change to developing these services.

The Presiding Officer: The fourth question is, that amendment S1M-1700.2, in the name of Fiona Hyslop, which seeks to amend motion S1M-1700, in the name of Jackie Baillie, on fuel poverty, 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)
 Hyslop, Fiona (Lothians) (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)
 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)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

AGAINST

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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 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)
 Fergusson, Alex (South of Scotland) (Con)
 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)
 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)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 MacLean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McCabe, Mr Tom (Hamilton South) (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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (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)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

Harper, Robin (Lothians) (Green)

The Presiding Officer: The result of the division is: For 33, Against 78, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The fifth question is, that amendment S1M-1700.3, in the name of Keith Harding, which seeks to amend motion S1M-1700, in the name of Jackie Baillie, on fuel poverty, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Harding, Mr Keith (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)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Mr Murray (South of Scotland) (Con)
 Young, John (West of Scotland) (Con)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Campbell, Colin (West of Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 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)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 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)
 Lochhead, Richard (North-East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 MacLean, Kate (Dundee West) (Lab)

Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 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)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 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)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Watson, Mike (Glasgow Cathcart) (Lab)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 15, Against 95, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The sixth question is, that motion S1M-1700, in the name of Jackie Baillie, on fuel poverty, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

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)
 Butler, Bill (Glasgow Anniesland) (Lab)
 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)
 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)
 Gorrie, Donald (Central Scotland) (LD)
 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)
 Lyon, George (Argyll and Bute) (LD)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (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)
 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)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (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)
 Thomson, Elaine (Aberdeen North) (Lab)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Harding, Mr Keith (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)
 Mundell, David (South of Scotland) (Con)
 Paterson, Mr Gil (Central Scotland) (SNP)

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 draft Highlands and Islands Area of Operation
 (Scotland) Order 2001.

ABSTENTIONS

Adam, Brian (North-East Scotland) (SNP)
 Campbell, Colin (West of Scotland) (SNP)
 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)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (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)
 Neil, Alex (Central Scotland) (SNP)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Salmond, Mr Alex (Banff and Buchan) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division
 is: For 63, Against 18, Abstentions 31.

Motion agreed to.

That the Parliament commends the Scottish Executive for its commitment to tackling fuel poverty, as set out in the UK Fuel Poverty Strategy which will form part of the Housing (Scotland) Bill, through the central heating programme, which will provide all council and housing association tenants and all pensioners, irrespective of their tenure, with warm and dry homes by 2006, through the Warm Deal, New Housing Partnerships and investment in social rented housing and through its proposals for a new Index of Housing Quality and its plans to extend the scope of the improvement and repairs grant system to include energy efficiency measures.

The Presiding Officer: The final question is, that motion S1M-1696, in the name of Tom McCabe, on the approval of statutory instruments, be agreed to.

Motion agreed to.

That the Parliament agrees that the following instruments be approved—

Special Grant Report No. 1, Special Grant for Scotland Asylum Seeker Assistance: Report by the Scottish Ministers (SE 2001/60);

Special Grant Report No. 2, Special Grant for Scotland Kosovan Evacuees: Report by the Scottish Ministers (SE 2001/61); and

Caledonian MacBrayne

The Presiding Officer (Sir David Steel): The members' business debate is on motion S1M-1263, in the name of George Lyon, on Caledonian MacBrayne. I ask those who are not staying for the debate to leave quickly and quietly.

Motion debated,

That the Parliament recognises the high proportion of Caledonian MacBrayne employees who are drawn from the communities that the company serves; acknowledges the importance of these jobs to the economic well-being of these remote and island communities; notes with concern the fears that employees of Caledonian MacBrayne have regarding the potential consequences of the competitive tendering process required by the European Commission, and urges the Scottish Executive to do everything within its power to ensure that job security for staff at Caledonian MacBrayne is maintained throughout and after the conclusion of that process.

17:13

George Lyon (Argyll and Bute) (LD): I thank all those members who took the time and trouble to support the motion. As members may well understand, Caledonian MacBrayne is important to my constituency. Some 60 per cent of all its routes originate in Argyll.

For those who occasionally visit the islands on the west coast of Scotland, the ferry journey is a novel and exciting experience that adds to the attraction of a holiday in or visit to the isles. However, CalMac ferry services are fundamental to the way of life of island residents. It is no understatement to say that they are the life-blood of the island communities. CalMac affects every part of island life—the price of goods in the shops, the ability to travel off the islands and the ability to visit those who live on the islands.

How many understand the concept of being cut off from the mainland? Many on the islands are cut off for 12 hours every day. At the extreme, my constituents who live in Coll and Colonsay are cut off for two to three days every week between ferry journeys. Those are the reasons why the future of CalMac and its routes are of such deep concern to the communities that I and other members represent.

About 1,000 workers and their families are affected. Many—I would say the majority—are based in the island communities and work for Caledonian MacBrayne. They are worried about what the future holds for them and the routes.

The main concerns have been listed many times, but it does no harm to repeat them. Does the tendering process mean the breaking up of the network? Will the routes between Portavadie and Tarbert, and Dunoon and Gourock—which are

mainland to mainland routes, not island routes—continue to be supported and attract public subsidy? What will happen to the employees of CalMac if a private operator is successful under the tendering process? So far, the only real comparison we have is with the northern isles routes, but on that issue it is not clear yet that there is an answer. I hope that the minister can shed some light on that.

Will we get a better service, lower fares or even new vessels? Many of the Clyde vessels are coming to the end of their lifetime. CalMac would like to replace them, probably with leased ships, but during the tendering process nothing can be done to upgrade and replace the vessels. It is often asked whether we need to go through the process at all. My friend Neil McCormick addressed that with his question in the European Parliament, when it was stated categorically that we do not have much choice but to go through the process.

I know that the minister has taken proposals to Brussels for consideration. When she made a statement to Parliament on the issue, she invited MSPs to travel over, to hammer home to the European Commission the views of the islanders and communities that CalMac serves. Last week, my colleague John Farquhar Munro and I responded to her invitation and were received well by the Commission. We impressed upon the Commission how important the routes and the network are to the future of the island communities. We emphasised that the majority of the responses to the consultation that the minister received were fully supportive of keeping the routes together rather than breaking them up.

The Commission's views were simply put. First, it has no problem with putting public service obligations on all the routes, which means that it has no problem with the idea of support for the routes. Similarly, when we asked about Portavadie, Tarbert, Gourock and Dunoon, it had no problem. It is reasonably relaxed that the routes are a justifiable need and that the Executive should pay subsidy on them.

We asked about possible changes to the Council directive. The answer was clear: there is no intention to make any change in the directive. However, it is intended to consider the guidelines that accompany the directive. That will involve consideration of issues such as the length of the contract; for example, whether it will be five years. At the moment it is five years, but should it be increased to accommodate ferry operators or special circumstances in the islands?

The area of great concern was the bundling of routes. Commission officials stated categorically that they would not stop the Executive going ahead with its plans to tender on a single bundle

of routes, but they believe that there is a risk that a private operator will launch a complaint. When we asked what that would mean to us in Scotland and what the process would be if that happened, it became clear that it would trigger a Commission investigation of the whole process. That would include not only the transport division but the competition division, because the complaint would be on the basis that the bundling was uncompetitive and a barrier to an operator bidding for the routes.

I asked what the eventual outcome of that investigation might be. It was clear that, if the Commission found a case to answer, it would instruct the Executive how to proceed on the bundling. That caused me a great deal of concern. I had been led to believe that the Commission was quite relaxed, but it is clear that it has concerns. The ball on how to proceed is in the Executive's court, as the Commission said that it would not formally oppose the bundling of the routes. Whether it should be proceeded with is in the Executive's jurisdiction.

I have outlined the responses we received from the Commission and I ask the minister again to address the concerns that my constituents and the island communities have raised with me. However, I would especially like her to address the bundling of the routes, given the feedback that we are beginning to receive from the European Commission.

17:20

Maureen Macmillan (Highlands and Islands) (Lab): I am grateful to George Lyon for instigating this debate. It seems that CalMac has been a crucial part of the west Highland infrastructure from the Clyde to the Western Isles since the dawn of time—ever since I was a wee girl, at least. When I was a girl in Oban, my father was often away working on the islands—Mull, Uist or Barra—and I was sent down the town on a Saturday morning for the messages and to watch out for the boat coming in so that I could run home and tell my mother to put the potatoes on for my father's dinner.

It was therefore an enormous trauma for the west Highlands, and for CalMac, to face up to the prospect of CalMac having to compete for its own routes. The first reaction was for some to deny that there was any necessity to compete, and there was much poring over inscrutable EC regulations to prove that. Most now accept that putting the routes out to tender is inevitable if we are to continue to subsidise our ferry crossings, which are so crucial to the economic well-being of the Highlands and Islands. However, so that we can be absolutely sure that the cabotage regulations are not affected by the proposed

changes that George Lyon talked about, Catherine Stihler MEP has lodged a question in the European Parliament that should get a definitive answer in the next few weeks.

The consultation exercise resulted in overwhelming support for tendering all CalMac routes as a single entity. Tendering the whole service as one unit is unusual, and the EC has to be persuaded that that should be done. It has obvious advantages in keeping the services integrated, with through-ticketing made easier, ensuring that no routes are not bid for and no routes are cherry-picked. There are also obvious economies of scale. I think that it is possible to persuade the EC on those points.

The proposal to retain in public ownership the vessel-owning company will also need approval from the EC. I am glad to hear George Lyon say that the EC seems to be relaxed about that. That seems to be the only way to ensure that vessels appropriate to the route are available. However, Professor Kay has raised concerns that we will need new legislation to ensure that the vessels' operators comply with safety regulations. I do not know whether he is correct; we must be sure of that point. Mainland-to-mainland ferry crossings also have to be included. Again, I am glad to hear George Lyon saying that the Commission is relaxed about that.

As George Lyon said, we have to get behind the minister in support of all these proposals to the EC. Duncan Hamilton has been in touch with me supporting them, but I was astounded when I heard Fiona McLeod, in the no-confidence debate, criticising Sarah Boyack for going to the EC. Of course she has to go to the EC. Of course we must lobby to get the kind of contracts and tendering documents we want.

What is now of most concern to the crews of the CalMac ships and to the communities where they live is who will sail the boats. If CalMac does not make the winning bid, where will the successful company find its crew? A couple of weeks ago at question time I asked the minister if she would include in the specification for the bids a requirement, for example, to use crews who are familiar with the difficult conditions in the west Highland waters. I believe that strongly drawn specifications will protect the interests of the present crews. I believe, from the answer that she gave, that the minister is sympathetic to that request.

It is crucial for coastal and island communities that the work on the ferries is not lost to them, nor the wages and salaries diminished, as the economic implications would be huge. It is crucial that the expertise of the men and women who work aboard the CalMac ferries is not lost, whatever operator eventually wins the contract.

17:24

Mr Murray Tosh (South of Scotland) (Con):

We have to congratulate George Lyon on bringing this matter before Parliament today and on the work that he has done and the interesting information that he has put before us. I cannot actually remember whether I signed his motion, but I agree with the points that it makes about the protection of the rights of employees. We all agree, especially given the pressures on the economy of Argyllshire and the remoter islands, that jobs in those areas are of critical importance. They are quality jobs and people who live in those areas will want to see that employment protected.

The Conservatives are always willing to see the principle of value for money pursued, but that must be a value that is pursued through operational efficiency and the driving down of costs. It must not be value sought at the expense of employment and, in particular, the rights of CalMac ferry service employees.

I am not any kind of expert on the European procurement directives, but I trust that when the Executive refines the process and puts the tenders out, the fullest protection that is possible and compatible with European law will be built in. I say that while being well aware of the limitations of the Transfer of Undertakings (Protection of Employment) Regulations in terms of protecting the employment, wages and pension rights of people in the long run. Perhaps that is an area in which, given that the tendering is essentially voluntary though with some degree of pressure, we may be able to gold-plate a European directive to good purpose.

It was interesting to hear George Lyon recruited to the in-Europe-but-not-run-by-Europe brigade. I appreciate his concern about the possible impact of the Community on how the matter proceeds. I am happy to state for the record that the Conservatives will support the minister and the Executive on the principle that this should go ahead as a single contract if at all possible.

Finally, I want to mention the communication that all members of the Transport and the Environment Committee received recently from Professor Kay—I know that the minister is aware of it, because Andy Kerr has written to her about it—expressing deep concern about the way in which regulation and contract control will run under the new contracts.

There is deep concern about the potential attitude of the new operator of the service, whether CalMac or anyone else, if it does not own the assets but merely leases them. There is also deep concern that the operator of last resort proposal is flawed. I say again that I am no expert on this, but Professor Kay is concerned that no

model for this exists anywhere and that the Scottish Executive has not demonstrated the expertise necessary to shape and allocate contracts of this nature.

I hope that the minister will address those issues in the brief time that she has at her disposal this afternoon. I hope that she will give a full response to the Transport and the Environment Committee and take the committee into her confidence, so that we can assure ourselves that whatever comes out of this will be examined again if necessary and that safety and services are built in as essential and core components of whatever we reach at the end of the process.

The Deputy Presiding Officer (Mr George Reid): Since we started, a further four members have asked to speak. Everybody will not be called unless we keep speeches to less than three minutes. I call Bruce Crawford.

Bruce Crawford (Mid Scotland and Fife) (SNP) *rose—*

The Deputy Presiding Officer: Please use your microphone, Mr Crawford.

Bruce Crawford: It does not appear to be working.

The Deputy Presiding Officer: Please move along one seat and use the mike there.

Bruce Crawford: It is not on either.

The Deputy Presiding Officer: There appears to be a general problem in the sound booth. I ask your indulgence.

Bruce Crawford: Shall I just shout?

The Deputy Presiding Officer: No, that is impossible. We need to record you for the *Official Report*.

I ask the indulgence of the chamber. I am told that it will take no more than one minute to fix the system. We will suspend for one minute.

17:28

Meeting suspended.

17:29

On resuming—

The Deputy Presiding Officer: That was a quick minute. We are back in business.

Mr Tosh: On a point of order. Would it be in order to ask you to accept a motion without notice to extend the debate by whatever period is required to allow all those who have asked to speak to take part?

The Deputy Presiding Officer: Yes. We will

need only another five minutes. Is the minister agreeable?

The Minister for Transport (Sarah Boyack): Yes.

The Deputy Presiding Officer: I will entertain a motion without notice to extend the debate until five minutes to six.

Motion moved,

That the debate be extended by up to 30 minutes.—[Mr Murray Tosh.]

Motion agreed to.

17:29

Bruce Crawford (Mid Scotland and Fife) (SNP): As the sound was not working the first time, I congratulate George Lyon a second time on lodging this motion.

We share a common concern about the end result of this process and about how best we can retain the high-value jobs that we have. There may be differences in how we approach that—I do not agree entirely with everything that has been said today—and I will try to tease them out.

There is genuine concern that the threat of privatisation still hangs over the services that are currently provided by the publicly owned CalMac. Even if the Commission were to accept the somewhat flawed proposals for a separate vessel-owning company, the routes would still be exposed to a form of competitive tendering. I hope that, if the tendering becomes a reality, any tender submitted by CalMac will be successful.

This process could, unfortunately, result in the prospect of a foreign operator winning tenders for some or all of CalMac's routes in Scotland. We could end up, for example, with the preferred bidder status being awarded to a Greek ferry operator, as happened for the proposed Rosyth continental ferry on the east of Scotland. If a foreign-owned company were to win the tender for the network there is real—and I have to say understandable—concern that the work force may be faced with a drive for lower wages at the expense of staff and safety. That is a matter of profound concern for existing CalMac workers and the communities in which they live. It should also be a matter of profound concern for this Parliament and the minister.

As the minister is aware, the state aid guidelines are due to be revised in 2002. Surely it is not beyond the wit of Government to find a mechanism to delay the publishing of the tendering process to await the review of the guidelines. That would allow for consideration of the strong arguments to exempt services provided by CalMac, which are—as George Lyon rightly

said—lifeline services, from the requirement to be exposed to competition.

I have doubts about the strategy to create a separate vessel-owning company. I am concerned that that strategy could be the Trojan horse that leads to the creeping privatisation of CalMac. I will be surprised if the Commission does not accept the minister's proposals: it recognises that they would make the job of privatisation easier. I suggest that there should be a delay in this process, to allow the revision of state aid guidelines to come into force. That would give a real chance for the argument to be put forward that these are lifeline services.

I am sorry, Presiding Officer, I have just realised that I have gone over my time.

The Deputy Presiding Officer: No you have not, Mr Crawford. The clock is jammed. You have another 40 seconds.

Bruce Crawford: That is all that I will need.

I will relate to the chamber a story that Linda Fabiani, who lived on the island of Bute, told me this afternoon. It typifies why it is important that this service remains in public ownership. She was able to relate, from her personal experience of life in Rothesay, the pride that the ferrymen have in the services that they deliver to those communities and how they will go the extra mile to help. That extra mile means doing things like going to help an old lady out of her home and down to the ferry in the morning to get her across to the mainland.

I cannot imagine that same level of commitment being shown to communities by a privatised network if workers' wages and conditions of service are being put in jeopardy. This is about so much more than jobs and wages: it is about a living and breathing community. We must find a way to delay this process to allow a case to be put for lifeline services so that a sensible way can be found in which to go forward.

17:33

John Farquhar Munro (Ross, Skye and Inverness West) (LD): I congratulate Sarah Boyack on her campaign on behalf of Caledonian MacBrayne, not only in the Scottish Parliament but—with her colleagues—in Europe. As George Lyon said, we spoke to the commissioners when we were there last week. They were well aware of Caledonian MacBrayne's situation. As George pointed out, they understand the dilemma that we face. I understand that, if the ferry services go out to a single tender, there is a fear that a small operator might raise an objection. If that were the case, the European Commission would be bound to act on it and investigate the complaint.

I need not tell members about the fondness that

people in the islands have for Caledonian MacBrayne. There is nothing new about that—they consider Caledonian MacBrayne to be part of the one big family of the Highlands and Islands and that feeling has existed for many decades. Although people want that to continue, we are in an ever-changing world. I suppose that, at the end of the day, as long as the people in the island communities that depend on the ferry services are satisfied that they receive an efficient, safe and affordable service, they will welcome and applaud this move. The Executive must also be complimented on its decision to form one shipping company—that is, to conserve all Caledonian MacBrayne ships under the control of the Scottish Executive. That approach should be welcomed and encouraged. *[Interruption.]*

The island communities see Caledonian MacBrayne as theirs, and will not be pleased if they do not see the Caledonian MacBrayne emblem on the funnel of the ships.

I will not take up much more time. However, if we consider that Caledonian MacBrayne has served those communities for—

The Deputy Presiding Officer: I am sorry. We were having noises off from Duncan McNeil a moment ago, and now your microphone has gone off.

Oh, it is back on again. On you go.

John Farquhar Munro: We should consider the excellence of that service and the love that the people have for the crews of the ships. After crossing the Minch on a very stormy day, a distressed lady went up to the skipper on the bridge and said, “Captain, I thank you for taking me across in such atrocious conditions. If it wasn’t for the grace of God and your own skill, we wouldn’t be here.” “Yes, madam”, said the skipper, “two good men together.”

I hope that we will see the Caledonian MacBrayne emblem flying on the ferry routes in the Western Isles for many decades to come.

17:36

Miss Annabel Goldie (West of Scotland) (Con): My contribution will be brief, because I have concerns about three areas. I am grateful to George Lyon for securing the debate; maintenance of essential services to our island and remote communities is vital. All members will agree that, in that respect, Scotland is an individual and very distinctive part of the European Union—the Scottish Executive has the competence to articulate that point forcefully.

However, as my colleague Mr Tosh mentioned, concomitant with that is the prickly, ticklish and somewhat controversial issue of value for money. I

have already pointed out the inconsistency—indeed, the lack of rationale—in relation to the inability to get transparent operating costs from Caledonian MacBrayne on its individual routes. The company might be hoist with that petard, because such aspects might become more painfully apparent during the competitive tendering process. In recognition of the need to provide such essential services to the island communities, it might be beneficial to have greater transparency about the actual cost, to try to establish the actual need. Proper accounting could be viewed, as could what the crossing pattern of costs and subsidies might be. That would be done with a view not to ceasing the service, but to providing everyone—including the customers in the communities—with best value for money.

I will conclude by alluding to the points that were raised by Professor Kay. On many of the extended and remote routes in question, any separation between vessel owner and operator might make it difficult to procure relief vessels when there are breakdowns. The operator might not necessarily be geographically proximate to Scotland. Professor Kay outlined some genuine concerns; it would be appropriate for the minister to allay some of our apprehensions in that respect.

17:39

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): I will be brief. I thank George Lyon for giving members the opportunity to discuss this issue again.

I echo John Farquhar Munro’s positive approach to the challenge that we face, and I offer my support to the minister who is taking our case into Europe. I also welcome the £3 million award that was received as a clear sign of confidence in the Gourock-Dunoon run. However, that will not allay the natural concerns of many of the people who work in the CalMac headquarters in Gourock, and who operate the ferry from the terminals at Gourock and at Wemyss Bay in my constituency. However, there is another operator, Western Ferries, just along the road and also in my constituency that might take a different view on the matter.

It is always good to stay for members’ business debates after hours, in which Murray Tosh might talk about workers’ rights. I was pleased to hear that today, but there are real concerns about such issues. We have heard about the dedication of the workers over the years, and I hope that they will be rewarded with a clear future.

Many confused messages are coming out and some councillors in the Western Isles are encouraging people to put in private bids. I am sure that Bruce Crawford will take that message

back, as the messages that are coming to us through the networks are causing some concern. I can name the councillors concerned to him, in the hope that he can sort them out.

I have outlined a number of issues that I hope the minister will address in her summing up, including Professor Kay's concerns about vessels and the trade unions' concerns about the way in which the process is being carried out.

17:41

Fiona McLeod (West of Scotland) (SNP): I, too, congratulate George Lyon on securing the debate. Perhaps it is fitting that I am the last member to speak, because I want to ask on behalf of my constituents in the west of Scotland why it is that so many of them are worried about the threat to CalMac.

In the west of Scotland, CalMac is a large employer. Duncan McNeil mentioned the fact that CalMac's headquarters are in Gourock. What happens if CalMac loses the contract and it goes to a company whose headquarters are outside Scotland? There are terminals at Ardrossan, Wemyss Bay, Gourock and Largs, and many of my constituents are worried. The services can be a daily lifeline for some people, and that is what is important to them—their daily lives.

For the island of Cumbrae, the ferry provides the daily trip for pupils who attend Largs Academy. Without the ferry crossing being guaranteed at a price that folk can afford, how can secondary school pupils get to school? The daily ferry from Largs to Cumbrae brings the home helps who help so many of our elderly citizens to stay on Cumbrae to the ends of their lives—something that they want to do. We must ensure that such lifeline services are available for all.

Maureen Macmillan said that I criticised the minister for going to the European Community on this issue. The SNP would never criticise a Scottish minister for going to the European Community to make the Scottish case. My criticism was that, to date, she has not achieved the result that the SNP could achieve for Scotland.

17:43

The Minister for Transport (Sarah Boyack): I listened closely as George Lyon and other members spoke. It was almost a unique experience to hear the member who opened the debate ask a series of questions, 95 per cent of which he proceeded to answer extremely effectively. I shall respond to the one or two points that he left for me to address.

I welcome the opportunity to put on record the views of the Executive on this matter. As George

Lyon rightly pointed out, the situation is developing. The Executive recognises the importance of CalMac to the communities that it serves throughout Scotland. The company is an integral part of many people's lives, and members have echoed those people's comments. I am absolutely committed to protecting levels of service. The company plays a crucial economic role in facilitating the imports and exports on which the island communities depend and in allowing tourists to visit some of Scotland's most attractive destinations.

The motion correctly identifies the fact that the employment that CalMac provides is an important element of that economic equation. CalMac draws many of its employees from the communities that it serves. Those jobs are good and they are stable, which is particularly important in communities with fragile economies. George Lyon and Maureen Macmillan made that point effectively. We cannot overstate the importance of the experience and skill of the CalMac work force and its commitment to serving Scotland's island communities. The simple fact, however, is that we cannot leave the situation as it is. CalMac's services breach European Community rules on state aids. The European Commission wrote to us in June 1999 and we have been working since then to ensure that we develop proposals that comply with the EC state aid regulations.

I was disappointed by the fact that Bruce Crawford and Fiona McLeod questioned the reason for putting CalMac's services into line with the EC state aid regulations. We have to be able to ensure that we avoid infraction proceedings and the termination of the subsidy for our services. We have to make the case to Europe that CalMac provides lifeline services that are worthy of PSOs. I do not want to take a risk with our right to pay for our lifeline services and to pay subsidies. We are clear that the guidelines to which Bruce Crawford referred will not change the fundamental point about tendering. They will, however, help us to put forward Scotland's unique case. It is vital that we bring to the Commission's attention the importance of CalMac's services and our willingness to bring them within the EC rules.

Dr Winnie Ewing (Highlands and Islands) (SNP): One of the arguments that could be used in favour of CalMac is its experience in dealing with our waters, which are acknowledged to be some of the most dangerous in Europe.

Sarah Boyack: I have already made the point about the expertise and commitment of the staff. We have to ensure that our proposals deliver the highest possible safety standards. We have had discussions with the Maritime and Coastguard Agency to ensure that we meet the UK standards on safety. It is clear that we must do that within the

tendering process.

There has been overwhelming support for the approach that we have taken with the Commission on our package. I believe that our package will provide a robust framework for the continued delivery of high-quality lifeline services to the Highlands and Islands. We are not trying to privatise the system; we are trying to ensure that the investment that we have had from central Government continues. We want to keep the CalMac fleet together and in public ownership—that is the opposite of what Bruce Crawford alleged tonight.

I want to ensure that we get our message across to the Commission. I am aware that the Commission understands the importance of our lifeline ferry services, partly because of the work that the Executive has done, partly because of the efforts of MSPs and partly because of the work of the trade unions and local authorities. Many representations have been made to the Commission.

I am conscious that the prospect of change is worrying for people in communities that are served by CalMac and for its employees. That is why I met the CalMac work force and the trade unions last month to outline our proposals to them. I wanted to ensure that they were fully briefed about the proposals and to give them the opportunity to put their concerns to me so that I could consider them fully. The meeting was useful and we are working on a number of issues as a result. When I visited Oban last month, I was able to talk to the work force and the management about our proposals.

Our proposals aim to keep a single network going. As George Lyon pointed out, we have to persuade the Commission about that. We are mindful of the experience that the Spanish Government had in getting its services into line with European state aid regulations. We have a lot of work to do, which is why I appreciate the support that has been offered from around the chamber and that has been demonstrated in the past few months.

Annabel Goldie talked about best value and ensuring that our investment delivers for us. As members know, CalMac has experience of a tendering process. The company recently competed, in a joint venture with the Royal Bank of Scotland, to run the northern isles passenger ferry services. Last December, the Scottish Parliament approved the undertaking with the joint venture, NorthLink, for the 2002 to 2007 subsidy contract. That contract will provide an improved service for a lower subsidy. I hope that that experience has given CalMac some expertise in that area. We have already begun discussing the way forward with CalMac senior management.

Although there are no guarantees, I expect CalMac to put forward a strong and competitive bid.

Members asked what would happen if CalMac did not win the tender. In our tender documentation, we will be making it crystal clear that bidders will have to consider the whole issue of the Transfer of Undertakings (Protection of Employment) Regulations when making their bids. While the TUPE regulations are a matter of law, we will ensure that they are highlighted in all the tender documentation.

I reiterate the point that members have made about the fact that the CalMac work force is skilled and is uniquely experienced in the routes that it serves. Winnie Ewing mentioned the treacherous nature of some of those routes. Skill and experience are important to bear in mind, given some of the conditions in which services are run.

Some members have made unhelpful comments in recent months, which has not helped us to move the debate forward. I want to put on record the fact that it is absolutely critical that any tendering process meets the stringent safety standards that are set for all passenger ferry services, including regulations about crew numbers and experience. It is also important to put on record the fact that safety will never be compromised in the process with which we are about to proceed.

I am aware of the comments that the Transport and the Environment Committee has made about the process and I welcome the scrutiny to which the committee will be subjecting our proposals. I have been asked to comment on some issues that Andy Kerr, as the convener of that committee, has raised. He has asked me to comment by next week, and I intend to do so fully. I hope that that will be useful to committee members.

Communication in this situation will be absolutely vital, which is why I am happy that we are having this debate and that we are able to bring members up to speed with the discussions that we have been having. It is also important that the CalMac management keep their staff and the trade unions closely informed about developments.

Several meetings between CalMac senior management and groups of staff and the unions have already taken place and others are planned. I am aware that the company is making considerable efforts to ensure that all its staff are kept fully informed and to minimise their understandable concerns in what will appear to be a period of uncertainty. Furthermore, I met representatives of the Scottish Trades Union Congress last month.

When the tender specification is drawn up, it is

important to ensure that the widest possible consultation takes place with communities, trade unions and local authorities. Issues such as the vital economic lifeline that is provided by the CalMac routes, the importance of protecting levels of service and fares and the maintenance of standards of safety will underpin that process.

As George Lyon pointed out, the process provides an opportunity to improve services; we will take that opportunity. I thank George Lyon for giving us all the opportunity to discuss this issue and to enable me to put the Executive's views on the record.

I give a commitment that we will continue to work closely with CalMac and the unions to ensure that staff and Parliament are kept informed as we continue our efforts not only to bring our ferry routes under the European regulations, but to do so in a way that is suited to Scotland's needs.

Meeting closed at 17:53.

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