MEETING OF THE PARLIAMENT

Wednesday 12 December 2001
(*Afternoon*)

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

Time for Reflection

The Presiding Officer (Sir David Steel): To lead our time for reflection, I welcome Neil Morrison, who is a fifth-year pupil at Govan High School, in Glasgow.

Neil Morrison (Govan High School, Glasgow): Good afternoon, members of the Scottish Parliament. I am a fifth year pupil at Govan High School in Glasgow. When I was asked to lead time for reflection, I paused to reflect on what the Scottish Parliament is and what it means to me and the people of my community. For me, the Parliament is about leadership.

We in Govan are a close-knit, patriotic community. We are proud of our past and clear about the future. Our school ethos reflects that, and we have strong leadership to help us reach our goals. It seems to me that those are also the aims that you have for the people of this country.

As a teenager in Scotland today, I have many things to be thankful for, of which the Scottish Parliament is one. We need look back no further than 11 September and the dreadful attacks on the World Trade Center to recognise that we in Scotland are doing something right. Closer to home, there has been violent conflict in Ireland; and there is continuing violence in the West Bank.

People of my age in Scotland have never witnessed such violence close at hand and we never want to. We recognise that conflict resolution is always better done on the floor of an institution such as this—whatever minor difficulties it might occasionally encounter—than with a bullet or a bomb.

Last summer a Kurdish asylum seeker, Firsat Dag, was killed as he made his way home to a high-rise block on Glasgow's Sighthill estate. That is not the Glasgow that I recognise or want.

People from all faiths and persuasions have spoken at time for reflection and, through that, the Scottish Parliament is setting an example of co-existence and religious tolerance of which we can be proud. Govan High School is copying that example. We are host school to the bilingual support unit, which prepares young people from different backgrounds, whose first language is not English, to be integrated into our schools.

Today, we have shared this time together. Last summer, Govan High School held a multi-cultural event and some members of the Parliament celebrated with us far into the night.

I understand that it is usual to end this address with a biblical quotation, but I will end with a quotation from a politician. John F. Kennedy delivered the following words to the Canadian Parliament in 1961, but they apply equally to Scotland's relationship with England and the rest of the world:

"Geography has made us neighbours, history has made us friends, economics has made us partners and necessity has made us allies. Those whom God has so joined together, let no man put asunder".

Thank you.

National Health Service

The Presiding Officer (Sir David Steel): Our main debate is on motion S1M-2538, in the name of Malcolm Chisholm, on "Our National Health—Delivering Change", and two amendments to that motion. I invite members who want to take part in the debate to press their request-to-speak buttons now.

14:33

The Minister for Health and Community Care (Malcolm Chisholm): In two days' time, it will be the first anniversary of the publication of "Our National Health: A plan for action, a plan for change". Of the 236 individual commitments to be implemented by that plan, 98 have been completed and 71 have been started but are not due for completion until a later date. That leaves 67 longer-term objectives or targets.

I do not give those figures out of complacency, but to ensure that the major problems that we still face are balanced by recognition of the substantial progress that has been made over the past 12 months. I hope that that sense of balance will run through today's debate.

I begin with the biggest issues that require to be tackled. In my first week as minister, cancer services were at the top of my agenda and they remain there. We will be debating that tomorrow, so let me just remind members, on the one hand, of the extremely positive developments this year around the national cancer strategy and, on the other hand, of the serious difficulties that we currently face in the west of Scotland. The Executive and I are determined to do anything it takes to sort out that problem, and the decisive action that we took last week will be followed by a relentless and continuing drive to develop cancer services and facilities. However, I will say more about that tomorrow.

The second big issue that I flagged up in my first few hours as minister was the unacceptable delays that some people still face at various stages in the journey of care. Again, balance is required. Fifty-three per cent of the patients treated in NHS Scotland hospitals are classed as emergency admissions and never join a waiting list. Of those who must wait, about half are treated within one month of being put on the waiting list and almost 80 per cent are treated within three months. However, it is the rest that we have to think about and help. There is no comfort for them or me in the fact that waiting lists are now falling substantially or that we expect to meet our pledge to reduce waiting lists to 75,000 by 31 March 2002.

"Our National Health" sets a number of condition-specific waiting times for key stages in the patient's pathway in the national priority areas of cancer and heart disease. For example, by next year, there will be a maximum wait of 24 weeks for heart surgery following angiography. Recently, there has been much talk of patients waiting for heart surgery in Scotland. Although I am concerned about that, we should remember that at the moment only 66 patients wait for more than six months. However, we shall ensure that our target is delivered next year and that no one waits for longer than that length of time. In "Our National Health", we set a further overarching target. By 2003, no one in Scotland will wait more than nine months for in-patient or day-case treatment for which a guarantee exists.

To reinforce those national standards, NHS boards will develop local waiting time standards that reflect local needs. They will focus on those specialties or procedures with long waits and reduce delays along the patient's care pathway. Those new local standards will be published next year and will enhance the patient's experience, improve equity of access and help reduce cross-Scotland disparities in waiting times.

We are also providing better information about waiting. "Our National Health" committed us to providing full information on waiting in Scotland on the internet, and we have done so. Information is available by NHS trust and by specialty and includes figures for out-patient waiting and waiting in accident and emergency departments.

We are boosting the capacity of the NHS to treat patients more quickly, through increased investment in, for example, new hospitals, support for service redesign, investment in more doctors and nurses and in new technology, and helping the service to deal with the number of beds occupied by patients waiting for discharge. Although I accept that the last has proved to be a complex and intractable problem, I am determined to make significant progress in that area in the coming year.

However, we also believe that waiting can be further reduced through NHS Scotland making better and more effective use of available health care capacity across Scotland. Patients are already transferred between hospitals, between NHS boards and between the public and private sector. For example, NHS Grampian makes use of private health care to help cut waiting lists. NHS Highland transfers heart patients to Edinburgh Royal Infirmary to make use of its specialist skills. Furthermore, Lothian patients benefited when their cataract operations were carried out by NHS Borders, where waiting times were shorter.

Brian Adam (North-East Scotland) (SNP): Will the minister confirm that only an extremely modest number of patients have been transferred from

NHS facilities to private ones? Will he tell us how many patients from Grampian were treated in private hospitals in the past year?

Malcolm Chisholm: I cannot give the member the precise number, but I will certainly tell him in writing if he so wishes.

It is clear that much more can be done to ensure a more rigorous and systematic use of our collective resources. In recognition of that, we established the waiting times support group last December to set standards and monitor delivery.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): The minister has talked about the use of private and other health service beds. Is it not about time that we considered nationalising some of the private sector in order to get some of those beds within the national health service?

Malcolm Chisholm: Margaret Jamieson makes an interesting point because, in all of this week's discussion in the newspapers about private beds, the distinction has not been made between the two differing ways of using the private sector. The main discussion has been around the NHS having a contract to use private facilities for a certain number of procedures, but many people have been talking about the NHS taking either a part or the whole of the capacity of a private facility. Clearly, that is an option. For example, we will be discussing with Health Care International the possibility of the NHS occupying some of the space that is available—I do not know if it would be possible to occupy the whole hospital. Using that capacity in that way is an option that is available to us.

Tommy Sheridan (Glasgow) (SSP): Does the minister accept that the principal opposition in Scotland on this issue is that individuals will profit from the illness of Scottish citizens, regardless of whether that citizen or the NHS pays the private health provider?

Malcolm Chisholm: I agree that that is a further issue, but I am not sure that it is of prime concern to the patients. There are detailed consequences that we will have to consider. I hope that I will be able to mention some of them in a moment.

Nicola Sturgeon (Glasgow) (SNP): Will the minister take an intervention?

Malcolm Chisholm: I should make a little progress as I have taken a few interventions already. I will give way in about one minute.

We are going a step further with the creation of a national waiting times co-ordination unit. It will be responsible for liasing with NHS chief executives, leading clinicians and private operators throughout the country so that capacity and expertise can be matched with demand.

While we retain an open mind on the issue of treating patients abroad, it is important to keep focused on our priority of delivering the maximum benefit for the most people. It is simply more efficient for the NHS and more comfortable for the patient if the patient goes from Falkirk to Fife than if they go from Falkirk to Frankfurt. The unit will advise NHS boards on how they can make better use of the limited spare capacity that exists in the Scottish private sector and will co-ordinate that use. As we have said before, the private sector has a role to play on the margins of our health system. We need to use that spare capacity to get best value for the NHS.

Nicola Sturgeon: The minister has clearly been thinking about this point deeply over the past few weeks. I daresay that he will have conducted an analysis of how much it costs the NHS to perform an operation in one of its hospitals as opposed to how much it will cost the NHS to buy up private-sector capacity to perform operations. Could he share that information with the chamber?

Malcolm Chisholm: It is fascinating to watch the somersaults that Nicola Sturgeon is performing. At the weekend, when she thought that I was not advocating the use of spare capacity, she was calling for it, but now that she has heard that I am advocating the use of spare capacity, she has decided that she had better claim that it is too expensive.

I repeat that the private sector has a role to play on the margins of our health system. However, we believe that, if spare capacity exists, it should be used. That already happens, as I pointed out several times last week. We are simply proposing that it should be co-ordinated in a more effective way in the interests of patients. We have said consistently that the vast majority of patient contact should continue to be with the NHS. That is the area in which we can make the most progress, which is why finding ways to make more efficient use of the much greater capacity that we have in the public sector will be central to the new unit's remit. The issue of reducing waiting times cannot be reduced simply to private versus public. We are interested in making the best use of all available resources for the benefit of patients in the greatest need, such as those with cancer and heart disease.

I emphasise that we are determined to avoid a situation in which private hospitals expand at the expense of the NHS and staff are drawn away from our hospitals. Our position is that spare capacity should be used to benefit patients in Scotland.

Mary Scanlon (Highlands and Islands) (Con): Given that the spare capacity in HCI alone is around 500 beds, will the minister sign a concordat with the private sector to ensure that

patients have a guaranteed waiting time, like patients in Liverpool have, so that they will be entitled to care after a certain number of months on the waiting list?

Malcolm Chisholm: Mary Scanlon threw that figure at me last week. There is limited spare capacity at HCI, which, in line with what I have said, should certainly be used. However, the reality is that the 500 beds to which she refers are not staffed. In many cases, the building is empty. That is where the issue of the possible alternative use of a hospital such as HCI arises, such as the NHS taking over space. We will discuss that in the coming period.

No one should be in any doubt as to our commitment to a health service that is publicly funded in the traditional way, that has continuing, annual, substantial funding increases and that has at its heart the expanding provision of NHS care by a unified NHS team. The forces of the defeated right are now regrouping around—[*Interruption.*] I refer to the forces of the defeated right in society at large and in the media. They are now regrouping around an attack on the NHS. They should take no comfort from any word that I have uttered today.

That section of my speech has taken longer than I expected. Inevitably, some of its other features will have to be slightly truncated.

As funding always arises in debates, to illustrate our commitment to the principle that I just enunciated on funding, I remind members that, for next year, the minimum funding increase for NHS boards will be 6.5 per cent and the average increase will be 6.9 per cent. For 2003-04, the minimum increase will be 7.4 per cent and the average will be 7.8 per cent. We should remember that during our discussions today.

Shona Robison (North-East Scotland) (SNP): Will the minister give a quick explanation of how much out of the figures that he has just given will be taken up with external pressures?

Malcolm Chisholm: Everybody knows that resources such as those for pay and drugs increases each year. I fully accept that. Shona Robison should also acknowledge that such increases in the health service have not been witnessed in living memory.

The SNP amendment calls on the Executive to

"reduce bureaucracy, enhance local control"

and

"remove institutional barriers to better patient care".

Of course we can and shall do more. Let us also acknowledge the substantial progress that has already been made. The creation of the new NHS boards, which were established on 30 September as promised in the health plan, brings chairs and chief executives of local NHS organisations to the table together with staff, clinicians and local authority leaders. Competition and suspicion have been replaced by partnership and collaboration. Bureaucracy has been reduced, and, within better-defined national standards, local NHS boards are being empowered to deliver local priorities.

A new performance assessment framework will ensure that the boards deliver on a range of priorities, from health inequalities and access to care, to public involvement, clinical effectiveness and the way in which NHS staff are treated. More of that in a moment—although not quite as much more as I had planned.

On institutional barriers, I mention in passing the joint working agenda, which the Health and Community Care Committee debated in stage 2 of the Community Care and Health (Scotland) Bill this morning. Substantial progress will be made on joint resourcing and joint management of services for older people in April.

The creation of the NHS boards was the start of a process within existing legislation. We have always acknowledged the existence of longer-term issues about the optimum number, construction and configuration of NHS bodies. We committed ourselves in the Scottish health plan to commissioning a piece of work to review management and decision making in NHS Scotland. I publish today the terms of reference for that important piece of work. The review will consider not only the management structures that are most appropriate for a post-devolution, post-internal market NHS Scotland, but, for example, the relationship between the Scottish Executive and NHS Scotland, the developing role of local health care co-operatives in planning and delivering patient care, and the scope to improve further the delivery of health and social care. I expect the review to make recommendations on the optimum number and configuration of NHS organisations that are appropriate for the size and geography of Scotland and to identify any consequent legislative changes that may be required.

The review will build on the inclusive progress of policy development, which attracted such widespread support for the Scottish health plan. I am determined that key stakeholders, including the Parliament and the Health and Community Care Committee should have the opportunity to be involved fully.

I quote briefly from page 50 of "Our National Health: A plan for action, a plan for change", which states:

"A patient-centred NHS must not be just a slogan: it must become a way of life. We want to work with the NHS to ensure that a patient focus is embedded in the culture".

I am, therefore, pleased also to publish today the document entitled, "Patient Focus and Public Involvement", as was prefigured in the health plan. The document emphasises better communication with patients and better patient information, responding to patient feedback on an ongoing basis in order to improve service quality, engaging more successfully with the wider public on health issues and consulting on the setting-up of a Scottish health council.

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

Malcolm Chisholm: I had better not. I have three minutes remaining and I have given way six times, which is probably too many, considering how much I have to say.

The Presiding Officer: The minister has been generous so he can have an extra couple of minutes.

Malcolm Chisholm: I give way to Mr Wallace.

The Presiding Officer: I was not suggesting that the minister should give way again.

Ben Wallace: Does the minister agree that the best way to create a patient-centred service is to give patients choice and to allow general practitioners to exercise that choice on behalf of patients?

Malcolm Chisholm: Patients have had the choice of where to be treated since the health service was founded in 1948. The reality is that most people want to be treated in a hospital that is near to them and where they can be confident that good national standards apply. Our work on developing national standards, which I might not have time to cover, is fundamentally important, particularly the work of the Clinical Standards Board for Scotland.

We will consult on setting up a Scottish health council with national and local offices. It will be responsible for assessing how well patients' views are heard and acted on and for supporting a stronger patient and community voice. Hands-on personal experience must be taken into account on a national scale. That is why I am setting up a new NHS Scotland forum, which will bring together professional, voluntary and patient groups to discuss and recommend service improvements that can be implemented throughout the country.

There will always be patients whose experience of the NHS is less than satisfactory. More than ever, we must listen to those patients and learn from our mistakes. We are taking steps to consult on the development of a fully independent NHS complaints procedure. NHS and patient groups are helping to develop proposals for that and we will consult widely on the proposals during the coming months.

If partnership with patients is a key part of the new agenda and the new health culture, another is partnership with staff. I have emphasised that since my first day as minister. I am pleased that I have already met a large number of health service staff. Several initiatives are under way. The Scottish partnership forum, which has existed for some time, is emerging as the key forum for staff involvement in the policy development process. Early in the new year we will introduce proposals that have been developed in partnership with staff and representative groups, to enhance the role of the Scottish partnership forum and complement the work of the new NHS Scotland forum.

Mary Scanlon's amendment mentions staff morale and retention. I prepared a long section on that, but I will home in briefly on the work that we have done on the recruitment and retention of nurses. On 19 November, I was pleased to attend a nursing convention along with, I think, Margaret Smith from the Health and Community Care Committee. That was an important event, during which we established common ground on action for the recruitment and retention of nurses. I was pleased to launch an action plan on Friday and I hope that members are aware of that plan. I will chair an implementation group to ensure that the proposals in the action plan are driven forward as a matter of urgency.

Alasdair Morgan (Galloway and Upper Nithsdale) (SNP): Will the member give way?

Malcolm Chisholm: I might have one more minute if I am lucky.

Alasdair Morgan: Go on.

Malcolm Chisholm: Okay.

Alasdair Morgan: Will the minister say what he is doing about the recruitment of dentists? As he knows, there is a severe problem in many parts of the country where retiring dentists cannot find anyone to buy their practice and where dentists who wish to employ assistants to take on more patients cannot find people to become assistants. Will there be light at the end of that tunnel in the near future?

Malcolm Chisholm: I apologise for mentioning only nurses—very important though they are—and not dentists. I did have more to say on the matter. As I have indicated before, a group is currently working on the recruitment and retention of dentists in rural areas.

I can only summarise what I had also hoped to say if I had not been so delayed by all those interventions—helpful though they were. I wanted to say a great deal about the innovations in primary care over the past year, which I think is one of the most exciting areas of development, particularly as far as local health care co-

operatives are concerned. A substantial sum of dedicated money has been given to them to develop new models of primary care. Members will also remember the allocation of £18 million to personal medical services and that of £15 million to primary care premises development.

I wanted to mention the work of the Clinical Standards Board for Scotland and to talk about their first report on coronary heart disease, which dealt in particular with secondary prevention. A strategy for coronary heart disease will be coming out in the near future. I hoped also to discuss the more general work on standards with regard to clean hospitals and hospital food, but I will simply remind members that that work is continuing.

I apologise for being able to mention mental health only towards the end of my speech, but I think that members are aware of my commitment to that, and I look forward to chairing the new national advisory group, which will be giving advice on a programme of initiatives on the promotion of mental health and well-being, including a campaign against the stigma that is often associated with poor mental health.

I must apologise even more profusely for coming to health improvement at the very end of my speech. Members will recall that health improvement was covered, deliberately, in the first chapter of last year's health plan. I could have spoken for 20 minutes on that subject alone. Members will know of the health improvement fund and of the health demonstration projects. I was delighted last week to visit the starting well project in Easterhouse, which is doing very important work in the promotion of health among very young children.

I could have mentioned many other initiatives, such as the 300 one-stop clinics and other examples of service redesign and the project for the electronic transfer of information, which offers another way to reduce the bureaucracy to which the SNP amendment refers.

Inevitably, I have had to be selective. I have reminded members that many good things have been happening. My focus over the next year, however, will be on the things that are not so good, and on the big problems that remain. I hope that the health service will have been strengthened in one year's time and that the vision that we all have, or that most of us have, of the health service will be fully realised.

I move,

That the Parliament welcomes the progress made by the Executive and the contribution of NHS staff towards delivering the commitments in *Our National Health: A plan for action, a plan for change* published in December 2000 but recognises the long-term nature of the Plan and reaffirms its commitment to the various longer-term goals, including major reductions in waiting times and significant public health improvements.

The Presiding Officer: Members will have noticed that I allowed the minister an extra four minutes in which to speak. That was partly because two members who had given notice that they wanted to speak in the debate had not shown up before the end of the minister's speech. They have gone to the bottom of the pecking order and may drop off it altogether. The time limit for back-bench speeches will be four minutes.

14:58

Nicola Sturgeon (Glasgow) (SNP): Malcolm Chisholm's speech was hardly worth the wait. The gulf that has opened up between the Labour front bench and the Labour back bench is striking. Even the former Minister for Health and Community Care is hiding in the shadows near the back of the chamber, which I am sure we all agree is most unlike her. She is probably finding all Malcolm Chisholm's talk about being nice to NHS staff unacceptable and hard to take.

One year ago, the Scottish National Party used its Opposition time to debate the state of Scotland's national health service. The motion that we debated highlighted the problems of rising waiting lists and waiting times and a shortage of beds and staff. Our concerns were dismissed by Labour. On the same day, Susan Deacon spoke to the Scottish Executive's health plan, which had just been published. She described it as

"not just another Government policy … but a step change in delivery."—[*Official Report*, 14 December 2000; Vol 9, c 1035.]

We are entitled to ask whether that step change in delivery has now been achieved or whether the Scottish health service is just running in order to stand still. The experience of too many patients throughout Scotland is of an NHS that is creaking at the seams and getting worse rather than better.

Two weeks ago, Labour made much of the fact that numbers on waiting lists had fallen by a fraction—although not substantially—since the middle of the year. Labour is less vocal about the fact that thousands more people are waiting for treatment now than just two years ago. In fact, waiting lists now are almost as high as they were when the Tories left office.

We do not hear much about the fact that the waiting time to get on the waiting list is up as well. Today Malcolm Chisholm has pledged to make progress on reducing waiting times. Let me quote what he said in the debate on health almost exactly a year ago. He said:

"we are determined to make more progress on reducing waiting times."—[*Official Report*, 14 December 2000; Vol 9, c 1004.]

It is getting a bit like groundhog day in the chamber.

Out-patient waiting times are now two weeks longer than they were when Labour came into office in 1997. At an average of 57 days, they are now at their highest level since records began. Last week, at First Minister's question time, John Swinney brought to light what must be Labour's most shameful secret: the plight of people who do not show up in the waiting list statistics because they have been told that the waiting list is closed.

Malcolm Chisholm: Does the member accept that the waiting list for the Royal hospital for sick children is the only waiting list in Scotland that is closed, as highlighted in a letter that Jack McConnell has sent to the leader of the SNP?

Nicola Sturgeon: That remains to be seen. As far as I am aware, the letter to which Malcolm Chisholm refers has not yet reached the desk of the leader of my party.

Mr John Swinney (North Tayside) (SNP): It certainly has not.

Nicola Sturgeon: I assure the minister that John Swinney and SNP members will read Jack McConnell's letter with close interest.

Mary Scanlon: I remind the member and the minister that the waiting list for the communications clinic at Raigmore hospital for children with autism spectrum disorder has been closed for the best part of this year. That admission was made to a cross-party group of MSPs at meetings with Highland Health Board. The example that John Swinney cited is not the only one; there are many.

Nicola Sturgeon: Well, well, well—it is not often that a Tory makes a helpful intervention. Perhaps the minister should ask the new First Minister to check his facts. A problem with facts got the previous First Minister into difficulties; we would not want the same fate to befall this one.

Perhaps Malcolm Chisholm will take the opportunity today to apologise to the family of the child from Wester Hailes who was refused access to a waiting list for mental health services at the Royal hospital for sick children because that list had had to be closed. Perhaps he will apologise to patients in Glasgow who are waiting four or five months to have suspected bowel cancer investigated or to my constituent who had to pay £6,000 for a hip replacement operation in the private sector because she was told that it would take 10 months for an NHS consultant just to look at her X-rays.

The truth is that, over the past 12 months, the Government has not made progress in reducing waiting times. More people are waiting longer for treatment. The Government is not making progress; it is not even going in the right direction. Charles Clarke, the chairman of the UK Labour party, recently said that

"in many areas we have gone backwards"

on the NHS. I could not agree more.

Given the staff shortages that exist at all levels in the NHS and the number of acute beds that we have lost in recent years, it is hardly surprising that Labour has gone backwards. Since Labour came into office, Scotland has lost more than 1,000 nurses. In the past year alone, the number of nursing vacancies has increased by nearly 600. There are dozens of consultant vacancies across Scotland and across all specialities.

Over the past few days, we have heard a great deal about a shortage of cancer specialists, but that is just the tip of the iceberg. On Monday, a senior consultant wrote to *The Herald* about a shortage of orthopaedic surgeons in Scotland, warning that

"elective orthopaedic surgery on the NHS will disappear from some hospitals"

if the shortage is not tackled.

Then there is the lack of beds. There are 500 fewer beds in our hospitals now than when Labour came to power. If the situation were not so serious, the press release that Malcolm Chisholm issued on 27 November would have been funny. In it, he said:

"around 400 additional acute care beds will be made available throughout Scotland to help cope with emergency winter admissions."

We are talking about 400 temporary beds to make up for the 500 permanent beds that the Government has closed. At least no one can criticise Labour for a lack of brass neck.

Last year, when the SNP raised the issue of reductions in the number of beds, Malcolm Chisholm said

"that fewer NHS beds are required"

because

"the average length of time a patient stays in a hospital bed is … declining."—[*Official Report*, 14 December 2000; Vol 9, c 1005.]

Apart from the fact that it is incredible to suggest that fewer NHS beds are needed at a time when waiting times are rising, since 1995 the reduction in the length of stay in acute hospitals has slowed down considerably.

The number of acute beds continues to fall under Labour. In many cases, that decline is a direct result of the private finance initiative to which the Government is so attached. The new Hairmyres hospital has nearly 70 fewer beds than were available previously. The new Edinburgh

royal infirmary will also have fewer beds. The reduction in the number of beds under PFI is no accident. Under PFI, bed numbers are determined not by patient need but by the need to provide a profit for the private sector. As a senior health academic said, PFI turns hospitals into cash cows for private companies. PFI is thoroughly discredited. It is time that Malcolm Chisholm took the advice that he gave during a Westminster debate, when he said that PFI was about ideology and profits and urged the then Tory Government to

"listen to the people of Scotland on this issue."—[*Official Report, House of Commons*, 14 December 1992; Vol 216, c 203-04.]

The reality is that the NHS is getting worse, not better, under Labour. Labour members may complain about the legacy that was left to them by the Tories, but a party that is now in its second term of office cannot avoid taking responsibility for its own failings. It must take responsibility for failing to build capacity in the NHS and for choosing instead to pursue policies that have resulted in fewer doctors, nurses and beds.

What can we do about the situation? Let me say first what we do not need: we do not need more Labour platitudes or empty promises of progress—we have heard all that before. Patients want to see results now. In recent weeks, and again today, there has been some discussion about the role of the private sector in solving the problems of the NHS. For the benefit of the minister, I make it absolutely clear that if—and it is a big if—the use of private beds by the NHS can make a difference in the short term, even at the margins, the Government should not hesitate to act. However, we must not kid ourselves; thousands of private beds are not lying empty in Scotland—in fact, there are fewer than 1,000 private beds in Scotland and NHS patients already occupy many of them. There is no private supply of consultants, either. The consultants whom we would be asking to do extra work in the private sector are the same consultants who work in the NHS. It does not take a genius to work out that, if doctors do more private work, they will do less work for the NHS.

Tommy Sheridan: Does the member agree that we must appraise the negotiated contracts under which our consultants work for the NHS in order to ensure that they work for the NHS and not for the private health sector?

Nicola Sturgeon: If the member listens, he will shortly hear exactly what I think we should do.

For the reasons that I outlined, I do not think that the private sector should be cast up as a solution to the problems that face the NHS. Private beds do not come free, although people might not pick that up from some of the comments that the Tories have made in recent weeks. If we use the private sector, the NHS not only pays for the cost of treatment, but will have to cover the profits of the private providers. Anyone who has any sense knows that the private sector is simply not the long-term answer, unless, of course, Labour's real agenda, like that of the Tories, is to expand private health care in Scotland at the expense of the NHS.

Malcolm Chisholm: I seek clarification. I assume that the member was criticising the Conservative party. I challenge her to quote one word that I said that is different from her comments.

Nicola Sturgeon: There is no doubt that I am criticising the Conservative party for its assertion that the private sector offers a solution when that solution does not exist. However, I criticise the Labour Government for not providing the alternatives that would allow us to build capacity in our national health service.

Let me give the minister a few ideas on that front. He must speed up the process of reform and cut bureaucracy in the NHS. After about four, I lost count of the new organisations that, in his 20-minute speech, he said he had set up. As well as cutting bureaucracy, he must give more control to local health organisations and do more to expand the role of primary care.

For the rest of my speech, I will focus on three specific suggestions that I ask the minister to consider as means of building badly needed capacity in our national health service. First, he must do more to tackle bedblocking. At present in Scotland, 3,000 hospital beds are occupied by people who do not need to be there. If we could tackle that problem, we would free up more than three times the number of beds that could be made available in the private sector. The minister will no doubt tell us, as he did last year, that the Government has already invested extra money to combat that problem; the reality is the that money has not yet made a blind bit of difference. Between April and July, the number of people who were languishing in blocked beds increased. In about a third of those cases, the reasons that were given were lack of public funding and shortage of beds in residential homes. Tackling bedblocking should be the minister's first priority.

Secondly, the minister must do more to tackle the staffing shortages that are crippling the national health service. Scotland has a shortage of nurses, yet 10,000 qualified nurses are currently not professionally active. Action must be taken to entice nurses back into the profession—although I accept that the nursing convention may help considerably.

In the short term, tackling the shortage of consultants will be more difficult, but it must be done. There must be an increase in the number of

consultants in clinical specialities as well as in support specialities such as radiology and microbiology. However, Scotland has no reservoir of unemployed, trained consultants waiting to be enticed back into the health service. Quite simply, Tory and Labour Governments have not trained enough consultants in recent years to meet the increased demand on the health service. We must not make such a mistake again.

That is why it is so important that we have national planning of consultant numbers. It takes a decade to train a consultant so, if we are to increase the number of consultants in the short term, we must attract them from England and from abroad. Whether we like it or not, we operate in a UK and international marketplace. We are in competition with England and with other countries and we must be prepared to give ourselves a competitive edge. Although the doctors' pay review body operates on a UK basis, the First Minister receives its annual report, the next of which is due in a few weeks' time. It is open to the Scottish Executive to attract consultants to Scotland by offering them enhanced pay and conditions. I strongly urge the minister to give serious consideration to the SNP's constructive proposal.

Thirdly, the minister must give an assurance that he will not approve any further cuts in the number of acute beds. He must make it clear that he intends to preside over an increase in bed numbers. There is something more than a bit ridiculous about the current debate on using beds in the private sector to boost NHS capacity when we continue to cut bed numbers in the NHS.

Dr Matthew Dunnigan is a senior research fellow at the University of Glasgow; he will be well known to the Liberal Democrats. He has stated:

"without substantial increases in acute staffed bed capacity, increases in NHS spending … will not overcome the capacity constraints which presently inhibit the expansion of clinical activity."

To me, that is a persuasive comment. If the minister needs more persuasion, let me quote Alan Milburn, who said in February:

"I am issuing to the NHS today new guidance … which requires each region to expand, not to contract, the number of beds available for patients … What the NHS needs is more, not fewer, beds."—[*Official Report*, *House of Commons*, 15 February 2001; Vol 363, c 469.]

For once, I agree whole-heartedly with the Secretary of State for Health. If that is good for England, it should be good for Scotland as well. It is not and cannot be beyond us to design an NHS that works for a population of only 5 million. To begin to do that, we need less rhetoric and more action.

I move amendment S1M-2538.1, to leave out from "welcomes" to end and insert:

"regrets the lack of progress by the Executive in delivering improvements in patient care and public health despite the continued efforts of NHS staff, and calls upon the Executive to embark upon an accelerated programme of reform in the NHS that will reduce bureaucracy, enhance local control, remove institutional barriers to better patient care, strengthen the primary care system and ensure that the NHS has sufficient capacity to deliver major reductions in waiting times."

15:14

Mary Scanlon (Highlands and Islands) (Con): I never thought that I would see the Minister for Health and Community Care blush, but I have seen it today. Over the forthcoming months and years, quite a few more comments from his past will probably cause him to blush.

When I read the motion as I was considering an amendment, I got as far as the word "progress", which the dictionary defines as

"a movement forward towards a place or objective: a satisfactory development: or advance towards perfection".

Labour has been in power for four and a half years. The truth is that things are not progressing but regressing. Even with the party's specialism in spin-doctoring, by any standard or by any stretch of the imagination, what is happening in the NHS in Scotland cannot be called progress. No pilgrim ever progressed by that definition and patients in Scotland are certainly not feeling any benefit from what Labour calls progress in health care.

Throughout the UK, it is becoming obvious that the truth is quite different from the spin. I quote:

"I am fed up looking constituents in the face and telling them that things are going to get better. After four and a half years, things are not getting better."

That quote is from the Labour member of Parliament who defected this week.

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Who was that? Where did he go? To us?

Mary Scanlon: There would not be much point in going to Mr Rumbles's party up here.

Our amendment acknowledges the contribution of NHS staff. The staff need support and commitment from the Executive, but those are not forthcoming. With the morale of general practitioners at rock bottom, with the mass resignation of GPs in Scotland still on the minister's table for March next year and with the top cancer specialists at the Beatson clinic having to do their own typing because no medical secretaries are available, it is hardly surprising that GPs and oncologists walk out even when they have no jobs to go to. Who would have thought that, in peacetime, in a Scotland that spends 20

per cent more on health than is spent elsewhere in the UK, the protocol of battlefield medicine would be the basis of decision making in our largest cancer care centre?

Since the establishment of the Scottish Parliament two and a half years ago, waiting lists are up by 11,000, deferred waiting lists are up by 6,000, 2,500 fewer emergency patients are seen, more than 5,000 fewer operations are carried out, more than 78,000 fewer out-patients are seen and waiting times are at the highest level ever recorded—57 days.

I reiterate a point that I made to Nicola Sturgeon: more than one waiting list has closed in Scotland on reaching the embarrassing 12-month figure. The communications clinic at Raigmore hospital has had to close its waiting list for the best part of this year, with the result that children with forms of autism spectrum disorder are not being diagnosed and are consequently not being given the care and treatment that they need.

The number of beds blocked was around 1,700 when the Parliament was established. The latest figure is 2,954, despite many initiatives and a few million pounds here and there.

Mr Rumbles: The argument that Mrs Scanlon is developing on the woes of the national health service is very interesting, but I am not clear about the Conservatives' proposed solution. Does the party intend to invest more money in the NHS? If so, where will that money come from? Does the party intend to increase taxes?

Mary Scanlon: We intend to make greater use of the beds available. At the Health and Community Care Committee this morning, I proposed an amendment for a single budget for community care, which would ensure that the 3,000 people in hospital who are waiting for care in the community were given that care and that 3,000 beds were freed up for surgery and so on. We have policies, unlike Mike Rumbles's party.

The number of people receiving care at home who were seen by a health visitor fell by 49,000 between 1997 and 2000. More than 13,000 fewer people are now visited by a district nurse. In two years, the number of people receiving home care fell by 11,000. There are fewer local authority staff to deliver care in the community. I say to the minister that there are many words to sum up the state of the NHS in Scotland, but "progress" is not one of them. If anything, after four and a half years, a more fitting word would be "regress".

I will move on to the private sector—and despite what Margaret Jamieson may say, I am not privatising the health service. She is on the Labour back benches but I am talking to the Labour front benchers, whose policy is quite different.

The Deputy Minister for Health and Community Care (Hugh Henry): Will the member give way?

Mary Scanlon: Not just now.

In HCI, more than 540 beds have 10 per cent occupancy. Despite that, Mr Chisholm stated last week that the private sector did not have sufficient capacity to help patients in Scotland. There are 24 operating theatres, 67 intensive care beds and spare capacity for patients from Liverpool, so why is there no spare capacity for patients in Scotland? The minister is ideologically opposed to using the private facilities, yet he is being forced by patient demand to allow the use of such facilities.

When we talk about there being no resources or inadequate resources in HCI, the minister should bear in mind the first rule of Keynesian economics: demand creates supply. The demand for private health care would ensure that resources were in place. That is called market forces.

Nicola Sturgeon: Even if we accept, for the purposes of the debate, that there are a few spare beds and operating theatre spaces in the private sector, where will the consultants come from? The question has been asked several times this afternoon, so will the member answer it once and for all? Would she take the consultants out of the NHS hospitals?

Mary Scanlon: The member obviously did not do economics at school or university. Where there is demand, supply will come. It is hardly likely that HCI will employ consultants until it gets the contract—that would not be good business. It is simply untenable to leave Scottish patients to languish on waiting lists for operations while patients from Liverpool are guaranteed private treatment at HCI in Glasgow after six months on the NHS waiting list.

The minister said that he will embrace and utilise the spare capacity in Scotland's private sector. On what basis will that capacity be used and how will it benefit patient care? Will all the resources be put into a central organisation so that they can be utilised? How long will patients wait for a heart bypass before being given the option of the operation at HCI? How long will patients have to wait for a hip replacement or a knee replacement before the minister gives them the option of treatment at HCI or any other private facility? My advice to those who need heart bypass surgery and want to get the quickest care and treatment in Scotland is to move to Liverpool. We need more than a vague commitment to the private sector.

Malcolm Chisholm: It is regrettable that for some time Mary Scanlon has been putting about stories about people waiting 12 months for heart surgery. In my speech, I indicated that 66 people have been waiting more than six months for heart

surgery and that no one will wait more than six months next year.

Mary Scanlon: Quite honestly, I think that that is 66 too many; it is 66 more than would wait in Liverpool. We need to see the concordat. Patients should know what they can expect. Even Des McNulty is embarrassed by a situation that allows patients from Liverpool and a member of their family to drive through Govan, enjoy private health care and stay in the Beardmore Hotel while patients in Govan must wait up to 12 months before any consideration is given to alternatives to the NHS.

People in Scotland simply want the best treatment, which should be free at the point of delivery and should be of the highest standards. Surely the driving force must be to put patients first, even if that means treating them as NHS patients in the private sector. The state monopoly model has long been discredited.

Brian Adam: The member seems to be most anxious that the spare capacity of HCI be filled up. Would not she be concerned—as I would be—if an NHS hospital that had fewer than 600 beds had 488 of them lying empty, which she proudly proclaimed of HCI last week? Is she perhaps not more concerned with tackling the failures of the private sector than with helping the public sector?

Mary Scanlon: Quite honestly, I would be absolutely shocked if there were 400 empty beds in the NHS, given that 11 per cent of beds are taken up because of hospital-acquired infections and about 7 per cent are taken up because of bedblocking. Waiting lists and waiting times are going up and the Scottish National Party's spokesperson has talked about the reduction in the number of beds. I would be more than shocked if there were more than 400 empty beds in the NHS.

The state monopoly model has long been discredited in the UK and worldwide. The Parliament must address that. I am happy to welcome Malcolm Chisholm to his new right-wing ideology, which I could almost feel today.

Since the Parliament was established, the internal market has been abolished to rapturous applause from many back-bench members, but it is now time to bring back the market in health care, because the state monopoly is not working. Monopolies have never provided efficiency or best value and they have never been the most effective use of resources. The abolition of GP fundholding, with nothing to replace it, has resulted in a recruitment crisis, a morale crisis and the threat of a mass resignation of GPs from the NHS, as Dr Richard Simpson acknowledged.

We will support the SNP amendment to strengthen the primary care system. The minister talks about partnership with staff. The much-vaunted health plan contains a section on working together—section 9—which outlines the key stakeholders. Given that 90 per cent of patient contact is with GPs, why are GPs not mentioned in the plan as stakeholders? That is hardly progress for patient care.

I move amendment S1M-2538.3, to leave out from "welcomes" to end and insert:

"notes the lack of progress made by the Scottish Executive in delivering on its promises for improved health care, in particular the reduction of waiting times, and further notes the rising crisis in staff morale and retention in the health service together with the delays in obtaining consultant assessment and the continuing inability of the Scottish Executive to effect meaningful devolution of funding and decision making to local level."

15:26

Mrs Margaret Smith (Edinburgh West) (LD): The Executive motion rightly acknowledges that "Our National Health: A plan for action, a plan for change" set out a long-term vision and that, after only one year, we are just beginning to see some of the improvements and some of the change. It also acknowledges, quite rightly, the contribution of NHS staff. I welcome the action plan on nursing recruitment that the Minister for Health and Community Care announced some days ago.

It was not that long ago that I introduced a member's debate on valuing nurses, which garnered a great deal of cross-party support for return-to-practice schemes and tackling the problems of recruitment and retention. I am happy that the nursing and midwifery convention last month introduced pilot schemes for return to practice. Now we have the action plan on nursing recruitment, which has been widely welcomed by, among others, the Royal College of Nursing Scotland, which has said that it is

"pleased that the Executive has begun to take action to address the issues raised by"

RCN Scotland's campaign. It also stated:

"Taken with its previous announcement at the Nursing Convention, this action plan marks a turning point in the way the Executive deals with nursing matters.

We welcome this positive new agenda and in particular, the commitments on guaranteed employment for newly-qualified nurses and moves to enhance flexible working in the NHS."

One of the key changes brought about by the health plan was the re-establishment of the principle of a national health service. That must really stick in the craw of Mary Scanlon and the Conservative party. Mary Scanlon has given us an economics lesson. I will give a lesson in Tory health economics. The first rule of Tory health economics comes courtesy of Anne Widdecombe who, when she was shadow Secretary of State for

Health, stated:

"The problem with the NHS is that we do not charge for much of what we do."

That is the whole point. The NHS is meant to be free at the point of need; it is not meant to be charged for.

The second lesson on health economics from the Conservatives is that prescription charges under the Conservatives leapt from 20p in 1979 to £6 now. That is about 10 times more than the 56p that prescriptions would have cost if charges had been tied to inflation.

The third lesson from the Tories on health economics is that, according to Mary Scanlon, monopolies do not deliver best value. That is true when such monopolies are presided over by the Conservatives. Between 1990 and 1994, the number of administrative staff in the NHS increased, courtesy of the internal market, by 22 per cent. That is not about best patient care and it is certainly not good economics.

Ben Wallace: Will the member give way?

Mrs Smith: No, I want to get going on this point. We have had to listen to the Conservatives for the past 10 minutes.

The Liberal Democrats support the slimmed-down bureaucracy that the new unified boards represent, but more important, we see the unified boards as being ideally placed to deliver the outcomes that we all want: improved health services and patient care and greater accountability. I can speak only for my own area, but I have been impressed by the openness that the new chair and chief executive of NHS Lothian have shown, as well as by their willingness to see health improvement and service provision in the widest sense.

Putting the onus on one body to deliver improved health for its area should lead to greater accountability. Placing a local authority representative on the health board should assist in meeting the Executive's commitment—which I am sure we all share—to establishing joint working between health and social work by next spring. Most important, such representation should contribute to the delivery of a more broadly based, holistic approach to health improvement, which includes everything from housing provision to community schools, healthy living centres and the rough sleepers initiative.

We welcome also the greater involvement of staff in the new boards and the new performance assessment framework, which is broader than its financially based predecessor. If we are serious about delivering quality health care, it is essential that the board and the health department consider their roles so that they involve much more than balancing books, important though that is. In that respect, we welcome the fact that the previous Minister for Health and Community Care wrote off £90 million of overspend to allow new boards to begin with a clean slate.

It is clear from comments made by the First Minister and by Malcolm Chisholm, in his short time that he has been Minister for Health and Community Care, that the Executive is committed to delivering outcomes and not just to rhetoric. In his last speech before becoming First Minister, Jack McConnell made the situation clear, when he said:

"It is time to deliver".—[*Official Report*, 22 November 2001; c 4153.]

Key pledges in "Our National Health" must be delivered. Failure cannot be tolerated. I hope that Malcolm Chisholm's decisive action over the situation at the Beatson oncology centre is indicative of that new resolve to deliver. I welcome Malcolm Chisholm's determination, which he reiterated today, to deal with cancer services and with the unacceptable delays that many of our constituents face.

I welcome the minister's pragmatic attitude to some of the challenges that are ahead of us. The people of Scotland think that it is about time that we started treating them like adults. They know that our health service has problems, but they also know that staff continue to give a good service to most patients most of the time. They know that the NHS in Scotland is receiving record investment, but they also know—because they see it with their own eyes—that despite the fact that the NHS treats more patients, waiting times remain too high.

We should tell it like it is and not as we wish it to be for our own narrow party interests. We should not pretend that all is fine or that all is awful. We should tell people exactly what the NHS costs today, what it will cost tomorrow and what it would cost if we matched the best in Europe. The Liberal Democrats were honest about the issue before the general election. We said that the NHS costs and that a better NHS would cost more. We were prepared to stand up and say how we would pay for a better NHS through taxation. Matthew Taylor has reiterated our position in the past few days in the House of Commons.

Ben Wallace: Far be it from me to point out that the Labour party has spent an extra £1.4 billion since 1997 on the NHS, but how would the Liberal Democrats have raised that amount? In Scotland, that would equate to about 9p on income tax.

Mrs Smith: We said before the general election and we are happy to repeat now that we are committed to raising through taxation state health care spending to the European average. Some of

that would come from general taxation measures and some would come from hypothecated tax. The public have said continually that they are happy to consider that, because they want the NHS to be funded properly.

It is every party's responsibility to say what it intends to do to fund the service. It is every citizen's responsibility to ask themselves whether they are prepared to pay the price. It is time for every Scot to take responsibility for their actions. Glasgow's cancer problems were not caused by the loss of a few key cancer specialists at the Beatson. They were caused by too much smoking and drinking and by people eating the wrong food, living in substandard housing and failing to take adequate exercise.

The Executive and the Parliament can go some way towards improving health. For our country's sake, we should be evangelical in our determination to do so, but we cannot do that alone. We must sign up people throughout Scotland to engage in that—in schools, in workplaces, in communities and in the health service. That is why we welcome the minister's announcement of a new strategy on patient focus and public involvement. The Health and Community Care Committee has called for greater public involvement and consultation for the past two and a half years.

Greater public involvement is needed to build services around patients' needs. Who understands patients' needs better than patients? The suggestion that patients with chronic illnesses should be given key roles as service advisers to help in the redesign of services is interesting, especially as there is growing acknowledgement that the NHS has often failed the chronically ill and that that group of patients will represent a significant part of the patient base in future.

When I talked to one cancer specialist recently, I was struck by the fact that she said that cancer was looked on now as a chronic rather than a terminal disease. That is a distinct advance. However, as with most health advances, it brings a new set of challenges and needs. We welcome the setting up of the new NHS Scotland forum, which will bring together patients and professionals.

We must ensure that when professionals are asked for their opinions, they are listened to. One of the most worrying things, which I am sure will come out in the debate tomorrow, is that the health department and the local trust should have known of the problems at the Beatson as they spiralled out of control. It is not good enough to ask staff what they think. We have to listen to what they say and take action. If that means taking decisive action from the centre and overruling local trust managers, so be it.

We also endorse moves to develop a more understandable, patient-friendly and independent complaints procedure. I hope that we will see a complaints procedure and a system that acknowledge that most people who complain do so not to claim compensation or to be vindictive, but to try to ensure that the service learns from its past mistakes. People want to ensure that what happened to them or to someone they love does not happen to anyone else. Patients need an apology and a resolve on the part of professionals to do better in the future.

We welcome the greater focus in "Our National Health" on primary care, as primary care is responsible for 90 per cent of service delivery. It is crucial that we get correct the concept of multidisciplinary and joint working, but that will not be easy. Some of the problems will be wrestled with over the next few weeks and months, as the Health and Community Care Committee considers stage 2 of the Community Care and Health (Scotland) Bill and when the chamber considers stage 3 of the bill.

It is essential that the primary care setting makes the best possible use of the multidisciplinary team. That will free up general practitioner time to do what GPs and patients want, which is to have good face-to-face consultation time. The surgery of the future will be very different from that of the past. It will be helped by greater investment and by the enormous effort of the primary care work force.

In the minister's press release, he set out the situation. He stated:

> "Huge challenges still remain. Waiting times are still too long. Concentrated action is needed to address our three national clinical priorities: cancer, coronary heart disease and mental health. There are also challenges, in some areas, around the recruitment and retention of key staff. We cannot and should not duck these difficult issues."

I welcome that.

The minister is right. Of the 47 per cent of patients who have to wait, 80 per cent may be seen within three months—we welcome that—but 80,000 people remain on waiting lists in Scotland. That is too many. Each and every one of us faces constituents in our surgeries who have had long waits for hip replacements and routine procedures. In a few minutes, my colleague George Lyon will give members a horror story that is worth listening to—[*Laughter.*] It will be just another George Lyon speech.

We have heard a clear message from the minister today that the Executive will deliver on its pledge to reduce waiting times to no more than nine months. The Executive has also given us a message that it will make a key priority of addressing waiting times and the underlying

issues. Those underlying issues may include the need for more staff or work force planning.

Mr David Davidson (North-East Scotland) (Con): Will the member give way?

The Deputy Presiding Officer (Mr Murray Tosh): No. The member is in her last minute.

Mrs Smith: There is a need for greater work force planning to ensure that the consultants, radiographers and nurses are in place.

If there is a role for the private sector, as has been the case to a limited extent in the past, let us ensure that we investigate every option for the improvement of patient care. Let us ensure that we achieve the best possible care and the best possible value for the public purse, not just in the short term, but by taking a more strategic look at the impact of greater private involvement.

It is clear that the minister is examining the issue closely, but we should ensure that we always secure best value. The independent sector says that it has spare bed capacity to care for NHS patients. However, we all know that the availability of beds is not the same as the availability of staff to support those beds. If the staff that might be drafted in to do that are, in the process, taken out of the NHS, we will have to ask ourselves serious questions about the long-term consequences on a public service that is already experiencing recruitment difficulties.

We believe in an NHS that is funded by general taxation, is free at the point of need and is backed up by a public sector ethos that applies to patients and to staff. We cannot continue blindly to adhere to the NHS out of dogma or sentiment. We must continually challenge our beliefs. That will ensure that decisions are taken in the best clinical interests of patients. It is clear to the Liberal Democrats that the long-term and fundamental solution for Scotland's health lies in the NHS and not the HCI.

15:40

Susan Deacon (Edinburgh East and Musselburgh) (Lab): I am pleased to have the opportunity to speak in the debate, a year on from publication of the Scottish health plan. Unlike the Opposition, the Scottish health plan focused not only on identifying problems but on coming up with solutions for the short, medium and long term. It is right that the opportunity has been taken today to reflect on what has been achieved since the plan was published and to recognise the tremendous efforts that have been made by thousands of individuals, organisations and staff throughout the country to develop that work. I pay tribute to them for their efforts. I am pleased to hear Malcolm Chisholm set out so clearly and with such conviction his plans for implementing that work. I wish Malcolm, Hugh Henry and Mary Mulligan well in that task. It is a huge challenge, as I well know, but there is no more worthwhile one. I know the extent of their commitment.

The health plan explicitly did not seek to dot every i and cross every t; rather it sought to set out a direction of travel for the future. An important start has been made, but there is much more still to be done. I would like to use the few minutes that I have to highlight some elements of that unfinished business, which I hope Malcolm Chisholm and his team will pursue in future.

First, it is right that the minister should highlight his commitment to concentrate on driving down waiting times. Reducing delays and the time that people have to wait must be a top priority. There is no quick fix; much work has already taken place on working practices, increasing staff capacity and investing in equipment to make a difference, but there is still a long way to go, particularly as activity levels continue to rise in the health service. I welcome the commitment that has been made, but urge the Executive to concentrate on sustainable changes with sustainable results and on building the right working practices and the capacity in the national health service that are needed both now and in future. Too many experiences in the past have been about quick fixes, which have skewed resources and often had unintended adverse consequences. I am sure that the Executive will not make that mistake.

Secondly, on bed numbers, it is not the first time that Nicola Sturgeon has not done her homework. She made many erroneous comparisons between bed numbers in Scotland and those in England. The issue with beds is not their absolute number but their use. Various members have rightly mentioned the problem of delayed discharge. Work has to continue to address that. The effort, energy and investment of Government, local authorities and the NHS have borne fruit and stabilised the position. Work is in progress in the Executive to identify a number of the potentially more radical solutions that might be needed. I urge ministers to consider developing some of those more radical options, if that is what is necessary to deal with that deep-rooted problem.

Thirdly, much has been done on decision making and accountability. The unified NHS boards are starting to make a difference. I welcome Malcolm Chisholm's announcement on tying up some of the loose ends that still exist. I hope that one of those loose ends is to use the opportunity, when it arises, to amend primary legislation and remove one of the last remnants of the internal market, which is the status of NHS trusts as self-governing entities. I know of no one other than Mary Scanlon who has mourned the

passing of that internal market.

Finally, I want to touch on money, which is an issue that we must discuss when it comes to health. Money cannot and will not solve everything. It is wrong for us to suggest that every problem has a pound sign against the solution. That said, as Derek Wanless's report recently set out, much more still needs to be done to address the problems of the chronic underinvestment of the past. I am pleased that the chancellor and the Prime Minister have opened up the debate about taxation. I hope that we take part in that debate constructively and that, in the short term, the Executive ensures that every penny of the £86 million announced by the chancellor in his pre-budget statement last month goes to the NHS, as he intended. That is one area where Scotland should not dare to be different.

My list goes on. There is much other work in progress, including in areas that do not generate headlines and where voices are not often heard so clearly, such as chronic disease, work in the community and work by people such as health visitors and school nurses, who form such an integral part of our NHS.

All of that was in the health plan, too. I wish Malcolm Chisholm and his colleagues the very best in taking that work forward. I know that the Labour party's commitment to doing that goes right back to when we set up the NHS more than 50 years ago, and I know that our colleagues, the Liberal Democrats, share that commitment. That commitment and determination have delivered results and will continue to do so in future.

15:45

Dorothy-Grace Elder (Glasgow) (SNP): I do not like taking issue with two of the most valued members of the Health and Community Care Committee, but I must do so briefly.

Mary Scanlon referred to the national health service as having been at one time a state monopoly. I remind Mary that when the national health service was a true state monopoly it was the envy of the world and patients trusted it.

Margaret Smith is not normally one of the finger-waggers of the Parliament, but she referred to the need to be evangelical about cutting down on cigarettes and drink and taking personal responsibility. Margaret knows very well that in places such as Glasgow, where people in many of the large schemes are jobless and live in poverty, little comforts are quite valuable. The way to improve the overall health of those people is to give them jobs and hope, rather than to be finger-waggers.

The NHS in Glasgow has come to mean the national health shambles. It is an utter shambles. I pay tribute to the doctors and other health professionals who have exposed the terrible situation in Glasgow and who have blown the whistle. We need to protect and encourage whistleblowers in the NHS and make them unafraid to speak out. We need those people.

Week after week, a new crisis is exposed in Glasgow. We can hardly keep up with what is happening. We have known for years that people in Glasgow die six years earlier than does the average Scot elsewhere in the country. That is a fact that Scottish parliamentarians cannot in conscience live with any longer—it is a disgrace. I appeal to Malcolm Chisholm to take personal charge of the overall health crisis in Glasgow.

I have no doubt that we will hear more details of the situation at the Beatson during tomorrow's cancer debate. The latest news is that 500 breast cancer sufferers have been told that their check-ups will be delayed for a year, because so many consultants and other staff have quit the Beatson. Those women will have to wait a whole year. The health board has said that the women could try the Victoria infirmary as an alternative, but the Victoria is in serious trouble. Glasgow patients who are suspected of having bowel cancer face a wait of five months to see a consultant at the Victoria and a wait of another five months to undergo a simple diagnostic procedure. That is 10 months in total. A local GP has made it clear that bowel cancer, if caught early, can be treated and cured and that those long delays will mean that people will die. How utterly shameful.

It is not only in cancer treatment that there are serious problems. There are also problems with elective surgery, such as hip replacement operations. Glasgow people are right at the bottom of the Scottish league. The previous health minister, Susan Deacon, admitted in May this year that Glasgow patients were queuing for 230 days for hip replacements. That compares with 93 days in Grampian, 118 days in Tayside and just 43 days in the Western Isles. Glasgow people who are waiting for hip replacement operations, and who are in the most awful and extreme pain, have to wait 230 days. That is almost eight months, and there is a trick in that figure, because first of all they have to queue for almost a year to join the operation queue—unless they are rich enough to go private.

Let me relate one quick anecdote. A Glasgow woman, who felt forced to go private, came to me and told me how horrified she was—she felt almost ashamed—to think of others in the queue who would get no relief. Her surgeon had told her that she would have to wait for up to a year for a double hip replacement on the NHS. Then, because she had medical insurance, he told her

that he could do the operation in two weeks. He charged her insurance company £15,000 for that double hip replacement operation.

What would Nye Bevan have thought of that? I grieve to hear the name of Nye Bevan dragged in by new Labour—especially on the election trail. I am sorry, but new Labour has no connection whatever with that great man.

I congratulate the minister, however, on his personal intervention. We, the Opposition, want personal intervention by a minister who makes it clear that, as we now have a Scottish Parliament, we will not take bland answers from this or that trustee. We will say, "The buck stops here."

15:51

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Before I start, I declare an interest. I am a member of Unison. That might prevent problems at a later date.

I welcome the opportunity to congratulate NHS staff on their dedication and on their contribution to delivering the long-term commitments outlined in "Our National Health: A plan for action, a plan for change". It is unfortunate that some of the contributions from Opposition members have done nothing to improve the morale of NHS staff. The NHS plan opens doors to new ways of delivering health care and provides the levers that are necessary to break down institutional barriers.

Innovation in health was discouraged during the Tory regime. It will take time for many people in the NHS to sign up to the new way of working. However, they should take comfort from the pioneers of redesigned health care projects. Many of those projects have benefited a significant number of patients. Most important, my constituents in Kilmarnock and Loudoun receive health provision from NHS Ayrshire and Arran.

Where lists are too long, we must acknowledge that there needs to be a root-and-branch examination of service provision. Nicola Sturgeon mentioned a consultant orthopaedic surgeon who happens to work in NHS Ayrshire and Arran. He identified problems that he believes contribute to the length of waiting lists, one of which is NHS boards' lack of strategic planning. I could not agree more. I indicate to the minister that we should be aware also that the performance management review should take account of such comments and should not rely solely on the tick-box approach that is envisaged.

I welcome the minister's announcements about patient involvement. Involving patients in the planning and delivery of health care will make a difference. The health service is for those whom we try to serve. Patients are at the centre of that and it is heartening to hear the minister restate that view. I sincerely hope that people on NHS boards share that view. We might then begin to see improvements in services to patients.

We are all aware of the considerable amount of money that has gone into the NHS, but we have yet to see the outcomes being delivered for the patients. That is not caused by bureaucracy, as Nicola Sturgeon suggested; it is caused by outdated institutional barriers. There are nurses and other highly qualified professionals in areas allied to medicine who are not being given the opportunity to practise their skills because some consultants—only some—are not willing to change in the interests of patient care.

Local empowerment of staff through the expansion of the Scottish partnership forum will emphasise further the Executive's commitment to all NHS staff. Unlike Mary Scanlon, I am well aware of the many groups that work in the NHS. I tell Mary Scanlon that the NHS is not just about doctors; it is about all staff working in partnership for the benefit of patients.

Tommy Sheridan: Will the member give way?

Margaret Jamieson: I do not have time.

If we have a capacity problem as was outlined earlier, I believe that we should be radical. Tommy Sheridan is right; we should take HCI back, because it is where it is today only because of the public funds that got it working again. It is ours and we should not have to pay for it. I make no apology for saying that.

Alex Johnstone (North-East Scotland) (Con): Is the member talking about nationalisation without compensation?

Margaret Jamieson: Even if it is nationalisation, if it benefits the patients of Scotland, who are the Tories to deny them that? They denied them too much in 18 years.

Mary Scanlon: Do not point.

Margaret Jamieson: I will point if I want to.

We are making progress in tackling ill health and inequality. The NHS plan is a long-term solution, not a quick fix. I support the motion.

15:55

Roseanna Cunningham (Perth) (SNP): I will deal with two issues: first, the reality of the NHS as experienced by my constituents; and secondly, the outcome of the acute services review in Tayside. My constituents frequently contact me in desperation about the length of time that it is taking for them or members of their families to get an appointment, or to express their extreme dismay at cuts in essential services. I emphasise

that the cuts happen in essential services, not in services that might be regarded as inessential. I simply cannot believe that the experience of other members in their own surgeries is any different. However, if that is the case, I will cite a few of my own examples to alert them to the reality of NHS health service delivery, at least in Tayside.

For a constituent's son who has been diagnosed as having elective mutism, which is a serious psychological disorder, the waiting time to see a child psychologist at Murray royal hospital in Perth is 10 months. That child will receive no professional help throughout his first year of school. To ignore such a serious problem at such a crucial stage of a child's development is unconscionable, and I do not believe that it is acceptable in our society.

The father of another constituent was referred to a neurologist by his general practitioner after he was diagnosed last May as having Parkinson's disease. However, treatment cannot start until a specialist confirms that diagnosis, but his appointment to see that specialist is in May 2002. That is an extraordinary way in which to treat such a disease.

Furthermore, when we debated mental health issues four weeks ago, David Davidson made what the minister rightly described as

"a most moving speech about eating disorders"

and the difficulties that he faces within his own family. I see that David Davidson is in the chamber this afternoon.

However, the minister went on to boast of a

"further extension to the mental health framework which deals specifically with eating disorders."—[*Official Report*, 14 November 2001; c 3823.]

The reality is quite the opposite. One would think that, with the number of people who suffer from eating disorders continuing to rise, the provision of services would be expanding accordingly—as the minister's comments would lead us to believe. However, the already small and underfunded eating disorder service in Perth has been withdrawn. Astonishingly, the trust, in informing the Scottish eating disorder interest group that services in Perth were being brought into line with those in Angus and Dundee, admitted that there was "an undesirable rounding-down" of the service. Where does such an admission leave the minister's assurances to the chamber? Does not he realise that all his other assurances are greeted just as sceptically as was the one to which I referred?

Over the past few years, the most consistent and overwhelming concern about medical services in my constituency has related to maternity services—I know that the minister is familiar with that debate. We seem to have been forever fighting the threat of closure that hangs over the maternity unit at Perth Royal Infirmary. Until the last minute, the options that have been advanced by the acute services review sat at two extremes: the status quo, which was the public's choice; and complete centralisation of services. The 11th hour introduction of a middle way—an experimental midwife-consultant partnership national demonstration project—became the final successful option.

However, that project is—supposedly—to be implemented in April, but we are still waiting for the Executive's confirmation that funding for consultants will be in place. If the minister promises nothing else today, will he at least put minds in Perthshire at rest on that issue, which is extremely important for staff morale? Things seem to be taking so long that it is hard to avoid the inevitable question: is the project being set up to fail in order to ensure that the centralisation option is imposed by default? Perhaps I am being unduly cynical, but experience suggests that I am not. [*Interruption.*]

I could go on, but I have been reminded that I have little time. Those are people's real-life experiences of the health service in Tayside. It is clear that resources are not sufficient, that waiting times are too long and are growing, and that the situation is getting worse instead of better. That is the reality of the NHS in Tayside.

16:00

Mr David Davidson (North-East Scotland) (Con): This is a strange day in that we are debating what is probably the first motion from the Labour-Liberal Democrat coalition that asks us to welcome its admitted failure in managing Scotland's health service.

The motion acknowledges the failure to deliver the plan for action. It recognises the long-term nature of the plan, but that recognition is simply the Executive saying that it has lost control of its pledges to deliver. The reaffirmation of the Executive's commitment to its long-term goals is merely another postponement of delivery. Perhaps the minister would like to tell us what the motion means when it talks about

"major reductions in waiting times".

While he is at it, what are the "significant public health improvements" that he claims have taken place?

I see that, rather than taking up that challenge, the minister has left his seat. I do not know whether I should take that as a victory or not.

The Conservative amendment is worded to emphasise the fact that the coalition has failed to

make progress on its promises, especially on waiting times. We must remember that, as other members have said, before the patient gets to the waiting list for final treatment there is a delay while the patient waits to be assessed by a consultant. I do not need to emphasise that point; other members have done that. In some areas, GPs have told me of delays during that first stage that have gone on to the point that patients deteriorate and, quite apart from other difficulties for them, require even more costly treatment.

As Roseanna Cunningham reminded us, I have highlighted already in the chamber problems that relate to delayed access to treatment for eating disorders. However, the problem is to do not only with eating disorders. There are tremendous waiting lists for eye problems. A remedy for such problems is often simple, but it is difficult for people to get access to treatment because people who suffer from difficulties with their vision need support.

The minister's motion mentions staff and I am the first to agree that, without them, there would be no health service. How long will he allow the crisis in morale to go on? At every level, from consultants to porters, there are staff shortages. That adds to others' work loads, which leads to stress and dissatisfaction. That image of poor morale and dissatisfaction will not help to attract new staff or to retain existing staff. What does the minister propose to do, apart from issue fine words?

I notice that the minister did not announce any new money today. Obviously, funding is not in the partnership agreement as the Liberal Democrats have told us—

Mr Rumbles: Will the member take an intervention?

Mr Davidson: Please sit down, Mr Rumbles.

Mr Rumbles: Will the member take an intervention?

Mr Davidson: Not at the moment.

Mr Rumbles: Is he afraid to take an intervention?

Mr Davidson: Absolutely not, but I am not debating with Mr Rumbles.

The Deputy Presiding Officer (Mr George Reid): Order. The member is not giving way.

Mr Davidson: Without the support of Mr Rumbles's party, the Labour party could not do the damage that it is doing in Scotland today.

The solution is not simply to throw money at the problem. It is about allowing health boards and trusts to set priorities and to design services that fit local conditions. In Grampian, we have an excellent system of community hospitals, which delivers well to our rural areas. Why is Grampian Health Board under such great pressure in trying to keep those hospitals open? That pressure is a result of a list of centrally driven initiatives and priorities and a skewing of money away from the area to other parts of Scotland.

Mr Rumbles: I am waiting to hear what the Conservatives' solution is to the lack of investment that Mr Davidson highlights. Is the Conservatives' solution to invest more money in the NHS and, if it is, where will that money come from? Would they increase taxation?

The Deputy Presiding Officer: Mr Davidson, there is an error on the clock. You have one minute left.

Mr Davidson: Mr Rumbles joins me regularly in saying that the funding formula is at fault. The problem is not only the amount of money in the system, but the allocation of money in the system.

There are shortages throughout the NHS. We cannot get GPs or dentists, for example. We need to hear some original thinking from the minister about how those services can be staffed in future. The minister mentioned briefly—but gave no commitment to—the use of the private sector. The private sector and the independent sector can offer help. There are models for NHS staff using private operating theatres and that, I hope, will mean that the minister and other Unison members will not be as worried as they might otherwise be about how such facilities are used.

The partnership that we want to develop between the private and independent sectors and the public sector should be focused on benefit to patients. Why must we postpone treatment if a facility is available and the Executive has money in its pot as a result of the great underspends in the health service last year?

I ask the minister whether he will yet again use a sticking plaster at the end of the year, or will he put into action the money that he has. I ask him to reduce bureaucracy and simplify processes. GPs are fed up with the amount of papers that they must fill in just to get their patients to a consultant.

16:05

Janis Hughes (Glasgow Rutherglen) (Lab): I, too, declare an interest as a member of Unison—proudly.

Protecting the health of the nation must always be an absolute priority for any Administration. We are right to discuss the progress of the Scottish health plan one year on from its publication. I will focus on two main issues: the perception of the state of the NHS, specifically in light of some of the comments that have been made; and the role

of public health in the modern-day health service.

I am sure that every MSP receives a great deal of correspondence from constituents who are concerned about NHS waiting times. Members of every party must be honest about those. One of my constituents had to wait 18 months for a hip replacement. That is simply not good enough. The minister mentioned some of the initiatives that are being put in place to address waiting times. I accept that some specialties are showing some signs of improvement, but we must ensure that that improvement is built upon.

That, however, is not the whole story; it distorts the truth. Every year, millions of people—many of whom are friends and family of members—go through the NHS and are treated promptly and professionally. However, we do not hear about those people; we hear about the people who come to us because they have problems. That is what we are elected to deal with, but we must not forget the number of people who have good news stories to tell about the NHS.

I simply do not accept the argument that the Tories have put forward. Most members know that I worked in the NHS under the Tories for 18 years. I can say with absolute certainty that, had they remained in power after the 1997 general election, we would not have an NHS today.

Alex Johnstone: Will Janis Hughes give way?

Janis Hughes: No. I have much more to say to the Tories.

It was astonishing to hear Mr Davidson's comments about the damage that the current Administration has caused. That is an example of the pot calling the kettle black: consider the damage that the Tories did over 18 years.

Alex Johnstone: Will Janis Hughes give way?

Janis Hughes: No. I have other people to deal with.

I do not accept the SNP's "spend, spend, spend" agenda. If the SNP says where the money would come from to pay for all its suggestions, we might be able to take its suggestions seriously. However, as has been said, the debate is not all about money. Margaret Jamieson's comments on root-and-branch reviews of strategic planning in the NHS are among the most important things that we can take from the debate.

Mr Duncan Hamilton (Highlands and Islands) (SNP): Janis Hughes says that the debate is not all about money. It is, of course, partly about money. Will she tell us why she thinks that it is right that the rate of increase in health spending in Scotland is lower than that in England?

Janis Hughes: As I said, the amount that we are spending on health is phenomenal compared to what the SNP committed itself to at the previous elections. I do not think that the SNP's money would have run even one hospital in Glasgow for one year, unlike the money that this Government has put into health.

Some members prefer to talk down the NHS. They cause fear in the public by doing so and that is what worries me most. If I were a patient lying in a bed listening to some of the scaremongering, I would be seriously concerned. Not only that, but if I were still working in my previous job as an NHS staff member, I would be really upset by some of the talking down that goes on in the chamber and I would be worried about what kind of job I was doing.

Shona Robison: Will Janis Hughes give way?

Janis Hughes: No. I am nearly out of time.

We must remember that public health promotion is one of the most important functions of the NHS and I am pleased to see the investment that is being put into that. Last week, I visited the new Rutherglen health centre in my constituency and was heartened by the emphasis that the staff there put on public health. We must consider the preventive side. For too long, we have considered only the cure; we must now consider prevention. That is important.

The Administration is making progress on the Scottish health plan and I know that much more work must still be done. If one person on a waiting list suffers discomfort, that is one person too many. The recent problems in Glasgow highlight the fact that much remains to be done, but I believe that the Executive is in there fighting and I hope that everybody in the chamber will consider positively talking up the NHS for a change, rather than talking it down.

16:10

Brian Adam (North-East Scotland) (SNP): Much has been said in recent days about the potential contribution of the private sector, which is known euphemistically as the independent health care sector. To suggest that the private sector is independent is, to say the least, misleading when most of the private facilities in Scotland do not offer comprehensive health care. Where, for example, are the private sector's intensive care unit beds for when something goes wrong? Who trains the private sector staff? Where do its part-time medical staff get their main source of income? The answer to those questions is the public sector—the public purse. There is no such thing as an independent private health care sector.

This week we have heard much about the spare capacity within the private sector and, in particular, that HCI in Clydebank has 488 empty beds. Any

business that is running at less than 20 per cent of capacity is scarcely what we might call efficient. It is not the role of the NHS to sort out the problems of a private health care centre. That is the real motivation that the Tories have for punting the idea that private hospitals should take NHS patients.

There are well-known financial problems in Grampian University Hospitals NHS Trust. It is struggling to manage a £6 million deficit in this financial year. Some posts have gone and many remain unfilled. Laboratory specimens have been left lying in fridges and patients are waiting for longer and longer to see doctors. In the past quarter, median outpatient waiting times in Grampian have increased by a week—from 61 to 68 days—and have almost doubled since new Labour came to power in 1997. That figure masks the considerable variations between specialties, and medians are naturally much less than maximums.

We have had warnings that paediatric services in the north-east are in crisis and that external clinics will be withdrawn. I understand that such clinics will no longer go to Orkney, Shetland or to the outlying areas of Grampian because there are not the staff to cover in-patient needs.

The paediatric patients who are normally dealt with in Aberdeen might have to be sent elsewhere in Scotland. If the staffing levels in paediatrics are so stretched—as appears also to be the case in other specialties—the position of Aberdeen royal infirmary as a teaching hospital could be under threat.

I am not scaremongering—medical staff in the north-east have privately expressed those genuine concerns to me. Those concerns do not stop at the acute sector, but are reflected in the number of locum GPs who are currently employed, and in the difficulties in finding permanent replacements in Grampian. The NHS is in crisis throughout Grampian and the patients are the ones who are suffering.

I highlight two cases that constituents brought to my attention. One is a dermatology case of a patient who has a facial disfigurement that causes him great embarrassment; however, he cannot be seen by a consultant for eight and a half months. The median wait in Grampian in June 2001 was 123 days—twice the average throughout the rest of Scotland—but that is not the situation in which my constituent finds himself. He must wait eight and half months, which is twice the median waiting time. When he approached a local private hospital, he was offered a much earlier appointment. He wonders whether that appointment would have been with the same NHS consultant whom he must wait eight and a half months to see.

The other case involves dental treatment. More than nine months ago, one of my constituents was referred by her dentist to a maxillofacial clinic. In the past few days, she finally received her appointment card, which states that she is to be seen on 28 October 2002. The delay in neither of my examples is life threatening, but delays of that scale are utterly unacceptable. The situation is likely to worsen as the effects of the cuts that are needed to balance the books begin to bite. The discredited Arbuthnott formula offers no hope of early relief.

In the debate, we have heard some interesting new Labour solutions to the situation. Patients will have to scurry around the country—or even abroad—and travel hundreds of miles in search of treatment, or they will have to scamper off to private care that might be a considerable distance from their families and friends. That is a damning indictment of the stewardship of the NHS by new Labour and its Liberal Democrat friends. I support Nicola Sturgeon's amendment.

The Deputy Presiding Officer: I call George Lyon, after whom I hope to select four speakers, who will each have three minutes in which to speak. You have four minutes, Mr Lyon.

16:15

George Lyon (Argyll and Bute) (LD): Thank you, Presiding Officer. I will try to be brief, as I wish to make only two or three points.

If we read the newspapers and listen to politicians, particularly those in the Opposition, we might think that the experience of every patient who has used the NHS was extremely bad, and that it involved disappointment and disillusionment with the service that was provided. I do not think that that reflects accurately the experiences of the vast majority of people who engage with the health service. I suggest that the experience of the majority of patients is that they receive first-class treatment and first-class patient care, and that their experience is—overall—very good.

One way in which members can judge people's experiences of the health service is through our constituency mail. The mail that I get about medical issues and the complaints that I receive about the NHS are much less substantial than is the case in relation to roads, transport and housing.

We must be careful in striking the right balance in the debate about how well the NHS is doing. A recent case brought that home to me. A constituent of mine who was receiving treatment at the Beatson centre was full of praise for the staff and for the patient care that she received. She had no complaints whatever about the service. The really surprising thing was that she believed that

her experience was unusual. As she said, reading some of the scare stories might make us question whether we should go near the NHS at all.

Having called for a sense of balance in the debate about the NHS, I say that the NHS has, however, been suffering from capacity constraints in certain areas, and that patients are experiencing great difficulties. I will provide one example in the short time that is available to me. The example relates to a constituent from Oban. He has a hip problem and, in April 2000, his left hip was assessed by a consultant and his condition was diagnosed as being not painful enough for him to undergo an operation. His hip was reviewed on a regular basis and he was placed on the waiting list for the Royal Alexandra hospital. He was told that it could be up to 12 months before an operation could be performed and that 140 people in the Oban area were ahead of him on the list, which demonstrates the scale of the problem.

My constituent was so desperate that he eventually became suicidal because of the constant pain. My office was dealing weekly with him and his wife. His wife was in a desperate situation because they could not get that hip operation. In desperation, they approached a consultant in the private sector. Lo and behold, it was the same consultant whom they had seen in the NHS. They saw him on one of the days on which he was moonlighting in the private sector. My constituent was offered a hip operation within three weeks, at a cost of £6,000. He could not afford to pay for the operation, but the galling thing was the fact that he could be offered the same operation in the private sector in three weeks, instead of waiting for the 12 months that it took for his NHS operation to be delivered.

His wife came to my constituency surgery only last Saturday and we should all take on board what she told me. Both the wife and the husband had worked their whole lives, and were now retired. They had paid their taxes for years without complaint yet, when it came to the NHS and the state delivering for him, the service completely failed them. They did not care whether the operation was carried out privately or in the NHS—as long as it was free at the point of delivery and, above all, as long as it was delivered. We must tackle the situation: we must increase the NHS's capacity to tackle waiting lists. Many other patients are waiting in pain for month after month and we need to be able to deal with them and to sort out their problems.

The Deputy Presiding Officer: I remind the members who will speak next that they have three minutes each.

16:19

Tommy Sheridan (Glasgow) (SSP): Not for the first time, the debate is artificially skewed. Every public opinion survey shows clearly that the people of Scotland are completely opposed to private health care.

Alex Johnstone: Will the member take an intervention?

Tommy Sheridan: I have only three minutes. If I have time near the end of my speech, I will try to squeeze Alex Johnstone in, although that might be a bit difficult.

The people of Scotland are opposed to the use of national health service consultants in the private sector and to the moonlighting that goes on. That moonlighting means that people might be seen in the public sector after waiting for a year, but that they can be seen in the private sector after only a week. The public are, by and large, completely in favour of proper remuneration for health service workers—not only for doctors and nurses, but for porters and other essential and technical staff.

The problem with the debate is that, although an amendment was lodged that argued for such changes, that amendment was not selected. That means that the debate is artificial. We must start debating whether there is a future for the use of public money in subsidising private health care, which is what is happening at UK level. Mr Wanless has provided a report for Mr Brown. We should recall that Mr Wanless was formerly the chief executive of National Westminster Bank. Is not it interesting that he should produce a report that leads to an extra payment of £1 billion at the same time as Milburn and Co announce that they will allow more money to be used in the private sector? Regarding the likes of Mr Wanless, we should beware wolves in sheep's clothing.

Mary Scanlon *rose—*

Tommy Sheridan: I cannot take an intervention from Mary Scanlon because I have far too much to get through.

Labour members have rightly spoken about reduced capacity in the health service. That is the problem and it is the reason why we are now looking to the private health sector. Why then have Labour members consistently supported the privatisation of the health service through the use of private finance initiatives? In the first 14 PFI hospitals there was an average reduction in bed spaces of 30 per cent and a reduction in staff clinical budgets of 20 per cent. That is the problem. New Labour must realise that it is not cheap to privatise the health service—rather, it costs money. New Labour has been privatising the health service during the past four years in which it has been in office, during which time we have lost

30,000 NHS beds.

We must realise that it is time to say that we will value our health service workers. That is why the amendment that was not selected called for a minimum wage for health workers—a proper national health service minimum wage that would not only retain staff, but would attract people to the service. We must also send out the message that it is time to renegotiate with the consultants who work for the health service. They cannot play for two teams at once; they can play either for the public team or for the private team. Let us get our consultants to work in the public health service, instead of allowing them to moonlight in the private health service.

16:22

Murdo Fraser (Mid Scotland and Fife) (Con): This Monday, I met representatives of the eating disorder service at Murray royal hospital in Perth. Although Roseanna Cunningham referred to that service in her speech, I make no apology for mentioning it again. This is a topical subject and what is happening in Perth is symptomatic of what is happening elsewhere in Scotland.

The eating disorder service at Murray royal hospital is innovative and provides good value for the taxpayer. Eating disorders in Scotland appear to be on the increase—at least, they are coming to the attention of medical staff more and more. They affect men as well as women. The most startling statistic relating to eating disorders is that more sufferers die from them than from any other form of mental illness, be it depression, paranoia or schizophrenia.

The Perth unit has an enviable reputation throughout Scotland for its expertise in treating eating disorders. The shocking news is that, because of budget shortfalls in NHS Tayside, the service is about to be withdrawn. That is happening despite the fact that the Scottish Executive, on 9 October this year, issued a paper setting out proposals for the treatment of eating disorders. The irony is that the Perth unit would meet all the requirements that were outlined in that paper. Once the unit has gone, there will be little, if any, provision in Tayside for those who suffer from eating disorders.

I raise this issue in the full knowledge that many members will regard it as a minority interest, affecting just one part of Scotland. However, the situation in Perth is indicative of what is happening elsewhere in the country. Elsewhere in Tayside, there has been a consistent reduction in services at Stracathro hospital, which serves Angus and from which all acute services have now been withdrawn. A few years ago Stracathro was an excellent local hospital, which provided a range of surgical services, was hugely well regarded by the local community and had a highly trained and dedicated staff. Now it is a shadow of its former self, and patients from Angus and the Mearns face a long journey to Ninewells hospital in Dundee. The minister, in his opening speech, said that he wants patients to be treated in a hospital that is near to where they live. That is exactly what patients in Angus and the Mearns want and what he is depriving them of.

Members on all sides of the chamber will be aware that experience on the ground is that, far from making progress, the NHS in Scotland is in a desperately poor state and getting worse all the time. The Executive's response to the situation is the self-congratulatory nonsense in the motion, which talks about progress being made. The only progress that the Executive is making is backwards.

If members were to stop anyone in the street and ask them whether they thought that the NHS in Scotland was getting better, they would find that the answer is that it is not. Waiting lists and waiting times are up, staff morale is down and there are fewer beds and nurses. Only in the fantasy land of the Scottish Executive could that situation be described as progress.

Mr Rumbles: What is the Tories' solution?

Murdo Fraser: The uncomfortable fact for the Executive and its cheerleaders in the Liberal Democrats is that the NHS was better under the Conservatives. By every measure, the NHS has got worse in the past four and a half years under Labour and worse under the Labour-Liberal coalition of the past two and a half years.

The Deputy Presiding Officer: You must come to a close, Mr Fraser.

Murdo Fraser: Members should try to tell the people in Perth and Angus that the NHS has got better in the face of what is happening at Stracathro hospital and at Murray royal hospital. Members should try going—

Mr Rumbles: Will the member give way?

The Deputy Presiding Officer: No. The member does not have time to take interventions.

Murdo Fraser: As the Presiding Officer said, I am over my time already.

While the Executive and its friends in the Liberals pat themselves on the back, we know that no progress is being made and that things are getting worse.

16:26

Mr John McAllion (Dundee East) (Lab): I remember Tony Blair telling the likes of me that we

could not have the Labour Government of our dreams—presumably because, in the real world, dreams cannot come true. The picture that has emerged more and more clearly during the debate is that not only can we not have the NHS of our dreams, we cannot even have the NHS that previous generations took for granted.

Nye Bevan famously resigned from a Cabinet position because of the introduction of minimal prescription charges. Goodness knows what he would think of the situation today in which public NHS hospitals, such as the new Edinburgh royal infirmary, Hairmyres hospital and the new hospital in Wishaw, are privately financed and run by the private sector for profit. On the other hand, private hospitals, such as the HCI hospital in Clydebank, are largely publicly financed but are still run by the private sector for profit. That is a case of heads, the private sector wins; tails, the public sector loses.

What would Nye Bevan make of the fact that those privately financed public hospitals routinely reduce the number of beds that are available in local health board areas, thereby lengthening waiting lists and creating capacity problems for the NHS? They also make it possible for the publicly funded private hospitals to take advantage of that undercapacity in the NHS by accepting overspill patients from a health services that lacks beds. What would Nye Bevan make of our inability to find the resources to fund consultants to work inside the NHS, despite the fact that we can find resources to fund the same consultants to work for profit in the private sector? He would ask us where we had gone wrong and what we had done to the NHS that we inherited from previous generations.

I am told that those points are ideological and do not matter. What does it matter whether patients are treated in the public sector or in the private sector, so long as they get treatment? If that is the case, why do not we take the spare capacity in the private sector into public ownership? In HCI's case, we have already paid for the service. I am quite happy to go along with the minister if he does not want to use the word "renationalisation" but is prepared to talk about taking over space, so long as that space is reintegrated into the NHS and we spend taxpayers' money exclusively on the treatment of patients, rather than on boosting the profits of the private sector in Scotland.

At the end of the day, ideology matters. People know that big United States health care multinationals are putting huge pressure on the continuing World Trade Organisation negotiations on the general agreement on trade and services, in order to open up health services around the world to private competition. The increasing commercialisation inside our NHS makes it easy for those multinationals to pressure a WTO disputes panel into saying that there is no reason that they, too, should not be allowed inside our NHS.

The national health service that we inherited from previous generations has been sacrificed on the altar of low taxes. It is time that the country and the Parliament woke up to that danger.

16:29

Mr Duncan Hamilton (Highlands and Islands) (SNP): In the three minutes that the Presiding Officer has given me, I will raise three issues from a Highlands and Islands perspective, based on three different constituency cases.

Before I do that, I want to return to the subject of my intervention. From a Highlands and Islands perspective, the argument that overall NHS spending is somehow not relevant, or that the debate is about more than just money, needs to be examined. We all know that it is claimed that per capita spending in Scotland is 20 per cent higher than that in the rest of the UK. The reason for that is that health care delivery obviously costs more for those who live in places such as the Highlands and Islands. The 20 per cent differential needs to remain if we are to maintain services in that area. The Labour party advocates a relative reduction in that spending, which is simply not justifiable. The money matters.

I want to talk about three issues that affect the real lives of people in the Highland and Islands. The first of those issues is waiting times. The motion mentions the need to reduce waiting times and I have no doubt that, in his new capacity as Minister for Health and Community Care, Malcolm Chisholm will have scanned the papers at the weekend. He must have seen the case of Annie Clark, an 83-year-old from Oban. In 1995, she had an operation on her right hip for which she had to wait six months. In 2001, to get her left hip done, she will need to wait 12 months. Annie does not care about politics or about which party is in power. She does not understand why, when she was told that things would get better, they have got so much worse. That is the experience of real people in the Highland and Islands.

The situation is worse than that. The figures on waiting times to see a consultant show that there has been a 20 per cent fall in the number of people who are referred within nine weeks. In 1997, the figure was 74 per cent; today, the figure is 53 per cent. Even getting to that stage is becoming problematic, which is simply not acceptable. The minister's motion makes great play of the fact that the plan is about the longer term. That suggests to me that he knows that he has failed in the short term and that he has no prospect of success in the medium term. That is

why he has to hope that the long-term position improves.

Secondly, postcode prescribing, which has been mentioned many times in the chamber, still continues in many parts of the Highlands and Islands. In a constituency case in Campbeltown, a multiple sclerosis sufferer had to make the journey to Glasgow and back, which takes four and a half hours and is a 250-mile round trip. She was told that, if she lived in Glasgow, she could get the medication, which she cannot get simply because she lives in Campbeltown. Postcode prescribing continues to be a disgrace, especially in areas such as the Highlands and Islands.

Finally—I see that the time is moving on—I want to refer to the problems that are faced in the provision of rural GP care, which is often the first vital point of contact. That the Parliament has had to debate so many times the position of the Dalmally doctors makes nonsense of the suggestion that that case has been resolved. In Dalmally, the vacant GP post was filled only when someone came from Helmsdale, which meant that another part of the Highlands and Islands suffered the absence of a GP. We must get that right. We must do an awful lot more to ensure that the Executive takes up the point about crucial GP provision, which is not mentioned in the national plan. Such GP provision should be mentioned.

The Deputy Presiding Officer: I have squeezed in as many speakers as possible, which means that wind-up speeches must be kept tight.

16:33

Robert Brown (Glasgow) (LD): That the debate has produced much heat and rather less light is a result of the background of the complexity of the national health service and the fact that successive Governments have faced difficulties, which have built up over a number of years.

The debate takes place against the background that the public perception is that the NHS is creaking at the edges—sometimes more than just at the edges—because of the obstacles of waiting lists, bureaucracy, poor hospital buildings and tight numbers of doctors and nurses. People also perceive that, somehow, other countries' health systems are better. Another dimension has been added by the crisis at the Beatson oncology centre, and by the arrival of a new First Minister who has a declared objective of better delivery across a range of public services.

It is important that we state one or two things clearly. First, in only two and a half years, the Scottish Executive has achieved a lot. From a Liberal Democrat perspective, it is significant that the Executive has changed the emphasis from caring for the sick to preventing people becoming sick in the first place: £26 million has been invested every year through the health promotion fund; healthy living centres have been established; and there has been a major assault on cold housing under the healthy homes initiative. In acute care, the spotlight has been put on waiting times, rather than waiting lists—although it is fair to say that that is simply a redefinition of the problem rather than a solution.

The partnership has also shown strong commitment—demanded by Liberal Democrats—to NHS staff: doctors and nurses have had above inflation pay rises; there has been a funded reduction in the hours of junior doctors; more doctors and nurses are being recruited; and there has been a 3 per cent increase in nurse training places since 1999. It takes six years to train a doctor. Time scales have to be kept in mind, because many of the initiatives require that we consider the long term. Those initiatives will take a while to have an effect.

It is noticeable that neither of the Opposition amendments today calls for increased health funding. That is perhaps surprising, given some of the things that have been said in the debate and given the background issue of the need to raise spending on health to European levels.

Tommy Sheridan: Will the member give way?

Robert Brown: No, thank you. I have a number of things to say.

Resources have, in fact, gone up by a whopping £700 million over two years, and will rise to £1,800 million by 2003-04. Liberal Democrats want yet more investment in health, but we have always stressed as our first priority the need to deliver good value for our existing spending. Money is not necessarily the whole answer. The system can gobble up resources while still leaving doctors and nurses overstretched and not providing the first-rate NHS that they want.

The present system for capital funding is crazy. It was designed by accountants to serve the gods of Thatcherite monetarism and it still rules our lives. The British Medical Association, in a submission today, said:

"Good health is unevenly distributed throughout Scotland. There is an East/West divide with the West faring worse. The poor are generally sicker than the affluent and the socially excluded sickest of all."

It follows that Glasgow, with one of the worst health records in Europe, has a claim to receive priority. Glasgow has had some priority through the changes that followed the Arbuthnott report, but it is enduring a double whammy. It has the oldest and most decrepit hospitals in Scotland, which contribute to the brain drain of top staff—such as that which we are seeing at the Beatson clinic—yet, if the city builds new hospitals, which

will be the end result of the current acute services review, it will pay through the nose in capital charges. What applies to buildings applies also to equipment.

The BMA also pointed out that

"many Scottish acute trusts have had to divert money from their capital and maintenance budgets to meet the running costs … This has led to a widespread neglect of hospital infrastructure with much vital equipment being outdated and in constant risk of breaking down."

There is no point in having nice new equipment with no qualified staff to use it, or in having qualified staff with no nice new equipment. We have to get this right. We have to find a long-term solution that works. The Executive is therefore right to emphasise the long term.

The SNP amendment is worthy in its own way. It has all the catchwords and contains little that anyone could disagree with. However, it is perfectly useless in providing an alternative route forward or in telling us what the SNP would do differently, or how the SNP would achieve major reductions in waiting lists, or whether, like the Tories, the SNP would use NHS resources to expand the private sector.

The NHS plan for action is the way forward. We have to stick with it. The welter of words and criticisms from the Opposition has not produced any significant suggestions on different ways of doing things.

I support the Executive's motion.

16:38

Ben Wallace (North-East Scotland) (Con): When the Scottish Conservatives were informed of the Executive's intention to hold a debate today on health, we naturally assumed that the Minister for Health and Community Care would explain the current state of cancer services in Scotland and his plans for dealing with the problems at the Beatson clinic. That is what is going on in the real world, but we have to thank the SNP for using its Opposition time tomorrow to debate that issue, because the real world does not seem to bother the Labour and Liberal Democrat Executive.

If the Executive would stop producing all its glossy documents and initiatives, it might well see that more real patients are waiting longer, receiving worse treatment, and being offered less choice and more postcode discrimination. The Executive would also see that, no matter how many plans it produces, the NHS has got worse under its stewardship and not better. All those thousands of people who voted Labour and Liberal Democrat expected from those parties the miracles that were promised. They expected an NHS that at least would continue as it had been going, serving patient needs before the needs of Unison or ideological dogma. Instead of that, they got incompetent ministers who are deaf to the reality of the situation and devoid of vision for a health service to meet our needs long into this century.

It is not good enough to throw money into the current system on an ad hoc basis. In the current system, drug and technology inflation outstrip any Government spending plans and the system will continue to grow with an insatiable appetite.

I do not need to go over the hundreds of statistics that show that the Government is failing in practically every field of medicine. Independent reports by the GMB say that recruitment takes twice as long under the current Administration as it took under the Conservatives. Polls have shown that the quality of treatment and level of patient satisfaction under the current Executive are lower than ever.

The Minister for Health and Community Care talked about choice and the fact that patients would like to be treated locally. Patients would like that choice, but it is more important that patients be treated quickly and with better quality care. If that is not available locally, they should be allowed to exercise their choice to go to the nearest place of the best quality.

Last week, it was called patient peripheral capacity—this morning it is important enough for the Minister for Health and Community Care to hold a lobby briefing saying that we will now look towards the private sector in utilising that capacity. When the minister talks about that issue, he should include Carlisle and the north of England. People in the south of Scotland should be able to take advantage of private provision in that part of England, given that 12,800 elective episodes a year are available in those areas.

We have been told that there are not enough staff to cover operations and that only one operation at a time can be performed in an operating theatre. Although there are operating theatres in the NHS, most of them are crammed with the backlog that the Executive has helped to create. Many consultants could be utilised. Many consultants are available further afield in the south of England and abroad.

Nicola Sturgeon: Will the member give way?

Ben Wallace: I have only a few minutes.

I would rather that consultants came from abroad than that we sent our patients abroad, which was Alan Milburn's suggestion.

I come back to Nicola Sturgeon's question on staffing. On average, 55 per cent of a consultant's salary comes from the private sector. If we want to keep those consultants in the public sector we have to double the amount of money that they get.

We need answers from the other parties on where they intend to find that money.

The Liberal Democrats talked about current charges. If the charges that Margaret Smith mentioned were abolished, that would cost £100 million. Why have the Liberal Democrats not told us where they would get the money from? They have told us about general taxation and a hypothecated tax. Hypothecated tax is not the same as general taxation and a hypothecated tax to realise the amount that the Labour party has spent since coming to power in 1997 would equate to 2.5p in the pound.

Mr Rumbles: Will the member give way?

Ben Wallace: Sit down. The reality is that the Liberals will not address the issue.

The health plan does not say much about exact targets or about why GPs feel so unempowered and why many are leaving the profession. Worst of all, why does Scotland, which receives nearly 20 per cent more health funding than England, have a worsening service when compared with the service that is given to patients down south?

Perhaps the minister can expand on the briefing that he gave in the lobby. Will he involve the independent and voluntary sector? We must include the not-for-profit providers. The majority of private hospitals are not for profit—HCI is not the only private hospital in Scotland and the north of England. There are Provident and Friends hospitals that have been designed and built up since the health service was nationalised in 1948—John McAllion talked about that. If the minister were to nationalise those hospitals, would he outlaw the provision of health care by other people? That is what he would have to do.

Tommy Sheridan: Yes.

Ben Wallace: There we are, from Tommy Sheridan—there is freedom for the patient to choose.

Last month, the Chancellor of the Exchequer tried to use Wanless to justify the status quo. He failed to point out that he had sent his mother for private treatment and that the point of the Wanless report was to ensure that the remit of the NHS remains the same. The scare story will be that we want to privatise health care, but the real scare story is that the Labour party and the Liberal Democrats want to stick with the status quo, which is not good enough for the patients. We will take the opportunity to advance health for the next generation.

16:44

Shona Robison (North-East Scotland) (SNP): The feature of the debate has been Labour and the Tories competing with each other for first and second place in the failure to provide stewardship for the NHS.

I had hoped that under Malcolm Chisholm's tenure of office we would no longer witness the self-congratulatory motions that have come to symbolise important health debates in the Parliament. However, once again we are faced with an everything-in-the-garden-is-rosy motion highlighting the so-called great progress that is being made by the Executive in its stewardship of the health service. The problem is that no one believes it: the patients do not, the staff do not and, if we are honest, not many people in the chamber do either. The experience of people when they access the health service is quite different, as has been highlighted by numerous examples in the debate. Janis Hughes must not confuse talking about Labour's failure to run the NHS with talking down the NHS—they are distinct.

Members have given examples that highlight the key problems and issues for the NHS. For example, outpatient waiting times are two weeks longer than they were when Labour took office in 1997, and are at their highest level since records began. There are 1,000 fewer nurses in Scotland since Labour came to power and the number of nurse vacancies is increasing. There are 500 fewer acute beds than when Labour came to power. I tell Susan Deacon that that is the case, as Nicola Sturgeon has outlined.

The answer to the crisis in the NHS is not simple—no one in the SNP argues that it is—but honesty about the true state of our health service is a prerequisite to doing something about it. Unfortunately, this afternoon that honesty has been sadly lacking.

George Lyon: On the subject of honesty, Nicola Sturgeon proposed three possible solutions, the first of which is less bureaucracy. Could Shona Robison tell us which organisations she would cut out? Nicola Sturgeon said that more would have to be done to tackle bedblocking. How much extra money is the SNP willing to put into the NHS to tackle that problem and where will it come from? Nicola Sturgeon also suggested that extra pay had to be made available. How much extra should be made available and where will it come from?

Shona Robison: The Minister for Health and Community Care has recognised the need to reduce bureaucracy by his swift action in relation to the Beatson. Let us be clear: if required, we will put more resources into the NHS, but we must ensure that the money that is being put into the NHS at the moment is being spent where it is required on front-line services.

The answer to the crisis in the NHS is not simple, but it is clear that the privatisation of the

health service is not the answer. That is not an acceptable solution to the SNP, because the Scottish Parliament's role should be that of protector of the public health service and it should aim to make the health service a truly national health service.

As has been said, we have no problem with using private health care for short-term crisis management, because no one wants patients to wait for treatment when it can be provided. However, the use of private health care is not a solution to the crisis in the NHS if our aim is to rebuild a public health service. There should be a clear departure from the policy that is being pursued by the English Department of Health, because every pound spent on private treatment is a pound that will not be spent on building the capacity of the NHS to address the problems of waiting times, bed shortages and staff shortages.

Worse still, if we went down the privatisation route in Scotland, it would require a massive expansion of the private sector, given that the sector is so small at present. If the capacity of the private sector expands in the hope of getting new NHS business, where will the staff come from? We have heard Tory speaker after Tory speaker this afternoon outline the need to use the private sector, yet not one of them has outlined where the staff will come from to staff those beds.

Ben Wallace *rose—*

Mary Scanlon *rose—*

Shona Robison: The reality, as the Tories know all too well, is that those staff are the same staff who are keeping the NHS going. The building up of the private sector will be at the expense of the NHS. Mary Scanlon knows it and we know it, which is why we are not going to do it. I will provide a practical example of that point.

On Monday, John Swinney and I visited Ninewells hospital in Dundee, where we saw magnetic resonance imaging scanners operating—they ran at full capacity all day. We were told about the unacceptably long waiting times for MRI scans. Many patients must wait too long for urgent scans, many of which are urgent cancer scans. Ninewells has money to buy a third scanner, but no money to pay for staff to run it. To reduce waiting times for an MRI scan, some Tayside patients might have to travel to HCI in Glasgow for an MRI scan, and all because the cost of running a third scanner at Ninewells cannot be found. That cannot be a sensible use of public money in the NHS.

The NHS is at a crossroads and we must decide in which direction we are going. From the Minister for Health and Community Care's comments, it appears that he does want to follow the privatisation route. That is to be welcomed, but we must know the alternative. If the Executive will not follow the privatisation route that is being taken in England, if it has ruled out raising taxes and if it will not consider fiscal autonomy, what alternative does it propose? The public have a right to know. I am afraid that the waffle that we heard from the minister provided no answers.

We need to make the NHS in Scotland an organisation for which consultants, nurses and others want to work. Nicola Sturgeon described how that could be achieved. It is unfortunate that that scenario is a long way off. I hope that the Deputy Minister for Health and Community Care will make clear how that aim will be achieved.

16:51

The Deputy Minister for Health and Community Care (Hugh Henry): I welcome the opportunity to close this debate about our most important public service—the national health service. I begin by reminding the Parliament why we are having the debate and why it matters so much to everyone in the chamber and the country.

The NHS was the greatest achievement of the post-war Labour Government. It was founded on one simple principle: that health care should be provided on the basis of a person's need, not their wealth. Some objected to that principle in 1948 and some would like us to abandon it today. Defending that principle is one of the reasons why I, and many in the chamber, entered politics and why I am proud to speak on the Executive's behalf today.

Our commitment to the NHS is not in doubt. Nothing that we heard from Opposition members denies the fact that the Executive is backing its commitment to the service with record levels of new investment. Not even the most hardened cynic can deny that new investment is starting to deliver change where it matters, for the people who need it most. However, we must recognise the scale of the challenge.

Tommy Sheridan: Will the minister give way?

Hugh Henry: No thanks.

In the 12 months since the Scottish health plan was published, the plan has attracted an unprecedented level of support. There is consensus in favour of our approach to improving health and health services for the people of Scotland. That approach is based on recognising the effects of decades of underinvestment and being prepared to provide the additional resources that are required; on being honest about Scotland's appalling health record and being prepared to tackle it vigorously; and on acknowledging that the key determinants of health are linked to deprivation and being prepared to

confront poverty and social inclusion.

In responding to Margaret Smith, Dorothy-Grace Elder was right when she counselled that we must be careful about the language that we use. Margaret Smith was right to say that some of the cancer problems in Glasgow were caused by life factors and lifestyles. However, in cities such as Glasgow, generations have worked in unhealthy environments and generations have lived in poverty and under stress. As a result, they may not have had the opportunities for good, healthy living that many of the rest of us have had. We must be careful about how we phrase our comments on the causes of ill health. We must recognise people's legitimate expectations of a modern health service and work with staff and the public to meet those expectations.

The Minister for Health and Community Care highlighted many of the Administration's key achievements. Members can read summaries of the many more successes in "Our National Health—Delivering Change" when it is published later this week. Those successes mark major progress in our efforts to improve Scotland's health record and to modernise our health service. The health plan never promised quick fixes. Speakers, including Shona Robison, were right to say that there are no quick fixes.

The health plan was conceived as a strategy for the longer term. It was billed as a plan for action. We have heard how much activity has taken place over the past 12 months.

Mary Scanlon: The review document "Our National Health—Delivering Change" is to be published this week. Given that GPs have been ignored in the national health plan, will the minister be including GPs as key stakeholders in the delivery of that change?

Hugh Henry: Primary care and GPs, who are part of primary care, are key to the plan. We look forward to working with them in the future.

The health plan was billed as a plan for change. We have heard how change is being delivered throughout Scotland.

As the Executive is the architect of the health plan, no one has higher expectations of it than we do. We share the frustrations of patients and staff alike when, on occasions, standards of service fail to match expectations. A lot has been achieved in 12 months, but no one in the Executive underestimates how much more has yet to be done.

This afternoon, we have heard many examples of where the service has failed patients and their families. I do not dismiss those very real concerns. However, Janis Hughes was right to try to put the debate into a proper context. We need to contrast the small and admittedly unacceptable number of people who face difficulties with the health service with the millions who receive an exceptional service. Janis Hughes was right to restate that that is the positive face of the national health service in Scotland.

It is unusual for people to wait excessively but, unfortunately, it does happen and it represents a real cause of anxiety for their families. That is why tackling waiting is at the top of our priorities and why we will look at new and innovative ways to access spare capacity and cut the time that patients have to wait for treatment.

A number of speeches have been made this afternoon—

Shona Robison: Will the member take an intervention.

Hugh Henry: No, I am sorry, but I cannot.

Nicola Sturgeon and Shona Robison spoke about the use of private facilities. I see no distinction between what Nicola Sturgeon said and what was said by the minister.

Nicola Sturgeon spoke about bedblocking but, unlike Susan Deacon, who spoke about radical alternatives and options, she yet again came up with no solutions to resolve it. She also spoke about staff shortages; peculiarly, she talked about the decade that it takes to train a consultant and then somehow blamed the Labour party for that. The reality is that in Scotland, over the next five years, 10,000 nurses and midwives will qualify. That is 1,500 more than was planned previously. By 2005, we expect the total number of NHS consultants to rise by 600.

Nicola Sturgeon: Does the minister accept that training nurses is only half of the problem? Getting nurses and convincing them that they want to work in the national health service is the other half. It is on that latter point that the Government fails so badly. That is why 1,000 nurses have been lost to the NHS since Labour came to power.

Hugh Henry: Absolutely. It is critical that we retain nurses. That is why Malcolm Chisholm has been involved in an initiative to try to retain nurses in the health service. Nicola Sturgeon spoke about posts. We have funded 110 more doctors and 210 more nurses. In April 2001, we announced an additional £11.5 million to employ 375 more junior doctors by 2003. That is an increase of around 9 per cent.

Unlike the SNP, we identify our targets and fund what we say we will do. SNP promises are always uncosted with no sources of additional funds identified. Indeed, many SNP suggestions are taken directly from the Scottish Executive health plan. SNP members say that they support many of the initiatives that were published in the health

plan. The SNP's policy platform is not an alternative—

The Deputy Presiding Officer (Mr Murray Tosh): There is a great deal of background conversation. Will members please listen to the minister?

Hugh Henry: I will move on to Mary Scanlon's contribution. The best that I can say about it was that it was a typical Mary Scanlon contribution. She spoke about the alleged closure of waiting lists in the Highlands. We have no record of that—according to the trust in Inverness, it is not the case. A paediatric consultant left the service in June 2001. As a result, referrals are being screened so that priority cases are recognised and seen first. No one is being turned away. Two new consultants have been recruited and will join the Inverness staff early in the new year. Waiting times will reduce substantially.

Apart from her catalogue of woe, Mary Scanlon resorted to the old Tory mantra: bring back the internal market, boost private health care. She has nothing to offer and accused Nicola Sturgeon of not studying economics at school or university. However, Mary Scanlon proceeded to lecture us on what can only be described as voodoo economics. As far as Mary and the Tories are concerned, the private health sector is the only solution. If I were the SNP I would be worried that the Tories are supporting the SNP amendment. After the diatribe from Mary in favour of private health care, we need to ask what it is in the SNP amendment that is so attractive to the Tories.

Susan Deacon spoke about identifying solutions and rightly talked about unfinished business. However, she also identified that radical options are needed for delayed discharge. Margaret Jamieson spoke eloquently about institutional barriers. As she said, the NHS is not just about doctors. The plan is a long-term solution, not a quick fix.

David Davidson spoke about the crisis in staff morale. If there is ever a shortage of scrap metal in this country, we can bring the dealers into the chamber to collect the brass necks from the Tory benches. Murdo Fraser spoke about services in Perth being withdrawn because of budget cuts in NHS Tayside. I remind him that deficits were built up in Tayside under the Tories. It was this Administration that cleared the accumulated deficit. It is bizarre in the extreme to say that anything was better under the Tories.

Unfortunately, there are a number of statements that I do not have time to address. I remind Parliament that, in the middle of the 20th century, a Labour Government responded to public demand by creating a national health service, free at the point of delivery. By the end of the 20th century, the Tory party, driven by private profit and an antipathy to public services, had brought the NHS to its knees. Now, in the 21st century, slowly but surely in Scotland the Executive coalition is undoing the damage of the Tory years. In partnership with the UK Labour Government, we are investing record amounts in health. We are determined to realise the vision of that post-war Labour Government and build a health service fit for the 21st century, which meets the needs of people, not private profit.

Parliamentary Bureau Motions

17:03

The Deputy Presiding Officer (Mr Murray Tosh): I call Euan Robson to move motion S1M-2544, on sitting days.

Motion moved,

That the Parliament agrees that the Office of the Clerk will be closed on 27, 28 and 31 December 2001.—[*Euan Robson*.]

The Deputy Presiding Officer: I call Euan Robson to move motion S1M-2543, on the suspension of standing orders.

Motion moved,

That the Parliament agrees that Rule 13.6.4 be suspended for the purpose of Question Time on Thursday 10 January 2002.—[*Euan Robson*.]

The Deputy Presiding Officer: I call Euan Robson to move motion S1M-2542, on the designation of lead committees.

Motion moved,

That the Parliament agrees the following designations of Lead Committee—

Justice 2 Committee to consider Act of Sederunt (Fees of Solicitors in the Sheriff Court) (Amendment) 2001 (SSI 2001/438); and

Justice 2 Committee to consider Act of Sederunt (Fees of Sheriff Officers) 2001, (SSI 2001/439).—[*Euan Robson*.]

Decision Time

17:04

The Deputy Presiding Officer (Mr Murray Tosh): We now come to decision time. There are six questions to be put as a result of today's business.

The first question is, that amendment S1M-2538.1, in the name of Nicola Sturgeon, which seeks to amend motion S1M-2538, in the name of Malcolm Chisholm, on the national health service, be agreed to. Are we all agreed?

Members: No.

The Deputy 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)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallie, Phil (South of Scotland) (Con)
Gibson, Mr Kenneth (Glasgow) (SNP)
Hamilton, Mr Duncan (Highlands and Islands) (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)
MacDonald, Ms Margo (Lothians) (SNP)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Matheson, Michael (Central Scotland) (SNP)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
Mundell, David (South of Scotland) (Con)
Neil, Alex (Central Scotland) (SNP)
Paterson, Mr Gil (Central Scotland) (SNP)
Quinan, Mr Lloyd (West of Scotland) (SNP)
Robison, Shona (North-East Scotland) (SNP)
Russell, Michael (South of Scotland) (SNP)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Sheridan, Tommy (Glasgow) (SSP)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Ullrich, Kay (West of Scotland) (SNP)
Wallace, Ben (North-East Scotland) (Con)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)

AGAINST

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)
Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
Gillon, Karen (Clydesdale) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grant, Rhoda (Highlands and Islands) (Lab)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lyon, George (Argyll and Bute) (LD)
Macdonald, Lewis (Aberdeen Central) (Lab)
Macintosh, Mr Kenneth (Eastwood) (Lab)
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)
McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
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)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
Scott, Tavish (Shetland) (LD)
Simpson, Dr Richard (Ochil) (Lab)
Smith, Iain (North-East Fife) (LD)
Smith, Mrs Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
Thomson, Elaine (Aberdeen North) (Lab)
Wallace, Mr Jim (Orkney) (LD)
Watson, Mike (Glasgow Cathcart) (Lab)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Harper, Robin (Lothians) (Green)

The Deputy Presiding Officer: The result of the division is: For 45, Against 65, Abstentions 1.

Amendment disagreed to.

The Deputy Presiding Officer: The second question is, that amendment S1M-2538.3, in the name of Mary Scanlon, which seeks to amend motion S1M-2538, in the name of Malcolm Chisholm, on the national health service, be agreed to. Are we agreed?

Members: No.

The Deputy 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)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallie, Phil (South of Scotland) (Con)
Harding, Mr Keith (Mid Scotland and Fife) (Con)
Johnstone, Alex (North-East Scotland) (Con)
McGrigor, Mr Jamie (Highlands and Islands) (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)
Wallace, Ben (North-East Scotland) (Con)

AGAINST

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)
Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
Gillon, Karen (Clydesdale) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grant, Rhoda (Highlands and Islands) (Lab)
Harper, Robin (Lothians) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lyon, George (Argyll and Bute) (LD)
Macdonald, Lewis (Aberdeen Central) (Lab)
Macintosh, Mr Kenneth (Eastwood) (Lab)

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)
McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
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)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
Scott, Tavish (Shetland) (LD)
Sheridan, Tommy (Glasgow) (SSP)
Simpson, Dr Richard (Ochil) (Lab)
Smith, Iain (North-East Fife) (LD)
Smith, Mrs Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
Thomson, Elaine (Aberdeen North) (Lab)
Wallace, Mr Jim (Orkney) (LD)
Watson, Mike (Glasgow Cathcart) (Lab)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

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, Dr Winnie (Highlands and Islands) (SNP)
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
Ewing, Mrs Margaret (Moray) (SNP)
Gibson, Mr Kenneth (Glasgow) (SNP)
Hamilton, Mr Duncan (Highlands and Islands) (SNP)
Hyslop, Fiona (Lothians) (SNP)
Ingram, Mr Adam (South of Scotland) (SNP)
Lochhead, Richard (North-East Scotland) (SNP)
MacDonald, Ms Margo (Lothians) (SNP)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Matheson, Michael (Central Scotland) (SNP)
Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
Neil, Alex (Central Scotland) (SNP)
Paterson, Mr Gil (Central Scotland) (SNP)
Quinan, Mr Lloyd (West of Scotland) (SNP)
Robison, Shona (North-East Scotland) (SNP)
Russell, Michael (South of Scotland) (SNP)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Ullrich, Kay (West of Scotland) (SNP)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)

The Deputy Presiding Officer: The result of the division is: For 14, Against 68, Abstentions 28.

Amendment disagreed to.

The Deputy Presiding Officer: The third question is, that motion S1M-2538, in the name of Malcolm Chisholm, on the national health service, be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

FOR

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)
Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
Gillon, Karen (Clydesdale) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grant, Rhoda (Highlands and Islands) (Lab)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lyon, George (Argyll and Bute) (LD)
Macdonald, Lewis (Aberdeen Central) (Lab)
Macintosh, Mr Kenneth (Eastwood) (Lab)
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)
McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
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)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
Scott, Tavish (Shetland) (LD)
Simpson, Dr Richard (Ochil) (Lab)
Smith, Iain (North-East Fife) (LD)

Smith, Mrs Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
Thomson, Elaine (Aberdeen North) (Lab)
Wallace, Mr Jim (Orkney) (LD)
Watson, Mike (Glasgow Cathcart) (Lab)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
Aitken, Bill (Glasgow) (Con)
Campbell, Colin (West of Scotland) (SNP)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Cunningham, Roseanna (Perth) (SNP)
Davidson, Mr David (North-East Scotland) (Con)
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)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallie, Phil (South of Scotland) (Con)
Gibson, Mr Kenneth (Glasgow) (SNP)
Hamilton, Mr Duncan (Highlands and Islands) (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)
MacDonald, Ms Margo (Lothians) (SNP)
Marwick, Tricia (Mid Scotland and Fife) (SNP)
Matheson, Michael (Central Scotland) (SNP)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
Mundell, David (South of Scotland) (Con)
Neil, Alex (Central Scotland) (SNP)
Paterson, Mr Gil (Central Scotland) (SNP)
Quinan, Mr Lloyd (West of Scotland) (SNP)
Robison, Shona (North-East Scotland) (SNP)
Russell, Michael (South of Scotland) (SNP)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Stevenson, Stewart (Banff and Buchan) (SNP)
Sturgeon, Nicola (Glasgow) (SNP)
Swinney, Mr John (North Tayside) (SNP)
Ullrich, Kay (West of Scotland) (SNP)
Wallace, Ben (North-East Scotland) (Con)
Welsh, Mr Andrew (Angus) (SNP)
White, Ms Sandra (Glasgow) (SNP)

ABSTENTIONS

Harper, Robin (Lothians) (Green)
Sheridan, Tommy (Glasgow) (SSP)

The Deputy Presiding Officer: The result of the division is: For 66, Against 43, Abstentions 2.

Motion agreed to.

That the Parliament welcomes the progress made by the Executive and the contribution of NHS staff towards delivering the commitments in *Our National Health: A plan for action, a plan for change* published in December 2000 but recognises the long-term nature of the Plan and reaffirms its commitment to the various longer-term goals, including major reductions in waiting times and significant public health improvements.

The Deputy Presiding Officer: The fourth question is, that motion S1M-2544, in the name of Patricia Ferguson, on sitting days, be agreed to.

Motion agreed to.

That the Parliament agrees that the Office of the Clerk will be closed on 27, 28 and 31 December 2001.

The Deputy Presiding Officer: The fifth question is, that motion S1M-2543, in the name of Patricia Ferguson, on the suspension of standing orders, be agreed to.

Motion agreed to.

That the Parliament agrees that Rule 13.6.4 be suspended for the purpose of Question Time on Thursday 10 January 2002.

The Deputy Presiding Officer: The sixth question is, that motion S1M-2542, in the name of Patricia Ferguson, on designations of lead committee, be agreed to.

Motion agreed to.

That the Parliament agrees the following designations of Lead Committee—

Justice 2 Committee to consider Act of Sederunt (Fees of Solicitors in the Sheriff Court) (Amendment) 2001 (SSI 2001/438); and

Justice 2 Committee to consider Act of Sederunt (Fees of Sheriff Officers) 2001 (SSI 2001/439).

Environment and Rural Affairs Department Offices (Closures)

The Deputy Presiding Officer (Mr Murray Tosh): The final item of business is a members' business debate on motion S1M-2289, in the name of Mr Brian Monteith, on the closure of Scottish Executive environment and rural affairs department offices in Stirling, Dundee and Forfar. The debate will conclude without any question being put. Members who want to speak in the debate should press their request-to-speak buttons as soon as possible.

Motion debated,

That the Parliament regrets the decision of the Scottish Executive to close its Environment and Rural Affairs Department offices in Stirling, Dundee and Forfar; notes that this decision has been taken for financial reasons to reduce annual running costs at a time when the department has admitted to a £66 million underspend in its budget and that it will mean the transfer of staff to a centralised regional office in Perth, and deplores the failure of ministers to consult with the local farming communities on the closure of these offices.

17:10

Mr Brian Monteith (Mid Scotland and Fife) (Con): I record my thanks to the Parliamentary Bureau for selecting my motion for debate today. I thank also the members from across the political spectrum who registered their support for my motion.

I am pleased to see the deputy minister. I thought that he might have to catch a train to Ibrox. I have no intention of catching that train tonight.

My purpose in lodging this motion and seeking a debate on it was to establish more accurately the minister's reasoning for announcing the closure of the offices in Forfar, Dundee and Stirling and their operations' relocation to a new office that is to be built in Perth.

As is often the case, the more the background is researched, the more questions are thrown up. I hope that tonight's debate will enable members to ask questions to which the minister will give candid replies.

Members will be aware of the good work that is done by the SEERAD offices' staff in administering agricultural support schemes and carrying out checks and claims—including checks on farms. The Stirling office, for example, administers about 10,000 claims each year, which cover schemes such as livestock movement licences, arable aid applications, beef claims, slaughter and suckler cow premium claims, and organic aid, habitat and farm woodland premium schemes.

I am not against change that is proved to be necessary and that produces a service improvement or unignorable savings, but I do not believe that the closure and relocation of the SEERAD offices meets those criteria. I am fully aware that the Dundee and Perth offices' leases end next summer, but that is not the case in Stirling. It is insensitive and rash to relocate all the staff and functions to new offices in Perth whose construction has not even commenced. It is clear that there was time for prior consultation and it is deplorable that that opportunity was not taken.

Even if the minister's arguments were convincing—so far they have not been—and foundations were being laid, which they are not, the rationalisation, for that is what it is, is wrong-headed. Instead of retreating to a more efficient bunker, the SEERAD service should throw away its producer-oriented approach and adopt a new culture that seeks to serve its customers: the farmers.

I quote from a letter that I received from a farmer from Balfron, in rural west Stirlingshire:

"We are very much against the closure as it is a very busy office and serves us well with our ever increasing complicated paper work."

He goes on to say that if the closure goes ahead, for

"advice and assistance with forms we will have to travel to Perth using more fuel with very expensive fuel tax. I thought a Scottish Parliament would allow us to keep our local Hospitals and other services."

The letter goes on to say that the £100,000 saving from the closure is only a drop in the ocean compared with the outrageous cost of the new Parliament building. That is how farmers see the issue—I have plenty more, similar, letters.

Until such time as technology makes paperwork redundant, farmers will continue to visit their local offices, particularly because they will have to deal with a huge volume of documents. Although it makes sense to move towards electronic returns—the technology exists—the reality is that the majority of farmers are over 50 and do not welcome the prospect of becoming computer literate.

One major concern, particularly for farmers in west Stirlingshire, west Perthshire and east Fife, is the additional travel times involved in getting to Perth. As one farmer wrote:

"The closure of the Stirling office will involve us in an additional return journey of seventy miles to conduct our business affairs."

I presume that the minister knows that many farms are one or two-man operations and that increased travelling times as a result of the move will have a big impact on farm businesses.

As I have said before, consultation was sadly lacking prior to the announcement of the closures on 10 August. In October, a real opportunity properly to examine the decision on the closures was missed when the Executive established its agricultural working group. As the working group was charged with

"advising ministers on the means of ensuring better advice to farmers"

and

"ensuring a more joined-up approach to agricultural and environmental policy",

it seems bizarre that it was not allowed even to consider the provision and location of the area offices not only in Stirling, Perth, Dundee and Forfar but throughout Scotland.

In response to my parliamentary questions, Mr Finnie said that the closure decision was the most "economical" and "efficient", but do the projected savings of £110,000 a year take into account relocation packages for staff? If they do not, those savings will not be found. When I visited the Stirling office, it was clear that many members of staff will require relocation packages. I submit that the situation will be same in Dundee.

The argument that the local offices are being closed for financial reasons does not seem to stand up to closer scrutiny, particularly when one considers the mammoth underspend—totalling almost £67 million—in the minister's departmental budget in the past year. One farmer told me:

"I fail to see how it can save money overall if SEERAD staff have to come from Perth to visit farms and we have to travel from here to Perth with queries."

As we now know, an options paper was presented to the minister and his colleagues, who chose to rationalise the service in a single new building in Perth. When will the move to Perth be made? As I have said, the leases run out in the summer, and there is genuine concern that the new Perth office will not be ready when the old Perth and Dundee offices have to be vacated. What additional cost will suddenly be borne if new facilities are required or an extension of existing leases has to be sought through negotiation?

I would also like the minister to comment on the impact on jobs. According to the department's own figures, 58 jobs will be transferred from these three offices to the new Perth office. Does he agree that it is a touch ironic for the Scottish Executive to talk about the dispersal of civil service jobs and then to centralise the jobs of its rural affairs offices?

We need a change in culture. If the minister can make it stack up, he should by all means consider locating core personnel in one office—but why not adopt ways of taking the service closer to the farmers? That is what any business would do. I have two suggestions in that respect. First, one or two of our hard-pressed local post offices, strategically located in the rural areas, could be used formally to register claims for agricultural payments that require only submission, not discussion or inquiry. Secondly, we could establish a surgery-type service in which SEERAD officers attend the local marts, accepting applications and offering advice on the spot. That would take the officers to the farmers. Modern technology that allows, for example, the scanning of application forms would ensure that any information required from the back office could be provided at minimum cost.

Today, the minister has a chance to play Santa Claus and bring an early Christmas present and some seasonal cheer to the farmers in the communities that I have mentioned by announcing a rethink on the closure of the three local offices. Accepting the approaches that I have outlined or similar ones would show that the minister not only understands the concerns of the farming community, but is willing to go against the bureaucratic mindset and provide a service that is designed to meet the needs of customers, not of accountants.

The Deputy Presiding Officer: We have a reasonable amount of time. As five members wish to speak in the debate, speeches of four or five minutes each would be quite possible.

17:19

Dr Sylvia Jackson (Stirling) (Lab): I have received several representations on this issue and have sought the views of local farmers and the local branches of the National Farmers Union of Scotland in my Stirling constituency. As a result, I will confine my remarks to the situation in Stirling.

All the political parties in Stirling Council have spoken out against the rationalisation of the SEERAD offices and I have written and spoken to Ross Finnie about the issue on several occasions.

From talking to farmers and the relevant organisations, I have become aware of the lack of consultation, which Brian Monteith mentioned. In his initial letter about the rationalisation programme, the minister said:

"In the interests of effective control, the service has in recent years been centralised in larger offices, so that the whole of south-east Scotland, for example, is served from Galashiels and most of north-east Scotland is served from Inverurie."

The letter also says that one site gives "more effective control". I ask the minister to explain what is meant by that phrase.

After the north-east and the south-east, it would seem that central Scotland is the next piece of the

jigsaw. Perth is proposed as the site of choice for the office, with the Stirling, Forfar and Dundee offices closing. Options have been considered, but I gather that there was no consultation either with farmers or with their union before it was decided that Perth was the most attractive option.

The minister's letter explains that centralisation at Perth is

"the most economical option, as there is little justification for the significant extra costs of retaining a number of smaller offices within a relatively confined geographical area."

Farmers in the Stirling area refute that statement, particularly on the ground of the large distances that would be involved in travelling from Balfron, Loch Lomond and other areas. As Brian Monteith said, some people might have to make a 70-mile trip each way to the nearest office. I was asked to tell the minister that farmers have little time for travelling such great distances at the moment.

It has been argued that Perth is the most convenient centre as there is a major agricultural market there, but farmers in the Stirling area argue that Perth is not a busy market and that few farmers from the Stirling area use it. As there are two markets in Stirling and two abattoirs, Stirling would be by far the best choice. Kildean mart also has NFUS offices and associated shops for farmers.

A final, and valid, point is that given all the difficulties arising from foot-and-mouth disease, this is not the time to be considering a move towards rationalisation. A compromise suggested by Niall Bowser, the local NFUS representative—Brian Monteith mentioned his proposal but he did not mention his name—is that if rationalisation goes ahead, a SEERAD official could be present at the markets where offices are to be closed so that farmers can undertake transactions there rather than have to travel all the way to Perth. I would support that if the inevitable happens—although I hope that it will not happen. I hope that Niall Bowser has written to the minister about that proposal, as he promised he would, and I hope that the minister will give us his comments on it.

I argue that the minister should rethink the policy, particularly in this difficult time for farmers. The offices should not be closed and the situation should remain as it is for some time.

17:23

Shona Robison (North-East Scotland) (SNP): I congratulate Brian Monteith on securing this debate. I will restrict my speech to a few remarks about the Scottish Executive's regrettable decision to close SEERAD offices. I will concentrate on the closure of the office in Dundee, about which representations have been made to me. I am concerned about the lack of consultation, which Sylvia Jackson has highlighted. Perhaps the minister could outline what level of consultation there was on the closure of each local office.

The loss of those civil service jobs is a big loss to Dundee—the city with the lowest number of civil service jobs per head of the population. The decision has made that bad situation worse. Many of us have been involved in trying to attract civil service jobs to Dundee and have met with limited success—with, for example, the decision to locate the Scottish Commission for the Regulation of Care in the city.

The arguments for dispersing civil service jobs as far as possible are valid. It seems strange, as Brian Monteith said, that that policy is almost being reversed. I will plug Dundee somewhat. Its good transport and communication links and the fact that it provides good cost savings as a location for civil service jobs are arguments to increase civil service jobs in the city, rather than to decrease them.

I say to the minister that we need more of the policy of dispersal in action. That action must be speeded up. I hope that he will keep Dundee in mind as he speeds it up. I also hope that he will answer some of the valid questions, which many members have highlighted, about the decision, the process by which it was made and the lack of consultation of relevant groups and organisations.

17:26

Mr Keith Raffan (Mid Scotland and Fife) (LD): At the heart of the debate lies the impression that SEERAD is more concerned about the effective control of various agricultural schemes than about providing an efficient service to the farming community. That impression is held widely. The proposed closure of the Stirling, Forfar and Dundee SEERAD offices is causing widespread concern, especially as the local farming communities that will be affected have not been consulted.

I have received representations from National Farmers Union branches and individual farmers in Stirling and Angus. The proposals are a blow that is felt particularly keenly because the farming community is still reeling from the combined effects of foot-and-mouth disease, BSE and the high pound. At such a time, farmers' need for advice and support is especially high. For many in west Stirlingshire and Angus, as much as 70—or even 90—miles will be added to a round trip if services are centralised in Perth.

Farmers have no option but to use the SEERAD offices if they are to access support, for example to pick up labels for consignments of seed potatoes. Farmers are understandably reluctant to post cattle passports because of their importance.

I know that it is envisaged that those passports will not be required for beef special premium applications in the longer term—that is the phrase that the civil service uses—but that is not the position now. The phrase "in the longer term" has all the characteristic and ominous vagueness that is typical of the civil service. At the very least, the Executive should postpone the closures until electronic claims and applications can be made and farming is in a better state.

Why has there been no consultation? It is not satisfactory to say that consultation has not been carried out prior to previous closures. Saying, "We will consult on the implementation of the plans once we've imposed them" is not acceptable. I understand that SEERAD says that the proposed closures are not prompted by savings but by the end of a lease on two buildings—in Perth and in Dundee. What, then, is the point in SEERAD saving at least £110,000? The saving may be more. I would be grateful if the minister would confirm the amount and tell us what the money saved will be spent on. What is the sense in that saving when the department, as members have said, has an underspend of £60 million? What is the logic in, as a result, imposing an extra financial burden on hard-pressed farmers who cannot afford it?

There is no consistency in the application of the Scottish Executive's policy on local offices. On the one hand it is decentralising from Edinburgh. The minister's department is a good example of that with the announcement that the Scottish Water headquarters will be in Dunfermline—which, by the way, I welcome. However, while the Executive decentralises from Edinburgh, it centralises regionally.

There are 19 SEERAD offices, if we include Forfar, which, I understand, is primarily an office of the Department for Environment, Food and Rural Affairs. By my calculation, nine of them are in the Highlands and Islands, four are in the south of Scotland, two are in the north-east—Elgin and Inverurie—but the vast region of Mid Scotland and Fife will be left with only one. Where is the logic in cutting SEERAD's offices to 16 when Scottish Natural Heritage luxuriates in 41 offices throughout Scotland? I am the last person who would want to cut the number of SNH's offices, but if the Executive is going to rationalise, it should have a consistent policy of rationalisation that applies to every Government department and to every quango. It is not doing that; there is no logic in what it is doing and that is why there is so much anger.

I look forward to the minister's detailed response to the points that I have raised. I always use that phrase when I write him letters and I usually do not get as much as I would like in return. I hope that I will get more on this occasion.

SEERAD might get away with not consulting the farming community, but the minister and his department are accountable to the Parliament and the chamber and we are determined to hold him so.

17:30

Murdo Fraser (Mid Scotland and Fife) (Con): I congratulate my colleague Brian Monteith on securing the debate. He, like other members who have spoken, has been lobbied. I, too, have been lobbied by the NFU branch in Angus over the closure of the offices in Dundee and Forfar. I understand that there was no consultation of the local NFU branch by the Scottish Executive.

The office in Forfar is small and consists of only two members of staff, both of whom are vets. That is not so important in the broader scheme of things, but the office in Dundee is important, because it is the local office for farmers in Angus. Local members of the Angus branch of the NFU expressed the view that the decision was taken on purely financial grounds, with no consideration for the additional burden that it would place on local farmers, who are already struggling under the piles of paperwork and red tape that Government bodies have imposed on them.

The closure of the office in Dundee will have a huge effect on potato farmers in particular and on seed growers in Angus. The procedure at present for potato seed growers is as follows. An order comes in and the seed grower telephones SEERAD to give it the particulars of that order. The farmer then has to make a trip to the SEERAD office to pick up the labels for that order. The farmer then dresses the potatoes, bags them up and labels them. A representative of the department then has to visit the farm to inspect the order. There may then be another trip for the farmer for further paperwork. Each visit, if taken from north Angus to Perth, can take upwards of an hour.

The inconvenience of the arrangement works both ways. The farmer and the representative of the department face trips up and down the A90 or the A94 between Perth and Angus to deal with the paperwork. The journeys will take at least twice as long as they would if farmers could make a quick trip into Dundee. In the peak season, a tattie seed farmer from Angus might make two or three trips to the SEERAD office every week. The centralisation of the offices in Perth will be an additional burden on the already overburdened farming industry. The situation is worse for farmers from Arbroath or Montrose, whose choice is to go to Perth or all the way to Thainstone, which is near Inverurie.

The closure of the offices and the lack of consultation with local farming representatives highlights the breakdown in communication between Government officials and local farmers. In previous years, the local staff in the department knew the farmers in the area and there was more two-way communication. In recent times, that has been eroded and the loss of local offices will make matters worse. At the moment, 18 SEERAD offices serve the eight areas and farmers are stretched in dealing with the paperwork. Will the minister say whether the closure of the three offices is a Trojan horse for the closure of more offices and for further centralisation of services? If that is the case, it is deplorable and will increase the burdens on farmers.

I want to take issue with something that Sylvia Jackson said. There should not be competition between different areas for new offices. We should try to maintain the current arrangement of having local offices that are readily accessible to the farming community.

Dr Jackson: I pointed out that I was representing people in Stirling constituency.

Murdo Fraser: That is a fair point. Perhaps I misunderstood Dr Jackson. I thought that she made a bid for the new office to go to Stirling.

Dr Jackson: Farmers sometimes argue that Stirling is more central than Perth.

Murdo Fraser: I appreciate that the member has a local interest to consider, but from the point of view of farmers in Angus, Stirling would be a much worse location than Perth, because they would have to travel even further.

I look forward to hearing the minister's response to my comments, particularly on the extra burdens on the farming community and the lack of consultation.

17:34

Bruce Crawford (Mid Scotland and Fife) (SNP): I thank Brian Monteith and congratulate him on securing the debate. I apologise to him as I did not fulfil my duties: I should have signed his motion, but I did not notice it until it appeared in today's business bulletin.

For some time, the Scottish Executive environment and rural affairs department and the ministers at its head have argued that there are reasons of economic efficiency for the moves that they are making. The department might argue that—although I think that Brian Monteith made some good arguments to the contrary—but the moves, whether they are efficient and effective for the department, are certainly not efficient or effective for farmers, who will suffer following the reorientation of services.

As we are more than aware, farmers throughout Scotland have put up with a hell of a lot in the past few years. They have been through the mill with BSE, E coli, salmonella and foot-and-mouth disease—the list could go on. After all those problems in the farming industry, the one thing that we should not do is remove services from farmers' communities, where their businesses are based. This is the time, more than any other in the farming industry's history, when farmers need support. To start a process of centralisation, when—instead of that—many more people are required to give help on the ground, beggars belief. The way in which the department is dealing with farmers, particularly in the areas affected by the forthcoming changes, indicates an approach that is not customer oriented, but that stems from a culture of introspection.

I want to comment on what Sylvia Jackson said about the choice of locations. I, too, could argue that Stirling would be a better base than Perth, but if we pursue such arguments, we are allowing ourselves to be divided and ruled. In the circumstances, we cannot argue for different locations, one against the other. Everyone who represents all the communities concerned should tell the minister clearly and in very strong terms that we do not accept the decision that has been taken and that we ought to reconsider how we deliver services in future.

It is all well and good for the Executive to come out with grand policies on agricultural strategy—I thought that some of that was good and I agreed with some of it, but I also disagreed with a lot of it. In any case, decisions such as the one that we are discussing begin to undermine all the strategic documents that have been produced, because of their effect on farmers in the communities concerned.

Brian Monteith mentioned particular problems in west Stirlingshire. The problems that exist around such communities as Balfron and Strathblane relate not only to the extra travel time or the cost of fuel involved in making a longer journey; when farmers in such areas are not on their farms doing the work that they should be doing, they require to bring in labour—and cover the additional labour costs—so that work on their farms may continue.

Brian Monteith also spoke about information technology and demographics—farmers who are a bit older and who are unsure whether they should enter the IT world and send stuff down the line. Those were good points, but even if all farmers were IT-literate, the decision to move the department's offices at this time would still be a bad one.

There is anger, disbelief and disillusionment in the farming community. If the minister is saying that that does not exist, or that there is not real

concern out there, he is burying his head in the sand. I hope that he can come up with answers to some of the questions that have been put to him.

17:38

The Deputy Minister for Environment and Rural Development (Allan Wilson): I am grateful for the opportunity to wind up the debate and I thank all members for their contributions.

It is a bit unfortunate, to say the least, that the motion is based on such a fundamental misunderstanding of the reasons behind the decision to close the Scottish Executive environment and rural affairs department's offices in Stirling, Dundee and Forfar. We are not closing them simply to reduce annual running costs, as has been suggested; we need a new office because the leases on two of the existing offices—those in Perth and Dundee—will come to an end by this time next year and, for various reasons, we cannot extend those leases. In the case of Perth, that is because part of the building is being demolished to make way for a new development. We have no alternative but to move to a new site.

Bruce Crawford: Will the minister give way?

Allan Wilson: I wish to develop my point, but I will be happy to take Bruce Crawford's intervention afterwards.

It is as well that Brian Monteith prefaced his remarks by accepting the need for efficiency changes—a move that might well have been adopted by his colleague, who described the closures as deplorable. In fact, I did some research before the debate, as I am wont to do. I noticed that, in April 1988, the Dingwall office was closed and its was work taken over by the office in Inverness. In October 1989, the Cupar office was closed and its work was taken over by the Dundee office. In September 1993, the Aberdeen office was closed and moved to Inverurie. Also in 1993, the Keith office was closed and its work was taken over by the Inverurie and Elgin offices. In 1994, the Glasgow office was closed and moved to Hamilton. In 1994, the office at Saughton House in Edinburgh was closed and moved to Galashiels. More astute members will have noticed that all those closures took place under the previous Tory Administration.

Mr Monteith: Does the minister accept that there are not many farmers in Glasgow or Edinburgh, but that farmers are to be found in the areas around Hamilton and Galashiels? Many people believe that the moves to which the minister refers brought the service closer to them, rather than taking it further away.

Allan Wilson: I was making a point in response to my friend Keith Raffan's comments about the need for a consistent policy of civil service decentralisation to deliver a more effective and efficient service to the farmers to whom Brian Monteith refers. That policy was pursued actively by my predecessors.

Mr Raffan: Perhaps the minister can explain his logic to me, because I am lost. How is the Executive providing farmers with a more efficient service by forcing them to make a round trip of an extra 70 to 90 miles, which will add to their costs? They do not have an underspend but SEERAD has a huge underspend.

Allan Wilson: I will come to what Mr Raffan describes as an underspend in a minute.

As members know, the emphasis is on more effective and efficient service delivery. I am sure that Mr Raffan would agree that that does not necessitate the customer's coming to the office in every instance. In fact, a better and more efficient service can often be delivered, particularly in the instances to which Mr Raffan referred, either by post or by electronic communication.

I do not believe that any reasonable person—and I know that all of us in the chamber are reasonable persons—would agree that, when a major investment such as a new building is planned, it makes sense automatically to provide an exact replacement for what existed before. That is why we considered the four options for local offices in the part of Scotland to which Mr Monteith referred.

We could have opted for minimum change. That would have meant no new building and finding alternative accommodation in Perth and Dundee, as others have advocated. However, if we had taken such an approach, we would have failed to take account of experience elsewhere in the area office network, which has shown that a more effective operation can be delivered from a single site. Operating from a single site eliminates the risk of inconsistency between offices and unnecessary duplication of effort.

Sylvia Jackson asked what was meant by the phrase "more effective control". Although staff provide guidance, their main role is to process efficiently European Union grants and subsidies, in order to avoid disallowance. It is essential that that work is done consistently. It is much easier to ensure that it is if staff are located on one site.

We considered to what degree we should rationalise the structure in that part of Scotland. As well as considering the option of combining the staff from the Stirling and Dundee offices and the work that they do with the staff and work of the Perth office in a new building, we considered the option of leaving either the Stirling or the Dundee office open. When we compared those two options, cost was one consideration.

Bruce Crawford: There was a long lead-in time to the expiry of the lease on the Perth office. What discussions were held with the owners of the building about extending that lease? What discussions were held with people next door in the brand new building that houses Perth and Kinross Council about relocating the Perth office to that building?

Allan Wilson: We would not be in this position if we had been able simply to extend the existing leases. As I made clear, we are in this position because that was not possible.

Cost was a consideration. To answer a direct question that was put during the debate, figures from three years ago suggest that, over 20 years, the overall effect of our decision on accommodation, staff and running costs will be a net saving of about £700,000.

Murdo Fraser: Can the minister tell us whether the accounting takes into consideration the additional cost to the farming community of travelling to and from the office in Perth? Can he detail the consultation that took place with the farming community when the Executive made its decision?

Allan Wilson: I will deal with the secondary consultation exercise in a moment. My immediate response to Murdo Fraser's first question is that the accounting would not take into consideration additional costs imposed on the customer.

The Executive could have been criticised—no doubt it would have been—by members if we had left one or other of the offices open at additional cost. If we had, members would perfectly properly have criticised us for wasting public money. However, we are being criticised for saving public money—[*Interruption.*] Mr Raffan seems to disagree.

Mr Raffan: Is the minister really telling us that he could not find another office in Dundee, with its high unemployment rate and low number of civil service jobs, which he is desirous of increasing? Is he saying that he could not find another lease on another building in Perth? He refers to the lease and then he tells us how much the savings will be. Where is the logic? Who wrote his speech?

The Deputy Presiding Officer: Please begin to wind up, minister.

Allan Wilson: The number of interventions has taken up time, Presiding Officer.

Of the four options that we explored, keeping the Dundee office would have added considerably to the Executive's costs.

On the underspend, there is a distinct lack of understanding—not for the first time in the chamber—about the difference between slippage in capital programmes and on-going revenue expenditure. I am not surprised by Brian Monteith's failure to grasp that, but I am surprised by Keith Raffan's. Only £24 million of the £66 million SEERAD underspend in 2000-01 was related to rural development, as opposed to the environment. By far the largest element in the rural development underspend was attributable to the late approval by the European Commission of Scotland's agenda 2000 rural development plan. That underspend will be reallocated for expenditure over the remainder of the seven-year plan period.

Dr Jackson: Will the minister give way?

Allan Wilson: I see the Presiding Officer indicating that I should not take an intervention.

I realise that some farmers may have to make a longer journey to visit their local office—that point was well made by colleagues. However, that is already the case elsewhere, where distances are greater. We must put that point in its proper context if we are to provide a better service for customers when they reach the office. The National Farmers Union of Scotland confirmed that it did not expect to be consulted on the Executive's decision. However, I am happy to discuss the detailed implementation of the decision with the NFUS and other representatives of affected farmers and to revise proposals, as required, to accommodate local preferences where possible.

As I said, the motion displays a lack of understanding—I could say that it displays breathtaking hypocrisy, but I will not—of how the department's area office network operates and of the reasons for a move to a new office in Perth. Accepting the logic of the motion would mean that we should not change our existing structure, despite the benefits of doing so. In response to a question that was asked earlier, we have no plans for further rationalisation, as no other leases are coming to an end. The Executive is committed to change and innovation and to making use of new technology to provide a better service. I am sure that we all support the objective of making progress towards better service delivery. but the motion would preclude that.

Meeting closed at 17:49.

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