

MEETING OF THE PARLIAMENT

Thursday 25 April 2002

Session 1

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Scottish Parliament

Thursday 25 April 2002

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

Primary Health Care

The Deputy Presiding Officer (Mr George Reid): Good morning. The first item of business is a debate on motion S1M-3022, in the name of Malcolm Chisholm, on modernising primary health care in the national health service to improve health, and three amendments to that motion. Members who wish to contribute to the debate should press their request-to-speak buttons now.

09:30

The Minister for Health and Community Care (Malcolm Chisholm): Our agenda of investment and reform is a collaborative venture that involves patients and front-line staff wherever they are based. Our focus is the patient and their journey within and across care sectors. Integrated care and single-system working will be required ever-increasingly. In that context, I have a passionate commitment to primary care, which is at the heart of my vision for the future of health care in Scotland.

Our test for new and existing NHS services will be this:

"If it can be done in primary care, it should be done in primary care."

We want people to have ready access to the most appropriate member of the primary care team for such services. We want the services to be part of an integrated, joined-up health and social care system that is designed to meet the needs and wishes of patients. We want primary care teams to drive reform of the NHS, so that people will receive the services that they need, in the right place and at the right time.

Ninety per cent of patient contacts with the NHS begin and end with primary care, which is the gatekeeper to most other parts of the NHS. People value the services that they receive and the staff who provide them. We want to ensure that we continue to develop and enhance those services through our reforms. However, sustainable change will be possible only with the continued support, dedication and hard work of the people who work day in and day out in primary care, caring for patients and working with communities. I thank those staff and pay tribute to all that they are doing and will do in leading change. It is critical that we work in partnership with front-line staff to achieve

the level and pace of change that we need to deliver our vision.

Primary care is also a key element in our health improvement and public health agenda for tackling inequalities and raising the health status of individuals and communities. Primary care must be an integral part of the wider drive for social justice, and primary care teams must work with other agencies and local communities.

This summer's decisions on the near 50 per cent increase in health spending that was announced after last week's budget will link investment to evidence of right-place, right-time care and intervention. Nowhere will that be more important than in primary care. The potential is huge for improvements in the experience of patients and the effectiveness of the NHS. That is why we intend to back local primary care teams in taking a central role in leading reform in the NHS. Those professionals—general practitioners, nurses, pharmacists, dentists, health visitors and others—see patients most often and know best their needs. They must be the leaders of change who drive forward the development of care and the redesign of services around the needs of patients.

The transformation in services has begun. However, to speed up the pace of change, we must give front-line health professionals access to the investment and support that they need. That is why we have announced some £30 million of dedicated additional resources for local services, which will be spent through primary care teams on extra staff and equipment. That is also why I support further devolution of funding and decision making to local primary care teams and why I urge all those who work in primary care to play a full and active part in the high-level review of NHS management and decision making that is now under way. A key part of the review's remit is to focus on the developing role of local health care co-operatives in our unified health care system.

In view of comments that were made on the radio this morning, I want to make it absolutely clear that this announcement has nothing to do with GP fundholding. GP fundholding was bureaucratic and competitive and it institutionalised inequity. We will therefore reject the Conservative amendment.

Of course, we want to give choice to patients—we made that clear last week. Patients and GPs can, for example, express a preference for a hospital that can offer a shorter waiting time. Such referrals can take place without GPs' requiring funds to purchase secondary care. The money can simply be transferred. I await with interest the SNP's position on that. If the SNP amendment refers to the devolution of power and resources to local health care co-operatives in our sense, I could accept it. However, if it means LHCCs

holding funds for commissioning secondary care, I will not support it because it would set up unnecessary bureaucracy.

Ben Wallace (North-East Scotland) (Con): I am grateful for the minister's comments on our amendment. He will know that the amendment uses the words of Alan Milburn, not those of the Scottish Conservative party.

The minister says that the Executive will devolve financial control to PCTs. What is the difference between fundholding and commissioning care at PCT, practice or LHCC level on behalf of the patient?

Malcolm Chisholm: I do not know what Iain Duncan Smith or Liam Fox would think about it, but time and again the Conservatives talk to me about Alan Milburn. They often misrepresent him and that does not win them the argument. Last week, Alan Milburn said that to move patients around the system more easily we must get away from the bureaucracy of contracts. That is my position. We do not need to get involved in that situation. We want more resources in primary care so that professionals in that sector can develop services and lead change.

Improvements for patients are at the heart of this programme of reform. By October, there will be a clear timetable in every NHS board area for the delivery of 48-hour maximum waits to see the right member of the primary care team. Patients throughout the country will also have access to a wider range of services—including minor surgery—close to home. There will be a major drive to cut the bureaucratic NHS paper chase between primary and acute care, through investment in information technology and a new contract between the NHS and GPs. Those measures will reduce delays for patients and increase the amount of quality time that local health professionals are able to spend with patients. We will invest £50 million over the next three years to step up the use of information technology in the NHS, and this year we have added another £2 million to slash the 10 million pieces of paper that slow down the organisation of primary care.

Tommy Sheridan (Glasgow) (SSP): On the time limit for an appointment with the appropriate primary care professional, where does physiotherapy fit into the Executive's plan? Constituents who come to see me and who are trying to get physiotherapy appointments often complain that the difficulty is in having to go to a GP simply to get an appointment, rather than go directly to a physiotherapist. Does the minister plan to expand physiotherapy and make it an integral part of primary care?

Malcolm Chisholm: Tommy Sheridan has highlighted another part of the primary care reform

agenda. Sometimes, people must go through too many stages before they reach the appropriate professional. Physiotherapy is an area in which that happens; optometry is another. Waiting times for treatment for eye conditions has been dealt with by cutting out some of those stages. The general point that Tommy Sheridan makes is absolutely valid.

We also want to take steps to ensure that best practice becomes common practice throughout Scotland. There will be a major drive to encourage collaboration in primary care—for example, by funding more locum covers—so that professionals in one part of the country can share experiences systematically with those in other areas. The need for best practice to become common practice runs through the recent report of the primary care modernisation group, which is aptly entitled "Making the Connections: Developing Best Practice into Common Practice". The report identifies specific priorities for action, including improving access to services, better chronic disease management in the community and improved mental health services in primary care. I support those priorities, which are at the heart of our immediate reform agenda.

I referred to dedicated additional resources of £30 million to primary care teams. LHCCs are currently investing that money in a range of services for patients. I had intended to speak at greater length about our continuing investment but, as time is passing so quickly, I will refer only briefly to the £30 million tranche and to the £48 million for 100 high-quality modern premises projects throughout Scotland, many of which will bring primary care professionals from different agencies together to provide one-stop services. An excellent example of that is at Dalmellington in Ayrshire, which I was pleased to visit recently. We will perhaps hear more about it from someone from Ayrshire later.

There is also £18.5 million being invested in personal medical services to enable GPs and their teams to focus on the clinical needs of their patients through more flexible ways of providing existing and additional services and through the best use of professional skills. Examples include improved chronic disease management, improved mental health services and improved services for specific groups such as homeless people and people who have learning disabilities.

I do not want people to think that all this is just a shake-up of primary care. We are stepping up the pace of change and we are taking those who work in primary care with us. They are already signed up to the agenda and are delivering it throughout Scotland.

Additional investment is not just about providing more of the same, but about doing things

differently. It is about ensuring that primary care can drive change and it is about working with front-line staff and with patients to redesign services to provide more comprehensive and better co-ordinated care to individuals and communities.

Service redesign, new technologies, greater flexibilities in the roles and responsibilities of different staff groups, and the stripping out of bureaucracy can all create scope to increase the proportion of time that health professionals spend with patients. Much of the redesign work to date has focused on the interface between primary care and specialist services. For example, in Dumfries and Galloway, a managed clinical coronary heart disease—CHD—network has been developed, which provides care pathways for all health professionals. It identifies what is required at each stage of a patient's care and ensures a uniform approach. That CHD network has been driven by primary care—the project manager is a GP and all the LHCCs in the area have been enthusiastic supporters, as have individual practices. That is a concrete example of what we mean when we talk about redesigning services across primary and secondary care.

Mr David Davidson (North-East Scotland)
(Con) *rose*—

Malcolm Chisholm: I had better keep going because time is passing at an alarming speed. Other examples include cancer care, stroke care, services for the elderly and mental health services. NHS Greater Glasgow, in recognising that mild to moderate mental illness is the biggest reason why patients present for primary care, has developed a framework for primary care mental health services. That framework will be provided by a range of agencies and co-ordinated through LHCCs. Such developments will be key to the development of services in primary care, especially in the care of mild to moderate mental health problems.

We intend to build on the excellent work that is taking place throughout Scotland and to share the innovative work and learning that is emerging from the redesign projects by putting in place a national collaborative improvement programme. That programme will help to create the infrastructure and the resources that will support the wider implementation of best practice. The first programme of work, supported by the primary care modernisation group and the Scottish diabetes group, will tackle demand and management of access within primary care and will support the implementation of aspects of the Scottish diabetes framework.

A number of other measures can help to improve access to primary care—I will mention just three. The introduction of NHS 24—which will commence this spring in the north of Scotland—

will become an important gateway to the NHS. It will provide quality-assured nurse telephone advice and an authoritative source of health care information. Where appropriate, it will direct referral to primary care professionals, accident and emergency services or the ambulance service.

The development of nurse triage and nurse practitioner services in general practice, as the first point of contact for urgent problems, will ensure that patients get to see the most appropriate member of the primary care team. That will deal effectively with minor illnesses and injuries.

Expansion in the scope of nurse prescribing in order to provide more accessible patient-centred services will also be an important development. Specially trained nurses will be able to prescribe from a range of products. That will support their growing role in treating minor illnesses and injuries, and will enable them further to develop their role as the first point of access for patients.

We also aim to maximise the expertise of pharmacists who, of all health professionals, have the widest knowledge of the science and use of medicines. At present, only doctors can change a patient's dosage. In conjunction with the Department of Health, we plan to introduce pharmacist prescribing to allow pharmacists to adjust doses in repeat prescriptions. That will help to prevent medicine-related hospital admissions, provide greater convenience for patients and their families and reduce GPs' work loads.

So many things are happening in primary care that I will simply mention in passing the joint future agenda—we have discussed it on many occasions. I would also like to highlight the provision of intensive home care and of rapid response teams to prevent admission to hospital and to facilitate discharge from secondary care.

I have made general reference to local health care co-operatives, but I highlight the recent appointment of public health practitioners, who will provide a vital resource for LHCCs. Public health practitioners will act as linchpins for actions to improve the health of local populations, as catalysts for change and as links to other agencies and communities. Everything will be done in collaboration with patients and front-line staff. There is public involvement in primary care, but I apologise for not having the time to go into it in detail. I assure members that public involvement is of fundamental importance to us.

I will move on to discuss the work force. Recruitment and retention is crucial to the development of primary care. We have agreed incentive packages for GPs, such as the £5,000 that is available to a new GP on joining the NHS

and the further £5,000 on average to every new GP who joins a practice in a deprived, remote or rural area. We are piloting the World Health Organisation's family health nurse model in some of our remotest communities. The family health nurse will be a generalist community nurse who will focus particularly on the health needs of families and the communities that they live in. I look forward to visiting some of those people in the Highlands in the first half of May.

I am well aware that, in some remote and rural parts of Scotland, there are difficulties in recruiting and retaining dentists to provide NHS services. I am pleased to announce today an initial package of measures to help address this situation—which we have agreed with the profession—worth about £1 million. That package includes: funding to support a vocational training place for every dentistry graduate in Scotland; allowances of £3,000 to each newly qualified dentist who takes up their training year in a remote and rural area; allowances of £5,000 over two years to vocational training dentists who have completed their training and who commit themselves to the NHS; and allowances of £10,000 over two years to those who take up similar positions in remote and rural areas. Mary Mulligan will announce the details of that in a little while.

The new GP contract will also address recruitment and retention. The contract is fundamental to ensuring that general practice is effective, responsive and that it provides high-quality services that are free from the bureaucracy of the current system. The framework for the new contract was agreed last week between the NHS Confederation in Scotland and the UK general practitioners committee. The health ministers for all four countries have agreed to the principles that underlie the framework. I am confident that it will provide the foundations for a better deal for patients, GPs and the NHS in Scotland.

For remote and rural areas, the work of RARARI—the remote and rural access resource initiative—is examining innovative solutions to the problems of recruitment and retention of staff.

An important report on medical work force planning will come soon from Professor John Temple. Professor Gillian Needham has also produced a report—“Planning Together”—on work force planning more generally. On the back of those reports, we will produce an action plan on work force planning and development.

Research is important in order to evaluate what is happening and to establish best practice. We promised in 1998 to double our investment in primary care research over five years. By the end of last year, we had already met that target and investment continues to grow. One of our significant new investments has been in the

Scottish School of Primary Care, which considers the full range of clinical and academic primary care disciplines to improve the evidence base for primary care and to support reform. I look forward to addressing its conference tomorrow and to going into some of the issues in more detail.

I apologise for having to omit some issues. Although it is impossible in 20 minutes to go through the whole primary care reform agenda, I hope that I have managed to outline the direction of travel. I also hope, in speeches over the next month or so, to give further indications of where we see the direction of reform going in the next few months and years.

The advantage of the funding that was announced last week is that it will allow us to make steady and sustained progress on our programme, which is practical and concentrates on delivering improvements in communities. Within the next year, I expect tangible progress in at least three key, but not exclusive, areas: the round-the-clock NHS 24 telephone advice line; the work that is being done to develop health improvement champions in every community; and the development of bigger roles for nurses, pharmacists and others in managing chronic disease.

Above all, we must ensure that extra health resources are used as effectively as possible. Resources must be spent where they are needed most and where they can do most good. That will allow us to move closer to achieving right-place, right-time and right-quality care and intervention for all patients, which I am sure we all want.

I move,

That the Parliament applauds the vital contribution to healthcare and health improvement made by primary care teams across Scotland and supports further investment and reform to improve access and redesign services round the needs of patients.

09:51

Nicola Sturgeon (Glasgow) (SNP): The Scottish National Party is committed to developing and improving primary care. We support and endorse the report of the primary care modernisation group. I agree strongly with the central premise on which the report is based, which the minister cited this morning. It is that:

“If it can be done in primary care, it should be done in primary care.”

Primary care is rooted in local communities. When people are sick, they want to be treated in their own communities, close to their homes and as quickly and conveniently as possible. Primary care also has a huge role to play in the promotion of public health. With the exception of those who face medical emergencies, it is the first—perhaps

the only—and certainly the most regular contact that people have with the NHS. No one is better placed than are those in primary care to disseminate messages and advice about how to stay healthy.

Professionals who work in primary care already cater for the overwhelming majority of patient needs, with 90 per cent of all patient contact with the NHS beginning and ending in primary care. It is vital that those people are recognised properly and valued for the enormous contribution that they make to the national health service. However, they could do much more if they were empowered to do so.

The drive to improve and modernise primary care must have two express objectives. First, it must enable those who work in primary care to maximise and improve what they are able to do for patients in the primary care sector. To that end, the intention to put extra money into the management of chronic disease in primary care, which was a particular focus of the primary care modernisation group report, is welcome. However, there must be a second crucial objective, which is to make primary care the engine room of change for the whole NHS. That would allow primary care to influence, on behalf of patients, the range and quality of services that are provided in the hospital sector. In that respect, Government thinking has a lot of catching up to do.

I want to look briefly at some of the challenges that we must face if we are to meet those objectives. First, if we are to maximise what can be done in primary care, we must address the undercapacity that exists in that sector, as in the hospital sector. As the minister said, recruitment and retention of staff is a major problem.

Since 1997, the number of GP consultations has almost doubled as the shift from acute to primary care has accelerated. However, the number of GPs has risen by only 3 per cent and the number of practice nurses has risen by a similar—extremely small—amount. There is an increasing number of GP vacancies, particularly in rural areas. In places such as Helmsdale, it has proved to be impossible to attract a GP. Newspapers at the weekend carried the story of a Highland GP who resigned from the NHS because of pressure of work and lack of support. It is unfortunate that he is not alone.

The story is the same in nursing. The highest nursing vacancy rates are among health visitors, community and mental health nurses and nurses who work with older people. There are also problems in the recruitment of pharmacists and pharmacy staff.

There is no single answer to those problems, but a range of things can and should be done to aid

the recruitment process. Work loads—particularly GPs' work loads—must be addressed not only for doctors' sakes, but because there is a recurring plea from patients for more time with their general practitioners. I hope that the solution will be provided, at least in part, by the proposed new GP contract. It is crucial that we also make full use of the skills of all members of primary care teams in delivering health care. I will return to that point.

Professionals believe that better training opportunities and support for continuing professional development are essential if the NHS is to attract staff. That issue is important also for patients. The National Asthma Campaign prepared a briefing for today's debate, which says that one in five nurses who run asthma clinics do not have an appropriate qualification. That fact, together with other training issues, must be addressed.

On pay, I hope that members will not disagree that there is a need to increase general pay levels in the NHS. We should also be willing to use pay as an incentive to attract staff to parts of the country or to specialties in which there are shortages. The golden hello scheme to attract GPs to rural and remote areas, which was announced toward the end of last year, might help, but an initial payment of £5,000 might not be enough to overcome the considerable disincentives to working in those areas. Those disincentives include professional and social isolation, long hours and no out-of-hours cover. We should be prepared to consider additional financial incentives to attract and retain staff in areas in which there are shortages.

I mentioned the need to involve fully all members of primary care teams in delivery of patient care. Although GPs are important, there is increasing acknowledgement among MSPs and the general public that primary care does not begin and end with them. A range of professionals can be found in primary care teams and all their skills must be utilised at the right times and in the right ways. That will ensure the best patient care.

Good work is under way to foster genuine multi-professional working in primary care. Examples of positive moves in the right direction include the pharmacy strategy and the piloting of nurse and pharmacist prescribing. However, many primary care professionals continue to feel undervalued and underutilised. The primary care modernisation group report highlighted the fact that community pharmacists—who dispense 125,000 prescriptions every week—represent "significant untapped potential".

The primary care modernisation group's report also states that direct access to physiotherapists can lead to a reduction in tertiary referrals and the number and cost of prescriptions and X-rays. It

can also lead to a reduction in waiting times. However, patients can still often access physiotherapy only through a GP and waiting times are still measured in weeks rather than days.

The report talks a great deal about reducing the role of the GP as the gatekeeper of the NHS and about ensuring direct access to the relevant member of the primary care team. However, more needs to be done to make that a reality. One way in which to do so might be to make more use of nurse triage services in general practice and another might be to put nurses more into the primary care front line.

There might also be a case for more radical change. One of the debates that will take place this week at the Royal College of Nursing congress in Harrogate is entitled "Do patients need to register with a GP?" That question raises the possibility of a move away from the GP list system to one in which patients can register with the primary care provider of their choice. If there is a genuine desire to put patients at the heart of primary care, that idea and others are worthy of consideration. That is also the case if the Government's pledge that there will be

"access to a member of the primary care team within 48 hours"

is to become a reality. Better access for patients dictates that more investment than has previously been made available must be made if we are to improve primary care premises.

I turn to the second objective in the modernisation of primary care, which is to empower those in primary care to be the levers of change in the NHS. It is welcome and right that we will give more money to LHCCs so that they can provide more primary care services, but LHCCs need more than money. They need the power to spend money, not only to improve primary care, but to influence the range and quality of hospital services that are available to patients in their areas. LHCCs are closest to patients—they have the best understanding of local communities and they should be able to ensure that local needs are catered for.

Malcolm Chisholm says that he wants to devolve resources and decision making to LHCCs, but he is not clear about what he means by that. In my view, that measure will necessitate giving LHCCs the power directly to commission services from the secondary sector.

Malcolm Chisholm: With respect, I think that I was clear about that issue. The GP and the patient will decide together, using the waiting times database, whether the patient should go to another hospital. The transfer of money can take place without the GP having the bureaucracy of

holding funds. The objective can be realised without that bureaucracy. I share the objective that patients, with the guidance of their GPs, should have the choice to be treated somewhere else. The funds for secondary care do not have to be in the hands of GPs to achieve that objective.

Nicola Sturgeon: The problem is that many people in the front line in primary care would disagree with that. They say that they are in practice denied that power. I will come to the database in a moment. Primary care professionals require commissioning powers if they are to influence the shape of services, which would allow the professionals to ensure that services reflect the needs of communities. Those powers would also have the advantage—which the minister mentioned, but which many people including patients and professionals in primary care do not believe exists—of enabling primary care professionals to help drive up standards in hospitals on behalf of their patients.

Much was made last week of the fact that waiting times for all hospitals are to be published on a database—which the minister mentioned—for patients to scrutinise. I am all for that, because patients in Scotland have far too little access to information about the performance of the NHS. It is vital that we have stringently monitored and rigorous national standards, and that results are published for public consumption. The implication and logical conclusion of that is that patients will be able to use the information to influence how and where they want to be treated. The minister claims that that happens at present, but that is not the experience of those in the front line. Unless those who refer patients to hospitals have the power and financial muscle to effect decisions on behalf of patients, the minister's claims are no more than rhetoric.

Malcolm Chisholm: I will be brief. Currently, patients and those who refer them do not have the information and that is why the database is crucial. When the information is available, there will be nothing in the system to stop referrals.

Nicola Sturgeon: That is how the Scottish Executive analyses the situation, but the British Medical Association analyses it differently. The BMA thinks that to give patients choice, LHCCs require commissioning power to provide the muscle. That is a difference of opinion, but in this case, the Scottish Executive is wrong and those who are in the front line of delivering primary care are right. The Scottish Executive would do well to listen to them.

If patients have genuine power to choose through primary care, they will become a powerful lever for change in the system. I do not agree with everything that Alan Milburn says and does—or even the majority of it—but he is right to seek to

devolve 75 per cent of the NHS budget to primary care organisations and to put them in the driving seat of commissioning services. We should aim for that not—as the Tories want—in order to open up the health service to private providers to make profits from patients, but to ensure that patients have access to the best available care in the NHS, and to ensure that there are incentives for those who provide care to do so to the highest possible standards.

A move in that direction would have implications for primary care trusts and for LHCCs; primary care trusts would become redundant and should be abolished in order to reduce the bureaucracy to which the minister referred in his opening remarks.

At present, the structure of LHCCs is not prescribed. The diversity and ability of LHCCs to reflect local circumstances are thought by some people to be strengths. However, if LHCCs are to become budget-holding and commissioning organisations, they must be expected to meet certain standards. For example, they must include all professional interests in primary care—some groups, such as pharmacists, currently feel excluded—and they must represent patients' interests. LHCCs must become more accountable to the public and to patients. I believe that LHCCs have enormous potential to turn the power structure of the NHS on its head and to put power in the hands of the people who count—the patients.

Although the debate is about primary care, patient experience in the acute sector remains crucial. The shift of emphasis from acute care to primary care is right; I do not know of anyone who disagrees with that. However, as I have said repeatedly, that shift must not be used as an excuse to cut capacity in the acute sector to the point at which the sector cannot cope. The biggest frustration for many people who work in primary care is not the inadequacy of the service, but the delays and inconveniences that are experienced when a patient is referred to hospital. Waiting lists are up and waiting times are growing, which are sure signs that the acute sector is not coping, despite the best efforts of those who work in it. The reason is lack of capacity. There are 700 fewer acute beds now than there were in 1999 and staff shortages are crippling the service. Development and improvement of primary care are essential, but they must not be at the expense of the acute sector.

The debate is important. There are many challenges in primary care, but there might also be many exciting opportunities if we are all prepared to forget our hang-ups and to grasp those opportunities in the interests of patients.

I move amendment S1M-3022.2, to insert at end:

“including greater devolution of power and resources to local health care co-operatives to support and empower primary care teams.”

10:06

Mary Scanlon (Highlands and Islands) (Con):

The debate is interesting. I cannot quite make up my mind whether Malcolm Chisholm wants to admit that he has gone back to GP fundholding, devolved budgets and choice through additional information. At the end of the day, that is what we are going back to. The minister would gain more respect if he said, “We have got it wrong for five years.”

Malcolm Chisholm: This is the first time that we have had a discussion on the issue. I welcome the discussion. We must be absolutely clear that when we talk about devolving funds and decision making, we do not mean holding funds for secondary care. We believe that patient choice can be delivered without GPs having the bureaucracy of holding funds for secondary care. In the interests of the debate, Mary Scanlon should be clear about where we agree and where we disagree.

Mary Scanlon: I am pleased that the minister agrees with some of what I said.

The minister said that he is passionately committed to primary care. GPs in the Highlands are so passionate about his commitment to primary care that 10 per cent of them have walked out in recent years. None of them says that they need a golden hello payment or an extra few quid a year. Those have never been reasons for leaving. I value the primary care modernisation group report and the fact that the minister intends to listen to GPs, but if he thinks the matter is simply about golden hello payments, he has missed the mark.

I welcome the minister's endorsement of best practice becoming common practice and of the excellent work that is done in Dumfries and Galloway's managed clinical network for heart disease. My colleague David Mundell lodged a motion on that topic. He visited GPs and others who are involved and brought the matter to my attention. Many Conservative and SNP members have signed the motion, but not one member of the Labour party has done so. When we find excellent practice, which is endorsed in the modernisation group report, the minister should be big enough to ask his party members to support it.

One aspect that was missing from the minister's comments on one-stop shops in primary care was the voluntary sector, which has an enormous role. This week, I spoke to a representative of the Church of Scotland. Its work on drug problems and alcoholism—from detoxification and

rehabilitation through to rehousing and support accommodation—should be welcomed. I hope that the minister will find a place in the new structure for the excellent work of the voluntary sector.

Before I begin the main part of my speech, I will deal with the joint future group. At yesterday's meeting of the Health and Community Care Committee, we were told that Edinburgh alone has 527 blocked beds, which has an obvious impact on the acute sector, patients and the primary sector. Although the minister talks about joint futures, joint working and partnership, we must consider the reality that, of Scotland's 3,000 blocked beds, 527 are in this city.

I am pleased that we are debating primary care. As a member for the Highlands, I can certainly confirm that primary care is in crisis. The Executive's reforms of the past five years have created the crisis. Dr Murray of Lochcarron described the provision of health care in rural areas as being in a state of near collapse. It is now impossible to register as an NHS patient with a dentist in Inverness and in most parts of the Highlands but, on the east coast of Caithness and Sutherland, it is becoming almost as difficult to access a local doctor. With 139 vacancies for dentists in Scotland and more than one third of GPs in their 50s, manpower planning is in serious crisis.

Like the SNP, we would support more nurse-led care, but those nurses must be appropriately trained for the responsibilities that they undertake. According to the National Asthma Campaign, 20 per cent of nurses who currently run asthma clinics do not have the appropriate qualifications. At yesterday's RCN conference, we heard via videolink that many nurses have difficulties in accessing training funds. If we expect nurses to do more, we must give them the support and training.

In the Highlands, many people with epilepsy have never seen a specialist and have never been given an accurate diagnosis. Many of them have been on the same medication for years, despite the new and more effective drugs that are now available. I agree that we should bring primary care into the health care team because it has an enormous role to play, but we need to ensure that budgets are available for training. We must also ensure that accurate diagnoses are carried out, in particular for neurological problems, before embarking on continuing care.

We support the placing of chronic disease management of diabetes, asthma, epilepsy and mental health within primary care, but we do so only with the proviso that there must be proper support. According to the RCN, fewer than four in 10 nurses feel that their employer enables them to keep pace with developments related to their job. Physicians and consultants have in many cases

accessed the training fund, but I hope that equal access to training will be allowed to nurses.

On the radio this morning, the health minister said that things that could be done in primary care should be done in primary care, but the minister should acknowledge the truth that, under GP fundholding, things were increasingly being done in primary care. I hope that the devolution of budgets to the LHCCs will enable and empower them to utilise the skills and experience of the primary care teams.

The minister also mentioned that no new money would be made available for primary care this year and that he has set out the direction. By the time the minister decides to allocate extra funds to GPs in primary care, it might just be too late.

Malcolm Chisholm: I am sure that Mary Scanlon does not need reminding that no new money has been allocated over and above what has already been announced, which is an increase in excess of 7 per cent. Historically, that increase is extremely high.

Mary Scanlon: We need only look at the figures to see what is happening. The proof of the pudding will be when GPs and others stop walking away from the health minister. What will the minister do to encourage GPs who have walked away from the profession back into the fold, to deliver the health care for which they were trained?

Last week, Dr Joiner resigned, citing a long list of reasons for dissatisfaction. Let me read from the letter that he sent to his patients:

"I find the administration increasingly difficult to work with and the demands of the new financial bosses completely unacceptable. The reasons that I have decided to resign are common to several senior doctors in Scotland—especially in the Highlands: being single-handed, onerous out of hours responsibility and the administrative demands of our bosses."

The problems are not all about pay and Dr Joiner is not alone. In the past six months, 10 per cent of GPs in remote and rural areas have resigned. There is a great deal of frustration in their cries for help. For example, Dr Macleod of Glencoe and Ballachulish paid £20,000 of his own money to employ an associate GP, but that was not accepted by Highland NHS Board because it did not fit into the favoured new PMS model, which does not encourage that kind of approach. I believe that we should listen to Highland doctors such as Dr Macleod, who know exactly what their patients need, what doctors need and how to work together to provide the best level of care.

The problems in the Highlands are critical—*[Interruption.]*

The Deputy Presiding Officer: Order. I will not allow the private dialogues that are taking place

behind the member who is making her speech.

Mary Scanlon: Mike Rumbles could not behave if he tried, but we have got used to that.

The Highlands did well out of the Arbutnott formula, which provided additional funding to reduce inequalities in, and increase access to, health care. However, the opposite of that has happened. Many communities rightly fear the loss of their local doctor. I appreciate what the minister said about physiotherapists, ambulance teams, podiatrists and district nurses but, at the moment, Highland communities cannot see that any acceptable substitute is in place. People see that they are losing their contact with the NHS and that nothing else appropriate is being put in its place. It is not surprising that people will be canvassing the Health and Community Care Committee when it visits Inverness next week.

It is not surprising that people are worried. Waiting lists are up by 10,000 since 1999. Waiting times are up. There is a record number of blocked beds. Those things are not the responsibility of GPs but, as GPs have the only open door in the NHS, they usually find that they are the focus of people's anger and frustration. Less than 7 per cent of health spend goes to GP services. Despite the fact that 90 per cent of patient contact with the NHS occurs at the GP surgery, over the past five years the number of consultant posts has increased by 19 per cent while the number of GP posts has increased by 3 per cent.

The absence of primary care commissioning in Scotland needs to be addressed. Fundholding is needed to support local decision making and to ensure more empowerment, so that the NHS is more responsive to patients' needs.

I realise that my time is almost up, but I am pleased that Labour has reversed some of its dogma. I am pleased that it has gone back to some basic Tory principles. The Executive has not quite got there yet, but I welcome the U-turn. How will the Executive reverse the damage that has been done in the past five years?

Let me use my last few seconds to talk about primary care teams. A few weekends ago, I went out with the police in Inverness. During the evening, there was a problem at accident and emergency, when the staff could not cope with a patient. The police were called and the suicidal patient was locked in the cells. The police phoned the primary care mental health team but got no co-operation, despite there having been an attempted suicide a couple of days earlier. I was shocked that the police had to charge an attempted suicide victim with breach of the peace in order to keep the person in the cells. There was no hope of a call-out from a GP to treat a prisoner in the police cells.

Any new initiative must include not only the primary care team but the voluntary sector and the police, who often become the dumping ground for many of the NHS's problems.

I move amendment S1M-3022.3, to leave out from "applauds" to end and insert:

"notes that in order to improve primary care local health care co-operatives should be free to purchase care from the most appropriate provider, be it public, private or voluntary, and the incentives gained by the purchasing of such services should be used to underpin patient choice; further urges the Scottish Executive to continue to use private providers where they can supplement the capacity of the NHS and provide value for money, and asks the Scottish Executive to make available to patients information on alternative providers and on waiting lists and times to allow patients to exercise real choice."

10:19

Tommy Sheridan (Glasgow) (SSP): The Minister for Health and Community Care said that his speech was a statement on the direction of travel in which the NHS is moving and the direction of the reform that is under way. I am also looking for a statement that the rot is going to stop, and that more public money in the national health service will not lead to higher profits for the private sector.

This morning, I am looking for the Scottish Executive to make a clear statement that it will not go down the same road as England and Wales and open up a vista of even greater opportunity for the private sector by increasing the devolution of power to GPs and allowing them to access private sector health. I am looking to the Deputy Minister for Health and Community Care to state clearly in his summing-up speech that the private sector has no role whatever as an aid to the public health service and that it is, in fact, a parasitic disease for the public health sector.

I will turn in a moment to the specifics of primary care, which is of course linked to secondary care and other parts of the sector, but I will say first how appalled I was—as I am sure other socialists or former socialists were—to hear an advert for HCI on Radio Clyde yesterday. It paraded the fact that people waiting for a hip-joint replacement operation would have to wait no longer, as they could get it done in weeks for under £6,000 if they went to HCI. The other part of the advert involved the actor telling their friend that they were waiting for a magnetic resonance imaging—MRI—scan, to which the reply was that they could get it done with HCI in a matter of days instead of months.

I hope that the deputy minister, when he sums up, will take the opportunity to state clearly that extra funds for the national health service will be for public services within the NHS and will not be directed to open up any more private profit

bonanzas.

Mr Davidson: Is Tommy Sheridan proposing that we nationalise all the services provided by community pharmacies, dentists and everyone else? They are all private sector contractors.

Tommy Sheridan: The member will be aware of my position in relation to pharmacies and the pharmaceutical industry. GlaxoSmithKline announced its profits only last week. It is now making £6 million a day in profit from our health service. It is not beyond the vision of the people of Scotland to invest instead in a publicly owned pharmaceutical industry in which research and advancement are based on treating people and providing cures instead of trying to extract as much profit as possible.

The Deputy Minister for Health and Community Care (Hugh Henry): I will attempt to answer some of the questions put by Tommy Sheridan, but it would help me in trying to frame those answers if he could indicate exactly what he means in his amendment. Is he proposing that we end the self-employment of GPs? Is he proposing that the 60 per cent of GPs who operate from privately owned and leased premises should no longer do so?

Tommy Sheridan: I am specifically proposing a number of things, to which I hope the minister will reply. One of them is that we end the moonlighting of consultants, which has a direct effect on the primary care sector. GPs have told us that the problem with referrals to consultants, in particular with 12-month waiting lists to see consultants, is that it adds to their GP surgery list, as people have to return for repeat visits after they have been referred. Let us end the scandal of consultants working in the private sector to the detriment of the public health sector. That is what I would like the Executive to do.

I also want the deputy minister to refer to the problem in primary care and to expand on what Mr Chisholm said at the start of the debate. I do not know where one aspect of primary care—physiotherapy—will fit in. The difficulty with physiotherapy is that some individuals have to wait up to two weeks to get their GP appointment. They might be looking for an appointment because of a torn ligament or muscle, which needs to be cared for within a couple of days if they are involved in sport—which we should be encouraging. The difficulty is that they cannot get direct referrals to physiotherapy services, which are lacking, as is integration across the country. That encourages use of the private sector in physiotherapy, particularly for sports injuries, which is a part of the industry that is booming.

I would like the deputy minister to refer to the fact that, by employing the private finance initiative

over the past five years, we are leading a decline in the quality and number of staff and a decline in patient care. Every single determinant of satisfaction in our health service depends on the quality of staff. The difficulty with PFI funding is that it reduces the number of staff and the number of beds, which returns pressure to the GPs and the primary health sector. I am looking to the deputy minister to make a vision statement.

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Where is all the money for those plans to come from? I am still waiting for Tommy Sheridan to respond to my last intervention on him, when he promised that he was going to connect everybody in rural Scotland to the mains water supply and the public sewerage system. Where will the money come from?

Tommy Sheridan: Last week, the Chancellor of the Exchequer announced a 1 per cent rise in national insurance contributions to generate £8 billion across the country. If he had instead abolished the upper earnings limit on national insurance and had put an extra 10p on contributions from those on a salary of £50,000 a year and a further 10p on contributions from those on £100,000, which would still be under Thatcher's taxation levels for the wealthy, we could have generated double that amount—approaching £16 billion extra. There is not a problem with money.

I am looking to the deputy minister to rule out any further use of the private sector and to recognise that, from primary health care through to secondary health care, the private sector is not part of the solution but a big part of the problem, because it is siphoning away public funds, which should be used for public health services.

I move amendment S1M-3022.1, to insert at end:

“, however, believes that the use of the private health care sector by the NHS in Scotland is divisive and counterproductive and should not be part of the Executive's strategy.”

10:27

Mrs Margaret Smith (Edinburgh West) (LD): I am not quite sure how to follow that. We often get fantasy politics from Tommy Sheridan; this morning we got fantasy pharmaceuticals. The idea that the country and the Parliament could run their own nationalised pharmaceutical industry absolutely defies belief. Presumably Tommy has absolutely no idea about the number of drugs that go no further than research and development because, after clinical trials or whatever, companies find that they cannot take them further. As Mary Scanlon has mentioned, it can cost £500 million to develop one drug, and companies have only 10 years in which to make that pay. As

members can imagine, if we opted out of the pharmaceutical systems of the world and had our own nationalised pharmaceutical industry—

Tommy Sheridan *rose—*

Mrs Smith: Tommy has had enough of a chance.

The drugs companies would come back at us for doing as Tommy suggests, and the cost of existing drugs would go through the roof. The current 10 per cent inflation in the drugs budget would pale into insignificance next to what we would have to deal with.

I welcome the debate, which is intended to allow us to reiterate our support for primary care services, and in particular for the primary care teams, who deliver 90 per cent of Scotland's health care against the background of a continuing shift in work load from the secondary care sector to the primary and community care systems. Those teams are making connections with patients and with other professions in the health and social care sectors every day. It is essential that we support the primary care sector, not least because patients, as they remind us time and again, want to access services close to their homes and within their own communities.

I reiterate the point that was made in the report of the primary care modernisation group, "Making the Connections: Developing Best Practice into Common Practice", which states:

"If it can be done in primary care then it should be done in primary care."

The modern primary care team is at the heart of the delivery of quality patient care and of the Executive's drive to modernise the service for the benefit of patients. That is acknowledged in the primary care modernisation group's report and is recognised in the on-going investment that we are putting into the sector.

I welcome the minister's announcement of the extra money to recruit dentists in rural areas and for chronic disease management. In the past three days, I and many other MSPs have been involved with the Parkinson's Disease Society, Epilepsy Action Scotland and the Multiple Sclerosis Society. I am sure that any further investment in chronic disease and condition management will be welcomed by those groups.

I welcome the commitment to take forward a national collaborative programme, which will ensure that best practice is spread throughout the system, and the expansion of the use of nurses and community pharmacists in relation to prescribing. Community pharmacists play an important role in health care because they, more than anybody, have an open door and allow people to access good-quality professional

judgment and experience. The Wanless report suggested that using pharmacists properly could free up between 1 per cent and 2 per cent of GPs' time. We should examine all of the ways in which we can do that and make the best use of redesigning the service to deliver a better service for the patient. The main areas that we must think about are best practice, best value and the best interests of the patient.

Tommy Sheridan talked about the private sector, but what we have is a hybrid system, even though that might not be the system that we would choose if we were starting with a blank sheet of paper. Just as many of us complain about issues relating to what consultants do with their time or are concerned about the fact that GPs are independent contractors and we do not have total control of them in the NHS, the point that Hugh Henry made is continually worth making: those GPs are responsible for the funding of an awful lot of the capital investment and infrastructure in the primary care system in the country. When I spent some time in Argyll, I found out a lot about the problems with GP recruitment and retention and with accessing funds to improve the infrastructure. Within our hybrid system, we work quite constructively with elements of the private sector. We owe it to the patients of Scotland to try to ensure that we use the capacity and services of the private sector to deliver best practice and the best possible quality services.

Over the past few years, there has been a lot of innovation at the primary care level. In the past few days, many of us have learned a lot about the role of nurses, their increasing specialisation and the greater use of nurse-led clinics. With regard to the joint future agenda, a real shake-up is coming in primary care's relationship to the social care agenda and work force. As I have said, we can also improve the way in which we use community pharmacists.

The Executive has supported the sector with £30 million investment over three years, with the money being spent in agreement with and through the local health care co-operatives. The minister has made clear the fact that we are trying to empower the primary care sector, LHCCs and so on, to increase choice, while reducing bureaucracy and not reopening the internal market. I believe that Nicola Sturgeon quoted the BMA, but I point out that the BMA's briefing paper said that the last thing that the organisation wanted was another shake-up of the health system in Scotland. In the past two or three years, LHCCs have developed from a system that started without total prescriptive direction and have blossomed in certain parts of Scotland. However, the situation is still patchy and we must invest further in them while empowering them. LHCCs must also be accountable. It is right that we use LHCCs as an

important lever in the process of redesigning services, but we should not do that in a vacuum; it is critical that we take forward the accountability agenda in relation to them.

We must examine the premises in the sector. The minister mentioned that, last year, £48 million had been invested in projects in 100 premises. It is important not only that patients are treated in decent premises but that our primary care teams work in decent premises.

The fact that the GPs contract has been agreed is to be welcomed. We hear that there will be more flexibility. We have to accept that, as well as the changes across the NHS work force, there are changes in the GP work force, particularly in relation to the rising number of women who are becoming GPs. Therefore, it is important that contracts are flexible and that various types of contracts, such as PMS contracts, can be used.

The role of primary care professionals in the areas of social inclusion and the prevention of ill health has been mentioned. I was pleased to see that the primary care modernisation report said that that would be the next part of the agenda to be addressed. The recent appointment of public health practitioners is a welcome move in that direction. We must ask whom the average member of the population is most likely to listen to for general health advice. Probably, it will be their GP, practice nurse or a public health practitioner who works at a local level, rather than a consultant whom they see for perhaps five minutes once a year.

"Our National Health" set a target that stated that patients should be able to access a member of the primary care team in no more than 48 hours. I welcome the minister's announcement that that will have been achieved by October.

I welcome the progress that has been made in relation to NHS 24. Not only does that show flexibility in the reorganisation of services, to ensure that patients can access them easily; it shows that staff are responding with flexibility to the suggestion that they might be able to work part time to provide a service. The unanswered question relates to the impact that that might have on other front-line services, which some of those same people might provide. We have to watch that.

Last week, we heard the welcome announcement of extra investment in the health service, which will allow good progress to be made. However, no matter what we want to do with the money, we will come up against the issue of work force planning. The minister stated that two reports are currently being undertaken on that issue and we must take them seriously. In the next 10 years, we will lose about 25 per cent of the

nursing work force. We have problems with vacancies in community nursing, with the recruitment of community pharmacists and dentists and with rural GPs. I tend to agree with what Mary Scanlon said about the issue being to do not only with money. The golden hello and the on-going work of the remote and rural areas resource initiative are welcome, as they show that the Executive intends to take the issue seriously. However, we must address the other problems that rural GPs and other primary care professionals have to deal with, such as long hours, professional isolation and the lack of out-of-hours cover.

There are human problems as well. It was brought home to me on a visit to Islay that someone who has gone to the island to work in the community hospital or with the primary care team may have no trouble getting a house to live in in the winter, but faces difficulties in the tourist season. We have to consider the possibility of being a little bit more flexible about that.

Another important issue is the information technology agenda, but I do not have time to cover that today—it might be worthy of an entire debate on its own.

I close by saying that I welcome the primary care modernisation report.

10:40

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

I firmly believe in a modernising agenda for the NHS. Often, other members do not demonstrate the same vision. I have said many times that we should not dwell in the past but should look forward to the future. However, on this occasion, it is worth reflecting briefly on how things used to be in the NHS.

Primary care is a relatively new term for what used to be just the family doctor, who was often based in small, inadequate premises—in Glasgow, they were usually up a close—with a small back-up team of district nurses based in a nearby clinic. Even the most minor investigations necessitated a visit to the local hospital. That often meant that patients chose to bypass their GP completely and go straight to casualty, which had consequences for work loads and waiting times there.

I am pleased to say that we have moved on a long way since those days. Now, the majority of patient care happens in the community through primary health care teams. In fact, more than 90 per cent of all patient care begins and ends in the primary care setting, with 87 per cent of cases being dealt with entirely in that setting. Those statistics serve to demonstrate the valuable role

that the primary care team plays in the wider health service. Whether contact is made with a dentist, a nurse, a pharmacist, a doctor, a dietician or a physiotherapist, primary and community care services are an essential part of a seamless NHS.

We have heard a bit this morning about the primary care modernisation group. When it reported earlier this year, it identified various priorities to speed up access to a wider range of services. I particularly welcome the suggestion that we tackle chronic disease management by providing more services in the community. It is always difficult to get the balance right when targeting resources. That has been topical recently in the light of the budget announcement. However, I believe that chronic disease management needs to be addressed and, although I welcome the investment in personal medical services to assist that, I hope that the minister will bear it in mind in his future budget considerations.

Perhaps the group's most far-reaching recommendation, which the minister has already mentioned, is that the role of LHCCs should be expanded to allow them to have a greater responsibility for the provision and planning of services. Camglen LHCC in my constituency provides an excellent service, which is centred on the new Rutherglen primary care centre. It provides a wide-ranging package of facilities, including maternity care, physiotherapy, podiatry, oral health and day care for people with mental health problems.

That range of facilities means that local people can have a large majority of their health care needs catered for at a very local level. No one wants to be admitted to hospital unless it is absolutely necessary. Those primary care facilities mean that many fewer patients will require admission.

Primary care is not just about treatment; it is also about prevention. The primary care sector has a vital role to play in public health. Encouragement for healthier lifestyles and help with dependency problems can also be provided because of the wide range of disciplines in the primary care team that I have already mentioned.

I will examine for a moment the amendment in Mary Scanlon's name. She and her colleagues yet again demonstrate selective amnesia. Her comments about GP fundholding just serve to remind us all how divisive and destructive that Conservative policy was. I am sure that Mary Scanlon's colleagues will remind her of that. Labour members would not support any moves to take us back down that road. I have faith that the minister has no intention of doing that.

It is right and proper that we acknowledge the vital contribution that primary care teams make.

Meeting the needs of patients by providing local access to health care is vital, and I am happy to support the motion.

10:44

Mr Adam Ingram (South of Scotland) (SNP): I will focus on the delivery of mental health services in the primary care sector. It is significant that the primary care modernisation group's first report has highlighted the need for better provision for sufferers of mental health problems such as anxiety and depression. Thirty per cent of all GP consultations arise from people seeking help with mental health problems. What is more, recently published survey results show rising trends in the incidence of depression among all age groups. Even children under the age of four are being treated for depression. However, the most heavily affected group is women in the 25 to 44 age range, with a staggering annual figure of nearly 100,000 of the 700,000 Scottish women in that age group seeking treatment for depression from GPs.

We clearly need to improve our understanding of why so many people are suffering from poor mental health, so that the root causes of that modern disease can be tackled. We need to review a wide range of policies, not just in health care, to relieve the stresses with which so many of our fellow citizens struggle to cope. Lifting more families out of poverty and providing much better child care facilities for working mothers are two areas for action.

However, that is not the whole story. On a recent visit to a suicide prevention centre in Glasgow, I was told that the dangerous increase in the incidence of suicide and self-harm among young people is born out of a perceived failure to live up to their own expectations of what they can achieve in life and to what they feel are their families' expectations. That applies to upwardly mobile social groups in particular. We need culture change.

On the deficiencies in treatment of mental distress of that nature in the NHS, drug therapy is too often the first and last resort of GPs. There has been a huge rise in the prescribing of antidepressants over the past few years, with reports suggesting that the prescription rate for antidepressants is much higher in Scotland than in England. Mental health problems that are not severe and enduring can be dealt with in a variety of ways: medication, specialist treatment, counselling and other forms of psycho-social intervention. However, widespread uncertainty exists among GPs over what kind of interventions are appropriate and effective.

We need better models of care. We need better

training for GPs and nurses in the area of mental health. We also need much improved availability of specialist services. For example, waiting times of more than a year are the norm for people who are referred to clinical psychologists. Above all, what people really need to overcome mental health problems is someone to listen to them and to give them time, which is precisely what hard-pressed GPs are finding increasingly difficult. Practical help and information to alleviate the conditions that contribute to health problems are also badly needed.

In that regard, the way forward has already been signposted by the Health Education Board for Scotland's 1998 study "Mental health and primary care: a needs assessment". It highlighted the need to recruit other members of the primary care team to deal with patients with such problems. Health visitors and practice nurses, for example, can be as effective therapists as the doctor—if not more so for patients with poor mental health who do not want to bother the doctor. Training is therefore a major priority.

The main message is that attitudinal change is needed. We must view the patient as a whole person who needs a combination of help, not all of it of a medical nature. We need much better partnership working between primary care professionals, the voluntary sector and other agencies, such as social work and the police, as Mary Scanlon said.

Urgent ministerial action is now required to give substance to the lip service that has all too often been paid to mental health as a national clinical priority. A mental health task force, along the lines of those that have been established for cancer and coronary heart disease, needs to be set up. It is high time that mental health lost the tag of the Cinderella of the NHS.

The Deputy Presiding Officer (Mr Murray Tosh): Margaret Jamieson will inject some humour into the debate.

10:50

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Like my colleague Janis Hughes, I declare an interest as a member of the public sector trade union Unison.

For the vast majority of the population of Scotland, primary care is the general practitioner. However, as we know, primary care is much more than GPs. It is the full breadth of services: podiatrists, dentists, opticians, speech and language therapists, occupational therapists, community midwives, district nurses, health visitors, community psychiatric nurses, community pharmacists, community dieticians and social workers.

In East Ayrshire, we have developed the primary care team to include police and ambulance services and the full range of local government services. That was achieved by thinking about citizens rather than about bureaucratic boundaries—the aim was to create a true one-stop shop. We hope that all obstacles to pursuing that model throughout Ayrshire and Arran, and beyond, will be removed.

It would be remiss of me if I did not advise members that the driving forces of East Ayrshire's out-of-the-box approach to local delivery are two forceful and committed women: Fiona Lees, the deputy chief executive of East Ayrshire Council; and Heather Knox, the director of estates of Ayrshire and Arran Primary Care NHS Trust. The East Ayrshire scheme provides true local delivery and empowerment. No barriers exist to providing quality throughcare, irrespective of the patient's underlying problem.

I am delighted that the minister has highlighted investment in personal medical services, because the innovation in Ayrshire would not have been possible if GPs had continued to operate as independent contractors. PMS is a vehicle that will assist in the retention and recruitment of GPs, particularly in rural and semi-rural areas. It will facilitate part-time working for those wishing to return to work, to undertake work in the acute sector or to undertake further study. Family-friendly policies that provide for a decent work-life balance are within reach from those involved in PMS. PMS will also impact on the level of quality services that are available to patients in communities.

Improvements in health will be achieved much more quickly under the community ownership model that I have described. Citizens of Scotland care about their health and have the opportunity to improve it at a local level. The Labour party has made that possible by abandoning the Tory approach of fundholder ownership for one of community ownership.

The amendment in the name of Mary Scanlon demonstrates a total lack of understanding of how the practice and delivery of health care has changed. The purchaser-provider system did not deliver for patients. Our approach includes patients and communities as equal partners in primary care.

The amendment in the name of Nicola Sturgeon fails to recognise what happens below the level of the local health care co-operative. It is unfortunate that the member is not in the chamber, because I suggest that she should get out more. She should return to her native Ayrshire to find out what can be delivered when communities, rather than GPs, take ownership of primary health care. Perhaps Shona Robison will advise Nicola Sturgeon of that.

The devolution of ideas is allowing patient-focused services to be designed that meet the needs of patients. That proves that partnership works. I hope that Mary Scanlon and her Tory colleagues will advise Liam Fox of the fact that the national health service in Scotland is working and that it is delivering for patients—not just for GPs. I support the motion.

10:55

Mr David Davidson (North-East Scotland) (Con): I declare an interest as a registered pharmacist.

I love conversions, and this morning we have seen a wonderful and extremely welcome conversion by the Minister for Health and Community Care. He has realised that the only way in which to deliver primary care is to decentralise decision making. We agree. I hope that the SNP and the Liberals will join us in that realisation, as the minister has.

Malcolm Chisholm: I assure David Davidson that I have taken a great interest in these matters since the mid-1990s. I have believed what I stated today since I was Opposition health spokesperson at Westminster in 1996.

Mr Davidson: I accept what the minister says, although my background in health care dates back a little further than that.

Today's debate is about semantics. Whatever term the minister uses—whether it be commissioning, contracting or purchasing—he has adopted Conservative common sense by empowering those working in primary care to deliver what the people want, away from a central control model. I know how hard it is, particularly for those whom Tommy Sheridan would describe as former socialists, to give up their Soviet-style approach to health care. However, the Scottish patient and the Scottish health worker have no time for all the initiatives and overloads that are being imposed from the centre. As others have said, we need to free up health workers so that they can do their professional job.

I agree with the minister's statement that primary care is where the health journey commences. However, I would have liked the minister and others—particularly the SNP and our friend Mr Sheridan, the only socialist in the chamber—to accept that in most countries with the high health spending to which we aspire the total health spend includes private sector money, regardless of the colour of the Government in those countries.

Tommy Sheridan: I am sure that, as a pharmacist, David Davidson will recognise the magnificent developments that have been made in Cuba, which does not purchase any private health

care but still makes breakthroughs with international vaccines, such as that for meningitis.

Mr Davidson: Tommy Sheridan is not talking about the aspect of pharmaceutical services on which I want to focus. I have gone past Cuba in a boat, but unlike the member I have never had the privilege of landing there.

This morning the minister did not give us the full story. Most certainly, Nicola Sturgeon did not give us the answer. I am talking about the interconnection between primary and secondary care. The minister does not want to have contracts. Nowadays, all that is needed is electronic transfer and a modern accounting process to ensure that resources are allocated as intended. How would the SNP model work? Nicola Sturgeon seemed to be going down the road of simply purchasing services and pulling in people from the secondary care sector. Would the SNP model involve consultants working as liaison officers on primary care teams or providing triage services to those teams? I do not know. It would be nice for the people of Scotland to know exactly what the SNP intends.

Most GPs, all community pharmacists, and most dentists and chiropodists are self-employed. We must get away from the myth that every health professional is an NHS employee. We must bury that and get on with delivering health care, regardless of where it comes from.

The minister spoke about invasive procedures being done locally. In the north-east we have a community hospitals model. In his winding-up speech, will the minister tell us how that system will benefit from his plans? How will it be utilised more effectively to meet the needs of people in rural areas in particular?

Several speakers mentioned GP recruitment. That is not just about salaries. I have regular meetings with the local medical committee, which tells me that it is fed up with being squeezed to get 2 litres out of the 1 litre that it has to offer. GPs tell me that they run a business, because that is how the accounting works. They find that it is not worth while for them to invest in premises, and they have withdrawn some of the additional services that they provide. The burden of providing those services has been shifted on to secondary care. How will the minister reverse that trend and give GPs the freedom to do the jobs that they most want to do?

To a large extent, this debate is about access to primary care, yet we have assets available that are underused. I will provide members with an example from the pharmaceutical sector. There is a huge public resource cost in training pharmacists, and pharmacists have skills that are rarely utilised to the full. There is enormous

potential for pharmacists to take an even greater load from GPs than that suggested in "Making the Connections". As Margaret Smith said, pharmacists are accessible and can easily operate triage in the community. However, we require a modern referral system, in which proper pieces of paper are used to pass people on to the GP surgery, and patients are not just slotted in at the bottom of the queue at the overworked practice next door.

I welcome the minister's comments on prescribing rights, but there is more to it than that. What about the pharmacy services that are not easily accessed if one does not have the money? Will we reach the stage at which some of the over-the-counter medicines that are available only from a pharmacy, under the control and recognition of a pharmacist, are included in the prescribing regime that the minister suggested? The minister should consider some of our poorer communities, where the pharmacy is the first port of call for many. I welcome the talk on television this morning about the pharmacy becoming the local point of contact for health information. That is fine, but there is a shortage of pharmacists. The schools of pharmacy in Scotland are very good, but they need resources to be able to provide the correct level of courses, such as the add-ons and the continuing professional development courses that go on throughout a pharmacist's life.

I will touch on an area about which I have great concern. Susan Deacon's pharmacy plan was welcome, but it contained no real commitment to supporting pharmacists to build premises that can deliver a modern pharmaceutical service. The long, thin, old-fashioned shop unit is not effective, as one cannot fit in proper consulting rooms or laboratory space. What are we going to do to solve that problem, which exists in many parts of Scotland?

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab) rose—

Mr Davidson: May I take an intervention, Presiding Officer?

The Deputy Presiding Officer: You were advised that you could speak for five minutes, but you have had more than seven minutes. It is time to wind up, Mr Davidson.

Mr Davidson: I will wind up, Presiding Officer.

We must take a simple look at accessing all the professions allied to medicine who are based in the community. PAMs are underused and the changes in the registration rules must be examined carefully so that we do not lose them.

The minister must put a lot more detail on to the back of what he has said this morning. As far as the SNP is concerned, we do not know where its

members are going, apart from the fact that they are at the crossroads and look as if they are coming our way.

Bristow Muldoon (Livingston) (Lab): Surely David Davidson means "Coronation Street", not "Crossroads".

The Deputy Presiding Officer: I hope that the official reporters caught that.

11:03

Elaine Thomson (Aberdeen North) (Lab): So far this morning, we have heard a lot of the usual carping and whingeing from the Opposition, rather than a welcome for the many positive announcements that the minister made, not to mention the unprecedented announcements in the recent budget, which will increase health spending in Scotland by 50 per cent. Those announcements are recognised as significant by health professionals and others throughout Scotland.

Labour's extremely ambitious vision for the NHS in Scotland is to provide the highest-quality public service possible and to have the most modern health service in Europe. If we are to resolve Scotland's health problems, we will have to go much further than dealing with only acute services. Investment in primary health care and in health education is essential. As previous speakers have said, primary health care is the first point of contact for nine out of 10 people. For many communities where there is a lethal combination of poverty and poor health, health inequalities are very real and improving primary care will make a difference.

I welcome the investment of £30 million in better GP premises and improved access to GPs. I also welcome the increased impact that is being made by specialist nurse practitioners. At the Healthy Hoose in my constituency, the nurse practitioners provide health care to a community which, for many years, has not had good access to GP services and which has some of the worst health in Aberdeen.

Mary Scanlon: Will the member give way?

Elaine Thomson: No. I have quite a lot to say and I would like to get on with it.

Health investment, combined with reform and modernisation, will improve access to services. Initiatives such as the introduction of NHS 24, the better prioritisation of ambulance calls, the extension of prescribing powers and better staff training and retention, combined with unprecedented levels of extra funding, will make a real difference.

I recently spoke to a constituent in Aberdeen who had an injury to her arm that had become

further infected due to lack of care. Her wound needed to be dressed daily by the nurse in her GP practice, but that treatment could not be provided outwith the hours of 9 to 5. She was a sole businesswoman and was not prepared to close down her business to get the medical care that she needed. Therefore, I was pleased to hear the minister talk about all the actions that will improve access to the NHS. We must recognise that lifestyles and working patterns have changed.

Aberdeen has seen the introduction of what I believe will be a groundbreaking service in the form of NHS 24, which will play a significant part in creating better linkages and a seamless service between the different sectors in the health service. Increasingly, when patients call their GP out of hours, they will be rerouted via NHS 24. That service will also be multichannel, with health information being available on the web, for example.

The investment in NHS 24, which is expected to be around £30 million a year, will include considerable investment in high technology, with the aim of integrating many NHS services in Scotland. I recently spoke to the Scottish Ambulance Service in Aberdeen, which told me that an impact of the introduction of NHS 24 would be a reduction in the number of unnecessary emergency calls. Therefore, NHS 24 will enable the Ambulance Service to provide a better service.

Finally, I will talk a little about citizens advice bureaux which, in Aberdeen and Grampian—as in other parts of Scotland—provide a valuable service by offering helpful and essential advice about benefits to acute and primary care patients who are facing difficult times in their lives. A recent report from the University of Aberdeen clearly recognised the value of that service. However, the funding of the service varies in different parts of Scotland—indeed, in Grampian, the service is not funded particularly well, despite the recognition of the value that the service provides there. I ask the minister to consider how that service can be better supported throughout Scotland.

11:07

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): The real problem with having only a few minutes to speak in a debate on a subject such as primary health care is that there are so many areas to cover. I make no apology for highlighting just one primary care issue—rural dentists. My involvement with the issue was sparked by the closure of the Alford dental practice in my constituency. I first raised the matter in the Parliament back in September 2000 and it was the subject of my members' business debate in November 2000. I have taken every opportunity to highlight the difficulties that my

constituents face in accessing NHS dental services, so I am delighted that the minister has been able to announce £1 million of financial aid to be directed specifically at helping to solve those problems in remote and rural areas of Scotland.

The minister will be aware of the British Dental Association's recommendation that there should be a dentist for every 2,000 people. In Aberdeenshire, the ratio is one dentist for every 5,000 people. In September 2001, I asked Susan Deacon—then Minister for Health and Community Care—a parliamentary question on what steps she was taking to improve dental services in Grampian. I called for special golden hello payments to be made in order to attract dentists to rural Scotland. It is great to see that the Scottish Executive is not only listening but taking action. Unlike Mary Scanlon, I believe that the measures that were announced today will be of real, practical help and assistance.

I identified three major factors that underpin the problems of dental provision in the north-east. The first is that there are simply not enough dentists working in the region to serve the population. The strenuous efforts that have been made, particularly by the health board and individual businesses, to recruit dentists from elsewhere in the UK have not proved successful. That means that we need radical initiatives, such as those that the minister announced today, which will go some distance towards helping to solve the problem. I congratulate the Executive on those initiatives.

The second problem is waiting times for outpatients at Aberdeen royal infirmary. All members would agree that waiting four years for treatment—even if the treatment is non-urgent—is not acceptable. Although lives might not be at stake, patients' quality of life is important. That issue needs to be addressed—specialist consultants must be attracted to Aberdeen royal infirmary. I am glad that we have the opportunity to address such issues.

The third problem is that my constituents have great difficulty in accessing NHS provision. In October 2000, I surveyed every dental practice in West Aberdeenshire and Kincardine and found that 50 per cent of the practices did not accept any new non-exempt NHS patients. It is no wonder that the Scottish Executive's figures show that 51 per cent of adults and 25 per cent of children are not even registered with an NHS dentist. It is impossible for any non-exempt new patient to access NHS treatment along the entire length of the 60-mile Dee valley corridor in my constituency, which runs from the boundaries of the city of Aberdeen to the village of Braemar in the Highlands. The problem is not new, as I encountered it in 1994 when I came to live in Aberdeenshire on leaving the Army. I am one of

the many people in rural Scotland who cannot access NHS dental care. I have a salary that allows me to go private, but I would prefer to use the NHS dental system.

Tommy Sheridan's speech was extremely uninformed; it was an outrageous contribution to the debate. I respect his political views, but they are extreme. Where will the money come from to nationalise pharmacists, community pharmacists, dentists, chiropractors and so on, which is what his amendment suggests should happen? He seems to hold the view that it is better to spend money on buying out those businesses than on delivering care to people through the NHS, which is what is important.

I congratulate the minister on addressing the problems relating to dental treatment in rural Scotland. The Scottish Executive's dental action plan recognises that greater health gain is more likely if resources are targeted at tackling the inequalities in dental health and access to dental services that have been identified. The minister has announced a welcome investment in tackling the problems of access to NHS dentistry throughout rural Scotland. I congratulate the minister on listening and on taking action.

11:12

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): Our chancellor's budget booster for Scotland's national health service means that we have a new opportunity for dramatic reform in our health services and for sustained and rising investment in resources and staff. As the Executive's motion outlines, we have a responsibility to deliver sustained and necessary improvements in health outcomes in our country. We are in a better position than we have ever been to meet those demands.

I listened with real concern to what Nicola Sturgeon said about the SNP's policy on the abolition of primary care trusts. In the light of what she said, it seems that instead of considering devolution to LHCCs, the SNP has in mind divorcing LHCCs from the local primary care trust. The SNP seems ready to abandon the joint future agenda. Labour members are keenly aware that improvements in health outcomes in Scotland turn on linking health services with social work and housing and on fostering and maintaining discussion and co-operation among all the service providers and partners.

Nicola Sturgeon: Does Brian Fitzpatrick agree that that is exactly what LHCCs should be about?

Brian Fitzpatrick: The problem with Ms Sturgeon's proposal is that we are already making progress with LHCCs. Ms Sturgeon should acknowledge that we must make progress with all

the partners in LHCCs—LHCCs comprise not just GP practices, but other partners. If we are to do that, we must reject the SNP and Conservative amendments. Because of the need for partnership working across the health service and between the health service and other services that serve health service users, I welcome the proposals for an integrated health and social care centre at Southbank in Kirkintilloch in my constituency.

I am interested—I am sure that ministers are too—in ensuring that all the partners in LHCCs are given proper regard. Crudely speaking, there is a need to facilitate clout in their interactions with the secondary and tertiary sectors. Let us not dismantle simply in order to reinvent such connections.

I urge ministers to integrate primary and secondary care more closely and to challenge all those who are involved in the provision and the receipt of services to break down the barriers. Ministers will be aware of the progress that is being made on the walk-in, walk-out hospital at Stobhill campus, which is in the constituency of my colleague Paul Martin. That hospital serves many of my constituents and many constituents of other MSPs. We have managed to secure a doubling of the investment for that site—it has risen from £30 million to £60 million. A new hospital about the size of the new Hairmyres hospital is planned. The project has been the subject of some controversy.

Ministers know that Paul Martin and I remain concerned about bed capacity and modelling across the Greater Glasgow NHS Board area. We are also anxious for urgent progress to be made on the new facility, which will extend the boundaries of how we deliver health care. I am particularly keen that the greatly increased capacity of the new facility be fully utilised by all the health service professionals. I trust that ministers and health officials will work closely with the primary sector to facilitate direct access to tests and investigations.

New facilities such as the walk-in, walk-out hospital at Stobhill offer a not-to-be-missed opportunity to build in access from the outset. I will listen with interest to what ministers say about securing systems that are capable of communicating in the way that GP practitioners liaise with hospitals.

I am conscious that I am seated beside my sisters, Presiding Officer, but with your permission I will mention some men's health issues—that was not meant to be a slur on Ken Macintosh, who has joined me. This year's men and health week is scheduled for the week beginning 10 June, which is much earlier than usual. The Parliament has previously debated the specific needs of men in relation to access to health services. The principal aim of that week is to obtain the commitment of

individuals and organisations to action on men's health issues. I recently underwent a health MOT, which was organised by Greater Glasgow NHS Board. I am pleased to say that I was reassured by that health MOT. We need more early interventions in relation to men's health issues. I make a partisan call for ministers to examine urgently that issue in the context of primary services.

11:18

Colin Campbell (West of Scotland) (SNP): Brian Fitzpatrick's contribution was unexpectedly loyal to the Labour party.

Nicola Sturgeon referred to the acute sector, which cannot be separated from the primary sector. I will refer to what I regard as the most fundamental aspect of health care—encouraging lifestyles that will help people to avoid medical conditions by being attentive to diet and exercise, by having positive attitudes about themselves and by avoiding excessive use of tobacco and alcohol. Such encouragement is a broad issue and is not the exclusive preserve of the medical profession. Health education in schools or community health projects is part of that process. Every adult who has any influence over a child has a responsibility, because health care is about not just the rights that we should have, but the responsibilities that responsible adults can exercise.

The first aim must be to reduce the number of people who need primary care as a result of damaging lifestyles. That is a medium-term objective, which will do nothing to diminish current demand for primary health care. I note that 20 per cent of adults who are registered with doctors visited their doctor three to five times last year, and 13 per cent went more than six times. I have been lucky enough not to have had to visit the doctor very often. I hope that when I need primary care, it will be speedy, understanding and efficient. That is not always the case now. A colleague in Port Glasgow told me yesterday that it can take up to a week to see a GP. The 48-hour target must be met as a matter of priority.

A GP whom I met recently made it abundantly clear that he could offer each patient only half the time that he felt they ought to have when they came into his surgery. He felt that that was unfair on him and on his patients. In saying that, he was mirroring the experience of patients. Many patients feel that they are being processed too hastily. Shortage of time might drive a doctor to medicate rather than to communicate, or to delegate to a specialist rather than to investigate further there and then. That then burdens the acute sector and increases waiting times, which none of us wants to happen. There might be cases in which all that is required is reassurance rather than a prescription,

but time for dialogue is strictly limited.

My extended family's recent experience is with visiting midwives, who will soon be replaced by health visitors. That brings me to nursing. Nurses are vital assets in the primary care partnership. RCN Scotland desperately wants people to have access within 48 hours. We all agree on that laudable aim. However, there are not enough staff to achieve that. Telling nurses that they are appreciated and valued is no substitute for an adequate salary. Until that issue is addressed, the flight of nurses from the NHS will continue. We welcome any addition to their numbers, but it takes time to train medical staff and there is no quick fix.

As for dentists, my routine appointments have been postponed for two months because my dentist is ill. That causes no great harm for someone at my stage of life, but it could have a detrimental effect on someone who does not have my enthusiasm for dentists. I declare an interest here—I married a dentist.

I was interested to hear the minister talking about public health practitioners. I should declare another interest—my late father was a deputy medical officer of health in Paisley when that office had overall responsibility for the public health of the entire town. I get the feeling that what goes around comes around.

I endorse the motion and I endorse the SNP amendment.

11:22

Bill Butler (Glasgow Anniesland) (Lab): As all members have said today, no one can doubt the importance of primary care teams. As has been mentioned, more than 90 per cent of patient contact starts and finishes in primary care.

The Executive's motion is clear in its acknowledgement of the central part that primary care teams play in the national drive towards a modern, improved and integrated health care system. The motion's intent is to acknowledge that further investment should build on the strengths of primary care and work to address any weaknesses and that we should conserve what works and reform what does not.

Mary Scanlon thinks that that sounds too much like the Tamworth manifesto, but it is just common sense. I was amused—but not distressed in any way—when she claimed that the Executive's strategy is to go back to Conservative principles. She should be embarrassed and distressed about the only principle that seems to come from the Conservatives' masters south of the border. That principle was enunciated by Liam Fox, who said:

"We have got a problem in this country where the NHS

and health care have been synonymous. We're here to break that."

Nothing could be clearer. Although I accept that Mary Scanlon and other Conservatives support a type of national health service, they must be concerned when they hear such reactionary twaddle coming from south of the border.

Mary Scanlon: Does the member understand devolution, particularly in relation to health policy? Any decisions on Conservative health policy in Scotland are made by Scottish Conservatives. I realise that that is quite difficult for the member to understand.

Bill Butler: Not at all. I have always supported devolution and I welcome the fact that the Conservative party in Scotland now pursues that policy.

We can all sign up to the main priorities that are outlined in the primary care modernisation group's report. Those priorities have commanded and will command the chamber's approval and they will command the public's approval. Action taken in the next three years on the main areas outlined in the report will, if successful, make for easier and faster access to a more extensive range of services.

I especially welcome the report's recommendation that the role of local health care co-operatives should be enlarged to take greater responsibility for the provision and planning of services. As a member of the Co-operative Party as well as of the Labour party, I commend that. Sharing skills across disciplines and in partnership with social care providers is a worthwhile objective. It is sensible and progressive and it will lead to more comprehensive localised services. Local health co-ops are fundamental to the coalition's aim of providing a truly responsive local health service.

Investment is also important. The Executive's investment of just under £33 million in the improvement of local health services' buildings and infrastructure will lend itself to the development of services redesigned

"round the needs of patients",

as the motion has it. That sum will benefit 74 GP surgeries and health centres across Scotland, mainly in rural areas and in areas of economic deprivation. That is to be welcomed.

As has been said, there are proposals to give patients quicker access to medicines by extending the prescribing powers of pharmacists and nurses. Most people would agree that that is a sensible measure. It will mean that, after initial diagnosis, patients can have their medicines prescribed by their local pharmacists or practice nurses. That will free up GPs to concentrate on clinical care.

The practical reforms emanating from the Executive will improve the service that is provided. They will lead to greater accessibility because they will fit the service to the needs of patients in a more precise and sensitive fashion. I also commend the Executive's initiative to provide, for the first time, GPs with the option of becoming permanent, salaried NHS employees rather than independent contractors. I hope that that option proves popular.

The redesign of primary care services is vital to a more responsive, localised and patient-centred NHS. The extra moneys that are being channelled in will, if applied sensitively and thoughtfully, lead to primary care services fit to meet the demands of 21st century Scotland. I commend both the motion and the coalition's strategy to the chamber.

11:28

David Mundell (South of Scotland) (Con): Malcolm Chisholm tells us that just because Alan Milburn says something in England, that does not mean that it has to be followed in Scotland. However, Bill Butler comes out with the usual quotes from Tories in England. The point keeps having to be made, as the Labour party wants to face both ways: the Scottish Conservatives have accepted the devolution settlement and have rearranged our activities accordingly.

Bill Butler: Will the member take an intervention?

David Mundell: I will come back to Bill Butler in a minute.

Conservative health policy for Scotland is determined by Conservatives in Scotland. Let us be quite clear on that.

Bill Butler: Will the member give way?

Hugh Henry: Will the member take an intervention?

David Mundell: I will take the minister, if Bill Butler does not mind.

Hugh Henry: Will David Mundell explain the consequences of following the Tory policies in England, which would severely reduce expenditure on the NHS and privatise much of the service? There would be consequential implications for Scotland under the Barnett formula on how money is allocated to Scotland. If public spending on the NHS in England is reduced under that Tory policy, how will we be able to spend in Scotland?

David Mundell: As the minister well knows, the complicated network between the parts of the UK is still evolving. Many of the issues that will flow from devolution will be put to the test only when the governing parties in Scotland and Westminster

are different. Many things that can be finessed at the moment will have to be resolved. As for the Conservatives, if Hugh Henry reads his press cuttings correctly, he will find that the Conservative health policy at the UK and England levels is still being determined—none of the statements that have been presented as fact is fact, because the policy is still evolving.

Brian Fitzpatrick: Will the member give way?

David Mundell: No, because I want to move on to specifically Scottish issues.

We agree with Liam Fox that the health service is not working. It is not serving the people of Scotland as it should. Although we hear today about additional money for recruitment, which I welcome, I do not take Mr Rumbles's simplistic view that the money will automatically solve the recruitment problem.

Mr Rumbles: Will the member give way?

David Mundell: I am going to explain why I take that view, so I will not take Mr Rumbles's intervention.

Mr Rumbles: I never suggested that the money would solve the problem.

The Deputy Presiding Officer: Order.

David Mundell: The recruitment problem cannot easily be solved by golden hellos. The experience of the dental service in Dumfries and Galloway is that people come in, take their golden hello, then say goodbye. One reason for that is that we have a complicated labour market. One of the greatest difficulties facing rural areas is that the modern family unit is looking for two incomes. When such family units come to an area, they are looking for an income not just for the practitioner, but for the spouse as well. If, as in Dumfries and Galloway, we have a labour market that does not allow that to happen with ease, it is extremely difficult to attract people into that labour market. Therefore, in addition to money, we need to perform a much more complex analysis of recruitment. The situation applies not just to dentists—as in Mr Rumbles's area, we only have half the dentists that we need—but to physiotherapists, GPs and specialists.

Mr Rumbles rose—

David Mundell: We are also faced with the fact that because of the peace process in Ireland—no one would want it otherwise—fewer people want to leave Northern Ireland to come to our area to provide services. The recruitment issue is serious and requires serious analysis.

Mr Rumbles: Will the member give way?

David Mundell: I am in my last minute.

Mr Rumbles: Oh, do not play that game, for goodness' sake.

The Deputy Presiding Officer: Order. The member is not giving way; he is in his last minute. I invite the member to conclude his speech. Let us move on.

David Mundell: I am grateful that the Minister for Health and Community Care mentioned Dumfries and Galloway in his opening remarks. Perhaps now some of his Labour colleagues will sign my motion praising the managed clinical network in Dumfries and Galloway, as such issues should not be petty party-political ones. If we see something that is successful in the health service, we should praise it.

A lot of good things are going on in Dumfries and Galloway, which highlights one of the points that we wish the minister to grasp from this morning's debate: there is no one-size-fits-all solution to the problems of the health service, because different solutions are required in different areas. I hope that the minister will look favourably on the proposals in Dumfries and Galloway for integration in the health service—with NHS trusts and Dumfries and Galloway NHS Board working closely with the local council on their coterminous boundaries—because that is a positive way forward towards delivering the health services that people want. However, let us be clear that there is no one easy answer. Certainly, just throwing money at the problem is not the answer.

11:33

Johann Lamont (Glasgow Pollok) (Lab): I welcome the opportunity to contribute to this debate. I acknowledge the important role of primary care staff, GPs, health visitors, community psychiatric nurses and others, in my constituency and elsewhere. In a past life as a schoolteacher, I was struck by the role of health visitors, who had the capacity to pick up problems in families and who, as trusted people, were able to support those families in times of difficulty. When someone can no longer be offered any help by the acute services, there is no doubt that the care and support of district nurses and GPs can be beyond price.

We all know that we live in a sick country, and that Glasgow is the sickest of our cities. There are high levels of prosperity in some parts of Glasgow, but we have to confront the reality that ill health is concentrated most in our poorest communities. The challenge to us all is to address that health inequality. I have no doubt that primary health care can be central to addressing that problem. Despite there often being a focus on acute services in debates and discussions on the health service, the

reality is that in too many of our communities, poor diet and living conditions lead to such chronic ill health that people do not reach the stage at which they can benefit from the improvement in acute services. I trust that with the new money that is coming to the national health service, which is welcome, the Minister for Health and Community Care will ensure that primary care is given a share that acknowledges its significant role.

We have to see primary care as a vehicle to promote health initiatives and to develop health education initiatives. Primary care should not only have the capacity to identify problems, but where possible it should be able to treat those problems in the community.

Mary Scanlon: Given what Johann Lamont said about the shift from the acute sector to the primary sector, is she concerned that in the past five years the number of consultant posts has increased by 19 per cent, while the number of GP posts has increased by 3 per cent?

Johann Lamont: My concern is that we did not focus on where people's needs are. In my community, the issue is often one of getting people to the stage of asking for help, or of addressing the broader problems that people face.

Difficulty in accessing health care is an issue. For example, the problem of travelling for help in rural areas has been mentioned. Difficulties in travelling to be treated can also be a deterrent to poor families. Access can be a problem for families that are already under pressure and, in some circumstances, people do not take up appointments when they desperately need them. There is a key role to be filled in working with other agencies in local communities, such as social inclusion partnerships, to understand the depth of the problem.

I welcome the minister's comments about the importance of the treatment of mental health problems, and I acknowledge Adam Ingram's comments in that regard. There is a clear connection between poverty and mental health problems. It is important to recognise the role of community psychiatric nurses and others who work in the field, and services such as those provided by Rosedale resource centre in my constituency, which seeks to make care accessible and non-stigmatised, and acknowledges the often episodic nature of mental health problems, which means that hospitalised care is not always appropriate.

I ask the minister to consider the environment in local health clinics. The problem of families being deterred from going to their local health clinic because methadone treatment is provided there has been raised with me. We have to examine how centres are laid out, in order that all care

needs are addressed. We also have to support GPs in signing up for the primary-care-team model and moving away from the only-the-doctor-knows-best model. With regard to access to care, we have to address the problem for GP practices of patients failing to keep appointments. We need to educate local communities about the impact of that on services.

I acknowledge the importance of joint working at a local level. The Minister for Health and Community Care talked about joined-up health and social care. It is essential to develop practice in that field. Arbutnott produced a distribution formula for health care that tracks need. I contend that the social care side of the partnership deserves to be financed in the same way. I urge the minister to use his influence to press for funding for local government on a needs basis. Such a formula would benefit many in my constituency.

I welcome the report "Making the Connections" and support the commitment to local communities that it reflects. I support the motion in the name of Malcolm Chisholm.

11:38

Dorothy-Grace Elder (Glasgow) (SNP): We heard in the minister's speech, and have heard elsewhere, familiar phrases such as "integrated joined-up ... system", "patient centred" and "best practice". Those platitudes have tripped hand in hand through this chamber for three years, but what have the results been? If the person on the number 62 omnibus to the east end of Glasgow is asked whether there has been any discernible change in the past three years that has benefited their health and life, they will reply in decidedly unparliamentary language. I will not use it in this chamber, but members can see me about it outside.

People in Glasgow are still dying six years earlier than people in other parts of Scotland, never mind those in the much more prosperous south-east of England. We continue to have the worst health record in Britain. The minister has announced some overall changes, but, unfortunately, the NHS continues to operate on the same basic commercial lines that were established by the Conservatives, who first conceived the notion that a public health service could be run like a chain of baked-beans factories. That did not work, and the public showed that when they kicked out the Conservative Government.

The minister's promise that the maximum wait to see a member of a primary care team should be 48 hours would be regarded as a tad unambitious in other parts of western Europe. I cannot imagine

a German minister telling the Bundestag that with any great pride, because people in other parts of western Europe expect access to good services right away. We must be a bit more ambitious. The sum of £30 million is not too huge for a country whose health services have been run down in the past 15 to 20 years. However, I welcome many parts of the minister's announcement, such as the experimental 24-hour helpline service, which is a good idea, and the greater involvement of nurse practitioners, which is long overdue.

GPs are increasingly overworked, as are practice nurses and medical secretaries, who are still not numerous enough. Yesterday, doctors and representatives of Epilepsy Action Scotland told the Health and Community Care Committee that although all 15 health boards have signed up to the Scottish intercollegiate guidelines network's guidelines on epilepsy, only two implement the guidelines and provide an annual check for patients who suffer from epilepsy. Annual checks are necessary, because some sufferers of epilepsy die in their sleep. Many GPs can manage a check only once every three years, because of the pressure that they suffer from other work.

Some 30,000 people in Scotland suffer from epilepsy. I would be pleased to hear whether the minister regards epilepsy patients as a priority for primary care. Are multiple sclerosis patients a primary care priority? Only yesterday, we heard from Forth Valley NHS Board that only a small number of people will receive beta interferon. Forth Valley estimates that it does not have the funds to test in a year more than 56 of its 500 identified MS patients. That will be a long, slow and degenerative process.

I make no apology for returning to the subject of chronic pain. If we can alleviate the pressure on primary care—on GP practices—of dealing with people who have chronic ailments that cause pain, we can start to make radical changes, because the number 1 reason for bothering to see a GP is pain. If we isolated people who could benefit from more specialist pain clinics, surgeries would not be so overcrowded. It is estimated that a person who is in pain may visit a GP six, seven or eight times a year. Once they are referred to a specialist pain clinic and can obtain relief through all sorts of methods that are offered, they may visit that clinic only once or twice a year and see a GP just once every two years.

I ask the minister, please, to think radically, because 550,000 Scots suffer pain. I am sure that the minister can reach a more sensible conclusion that will benefit patients and front-line practice, which is bogged down in the trenches and needs all the help that the Parliament can give it.

The Deputy Presiding Officer: Time is tightening a little. I ask the last two speakers

before the closing speeches to restrict their comments to four minutes.

11:44

Mr John McAllion (Dundee East) (Lab): The motion, which is in the name of the Minister for Health and Community Care, links further investment in primary care to further reform. When I see the words "investment" and "reform" linked in these new Labour times, my internal alarm bells ring. That is mainly because those words have become code in England and Wales for greater private sector involvement in delivering health care. Nicola Sturgeon said that she agreed with Alan Milburn some of the time—that puts her politically closer to him than I am.

I was delighted to hear the Minister for Health and Community Care reject any suggestion that the reforms to which he refers will involve any return to GP fundholding. The Tories should listen to the following part of my speech. GP fundholding was a disaster in Scotland. It created inequalities in access to health care, wasted resources and stopped the targeting of clinical priorities and clinical need. It was a great day for the national health service when GP fundholding was abolished.

Nobody has said this, but I suppose that every political party in the chamber would argue that the Scottish NHS is safe in its hands. The test of that is ensuring that the NHS remains a wholly public service that is funded from general taxes and guarantees access to health care on the basis of medical need and not ability to pay. The service should be wholly planned and provided in the public sector. If that is too Soviet for David Davidson, so be it. The Soviets did not get everything wrong in the many years that they existed during the 20th century.

That is why I find Mary Scanlon's amendment offensive. It talks about purchasing care from the "appropriate provider", the definition of which includes the private sector. Profiting from illness and diverting public investment in the health service into the pockets of profiteers are offensive and unacceptable.

Ben Wallace: Does John McAllion agree that those words are Alan Milburn's words? Does the member agree with Mr Milburn and me?

Mr McAllion: Ben Wallace did not listen to what I said about Alan Milburn. I disagree with Alan Milburn—full stop. If they are his words, I am glad that I said what I did.

The amendment by Nicola Sturgeon looks inoffensive, but after I heard her speech, it took on a sinister hue. She talked about giving local health care co-operatives commissioning power, which

she defined as the power to decide the hospital to which they will send patients. She even backed that up by saying that the SNP would give LHCCs financial muscle—control of 75 per cent of the budget. That is as good a definition of GP fundholding as I have heard anyone give. Nicola Sturgeon has proposed GP fundholding in the form of LHCCs having control of budgets.

Bill Butler is right—GPs are private sector people. If they are given the freedom to choose, how will they be stopped from sending patients to private hospitals such as HCI, Ross Hall and the other private providers of health care? That is why the Tories want to return to GP fundholding. If the SNP takes the road that it proposes, that will happen, too.

I thought that the centre left in Scotland had reached a consensus that it rejected the provider and purchaser split with which the NHS internal market operated. If the LHCCs are free to shop around hospitals, does not that put hospitals in competition with one another and return us to the internal market, which we said not so long ago that we had abolished?

What about strategic planning? Most health boards in Scotland have undertaken a painful process of taking difficult decisions about which services should be located in which hospitals and what funding should be invested in which hospitals. Is that all to be undermined by allowing LHCCs to shop around and play off one hospital against another? I think not. That would be a disaster.

It was strange that Margaret Smith championed the global pharmaceutical industry. She painted a picture of those businesses as benevolent capitalists that invest millions in research not because they want to make a profit, but because they want to help ill people around the world. That is fantasy pharmaceuticals, and Margaret Smith should know better.

11:49

Stewart Stevenson (Banff and Buchan) (SNP): My father graduated as a doctor at the age of 42—he came to the primary care sector late in his life. He was the centre of the health service for his patients. He started in medicine just before the health service was established. He was a strong supporter of the health service and welcomed its coming to pass. My father came from another age. He shared a GP cottage hospital with colleagues in Cupar in Fife. The hospital had X-ray equipment and an operating theatre. Occasionally, he even carried out an appendectomy. He did all his maternity work in patients' homes, which people welcomed.

We should not imagine that 50 years ago was

the golden age of medicine, although it was the golden age in respect of customer care and the relationship between the primary care provider—the GP—and the patient. In many other respects, that period was the dark ages. When my father graduated, there were no antibiotics. What could be done for people with severe infections was strictly limited. Diabetes was diagnosed by the doctor's tasting the patient's urine—there was no other effective means of diagnosis. Often, the smell of acetone on the patient's breath was an indicator, but the test was inaccurate and incomplete.

There was blood and guts. Once, on a Saturday night at 11.30 pm, a rugby player appeared at the front door at home. He had survived the rugby match, but the post-match dance had had a severe impact on him. He stood at the door with his ear in his hand—a fellow celebrant had bitten it off. My father sewed it on. The patient had already taken sufficient anaesthetic and there was no requirement for more.

We know that there are still health care problems in Scotland. Indeed, yesterday at the Justice 2 Committee meeting, an interesting and alarming statistic from the Procurator Fiscal Service was mentioned. Do members know that, in Strathclyde and Glasgow in a single year, 1,570 accused people died before their cases came to court? That says something about the state of health care.

People in Banff and Buchan do their best. We produce the best food in the world—oily fish—and we will certainly play our part in improving Scotland's diet.

I welcome a return to primary health care as an important part of the NHS. Practical measures can be taken in the primary sector. Type 2 diabetes—late onset diabetes—for example, is largely a matter of diet and lifestyle. The primary health care sector has a huge role to play in advising people. Nurses can weigh patients and give them advice on lifestyle.

I have come across curious little facts. My sister-in-law is a nurse in a nursing home. She is fully qualified but is not allowed to give injections, as the nursing home is not insured for the consequences of any errors that might occur. Therefore, she must call out GPs to supervise her when she gives injections.

My father had some interesting patients who were Tories. He refused to give them private service. Consider the leader of the Tories in the House of Lords and the Chairman of Ways and Means in the House of Commons. Even Tories can support the health service if we give them the quality. With the exception of the Tories, all parties in the chamber strongly support the health service

and the public provision of that service.

The Deputy Presiding Officer: We move to winding-up speeches. Donald Gorrie has six minutes.

11:54

Donald Gorrie (Central Scotland) (LD): Before I get stuck in to the subject, I should say that those who run our affairs still do not have their timetabling right. Today is a relaxed debate in which members are encouraged to speak for around five minutes. Yesterday, the Parliament passed important amendments to an important bill with no debate whatever. We must sort that out.

Many good speeches have been made by members who know much more about health than I do, but I want to speak about a particular part of the motion—the development of primary care. My argument is that if people are ill, we must help them, but we put minimal resources into keeping people healthy—that is what we should be talking about. A lot of illness is unnecessary and far fewer people should fall ill. I appeal to the minister. A considerable amount of new money is available for health and a sizeable chunk of it should go into developing community activities of all sorts to keep people healthy. If people are lonely, unhappy, unemployed, under stress and fed up in a community, they will fall ill. If a community is vibrant, there are community activities for all ages—for example, sports, arts, discussion and social activities—and there is support for people such as lone tenants, people will not fall ill. The idea is simple—it is not rocket science—but we ignore it. We must get stuck into that issue.

I will give two examples. In the past, I tried to help a community group and had some success. The group dealt with people who suffered from stress and nervous problems. It did not cost much, but limped along from year to year with minimal grants. One person who usually spent several weeks each year in hospital did not go to hospital at all for several years because of the group. Another person who consumed legitimate pills by the shovelful came off those pills. Those two examples must have saved the NHS a bomb, yet funding for such organisations is minimal. We need many more organisations like it.

Many people are trying to do positive things in the community. Not only do they not receive funding increases, but the grant that helped voluntary organisations to train people has been removed. The grant has been demolished. The Executive places great new demands on voluntary bodies under part V of the Police Act 1997, but there is no funding. There was a success in the Executive's agreeing to fund the £10 charge for people to be scrutinised by the police to find out

whether they were suitable for helping with youth work. However, there are now demands on organisations, as opposed to individuals, which the Guides, for example, say will cost them an additional £25,000 a year. There is no money and those organisations must be helped.

I plead for money to keep people healthy through vibrant and worthwhile communities. That idea is simple and straightforward, but something must be done, for God's sake.

11:58

Tommy Sheridan: When the minister sums up, I ask him to elaborate on some points that have been made in the debate.

The minister mentioned the 48-hour time limit in respect of GP appointments. He will be aware of the BMA survey that members have mentioned. In that survey, the point is made that 94 per cent of family doctors wish to spend more time with their patients. We must ensure that we do not simply improve waiting times to see GPs; we must also increase patients' time with their GPs. That will be done only if more GPs and essential medical and administrative support staff are employed. Far too little has been said about that. I hope that the minister emphasises the importance of administrative back-up and medical support staff. If GPs deal with too much administration, they will not have enough time to dedicate to their patients. That is an acute problem in the most deprived areas of the country in particular and we must direct more health resources to such areas.

The Executive previously said that resources would allow the Arbutnott report to be implemented over a five-year period. We have now been told about an increase in resources. Will the minister tell us today that the timetable for the implementation of the Arbutnott report will be speeded up so that the city of Glasgow will get the extra resources that it deserves and requires?

On the point that Margaret Smith raised about the pharmaceutical industry, I have to correct a figure that I gave. I talked about the profits of GlaxoSmithKline and I think that I mentioned £5 million a day. I meant to say £5 billion last year, which works out at about £13 million a day. One of the company's biggest sellers is one of its antidepressants. I am sure that they would be able to use those antidepressants for politicians who lack the vision to realise that we have the resources and knowledge to make medical advances in our country. I defy anyone to talk about medical advances that have been based on profit. The biggest medical advances that have been developed in this country have been made through expanding medical knowledge to try to help people. That is why I believe in a publicly

owned pharmaceutical industry. As a nation, we should have the vision to recognise the wealth of knowledge and research that we have at our fingertips. Is it not about time that, instead of paying the private sector through the nose to service the public health service, we developed our own public pharmaceutical industry to service the public health service?

Mrs Margaret Smith: Will Tommy Sheridan take an intervention?

Tommy Sheridan: Yes.

The Deputy Presiding Officer: No. Mr Sheridan understands that he was allocated a very brief time period and it is time for him to close.

Tommy Sheridan: Finally, I hope that the minister will reiterate that the direction of reform is away from accommodating the private sector and towards using public money for public health.

12:01

Ben Wallace (North-East Scotland) (Con): Primary care has always had to take the brunt of changes in patient expectations of treatment. There are always more services, more need and more demand. That is truer today than it ever has been.

The Executive's motion stems from the report "Making the Connections", which was published at the end of March. That report set out to reinforce the Minister for Health and Community Care's ideas for LHCCs and set out the aims and functions that they have. However, when one reads the report carefully, one discovers that it reinforces a centralist approach. Sadly, it does almost nothing to empower the GPs and primary care teams and does not put money where the report's mouth is.

Many of the recommendations get bogged down in micro-management and patronising claptrap. Suggestions include making

"better use of support staff"

and

"getting rid of unnecessary paperwork".

However, no attempt is made to explain how or who is empowered to make that decision. The new NHS boards will become responsible for telling LHCCs—no, sorry that should be "clarifying" to them—what their responsibilities are. Members can bet they will. The boards will not be slow to ensure that they say who does what, where, with their money.

Before we move to the alternatives, it is right to examine where we currently are in primary care and what outcomes it produces. Over recent years—irrespective of the new money that has

been announced—record sums have been invested. Let us consider manpower. One of the manifesto commitments of Labour and the Lib Dems was that they would reduce bureaucracy in the NHS. According to statistics from the information and statistics division, since 1997 the NHS has employed 500 more administrative and clerical staff. Tragically, the billions of pounds of record investment has given us only 18 more health visitors and two fewer midwives in Scotland than when the Conservatives left office. I will give credit where it is due: there have been increases in the numbers of community psychiatric nurses and district nurses, although that increase has been slower during the past four years than it was during the Conservatives' last four years in office. The fact remains that the Executive has recruited fewer people more slowly than was the case under the Conservatives.

It would be wrong to overlook outcomes, but that picture is equally bleak. Health visitors are seeing 50,000 fewer clients a year and district nurses are seeing 10,000 fewer clients a year than they were in 1997. GPs only recently withdrew from a mass resignation and, according to Audit Scotland's report last May, LHCCs are not leading to the vital multi-decision making that is needed. Patients waiting over 18 weeks for referral have doubled under this Administration. That is not an outcome to be proud of, despite the record investment.

There is a need to address some of the current problems that are wasting time and resources. The issue of missed appointments, which was raised earlier, is a major source of waste. A recent study by the Doctor Patient Partnership concluded that in Scotland alone, 35,000 GP appointments and 8,700 practice nurse appointments are missed weekly, yet the Executive seems content to bury its head. The primary care modernisation group does not even mention that in its report.

Bedblocking is another big waste of resources. Mary Scanlon and many members have reiterated the problems time and again, so I will not repeat them. Waste is also associated with lost or wrongly prescribed medicines. The Executive has at least dealt with that. Its recent document "The Right Medicine" is just that. The minister and his department ought to be congratulated on the measures in that document.

The next two policy measures are about the future. First, the Scottish Conservatives urge the Scottish Executive to lobby Her Majesty's Government to ensure that any new changes to the GP contract, which is out for consultation, include financial incentives for the provision of certain services—such as epilepsy—and take into account that the new contract has an impact on pay. Given that GPs' surgeries are smaller in Scotland than they are in England, GPs may well

experience a reduction in their salary. I hope that the minister will address that.

We think that there is a best way to develop primary services, which is to empower primary care teams and practices with funds. We believe in allowing commissioning to return to LHCCs in order that the money flows from the patient. Real choice means empowered choice.

Brian Fitzpatrick: On assisting primary care teams in relation to funding, David Mundell earlier pointed to a Scottish Tory policy on the NHS. Will Ben Wallace help us on the detail of that policy? We are now in year 3 of devolution, without even a shadow budget from the Scottish Tories or the SNP. Will Ben Wallace help to secure consensus in Scotland by telling us that the Scottish Tories now commit themselves to matching the funding allocations for health that the Scottish Cabinet approved last week?

Ben Wallace: As Brian Fitzpatrick knows, the Conservatives in the United Kingdom voted against the increase in the budget. We do not believe that spending such large sums of money without those sums being attached to reform is the best way to go. In five years' time, Scotland will be the highest spender, as a proportion of its gross domestic product, on health care in Europe.

In five years' time, we expect that there will be no waiting lists, no staff shortages and no bed shortages. That is the target that the Government has set. It has not set a target of shorter waiting times. It has set out to achieve the very best. I am happy to say that in Scotland we deserve the very best. Dorothy-Grace Elder alluded to patient service in Germany. Look at the German system. That is not the system that has been fixed by Gordon Brown in an attempt to keep hold of his power and put his unions and paymasters before patients.

We believe that fundholding is the right way to go. We believe that LHCCs should be allowed to commission care from the private, voluntary and public sectors and we are not the only ones. Our amendment today is taken word for word—apart from the fact that we inserted LHCC where he said primary care trusts—from Alan Milburn's statement in the House of Commons last Thursday. The statement has not been fiddled, fixed or skewed. John McAllion obviously now finds Alan Milburn as offensive as the Tories. I will quote Alan Milburn's exact words, so that the Deputy Minister for Health and Community Care cannot wriggle out of the situation by saying that we fixed them:

"Primary care trusts will be free to purchase care from the most appropriate provider - be they public, private or voluntary."

Those are the words of Alan Milburn; the other

words in our amendment are from Alan Milburn too. Today, Labour in Scotland will reject new Labour or it will carry on trying to make amends, but without having the guts to say that it has got it wrong. To dance on the head of a pin about contracting is not to address the issue of the internal market. Whether there is electronic contracting, whether the funds are held for secondary care within the primary care trust or whether they are held in acute care is not the issue. The internal market was characterised by the Griffiths report in the 1980s, which stated that if purchaser and provider were split and commissioning was allowed, that was the internal market. The Executive is returning to that. It cannot dance on the head of a pin and say that a computer will do it instead of a contract manager; it is still commissioning care.

The Deputy Minister for Health and Community Care could perhaps alleviate John McAllion's fear by saying that primary care teams are not allowed to buy care from anybody except the public sector. That may go some way towards alleviating John McAllion's fear, but does that mean that primary care teams will be allowed to buy care from the voluntary sector, the not-for-profit sector and the private sector? We will see from the minister's answer. Nicola Sturgeon said that primary care must be the engine for change. The Conservatives said that in the 1980s, so I welcome that.

I do not think that there is anything that Stewart Stevenson or his family has not done. A relation of his probably carried the cross at the crucifixion. If we had a debate on that, I am sure that he would tell us. He is fast becoming the Walter Mitty of the Scottish Parliament, and the less said about that, the better.

The choice will be whether to back the amendment that we have lodged, which is very much in the vein of new Labour and Alan Milburn, or to reject it. Will members go back to old Labour or come on board and recognise that the internal market delivered better outcomes, was a better use of money and put the patients first? I support Mary Scanlon's amendment.

12:11

Shona Robison (North-East Scotland) (SNP): I do not know about Walter Mitty, but Ben Wallace is doing a very good Just William impression. I will not tell Mike Rumbles what impression he is doing—perhaps I will tell him afterwards.

There has been a large degree of consensus on primary care in the health service. All members agree that that is where the focus must be, although differences of opinion have appeared concerning how we get there.

The quote of the day is:

"If it can be done in primary care, it should be done in primary care."

All members can sign up to that.

We have heard that 90 per cent of the public's contact with the NHS begins and ends with primary care, so it is imperative that the primary care sector is able to develop to meet the demands of 21st century Scotland, as Bill Butler mentioned. As many members have said, a number of issues require resolution if that is to happen.

To maximise what we can achieve, we must address capacity, which means addressing work force issues. Recruitment and retention remain a huge problem. Although the incentives for dental practitioners are to be welcomed, we must do much more if we are to compensate for the potential loss of 25 per cent of nurses, as was highlighted by Margaret Smith. The primary care sector has the highest vacancy rates among nurses, so we must do more.

Roles and responsibilities are also key. The minister is right to say that people need to receive services at the right place at the right time and from the right professional. There are huge opportunities to enhance the delivery of services to those with chronic disease, as Janis Hughes said. There is agreement among members that GPs should not be the gatekeepers for services. We all agree that primary care is bigger than GPs. Nurse prescribing is important, as is the enhanced role for community pharmacists, direct access to physiotherapy, and so on.

The expansion of the role of LHCCs has been a key issue in the debate. I agree with Mr Fitzpatrick—which might cause him some concern. We want to devolve powers that are held by the health boards to the LHCCs. We want to give the LHCCs the clout to which Mr Fitzpatrick referred by giving them commissioning powers. That should also please Margaret Jamieson, who gave the example of the one-stop-shop community ownership model. We want to enhance that further by devolving powers to LHCCs so that they can deliver services in partnership with local people, as Margaret Jamieson outlined.

The debate is not about GPs—it is about the whole primary care team. It is about empowering them to the maximum in partnership with local people. We need to get a dynamic system of LHCCs if we are to deliver the change that we have talked about. For LHCCs to be dynamic, they need to be empowered. John McAllion and other members have made the mistake of confusing LHCCs with GPs. They are not the same. LHCCs are the primary care teams. Either LHCCs are the right people to deliver local services or they are not. If they are, they must be given powers to

allow them to do so effectively; if they are not, we have to stop pretending that they are. Saying that they are is mere rhetoric, which is not good enough. The ministers cannot have their cake and eat it. If LHCCs are the way to do things in future, we must give them the necessary powers backed up by the necessary resources. Such a system should have accountability structures to ensure that standards and guidelines exist for the delivery of effective local services. Socialists should not be afraid of devolving power to local people; I had thought that that was what socialists believed in.

In the Health and Community Care Committee and in this chamber we have discussed public health many a time. The primary care sector has a crucial role in delivering public health. In my view, public health is not the domain of any single medical professional but should be the responsibility of every single member of the health service. For example—and to consider a subject that Margaret Jamieson has spoken about on occasion—when a GP sees a pregnant woman, the GP should be considering the early years of the child and ensuring that the mother-to-be has all the information that she will require to ensure that her baby is as healthy as possible. The public health agenda starts early and has to be the responsibility of all.

Primary care must be the most important element in tackling health inequalities in our society. That is a big aim, and one that can be achieved only if all sections of the health service work together. We are not talking about a service that deals only with people in ill health, but a service that deals with the whole population to prevent people becoming ill in the first place.

Adam Ingram reminded us of the scale of the problems that we face in mental health. A total of 30 per cent of all GP consultations arise from stress and depression; and the frightening number of 100,000 out of 700,000 women aged between 25 and 45 seek treatment for depression each year. Those figures should make us pause and reflect. Adam is right to highlight the need for other members of the primary care team to take responsibility for the delivery of mental health services in their broadest sense. His proposal for a mental health task force deserves consideration.

The shift from the acute sector to the primary care sector has happened only in rhetoric. We have spoken about it in this chamber time and time again, but the problem is that resources have not always followed the rhetoric. If we are serious about radically changing the way that our health service is delivered, those resources must follow. The Executive will certainly have the support of the SNP in making that happen.

12:18

The Deputy Minister for Health and Community Care (Hugh Henry): It is clear from the contributions this morning that there is much support in the Parliament for many of our proposals. Most of us would acknowledge the fundamental role that primary care plays in the delivery of good-quality health in all the communities that we represent across Scotland.

People want to be supported to help them stay well; or, if they are ill, they want to be cared for in or near their homes, as many members have said. Primary care is about providing continuous, comprehensive and co-ordinated care to individuals and communities. That is why we are modernising primary care. We want to ensure equitable access to a wider range of primary care services, working towards a target of access to a member of the primary care team—not, as Tommy Sheridan suggested, to a GP—in 48 hours. We want to increase the number and type of staff in primary care in order to make full and effective use of their professional skills. That will allow us to provide appropriate, high-quality care.

Mr Davidson: Will the minister clarify something that he said earlier about patients being able to see a member of the primary care team within 48 hours. I understand that that does not necessarily mean seeing a GP. In the model that the minister outlined, who will conduct the triage?

Hugh Henry: There will be no difference to the situation at present. The role of nurses will continue to be critical. Many members have spoken about the contribution that nurses can and will play in the delivery of primary care. Equally, we want to be clear about wanting to free up GPs to do the work that they are qualified to do and to have nurses do the work that they are capable of doing. I am talking not about asking nurses to do work that is most appropriately done by GPs, but about freeing up qualified staff to do the work that they are best able to do.

Tommy Sheridan: Will the minister give way?

Hugh Henry: No thanks.

We also want to pursue measures to recruit and retain staff, particularly in remote, rural and deprived areas. Malcolm Chisholm made a number of comments on that subject. I am sure that the announcement that Mary Mulligan is to make today on dentistry will be welcomed widely.

We want also to improve the infrastructure of primary care by modernising existing premises and building new ones. Janis Hughes made reference to the contribution that is made by the centre in Rutherglen. Other centres in Ayrshire were mentioned as examples of primary care that is transforming the quality of service to people in

communities.

I want to make clear our intentions in respect of the amendments to the motion. We do not intend to accept Tommy Sheridan's amendment. Tommy Sheridan has failed to answer the questions that were put to him about what he would do about doctors and the privately funded and run facilities that are used by doctors.

Tommy Sheridan: Does the minister consider that, although GPs are self-employed, they are part of the private health sector? Does the minister include referrals to physiotherapists as a front line of primary care?

Hugh Henry: If I have time, I will return to the issue of physiotherapists.

It is not for me to try to define what Tommy Sheridan has included in his amendment. It is clear that the terms of his amendment would have a severe and devastating effect on much of the privately provided care service that constitutes 60 per cent of GP services.

We cannot accept the Conservative amendment. It is clear that the Conservatives are attempting to drive Scotland back to GP fundholding. John McAllion and others made it clear that fundholding was a disaster, but the Conservatives were clear about wanting to do that.

Mary Scanlon: The minister announced that budgets will be devolved to LHCCs and yet, in many parts of the Highlands and Islands, there are no LHCCs. Does the Executive plan to devolve budgets to local GPs?

Hugh Henry: If Mary Scanlon had listened carefully, she would have heard us talk about primary care teams. In that respect, Shona Robison and Nicola Sturgeon have raised an issue that requires clarification. Shona Robison said that LHCCs are primary care teams. That is not the case. A distinction must be made between primary care teams and LHCCs. It is usual to refer to the team of primary care professionals who work in close association with GPs and individual practices as the primary care team. LHCCs are voluntary groupings of GP practices. To answer John McAllion's point, we are clear that we are not talking about transferring commissioning powers to LHCCs. We want to empower primary care teams.

That is why, despite our reservations about some of what was said by Nicola Sturgeon and Shona Robison, we are inclined to accept the SNP amendment. It chimes with what we are trying to do, which is to devolve power to LHCCs to support and empower primary care teams. We will accept the SNP amendment.

Ben Wallace: Will the minister give way?

Hugh Henry: No, I must press on. A number of points have been made, but unfortunately, because of lack of time, I will not be able to address them all. I mentioned our view on the SNP's attitude to commissioning powers. SNP members said that we must address undercapacity, recruitment and retention and the work load in the health service. We have introduced a number of measures that are bringing staff into the service. There are not enough new staff and staff numbers are not increasing fast enough, but we are doing more than ever before. We have addressed many issues about the conditions in which staff work and we will continue to do so.

Mary Scanlon and her Tory colleagues are trying to take us back to the days of GP fundholding. I want to make it clear that our proposals do not include GPs holding funds for secondary care. Mary Scanlon endorsed our claim that we must listen to GPs and other staff. The issue of joint futures is critical to the delivery of care in communities and to people working in partnership at a local level. I hope that I made clear my point about nurses taking on appropriate responsibilities.

Tommy Sheridan wants an assurance that no public money in the NHS will go to private care. I pointed out the inconsistencies in Tommy's amendment. It is clear from Gordon Brown's talk of a tax-based NHS system and from many of Malcolm Chisholm's comments today and in recent months that in Scotland we are committed to a publicly funded and publicly delivered health care system. Nothing in our proposals for primary care will take us away from that fundamental principle.

Physiotherapists have a role, which has been addressed in a number of reports and will continue to be addressed. If Tommy Sheridan is concerned about specific issues, he should contact me and I will be more than happy to consider them. David Davidson and Margaret Smith mentioned the role of pharmacists in communities, which is critical to delivering good care. One welcome change in attitude in recent years has been the recognition that pharmacists can make a significant contribution. The Executive has taken significant steps towards empowering and involving pharmacists, but we can do more.

Janis Hughes is right that the majority of care should be carried out at the primary care level. She mentioned the role that primary care can have in chronic disease management. I would welcome the opportunity to visit the Rutherglen primary care centre to see how that can be done locally.

Margaret Jamieson is right that—as I said earlier—primary care is about more than GPs and that LHCCs are not the only issue related to

primary care. There are good examples of effective partnership in east Ayrshire. I have seen at first hand the work that is done by rapid response teams, which not only makes a difference to primary care service delivery, but can benefit the hospital sector significantly. Margaret Jamieson was right to talk about local delivery and empowerment. She can rightly take pride in the innovation in east Ayrshire.

We must give credit to the Conservatives—at least they were consistent. They talked about private health and their determination to involve the private sector.

Ben Wallace: Will the minister give way?

Hugh Henry: No thanks. It is good that the Conservatives are so consistent, but there is a problem—Ben Wallace's speech did not chime with David Mundell's. David Mundell did not answer the question about the money that would come to Scotland.

Ben Wallace said that the Conservatives voted against the tax increases and the extra money for the health service that was proposed in the budget. If that money does not come to Scotland, how could David Mundell fulfil the commitments in Scotland that he mentioned? The development of the health service is dependent on that consistent flow of money. The Conservatives are inconsistent and contradictory, but the public will see clearly that they plan to dismantle the health service.

Elaine Thomson mentioned the benefits advice that citizens advice bureaux provide. Malcolm Chisholm recently met Citizens Advice Scotland, which will have further meetings with officials to discuss how best its work with patients can be supported. Many local authorities also make a valuable contribution by funding welfare rights services, which provide that type of service.

Mike Rumbles and others welcomed the money for dentists that will make an impact in many communities across Scotland. I cannot deal with Brian Fitzpatrick's comments on men's health in detail, but it is true that we need to facilitate the clout of primary care with the secondary and tertiary sectors. We will work carefully to see how the developing role of primary care plays in that.

Because of time constraints, I cannot deal with the rest of the contributions that were made today, but I will say to Johann Lamont that we are aware that Glasgow has particular problems. The Executive has attempted to address many of the problems that are specific to Glasgow and that will form a considerable part of our thinking in the coming months and years. We know that there are acute problems in Glasgow.

As there is broad support for the role of primary care, I am sure that we will start to see a real

difference in many of our communities. For us, primary care is fundamentally about unleashing the full potential of our staff in local communities to deliver more and better care sooner, and nearer to where people live.

Business Motion

12:32

The Deputy Presiding Officer (Mr Murray Tosh): The next item of business is consideration of business motion S1M-3033, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Wednesday 1 May 2002

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Executive Debate on Helping Scotland's Youth Participate in Communities
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business – debate on the subject of S1M-2849 Sarah Boyack: Ageism

Thursday 2 May 2002

9.30 am	Scottish National Party Debate on Powers of the Parliament
<i>followed by</i>	Business Motion
2.30 pm	Question Time
3.10 pm	First Minister's Question Time
3.30 pm	Stage 3 Debate on the Scottish Qualifications Authority Bill
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business – debate on the subject of S1M-3002 Alasdair Morgan: Current Situation in the Middle East

Wednesday 8 May 2002

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Executive Business
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Thursday 9 May 2002

9.30 am	Social Justice Committee Debate on the Voluntary Sector
<i>followed by</i>	Business Motion
2.30 pm	Question Time
3.10 pm	First Minister's Question Time

3.30 pm Executive Debate on Action to
Recruit, Retain and Value Nurses

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

and (b) that Stage 1 of the School Meals (Scotland) Bill be
completed by 21 June 2002.—[*Euan Robson.*]

Motion agreed to.

12:33

Meeting suspended until 14:30.

14:30

On resuming—

The Presiding Officer (Sir David Steel): Before we begin this afternoon's business, I invite members to give a warm welcome to the speaker of the Kuwait National Assembly, Mr Jassim Mohammed Al-Kharafi, and his delegation. [Applause.]

Question Time

SCOTTISH EXECUTIVE

Sectarianism

1. Donald Gorrie (Central Scotland) (LD): To ask the Scottish Executive what response it will make to the Church of Scotland's church and nation committee's report on sectarianism. (S10-5048)

The Deputy Minister for Justice (Dr Richard Simpson): The Scottish Executive is opposed to religious intolerance and prejudice in any form. We therefore welcome the general thrust of the report. Detailed consideration of the report's recommendations is a matter for the Church of Scotland's General Assembly, but we will study the report closely.

Donald Gorrie: Would the Executive consider accepting an amendment to the Criminal Justice (Scotland) Bill to introduce stronger penalties for offences that the court decides are caused by sectarian or religious hatred, in the same way as they do for racial hatred? I ask the question because the existence of the group that Dr Simpson chairs prevents any progress on my member's bill on the subject in the meantime.

Dr Simpson: I understand the member's frustration that the working group appears to be impeding the progress of his bill. However, it is important that the group takes the issue forward step by step. As Mr Gorrie will know—being a member of the working group—we are examining evidence of cases where sectarianism or religious hatred has been referred to in the sentencing of individuals before the court. When we have taken that evidence and held discussions with several groups, we will decide how to proceed. Clearly, the member's proposal is one of several alternatives, should the working group decide that a change in the law is necessary. We have not yet reached that point in our discussions.

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): Do ministers also recognise that not only changes in legislation but changes in attitude and culture are required? The confession of the

Church of Scotland on words uttered in this very chamber many years ago, in relation to forebears of mine and others in the chamber, is to be welcomed as part of the programme of work that is being undertaken to create mutual respect and make progress on community relations.

Dr Simpson: I thank Mr Fitzpatrick for making that point. I agree that it is important that groups such as the Church of Scotland seek to examine their own practice and history, as well as that of the wider culture, in order to begin to address negative attitudes. Courtesy of Mr Canavan, recently I met Mr Ian McLeod of Celtic Football Club and heard about some of the work that Celtic is doing. Celtic and Rangers have been considering sectarian issues in the clubs in a positive way. Such steps are to be welcomed in changing the culture and attitude.

Dennis Canavan (Falkirk West): Why is no representative of any church of any denomination on the Scottish Executive's working group on sectarianism? Will the minister consider widening representation on the group to include representatives of churches of different denominations and both clubs in the old firm, who have made a positive contribution following a meeting with the cross-party sports group last year?

Dr Simpson: It is crucial that we engage all the parties that Mr Canavan has mentioned. The working group will receive presentations involving several faiths. However, it would be impossible to have a committee composed of all the different religious groups in Scotland. We will take evidence from both old firm clubs, from Nil by Mouth—a programme funded by the millennium fund—and from various religious groups. We are working hard to engage everyone in the process, but I want to keep the cross-party group small and focused so that we can achieve results within a reasonable time.

Economy (Public Sector)

2. Andrew Wilson (Central Scotland) (SNP): To ask the Scottish Executive what the public sector share of the Scottish economy is and whether it wishes this share to change. (S10-5051)

The Minister for Finance and Public Services (Mr Andy Kerr): There are a number of possible ways of defining the share of the public sector in the Scottish economy. Estimates from the Office for National Statistics show that output in the public services sectors amounted to about 20 per cent of total gross domestic product in Scotland in 1998, which is the latest year for which figures are available.

Alternatively, we might look at total expenditure

by the public sector on behalf of residents in Scotland, which was estimated at approximately £34 billion in 1999-2000, or 45 per cent of GDP. The Executive recognises that the public sector should continue to provide services. We are committed to ensuring that Scotland benefits from first-class public services.

Andrew Wilson: I appreciate the minister's answer. However, he will recognise that it has been generally accepted that the wealth gap per head between Scotland and the rest of the United Kingdom is widening. Given the minister's comments about the overwhelming dominance of the public sector in Scotland's economy—and given the impact of the widely accepted Barnett squeeze in reducing Scotland's share of overall UK spending—will he name one measure in last week's UK budget that will reduce that wealth gap?

Mr Kerr: Pound for pound, Scotland receives the same as everywhere else in the UK. The Executive's focus remains not on narrow definitions provided by statistics, but on delivery of high-quality public services.

I also highlight as a performance measure that there are 16,000 more public servants in Scotland, which is 3,000 more a year since 1997. Moreover, the Scottish budget has risen from £16 billion to £22 billion. The nationalists should accept that the Executive is, and will continue to be, committed to public services.

Mr John McAllion (Dundee East) (Lab): Given that the Communication Workers Union is lobbying the Scottish Parliament today about the regulator Postcomm's proposal to privatise the Post Office, will the minister take this opportunity to say that that would be one unacceptable reduction of the role of the public sector in the Scottish and UK economies? Will he send a clear, unified message from this Parliament that the privatisation of the Post Office is not on?

Mr Kerr: No. This minister will say that that matter is reserved and that he will not comment on it.

Mr David Davidson (North-East Scotland) (Con): I was puzzled by the minister's great pride when he mentioned high-quality public services, which the people of Scotland expect to get anyway. He has made no comment whatever about what share of the GDP should be spent on building up our infrastructure to improve the economy and provide people with sustainable employment, which will give us the tax to pay for the good things in life. What does the minister have to say about that?

Mr Kerr: As I was not asked that question to begin with, it did not form part of my earlier answer. However, the Executive has provided the

largest-ever budget for transport in Scotland. Furthermore, the spending review is under way, and I am sure that transport will feature largely in the process.

Renewable Energy Guidance (Photovoltaics)

3. Sarah Boyack (Edinburgh Central) (Lab): To ask the Scottish Executive what plans it has to update national planning policy guideline NPPG6 on renewable energy to include guidance on photovoltaics. (S10-5045)

The Deputy Minister for Social Justice (Ms Margaret Curran): The Executive intends to issue advice on photovoltaics later this year. It is proposed that that will be done as an annexe to "Planning advice note 45: Renewable Energy Technologies".

Sarah Boyack: I thank the minister for her reply. Such advice will allow us to begin to make progress on the issue in Scotland.

Does the minister agree that, even with our climate, developing this exciting technology could contribute to our renewables obligation and form part of our strategy to tackle fuel poverty? In particular, does she recognise that setting a lead through the planning process is only one element, and that we need a stronger incentive for public and private housebuilders to install solar panels to power heating systems? For example, Germany is implementing a programme to deliver 1 million photovoltaics. We need a similar campaign here.

Ms Curran: I am very interested in Sarah Boyack's suggestion. We want the planning system to play its full part by recognising renewable energy's vital contribution and making positive provision for it. Although we will take action on that issue, there are other matters that we should attend to. I also point out that through our fuel poverty strategy and our commitment to housing regeneration, we have integrated those requirements into the housing stock transfer and other policies. As a result, this issue will become an important priority for the Executive.

John Scott (Ayr) (Con): Will the Crown Estate or the local authorities be responsible for the planning roles in the development of tidal energy in areas such as the Pentland firth? Moreover, has the minister considered drawing up an offshore NPPG to address those matters?

Ms Curran: I am not sure about that, but I am happy to discuss the matter with John Scott and with planning officials.

Bruce Crawford (Mid Scotland and Fife) (SNP): With regard to renewable energy, and particularly offshore wind power, the minister will be aware that the planning authority for offshore waters is the Crown Estate. Is she aware that, in

return for giving consent for a wind farm, the Crown Estate intends to impose on the companies involved a 2 per cent levy on any income derived from the operation of their wind farms? Does the minister think that it is just that the Crown Estate's coffers will be filled by revenue raised from Scotland's wind power? Would not she prefer that income to come direct to the Scottish Parliament for the benefit of Scotland and its people?

Ms Curran: I am, of course, interested in those representations and have had correspondence on those matters recently. The Executive is concerned to ensure that we maximise the opportunities for renewable energy. I can assure Mr Crawford that we will give the matter serious consideration.

New Deal

4. Miss Annabel Goldie (West of Scotland) (Con): To ask the Scottish Executive why participants in the new deal for young people programme in Scotland are more likely to experience two or three periods of unemployment than their counterparts in England and Wales. (S10-5040)

The Minister for Enterprise, Transport and Lifelong Learning (Ms Wendy Alexander): More than 40,000 young people have found work through the new deal. The best measure of success is the fact that 56 per cent of all new deal clients in Scotland, compared with only 54 per cent in the rest of Great Britain, have been able to find work. The number of spells that people spend on the programme does not suggest that there are significant differences between Scotland and the rest of the United Kingdom.

Miss Goldie: I would like to quote from a wondrously entitled document from the Scottish Executive central research unit called "Evaluation of New Deal for Young People in Scotland: Phase 2", which states:

"Outcomes in terms of employability varied most greatly according to the Option respondents entered."

Surely there is a need for education, either by the enterprise network or by careers guidance, to ensure that, in exercising their options, young people are more likely to pursue realistic career opportunities.

Ms Alexander: We have truly shifted the terms of political debate when the Conservatives are lecturing us about mass youth unemployment, but I welcome converts to the full employment agenda at any stage. There are 40,000 young people who have gone back to work in Scotland, and I note that a mere 84—although that is 84 too many—have three spells of unemployment. We will certainly work closely with them, and I am sure that the creation of Careers Scotland will help, but

the central message must be that 40,000 have found work through the new deal in Scotland.

Andrew Wilson (Central Scotland) (SNP): Does the minister recognise and regard as a problem the fact that less than a third of the young people who left the unemployment register in the past year are in work?

Ms Alexander: I make the same point to Andrew Wilson as I made to Annabel Goldie. None of the parties that are not in the coalition were even in favour of the windfall tax, which is how we managed to get people back into work. We continue to get people back to work, to be committed to full employment and to deliver for young people. I do not recall any proposal from the SNP to do that.

Nursery Places

5. Marilyn Livingstone (Kirkcaldy) (Lab): To ask the Scottish Executive whether it has identified any benefits from the provision of a grant-funded nursery place for all three and four-year-olds whose parents want one. (S1O-5069)

The Minister for Education and Young People (Cathy Jamieson): The Executive's pre-school programme is designed to benefit children's educational and social development and to give all children the best possible start in life. We believe that that is a key part of our wider social inclusion programme, and is essential to our aim of closing the gap.

Marilyn Livingstone: Does the minister agree that, if we are to allow more women—especially those who cannot afford expensive child care—the choice of returning to work, we must ensure that there is adequate after-school provision throughout the country?

Cathy Jamieson: I assure Marilyn Livingstone that we recognise the importance of child care provision for parents who want to be in the work force. We are committed, through the child care strategy, to helping families to balance work and family life. In addition to the provision of pre-school education, we have allocated £16.75 million of child care strategy funding to local authorities in this financial year. The new opportunities fund also provides out-of-school care places. We will continue to work to improve the situation.

Murdo Fraser (Mid Scotland and Fife) (Con): Does the minister accept that the current provision of nursery education follows on from the success of the previous Conservative Government's introduction of nursery vouchers and that, as the voucher system provides greater flexibility and more parental choice, it is a preferable method for delivering nursery education?

Cathy Jamieson: The very short answer is no.

Prescription Drugs

6. Margaret Jamieson (Kilmarnock and Loudoun) (Lab): To ask the Scottish Executive what steps are being taken to prevent unused prescription drugs from being unnecessarily destroyed. (S1O-5050)

The Deputy Minister for Health and Community Care (Hugh Henry): Unused medicines can pose a danger to public health and must be disposed of safely. Patients are encouraged to take unused medicines to a community pharmacy for safe disposal.

Margaret Jamieson: I thank the minister for his reply. Is he aware that, prior to the publication of a strategy for pharmaceutical care in Scotland, a four-week survey was conducted in Ayrshire that reported that 3,148 items, which had a value of £530,000, were returned? Will the minister undertake to pursue further opportunities, through pilot schemes, to reduce the level of waste and reinvest the consequent significant financial savings in patient care?

Hugh Henry: I commend Ayrshire and Arran for the work that was undertaken. Margaret Jamieson will be aware that there are significant concerns about public safety. The advice is that unused medicines should be destroyed. The pharmacists' professional code of ethics, which forms part 2 of the Royal Pharmaceutical Society's publication "Medicines, Ethics, and Practice" says:

"The public and the profession are entitled to expect all stock to be obtained from a reputable source and be of high quality and fit for intended purpose."

The code goes on to say:

"Medicines returned to a pharmacy from a patient's home, a nursing or residential home must not be supplied to any other patient."

However, I am aware of the significance of the statistics that Margaret Jamieson quoted. It is clear that there are professional and legal constraints that we would need to consider carefully, but I undertake to investigate whether anything can be done to minimise the loss to public funds.

Phil Gallie (South of Scotland) (Con): Can the minister put a value on the number of aid appliances, such as wheelchairs, crutches and zimmers, that are given to patients and which are not returned after the patient's needs have been satisfied? Does he intend to give advice on ways of bringing those aid appliances back in for central use?

Hugh Henry: I cannot answer that question off the top of my head. However, if information is readily available, I undertake to provide the member with the information. I know that local authorities and hospitals try to reuse equipment. It

is in the public interest to do so. We encourage all organisations to take that matter seriously.

Dorothy-Grace Elder (Glasgow) (SNP): Can we not be a bit more imaginative about the matter? Can we not ship surplus drugs—some of which are not beyond their use-by date—to Russia, for example, which is only three hours away by plane from Scotland? Russian street children and prisoners—I have visited Russian prisons—do not even get treatment for tuberculosis, as there are not enough drugs. Cannot we consult an international aid group and assess whether we can bring hope to other parts of the world by sending them our surplus drugs?

Hugh Henry: I acknowledge Dorothy-Grace Elder's serious point about other societies' difficulties in accessing medicines. However, I caution against a policy that says that drugs that are not safe or fit for consumption in our country can be shipped to Russia or elsewhere. That would not necessarily go down well. Public safety is of the essence here and in Russia.

Private Housing (Local Authority Powers)

7. Mr Keith Harding (Mid Scotland and Fife) (Con): To ask the Scottish Executive whether it proposes to review local authority powers for tackling poor-quality private housing. (S1O-5053)

The Deputy Minister for Social Justice (Ms Margaret Curran): The housing improvement task force is reviewing options for modifying the powers that are available to local authorities for tackling poor-quality private housing. The Scottish Executive will look carefully at the task force's recommendations.

Mr Harding: I thank the minister for her reply. One recommendation is to review those procedures. I trust that we will not have to wait another year before action is taken. Is not it true that in six years of Labour rule we have seen only consultation and a worsening of a deplorable situation?

Ms Curran: Only last week the Parliament debated the issues in our debate on the housing improvement task force. I share with the chamber the fact that one of the Tory members, Mr Phil Gallie, intervened during the debate. With all due respect to Mr Gallie, I had to laugh. He seemed to imply that somehow the Tories had made some significant contribution to housing in Scotland over the past years. He should try telling that to the tenants in Glasgow. Perhaps some conclusions can be drawn from the level of support that they have given to the Tories.

We properly committed ourselves to investment in social housing when we passed the Housing (Scotland) Bill. We are now focusing on private sector housing as a priority. Last week, the Tories

dismissed the work of the housing improvement task force as virtually useless, but the Executive will listen to the issues that the task force raises. We will engage with local authorities and others who understand the issues and have points to make to the Executive. We will pay serious attention to the evidence that we find, rather than dismiss it as the Tories do so easily. Perhaps that is why the Tories are so easily dismissed within housing circles.

Phil Gallie (South of Scotland) (Con): On a point of order, Presiding Officer. [MEMBERS: "Oh."]

The Presiding Officer: I hope that it is genuine.

Phil Gallie: I will leave that to your judgment, Presiding Officer.

The Presiding Officer: You certainly will.

Phil Gallie: The minister herself referred to the golden days of the 1980s, when the Tories improved the housing situation.

The Presiding Officer: My suspicions were correct.

Linda Fabiani (Central Scotland) (SNP): Given that the minister will not agree with Phil Gallie, will she agree that, during the passage of the Housing (Scotland) Bill, if the Executive had accepted the SNP amendments on the minimum tolerable standard, on improvement grants and on the powers of local authorities, the local authorities would now be in a far better position to improve the condition of private sector dwellings in Scotland?

Ms Curran: I remember well the debates that we had at that time, but I thought that we had persuaded some Opposition colleagues that those issues should be dealt with, not in a piecemeal fashion by tacking things on to the end of that bill, but by having a comprehensive overhaul of the private sector. We need to consider the key issues and deliver a comprehensive response. I point out to Linda Fabiani that she should recognise that our approach is supported by many housing agencies. The housing agencies are saying "At long last", and they have congratulated the Executive on our comprehensive approach and on our determination to deal with the facts.

It is quite wrong to perpetuate the idea that we should have dealt with those issues during debate on the Housing (Scotland) Bill. We made it clear that we would deal with the issues through the housing improvement task force. We want to take the issues forward. I hoped to have the support of SNP members on the issue. I must say that I am very disappointed with them.

Pauline McNeill (Glasgow Kelvin) (Lab): I commend the Executive on not forgetting the private sector in its housing policy. Does the

minister agree that it is essential to put in place measures to ensure that those on low incomes who were encouraged to buy their homes in the 1980s—such as my constituents in Anderston—are given proper support for essential repairs, which many of them cannot afford?

Ms Curran: That very issue forms a key part of the work of the housing improvement task force and detailed discussions are taking place at the moment. We will consider the task force's recommendations in depth. The matter of how one would introduce a package of measures to deal with that issue is complex. However, there is no doubt that we are well aware both of the concerns of low-income families, as they try to maintain their houses, and of the broader consequences of the decline and disrepair of the housing stock. We in Scotland now face a very serious situation because of the Tories' neglect.

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): The minister will recognise that, in many parts of the Highlands, many people live on low incomes. One reason that private houses are not being done up is that grants—both those that are administered by local authorities and grants for crofters—have remained at the same level for many years. Will the minister undertake to look at the levels and consider reviewing them upwards?

Ms Curran: We are on record as saying that we are concerned about the level of grant that the local authorities give. We are concerned about the impact that that has on housing stock. That is one reason why we are moving forward so assertively on this agenda. We view the issue seriously. The way in which investment in housing stock is delivered in rural areas is often quite different, but the housing improvement task force is considering rural issues. We take the matter seriously.

Scottish School Board Association (Meetings)

8. Mr Brian Monteith (Mid Scotland and Fife) (Con): To ask the Scottish Executive when it last met representatives of the Scottish School Board Association and what issues were discussed. (S1O-5052)

The Deputy Minister for Education and Young People (Nicol Stephen): I last met representatives of the Scottish School Board Association on Saturday 16 March 2002. There are also regular meetings with education department officials, the most recent of which took place last week, on Wednesday 17 April.

Mr Monteith: The minister will no doubt be aware that the Scottish School Board Association recently published a survey that showed growing dissatisfaction with the management of education by local authorities. Does the minister agree with

the Conservatives—and indeed many head teachers—that any new funding for education in future should be paid directly to schools?

Nicol Stephen: No, although we encourage more devolved school management. A recent review of devolved school management indicated that performance among local authorities varied. The Scottish Executive wants there to be high-quality devolved school management, with head teachers playing a key role in the management of schools in future. We also want a review of the Scottish School Board Association to be carried out. We want greater parental involvement not only in the running of schools but in all aspects of education in Scotland.

Trunk Roads (A75 Mouchel Study)

9. Alex Fergusson (South of Scotland) (Con): To ask the Scottish Executive when it will announce the findings of the Mouchel study on the A75 trunk road. (S1O-5064)

I stress that that is Mouchel, rather than "Mouchet", as appeared in the business bulletin.

The Deputy Minister for Enterprise, Transport and Lifelong Learning (Lewis Macdonald): The results of the phase 1 port approach study carried out by Mouchel were shared with members of the North channel partnership and South Ayrshire Council in November 2001. We expect a report on phase 2 of the study later this year.

Alex Fergusson: The £30 million that has been earmarked for the route action plan has yet to be detailed; the demand from Stena Sealink for an Executive commitment to improvements has yet to be addressed; and the Executive has still to reply to a letter on the issue sent in December by Dumfries and Galloway Council. Given those facts, will the minister at least clarify that any funding that is required to implement the findings of the Mouchel study will be new funding, rather than funds diverted from the costs of already proposed improvement schemes?

Lewis Macdonald: The purpose of that study is to assess the schemes that are under consideration against the Scottish transport appraisal guidelines in order to measure their effectiveness in delivering value for money. Once we have the results of phase 2 of the report, we will consider them with the members of the North channel partnership and we will proceed from the report's conclusions. Questions of funding will have to be considered first, on the basis of the report's findings and secondly, on the basis of consideration of other priorities identified within the Scottish transport programme.

Alasdair Morgan (Galloway and Upper Nithsdale) (SNP): Given that the Mouchel study is concerned with fairly small schemes, does the

minister agree that it is important that we do not set our sights too low? Does he agree that the dualling of the A55 in north Wales along its entire length has brought tremendous benefits to the economy of north Wales, many of whose areas are almost identical to areas of Dumfries and Galloway? Will he therefore commit himself to a long-term objective of funding similar improvements to the A75? Do the people of Scotland not deserve a similar quality of infrastructure to that which is enjoyed by the people of Wales?

Lewis Macdonald: I am not yet responsible for the spending programme for roads in north Wales, but I recognise the force of Mr Morgan's point. Eight overtaking schemes are currently in place on the A75 and A77, and Mr Morgan will recognise that that is one of the largest commitments among the schemes available in any part of Scotland. We will continue to address the issues arising from the Mouchel study in a constructive fashion.

The Loch Ryan gateway to Scotland from Ireland is an excellent transport route, which serves Scotland well, and we will continue to work with the ferry operators and other members of the North channel partnership to promote it.

Advertising

10. Michael Russell (South of Scotland) (SNP): To ask the Scottish Executive what criteria govern its use of advertising. (S1O-5044)

The Minister for Finance and Public Services (Mr Andy Kerr): The criteria that govern the Scottish Executive's use of advertising are that it should explain policies, inform the public about the Government services available to them and about their rights and liabilities, and that it should influence the social behaviour of individuals, organisations and businesses.

Michael Russell: I thank the minister for his reply, but it is a pity that good sense and sensitivity to public opinion are not among those criteria. Does the minister honestly believe that extensive radio and billboard advertising for the Executive's great debate on education can be justified, given that the number of places for teachers and budgets for books are being cut?

Mr Kerr: I do not agree. What Mr Russell says is not true. The Parliament might want to listen to Mr Russell now and again, but we want to listen to the voice of the Scottish people in regard to this matter. To engage with the Scottish people, we are advertising the national debate.

On the subject of publications and advertising, I welcome Andrew Wilson's document on the SNP's economic position. I understand that it is subtitled, "Gordon Brown was right all the time."

Rhoda Grant (Highlands and Islands) (Lab): Will the minister consider evaluating—*[Interruption.]*

The Presiding Officer: Order. I want to hear the question. *[Interruption.]* Order. You have asked your question, Mr Russell, but another member wishes to ask a supplementary.

Rhoda Grant: Thank you, Presiding Officer.

Will the minister consider evaluating the benefits that could be gained from advertising through local and community radio stations? Those broadcasters attract an awful lot of people and could provide good value for money. The funds that they would receive from that advertising would go a long way towards securing their future.

Mr Kerr: I share the member's views about the use of local media and radio. In terms of penetration, they are a successful route.

The Scottish Executive continually monitors the success rate of its interventions in the media and the feedback that we get informs our decisions. As the member will be aware from our recent correspondence, we constantly review the impact that we can make locally, including by advertising through local radio. I will consider the member's views again in due course.

School Buildings (Funding)

11. David Mundell (South of Scotland) (Con): To ask the Scottish Executive which first-round funding bids to improve school buildings have been successful. (S1O-5042)

The Deputy Minister for Education and Young People (Nicol Stephen): As yet, none.

David Mundell: Well, at least the answer was precise.

When does the minister anticipate that he will be able to give an answer? He will be aware that the funding process has created chaos and uncertainty in the education environment in many areas, not least in Dumfries and Galloway, where proposals for a large number of school closures have been brought forward. It would be helpful if we could be told how much money is on the table so that plans could be made in relation to the provision of rural education.

Nicol Stephen: This is an extremely important issue. There have been 14 first-round bids. We indicated in the circular calling for bids that we expected to reach a decision around 8 April. The level of bids—about £1.8 billion—has far outstripped the resources that we indicated were available at that time, which were about £500 million. Due to the importance of this issue, over the past week and a half, Peter Peacock and I have met all the bidders from the 14 councils and

are aware of the high expectation among councils and communities. We hope to reach a final decision after the Cabinet considers the issue in May.

Not only must we get on with making the right decision, we must get on with the urgent process of improving some of the unacceptable conditions that we find in our school buildings around Scotland.

Mr Keith Raffan (Mid Scotland and Fife) (LD): Would the minister agree that our top priority must be to replace with permanent new buildings all classroom huts and pre-fabricated buildings? Some of them date back to the late 1940s and early 1950s, as at Bell Baxter High School in Cupar, and all of them are unhealthy by nature—too cold and damp in winter and too hot in summer.

Nicol Stephen: I agree that it is important that we not only improve our school building stock but, where appropriate, increase the pace of repair and maintenance. In many cases, schools have been left more or less untouched since the day that they were built. We need to do more, through public-private partnership agreements, capital consents and the other funding that the Executive makes available for repairs and maintenance, to get rid of some of those problems.

In some cases, the accommodation that was provided temporarily is, unfortunately, necessary and some of it is by no means the worst example of school building stock in Scotland. That is why encouraging local authorities to produce full estates strategies and encouraging them to develop innovative PPP projects is the way ahead. The level of demand can be seen by the volume and scale of applications. We want to respond to that urgently.

Alex Neil (Central Scotland) (SNP): Does the minister agree that the fact that there have been bids totalling £1.8 billion demonstrates how much of a backlog there is in Scotland in relation to updating and refurbishing our school buildings? Does the minister agree that, instead of using expensive private finance initiatives to refurbish our schools, it would be more sensible for the windfall tax revenue from North sea oil to be allocated to the Scottish Parliament for expenditure on education rather than going down the plug hole in the Treasury in London?

Nicol Stephen: I agree with the first part of Alex Neil's question, but I point out that almost everyone in the chamber, except the SNP, wants us to get on with tackling this issue and does not want us to be held back by dogma. The approach that Mr Neil and his party would take would mean that none of the bids would be approved and that improvements to our school buildings would

stagnate.

National Health Service (Bedblocking)

12. Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive how many national health service beds are currently blocked. (S10-5066)

The Minister for Health and Community Care (Malcolm Chisholm): The latest validated figures are contained in the information and statistics division's "Patients Ready for Discharge in NHSScotland: figures from 15 January 2002 census". The figures show that, at the census date, 2,075 people were delayed in hospital beyond the accepted six-week discharge planning period.

Mary Scanlon: Is the minister aware that Lothian NHS Board alone has 527 blocked beds? How can that situation be alleviated, given that so many care homes have closed due to lack of funding? Will the minister ensure that, as we move towards the introduction of free personal care on 1 July, all the patients affected and their carers are made fully aware of, and are offered, direct payments to allow them the freedom and choice to purchase care from the independent and voluntary sectors as well as from councils?

Malcolm Chisholm: There is no question of those patients not going to the independent sector, because all nursing homes are in the independent sector at present. A question exists on the number of care home places. We have taken action to deal with that by making a major cash injection into care home fees. We have put about £50 million into that over the past three or four months.

Over and above that, we have allocated £20 million to dealing with delayed discharge. We have asked all local authorities and NHS boards to produce action plans by the end of the month. Hugh Henry and I will address a meeting of all council leaders and NHS board chairs in Scotland on Tuesday. Peter Peacock will also be there. We take the problem very seriously. The money will not be handed down until we are satisfied that the boards have produced plans that will deliver.

Roseanna Cunningham (Perth) (SNP): Will the minister turn his attention to a specific type of bedblocking, which occurs when there is a lack of beds in mental health hospitals, and which results in individuals being detained in the state hospital at Carstairs far beyond the length of time that is considered to be acceptable? In Perth, we are experiencing that situation with the Murray royal hospital. I am sure that that is not the only hospital for which that is the case. Does the minister have any solutions specifically for that problem?

Malcolm Chisholm: I am aware of the issue because I visited Carstairs recently. There is an

issue with the Murray royal hospital. However, the bigger issue is to make progress on local forensic units as quickly as possible, particularly in the west of Scotland and in Glasgow. Two such units are at the planning stage. Full consultation must take place and that has been happening in relation to Stobhill general hospital for a long time. That is the key development that will unlock the problem.

Further Education (Access)

13. Rhona Brankin (Midlothian) (Lab): To ask the Scottish Executive what progress has been made in improving access to further education. (S1O-5076)

The Minister for Enterprise, Transport and Lifelong Learning (Ms Wendy Alexander): Significant progress has been made in widening access to further education. The latest data show a 12 per cent increase in enrolments. That represents an additional 50,000 students on the previous year, which is a real vindication of our science and skills strategy.

Rhona Brankin: Is the minister aware of the potential difficulties in maintaining participation rates in colleges such as Jewel and Esk Valley College in my constituency at a time of population growth coupled with a cap on student numbers? Is she also aware of the low rates of entry into higher education in Midlothian? Does she acknowledge the vital role that further education plays in developing access to higher education?

Ms Alexander: The routes of progress through further education into higher education have been one of the successes of the Scottish education system in recent years. I confess that I was not aware of a particularly low rate of participation in further education in Midlothian. I would be happy to talk to Rhona Brankin about that. The fact that the Parliament has delivered a 50 per cent increase in resources for further education and 50,000 additional students into further education shows that we are starting to move in the right direction.

Robert Brown (Glasgow) (LD): The minister is no doubt aware of the huge opportunities that are opening up for further education in the building trade as a result of the housing stock transfer in Glasgow and for gas plumbers as a result of the Executive's central heating projects. Is the minister aware of the apparent shortage of people seeking entry into such careers and of the suggestion that there may be 600 too few gas engineers to deal with the central heating programme in the immediate future? If so, is she taking action to tackle that considerable problem?

Ms Alexander: One of the most encouraging aspects of the increase of 50,000 in the number of students enrolled in further education is that 88

per cent of them are taking vocational courses. That will go some way towards dealing with the problem to which the member refers.

Recently, the First Minister and I had the pleasure of visiting Queenslie, where the direct labour organisation has a training facility at which ex-shipyard workers are given the opportunity to retrain as gas-fitters. We want that scheme to be rolled out. It is one of the measures that I hope to consider over the coming months with respect to workers at Faslane and Coulport.

First Minister's Question Time

The Presiding Officer (Sir David Steel): At First Minister's question time today, questions will be answered by the Deputy First Minister.

Cabinet (Meetings)

1. Mr John Swinney (North Tayside) (SNP): I welcome the Deputy First Minister back to First Minister's question time. This is becoming something of a habit for him.

To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S1F-1836)

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): I am sure that I speak for the whole chamber when I say that we wish the First Minister, the Minister for Tourism, Culture and Sport and the Irish Minister for Tourism, Sport and Recreation well on their visit to Stockholm for the UEFA council, where they are promoting our bid for Euro 2008. I thank Mr Swinney and Mr McLetchie for the generous words of support for the bid that they sent on behalf of the SNP and the Conservative party.

Next Wednesday, when it next meets, the Cabinet will discuss funding the improvement to public services.

Mr Swinney: I thank the Deputy First Minister for his answer and repeat our support for the Euro 2008 bid.

Given the decision by the junior partner in the coalition to call for an immediate moratorium on field trials for genetically modified crops and the fact that we are told that his party exerts huge influence within the coalition, will the Deputy First Minister tell Parliament when the Executive will introduce the moratorium that has been demanded?

Mr Wallace: The view of the Liberal Democrats and the policy of the Executive is that there should be a moratorium on the commercialisation of GM crops. That is our position. However, as Mr Swinney knows, it would be illegal for ministers to prohibit field trials unless there were particular legal grounds for doing so. Despite claims to the contrary, no credible evidence has emerged to change the views of the Executive's scientific advisers on the matter.

Mr Swinney: The Deputy First Minister may want to re-examine the words that he has just used. Mr Finnie has said quite clearly that

"it would be illegal"

to implement a moratorium

"without evidence of harm".

That is very different from what the Deputy First

Minister has just said.

I have a list of 31 pieces of independent scientific information that provide evidence of harm. The list includes a piece of work by the Scottish Executive that proved contamination, gene transfer and gene stacking—in short, it demonstrated harm to the environment as outlined by Mr Finnie. Will the Deputy First Minister accept that, under the criteria set out by Mr Finnie, there is a compelling case for banning GM trials in Scotland?

Mr Wallace: As I am sure Mr Swinney heard, it is not accepted that what he claims proves certain points in fact proves those points. It has been made clear on numerous occasions that it would be illegal for ministers to withdraw consent for a particular release in the absence of sound scientific evidence that such a release would pose a threat to human health or the environment. The advice to the Executive from its scientific advisers has not changed: GM crops can be grown safely on the site at Munlochy and elsewhere. I would not encourage any of my colleagues to act illegally. Is that what Mr Swinney is suggesting?

Mr Swinney: No—I am asking the Deputy First Minister to start listening to independent scientific information, of which there are 31 examples on the list that I will make available to him today.

The SNP is against GM crops. The Liberal Democrats are against GM crops. Parliament's Transport and the Environment Committee is against GM crops. A huge petition against the trials has been organised in the Highlands. As I think the Deputy First Minister is aware, that petition has been signed by a man called Charles Kennedy. Will the Deputy First Minister stop using Scotland as a live laboratory, which could put the environment and the public health of Scotland at risk? Will he ban those trials today?

Mr Wallace: In asking those questions, Mr Swinney must also answer questions. Who in the Advisory Committee on Releases to the Environment is he questioning? Whose scientific credibility is he questioning? ACRE consists of independent scientists from whom the Executive takes advice before it makes decisions. I assure Mr Swinney and the Parliament that those decisions are certainly not taken lightly.

Mr Swinney uses his words very loosely when he says that he is opposed to GM crops. As I indicated in my initial answer, we have sought a moratorium on the commercialisation of GM crops. That is the Executive's policy and we are delivering on it.

Secretary of State for Scotland (Meetings)

2. David McLetchie (Lothians) (Con): To ask the First Minister when he will next meet the

Secretary of State for Scotland and what issues he plans to raise. (S1F-1844)

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): The First Minister will meet the Secretary of State for Scotland on Monday next and they will discuss issues such as health, drugs and Euro 2008.

David McLetchie: I thank the Deputy First Minister for that answer. I hope that the First Minister and the secretary of state will also find time to discuss the crime situation in Scotland. As the Deputy First Minister will be aware, the level of serious crime is on the increase. Just when we need our police officers more than ever, it appears from yesterday's Scottish Police Federation conference that we are in the appalling position of police officers seeking the right to strike. I emphasise that I would not support such action for a moment, but we would all be foolish if we did not recognise that what is happening is symptomatic of massive discontent and disillusionment among police officers. In those circumstances, what representations has the Deputy First Minister made, or what representations does he intend to make, to the Home Secretary on behalf of Scotland's police forces on the current review of police pay and conditions?

Mr Wallace: As Mr McLetchie and the chamber know, the right to strike is prohibited under the Police (Scotland) Act 1967—the provision has been part of policing since 1919. Ministers have made it clear that we are not in favour of changing the law, because that would be incompatible with the maintenance of public safety and law and order. However, I recognise the strength of feeling that exists within the police. Indeed, I attended the Scottish Police Federation conference yesterday and listened carefully to the speech of the chairman, Norrie Flowers. I indicated in my speech that there are lessons to be learned from the past six months and that we intend to learn those lessons in a spirit of partnership. This is a sensitive time in the conciliation process that is part of the pay negotiations and it would not be helpful for me to go into details about what representations are being made by the Executive to the Home Secretary.

David McLetchie: The latter part of that non-answer suggests, "So much for freedom of information." We are 24 hours into the Freedom of Information (Scotland) Bill, but apparently such information is all still confidential. [*Interruption.*] My point is that all the information is in the Deputy First Minister's domain—he does not need a bill to disclose what he knows already.

The Deputy First Minister's answer cannot and does not hide the deteriorating relationships between government—in the broadest sense—and police forces. Let us look back at the record of

the past three years. In his first year, the Minister for Justice accepted a £50 million, or 10 per cent, cut in his departmental budget. That started the rot. At last year's Scottish Police Federation conference, a motion was unanimously passed censuring the Scottish Executive for peddling "misleading and inaccurate information" on police numbers. At this year's conference, morale is apparently at rock bottom—so much so that the police are demanding the right to strike. The common denominator is the Minister for Justice, Mr Wallace. Does he accept that he is part of the problem that we are confronting, that he is not part of the solution and that he has lost the confidence of police officers in Scotland?

Mr Wallace: There is much that I could say in response to that question, but how about this for starters? In his speech, Norrie Flowers, the chairman of the Scottish Police Federation, said:

"Minister, I give you credit where it is due and last year you reversed a four-year trend of falling officer numbers."

Members: Four years?

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

Mr Wallace: It is worth remembering that the previous record high number of police occurred under a Labour Government, not under a Conservative Government. It is also worth remembering that police strength today stands at 15,251 officers, which is a record; that the crime rate is at an historically low level; that overall crime is at its second-lowest level in the past 20 years; that the police detection rate is at a post-war record; and that we are making serious inroads into tackling many different types of crime. Housebreaking is down 8 per cent, car theft is down 12 per cent and fraud is down 18 per cent. The most recent crime survey showed that fear of all types of crime had dropped in comparison with the levels in the mid-1990s, when the Tories were in power.

We are not complacent—we know that there is more to do to tackle serious violent crime. That is why we have set national targets. I will not take lectures on crime from a party that for 15 years presided over crime rates in Scotland that were higher than they are under the present Administration.

Sustainable Development

3. Iain Smith (North-East Fife) (LD): To ask the First Minister what priority the Scottish Executive attaches to sustainable development. (S1F-1853)

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): Sustainable development is a central principle in the work of the Scottish Executive. We have made closing the opportunity gap and sustainable development the

two main themes of the spending review 2002, which will ensure that every spending programme considers how its actions can contribute to those issues. We will confirm our commitment in a statement on sustainable development to be published on 30 April, which will be called "Meeting the Needs".

Iain Smith: The fact that we can expect a statement on sustainable development next week is excellent news, which I hope all parties in the Parliament will welcome. Will the Deputy First Minister assure me that the statement will not be just a statement, but will be about action? How will he ensure that sustainability is central to the full range of the Scottish Executive's work?

Mr Wallace: I reiterate that sustainable development will permeate the whole of the spending review 2002. Spending programmes that are put forward will be measured with reference to sustainable development. Although it would be wrong of me to pre-empt the release of the detail of next week's publication, Mr Smith and the Parliament can take it that challenging targets on sustainable development will cross the whole range of the Scottish Executive's activities.

Mr Brian Monteith (Mid Scotland and Fife) (Con): On a point of order, Presiding Officer. I understand that questions at First Minister's question time are meant to be topical. Sustainable development is hardly the chat of the Rover's Return. Will you provide clarification on the issue?

The Presiding Officer: Such a point could be raised at the end of question time. The member is in danger of questioning my selection, which is a very grave offence.

Mr Duncan Hamilton (Highlands and Islands) (SNP): I am sure that the Deputy First Minister is grateful for Mr Monteith's intervention, which will give him time to recover from Mr Smith's rapier supplementary.

On the interface between sustainable development and transport policy, the minister will be aware that the Executive is the sole shareholder of Caledonian MacBrayne. Is he also aware of a policy that was instigated by Malcolm Rifkind in 1982 and the Executive continues to pursue, whereby Caledonian MacBrayne is restricted on many of its routes to a one-hourly crossing? On the Gourock-Dunoon run, for example, the competing private company, Western Ferries (Clyde) Ltd, as a free-market operation, has the option of a half-hourly run. How does the Deputy First Minister justify giving to a private company that advantage over the public company? Will he tell us what the Scottish Executive's decision has done to aid the free and fair market and the sustainability of the economy in Argyll and Bute?

Mr Wallace: That question was fairly unsustainable, but I am sure that if there is any issue that relates to sustainability, Wendy Alexander or Lewis Macdonald will look into it.

Robin Harper (Lothians) (Green): I will pursue Mr Swinney's questioning further. Does the Executive feel that the planting of GM crops in our environment is sustainable? In particular, what is the Executive's definition of risk? GM crops will pollinate wild relatives. There is evidence for that from a European survey that has been peer reviewed—it will be among the evidence that Mr Swinney has. There are wild relatives of GM oil-seed rape in the area. What is the Executive's definition of risk in that respect?

Mr Wallace: I understand that ACRE took into account the points and references that Mr Harper made in his question. Ministers have acted on that advice. As I indicated, the advice was that there is no credible evidence to change the view that there is no threat to human health or to the environment. In those circumstances, ministers had to act legally and permit the field trials.

Youth Disorder

4. Johann Lamont (Glasgow Pollok) (Lab): To ask the First Minister what progress is being made in addressing any problems of youth disorder in local communities. (S1F-1854)

The Presiding Officer: I call Kenny Gibson.

Mr Kenneth Gibson (Glasgow) (SNP) rose—

The Presiding Officer: Not yet. I apologise—it must have been the association between youth and disorder that brought Mr Gibson's name to mind. The minister will go first.

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): I do not think that youth crime quite covers Mr Gibson's age range.

I acknowledge that youth crime can have a damaging and serious impact on communities. Although progress is being made, I readily acknowledge that there is much more to be done. We are investing £25.5 million in tough programmes for young offenders, in increasing the role of victims in our youth justice system and in extending the range and availability of facilities and activities in the community to provide effective alternatives to crime.

Johann Lamont: The Deputy First Minister might be aware that, on many occasions in the past, I have raised my concerns about the serious issue of youth disorder. He might not be aware of a meeting that was held in my constituency on Tuesday, when at least 600 people squeezed into a school hall, with well over 100 left outside, to express their concern, anger and frustration at the level of harassment, intimidation and disorder in

their community.

Will the Deputy First Minister agree to meet me as a matter of urgency so that he can be informed in detail of the local and broader national issues that were highlighted at that meeting? Will he give a guarantee to my constituents and others throughout Scotland who feel themselves to be under siege that legislation and action on youth disorder will give a central place to the rights of the victims of those crimes, will examine the effectiveness and capacity of the children's panel system—

The Presiding Officer: Order.

Johann Lamont:—and adjust a system to tackle those problems rigorously—

The Presiding Officer: No. Order. That is enough.

Johann Lamont: I am sorry. I do not see why I should get held up on time on a very serious issue given the length of time that has been given to other members.

The Presiding Officer: No.

Johann Lamont: I will finish on this point—and will give priority to ensuring that the—

The Presiding Officer: Order. The member must resume her seat or I will ask her to leave the chamber. [*Interruption.*] Order. If a member does that again, they will be the first person to be asked to leave the chamber. That is not allowed.

Mr Wallace: I acknowledge the strength of feeling with which Johann Lamont has expressed her constituents' concerns. I recall her raising the issue in the chamber on a number of occasions. Indeed, I am aware of the meeting that took place earlier this week, because she had an informal meeting with my deputy minister, Richard Simpson, who reported to me. I give her the undertaking that Cathy Jamieson of the education department, who shares responsibility for youth justice, and I will be willing to meet her to discuss those matters.

Johann Lamont raised a number of issues, but I say simply that we have produced an action programme, a key part of which is to recognise the importance of the victim in the criminal justice system. A number of detailed points in the action programme seek to strengthen the role of the victim and to ensure that the victim's needs and concerns are properly addressed.

Mr Gibson: On 16 January at the Chartered Institute of Housing conference, the Minister for Social Justice said:

"Tackling the perpetrators of anti-social behaviour in communities ... is a top priority of the Executive".

Will the Deputy First Minister explain why, three

months later, it is not apparent that any action has been taken to introduce interim anti-social behaviour orders, as promised in January? Does the Executive plan to develop children's anti-social behaviour orders as suggested by the Convention of Scottish Local Authorities? Will the Deputy First Minister accept that youth disorder and violent crime can be tackled effectively only by a full-strength, well paid and highly motivated front-line police force?

Mr Wallace: I am not quite sure where Kenny Gibson has been. I endorse the comments of the Minister for Social Justice. In fact, since that time we have published Scotland's action programme to reduce youth crime, which contains a series of proposals. Mr Gibson may not have noticed this, but I am almost certain that the Criminal Justice (Scotland) Bill includes a provision for interim anti-social behaviour orders, so we are taking action. It will be for the Parliament to decide whether it passes the Criminal Justice (Scotland) Bill. I sincerely hope that it does.

On front-line policing, I have made it clear that we now have record numbers of police. The issue is not just police numbers; a number of initiatives are being taken. For example, in Lothian and Borders police, a centralised control centre has freed up 89 officers for front-line duties. Across a range of areas we are looking for ways in which police officers can be released for front-line duties. I strongly support visible policing and the strong bond between the police and the communities that they serve. That is the priority and the focus of our policy for tackling not just youth crime, but crime in general.

Lord James Douglas-Hamilton (Lothians) (Con): Does the Deputy First Minister agree that, in order to reduce youth crime effectively, it is necessary not just to have more police in local communities, but for them to be more visible in local communities? Is he aware that the increase in the number of police officers in the parliamentary police unit in the vicinity of the Parliament has reduced the overall level of crime in the city centre of Edinburgh? Does not that fact speak strongly for itself?

Mr Wallace: I made it clear in my answer to Kenny Gibson that visibility is important. Indeed, Her Majesty's chief inspector of constabulary will publish a report on that issue in the summer. I look forward to that report, because I hope that it will identify a number of areas in which progress can be made. The report is important because it has taken account of the public's views in many parts of Scotland, which will inform our policies in the months and years ahead.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): On a point of order, Presiding Officer. Do you believe that it is now required that we should

ask the Procedures Committee to examine equal time for people who are asking questions? I make that point seriously. Could the Procedures Committee also examine when a question is a question and when it becomes a speech, and when a question is acceptable or unacceptable?

The Presiding Officer: On the question of times, that is a matter for the Procedures Committee to examine at any time. On your second point, standing orders are clear that members are required to ask brief supplementary questions. When members add speech material to questions, that simply cuts out others who are waiting to ask questions. That is why I get cross about it.

Trish Godman (West Renfrewshire) (Lab): On a point of order, Presiding Officer. You threatened to put Johann Lamont out of the chamber this afternoon because she ran over her time. When bogus points of order are made, you never threaten to throw anyone out. Can you please explain the difference?

The Presiding Officer: No. The point was that Ms Lamont insisted on repeating things, which were adding to the question. She was making a speech and I asked her to resume—[*Interruption.*] The *Official Report* will show tomorrow that I asked her to resume her seat. The mistake that she made was not resuming her seat when she was told to.

Helen Eadie (Dunfermline East) (Lab): On a point of order, Presiding Officer. In this chamber it is perceived by women that you distinguish between men and women. You took Duncan Hamilton and allowed him to make a speech, yet you did not allow Johann Lamont to do the same.

The Presiding Officer: That is absolutely untrue. I will read the *Official Report* tomorrow, as I always do.

Phil Gallie (South of Scotland) (Con): On a point of order.

Tommy Sheridan (Glasgow) (SSP): On a point of order.

The Presiding Officer: Is it a real point of order this time, Mr Gallie?

Phil Gallie: Yes, it is a genuine point of order. Further to Duncan McNeil's point of order, the time in question time is not, in the main, taken by back-bench questioners; it tends to be taken by the ministerial responses. Is that an issue that should be referred to the Procedures Committee?

The Presiding Officer: Members are welcome to refer anything to the Procedures Committee. In the chair, I have no control over the length of ministerial answers. There is nothing in the standing orders that helps me on that. Is your

point of order on the same issue, Mr Sheridan?

Tommy Sheridan: It is on the same topic. As you will be aware, Presiding Officer, Johann Lamont and I do not always agree politically, but I did not hear you tell her to sit down. There is an issue with the sound during question time, which must be addressed, because sometimes when members are speaking we cannot hear clearly what is being suggested from the chair. That matter should be examined.

The Presiding Officer: That is perfectly possible. I will look at that.

Dennis Canavan (Falkirk West): On a point of order, Presiding Officer.

The Presiding Officer: Is it on the same issue?

Dennis Canavan: Yes. Presiding Officer, did you say that you have no control over the format of questions?

The Presiding Officer: I referred to the length of ministerial answers.

Dennis Canavan: Do not standing orders say that the Presiding Officer must treat all members as equals? However, the leaders of the two main Opposition parties regularly take up more than half First Minister's question time, and you allow that. Do not members sometimes ask supplementary questions that are too long and are irrelevant to the initial question?

The Presiding Officer: On the member's second point, I have some sympathy. I try to keep members to the questions in the business bulletin. On the member's first point, the convention has grown up—it is only a convention—that the leaders of the Opposition parties have a bit of extra time at question time. I thought that that had been generally accepted.

Ms Margo MacDonald (Lothians) (SNP): On a point of order, Presiding Officer.

Mr Keith Raffan (Mid Scotland and Fife) (LD): On a point of order, Presiding Officer.

The Presiding Officer: The following debate is heavily oversubscribed, but I will have to take more points of order.

Ms MacDonald: I can scarcely believe that the following debate is heavily oversubscribed, but never mind.

The Presiding Officer: It is.

Ms MacDonald: Will the Presiding Officer be good enough to explain how that convention can be changed, because the view from the back benches is that it could do with a bit of changing?

The Presiding Officer: I think that members could first discuss the issue in their party groups. If

there is a view, it would be interesting to hear it.

Let us move on to the debate. I repeat that it is heavily oversubscribed, so I ask for tight timing on speeches.

Freshwater Fish and Fisheries

The Deputy Presiding Officer (Mr George Reid): The next item of business is a debate on motion S1M-3021, on “Scotland’s freshwater fish and fisheries: Securing their future”, in the name of Allan Wilson, and two amendments to that motion.

15:37

The Deputy Minister for Environment and Rural Development (Allan Wilson): Contrary to some statements that have just been made, I believe that there is a deal of interest in the debate.

As I said last week in the debate on special areas of conservation, we in Scotland are blessed with a wealth of natural resources that are the envy of many. Not least among those resources are the fish that live in our fresh waters and the diverse fishing opportunities that they provide.

There is no reason why the Parliament cannot develop and improve those opportunities to the benefit of the people of Scotland. Such development must be sustainable. We must ensure that future generations of not only Scots, but the visitors whom we would like to welcome to Scotland, will be able to enjoy fishing in Scotland.

That calls for rational, informed and sensitive management. It also requires wide participation among the various sectors of the salmon and freshwater fishing community. That was recognised when my colleague John Home Robertson issued the consultation document “Protecting and Promoting Scotland’s Freshwater Fish and Fisheries: A Review” and when Rhona Brankin followed that with the green paper that we are debating.

Scotland has a long history of salmon fisheries management—there is evidence of law from the 12th century. In 1997, the Scottish Office published the report of the Scottish salmon strategy task force, which was charged with considering salmon fisheries alone. It is now time to consider the bigger picture. How do we manage all our fish and fishery resources?

The consultation document’s purpose was to document the position of freshwater fish and fisheries. Many responses were received from a variety of individuals and groups. How we manage our freshwater primary resource is of the utmost importance, and the green paper sets out how we should do that.

I am heartened by the excellent responses from a variety of interested parties, including members of the public, local authorities, district salmon fishery boards, angling clubs and associations, and non-governmental organisations that are

interested in fish and the freshwater environment. That gives the lie to the belief that there is no interest out there in how we address such problems. It is heartening to know that the issue can generate such a high level of interest. It shows that people care—as I do—about Scotland's freshwater fish and fisheries.

The green paper is part of a long-term strategy. It is a new start to the process of freshwater fisheries management in Scotland and recognises the interrelationships not only of different fish species, but of the variety of people and activities that can affect them. The paper was issued to provide anyone who is interested in protecting and promoting Scotland's freshwater fish and fisheries with the opportunity to help the Executive to take management into the 21st century. I hope that this debate will also provide that opportunity.

Brian Adam (North-East Scotland) (SNP): The minister says that he wishes to take management fresh into the new century. His predecessor suggested that there was no prospect of legislative time to deal with the matter in the immediate future. Will the minister say whether he thinks that we need a legislative framework to allow progress to be made? If so, when does he anticipate that legislative time will be made available?

Allan Wilson: I will come to that shortly. Until the Cabinet meets, I am not in a position to discuss the next legislative programme. However, I accept the basic premise and will deal with it, as will my colleague Ross Finnie.

The paper recognises, as I do, that a wealth of knowledge and experience outwith the Scottish Executive should be harnessed.

I assume that members are aware of the broad range of issues that are covered by the green paper. I do not propose to provide a blow-by-blow account of everything that is in the paper, but I assure members that the Executive is fully behind its proposals. Some proposals can be put into effect only in the long term. If I may, I would like to concentrate on a few issues that we can and must address in the short term and the medium term.

Alasdair Morgan (Galloway and Upper Nithsdale) (SNP): When I looked through the document, I could not find any reference to the effect of acidity on fish stocks, which is a particular problem in Dumfries and Galloway as a result of a combination of high levels of forestry and the former power stations in Northern Ireland. Will the minister take that issue into consideration? Will he involve the Forestry Commission in discussions?

Allan Wilson: I have been assured that the issue is mentioned. If it is not, I will certainly ensure that attention is directed towards it, as the issue has been raised. In the consultations on the water framework directive, we are considering

river basin management and flows from forestry and other agricultural production facilities. The short answer to the member's question, therefore, is that the issue will be taken into consideration.

I want to turn to economic analysis, about which I have an announcement to make. We know that angling is an extremely popular sport and that many hotels and guest houses, particularly in rural areas, depend on visiting anglers to extend their tourism seasons. We also know that many new fisheries, particularly for rainbow trout and coarse fish, have been developed in recent years. However, we do not know with any precision how important salmon and freshwater fisheries are to Scotland's economy as a whole. To remedy that, I am pleased to announce that an in-depth economic analysis will be undertaken by 2003. The terms of reference are being finalised and will be put out to tender next month, but finance has been secured to ensure that the economic analysis can take place.

The law relating to salmon and freshwater fisheries in Scotland is complex. A draft bill to consolidate the existing Scottish salmon and freshwater fisheries legislation is at an advanced stage of development.

Over the past few decades, a number of fish species have been introduced into Scotland—five new species have appeared and are now established in Loch Lomond, for example. Undoubtedly, some species had adverse effects on the ecology of the loch. We need to take stock of what we have in Scotland and seriously consider how to regulate further introductions. That will be done this year through an appropriate order under the Import of Live Fish (Scotland) Act 1978.

Brian Adam: Will the minister indicate what steps are being taken to measure the impact of the introduction of non-native species in places such as Loch Lomond?

Allan Wilson: Research has been done on that. It featured in the consultation documentation that was proposed by John Home Robertson, and we received several responses. There is now scientific data to establish the impact that the introduction of those species has had on indigenous species. That scientific data underpins our intention to make the appropriate order, under the Import of Live Fish (Scotland) Act 1978, to protect indigenous species.

To address the point that was made earlier, there is currently no legislation to regulate the transfer of native fish within Scotland, but it is clear that appropriate measures should be introduced as early as possible.

There will always be a requirement to move some fish. Where that happens, we must be sure

that the fish are healthy. We will consider the scope for registration of fish farms and hatcheries that provide fish for stocking. Fisheries Research Services is producing guidance on stocking practice, with particular reference to restoration proposals.

On increasing angling opportunities, it is quite possible for anglers to fish without killing their catch—coarse anglers do that all the time. Many owners of salmon fisheries are promoting the adoption of catch and release. However, some anglers are still keen on killing as many salmon as possible, sometimes to cover their fishing costs and perhaps to look for a little bit more. There have been widespread calls for many years for a ban on the sale of rod-caught salmon to stop that practice. As the chamber will know, I have issued a draft Scottish statutory instrument for consultation and officials are now in the process of analysing the responses that have been received, with a view to introducing a Scottish statutory instrument to stop the practice.

A review of the Fisheries Research Services freshwater research programme has been undertaken to refocus work to reflect better the developing policy needs of the Executive, not least in so far as the introduction of alien species is concerned.

On the legitimacy of coarse angling methods, it is a matter of great concern to coarse anglers that every time they go fishing in Scotland they commit an offence if they use methods that are regarded as the norm elsewhere in the world. At the moment, the use of rod rests in Scotland is regarded as fishing by means of a set line. Changes in primary legislation will be required to rectify that situation if we are serious about promoting that branch of the sport, given its increasing popularity.

Scotland has great fishing, both for salmon and freshwater fish. Let us not underestimate the opportunity that angling provides to attract visitors here. I want to see fishing promoted as a major part of our tourism strategy. This country offers world-class angling and my officials are liaising with VisitScotland to ensure that fishing is to the fore in its promotional work.

There has been widespread criticism over the years of the system of protection orders made under the Freshwater and Salmon Fisheries (Scotland) Act 1976. When ministers are satisfied that applicants will provide increased opportunities for fishing for freshwater fish, they may make protection orders making it an offence to fish without legal right or written permission from the owner of the right. Where there is no protection order, anglers still need permission to fish, but fishing without permission can be dealt with only in the civil courts. It is time to look afresh at the

management of freshwater fishing in Scotland, and to establish a system that is designed to balance the needs of anglers and riparian owners.

I have taken three interventions, which I know has extended my address. I will conclude on an important point about the management of fisheries.

The most important issue to be considered in the green paper is how rational management can be achieved. No structure is in place to manage wild brown trout and coarse fisheries. The green paper made a number of proposals based on submissions that were made by Angling for Change. Meetings have been held with that group and further discussions are in prospect. A pilot project to establish how salmon, trout and coarse fishery management plans may be integrated is being discussed with Angling for Change, with a view to future implementation.

I commend the green paper to the Parliament and look forward to support for its proposals to develop this vital contributor to Scotland's economy, to provide enjoyment for Scotland's people and visitors, and to secure the future for Scotland's fish and fisheries.

I move,

That the Parliament endorses the Scottish Executive's commitment to the future conservation and management of salmon and freshwater fish and fisheries in Scotland, as set out in its consultation paper *Scotland's Freshwater Fish and Fisheries: Securing their Future*, and welcomes the firm intention of the Executive to work in partnership with the users and owners of these resources to ensure better management and sustainable fisheries.

The Deputy Presiding Officer: I apologise to the minister for having to hurry him along, but we lost almost nine minutes of the debate in dealing with points of order. I will do my best, but I am afraid that perhaps as many as three members who have requested to speak may not be called. I will apply stringent time limits to all speeches.

15:50

Richard Lochhead (North-East Scotland) (SNP): I welcome today's long-overdue debate. The SNP is delighted that the Parliament has finally got round to debating the future of Scotland's freshwater fisheries sector. I was surprised that the minister began with what was potentially a new announcement. I have to tell him that on 26 July 2001, Rhona Brankin announced that there would be an economic impact study of the value of angling to Scotland. Unfortunately, there were few new announcements in the minister's speech.

Despite the green paper's good intentions, there is no timetable for legislation. I reiterate Brian Adam's concerns and appeal to the ministers to

present a legislative timetable. If they do not give us such a timetable today, the debate will simply raise false hopes among those people who want to see substantial change in our freshwater fisheries sector. There are many challenges facing the sector and a radical overhaul of the complex and confused regulatory regime is long overdue.

In the dark days of Westminster rule, all that ever happened was that Governments in hock to the landowning classes were able to push through legislation that would protect only their interests. From the Tory amendment, it is clear that although the rest of us have moved on and seek to address the real challenges and opportunities that face the sector, the Tories are content simply to protect the interests of the landowning classes. Westminster has left Scotland with a fragmented and piecemeal management regime that has seen the decline of the species that are managed whereas the species that are not managed are left to wither on the vine.

It is the task of the Parliament to modernise and democratise the management of wild fish stocks in Scotland. Today, we are talking about Scotland's rich natural heritage as well as angling, a popular sport and economic activity that pumps millions of pounds into the rural economy each year. The assessment of the economic value of angling tourism to Scotland is long overdue.

We should not get too bogged down in the economics. Scotland's rivers are inhabited by many unique and world-renowned species, which maintain the health of Scotland's river systems. We need a freshwater policy that maintains biodiversity through healthy and sustainable native wild fish stocks and which recognises and boosts the contribution of angling tourism to the rural economy. We must develop an effective, fair and democratic management regime for our freshwater fisheries. We need a national policy to help achieve those objectives. I hope that today we are beginning the process of creating a national policy.

Although I accept that the Atlantic salmon is one of Scotland's most famed and valuable species, we must create a policy that serves all species, communities and anglers. As many submissions to the Government's review pointed out, it is time to adopt a holistic view of our rivers. It is folly to regulate migratory species but ignore everything else. We need to manage whole freshwater river systems and the totality of our fish stocks on a natural catchment basis, rather than what we had before, which was on a single-species basis.

It is essential that any policy is ecologically sound. We welcome the proposals mentioned by the minister to regulate the introduction of non-native species to rivers and the transfer of species between catchments throughout Scotland. If we do not regulate that area, biodiversity can only be

compromised further and our ecosystem will be disrupted. It is ludicrous that, given the raft of regulations already in place, such matters are ignored. That sums up the mismanagement of Scotland's fisheries by Westminster down the years.

Although the SNP supports a presumption in favour of native stocks, we urge the minister to take on board the concerns of all the coarse anglers who have been in contact through the review. They want clear definitions of non-native species and they want decisions to be based on science. We also favour the regulation of stocking, hatcheries and the use of live baits to ensure that the biodiversity and integrity of our rivers come before any commercial interests.

Thankfully, the salmon farming industry is starting to get its act together in protecting wild fish. As has been discussed many times in the Parliament, there is a crying need for on-going research on the impact of salmon farming on wild fish stocks. The loss of migratory fish during the marine phase of their life cycles also remains a mystery and that, too, should be the subject of on-going research. It is essential that all fisheries management is based on robust science.

As far as protecting fish stocks is concerned, we welcome moves to protect river habitats.

Mr Jamie McGrigor (Highlands and Islands) (Con): Does the member agree that the fish farming industry must be given the tools to deal with the sea lice problem that affects wild fish?

Richard Lochhead: I agree that the salmon farming industry needs assistance from the Government. I welcome the fact that various partnerships involving all the sectors have recently begun to provide that assistance. We must ensure that research is being done, and the Government has a key role in funding that research.

We must recruit all land users and owners with land adjacent to rivers, especially farmers. Only two days ago, a slurry spill threatened the life of 40,000 trout in one of the rivers in the north-east of Scotland. We must use the land management contracts that are in the pipeline to help recruit farmers and pay them for helping to improve river habitats.

The SNP favours a national policy, but it is extremely important that any such policy is delivered locally and through representative bodies that cover each catchment area in Scotland. We support the idea of area management committees that bring together all the various interests. However, once the committees are up and running, we should review the role of the district salmon fishery boards, which will have to be assessed once the new management regimes are introduced. In the

meantime, the boards should be democratised and modernised, and we urge the minister to introduce proposals to ensure that a wide range of interests, especially local community representatives, serve on them. Our national policy must be socially just; our rivers and wild fish stocks are part of our national heritage and all people, not just the wealthy, should benefit from them.

The SNP believes that, as we move towards holistic management of our river catchments, the next logical step may be a single umbrella body to manage all our fish stocks. At the moment, a plethora of agencies and bodies is involved in managing our rivers and wild fish stocks, and the SNP does not believe that we will be able to deliver an effective national policy with so many organisations.

For the sake of biodiversity in our rivers and our rural economy, it is important that we use this opportunity today to strike a balance between conservation and exploitation. If we get the balance right, Scotland's environment, heritage, economy and people will reap the benefits for centuries to come.

I move amendment S1M-3021.2, to leave out from "endorses" to end and insert:

"welcomes the development of a long-overdue national freshwater fisheries policy; recognises that such a policy must be ecologically sound, regionally appropriate and socially just; calls on the Scottish Executive to publish a legislative timetable for the achievement of such a policy and calls for the publication of an annual report on the health of the sector including its economic value to the rural economy, and recognises the need to address the number of agencies and the complex legislative framework involved in the management of freshwater fisheries."

15:57

Mr Jamie McGrigor (Highlands and Islands) (Con): I draw members' attention to my fisheries interests in the register of members' interests.

I support the green paper's general aims and welcome the commitment to an economic survey that would undoubtedly show the importance of Scotland's freshwater fisheries including not just salmon and sea trout, but brown trout, pike, perch and grayling. Frankly, such a survey is long overdue and the recommendations of the excellent Scottish salmon strategy task force report of 1997, most of which have been accepted by the Executive, should be enacted. The Hunter report of the 1960s, which also provided an excellent blueprint for successful fisheries, should also be closely re-examined.

That is all the more important as Scotland's fisheries will shortly be highlighted as a very important European resource, which means that Scotland will be under the spotlight. We must

show ourselves to be capable of excellent management of our fisheries resources.

Brian Adam: As far as managing a very important resource is concerned, does the member share my view that access to that resource ought not to depend on how much one can afford to pay but on a desire to take part responsibly in a legitimate sport?

Mr McGrigor: As much angling as possible should be made available to the general public at as low a cost as possible.

The Executive's aims seem to be very confused. On the one hand, it seeks to protect, promote and secure the future of Scotland's freshwater fish and fisheries. On the other hand, however, it supports part 3 of the Land Reform (Scotland) Bill, which was proposed by its Liberal partners. Far from encouraging investment in fisheries, that part of the bill will have precisely the opposite effect, as it will be detrimental to fisheries investment and employment and therefore disastrous for fish stocks.

Even more confusing is the statement, in the second paragraph on page 2 of the green paper, that

"the Scottish Executive's policy is not to intervene in willing buyer/willing seller arrangements."

How can the Executive say that and in the same breath state that it favours compulsory purchase? The extension of compulsory purchase powers to contiguous fishings undermines security of title. For example, public sector groups that supply housing improvement grants will not fund a project if the applicant in question does not have a secure tenancy.

The Minister for Environment and Rural Development (Ross Finnie): Will the member give way?

Mr McGrigor: Yes, as long as the intervention is not too long.

Ross Finnie: The Land Reform (Scotland) Bill explicitly provides that anyone applying to acquire a fishery has to produce an approved plan showing that that fishery is sustainable. How can that possibly be at odds with the objectives that the Executive is setting out in today's debate?

Mr McGrigor: I do not have time to answer that question at the moment, but my colleague Alex Fergusson will answer it later.

How can river managers secure investment if there is no security of title? Some £3.2 million of investment money that was due to be spent on fishery improvement and enhancement in the Highlands has already been put on hold. How will the fisheries managers and the new trusts that were recently set up to improve Scottish fisheries

be able to find the funds? Will the Executive supply the money? Everyone involved in river and loch management, especially those who are at the coalface—or should I say the fish face—such as river managers and ghillies, are against compulsory purchase. They are worried that many jobs will go and that much of the estimated £140 million that Scottish fisheries bring into local economies every year will be lost. Furthermore, they see it as a measure that, far from securing Scotland's freshwater fisheries, will decimate them. It is shameful to sacrifice successful, well-managed fisheries on the altar of community land ownership. It is a bridge too far.

Fisheries bodies are asking when the salmon consolidation bill will be introduced. It is necessary that whatever replaces the Freshwater and Salmon Fisheries (Scotland) Act 1976 covers the whole of Scotland. Good management of fisheries should be based on scientific advice and local knowledge, as the two go well together. More attention should be paid to the value and promotion of Scottish brown trout fishing. The coarse fish anglers are looking for more recognition and sensible regulations, and I agree with them. Scotland has good coarse fishing, but there is no point in making regulations that cannot be policed before a new management structure is in place.

In my view, local fishery boards have done well in Scotland so far and have cost the public nothing. That should be borne in mind by those who want to replace them. They must say what they would replace the boards with and how the replacements would be financed. I know a little bit about protection orders, as I am still the chairman of the Loch Awe Improvement Association, which manages the protection order on some 80 miles of fishing on Loch Awe and Loch Avich. There are some anomalies, but they could easily be put right.

When Rhona Brankin was the minister with responsibility for fisheries, she paid a visit to an Angling for Change meeting held on Loch Awe and I believe that she was impressed. From an original bank account of £300 in 1992, we now have an income of more than £50,000 per annum, generated by 20,000 fishing days for anglers. We employ four contract wardens and Loch Awe holds all the records for big fish. We employ a fisheries scientist and a project officer in conjunction with the Argyll Fisheries Trust, which was founded by the Loch Awe Improvement Association. We have a committee that is truly representative of all stakeholders, including the Scottish Anglers National Association.

Many think that salmon farming has been detrimental to wild salmon and sea trout fisheries because of predation by sea lice, but I am encouraged by the new co-operation that is going

on. In many places on the west coast, runs of salmon have improved and sea trout are showing signs of recovery.

To conclude on a positive note, I am delighted that the Linnhe, Lorne, Loch Etive and Sound of Mull area management agreement is being signed on Monday, with Ross Finnie in attendance. I believe that that truly is a step in the right direction.

I move amendment S1M-3021.1, to leave out from "endorses" to end and insert:

"agrees that there should be a commitment to the future conservation and management of salmon and freshwater fish and fisheries in Scotland; further agrees with the general aim of the consultation paper *Scotland's Freshwater Fish and Fisheries: Securing their Future*, but notes with concern the substantial harm that the Scottish Executive's Land Reform (Scotland) Bill will do to the future of Scotland's freshwater fish and fisheries."

16:03

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I am glad that I am following Jamie McGrigor in the debate, because I cannot let his outrageous comments go without setting the record straight on the impact of the Land Reform (Scotland) Bill that is currently going through the Parliament, and to which his amendment refers. A great deal of nonsense has been spoken about that bill, with vested interests—particularly in the Conservative party—spreading misinformation and alarm throughout rural Scotland.

Jamie McGrigor and I are both members of the Rural Development Committee and have been involved in that committee's detailed scrutiny of the Land Reform (Scotland) Bill. I will remind Jamie of what we said in the committee's report:

"The Committee agreed ... that the right to purchase contiguous salmon fishing rights should remain included in Part 3 of the Bill".

The report went on:

"the Committee considers that the criteria for Ministerial consent in section 71 are rigorous and adequate to ensure appropriate stability for investment."

Let us consider for a moment what those criteria involve. Section 71 of the Land Reform (Scotland) Bill states that the criteria for the exercise of the right to buy must be

"compatible with the sustainable development of the subjects of the application."

The minister made that point in his earlier intervention, with which Jamie McGrigor could not cope.

Section 71 of the Land Reform (Scotland) Bill also states that the crofting community must obtain

"sufficient croft land to enable those subjects to be exploited",

and that the crofting community must be "an appropriate crofting community". However, the most important criterion is that ministers must consider the purchase to be "in the public interest."

In addition, a community must jump through many hoops to ensure that its application to buy is appropriate. The final purchase will be at market value. The Scottish Land Court will determine whether land and fishing rights can be purchased against the consent of the owner. Whether a purchase is essential to sustainable development of a crofting community will be only one of the considerations.

Mr McGrigor: Why should fisheries in particular be compulsory purchased? Why not compulsorily purchase golf courses, for example?

Mr Rumbles: I refer Mr McGrigor to what I just said, which is that the crofting community must obtain sufficient land for the crofts to be properly exploited. There must be a connection between the two—that is the point.

Jamie McGrigor might recall that the Rural Development Committee was completely unconvinced by those who argued that jobs would be lost and that damaging uncertainty would be created. The Tory amendment states that the Land Reform (Scotland) Bill will cause

"substantial harm ... to the future of Scotland's freshwater fish and fisheries."

What absolute nonsense.

Alex Fergusson (South of Scotland) (Con): I am a member of the Rural Development Committee, as is Mr Rumbles. Does he suggest that the people who, in evidence to the committee, told us plainly that investment would dry up and that jobs would be lost were not telling the truth?

Mr Rumbles: I thought that Mr Fergusson, as convener of the Rural Development Committee, would appreciate that different people gave different evidence to the committee. It is up to the members of the committee, including the convener, to weigh up that evidence. Everybody on the committee—except for two members who voted against it—agreed with the statements that I made earlier, which were from our report.

The Land Reform (Scotland) Bill will, because it is concerned about sustainable development in the crofting counties, develop sustainable employment opportunities. The bill will give greater security to those who are involved in the salmon fishing industry.

The most important element of the Executive's motion is its commitment to

"work in partnership with the users and owners of these

resources to ensure better management and sustainable fisheries."

The Executive is taking seriously Scotland's freshwater fishing industry. The River Dee is in my constituency so I, too, understand well the importance of the industry to Scotland. There are real concerns about the decline in salmon and sea trout stocks that have occurred over a number of years.

Richard Lochhead: Will the member give way?

Mr Rumbles: I am in my last minute, I am afraid.

In some areas, there is concern that salmon numbers have fallen to levels at which the salmon's survival cannot be assured. Indeed, those concerns prompted the River Dee board, among others, to introduce catch-and-release measures between 1994 and 1998. The total rod-and-line catch of salmon and sea trout caught and released has increased from just 9 per cent to 22 per cent throughout Scotland.

Richard Lochhead: *rose—*

The Deputy Presiding Officer: Mr Rumbles is in his final minute.

Mr Rumbles: I know that the River Dee board has been at the forefront of progressive conservation measures because it was quick to appreciate the fact that a vibrant stock of fish is essential to the tourism and fishing industries in the area. Many jobs and the economy of much of rural Scotland depend on a successful and vibrant freshwater fishing industry, which we must ensure.

I have been disappointed by the attitude of the Scottish Environmental Protection Agency in regard to the incidence of environmental pollution from discharge into the River Dee, which was highlighted this week in the north-east media. SEPA must react far more quickly to address such incidents if we are to maintain the highest standards.

I particularly welcome this debate and I welcome the Executive's action in producing a review of Scotland's freshwater fish and fisheries in 2000. I also welcome the Salmon Conservation (Scotland) Act 2001 and the green paper that we are debating today. The Executive recognises the importance of fisheries conservation. I urge members to support the motion and to reject both amendments.

The Deputy Presiding Officer: We have only 29 minutes for open debate. I will try to get everyone in. That will be achieved if speeches are kept close to three minutes.

16:09

Dennis Canavan (Falkirk West): The common law position in Scotland is that fish in free-running

water or in an open loch are not the property of anyone, but become the property of the person who catches them, whether or not that person owns the fishing rights or has permission from the owner. The common law is often over-ridden by statute law, particularly the Freshwater and Salmon Fisheries (Scotland) Act 1976. I was a member of the House of Commons when that legislation was introduced. I warned the Government at the time that the bill would be a retrograde step. The declared aim of the bill was protection in return for access, but in reality the legislation has meant less access for ordinary anglers, who now colloquially refer to the so-called protection orders as "exclusion orders".

It is now a criminal offence for anglers to fish protected waters without permission.

Mr McGrigor: *rose—*

Euan Robson (Roxburgh and Berwickshire) (LD): Will the member give way?

Dennis Canavan: I give way to Euan Robson.

Euan Robson: I acknowledge that Dennis Canavan has given what might be a common view in certain parts of Scotland, but does he agree that the protection orders have facilitated access on rivers such as the River Tweed, where over 90 per cent of fishable water is available to any angler, whether local or visitor?

Dennis Canavan: I do not accept that the protection orders have facilitated access. I am sure that the many anglers from central Scotland who want to go down and fish the Tweed and the Eye would agree with me rather than with the member who has just spoken.

Even when anglers apply for permission, they often find that the price is prohibitive and that there are still many restrictions on where and when they may fish.

Mr McGrigor: Will the member give way?

Dennis Canavan: I give way briefly.

Mr McGrigor: Does the member accept that, on Loch Awe, one can get a full day's fishing in beautiful surroundings for the price of two pints of beer?

Dennis Canavan: If that is correct, I welcome it. However, that is by no means the situation throughout Scotland for areas that are covered by protection orders. The 1976 act has turned out to be an unmitigated disaster. I am pleased that the Executive has at long last given a commitment to repeal that legislation.

What are the alternatives? A free-for-all would be in nobody's interest. Many responsible anglers would like a Scottish anglers trust to be established to determine a fair regime for

freshwater fishing in Scotland. Such a trust should be democratically constituted with representatives of anglers, riparian owners and environmental interests. Ordinary anglers would be able to elect their representatives through their clubs. The trust would decide policy on matters such as access, charging, conservation and stocking. The trust should also be empowered to acquire fishing rights.

In terms of participation, angling is one of Scotland's most popular sports. Angling is also a huge contributor to the economy, especially in rural parts of Scotland. It is unfortunate that some landlords have adopted a rather exclusive attitude to access to fishing and it is about time that the Parliament took action similar to what we have done in the Land Reform (Scotland) Bill. Having ensured a statutory right of access to the countryside, we should take similar steps to ensure a fair and responsible right of access to freshwater fishing, while ensuring conservation and improvement of some of Scotland's greatest natural assets.

16:13

Rhoda Grant (Highlands and Islands) (Lab): I welcome the opportunity to contribute to the debate.

I want first to deal with fishery management. When the Salmon Conservation (Scotland) Bill was passed, many welcomed the legislation because everyone could see the need to conserve salmon stocks. In my speech for the stage 3 debate on that bill, I said that we needed to look at the make-up of the district salmon fishery boards. That issue is as important now as it was then. Although many fishery boards are forward thinking and are moving with the times, others are stuck in the dark ages and will not change voluntarily.

The progress of the Land Reform (Scotland) Bill has provided insights into the mindset of some of the landowners who run many of the fishery boards. They said that crofters could not be trusted to run a salmon fishery because crofters do not have the relevant expertise and would end up damaging the salmon stocks. Such views are complete nonsense and show the ignorance of that minority.

Mr McGrigor: Will the member give way?

Rhoda Grant: I am struggling for time—that is why I am speaking so quickly.

One thing that came out loud and clear during the passage of the Salmon Conservation (Scotland) Bill was the need for land managers to work with the salmon fishery boards to ensure that farming practices are not detrimental to fisheries. Crofters must have a place on the salmon fishery

boards because many of the land managers are crofters. I suggest that we now have the perfect opportunity for reforming the membership of the salmon fishery boards so that they contain representation from the crofters, farmers and the communities in which they operate. Such membership would also enhance the relationship between fishery owners and crofters, which has been so badly damaged by ill-informed statements.

Land reform provides opportunities for conservation. We are all well aware of unmanaged rivers where more could be done to enhance the fishery. Crofting communities will now have the opportunity to purchase their local fisheries, manage them and use them to provide jobs and tourism in the area. That is one of the main benefits of the fisheries right to buy under the Land Reform (Scotland) Bill, which will allow communities to invest in and capitalise on their natural resources.

I welcome the analysis that is to be carried out into the contribution of angling to the Scottish economy.

Richard Lochhead: Will the member give way on that point?

Rhoda Grant: I am sorry—I am struggling with the short time that is available to me.

We all know from anecdotal evidence that angling contributes greatly to the economy; building up a more precise picture of angling activity will be of great assistance.

I welcome the continuing discussions with VisitScotland to ensure that angling is given the prominence that it deserves in marketing. We must ensure that everything possible is done to promote every aspect of Scotland. I appreciate that the Minister for Rural Development is not directly responsible for the matter, but I ask him to work closely with his colleagues to ensure that angling is actively marketed by VisitScotland.

I hope that the debate and the responses to the consultation will allow the Executive to introduce proposals that will ensure the long-term growth of freshwater fisheries. I urge members to support the Executive motion.

16:16

Dr Winnie Ewing (Highlands and Islands) (SNP): As other members have said, freshwater fishing is one of the things for which Scotland is rightly famous the world over, and I was pleased to note that more than 110,000 tourists come here for angling. It is vital to Scotland, and I welcome the minister's announcement. We need more information to be available at every level, including at local authority level, so that people know the

value that angling brings to their local economies.

I support everything that Dennis Canavan said in relation to the Freshwater and Salmon Fisheries (Scotland) Act 1976. The price of two pints of beer might get me on to Loch Awe, but it would not get me on to the Rivers Findhorn, Lossie or Spey, which are close to my dwelling place.

On a separate point, the North Atlantic Salmon Conservation Organisation—NASCO—came before the European Parliament Committee on Fisheries in Brussels when I was an MEP. I am proud to note—not many members seem to be so—that Scotland houses an international organisation that covers the interests of other countries in the matter. I know that NASCO was consulted in the course of the massive consultation, which I was fascinated to read and for which I congratulate everyone. Could we get representatives of that body to come and give us a presentation? It was clear to the Committee on Fisheries that NASCO alone had been carrying out definitive research on why, how and when salmon find their way to a particular river—or why they fail to do so. Its representatives told the Committee on Fisheries that it would need 15 years of tagging fish at Greenland Gap before it could come up with any answer to the mystery of salmon. Is it perhaps time that we asked that organisation to come before us to inform us on how it is getting on in solving that mystery?

There is a morass of managers and organisations, including the Scottish Environment Protection Agency, or SEPA; the Scottish Executive environment and rural affairs department, or SEERAD; Scottish Natural Heritage, or SNH; the police; the water bailiffs; local authorities; and in some areas there are district salmon fishery boards, although there are no district salmon fishery boards in others. It is clear that we require legislation to establish one system for the whole of Scotland, as long as that includes a major local element, so that people can feel involved.

Our amendment discusses the need

“to publish a legislative timetable”,

which I agree with. It also

“recognises the need to address the number of agencies and the complex legislative framework involved in the management of freshwater fisheries”

and the need to find a better system by which to protect our magnificent resource.

There is far greater democratic access in Wales than is generally the case in Scotland. The Welsh have tremendous access to fishing rivers through local authorities. It is perhaps time we examined how they manage the affair, apparently fairly painlessly.

I agree with what Richard Lochhead said about biodiversity. We must always take care to work with ecologists, because so many mistakes have been made. We know that salmon are not the only fish in the rivers.

I turn finally to the question of riparian owners and the recent flooding. There is no doubt that the withdrawal of grants to farmers for maintaining banks was one of the essential causes of that flooding. Perhaps it is time that we reconsidered giving farmers an incentive to keep banks clear. Is it not also time that, as we try to find out who owns Scotland, we also build up some sort of chart of who owns Scotland's fisheries and make that public?

16:20

John Scott (Ayr) (Con): I speak in the debate as a boyhood angler, but one who has never actively fished for salmon—although I am open to offers.

We are discussing a significant national asset that is under threat. In the few minutes that are available to me, I want to highlight some of the problems that freshwater fish and fisheries face, and to suggest some solutions.

The Scottish salmon strategy task force calculated as long ago as 1995 that the net economic value of salmon board fisheries to Scotland was £350 million a year. In that year alone, the Tweed fishing was worth £12.5 million to the Borders economy. Scottish salmon fishing contributes enormously to the tourism industry and its charm and excitement attract high-spending fishermen from all over the world. However, we should it bear in mind that, primarily, fishermen need fish in order to pursue their sport and that they can pursue their sport anywhere from British Columbia in the west to Russia in the east. Unless we attract and keep those customers in a competitive world market, we will quickly lose them. Indeed, unless we do all that we can to protect and support salmon rivers, we could lose a valuable national asset.

There are many threats to our freshwater salmon. First, there is the coalition Government, whose Land Reform (Scotland) Bill is already reducing the continuous investment that is needed in Scotland's rivers. Those misplaced reforms will do more to destroy the industry than any other threat. Other problems to be faced include seal predation, which has not yet been adequately addressed. Perhaps the establishment of a seal commission, similar to the Red Deer Commission, would go some way toward addressing that. Mink also pose a threat, as do poachers. The only reason why poaching is not a bigger threat is because of the problem of low-cost farm salmon.

Richard Lochhead: Will the member give way?

John Scott: I am sorry, but I do not have time.

Fish farm escapees that interbreed with wild salmon pose another problem to wild fisheries, as do sea lice. I welcome the new mood that is abroad to address that.

As a member of the Transport and the Environment Committee and a contributor to the rolling aquaculture inquiry, I hope that the establishment of critical carrying capacities for sea lochs and of maximum sea lice burdens, adoption of area management agreements and encouragement of best practice will go a long way toward resolving the threat that salmon farming poses to wild salmon fisheries. Combined with a policy of appropriate relocation of fish farms, those measures should bring resolution of the problems closer.

In my area, the salmon in the River Ayr fishery are under threat from the difficulties surrounding the Catrine dam. There, the fish leap needs to be redesigned and the dam needs to be repaired, but money cannot be found for either task. The fish stocks are suffering and will continue to do so. The problem of the Ayr illustrates my point that wild salmon fisheries are a fragile asset. Unless balanced but proactive regimes are in place, those fisheries can easily be put under threat or, in the worst case, lost altogether.

At the moment, the biggest threat comes from a lack of on-going investment because of the Land Reform (Scotland) Bill. All those who are involved day to day in sustaining and managing Scotland's salmon rivers agree that it is a bad bill. The equilibrium and the balance that previously existed and which created sustainable fisheries is being lost. Despite the Executive's fine words, one must question what the coalition Government's intentions are. Perhaps the in-depth analysis that will be provided by the document, "Securing Their Future", which is to be published in 2003, will give us a clearer indication of the Government's intentions. I look forward to reading it.

16:23

Euan Robson (Roxburgh and Berwickshire) (LD): I am grateful to have the opportunity to make a speech on a matter that is of considerable importance to my constituency—I mention my entry in the Register of Interests of Members of the Scottish Parliament, which states that I am the secretary of the Kelso Angling Association.

The 1996 Deloitte Touche study into the angling interests in the Borders economy, which has been alluded to, showed that the sector was worth £13 million to £14 million a year and created 520 full-time equivalent jobs. It is responsible for about 75

per cent of activity tourism in the Borders. Any new arrangements must protect that important economic interest. If they do not, the minister will hear from another Government department—apparently, about £1.5 million in VAT is received as a result of angling in the Borders.

As the minister knows, the Tweed is in a unique position as a Scottish river that runs through England for part of its course. We must be sure that, under any new arrangements, one management system covers the whole river. A fragmented management system for the river must be avoided.

One-size-fits-all legislation for the whole of Scotland could damage the interests of one or another river system. I hope that any legislation that is drafted will be flexible and will show understanding of the arrangements for different rivers, which are often unique.

A centralisation of management—some kind of quango that covers the overall management of fisheries in Scotland—is unacceptable.

Richard Lochhead: Will Euan Robson give way?

Euan Robson: No, not at the moment.

I welcome what the consultation document suggests on area fisheries management committees. A very important point about AFMCs is that they should include major input from anglers. Perhaps the best model is the River Tweed Commission, in which proprietors are in the minority. There are more local authority representatives and angling association representatives than proprietors. John Home Robertson, who is a constituent of mine, shakes his head, but the latest figures are 43 non-proprietors to 38 proprietors, which demonstrates the point.

On stocking practice, I hope that, when legislation is considered, the minister will examine the powers that he has in regard to fish farms that are situated on important river systems. There is a proposal to introduce a salmon-rearing unit near Selkirk. Any escapes from that would be fundamentally detrimental to the pristine state of the Tweed. If the minister does not have sufficient powers, it would be very helpful for him to consider acquiring them.

It is true that, as Dennis Canavan says, protection orders have not worked in many parts of Scotland. However, the protection order system contains important ingredients that will be of benefit if they are continued. Local people must have the opportunity of managing the system. They must have such input.

Dennis Canavan is wrong to say that there are excessive charges on the Tweed. For example, it

is possible to fish for brown trout and coarse fish for an entire season for £20. That is far less than any football season ticket. If that is not the case in other parts of Scotland, it should be replicated. Any reform should bring that about.

16:27

Robin Harper (Lothians) (Green): I concur that a number of the proposals in the consultation paper should be welcomed. I welcome the speeches from Richard Lochhead and Euan Robson for their references to the importance of river basin management. However, I question the Executive's commitment to making progress with the required urgency. For example, the paper states that

"freshwater habitats and associated fish species will benefit significantly"

from

"proposals to improve ... management of Sites of Special Scientific Interest ... and to strengthen measures which protect rare and endangered species"

as laid out in the Executive's "The Nature of Scotland: A policy statement". Since "The Nature of Scotland" was published last autumn, there have been no apparent moves from the Executive to implement the suggested changes. That leads me to ask when the Executive will find the parliamentary time to introduce the changes it proposes.

The fisheries consultation document refers to the impact of developments in aquaculture and their role in conserving freshwater fish. It is believed—with good reason—that the inappropriate siting of salmon farms may have a significant impact on native salmon stock as a result of the transfer of diseases and parasites and the interbreeding of escaped farm fish with wild salmon. However, I have heard rumours that the Executive has no plans to introduce legislation to reform the control of aquaculture in Scotland for several years. I believe that it is not even proposed to include legislation to transfer to local authorities responsibility for planning control for salmon farms on the Crown Estate in the forthcoming water environment bill. That move would improve substantially the environmental control of salmon farms—and do it timeously to boot.

The Executive may have made some worthy suggestions in its document, but if it is not prepared to act in reasonable time, those suggestions remain purely rhetorical. We cannot possibly wait for three, four or five years for effective legislation to control marine aquaculture, given the damage that could be done in the intervening years. There are many arguments about and reasons why salmon and sea trout

stocks are declining. There is no argument about whether fish farms play a part in that process. The only argument is about the extent to which they are responsible for it.

Will the minister include early marine aquaculture legislation in the water environment bill? Will he go for joined-up Government, as the Executive keeps saying it will? John Scott mentioned a horizon for the measures. I suggest that that horizon is a bloody long way off.

16:30

Mr Alasdair Morrison (Western Isles) (Lab): I welcome the Scottish Executive's commitment to the conservation and management of salmon and freshwater fisheries in Scotland. I wish the ministers well in this very important work. Like other members, I welcome the fact that there is now to be an in-depth economic analysis of the impact of angling. We appreciate that angling is a very important sport.

Richard Lochhead: Will the member give way?

Mr Morrison: I do not have time to take an intervention.

Angling is very important in my constituency. I am sure that the fisheries there will feature prominently in the analysis that is to take place.

Other members have mentioned the proper promotion of angling. I am happy to report that Visit Hebrides is working very sensibly with VisitScotland to do that on behalf of the Western Isles.

I turn now to the issue of district salmon fishery boards. I urge ministers to undertake an urgent review of the work and composition of those boards. Sadly, many boards are an extension of the offices of the landowning classes. I associate myself with Rhoda Grant's comments on the fishery boards and with what Dennis Canavan said about access.

When the Land Reform (Scotland) Bill was published last autumn, a bogus group calling itself the Highlands and Islands river association was established. Three men, none of whom lives in the Highlands and Islands, set it up, and its remit was to destabilise the land reform legislation. As part of its recruitment campaign, the Highlands and Islands river association used the offices and chairmen of the district salmon fishery boards, because—rightly—it saw the fishery boards as the political wing of the Scottish Landowners Federation. District salmon fishery boards are an anachronism and every one of them should be disbanded.

Mr McGrigor: Will the member give way?

Mr Morrison: Three-minute speeches do not

lend themselves to interventions.

District salmon fishery boards have quasi-public body status. They appoint water bailiffs—individuals who have the same powers as the police service. Water bailiffs must be the only example in the United Kingdom of a private police force—a force that is not subject to the normal criteria to which the public police service is subject. Through the ages, there have been many examples of individuals who have been appointed as water bailiffs, with the powers that I mentioned, who would never have been recruited by a responsible police authority.

The salmon boards are unaccountable, unrepresentative and undemocratic relics of another age, and they should not be permitted to continue further into the 21st century. I hope that the minister will comment on that when summing up.

I note with interest, although not with surprise, that the Tory amendment claims that the Land Reform (Scotland) Bill will do

substantial harm ... to the future of Scotland's freshwater fish and fisheries."

That statement is as flawed as it is insulting. Jamie McGrigor and his Tory colleagues happily ally themselves with those who claim that crofters are incapable of managing, nurturing and developing fisheries.

Mr McGrigor: That is absolute nonsense.

Dennis Canavan: Sit down.

Mr Morrison: The Conservatives' opposition to our land reform proposals strengthens the case for reform.

I seek an assurance from the minister that he will work closely with a representative group that was established a few weeks ago in the Western Isles, involving the council, the Western Isles Fishermen's Association and Scottish Natural Heritage. The group is considering the impact of seal numbers on fish stocks. I urge the minister to work sensibly and constructively with that group. Does he accept that, following in-depth analysis, we may have to discuss the realignment of seal numbers around the Western Isles?

Richard Lochhead: On a point of order, Presiding Officer. During his speech, Alasdair Morrison indicated that members are unable to take interventions during three-minute speeches. Is that in the spirit of the debate and of Parliament's procedures?

The Deputy Presiding Officer (Mr Murray Tosh): It is entirely for the member speaking to decide whether he wishes to give way. It is unfortunate that we are taking further time away from the debate by contending about such issues.

16:34

John Farquhar Munro (Ross, Skye and Inverness West) (LD): I welcome this debate because, for many decades, Scotland's salmon and trout fishery was one of the largest and most diverse of the Atlantic salmon resources in Europe, with some 400 rivers supporting many hundreds of genetically distinct populations, including our native brown trout. That led to Scotland's justifiably being recognised as a provider of some of the most important commercial and recreational salmon fisheries in the world.

The present situation is not quite so encouraging. There are justifiable concerns about the critical decline in salmon and sea trout stocks, particularly on the Scottish west coast. In some areas, there are concerns that salmon and trout populations have fallen to levels at which their survival—and, certainly, the survival of commercial fishing interests—is in jeopardy. I am aware that several river systems in Wester Ross are almost devoid of sea trout and salmon. For example, until 1995, Loch Maree, which is considered by many anglers to be Europe's premier sea trout fishery, produced an annual recorded average catch of 2,700 fish in excess of two pounds in weight. Unfortunately, one could count last year's catch on the fingers of one hand.

There is no doubt that the situation is serious and requires all those interested in the promotion and sustainability of our wild fishery to co-ordinate a joint approach involving community groups, angling associations, fishery boards and proprietors, with Government backing to support an integrated management structure.

Not only are catches going down, but anglers are travelling to the Baltic states, Russia and even as far away as Patagonia for decent fishing. I welcome the efforts that were made over the Salmon Conservation (Scotland) Act 2001 and the intentions in the green paper that we are debating today. However, I hope that there will be less talk and more action in future, otherwise not only will we lose the fish, but we will most certainly lose our angling customers.

For many decades, many fishery proprietors—both public and private—were quite happy to lease salmon sweep net stations in sea lochs and river estuaries, which accounted for the killing of many thousands of returning fish. In years past, that practice may have been sustainable, but I suggest that it should immediately be restricted, especially in or close to river estuaries.

We hear of, and have our own opinions about, the reasons for the decline of our wild fish stocks. We hear of predation, overfishing and pollution, but we need irrefutable, factual evidence, not just

speculation. I commend the motion and the green paper as a way of identifying—and correcting—those reasons. Unless we do so, we will find that the honourable pursuit of angling—and one for the pot—will disappear from our culture forever.

16:38

Mr John Home Robertson (East Lothian) (Lab): This has been an interesting debate, which has demonstrated widespread consensus in the chamber in favour of radical reform of the legislation, with the Conservative party as the only exception.

Reform presents us with exciting opportunities. We have inherited a large and complicated body of legislation on freshwater fish. Much of that legislation originated in the House of Lords. It is a well-known fact that the House of Lords has always represented its constituents very effectively, so it is no surprise that the rights of riparian owners are well protected in the existing body of salmon legislation. To start with, we have the district salmon fishery boards, which are largely, though not entirely—I acknowledge that for Euan Robson's sake—dominated by landlords. Those boards run the most valuable fisheries—the salmon and sea trout fisheries. A body of common law covers brown trout, but far too little attention has been paid to what are disparagingly described as coarse fish—that is, species that are of great interest to increasing numbers of anglers who believe that they should be given more consideration.

Meanwhile, fish stocks, the environment and habitats in our rivers and lochs are facing serious threats from pollution, introduced species, damage to water courses and spawning grounds and losses of salmon at sea. I note that John Scott and Alasdair Morrison referred to seals, which are certainly a problem in some areas.

There is a tendency in such debates to concentrate on high-profile salmon rivers, such as the Spey, the Tay and the Tweed. Better management could benefit freshwater fisheries all over Scotland. I make no apology for citing the example of the River Tyne, which is in my constituency. During the past year, I have been working with the East Lothian Angling Association, East Lothian Council, the local National Farmers Union of Scotland branch, Scottish Natural Heritage, the Forth District Salmon Fishery Board and the Tyne Trust to tackle some of the problems on the Scottish Tyne.

The Scottish Tyne is a small river, but it has considerable potential as a sea trout river and could be a tremendous asset for local anglers and for tourists who visit my constituency. A series of obstructions at old mill sites on the river prevents

the fish from being able to get up the river to spawn and makes them easy prey for illegal fishing.

The Tyne represents a good example of the problems that exist on many potentially valuable fishing waters in Scotland. We want the Executive to help local angling associations to protect and develop the fisheries and to create opportunities for angling for local people and for tourists. There needs to be a structure for the improvement of fisheries and the local angling associations need access to environmental and lottery funding.

The existing legislation is complicated. Much of it is outdated and too much of it is based on inappropriate entrenchment of the interests of landowners. The 1976 act has been referred to; it is an example of what can go wrong. It established the right of landowners to restrict access to fisheries by protection orders, if they increase the overall availability of fishing permits. Experience on the Whiteadder river, which rises in my constituency and is a tributary of the Tweed, shows that it is possible for landowners to offer better access to get the protection order, but to renege on that undertaking when the order is in place. That gives rise to problems.

Angling is one of the most popular sports in Scotland and it has immense potential as an attraction for tourists. However, we must make a better job of protecting all our native fish species, especially salmon and sea trout. The Scottish Parliament must extend its land reform agenda to establish a better framework of legislation and a more inclusive management structure that will help local angling associations throughout Scotland to improve access to fishing opportunities. There is no point in consolidating clapped-out legislation. I urge the minister to forget about all the legislation that we have inherited from the House of Lords and to introduce a new freshwater fisheries (Scotland) bill that will advance the agenda for better conservation and for genuine social inclusion on our lochs and riverbanks.

16:42

Alex Fergusson (South of Scotland) (Con): I draw members' attention to my entry in the register of interests and I dissociate myself entirely from the remarks that Alasdair Morrison made.

We are at the end of another debate in which members of the Government parties warmly congratulate themselves on a job well done and tell us that all will be well, as long as we leave everything to them. Sadly, that is not the case with fisheries, just as it is not the case with many other issues. Although, as our amendment suggests, the consultation paper contains much that is to be applauded, it has many holes in it—as many as

are in a poacher's net—and in some areas it is as crafty as the poacher.

For example, page 5 promises:

"The new Rural Stewardship Scheme offers payments to farmers and crofters to support the creation, management and protection of a number of aquatic, riparian and wetland habitats."

It does not forecast that the funding that was available for the rural stewardship scheme would have to be spread so thinly that the minister would have to shift the goalposts for the scheme by removing altogether the scheme's capital spending elements, thus negating almost all the beneficial effects that it might have had on freshwater fisheries—however spurious they might have been in the first place.

As Jamie McGrigor pointed out, the extraordinary statement on page 2 is far worse. It boldly declares:

"the Scottish Executive's policy is not to intervene in willing buyer/willing seller arrangements."

On that basis, I assume that part 3 of the Land Reform (Scotland) Bill will be withdrawn, as that part removes the willing seller concept altogether. I am well aware that the Conservative party is the only party that is opposed to part 3 of the bill. Our opposition is based on a genuine concern about the future well-being of our freshwater fisheries.

In answer to Ross Finnie's intervention during Jamie McGrigor's speech, we have consistently warned that the Land Reform (Scotland) Bill will lead to—and, indeed, has already led to—the cessation of considerable inward investment by fishery owners.

If that investment is to continue following the implementation of the community right to buy, it can come only from the state. Given that the Executive has chosen to fund the land reform proposals through the lottery, how can we have faith that proper investment will continue to be put into fisheries when the sum available from the Community Fund has dropped from £700 million at its peak to £270 million per annum now? I was made vividly aware of the issue last night at the multiple sclerosis reception. I was told that charities are reeling from the Government's hijacking of lottery funds for political purposes. In many ways, the fact that the public is unaware that those policies are to be funded at the expense of charitable good causes is nothing short of disingenuous.

That is our principal concern. The Executive's grandiose and grandstanding position in part 3 of the Land Reform (Scotland) Bill cannot be delivered financially. The result of that will be the exact reversal of the aims set out in the green paper, which we generally support.

Richard Lochhead: Will the member take an intervention?

Alex Fergusson: I have not got time; I am sorry.

I turn to another aspect, which Alasdair Morgan mentioned, which relates specifically to my region of the South of Scotland: acidification of rivers and lochs. Scant attention is given to that issue in the paper and yet it is the major problem in the south-west. The submission of the West Galloway Fisheries Trust brought proper attention to the matter. The passing mention of it in the paper is not enough.

Until the Executive is prepared to take a firm grip on such major issues, the paper is fine as far as it goes, but I believe that there are many in the industry who would argue that it does not go far enough. It is disingenuous to say that some of its main recommendations will require legislation, but that the time cannot be found for that legislation, as Brian Adam intimated.

There is a fear that the outcome will be to remove fisheries management from local, knowledgeable hands and pass it to the centre and the Executive. If that was not so, why did the Executive reject my amendment 13 to the Salmon Conservation (Scotland) Bill, which would have made it mandatory to consult district salmon fisheries boards? We will firmly resist such a move to the centre but we are content to support the overall aims of the consultation paper, despite the differing messages that the Executive continues to give out in different pieces of legislation.

16:47

Stewart Stevenson (Banff and Buchan) (SNP): Fishing for pleasure has been around for at least 4,000 years. The first reference to rod angling is in Greek texts in Macedonian times. "The Compleat Angler" is still a subject of controversy. Apparently Jeremy Paxman disagrees with many of the recommendations in Izaak Walton's historic text.

Fishing is important. We know that. Even the *Financial Times* has an angling correspondent. In 1792, William Pitt the younger joined the first angling club to be formed.

In introducing the debate, the minister said that the Executive has planned few activities in the short to medium term. In responding to the debate, I hope that Mr Finnie will tell us about some of the specific things that will happen in the short term because, sure as heck, we need them. Just to reinforce something that came up earlier in the debate, research into the Scottish economic impact of salmon and sea trout was announced on 29 July, to Mike Rumbles. It is time that we got off

the pot and got on with it. We welcome the early introduction of a ban on the sale of rod-caught salmon.

Jamie McGrigor said some quite astonishing things. He felt that part 3 of the Land Reform (Scotland) Bill was deficient in applying only to the crofting counties in the Highlands and Islands. I agree with him. We should have exactly the same rights as are being proposed in part 3 of the bill across Scotland, to recover derelict fishings for the public good.

Mr McGrigor: Will the member take an intervention?

Stewart Stevenson: I have no time.

Of course, we could follow the example of many across the Highlands and Islands and acquire those derelict fishings for the public good by confiscating them, as so many of the landowners did in the first place. The Land Reform (Scotland) Bill is far too moderate in that regard.

I share Mike Rumbles's disappointment that some of the environmental agencies are not acting to the extent that they should be in protecting water quality and hence the environment for freshwater fish.

Dennis Canavan made an interesting point in relation to the common law. Looking across the chamber, I can see that the gamekeeping fraternity is represented. I will not point to where the poaching fraternity is represented, but I am confident that it is.

If Alasdair Morrison will forgive me, I will forgive him. I was once a water bailiff, when I was a student. Would that I had been suitable for the police force, I could have followed another path.

Rhoda Grant made points about fishing management. If we bring crofters in the Highlands and Islands into fishing management, we will see an improvement and derelict fishings will return to making effective economic returns.

Winnie Ewing made the point about research on where salmon come from when they migrate. The fact that we need 15 years of research indicates how urgent it is that we start now. We cannot wait.

Like John Scott, I was a fisher as a boy—for brown trout—but unlike him, I have fished for salmon. Alas, I have never caught one. The key point is that we have seen a decline in the salmon fisheries since the 1960s. That tells us that reform is urgently needed. Alasdair Morgan tells me that he has seen a picture of a salmon—so have I.

We need a new bill to protect our freshwater fisheries, and we need it urgently. I would like the Executive to tell us when it wishes to make progress on that. Please protect some of the historic terms that are used in the existing

legislation. I have in mind gaffing, hang nets and, of course, sniggering. We will not snigger at the Executive's proposals if they are worth listening to.

16:52

The Minister for Environment and Rural Development (Ross Finnie): It will be strange to those who have been listening closely to the debate to hear that the biggest compliment paid to the Executive came from the Conservatives' closing speaker, who said that the Executive's policy has holes in it. He said that it had

"as many as are in a poacher's net".

Those members who know anything about poaching will know that poachers' nets have no holes. I am deeply grateful to Alex Fergusson for that backhanded compliment.

The debate opened with a remarkable degree of unanimity between this bench and Richard Lochhead. Indeed, one or two members left in astonishment at that, but I see that having drawn breath, they have returned for the closing stages. To be serious, we set out a range of measures and there was a remarkable degree of unanimity about what needs to be done and the problems that face us. There was one singular exception—the Conservative party.

I will take head on the issue of land reform and investment. Why is it that when people who purport to be concerned about investment in salmon fisheries are confronted with a bill, the prime criterion of which is sustainable investment, they are suddenly to be found running under the benches? What is the problem with that? Who is the problem? Or is it that those who purport to be concerned are concerned that people who have an interest in their local community might actually wish to exercise that interest? They will have to come up with a better argument than telling us, "We are not interested in sustainable fisheries, because that is not the objective of the policy." I suspect that a different interest, which is not necessarily declarable in the register of members' interests, governs the position.

Mr McGrigor: Will the minister give way?

Ross Finnie: No, thank you.

Before we lose sight of it, I want to deal quickly with a second point, which was made by Winnie Ewing and was, as always, interesting. She referred us to the role that NASCO has played in the development of the issues on an international front. I did not wish to intervene on Winnie Ewing, but I assure her—perhaps she is unaware of this—that Scotland is represented on the European Union delegation to NASCO. I advise her that a proposal to hold the next NASCO council meeting in Edinburgh is under

consideration. We may be able to address some of Winnie Ewing's constructive and helpful suggestions when NASCO comes here.

Many members talked about whether any reform of the Freshwater and Salmon Fisheries (Scotland) Act 1976 might result in an over-concentration of powers. Euan Robson and Mike Rumbles made equal points, using the Tweed and the Dee as examples. The Executive recognises the diversity of farming interests. Any new legislation will have to provide an overarching framework that draws on the elements of the existing regulations and orders that work. However, we must accept that, as Dennis Canavan said, such legislation is not working in Scotland as a whole. The 1976 act needs to be reformed.

Dennis Canavan: Will it be repealed?

Ross Finnie: The 1976 act will be reformed and repealed. It will have to be replaced. However, elements of the act can work for some rivers. We must consider that when we build new legislation that gets rid of the restrictive practices to which Dennis Canavan eloquently referred.

Rhoda Grant talked about fishing management and the promotion of angling. Members will recall that Allan Wilson said that incorporating such concerns in the fishing strategy and the tourism strategy must be at the heart of the debate. He said that we must promote such an extraordinarily valuable interest.

Several constructive speeches were made, not least of which was that made by former minister John Home Robertson, who talked about how we tackle and incorporate the diversity of the industry. John Farquhar Munro and Robin Harper also talked about that. Alasdair Morrison asked me to take account of the new group that has been established in the Western Isles. I assure the member that we will work closely with that group and that we are interested in the outcome of the work that it will do on the balance of ecology between freshwater fisheries and seals.

All those points show the breadth of the problem.

Richard Lochhead: Among at least three of the four main parties, there is a deal of consensus to get some change, but one difficulty is that the motion says nothing. It does not contain a commitment to introduce legislation to implement the changes that we have discussed. Will the minister outline the legislative timetable for the changes that we have discussed?

Ross Finnie: That is the same question as my colleague Allan Wilson took in an intervention. I believe that his first answer was that the First Minister would announce the legislative

programme, which is correct. I may have been elevated to a position that I do not hold, but I appreciate that and I am grateful for the confidence in me.

Mr Kenneth Gibson (Glasgow) (SNP): On a point of order, Presiding Officer. I did not.

Ross Finnie: Action will be taken by legislation, which we must balance in the round. Never mind the date of the announcement, the fact is that, next year, the economic analysis will be available. This year, the legislation to consolidate our salmon and freshwater fisheries will be produced. We will be able to consider the introduction of transfers of non-native species under a statutory instrument.

Action is being taken. We can increase angling opportunities, and a draft Scottish instrument has been issued for consultation, as my colleague Allan Wilson made clear. We are undertaking a review of the fisheries research programme and we intend to introduce legislation to deal with the matters that have been discussed.

We have proposals for the immediate term and the short term that will support this important industry. The Executive is keen to ensure that our freshwater fisheries are given the importance that they deserve. We are working to secure that.

I commend the motion to the chamber.

Scottish Parliamentary Standards Commissioner Bill: Financial Resolution

16:59

The Presiding Officer (Sir David Steel): The next item of business is consideration of the financial resolution in respect of the Scottish Parliamentary Standards Commissioner Bill. I would ask Andy Kerr to move motion S1M-3020, but I cannot see him. In Andy Kerr's absence, perhaps the Deputy First Minister will move the motion.

Motion moved,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Scottish Parliamentary Standards Commissioner Bill, agrees to any expenditure payable out of the Scottish Consolidated Fund in respect of—

(a) the appointment of the Scottish Parliamentary Standards Commissioner and any staff appointed to assist the Commissioner;

(b) salaries for, and other staff costs of, the Commissioner and any such staff; and

(c) the administrative costs incurred in the discharge of the Commissioner's functions.—[*Mr Jim Wallace.*]

Parliamentary Bureau Motion

17:00

The Presiding Officer (Sir David Steel): The next item of business is consideration of Parliamentary Bureau motion S1M-3026, on the approval of a Scottish statutory instrument.

Motion moved,

That the Parliament agrees that the draft Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) (Scotland) Regulations 2002 be approved.—[*Euan Robson.*]

Decision Time

17:00

The Presiding Officer (Sir David Steel): There are nine questions to be put as a result of today's business. The first question is, that amendment S1M-3022.2, in the name of Nicola Sturgeon, which seeks to amend motion S1M-3022, in the name of Malcolm Chisholm, on modernising primary care in NHS Scotland to improve health, be agreed to. Are we agreed? [*Interruption.*] There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (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)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 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)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)

Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McLetchie, David (Lothians) (Con)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Wilson, Andrew (Central Scotland) (SNP)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 113, Against 0, Abstentions 0.

Amendment agreed to.

The Presiding Officer: Order. Members should be quiet. It will then be easier for everybody to hear what is happening.

The next question is, that amendment S1M-3022.3, in the name of Mary Scanlon, which seeks to amend motion S1M-3022, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

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

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (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)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)

Lochhead, Richard (North-East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 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, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 18, Against 96, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S1M-3022.1, in the name of Tommy Sheridan, which seeks to amend motion S1M-3022, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Canavan, Dennis (Falkirk West)
 Harper, Robin (Lothians) (Green)
 Sheridan, Tommy (Glasgow) (SSP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 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)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLetchie, David (Lothians) (Con)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Oldfather, Irene (Cunninghame South) (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)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

Adam, Brian (North-East 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)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (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)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 3, Against 82, Abstentions 31.

Amendment disagreed to.

The Presiding Officer: The fourth question is, that motion S1M-3022, as amended, in the name of Malcolm Chisholm, on modernising primary care, be agreed to.

Motion, as amended, agreed to.

Resolved,

That the Parliament applauds the vital contribution to healthcare and health improvement made by primary care teams across Scotland and supports further investment and reform to improve access and redesign services round the needs of patients including greater devolution of power and

resources to local health care co-operatives to support and empower primary care teams.

The Presiding Officer: The fifth question is, that amendment S1M-3021.2, in the name of Richard Lochhead, which seeks to amend motion S1M-3021, in the name of Allan Wilson, on Scotland's freshwater fish and fisheries, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Wilson, Andrew (Central Scotland) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)

Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 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)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 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)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLetchie, David (Lothians) (Con)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Oldfather, Irene (Cunninghame South) (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)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 30, Against 83, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S1M-3021.1, in the name of Jamie McGrigor, which seeks to amend motion S1M-3021, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

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

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (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)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Elder, Dorothy-Grace (Glasgow) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 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)
 Lochhead, Richard (North-East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)

Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 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, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Aberdeen North) (Lab)
 Wilson, Andrew (Central Scotland) (SNP)

The Presiding Officer: The result of the division is: For 19, Against 97, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S1M-3021, in the name of Allan Wilson, on Scotland's freshwater fish and fisheries, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Aitken, Bill (Glasgow) (Con)
 Baillie, Jackie (Dumbarton) (Lab)

Barrie, Scott (Dunfermline West) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 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)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 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)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLetchie, David (Lothians) (Con)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Oldfather, Irene (Cunninghame South) (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)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)

Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

AGAINST

Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)

ABSTENTIONS

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

The Presiding Officer: The result of the division is: For 83, Against 1, Abstentions 32.

Motion agreed to.

That the Parliament endorses the Scottish Executive's commitment to the future conservation and management of salmon and freshwater fish and fisheries in Scotland, as set out in its consultation paper *Scotland's Freshwater Fish and Fisheries: Securing their Future*, and welcomes the firm intention of the Executive to work in partnership with the users and owners of these resources to ensure better management and sustainable fisheries.

The Presiding Officer: The next question is, that motion S1M-3020, in the name of the absent Mr Kerr, on the financial resolution in respect of the Scottish Parliamentary Standards Commissioner Bill, be agreed to.

Motion agreed to.

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Scottish Parliamentary Standards Commissioner Bill, agrees to any expenditure payable out of the Scottish Consolidated Fund in respect of—

(a) the appointment of the Scottish Parliamentary Standards Commissioner and any staff appointed to assist the Commissioner;

(b) salaries for, and other staff costs of, the Commissioner and any such staff; and

(c) the administrative costs incurred in the discharge of the Commissioner's functions.

The Presiding Officer: The final question is, that motion S1M-3026, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, on approval of a statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) (Scotland) Regulations 2002 be approved.

International Workers Memorial Day

The Deputy Presiding Officer (Mr Murray Tosh): The final item of business today is a members' business debate on motion S1M-2615, in the name of Cathy Peattie, on international workers memorial day—28 April 2002. The debate will be concluded without any question being put. I ask members who wish to speak to press their request-to-speak buttons.

Motion debated,

That the Parliament notes that 28 April 2002 is International Workers' Memorial Day, a commemoration of those who have died or suffered accidents or ill health as a result of work, and calls for this day to be widely observed in Scotland through action to improve safety and provide a healthier working environment.

17:09

Cathy Peattie (Falkirk East) (Lab): "Mourn for the Dead, Fight for the Living" is stated on a poster, produced by the American Federation of Labor-Congress of Industrial Organizations, which shows firefighters among the wreckage of the World Trade Center towers.

Workers risk their lives daily. Sometimes it is a calculated risk, which is taken in an attempt to save others and to make the world a better place. Often the risks are unnecessary and are the product of negligence and a lack of safety consciousness among workers and employers. Sometimes the risks are the result of deliberate ignorance of safety by employers who put profits ahead of people.

In the United Kingdom, 25 million working days are lost every year as a result of work-related accidents and ill health. More than one million workers are injured every year. Asbestos causes 3,000 deaths every year. One and a half million workplace premises still contain asbestos.

Workers memorial day is an international event, which originated in Canada in 1985. The Scottish Trades Union Congress adopted it in 1993, the Trades Union Congress adopted it in 1999 and the Health and Safety Executive adopted it in 2000. Canada, Spain, Thailand and Taiwan have officially adopted the day, and a significant announcement is expected on 28 April about making it an official International Labour Organisation day within the United Nations system. I would like to thank the trade unions for the work that they have done in raising the profile of workers memorial day and for highlighting the reasons for its existence.

Internationally, more than a million people die every year from accidents or illness caused by bad

working conditions. How many more people are hidden from those statistics? How many child labourers and other hidden workers are the victims of their employment or, in some cases, their slavery? Laws should protect people from hazards, yet often they protect employers and make it hard for people to refuse dangerous work. Even without such anti-labour laws, poverty and bullying are there to keep people working in unsafe conditions.

A paper by Woolfson and Beck declares:

"Scotland's workplace health and safety record is poor."

Since Piper Alpha, there have been another 60 deaths in the North sea. In 1998-99 there were 34 reported fatalities and nearly 2,400 major injuries in Scotland. That does not include deaths from causes such as heart attacks at work, fatalities related to work travel or deaths from work-related diseases.

Analysis of figures for the late 1990s shows that the rate of major injuries in Scotland exceeds that of Britain as a whole. In 1998-99, the rate for Britain was 92.9 injuries per 100,000 employees, but for Scotland the rate was 114.7. That was a worsening of our rate compared to the British figure. Between 1996 and 1998 only 6.4 per cent of Scottish injuries resulted in prosecution, compared to 10.4 per cent for Britain as a whole. The figures for deaths were 12.8 per cent in Scotland and 18.8 per cent in Britain. The average fine following a fatality was £14,575 in Scotland and £18,032 in Britain. The average fine for all cases was £3,005 in Scotland and just under £5,000 in Britain.

As a nation, we need to examine seriously those figures and understand why they exist. We need to focus attention on our health and safety practices and the problems of health and illness at work. For example, all workers should be able to access occupational health advice, yet such advice, largely from non-specialists, is available to only 30 per cent of UK workers. We need to bolster the work of the Health and Safety Executive and local authority enforcement through environmental health departments. We also need to consider how we treat those who have suffered from their employment in terms of health and other services. We must recognise the lack of support that such people get from the legal system when they seek redress from their employers.

I recently met Mrs Thelma Steel, a constituent in Bo'ness. Her husband, Eddie Steel, died recently, having suffered from mesothelioma. Eddie Steel was a Korean war veteran. I often met him at my supermarket surgery in Bo'ness. He told me about his working life, his health problems and his legal battle. In spite of all that, Eddie Steel was always optimistic—laughing and joking—and was well

liked by all he met. He came into contact with asbestos as a pipe fitter working for BP. In those days, workers were told not to worry, even when the evidence started to accumulate. Mr Steel started a court action, but that is a long and protracted affair and he lost his race against time. Now his wife and sons cannot take up the case where he left it; they will have to start from the beginning. What a way to treat people who have already suffered so much.

The Scottish Executive can take the lead in tackling these problems. For a starter, as a mark of its serious intentions, it can formally adopt international workers memorial day. That would be an appropriate way of promoting activity and ensuring that the debate about health, safety and welfare stays on the agenda. To use the words of Mother Jones, I think that such a step would be an appropriate way to remember

“the dead, and fight like hell for the living”.

The Deputy Presiding Officer: Quite a few members wish to speak. If we have four-minute speeches, we might be able to fit everyone in. We might need a short extension later, but we will see how we get on.

17:15

Linda Fabiani (Central Scotland) (SNP): I will be brief. I thank Cathy Peattie for securing this debate. International workers memorial day is certainly worthy of discussion. When Cathy mentioned that more than a million workers throughout the world die every year, I began to wonder whether there are any physical memorials for those who die at work in the same way as there are war memorials for those who die in battle.

We must also consider the struggle that workers face in some parts of the world. Most of my own work on that subject has centred on south and central American countries, where people on the fruit plantations work in horrendous conditions. In Guatemala and Puerto Rico, even as we speak, workers are being persecuted for seeking better working conditions or for trying to prevent the use of certain insecticides that cause birth deformities and lower life expectancy.

Trade unions exist in those countries and they are trying very hard to improve the rights of workers. MSPs have met a few of the folk involved in that work. I particularly remember Gilberth Bermudez, who has visited the country a few times to talk to parliamentarians and trade unions. At the moment, Gilberth is in hiding in Latin America. His life is in danger because he is trying to organise workers and to secure a better deal for them.

Moreover, about a year and a half ago, another trade union activist called Doris Calvo spoke to the SNP conference. Doris was attacked on her way to the airport to catch her flight to the United Kingdom. Her passport was stolen, obviously with the intention that she would be prevented from leaving the country.

The awful thing is that the multinational corporations—the everyday names that the whole world has heard of—allow such acts to be perpetrated. I am talking about companies such as Del Monte Foods and Dole. We see Del Monte's produce on the shelves everywhere we go and those terribly jolly adverts in which the man from Del Monte says yes. In actual fact, the man from Del Monte says no. He says no to trade union and workers' rights and safety legislation in the fruit plantations that the company deals with.

I pay tribute to the volunteers and workers of the World Development Movement, which constantly tries to raise such issues on behalf of international workers. I also pay tribute to our own trade unions, which lobby very hard on behalf of those workers and form strong partnerships with other trade unions across the world, particularly those in Latin America.

I again thank Cathy Peattie and apologise for having to leave as soon as I finish. I have another engagement that I must attend. Before I finish, I want to say that this day should not pass without our paying tribute to those throughout the world who work in extremely adverse conditions. We must all do our best to raise awareness of their situation and to change the way of the world.

17:19

Elaine Smith (Coatbridge and Chryston) (Lab): I also congratulate Cathy Peattie on securing this evening's debate. I am a member of the Transport and General Workers Union and have declared that interest in the Register of Members' Interests, just to keep myself right.

I want to concentrate on health and safety at work and how that impacts on women. In June 1888, Annie Besant, who became leader of the Matchgirls Union, heard a speech on female labour at a Fabian Society meeting in London. She was absolutely appalled to learn of the plight of women working at the Bryant & May match factory. The pay and conditions involved working a 14-hour day for a wage of less than 5 shillings a week. The workers did not even necessarily get their full wages because fines were levied by management for such heinous crimes as talking, dropping matches and daring to go to the toilet without permission. If the girls were late, they were fined half a day's pay.

Annie Besant went along and interviewed some of the women and discovered that their appalling working conditions had also affected their health. The use of yellow phosphorous caused yellowing of the skin, loss of hair and phossy jaw, a particularly horrible form of bone cancer. At that time, yellow phosphorous was banned in the United States and Sweden, but the British Government refused to ban it on the ground that it would restrain free trade.

Annie wrote an article entitled "White Slavery in London" in her newspaper, *The Link*, in which she said:

"Born in slums, driven to work while still children, undersized because under-fed, oppressed because helpless, flung aside as soon as worked out, who cares if they die or go on to the streets provided only that Bryant & May shareholders get their 23 per cent and Mr. Theodore Bryant can erect statues and buy parks?"

Strangely enough, that caused management to try to force their workers to sign a statement saying that all was well and that they were happy at work. A group of women refused, the organiser was sacked and that resulted in a strike by 1,400 women at Bryant & May and the subsequent formation of the Matchgirls Union.

That month, *The Times* reported:

"The pity is that the match girls have not been suffered to take their own course but have been egged on to strike by irresponsible advisors. No effort has been spared by those pests of the modern industrialised world to bring this quarrel to a head."

Thank goodness for pests. Within a few weeks, the match girls won improvements in working conditions, and their example encouraged a new wave of unionisation of general and unskilled workers across the country. The match girls are an early example of unorganised workers becoming organised labour and thus winning improvements at work.

I turn now to 21st century Scotland. In many factories and call centres today, going to the toilet without first seeking permission is still a heinous crime, some workers in garages are fined out of their wages when people drive off without paying, conditions are unacceptable in many workplaces, particularly those that are not unionised, and substances hazardous to health are still used unsafely despite the Control of Substances Hazardous to Health Regulations.

Repetitive strain injury, sexual harassment, bullying and stress are just some of the modern-day hazards that are particularly relevant to women. Safety for workers is not just about accidents. Sexual harassment can blight the lives of women at work and cause great distress. Bullying at work is becoming an increasingly prominent issue, which causes stress and illness and sometimes results in loss of employment.

I take this opportunity to commend the trade unions, which have historically been the champions of the workers in fighting to secure health and safety as a sensible approach to industrial relations. I say sensible, because a healthy, happy and well-trained work team will perform more effectively than a sick, stressed set of individuals.

While we commemorate those who have died, have been injured or have suffered ill health as a result of work, we must also take steps to ensure that the incidence of work-related accidents and ill health is minimised in future. Health and safety at work must not just be paid lip service by employers, some of whom seem to care more about their profits than they do about people. Good health and safety practices must be an integral part of the culture of workplaces in 21st century Scotland. I am pleased to associate myself with Cathy Peattie's motion.

17:23

Phil Gallie (South of Scotland) (Con): I, too, offer congratulations to Cathy Peattie on securing this debate. Perhaps my line on this issue is slightly different from that of other members. I was a trade unionist and took great pride in that throughout my working life. At the same time, I ended up in a management structure that had responsibility for the health and safety of a work force.

I probably have greater experience than anyone else in the chamber of various working environments, having come from a dockyard environment in the 1950s. At that time, when a ship was to be stripped out, the apprentices, not recognising the effects of asbestos, would make it their first task to gather as much asbestos as they could to line their houses during the winter and keep the cold out. Nobody recognised that the threat from asbestos existed but, as I went through my working life, that threat became known and was recognised by employers and work forces. The trade union movement played a part in that, but so did many responsible employers. The state also played a part, as it was in the state's interest to recognise the problems.

It is not only in workers' interests, but in management's interest to ensure the health and safety of workers and reduce the number of accidents, the number of days lost through accidents and the amounts that are paid out for sickness. I believe that most managements in the United Kingdom, irrespective of the financial aspect of health and safety, care about their work forces.

Many members might be surprised to know that I was in the electricity supply industry as it worked

towards privatisation. One effect of moving towards privatisation was the industry's recognition that its accident rate was deplorable and did not match requirements. However, the privatisation format meant that we had to meet particular criteria for health and safety. There was a mass drive to improve the industry's accident rate. It should not have taken that to make us put so much effort into the training and awareness raising of work forces.

I refer to awareness raising because workers often ignore the rules that management establishes. The construction industry, for example, has much non-contracted, self-employed labour. On Lesley Riddoch's radio show yesterday, a guy made the point that, to earn more money, he took short cuts in his work and avoided the safety representative on site. We must make workers aware of the risks of workplace accidents. I fully approve of international workers memorial day. However, people should be aware every day of the year of accidents in the workplace.

Members raised points about situations in other countries of which we should also be aware. I commend the fair trade movement, which recognises that conditions everywhere are not as they should be. Cathy Peattie's motion refers to the international aspect of accidents and fatalities in the workplace. The motion emphasises that we should all take on board that issue and should encourage efforts to improve the situation.

17:28

Mr Duncan McNeil (Greenock and Inverclyde (Lab)): I thank Cathy Peattie for giving us the opportunity of having this debate. International workers memorial day will be a time for reflection for people throughout the world; it will be a time to remember friends, workmates, and constituents, such as those who died in the Piper Alpha disaster; it will be a time to remember those who simply left for work early one dark morning and never returned home, leaving so much unsaid and so much pain in the family. The memorial day will also be for those who suffered from asbestos-related disease and had a painful, preventable and unnecessary death.

We must remind ourselves that the memorial day is not simply a day to remember, but a day to give thanks for those groups who work with the victims of asbestos-related disease, and those groups, some of whom are in the public gallery, who give advice to workers on health and safety and employment rights. There are also groups, such as Phase 2 in my constituency, which deal not with the victims of old industry, but with victims of the electronics industry, one of the so-called new industries. Those groups provide a campaigning edge, but also provide vital support

and a network for the victims and their families.

We must also remind ourselves that the memorial day is not simply an annual event. We, as elected representatives, have a responsibility to act on behalf of the victims.

I do not say this out of self-satisfaction, but I am pleased that we have had the opportunity for such debates in the chamber over the past three years and that people have been able to meet and lobby ministers. I am also pleased with the hard work of the Justice 2 Committee on the asbestos petition. We have also pressured the Health and Safety Executive and employers. Although many of those matters are reserved to the UK Parliament, I am pleased that they have been part of the work of this Parliament. Let me end on this vein: although we remember and give thanks, we must also act.

I want to finish with a question for the minister. Will he give us an update on the £3 million that was promised for occupational health, which was to be particularly targeted towards small businesses? Such a service would raise awareness of health and safety issues in the workplace and would prevent workplace accidents and disease. Where is that money and how will it be spent effectively to meet those objectives?

17:31

Tommy Sheridan (Glasgow) (SSP): I associate myself with the comments congratulating Cathy Peattie on securing tonight's debate.

Although health and safety at work is a reserved matter, I hope that the minister will comment on the need for legislation to make employers culpable on health and safety matters. In particular, we need to be able to carry out prosecutions against employers. In Dorset at the end of last month, the Health and Safety Executive visited 60 construction sites in a two-day blitz. Twenty of the construction sites were subsequently closed down because of serious breaches of health and safety regulations.

The gas workers union, the GMB, recently produced a report in which it warned that Transco's threat to lay off 2,400 workers

"will put employees and the public at risk. Currently, gas workers are working overtime to ensure the safety of the public but these further cuts will threaten this delicate balance. Transco should review these cuts with the Health and Safety Executive in order to evaluate the situation before they are allowed to proceed."

Obviously, with investigations under way on the incidents at Larkhall and Dundee, the Transco situation is also serious for us in Scotland.

Reference has been made to asbestosis, which still claims 3,000 workers' lives a year. Reference has also been made to the fact that the workers

who lost their lives on Piper Alpha have never properly been remembered because Occidental Oil Company, which was the company responsible, has never been in the dock.

The Simon Jones Memorial Campaign designated yesterday as employment agency day. Some members may have heard of Simon Jones, who was sent by an employment agency to work in Shoreham docks despite the fact that he had never worked in the docks in his life. He died on his first day, because he had no training or experience. The problem is that employment agencies up and down the country continue to do such things without fear of being prosecuted for their culpability in such deaths.

Given Transco, Railtrack, Paddington, Ladbroke Grove and those 20 construction sites that were closed down because they were in breach of health and safety regulations, it is my view that we need a legislative framework that allows the prosecution of companies that have been negligent in preventing the death of workers. The worry that I share with many members is that, until we have such a framework, safety at work will be neglected in the pursuit of maximum profit.

Until we get that legislative framework for workers, I fear that we will continue having discussions on international workers memorial day, but we will unfortunately be remembering more and more workers who have lost their lives at work.

17:34

Pauline McNeill (Glasgow Kelvin) (Lab): I thank Cathy Peattie for giving us all the opportunity to say something on this important subject. I am a trade unionist and a member of the GMB.

In our dealings with trade unions, we politicians often meet full-time, paid officials who act in the interests of their members. Speaking in support of the motion and of the suggestion that we adopt 28 April as international workers memorial day, I take this opportunity to pay tribute to the thousands of shop stewards and unpaid officials who have dedicated their lives to protecting the health and safety of colleagues at their workplaces. Without their intervention, there would be more accidents and more loss of life. We should appreciate the fact that we often rely on volunteers for that intervention.

In my work as a GMB official, I dealt with many workers in the national health service, and I can tell members that hospitals are hazardous places in which to work. We often do not think about the support staff in hospitals, such as those who make the laundries run or sterilise the instruments, nor about the hazards that face them in their daily

work. Hundreds of porters and domestics suffer needlestick injuries every year, which is down to sloppy practices, and the stress of waiting for the results of hepatitis B or other tests following such an injury leads to psychological damage. Elaine Smith raised that important point. Such stress can also be suffered by staff who deal with contaminated laundry from theatres or with contaminated surgical instruments—not to mention the thousands of nursing staff who get back injuries because the proper equipment for lifting patients is not available.

Workers need organised trade unions in their workplaces to ensure that the best and safest practices are adopted. As many shop stewards will know, their powers under health and safety legislation are greater than those under some employment legislation, but we need to make them stronger still.

The adoption of the working time directive has made an important contribution, because it has at its heart a reduction in working hours, which is a health and safety issue. A simple breach of health and safety law and good practice can have a devastating impact on workers' lives. I hope that we can continue to conduct current or live research on modern employment issues, so that new working practices do not have a lifelong effect on workers.

I draw particular attention to the establishment of many call centres in my constituency. The jobs are welcome, but I would like more research to be done into the repetitive nature of that type of work.

As we know, many workers have died because of sloppy work practices. No one should die just because they are doing their job.

The Justice 2 Committee is considering petition PE336, which relates to victims of asbestos poisoning. As convener, I can report to Parliament that the committee is giving the matter the highest priority that it has given to any petition that has come before it. We intend to act with haste. We do not believe that it is credible for the Court of Session to have a fast-track procedure for commercial cases, but not for personal injury cases in which people are literally dying while waiting for their cases to be heard. I know that the Parliament will support the committee in that work, and I think that the message has been made loud and clear.

I thank colleagues for listening and again thank Cathy Peattie for giving us this opportunity.

17:38

Shona Robison (North-East Scotland) (SNP): I join other members in thanking Cathy Peattie for securing this debate on her motion.

I want to say a few words about my father's experience as a pipe fitter, working in the 1960s, 1970s and early 1980s in sites across Scotland and England, offshore and in many plants, including Grangemouth. He witnessed a number of tragic deaths that were clearly down to major breaches of health and safety regulations.

We may well reflect on whether things have dramatically improved. Certainly, the figures that Cathy Peattie gave in her speech indicated that there may be a long way to go to ensure that workers are working in safe conditions.

I want to tell a story about someone I used to work beside when I was a community worker. He was a community activist, who had worked as a fitter at many sites in Scotland. One day, when he was working with a mate in a pipe in a nuclear power station, that pipe was—unbeknown to them—being flushed with radioactive water. The first they knew of it was when they came to the end of the pipe and found the back of a sign. They saw that the front of the sign said, "Keep Clear—Radioactive Water." They got soaked and had no protective clothing. He contracted leukaemia when he was in his 40s and had leukaemia when I knew him. He died a few years after he contracted the disease, having struggled with ill health for all those years. To his dying day, he blamed his contraction of leukaemia on that one-off event. Whether that is the case or not, the accident should clearly never have happened and was down to the sloppy health and safety practices in that plant.

That is only one story and there are a great many others. Many of those stories have tragic consequences, not only for the people involved but for their families. For example, wives who were washing clothes that carried asbestos were also affected and the lives of their children were put at risk.

It is important that we commemorate international workers memorial day. I would like health and safety matters to be the responsibility of this Parliament, as there is a lot that we could do. However, even within our powers, we could do a lot in relation to occupational health through the powers of local authorities and environmental health legislation. I look forward to hearing from the minister about some of the issues that he will take up in the interests of strengthening the health and safety of the Scottish work force.

17:41

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): I make reference to my entry in the Register of Interests of Members of the Scottish Parliament, which shows that I am a member of Amicus Amalgamated Engineering and Electrical

Union. I congratulate Cathy Peattie on securing this debate.

Workers' rights and unions matter, because accident, injury and disease are hard to bear, place terrible strains on families and cause upset and grief. They do so to an even greater extent when they occur because of fault, negligence and breach of statutory duty.

As a solicitor and a trade unionist since 1984 and as an advocate in practice at the Scottish bar since 1993—trade union members have litigated in the Court of Session and elsewhere under the aegis of trade union legal aid schemes—it was my honour and duty to appear regularly in the supreme courts on the instructions of trade unions and their members. Many of my comrades have touched on perhaps the most distressing cases, about which it was hard to be dispassionate as a counsel: those involving damages claims brought by the victims of asbestos victims and their families. Cathy Peattie mentioned the toll of asbestos on her late constituent and his family.

Contrary to Phil Gallie's suggestion, it was known as long ago as 1910 that workers who were exposed to asbestos risked injury and death. The first asbestos regulations were introduced in 1931. I made those averments day in, day out as a junior counsel. By the 1940s, it was known to major employers that asbestos was linked to lung cancers. By the 1960s, it was known that exposure to asbestos caused mesothelioma, one of the ugliest and most awful ways to die—I will never forget any of the commissions that I attended to take evidence from a dying pursuer who had been exposed to asbestos.

However, workers on the Clyde and elsewhere continued to be exposed negligently and deliberately through the 1970s and into the 1980s, at a terrible price to them, their families and us all. It was trade unions who spoke up for their members and took on powerful and wealthy forces, including heartless insurance companies who, to their eternal shame, adopted tactics that spun out claims to which there was no legal answer. They did so wilfully and in expectation of their victim dying. What died with the victim was his right to claim compensation for his injury and suffering. It was trade unions and their allies across the labour movement who campaigned to change the law and who are working now to speed up claims and secure fair compensation. I trust that we will continue our campaign across the UK—our campaign for justice for victims of workplace injury and disease, including exposure to asbestos, and for improvements to health and safety throughout industry, particularly the construction industry.

I know the good and solid work that the Justice 2 Committee is doing. I know that our Labour

Government is carefully considering the extension of the workers compensation scheme to cover mesothelioma sufferers. I also know that there will be great sympathy for using legislation at Westminster to ensure that no worker and no family suffers should it be the case that the current appeals against the Fairchild decision are unsuccessful and the injustices that were perpetrated in the Court of Appeal persist.

Unions matter and workers' rights matter, because work remains central to the everyday lives of most Scots. It is a source not only of income, but of satisfaction, identity, dignity and status. In the absence of effective rights for workers to organise and act collectively, our democracy is greatly compromised. Freedom of association, collective endeavour and solidarity are as fundamental to our democracy as freedom of speech is. I am pleased to support the motion.

17:46

Mr John McAllion (Dundee East) (Lab): I, too, congratulate Cathy Peattie on securing another excellent debate, this time to mark international workers memorial day. It is appropriate that the debate is held on a motion in her name, given the sterling work that she does as convener of the Labour trade union group in the Parliament. I am not at all jealous that she secures so many debates and I secure none.

It is important that democratic Parliaments around the world take time to consider those workers who have died, suffered injuries or suffer serious ill health because of being forced to work in poor and dangerous conditions. That is not given the prominence that it should, not only in Scotland but around the world. That has particularly been the case in recent years, in which the focus has been very much on the new partnership between Government and business. Although many may welcome that new focus, it creates a danger of forgetting that the most important partnership, certainly for any Labour Government, is the partnership with the workers—the people whom the Labour party was brought into existence to represent.

We should never allow ourselves to forget that fact. It is not forgotten in Dundee, where the council has taken the excellent initiative of establishing an annual lecture on international workers memorial day. I think that Jaquie Roberts, the chief executive of the Scottish Commission for the Regulation of Care, is giving the lecture in Dundee tomorrow on health and safety in the area for which she is responsible. Dundee is very much a trade unionist's city. I was delighted to hear that Phil Gallie had been a trade unionist. I hope that he is still a trade unionist, because he is still working—well, he is supposed to be working. In

Dundee, there has always been an emphasis on looking after the interests of workers. Among many other outstanding trade union leaders, the late Harry McLevy came from the city.

I take the opportunity to mention the 167 men who died in the Piper Alpha disaster. The discovery of oil in the North sea is often regarded as a great boon in Scotland. It was certainly good for the Treasury and the oil companies, which profited handsomely from it. It has been good for the United Kingdom economy, which has been given a great boost. Indeed, it has been good for releasing the pressure on public spending in our country over many years. However, that has all been achieved at a price—a high price indeed for those men who lost their lives in that terrible disaster.

I know that some good came out of the Piper Alpha disaster. I know that a public inquiry was held and that health and safety rules in the North sea have been tightened up. I also know that trade unions there are better organised than they ever were before. Even with all that, as Cathy Peattie pointed out, 68 men have died in the years since the Piper Alpha disaster.

As Tommy Sheridan pointed out, there has never been an inquiry into the actions of those whose negligence was criminally responsible for the loss of those 167 lives on Piper Alpha. The remit of the original public inquiry deliberately did not include consideration of who was responsible for the disaster. That injustice remains and it must be put right.

I pay tribute to Gavin Cleland, who has campaigned ceaselessly over the years to have such an inquiry into Piper Alpha. I do not think that anyone could have attended any political gathering in Scotland in the past 10 or 15 years without knowing who Gavin Cleland is. He is always there with his big banner, making sure that we never forget the men of Piper Alpha. He is right to do that.

I lodged a motion on the issue, but I was unsuccessful in securing a debate on it. However, I have lodged a new motion—S1M-2906—on criminal responsibility and the Piper Alpha disaster. Five members have signed the motion so far, and I plead for as many other members as possible to do so, in order that we may secure the debate that we want to have.

I am glad that there is an international aspect to the motion that we are debating this evening. Scottish manufacturing industry has been in decline for many years, but that is not the result of a lack of demand for our manufactured products. Companies are switching production away from places such as Scotland where trade unions are well organised and where there are health and

safety regulations to parts of the world where there are no or very weak trade unions and where Governments turn a blind eye to health and safety regulations. In those countries, companies can profit from putting workers' lives at risk. That is the international situation that we confront as we debate this issue in the Scottish Parliament.

I hope that the Parliament will take a stand and that ministers will indicate that they intend to do something about the situation that I have described. It is a disgrace that the likes of Nike can be seen as respectable companies in this country and can appear on television sponsoring football matches and so on, when at the same time they are exploiting workers around the world in sweatshops where there are no trade unions, colluding with right-wing Governments to murder and kidnap people, and giving workers a very hard time. It is time that we confronted such companies and stopped working in partnership with them, because they do not deserve it.

The Deputy Presiding Officer: To fit in all members who would like to speak, we need to extend the debate until 5 past 6. I would be happy to accept a motion without notice to that effect.

Motion moved,

That, under Rule 8.14.3, the debate be extended until 6.05 pm.—[Mr Duncan McNeil.]

Motion agreed to.

17:52

Des McNulty (Clydebank and Milngavie) (Lab): My interest in speaking in this debate is the fact that hundreds of families in my constituency are affected by industrial injury. Long after the shipyards have gone and the engineering industries to which John McAllion referred have declined, and long after the removal of Scotland's only asbestos factory, we face the tragedy that, year after year, more people emerge with mesothelioma, other asbestos-related diseases and other industrial injuries.

There is a great deal of evidence to suggest that there is an epidemic of industrial injuries 30, 40 and sometimes 50 years on from the incidents that caused them. Our society has a responsibility to recognise the cause of those illnesses and to deal with their consequences, rather than leaving victims and their families to suffer in silence. Considerable research is required into asbestos-related disease and other industrial diseases. The scientific and medical communities can do a great deal to identify the causes of those diseases, to develop better ways of treating them and to prevent them in future, as people are still contracting asbestos-related and other industrial diseases. That must be an important priority for us.

It is worth pointing out, especially in the context of today's debate, that industrial injury is not a parochial issue. It affects many communities in Scotland and many communities internationally. On international workers memorial day last year, I took part in a demonstration at the Springburn factory of Cape Calsil Systems Ltd, which was responsible for many cases of asbestos-related disease in South Africa and elsewhere in the world. Through the efforts of campaign groups in South Africa and the UK, some South African workers have received a certain amount of recompense for their injuries. Industrial injury is an international issue and we need to find ways of dealing with it.

A great deal of work has been done by organisations such as the Clydebank asbestos group and Clydeside action on asbestos, which are seeking social justice for sufferers and their families. In large measure, those people have been denied justice by the activities of insurers and the companies responsible for their injuries. It has become a pattern for companies to package up their liabilities into one vehicle and their assets into another, leaving victims with no money to claim. That is what was attempted in the case of Chester Street Insurance Holdings. I am grateful to my Westminster colleague Tony Worthington, to Helen Liddell and to others who campaigned at Westminster with the groups that I have mentioned to tackle the Chester Street situation.

The Fairchild case, which has also been mentioned, is another attempt at avoidance by the insurers and the companies, which say that it is impossible to show which employer was responsible for a person getting an asbestos-related disease. That attempt to deny responsibility completely leaves the victim in the lurch. I believe that such injustice is not acceptable and that the Government and people in society must ensure that it is not allowed to continue.

In Scotland, we have a particular responsibility to speed up the wheels of justice, which have been grinding exceedingly slowly in relation to ensuring that victims of asbestos get the money to which they are entitled. Some efforts have been made and there has been some progress—the appointment of Lord Mackay to take forward some of the cases is one example. Why can we not get equal treatment for asbestos victims in comparison with the treatment that is applied to commercial companies? Why can we not have an analogous system that would allow the cases of people who suffer from asbestos-related diseases to be treated with the same priority, in the same time scales and with the same system of judicial management as apply to commercial cases? Companies demand that the wheels of justice move quickly, and a fast-track process has been put in place. I want a fast-track process for the

victims of asbestos-related disease, who often do not have long to live or to benefit from the compensation to which they are entitled. We should move quickly to establish such a system.

People who suffer from asbestos-related diseases deserve the consideration not only of judges but, given the scale of the awards, of juries who could consider the hurt, the damage and an appropriate level of compensation. A jury-based system for considering compensation values is long overdue and would provide a more realistic measure of the compensation that people deserve. It is important that we act on this issue, which is both humanitarian and political. To that end, I hope that all members will support the work of the Justice 2 Committee and the groups that are trying to make progress with the petition.

17:57

The Deputy Minister for Enterprise, Transport and Lifelong Learning (Lewis Macdonald): I thank Cathy Peattie for lodging her motion, which has stimulated a positive and constructive debate. Many useful contributions have been made from around the chamber, allowing us to focus on some important issues.

As we approach international workers memorial day, it is right that members of the Scottish Parliament should remember those, in Scotland and internationally, who have died or been injured seriously at work as a result of avoidable and preventable accidents, which account for 90 per cent or more of all accidents at work. Events organised by trade unions, local authorities and others will take place throughout Scotland. Mary Mulligan will attend a ceremony in Bathgate at the recently erected workers memorial day sculpture. I look forward to welcoming Cathy Peattie to my constituency when she visits the workers memorial garden at Persley on Sunday, 4 May.

Linda Fabiani asked earlier in the debate where the workers memorials are. Sadly, there are two in Aberdeen where, in addition to the memorial garden, there is the Piper Alpha memorial, which a number of speakers have mentioned and which commemorates our worst offshore disaster. There are memorials not only in the north-east but throughout Scotland. For example, trees were planted across Lothian in 1992 by Lothian trade unionists—the inspiration for that initiative was Jim Swan of the Scottish hazards campaign group, who joins us in the gallery.

It is right that we should commemorate international workers memorial day in Scotland, and it is also right that it should be commemorated internationally. The international theme for this year's memorial day is that of improving public health through stronger health and safety. In the

UK, the TUC is promoting the theme of widening access to occupational health services, which is a matter to which I will return.

Most health and safety matters are reserved to the UK Government, including policy responsibility, which rests with the Department for Transport, Local Government and the Regions. However, health and safety matters have a direct relevance to many devolved issues, such as public health, local government, transport and the environment, to name but a few. The Scottish Executive works with the Health and Safety Commission and the Health and Safety Executive on many of its regulatory concerns.

It is worth noting that the introduction of the Health and Safety at Work etc Act 1974 led to significant improvements in health and safety throughout the UK.

The rate of fatal accidents is less than a quarter of the rate in the early 1970s. Although we should be proud of that achievement, we should not be complacent about it. We should acknowledge that, although the rate of injuries has reduced over that long term, it has begun to rise again in some industries, such as construction. For that reason, the Executive and the United Kingdom Government have recognised the need to take further action to improve our performance in the area.

In the context of the UK's revitalising health and safety strategy, several targets have been set for the next 10 years, to which the Scottish Executive subscribes. Those targets aim to reduce the number of working days that are lost through injury by 30 per cent; to reduce the incidence of people who suffer from work-related ill health by 20 per cent; and to reduce the rate of fatal and serious injury accidents by a further 10 per cent. Those targets are important and the Executive—along with the trade unions, health and safety bodies, responsible employers and the UK Government—has signed up to them.

Several members have spelled out the social cost of health and safety failure. It is also worth noting the annual cost to the Scottish economy of £0.5 billion and the loss of more than 2 million working days every year. We are addressing a workers issue and an issue for the wider economy.

Phil Gallie: In the past, alcohol was acknowledged as a danger in the workplace. Does the minister have any thoughts on the problems that are caused by drugs in the workplace? Is he able to do anything about that?

Lewis Macdonald: My colleagues in the health department will address those issues and Mary Mulligan will respond on that in more detail at an appropriate time.

Duncan McNeil mentioned our existing commitments on occupational health and how we would address that. Although the level of occupational health support in the public sector and in large corporations is considerably higher than it was, the provision of health and safety advice to those who work in small and medium-sized enterprises remains an issue. As Duncan McNeil will know, my health department colleagues commissioned a report on what could be done in that field. I believe that a conference will be held in June this year, at which ministers will respond to that report and will spell out how the Executive's commitment will be delivered. In the year in which occupational health is the theme of international workers memorial day, it is appropriate that we have made such a commitment on occupational health and will take action on that agenda.

Cathy Peattie and Brian Fitzpatrick highlighted issues that are associated with the progress in the courts of cases that involve injury and illness at work. I pay tribute to the work of victim support groups, which have provided great sustenance to individuals who are in such tragic circumstances. I hope that Cathy Peattie's constituents will take advice on the option that is described as sisting, in circumstances in which the main claimant has died. I am sure that if Cathy Peattie were to write to justice ministers about that, they might be able to provide advice on what could be done to avoid having to begin a case again, in the circumstances that she described.

Gas safety, which affects customers and workers in the industry, was also mentioned. The installation and use of gas has been reviewed by the Health and Safety Commission. More than 40 recommendations have been made and the HSC's gas safety group is working on their implementation. Clear targets for reductions in gas poisoning incidents during the next 10 years have been established.

Tommy Sheridan was among the members who referred to prosecution. Members will know that in the case that involved gas at Larkhall, the Crown Office has announced its decision to prosecute Transco for corporate culpable homicide. That decision followed a report from the HSE. The facility for such a prosecution exists in Scots law, but it does not exist in England or Wales. That option should be taken when there is evidence to sustain it. South of the border, the DTLR is introducing proposals to follow Scotland's good example in providing that legal option in circumstances as tragic as the ones that have been described.

We in Government have taken on board the need for action. There are many in the Parliament who have been involved in workers memorial

events over the years because we acknowledge the importance of using them to highlight the health and safety issues that are of concern to us all. There is a need to transfer that highlighting of the issue and increase the narrow focus on a single day to ensure that it feeds through into business decisions, into the decisions of Government and into the partnership with trade unions that can play a key role in delivering in the workplace.

It is good for all of us that we implement that agenda. It is good for the economy as well as essential for protecting the rights and interests of those who work in industry. The Executive will continue to work with trade unions, responsible employers and with all those committed to ending the kind of tragedies that will be commemorated on international workers memorial day on 28 April.

Meeting closed at 18:06.

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