

**MEETING OF THE PARLIAMENT
COMMITTEE OF THE WHOLE PARLIAMENT
MEETING OF THE PARLIAMENT**

Wednesday 26 June 2002
(*Afternoon*)

Session 1

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Scottish Parliament

Wednesday 26 June 2002

(Afternoon)

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

I close with a prayer from “Celtic Benediction”.

In the beginning, O God,
your Spirit swept over the chaotic deep like a wild wind
and creation was born.

In the turbulence of my own life
and the unsettled waters of the world today
let there be new birthings of your Spirit.

In the currents of my own heart
and the upheavals of the world today
let there be new birthings of your mighty creating Spirit.

Time for Reflection

The Presiding Officer (Sir David Steel): To lead our time for reflection today, we welcome Dr Philip Newell, of the Church of Scotland, who is originally from Canada, as members will soon be able to tell.

Rev Dr J Philip Newell (Church of Scotland): During my four years at the abbey on the isle of Iona, I became aware of a rich stream of spirituality that is part of our Scottish inheritance but that has often been neglected over the centuries. It is now enjoying a rebirth.

What has now come to be referred to as “Celtic spirituality” has two primary characteristics. The first is the belief that what is deepest in every human being is the image of God. To say that we are made in the sacred image is to say that the passion of God for what is just and right is part of the core of our being. It is to say that the longings of God for creativity and new beginnings, for beauty and love, are deep within the mystery of our souls. The path towards well-being, therefore, is not to become someone other than ourselves but to become truly ourselves. The spiritual path is not about becoming other than natural, but about becoming truly natural. We are sacred not because we are baptised, or because we have passed through some other religious ritual. Rather, we are sacred because we are born.

The second characteristic of Celtic spirituality is the belief in the essential goodness of creation. Not only is creation good, it is theophany—a showing of the mystery of God. To the question, “Where do we look for God?” the answer is, “Not away from life.” It is not away from ourselves or our children or anything that has been born; rather, we look to the heart of all that God has expressed into being.

That leads the Celtic tradition to say, as one of its modern Scottish teachers, George MacLeod, used to like to say, that matter matters. What we do to matter is at the heart of our spirituality, whether that be the matter of our bodies, the matter of creation or the matter of the body politic and how we handle the resources of our nation and world, because at the heart of the material is the spiritual.

Parliamentary Bureau Motion

14:35

The Presiding Officer (Sir David Steel): The first item of business is consideration of Parliamentary Bureau motions. I ask Euan Robson to move motion S1M-3259, which is a timetabling motion on stages 2 and 3 of the University of St Andrews (Postgraduate Medical Degrees) Bill.

Motion moved,

That the Parliament agrees that time for consideration of Stages 2 and 3 of the University of St Andrews (Postgraduate Medical Degrees) Bill be allocated as follows, so that debate on proceedings at each Stage, if not previously brought to a conclusion, shall be brought to a conclusion at the time specified—

Stage 2—no later than 3.20 pm

Stage 3—no later than 3.30 pm—[*Euan Robson.*]

Motion agreed to.

Business Motion

14:36

The Presiding Officer (Sir David Steel): The second item of business is motion S1M-3252, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out the revised business for this week, and a provisional business programme for the first week in September.

Motion moved,

That the Parliament agrees—

(a) as a revision to the Business Programme agreed on Thursday 20 June 2002:

Wednesday 26 June 2002

after first Parliamentary Bureau Motions, delete all and insert—

“followed by Ministerial Statement on Budget Revision

followed by, no later than 3.05 pm Committee of the Whole Parliament: Stage 2 of the University of St. Andrews (Postgraduate Medical Degrees) Bill

followed by Stage 3 Debate on University of St. Andrews (Postgraduate Medical Degrees) Bill

followed by Executive Debate on Action on Waiting and Delayed Discharge

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business—debate on the subject of S1M-3173 Trish Godman: Loan Sharks”

Thursday 27 June 2002

after “Stage 3 Debate on Scottish Parliamentary Standards Commissioner Bill”, delete all and insert—

“followed by Finance Committee Debate on its Report on Stage 1 of the 2003/04 Budget Process

followed by Motion on Police Reform Bill—UK Legislation

followed by, no later than 1.00 pm Motions on appointment of Scottish Public Services Ombudsman and Deputy Ombudsmen

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Debate on Better Communities in Scotland: Closing the Gap

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business—debate on the subject of S1M-3207 Christine Grahame: Peebles Sheriff Court”

(b) the following programme of business—

Wednesday 4 September 2002

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

Thursday 5 September 2002

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

and (c) that Stage 1 of the Dog Fouling (Scotland) Bill be completed by 10 January 2003 and that Stage 2 of the Land Reform (Scotland) Bill be completed by 31 October 2002.—[*Patricia Ferguson.*]

Motion agreed to.

Budget Revision

The Presiding Officer (Sir David Steel): We now come to the statement by the Minister for Finance and Public Services on budget revision. There will be questions at the end of the statement and therefore there should be no interventions.

14:36

The Minister for Finance and Public Services (Mr Andy Kerr): I am delighted to have the opportunity to set out how we are successfully managing our resources to ensure that every penny of the Scottish budget is used for maximum impact.

We are already delivering record levels of investment across the public services in Scotland. Our investment is focused on our five key priorities: education, health, crime, transport and jobs. That investment is delivering results across those priorities and benefiting every community in Scotland. It is underpinned by the prudent and sensible approach that the Executive is taking to public finance.

Today's statement is about the way in which we are using this year's Scottish budget to deliver the Executive's priorities. What I will set out today is good news for the people of Scotland. By effectively managing this year's budget, and resources carried forward from last year, we can deliver more. Parliamentary authority for the changes will be sought in budget revisions in the autumn. A supporting document has been made available to all MSPs through the Scottish Parliament information centre.

As members know, the Executive has placed particular emphasis on ensuring effective use of the Scottish budget in line with its priorities. In the same way as any household or efficient business, we need to manage our expenditure each year to ensure that the money is spent to the best effect. That includes taking advantage of the flexibility open to us at the end of any financial year.

Since 1998 we have been able to carry forward resources from one financial year to the next under end-year flexibility arrangements, or EYF. We use EYF in a planned way to carry money forward for specific purposes, to handle any slippage in capital projects, and to avoid any last minute pressure to spend at the end of the year. EYF ensures that available resources are applied to our priorities. It ensures that resources stay in Scotland and do not return to the Treasury.

We have discussed with the Finance Committee the five elements of EYF. The first is finance put aside against future, planned, spending

commitments—the Glasgow housing stock transfer is the biggest example of that. The second element is slippage in the implementation of some, mainly capital projects, for example delays in expenditure on roads due to the impact of foot-and-mouth disease. The third element is fluctuations in demand-led budgets, for example regional selective assistance where demand might dip in any one year. The fourth element is other variances, including our modest contingency reserve, delayed project implementation and additional in-year income, for example the money returned to our budget due to the closure of Motorola. The final element is budgets controlled by other bodies such as water authorities and national health service boards.

The total carry-forward under our direct control is £433 million. Of that, over £250 million is managed budget provision for future spend and capital slippage. Those figures include almost £100 million brought forward from the financial year before last for stock transfer. That demonstrates clearly how EYF gives us flexibility in our financial management.

The Executive's practice is that 75 per cent of EYF is retained by departments so that they can deliver on key policy initiatives such as additional support for the further education sector, funding for the care homes settlement, the public transport fund, and energy efficiency projects. The remainder is returned to the Cabinet to be allocated against our collective priorities. In some cases 100 per cent funding, or more, has been returned to departments, including health, education, social justice and transport. The remaining £73.3 million is available for allocation to initiatives that are important to the people of Scotland.

I have more good news to report. Scottish Water was established last year as the single water authority for Scotland. It has reviewed the investment plans that it inherited from its predecessors, and has made it clear to us that by reprofiling its expenditure, it can achieve the same results for significantly less money. Scottish Water is releasing £100 million in the current financial year while still delivering fully on its five-year plans. That is the sort of performance improvement that Scottish Water was set up to achieve. It is to be congratulated on achieving it.

We therefore have £173.3 million to allocate for additional spending that will deliver results for the people of Scotland. In allocating those resources, we have taken on board the views of others, including the Finance Committee and other committees of this Parliament as part of their consideration of the budget; our partners in the delivery of front-line services, in particular local authorities; and, most important, the individuals

and communities throughout Scotland who have told us of their concerns and their local priorities.

As a result, I have identified three areas for action: investment for results, Scotland's children and our local environment. I am announcing today the allocation of £78 million for projects that will generate significant benefits for our front-line services, our economy and our environment. We will use the resources as follows: £14.5 million for capital investment in the police, fire and court services; £15 million to prevent and address youth crime; £17.5 million for higher and further education; £5 million for environmental initiatives; £2.7 million for electronic service delivery in justice and agriculture; £4.75 million to develop Scotland's tourism potential; and, of course, the £18.8 million for the widely welcomed purchase of the Health Care International hospital, with the balance being provided by the health department's EYF. Colleagues will be announcing details of their allocations in the near future.

This Parliament and this Executive were established to make a real difference to people's lives. That means identifying and delivering on our national priorities, but it also means giving local leaders the means to improve the environment in their communities. We have done much already, but we want to do more. Since I took up my post in November, I have spent a lot of time listening to the views of our communities and their leaders, and to the diverse voices of individuals up and down the country. People recognise and welcome the investment that we are making in key front-line services. That investment must continue, but at the same time we must respond to local priorities: improving roads and pavements, traffic-calming measures, removing litter and graffiti, and cleaning up environmental eyesores. We want communities to be cleaner and safer. Those measures will make a difference to people's quality of life.

I am also keen for us to take action in two key areas. First, we want to improve the quality of life for children and young people by making the healthy choices the easy choices—by improving access to sport and leisure facilities. Secondly, we want to improve our local environment, with particular action on streets and roads, crime and community safety, and environmental improvements. That might include, for example, action to deal with potholes, civic clean-ups, local litter campaigns, closed-circuit television and safety lighting in parks.

Our communities and our local authorities are ideally placed to identify the most pressing needs and to deliver the necessary improvements, therefore we will let local leaders lead. I am delighted today to announce the allocation of an additional £95 million to local authorities this year to take action in the areas that I have identified. I

will not be prescriptive about how the money is used. Its use must reflect local circumstances, needs and priorities. I want to see imaginative plans that have an impact on our communities. There is an opportunity and a challenge to really make a difference. The package that we have put in place reflects the priorities of the Scottish people. I commend the statement to the Parliament.

Alasdair Morgan (Galloway and Upper Nithsdale) (SNP): I thank the minister for his courtesy in giving me an advance copy of his statement. It is a pity that of the 16 pages to which it ran, so much of it was just self-congratulatory twaddle.

We heard a lengthy justification of end-year flexibility. The SNP has no problem with the principle that underspends should be carried forward. However, we have a difficulty with the amount of the underspend—£643 million is hardly less than last year's record figure. That shows that the Executive lacks control and that it makes announcements for their public relations value before the ability exists to deliver on the promises.

The environment and rural affairs department's underspend is £136 million. What is that amount made up of? Given last year's situation, many of my constituents will be astonished that that department underspent by £136 million.

What does the minister mean by saying that water industry expenditure has been reprofiled? Does that mean, in ordinary people's language, that projects are being delayed? If so, which projects are affected? If not, what does the minister mean? Are private finance initiatives being cut and is a more economical route being taken? How much consideration was given to using the £100 million that has been returned to the minister to reduce water charges, which are at an all-time record level?

Mr Kerr: That was a rather grudging response. We have grown used to such responses in the months and years in which the SNP has been in opposition. Instead of giving a statement of "self-congratulatory twaddle", as the member put it, I talked about the fact—which I am sure that every member knows—that our communities want money to be spent on dealing with litter, graffiti, broken glass, street lighting, parks, community safety issues, roads and potholes. We listen to the people of Scotland and we deliver for the people of Scotland.

The purpose of EYF is to ensure that we do not spend our money unwisely just because we are near the end of the year; for example, by forcing money out of the door uneconomically to purchase goods at increased prices because suppliers know that we must purchase them. For good reasons,

some projects cannot be carried forward, such as those to deal with foot-and-mouth disease. Some money is returned to the Executive by other public bodies, such as local authorities, and counts against the Executive's EYF. The SNP would have us splash the cash and get it out of the door with little value, little impact and no priorities.

The water industry money that I discussed is a large part of the rural affairs underspend and is reflected in the priorities that I have described. As I made clear in my statement, the five-year profile for investment will be delivered under the new organisation, Scottish Water. That is another benefit of Scottish Water. We are discussing not cash, but borrowing consent. The money that is involved could not and would not go to the consumer. Borrowing consent is against the Scottish Executive's budget, so there is no question of the money's going back into service. However, less borrowing consent for Scottish Water means that consumers pay less, because less money is spent on interest payments. That is good value for the Executive and the water customer. The priorities that we have set are the priorities of the Scottish people.

Mr David Davidson (North-East Scotland) (Con): I thank the minister for his statement, although it was a bit late in arriving. Unlike Alasdair Morgan, I will not be mean-spirited. I congratulate the minister on one or two measures. He has listened to the Conservative party, because he has provided money for dealing with youth crime. We welcome his statement about the purchase of the HCI hospital. We also welcome the moneys for the housing stock transfer in Glasgow, which is a model that we hope can be rolled out in other parts of Scotland, so that people have the benefit of more control over the management of their houses.

The minister knows well that we go along with the principle of EYF. I have one little difficulty with the £250 million that he is rolling forward. I would like him to assure me that that is not part of a war chest that will be spent on glossy announcements as we roll up to the next election.

I am a wee bit concerned about the fact that only a small amount will be spent on tourism, which is Scotland's largest industry. Will the minister tell us a bit more about that?

The minister responded to Alasdair Morgan on the water benefits. We appreciate the efficiencies that have been made and we thank the Executive for listening to our comments on Scottish Water. Why has not the minister considered a scheme to equalise charges for Scotland? That subject fills most members' mailbags regularly. I heard the technical answer, but it is up to the minister to take a decision on that matter.

The minister mentioned a figure for higher and further education. Will he tell us what the figure is for and what the focus of the funding will be? I hope that it is not merely a sticking plaster for the structural deficits of the sector.

We welcome the money that is to go to local authorities. We hope that we will see potholes filled and litter removed. The minister said that he was not ring fencing that money, which was interesting. I suspect that that means that a new device will be used. Will the minister tell the chamber how he will ensure that the money will reach where he says it will?

Mr Kerr: David Davidson asked a number of questions and I hope to address them all. If I do not, I will correspond with him or I will respond when we are given another chance to discuss these matters.

I will address his last point first. The money that is to be made available to local authorities will be made through the revenue support grant. The money is based on correspondence between local councils and me; it is based upon trust. I trust the local authorities to undertake the task and I believe that they can rise to the challenge of doing so. The local authorities will deliver for us.

The minister responsible for further and higher education will outline a number of projects and initiatives under that spend. The money is not a sticking plaster; it is an investment in capital and equipment in our HE and FE sector. It will make a real difference to those involved.

Scottish Water and the water industry commissioner will have more to say about the equalisation of water charges. However, it is important to say that we are seeing a smaller increase in water charges than would have been the case. The water industry commissioner will set targets to ensure that the equalisation of water charges takes place in due course.

We do not have a war chest. Today's statement is about the good use of our resources to reflect the needs of the Scottish people. We are saying that we listen and that, when we listen, we act. The term "war chest" was an unfortunate one.

I am glad that David Davidson has the ability to rise to the occasion and welcome some of the announcements that have been made, albeit that he made his political point. Unlike other parties in the chamber, the Executive parties reflect on what is said to us. The First Minister said that he likes to take good ideas from across the chamber and we want to pursue that agenda. It would be good to see if members from across the chamber can get together sometime to discuss the issues more fully. We want to deliver for the Scottish people. That is what is important.

Iain Smith (North-East Fife) (LD): Unlike the SNP, I also want to thank the minister and welcome his statement today. I want to give a particular welcome to his announcement of the £95 million allocation to our local councils. Will the minister confirm that the money will not be ring fenced, and that local councils will be able to determine how best to make use of the additional funding?

Will the minister also confirm that youth crime is an issue of major concern to the Cabinet? Will he tell the chamber what representations he has received from his colleagues on the subject? Will he further confirm that the problem with the lack of the disposals available to children's panels results from the lack of resources for disposals? What are the alternatives that will reduce the amount of offending and divert young people from crime? I am thinking about alternatives that do not include the Conservatives' suggestion of locking people up.

Mr Kerr: The money is not ring fenced. We want to work together in partnership with local authorities in order to deliver for our communities. That agenda is one that is shared by the Executive and local authorities. I am sure that the local authorities will rise to the challenge.

Youth crime is an issue that affects every member in the chamber because it affects all our communities. Our mailbags are increasingly filled with letters on the subject. We want to address youth crime; we want to prevent it. We will spend resources to do that and that will result in a number of innovations. I agree wholeheartedly with the point that Iain Smith made about prevention being the best route to dealing with some of the problems. The money will be well spent to ensure that that is what happens.

The Presiding Officer: Many members want to ask questions. I appeal for short and sharp exchanges so that we can get all of them in.

Des McNulty (Clydebank and Milngavie) (Lab): Will the minister confirm that the savings in the water industry are the result of efficient budgetary management? My question follows on from the work that was undertaken by the Transport and the Environment Committee, of which the minister was convener. The Executive took on board a series of recommendations that the committee proposed at that time. Will the minister confirm that prudent management is delivering results?

I accept that the minister does not want to ring fence the £95 million for local authorities, but it is important that the money be used for community-led empowerment. Communities should be fully involved in deciding how the money is spent and in the planning of its allocation.

Mr Kerr: With respect to Des McNulty's last point, I confirm that we are talking about empowering local authorities and about a level of trust. We are also talking about discussions that were held prior to the announcement being made about the potential that could be achieved by working in partnership to ensure that we deliver change for our communities.

Des McNulty is absolutely right about Scottish Water. Two aspects of the water portfolio are important. The first is the money that has been freed up, which I have referred to in some detail. The second is the better-than-expected performance of the water authorities prior to the change to Scottish Water. They collected much more income than they expected, by managing debtors better and ensuring that money was collected, and because, significantly, they did not lose as much business as we feared they would. That places greater confidence in the public sector model that the Executive has pursued, which is delivering for the Scottish people and Scottish Water customers. It is a success story. The old water authorities and the new one are working best in terms of efficiency, gain for the environment and best value for customers.

Dennis Canavan (Falkirk West): If it can find £37.5 million, half of it from end-year flexibility, for the purchase of the HCI hospital at Clydebank, will the Executive provide more resources to reduce waiting lists at other hospitals, such as Falkirk royal infirmary, bearing in mind that, according to this week's Audit Scotland report, the Executive is failing to meet its targets on reducing waiting lists if we take into account the number of patients on deferred waiting lists?

Mr Kerr: The health budget has retained more than 100 per cent of what the health department wished to retain under EYF. That is the purpose of the system; the money is retained in the health portfolio. As Malcolm Chisholm pointed out, the purchase of the HCI hospital will have a positive impact on waiting times. Good progress is being made, but let us not forget that the larger sums of money that have historically been made available for health in Scotland by the chancellor will increasingly ensure that waiting lists come down and that performance is what we want and need it to be. I am absolutely certain that, through this afternoon's statement and through the work that we are doing at HCI and in the health department, we will continue to deliver on those targets.

Brian Adam (North-East Scotland) (SNP): Is the £95 million for local authorities only for this year or is it allocated on an on-going basis? A number of the proposals that the minister makes are not just capital proposals that require one-off money, but have long-term revenue consequences. He referred to making healthy

choices easy by improving access to sport and leisure activities. That is an on-going programme. Closed-circuit television schemes will require revenue funding to keep them going, as will safety lighting in parks. Will he clarify whether he is announcing an increase in the baseline for local authorities, presumably on the basis of population or the standard formula?

Mr Kerr: One cannot spend EYF twice—it is for non-recurring items—although I know that the SNP has tried to do that on a few occasions. I remember the Borders case and I also remember Alasdair Morgan spending it many, many times over. However, I take Brian Adam's point on board. We will not spend that money more than once. It is EYF and local authorities understand the process for spending it. However, it will set in train changes in local communities that are positive for those communities. It will set up pilot projects that I am sure local authorities will all want to take on. With record levels of investment being put into local government, I am sure that many of those good projects will continue.

Johann Lamont (Glasgow Pollok) (Lab): I welcome the moneys that have been directed towards youth crime and improving youth facilities. That shows an awareness of local priorities and reflects precisely an understanding that, in order to improve the quality of the lives of our young people, we must reduce youth disorder, from which young people themselves are usually the first to suffer. However, I ask the minister, when directing resources, to reflect on the concerns that have been expressed about how that money is distributed. I ask him to ensure that distribution is more sensitively and sensibly done than simply on a per capita basis. That is a key issue for my constituents and for Glasgow as a whole.

Mr Kerr: For Glasgow as a whole, we are awarding £12.5 million, which I am sure will be welcomed. A lot of the overall EYF allocation that was discussed today will clearly head towards Glasgow in many shapes and guises.

I am sure that Cathy Jamieson will be engaging positively with the issue of youth crime. We are all aware of Johann Lamont's knowledge of that and of the matters that are raised in her community, and I am sure that the money will go a long way towards addressing some of those problems. I am sure that the money will be spent wisely, following discussions in partnership with the relevant minister, Cathy Jamieson.

Mr Jamie McGrigor (Highlands and Islands) (Con): Water charges in northern Scotland have gone up recently far more than anywhere else. With the creation of Scottish Water and the welcome saving of £100 million, can consumers and businesses in the north expect a reasonable reduction in their water bills?

Mr Kerr: That is not my understanding of the charging situation in the north of Scotland. Scottish Water has delivered stability and perhaps less of an increase than there would have been under the old water structure in Scotland. It is delivering for the benefit of consumers throughout Scotland and for the north-east in particular.

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I welcome the minister's statement. He spoke of individuals, communities and the local environment and I want to bring a Highland perspective to the matter. I have two questions. First, what consideration does he give to remote and rural areas such as the Highlands? Secondly, Peter Peacock will know as well as I do that the state of non-trunk roads is a big issue, so £95 million will be welcome. However, money that is directed at a local authority sometimes does not reach the targets that one hoped that it would. Will there be an audit, perhaps in a year, to find out where the money for local authorities has gone?

Mr Kerr: On the second point, I will meet the Convention of Scottish Local Authorities on Friday to make clear what we expect to obtain from the process. We will be interested in what it expects to obtain. We are in constant dialogue with local government. We work in partnership. As I said, I am sure that we will rise to the challenge and ensure that the money is spent wisely.

There is an additional £4.2 million for Highland Council. By allowing local leaders to lead locally, we have achieved the kind of priorities that Mr Stone mentions. Such priorities will be reflected in the spend. The issue concerns local decision making and local priorities and I am sure that the money will be to the benefit of all Mr Stone's constituents.

Alex Neil (Central Scotland) (SNP): First, will the minister consider using some of the additional allocation for further and higher education to address structural deficits in colleges and universities? Secondly, will he find out whether it is now possible to bring forward the start of the upgrade of the A77? Thirdly, will he commission a study to consider what additional savings can be made over the next 20 years by getting rid of expensive public-private partnerships and private finance initiative schemes to fund public projects?

Mr Kerr: On the first two questions, Iain Gray is the minister responsible for such issues and will deal them in detail at a later date.

On the final question, it is sad that we are continuing an unfruitful dialogue. We provide value for money for the Scottish people through PPPs, the public sector comparator, which we use on every project, and value-for-money exercises that we undertake. We have also provided a step change in respect of schools and health facilities

in Scotland that real people in real communities can use.

The SNP's philosophy and strategy is nothing today and nothing tomorrow, but we believe in delivering for the Scottish people. PPP locks away the maintenance of our facilities, as people should recognise. We must embark on renovation and reinvigoration of Scotland's infrastructure, as maintenance was not taken care of or considered in the past.

The SNP compares Public Works Loan Board work with PPP schemes, but that is not fair or accurate and is done for political purposes. Two entirely separate mechanisms are in question. The Executive takes value-for-money decisions. A project that is put before us must meet the strict criteria that we set. If it does not, it will be carried out through traditional funding.

Dr Sylvia Jackson (Stirling) (Lab): As the minister knows, a significant issue in the Stirling constituency is the upgrade of non-trunk roads and bridges, so I warmly welcome his statement, as every member should. I hope that there will be a significant input in my area for such upgrades. When will the allocations be known? When will they be given to the local authorities?

Mr Kerr: The allocation to Stirling Council will be £1.5 million and will go straight into the RSG. The money will be available when we have agreed with the council how best to pursue matters. The Executive listens to communities. Recently, Peter Peacock held a budget road show in Stirling and the issue of local roads was vigorously pursued by those in attendance. We are giving local leaders the ability to make local decisions that will impact on local roads, for example. There is additional expenditure. There is the £70 million, the £20 million that we have added and the money that we are adding today to local authority budgets to identify and address the issues that the member raises.

Tricia Marwick (Mid Scotland and Fife) (SNP): I welcome the additional money for local authorities. The minister has said repeatedly today that the money for local authorities is at record levels. If that is the case, why do local authorities need an additional £95 million for the core local services, such as cleaning up graffiti, collecting litter collection and filling potholes?

Mr Kerr: That is an interesting view of local government. I have just received COSLA's press release, which praises what it calls the "listening Executive" and outlines

"local government's plans to continue working closely with First Minister Jack McConnell and his Cabinet team to make sure that local government issues remain to the fore and that real improvements continue to be made to the lives of Scotland's communities."

I respect the views of COSLA more than I respect the member's views on what we are doing in local government. We have achieved record levels of investment and we are working in partnership to ensure that we continue to deliver on the shared agenda of delivering local services for local people.

Mr Davidson: On a point of order, Presiding Officer. Will you investigate on behalf of the chamber when COSLA received a copy of the minister's statement?

The Presiding Officer: Everything was public the minute the minister got up to make his statement. I saw the press release being handed to the minister just now.

Marilyn Livingstone (Kirkcaldy) (Lab): I welcome the minister's statement and the additional money for local government. I am interested in the £17.5 million for higher and further education. Much of the evidence that the Enterprise and Lifelong Learning Committee has taken concerned barriers to learning. Will the minister target some of that funding towards tackling barriers to learning?

Mr Kerr: I do not want to pre-empt the announcement on those matters by the Minister for Enterprise, Transport and Lifelong Learning, which will come in concert with the further and higher education community. The money that we announced today is in addition to the £10 million that the minister previously announced for capital spend in further and higher education. I am sure that he will address the matters to which the member refers, but we must await further details from him in due course.

The Presiding Officer: I apologise to those members who have not been called to speak, but we have gone over time and I must protect the business for the afternoon.

Tommy Sheridan (Glasgow) (SSP): On a point of order, Presiding Officer. Did you consider the political balance of the range of questions that you took at the end of the minister's statement? I feel that you discriminated against members of the smaller parties who wanted to question the fact that in a country with child poverty at the current rate—

The Presiding Officer: Order. Mr Sheridan, you get your fair share of being called to speak in the chamber. There are three independent members and, despite the fact that we had only a short time, I called one of the three members. That is balanced. You are not the only member who has not been called. The matter is at my discretion. If you wish to complain, come and see me afterwards, but do not waste time in the chamber. *[Interruption.]* It is not a point of order, Mr Sheridan. You must sit down. The matter is at my

discretion and you are not the only member who has not been called. You are called perhaps more often than your position in the chamber warrants. Such complaints do not encourage me for the future.

Meeting closed at 15:08.

Committee of the Whole Parliament

Wednesday 26 June 2002

(Afternoon)

[THE CONVENER *opened the meeting at 15:08*]

University of St Andrews (Postgraduate Medical Degrees) Bill: Stage 2

The Convener (Mr George Reid): We will now consider stage 2 of the University of St Andrews (Postgraduate Medical Degrees) Bill in a Committee of the Whole Parliament. Members should have a copy of the bill—SP bill 51—and the marshalled list, which contains only one amendment. No separate groupings have been prepared. If there is a division on the amendment, the electronic voting system will be used and I will allow a voting period of two minutes.

Section 1—Power to grant postgraduate research degrees in medicine

The Convener: As I said, amendment 1 is in a group of its own.

Iain Smith (North-East Fife) (LD): Section 1(2) of the bill sets out the people to whom the bill applies—in essence, those people who can study for the qualifications allowed by section 1(1).

When evidence was taken by the Enterprise and Lifelong Learning Committee at stage 1, I indicated that section 1(2) of the bill might have been drafted too narrowly, as it might inadvertently exclude people working as doctors—those registered under section 19 of the Medical Act 1983—from sitting the postgraduate examinations. At the meeting, I signalled my intention to lodge an amendment at stage 2 to correct the matter. I am pleased to say that the proposed amendment was endorsed in the committee's stage 1 report.

The first part of the amendment would change the words

“are entitled to be registered under section 3 of the Medical Act 1983”

in subsection (2) to

“are registered, or are entitled to be registered, under section 3 of the Medical Act 1983”.

That part of the amendment makes it clear that people who hold registration under section 3 of the Medical Act 1983 and people who are entitled to hold registration under that section can apply to study for qualifications under the bill.

Section 3 of the 1983 act relates to the full registration of United Kingdom persons who hold a

primary UK qualification, who have passed a qualifying examination and who satisfy the requirements in relation to experience in the 1983 act. Section 3 also provides for the full registration of European Union candidates who hold primary European qualifications. The bill requires people only to be entitled to registration as a medical practitioner under section 3 of the 1983 act; they do not actually have to be registered. For example, candidates might take a postgraduate course to further scientific research and might not intend to practise clinical medicine—there would be no benefit to them in being registered. The amendment would allow both types of people to study for the postgraduate qualifications.

The second part of the amendment would insert proposed section 1(2)(b), which provides that people who hold registration under section 19 of the 1983 act—or people who, in the opinion of the University of St Andrews, would be directed to be registered by the General Medical Council under that section—can study for the qualifications that are allowed by the bill. Section 19 of the 1983 act provides that people who hold one or more recognised overseas qualifications—from Australia or Malaysia, for example—who have the necessary knowledge of English, who are of good character and who satisfy the requirements in relation to experience of section 20 of the 1983 act can be fully registered as medical practitioners if the GMC sees fit.

The majority of candidates who apply to study for the postgraduate qualifications in medicine that are allowed by the bill will already be registered as medical practitioners. If they intend to work with patients as part of their course, but are not already registered, they will apply to the GMC for registration to allow them to study for the qualifications. They will have to prove their registration in their application to the University of St Andrews to study for the postgraduate research degree in medicine.

Not all candidates will require to be registered. People who choose to study a laboratory-based course will have no contact with patients. An additional reason for not registering is the cost. If registration brings no benefit and is not required for the qualification, the candidates need not pay. It costs £290 for UK and EU people to apply for full registration and £390 for non-EU people to apply, with an annual retention fee of £290.

If a candidate is not fully registered under section 3 or section 19 of the 1983 act, it is up to them to prove to the university that the GMC would direct them to be registered as medical practitioners. The university advises me that, in practice, applicants will be able to write to the GMC for confirmation that they would be entitled to full registration.

I will say a little about why the references to sections 3 and 19 of the 1983 act in proposed sections 1(2)(a) and 1(2)(b) are slightly differently framed. To reflect the different requirements of sections 3 and 19 of the 1983 act, proposed section 1(2)(b) refers specifically to the opinion of the University of St Andrews. Under section 3 of the 1983 act, anyone who meets the specified criteria is entitled to be registered.

Under section 19 of the 1983 act, a person must satisfy the registrar that he or she holds one or more recognised overseas qualification, that they have the necessary knowledge of English and that they are of good character. However, satisfying the registrar on those three things does not entitle a person to be registered. The person must also satisfy section 20 of the 1983 act in relation to their experience and only then—if the GMC thinks fit so to direct—will that person be entitled to full registration as a medical practitioner under section 19. It would not be appropriate for proposed section 1(2)(b) to state, “are entitled to be registered under section 19” as is done in proposed section 1(2)(a). Even if the candidate meets all the criteria in section 19, the final decision still rests with the GMC. The amendment is drafted to reflect that difference.

The third part of the amendment would add proposed section 1(2)(c), which provides that people who hold limited registration under section 22 of the 1983 act can study for the postgraduate qualifications that are allowed by the bill. When the amendment was considered, it became apparent that people who hold limited registration under section 22 of the 1983 act should also be entitled to study for the qualifications. Section 22 provides for the limited registration of people who have gained their primary qualification from an overseas institution that is not listed as recognised for full registration, which includes some medical schools in the United States of America. Such institutions must, however, be recognised by the World Health Organisation and be listed in the “World Directory of Medical Schools”.

15:15

In order to gain limited registration, the candidate must pass a two-stage test of medical competence—the PLAB test parts 1 and 2. The test is called the PLAB test because it is set by the Professional and Linguistic Assessments Board. The candidate must also hold an English language certificate and pay the appropriate fees, which currently total about £1,000. The PLAB tests are set at the level expected of a senior house officer in the UK—a doctor who has completed at least his or her provisional registration year.

The requirements of limited registration are stringent. A few doctors are exempted from the PLAB tests, but those rare exemptions exist to

make provision for relatively senior overseas doctors who wish to visit the UK for highly specialised training or experience.

The amendment would allow the bill to provide that people who hold limited registration—those who have passed all the tests and are working in the UK—can undertake the postgraduate qualifications allowed by the bill.

I apologise to members for the lengthy explanation of the amendment. As the subject matter is technical in nature, I felt it best to explain fully the background to the changes and to illustrate how they would work in practice.

I move amendment 1.

The Convener: No member has asked to speak, so we go straight to the Deputy Minister for Health and Community Care. We are very tight for time, by the way.

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): I am aware of the concerns that Iain Smith has expressed that the bill as introduced would not allow the university to grant postgraduate medical research degrees to doctors who had gained their primary qualification overseas.

We would not want to deny overseas doctors who are eligible for registration under section 19 of the Medical Act 1983 access to the new medical research degrees. We would also not wish to deny access to doctors who are eligible for limited registration. The proposed degrees would not affect their eligibility for registration.

Some candidates for the proposed degrees may wish to pursue a career in medical research, rather than practise as doctors. In addition, overseas doctors may wish simply to gain experience of research in St Andrews before returning to their own countries to a medical research career or to practise medicine.

We therefore agree that it is appropriate for the university to admit to the degrees candidates who are fully registered or eligible for full registration under section 3 of the 1983 Act; overseas doctors who are fully registered or, in the view of the university, eligible to be fully registered under section 19; and holders of limited registration under section 22. We believe that amendment 1 would achieve the intended purpose and so we support it.

Amendment 1 agreed to.

Section 1, as amended, agreed to.

Section 2 agreed to.

Long title agreed to.

Meeting closed at 15:18.

Scottish Parliament

Wednesday 26 June 2002

(Afternoon)

[THE DEPUTY PRESIDING OFFICER *opened the meeting at 15:18*]

University of St Andrews (Postgraduate Medical Degrees) Bill: Stage 3

The Deputy Presiding Officer (Mr George Reid): We must conclude stage 3 by 3.30 pm. As a result of the suspension of certain standing orders, there are no amendments for stage 3. Therefore, stage 3 consists only of a debate on motion S1M-3209, in the name of Iain Smith, that the University of St Andrews (Postgraduate Medical Degrees) Bill be passed.

15:18

Iain Smith (North-East Fife) (LD): I will not take up much of members' time, as I am aware that time is limited. I know that several of my colleagues want to speak and I hope that they will speak in support of the bill.

As indicated at stage 1, the purpose of the bill is simply to allow the University of St Andrews to award postgraduate research degrees in medical sciences. That is an addition to its portfolio of research abilities and will be greatly welcomed by the university and by the medical profession and the health service in Fife.

In moving the motion, I thank the convener and members of the Enterprise and Lifelong Learning Committee for assisting with the smooth passage of the bill, the clerks of that committee for their help and the members from all parties across Mid Scotland and Fife who signed my original proposal. I also thank the universities and medical schools in Scotland and Manchester that responded to the consultation exercise to indicate their support. In particular, I thank the University of St Andrews, which has been supportive in providing background information to enable the bill to progress.

I also thank the Executive for giving the bill a fair wind through the parliamentary process and for its support in today's debate and in the debate two weeks ago. In addition, I thank the Parliamentary Bureau, which assisted in allowing the bill to progress with all speed—it has perhaps had the quickest progress of any bill—from the day of introduction to its being passed, I hope, at the end of today's meeting.

I must especially thank the Scottish Parliament's non-Executive bills unit. The bill is small and it might not look as though much work would be needed to get it right, but I know that the non-Executive bills unit did a lot of work to get the bill to the Parliament and to deal with the amendments. I am grateful for the unit's work during the period in which I have been promoting the bill. I thank members for their support to date and I hope that, later today, they will agree to the motion.

I move,

That the Parliament agrees that the University of St Andrews (Postgraduate Medical Degrees) Bill be passed.

15:20

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): The support for Iain Smith's bill has been encouraging. This is the sort of proposal that might never have seen the light of day without the member's bill procedures and I commend Iain Smith's determination to bring it forward.

The bill will give new opportunities in Fife for qualified doctors who want to gain research experience. Iain Smith's amendment rectifies an unintentionally tight stricture in the bill and opens up the research opportunities to overseas doctors, including those who have limited registration. St Andrews has a long tradition of attracting overseas students at every level. That is important because Scottish higher education stands to gain from forging links with overseas students. We have much to offer but just as much to learn from the different perspectives and cultural traditions that overseas visitors bring.

The credentials of the University of St Andrews as a research university are impeccable. It consistently performs well in the research assessment exercise, which examines research across the United Kingdom and weighs up the quality against national and international criteria. In biological sciences, the university's score denotes that up to half its research is of international standard and the rest is of national standard. That augurs well for the launch of the new medical research degrees.

The Executive welcomes the bill, as amended, and commends it to the Parliament.

15:22

Tricia Marwick (Mid Scotland and Fife) (SNP): I congratulate Iain Smith on bringing the bill to the Parliament. It is an ideal subject for a member's bill and has received support from all the MSPs in Mid Scotland and Fife. The bill reinstates to the University of St Andrews the ability to award a

postgraduate degree in research in medicine. The University of St Andrews believes that the course will have a knock-on effect in the local area. The bill will be good for St Andrews and for Fife and I am glad to be able to add my support to it.

15:22

Mr Brian Monteith (Mid Scotland and Fife) (Con): The Conservatives are glad to support the bill and we thank Iain Smith for bringing it to the Parliament. We hope that such support is reciprocated when I lodge my home education bill. We commend the bill to the chamber.

15:23

Mr Keith Raffan (Mid Scotland and Fife) (LD): I, too, welcome the bill, which reinstates the right of St Andrews to award postgraduate degrees for research in medicine. That right was removed by the Universities (Scotland) Act 1966, when the clinical part of the degree was transferred to Dundee because there was no teaching hospital in the St Andrews area. St Andrews has, of course, continued to offer a three-year undergraduate Bachelor of Science course in medical science, which is used to gain entry into the clinical element of the Bachelor of Medicine and Bachelor of Surgery course at the University of Manchester.

This bill will help to restore the reputation of the University of St Andrews for medical research and, as the minister said, we should do all that we can to encourage research across the sciences in Scotland. The minister referred to the research assessment exercise, but only two of the ancient universities—the University of St Andrews and the University of Glasgow—are high in that league. We need to get the others higher up as well.

The postgraduate medical degree on offer will be similar to those on offer at Glasgow, Aberdeen, Edinburgh and Dundee; the University of Manchester has said that it has the potential to be comparable with the best in England. The postgraduate medical degree is more attractive to a qualified medical practitioner than a PhD is because a PhD takes a minimum of three years, whereas St Andrews will offer flexibility, either through a two-year full-time course, a five-year part-time course or the submission of published works.

The minister mentioned overseas students. However, it is important to encourage qualified medical practitioners in Fife who want to continue to practise in the area to undertake research, as that might have important and significant benefits for the health service in Fife, as the university recognises.

Although the bill will affect only one or two people a year, it is important, because we must

encourage research across the sciences and because it will deliver benefits for the health services in Fife.

15:24

Marilyn Livingstone (Kirkcaldy) (Lab): I, too, congratulate Iain Smith on introducing the bill. The bill as amended—I am sure that members welcome the amendment, which certainly clarifies the position—is good news not only for the University of St Andrews and the PhD students who will, I hope, study there, but for Fife as a whole. I hope that those who choose to come to Fife to study will stay and contribute to the health of Fife's communities. That is why key stakeholders in Fife have welcomed the bill.

The course that the bill enables the university to offer will be attractive not only to medical graduates who wish to gain a research-based award, but, I hope, to highly qualified doctors who want to carry out a research project. It will also allow us to work in partnership with other institutions, not least the University of Manchester.

The Enterprise and Lifelong Learning Committee also welcomes the bill. In evidence that the committee took, it found no opposition to the bill from other universities.

As I said in the stage 1 debate, I hope that the university will introduce medical PhD courses in the near future, in line with the Executive's science strategy and its commitment to research and development. I welcome the bill and the potential that it has for Fife.

The Deputy Presiding Officer: Mr Smith, we still have three minutes in hand before the knife falls, if you want the final word.

15:26

Iain Smith: I do not think that I have three minutes-worth left to say, Presiding Officer. However, I thank the members who have spoken in the debate for their support for the bill. In particular, I thank the minister for the Executive's support.

Tricia Marwick said that what the bill proposes is an ideal measure for a member's bill. That is right. It is the sort of measure that would not have been possible had it not been for the Scottish Parliament and the member's bill procedure. However, I sound a note of caution. Perhaps at some point the Procedures Committee should consider why we need primary legislation to make such a small, insignificant amendment to the law—it is significant for the University of St Andrews, but not in the greater scheme of things. There must surely be a quicker, more cost-effective manner of making such a small change.

I thank all those who have supported the bill. The University of St Andrews will welcome it. It will allow the university to attract highly qualified medical practitioners to come to Fife to study and to produce good research as part of the university's growing bank of excellent research. The University of St Andrews may be Scotland's oldest university and it may think that modern history started in the 15th century, but it now has high-quality research facilities at the cutting edge of technology. It produces new ideas that will benefit the Scottish economy. The ability to bring medical research back to the University of St Andrews will help to support that, particularly in the molecular sciences.

I commend the bill to members and look forward to receiving their support at 5 o'clock.

Waiting and Delayed Discharge

The Deputy Presiding Officer (Mr George Reid): The next item of business is a debate on motion S1M-3248, in the name of Malcolm Chisholm, on action on waiting and delayed discharge, and two amendments to the motion.

15:28

The Minister for Health and Community Care (Malcolm Chisholm): If previous patterns are anything to go by, I would stand in the chamber selecting the good waiting statistics, the Opposition parties would throw back the bad waiting statistics and nobody who is listening to the debate would be much the wiser. By contrast, I will face up to the bad as well as the good, as that is an essential part of a culture of improvement. I hope that the opposition will be equally balanced, as nothing is more demoralising for staff in the national health service than relentless, one-sided negativity.

I begin by praising staff and thanking them for their superb efforts, in particular over the winter, when so many extra procedures were carried out. That resulted in a substantial drop in the number of people on the waiting list at the end of March and, more important, a drop in the number who wait longer than six months for in-patient or day care treatment.

Nothing matters more to patients than the length of time that they have to wait for treatment. That is why we have refocused the NHS on reducing waiting times rather than waiting lists, starting with those at the end of the queue who have waited longest. That is because it is at the end of the queue for treatment that the real problems with NHS waiting lie.

The NHS in Scotland has an excellent record in dealing with those who are in urgent and serious need. Members should remember that more than half of patients in Scotland never even need to go on to a waiting list, because they are treated immediately. For those who do enter a list, about eight out of 10 are treated within three months.

The problem that we have identified applies to those at the end of the queue, whose conditions may not be quite so acute, but who are still in need—the two out of 10 who wait longer than three months and up to 12 months for in-patient and day-case treatment. We have started to tackle the long waiters, and have reduced the number of those who wait more than six months by 6 per cent in the past year.

Our existing target is for no patient with a guarantee to wait longer than nine months for in-

patient or day-case treatment by 2003. That compares with a period of 12 months at present. We are 90 per cent of the way towards achieving that target. We are ambitious for the NHS and for what it can achieve. Improving that target further needs increased investment, improved co-ordination and more capacity in terms of staff and equipment.

In the first six months of this year, we have announced a near 50 per cent increase in health spending over the next five years and we have created a national waiting times unit to bring new focus to waiting times activity and to ensure better use of available capacity inside and outside the NHS. Last week, we entered into advanced negotiations to buy the Health Care International hospital for the NHS for £37.5 million and transform it into a national waiting times centre.

Mr John Swinney (North Tayside) (SNP): Will the minister give way?

Malcolm Chisholm: I will do so in a minute. The key elements have been put in place to significantly step up NHS performance on waiting. That is why now is the right time to set still more ambitious targets, to slash the long waits and to improve the experience for those patients at the end of the queue.

I can announce today the first new national waiting targets to be set for the NHS since the Scottish health plan of December 2000. By 2005, the maximum time a patient with a guarantee waits for NHS in-patient or day-case treatment will be six months, which is half what patients can experience today and 30 per cent better than our existing target.

Hand in hand with tackling long waits, we will ensure that those waiting for treatment for priority conditions such as cancer and heart disease are treated even more quickly. Significant progress is being made in those areas. For example, away from the headlines, waiting times for radiotherapy at Glasgow's Beatson centre are half what they were a year ago.

Nationally, we can do better. By the end of this year, our existing target is for no patient waiting for a heart bypass operation to wait longer than six months. Most patients wait for a much shorter time than that, and more than four out of five patients already get treatment within a shorter time. With the additional cardiac treatment capacity that we are securing by bringing the HCI hospital into the NHS, we now expect the NHS to ensure that everyone needing a bypass or angioplasty is treated within 18 weeks by 2004. Those are ambitious targets for a service that is ready, willing and, increasingly, able to deliver improvements.

There are still deep-rooted problems and issues around NHS waiting, which we must tackle. I am

very aware of and concerned by the increases in out-patient waiting times, which can often have just as significant an effect on patients' experience as their experience at other stages. Before that stage, I am also aware of issues around waiting to see a general practitioner or another member of the primary care team.

I give way to John Swinney.

Mr Swinney: It is fortuitous that the minister has given way on that point—it is the one that I wanted to ask him about. I welcome what the minister says about future reductions in waiting times, but has he given any consideration to the idea of including in the whole waiting time experience the amount of time that individuals have to wait to see consultants to have particular problems diagnosed? At present, there are no guarantees covering the length of time that people wait at that stage. Is the Government prepared to make any commitments on that point to guarantee that people wait a much shorter time for consultants' opinions following referral from GPs?

Malcolm Chisholm: Part of the change from waiting lists to waiting times is a focus on every stage of the patient's journey. I will talk now about the stage up to seeing a member of the primary care team, and then about the stage up to seeing a consultant or someone else for an out-patient consultation. Every part of the journey matters, and we need to focus on all the stages. I know that John Swinney wants to add them all together, but most people will want to make progress on each of them. Whether or not we add them all together is not the key issue; what matters is reducing waits at every stage of the patient journey.

Mr Swinney: Will the minister give way?

Malcolm Chisholm: I have only four more minutes in which to speak and I have a great deal to cover. I cannot give way again, and I will have to cut what I was going to say on that last point.

I turn to GPs and the primary care team more generally. By October there will be an action plan and timetable in every NHS board area for the delivery of a 48-hour maximum wait to see the right member of the primary care team. That means the right time, the right place and the right quality of care, which is the objective of NHS reform.

We have made tackling out-patient waits a major priority for the national waiting times unit. It is working with NHS boards to develop local waiting times standards that focus on tackling the longest waits for out-patient appointments and for diagnostic tests. It is also working to address the problem of DNAs—people who do not attend appointments—who account for 11 per cent of out-patient appointments. Progress on that issue would have a significant impact on waiting times.

We have also announced the establishment of a national waiting times database. The database is already in existence on a pilot basis. By the end of this year, it will be available publicly and will provide information on out-patient waiting times in all NHS board areas throughout Scotland to increase patient choice. Patients will then be able to choose to go somewhere where there is a shorter waiting time.

Dennis Canavan (Falkirk West): What about delayed discharges?

Malcolm Chisholm: I have only three minutes left and I will have to collapse a lot of the points that I wanted to make.

The Deputy Presiding Officer: You have four minutes.

Malcolm Chisholm: Thank you very much for the extra minute.

Many out-patient clinics are now led by nurses or other health care professionals. That is pertinent to Mary Scanlon's amendment, which talks about activity. That activity—at present and historically—has never been counted: only consultant-led activity has been counted. That fact must be taken into account in considering activity levels. Work is under way to count that important activity and to develop new ways of working throughout Scotland.

The very impressive conference entitled "Good Practice in Action in the NHS", which took place earlier this month, was a tremendously encouraging demonstration of the progress that has been made in streamlining and redesigning services around the needs of the patient. I cannot go into the many examples of that, but I shall give three examples. In Fife, the waiting time for an endoscopy has fallen from 16 weeks to four weeks, because of the work of nurse endoscopists. In the Western Isles, the use of a unique teledermatology system has resulted in waiting times being cut from up to seven months to between two and four weeks. In Dumfries and Galloway, the average waiting time at the one-stop lung cancer investigation clinic has been reduced from 12 days to four days. The redesign agenda is important for waiting times.

Dennis Canavan referred to delayed discharge. Frank McAveety will speak about that in more detail. I remind members of the £20 million that is attached to the action plan to ensure that 1,000 extra people will be transferred out of hospital and into more appropriate care settings during the coming year. That is an example of partnership working. We have distributed the remaining £15 million of the £20 million that was announced last year on the basis of the action plans and we will monitor the situation closely.

In my last two minutes, I must address the amendments. Both refer to increasing in-patient waiting times. I have already said that we are right to target our efforts on those who wait longest, rather than seeking to achieve movements of a day or two at the median or middle of the list. That is where we can make the biggest impact for patients. The example that came up at First Minister's questions two weeks ago was a good one. In Lanarkshire and Tayside, the waiting times of people who waited longer than six months were reduced by 24 per cent and 18 per cent, respectively, while the median waiting time increased. I am sure that people in those areas welcomed the priority that we attached to that policy.

The SNP amendment talks about the Health Care International hospital being used

"exclusively for NHS patients in Scotland".

Like other NHS hospitals, the HCI hospital will be used overwhelmingly for NHS patients; however, there is no reason why NHS patients should be different from other patients. This year only, some existing contracts will have to be honoured as well.

The SNP amendment also refers to the abolition of deferred lists and the introduction of maximum waiting time guarantees for all. I am certainly open-minded on the issue of deferred lists, but I want to follow all the recommendations of the Audit Scotland report. It asks the information and statistics division of the Common Services Agency to review the rationale of deferred lists. Let us have that review before we make final and detailed decisions. The SNP fails to understand anything about deferred lists if it thinks that the maximum waiting time guarantee should apply to all. Some people on the waiting list may want to delay their treatment or may have to do so for clinical reasons.

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

Malcolm Chisholm: I do not have time to give way. I have time only to deal with the Tory amendment, which raises two important points.

I have referred to activity. It takes some brass neck for the Conservative party to say that activity levels have fallen when, since 1997, we have had 58,000 more in-patient and day-case episodes in spite of the fact that a lot of the activity is not counted—as I have mentioned—and in spite of the major advances on working times and the reduction in junior doctors' hours, which have been good for patient care but have obviously had an effect on activity levels.

If I do not describe the Conservative party's accusation of political interference as their having a brass neck, I do not know what words I can find

to describe it. No party ever interfered more in the health service than the last Conservative Government. The Audit Scotland report makes it clear that there is no evidence of systematic or deliberate irregularities in the management of waiting lists. There has been no political interference. We know what the role of Government is. Our role is to provide funding, to set priorities and to establish national standards. We are the Government that bases its policy on empowering front-line staff.

I move,

That the Parliament applauds the outstanding commitment and work of NHS staff in delivering reductions in waiting lists and the longest waiting times; recognises that more needs to be done, particularly for those patients experiencing the longest waits; welcomes the work of the National Waiting Times Unit and the proposed use of HCI as a national waiting times centre; notes the outcome of the Audit Scotland report on the management of waiting lists and that the Health Department will be working with others to implement its recommendations, and supports vigorous action on a range of fronts to reduce waiting times and the delays experienced by patients awaiting discharge from hospital.

15:41

Nicola Sturgeon (Glasgow) (SNP): On the minister's point about deferred waiting lists, it is absolutely ridiculous to argue that just because some people choose to opt out of a guarantee, that is somehow a justification for withholding the guarantee from everyone. That argument is nonsense.

Malcolm Chisholm: The member has woefully misunderstood what I said. Of course anyone who does not have a reason for wanting their treatment to be delayed or for having to have their treatment delayed should have a waiting time guarantee. I will act on that recommendation, just as I will act on all the other recommendations in the Audit Scotland report.

Nicola Sturgeon: There are people on the deferred waiting list who do not want their treatment to be delayed and they should have a waiting time guarantee in the same way that everyone else does.

I will sound a note of consensus. I join the minister in paying tribute to the staff who work so hard in the NHS to deliver a quality service for patients. We should all acknowledge that they do so in extremely difficult circumstances. I am pleased that the minister has conceded that much still requires to be done to reduce waiting times. Although I welcome the new targets that he has set, I suspect that patients want less in the way of headline-grabbing targets for the future and more in the way of steady progress in the here and now.

Waiting times are still on an upward trend. The

median waiting time, which relates to the period between a patient's initial visit to their general practitioner and the point at which they receive treatment, has increased by 20 days—nearly three weeks—since 1999 and by nine days in the most recent quarter alone. Median waiting times are not unimportant.

The Executive has made great play of the fact that it is concentrating on the patients who have waited longest. No one can argue with that. However, at the end of last month, the minister claimed that no patients in Scotland had waited more than 12 months for treatment. I will return to the inadequacy of the patient guarantee. We know from the Audit Scotland report that the minister's claim was simply untrue. That inquiry uncovered nine patients—

Malcolm Chisholm: Will the member give way?

Nicola Sturgeon: Not now. I have given way to the minister once already. I will do so again later, if I have time.

In orthopaedics alone, Audit Scotland's inquiry uncovered nine patients who had waited more than 12 months for treatment. It is reasonable for the public to be sceptical about the six-month target that has been set today, as patients are still waiting for treatment for longer than 12 months.

Apart from the obvious stress and inconvenience that are caused to patients, the most troubling aspect of the increase in waiting times is the fact that it cannot be attributed in any way to an increase in the number of patients who are being treated in the NHS. Since 1999, the NHS has treated fewer in-patients and day-case patients and fewer out-patients. In total, nearly 65,000 fewer patients are being treated than when the Executive took office. It is perhaps an understatement to say that more needs to be done.

I whole-heartedly support the work of the national waiting times unit. I have little doubt that the extra beds that will be available to the NHS as a result of the purchase of HCI will help, especially as 800 acute beds have been lost to the NHS since 1997. However, I was alarmed when I read at the weekend—and when I heard it confirmed by the minister—that the Government's intention is to continue to use HCI for private and overseas patients. With so many patients languishing on waiting lists for so long, surely it is vital that all available capacity at HCI is used to treat Scottish NHS patients.

Malcolm Chisholm: Will the member give way?

Nicola Sturgeon: Not just now.

The difference between HCI and other NHS hospitals is that HCI was bought from the private sector with taxpayers' money for the sole purpose

of reducing waiting times. Will the minister give an assurance that HCI will be used exclusively for the benefit of NHS patients?

Malcolm Chisholm: I have already explained the situation. Given the fact that there is a certain degree of exchange between hospitals in all parts of the United Kingdom, some might find it rather offensive that Nicola Sturgeon wants HCI to be used exclusively for people in Scotland. However, the fundamental point is that HCI will be like every other NHS hospital in Scotland, after we have dealt with the temporary and short-term issue of the existing contracts, which are a matter of law. As a lawyer, Nicola Sturgeon might have been thought to have some understanding of that.

Nicola Sturgeon: HCI is not like other NHS hospitals. It has been brought into the NHS for the purpose of reducing waiting times. The hospital is to be a national clearing house for waiting times in Scotland. As such, it should be used exclusively for the benefit of Scottish patients.

Let me move on to the Audit Scotland report. It is worth mentioning in passing that the report would not even have been commissioned were it not for the persistent pressure of John Swinney and SNP members, who exposed closed, deferred and reclassified waiting lists. That is why the First Minister instructed the report to be written. In my view, the report's findings are a real cause for concern, because they uncover a number of inconsistencies and irregularities in the management of waiting lists across the country. The report contains important messages for health trusts, health boards and national Government.

Two issues are of central importance. First, the report confirmed the steady, year-on-year increase in the number of patients on deferred waiting lists. When that is coupled with the fact that Audit Scotland could find no convincing reason for the existence of deferred waiting lists, it becomes hard to shake the suspicion that some patients are being put on such lists simply to reduce the headline figure. The minister will deny that, but let me suggest that the way to ensure that such a thing does not happen is to have only one waiting list. In the absence of a good reason to keep deferred waiting lists—Audit Scotland could not find a good reason—it is time that they were abolished. I ask the minister to give that assurance.

The second issue concerns the 12-month waiting time guarantee, which the minister has today announced will be reduced to six months by 2005. The guarantee applies only to in-patients and day-case patients. The guarantee does not apply to patients who are waiting for an appointment with a consultant or for treatment as an out-patient, nor does it apply to patients who are on deferred waiting lists for in-patient

treatment. In other words, the overwhelming majority of patients who are waiting at any given time have no maximum waiting time guarantee whatever.

Last quarter's figures, which are the most recent available, show that 1.3 million of the 1.5 million patients who went through the system as in-patients, day-case patients or out-patients had no waiting time guarantee. That is not good enough, especially because the longest waits are often for an appointment with a consultant or for out-patient treatment. Those parts of the patient journey are not covered by any guarantee. There is no doubt in my mind that there should be waiting time guarantees for all patients and for all parts of the patient journey. Instead of following the minister's suggestion of adding all the different stages of the patient journey together, we should ensure that the patient has a waiting time guarantee during every stage of the patient journey. That is fundamentally important if the whole patient journey and the whole experience of the patient are to be taken into account.

All parties in the chamber are agreed that tackling delayed discharge is absolutely vital. Not only is it vital for the sake of those individuals who are not receiving appropriate care, but it would liberate capacity within the national health service to speed up treatment for others. However, it is difficult to pass any up-to-date judgment on the success of the Government's action in tackling the problem, because today's debate takes place two days before the most up-to-date statistics on delayed discharge are due to be published. I am sure that we will return to the matter at a later stage, when we will perhaps be in possession of more information.

I move amendment S1M-3248.1, to leave out from "delivering" to end and insert:

"the face of increasing in-patient and out-patient waiting times; is extremely concerned at the disturbing findings of the recent Audit Scotland report, *Review of the management of waiting lists in Scotland*; calls for deferred waiting lists to be abolished and for all patients to be given a maximum waiting time guarantee; supports the work of the National Waiting Times Unit but calls on the Scottish Executive to give a commitment that HCI will be used exclusively for NHS patients in Scotland, and supports more vigorous action on a range of fronts to reduce waiting times and the delays experienced by patients awaiting discharge from hospital."

15:50

Mary Scanlon (Highlands and Islands) (Con):

It is a bit rich for Malcolm Chisholm to talk about other people having a brass neck when he has shown his own brass neck today. Mr Chisholm's motion accepts the Audit Scotland report; we all accept that report. It is a welcome clarification—

Malcolm Chisholm rose—

Mary Scanlon: I know that Mr Chisholm is excited, but I hope that he will let me get started. He has put me off my stride.

The report considers reclassifications, closed lists and deferred lists. Mr Chisholm's brass neck is evident from the first line of his motion, which refers to "reductions in waiting lists". He knows perfectly well that that is not truthful; it does not accord with Audit Scotland's report.

I welcome the minister's ambitious targets—we all welcome ambitious targets—but what really counts is how many patients are treated, how soon they are diagnosed, how soon they are assessed and how much all of that impacts on their health care. I am pleased that he accepts the recommendations of the report, because it is crucial that the debate moves forward.

Over the past few years, much has been promised and said by the Executive on the subject of waiting times and waiting lists. Scottish Conservatives very much welcome the new report. However, it is shocking that—despite the report—the minister presents us with a motion suggesting that there have been significant reductions in the last quarter whereas what has taken place is significant reclassification. Despite claims that no closed waiting lists exist in Scotland, Audit Scotland's report states:

"Where there are significant staff shortages or other constraints, it is not acceptable to close lists or leave the list to grow ever larger".

That is a clear acknowledgement that lists are closed.

On page 8 of the report, Audit Scotland confirms that, from 1999, deferred lists have increased at a rate of 8 per cent per year. More than 30 per cent of patients on waiting lists in South Glasgow University Hospitals NHS Trust, North Glasgow University Hospitals NHS Trust and West Lothian Healthcare NHS Trust are on deferred waiting lists.

The minister has fudged on the issue of reclassification, but the Audit Scotland report confirms the extent of reclassification. In a recent meeting in Highland, it was confirmed to MSPs from different parties that, had reclassifications been carried out in accordance with the minister's guidance, waiting lists of 3,000 could have been reduced by 300. That would have been a reduction of 10 per cent simply as a result of a paper exercise—but no more patients would have been treated.

Again from the Audit Scotland report, we learn that only Highland Acute NHS Trust and the Yorkhill NHS Trust did not follow the guidance on reclassification. Therefore we can assume that all other acute trusts in Scotland have reduced their waiting lists by 10 per cent because of

reclassification rather than because of an increase in patient care.

Malcolm Chisholm: I could not mention certain things in the motion because it had to be lodged before the Audit Scotland report came out. The Audit Scotland report says that reclassification reflects developing medical practice that brings benefits to patients. The report points out certain local irregularities, which we will act on. That is why I have made it clear that I will accept the recommendations of the report. What Mary Scanlon and Nicola Sturgeon fail to grasp is the central message of the report, which is that there is

"no evidence of systematic or deliberate irregularities in the management of waiting lists."

That central conclusion is rejected by both Opposition parties.

Mary Scanlon: I do not think that Mr Chisholm has read the report clearly. Pages 29 and 30 illustrate the extent of specialty procedures in which there has been reclassification. In Argyll and Clyde Acute Hospitals NHS Trust, only dermatology was affected; in Grampian University Hospitals NHS Trust, it was cataract removal, vasectomies, in-growing toenails, removal of cysts, general surgery and ophthalmology. There is not even a consistent approach across Scotland. We are not simply considering day-case procedures and new procedures. The Executive's position is quite misleading.

Nicola Sturgeon: If the minister will not agree, will Mary Scanlon agree that no one objects to the legitimate reclassification of certain procedures if it is for the right medical reasons? We object to the fact that when patients are reclassified under the current system, they lose their waiting time guarantee. That matter has still not been addressed. Some patients have a guarantee and others do not.

Mary Scanlon: That is exactly the point and the Executive would gain more respect if it were a bit more honest.

Serious questions also have to be asked about performance assessment frameworks and the targets set by trusts. We need to know how much has been achieved by distortion of the figures, reclassification, deferred waiting lists and closed waiting lists, and how much has been achieved by treatment of patients. When patients move from one classification to another, that is a matter of concern, given the performance-related pay issues for some managers in the NHS.

Today we have two waiting lists: a true list and a deferred list. We also have closed lists and significant reclassifications. On top of that, the latest figure for bed blocking is 3,116, despite

millions of pounds being poured in to alleviate the problem.

Direct payments would obviously help the situation and I hope that every person who has their discharge from hospital delayed will now be offered a direct payment so that they have freedom, choice and control over their care instead of having to wait for local authorities to pay.

Will the advent of free personal care on 1 July alleviate bed blocking so that more people can be treated? Yesterday I visited the Church of Scotland home in Edinburgh. Staff confirmed that two care homes across the road—Bruntsfield and Pitsligo House—had been closed in the past two years. There is an undoubted reduction in the number of residential and nursing care homes, reducing places for the elderly. It is hardly surprising that the Church of Scotland closed those homes given that it faces a £5 million loss within the next year.

Whatever the minister says, however brassy his neck is, and despite all of the fiddling, according to Audit Scotland and the information and statistics division, more than 11,000 fewer people are receiving home care since 1998, 50,000 fewer people are seen by a health visitor since 1997, and 13,000 fewer people are seen by a district nurse since 1999.

When we consider the acute sector activity by quarter we see that, since the opening of the Parliament, more than 6,000 fewer in-patients are being treated, 10,000 fewer day cases are being treated, the median wait is up by five days, the number on deferred waiting lists is up by 5,000, 64,000 fewer out-patients are being treated, 10 per cent fewer patients are being seen within nine weeks, and the median wait for out-patients is up by 12 days. Despite all the minister's efforts to distort the figures, and despite his brass neck, the figures for activity in the NHS are still against him.

I move amendment S1M-3248.2, to leave out from "in delivering" to end and insert:

"; regrets the fact that waiting times are longer than they were when the Scottish Executive took office; notes with concern a simultaneous drop in NHS activity; particularly regrets the political interference within the NHS which has led to the inconsistent and unclear record keeping within the NHS discovered by Audit Scotland; and further notes that while the Executive continues to exert political control over our health service waiting times and delayed discharges will only get worse and that the best way to deliver improvements is to put patients first by giving them real choices and devolving power to local hospitals and GPs so that decisions are taken on the basis of clinical priorities."

15:58

Mrs Margaret Smith (Edinburgh West) (LD): Reductions in waiting times and waiting lists

remain a key priority for the Executive, for the Parliament and for the patients that we represent. I echo previous speakers' thanks to the staff not only for their sterling efforts to reduce waiting times, but for all the other work that they do to keep the health service functioning at a high-quality level.

Far too many Scots are waiting too long. The Minister for Health and Community Care and the First Minister have said as much. It is clear that the Executive is determined to do all it can to reduce their wait by taking action on a range of fronts. Those include the setting-up of the national waiting times unit, the purchase of HCI, the funding of the recruitment of more doctors and nurses, the expansion of one-stop clinics and measures to tackle a lack of capacity caused by delayed discharge, including funding for the care homes settlement.

We should not lose sight of the fact that more than half of the patients who are treated in our hospitals do not wait for treatment. Of those who wait, almost half are treated within one month and 80 per cent of the others are treated within three months. We are committed to our nine-month target and we welcome the minister's announcement today of a target of six months by 2005.

In certain priority areas such as heart bypass operations, waiting times have been significantly reduced and, compared with 1997, there has been significant improvement in the number of cataract operations, angioplasties and knee and hip replacements. The latest list figures, which were released in May, show that the Executive has had some success in targeting those patients who have been waiting longest. Compared with last year, there has been a 6 per cent decrease in the overall number of patients who wait longer than six months.

However, it is also clear that the number of people who are waiting is up on 1999, and people are still waiting longer. The Executive is committed to turning that round, as well as to delivering a clear picture of waiting in Scotland's health service. That is why the First Minister asked the Auditor General to undertake a review of the management of NHS waiting lists. It is crucial that patients have faith in the figures that are being quoted to them, and it is crucial that service planners in the NHS have a clear picture of where progress is being made and where efforts require to be redoubled.

The Audit Scotland review shows that there are worrying inconsistencies in the administration of lists and the application of central guidance in recording waiting list information, but its report, under the heading "Main findings", states clearly that

"Audit Scotland found no evidence of systematic or deliberate irregularities in the management of waiting lists."

Those who are trying to accuse politicians of fiddling the figures are doing so in direct defiance of the Audit Scotland report.

Ben Wallace: Will the member give way?

Mrs Smith: No, I would like to make progress.

The Executive's acceptance of the report is to be welcomed, and signals a commitment to delivering a clear and consistent waiting list system. It is critical that we pick up on the key issues that are outlined in the Audit Scotland report. The administration of lists, the reclassifying of patients' treatment and the use of the deferred list are all key areas of concern. On administration, it is clear that despite procedures being in place, day-to-day practice in adding to and updating lists differed from that procedure. Indeed, in some places delays added up to 20 days to someone's wait. It is also worrying that clinical information that is held electronically is not being handled confidentially—a point that was raised, quite rightly, by the British Medical Association.

We all know that medical practice is changing all the time. The advent of one-stop clinics and the greater use of primary care services in diagnostics mean that many patients are now dealt with in different ways. Some procedures that previously were dealt with on an in-patient basis are now undertaken in an out-patient setting.

However, although waiting time targets are set for first out-patient appointments, there are no formal waiting times or list targets for out-patient procedures. That means that those who are waiting for out-patient procedures have been taken off the list and in many cases, as we have heard, have lost their waiting time guarantees. Only Grampian NHS Board and Lothian NHS Board—I am happy to say, as a Lothian MSP—have continued to monitor existing and reclassified out-patients and have maintained their guarantees. Audit Scotland is clear that that is the fairest way to deal with those patients, but it is not how the majority are being treated throughout the country. I look to the minister to address that issue urgently.

On deferred waiting lists, the Audit Scotland report states that it cannot see the rationale for two lists. I note what the minister said about examining that matter. There has been a steady increase in the number of people on the deferred list. Indeed, in West Lothian that list accounts for 35 per cent of those who are waiting for treatment. The report flags up a lack of consistency in placing patients on and removing them from the deferred list. The fact that there is a shift in emphasis to waiting times from waiting lists surely provides an opportunity at least to reconsider the value of

running two lists. We welcome the fact that the minister has indicated that that matter will be considered by the information and statistics division.

It is clear that the Executive has put in place a number of measures to tackle waiting times. The national waiting times unit was set up in January, and by the middle of May it had purchased an additional 2,100 additional procedures from spare capacity in the NHS, as well as a further 2,000 operations from spare private sector health care capacity. The unit provides much-needed co-ordination in a way that not only improves the service that is delivered to patients, but maximises the capacity of the NHS. All health boards must produce action plans for their areas, which will be in place by the end of the month. That will be backed up by £20 million of investment for action.

Scotland's patients expect results, but they also expect pragmatism from this Administration. Last week's announcement of the nationalisation of the HCI hospital at Clydebank was extremely welcome—a bargain purchase of a £220 million hospital for £37.5 million. The minister can go shopping with me any time he likes. That represents good value for the public purse. It not only represents an opportunity to increase capacity through the doubling of operations carried out there to 5,000 in the first year, but secures jobs and delivers a national waiting times centre for Scotland. That will add to the co-ordinating role that the waiting times unit already undertakes.

Finally, in making full use of the capacity of the NHS, we have also been addressing the long-term difficult issue of delayed discharge. The Executive has released an extra £20 million, the final £15 million of which is released this week, to try to free up NHS beds that are being used inappropriately.

NHS Lothian has the highest number of patients who await discharge, who use a staggering 11.6 per cent of NHS Lothian's beds. As Mary Scanlon said, Edinburgh has been badly hit by the loss of 290 nursing home places since September 1998 and the loss of 330 residential home places since 1995. NHS Lothian and the local councils, working together, have identified their key priority as growing the care home market by purchasing and commissioning 240 care home places now, which includes the development of four new care homes.

It is crucial that community alternatives to hospital are developed. I am delighted that the Executive has announced an extra £2.7 million to assist with NHS Lothian's action plan. I hope that NHS Lothian's target of a sustainable reduction of 160 delayed discharges throughout Lothian by April 2003 will be met as a result.

Finally, hospital-acquired infection is another key reason why people spend too long in our

hospitals. A recent study by the University of Glasgow suggested that that might be an even bigger problem than bedblocking through delayed discharge. I welcome the fact that the Executive is dealing with that in several ways, including the convention this Friday. I am sure that we will return to that subject after the recess, as will the Health and Community Care Committee.

In conclusion, the Liberal Democrats welcome the shift from waiting lists to waiting times and would welcome any move to bring clarity to the recording of the relevant statistics. We acknowledge not only the difficulties that are faced, but the tremendous job that staff have done and the support that the Executive has given. We welcome the minister's response to Audit Scotland's report as the way forward and we will support the motion.

The Deputy Presiding Officer (Mr Murray Tosh): I counted two uses of the word "finally" and one "in conclusion" in that speech.

Mrs Smith: I was keeping you on tenterhooks.

16:06

Cathy Peattie (Falkirk East) (Lab): Waiting times have been, are and will be too long for some time, but they are being tackled. The evidence is that the measures that we have adopted are having an impact.

On 31 March, just under 72,000 patients were waiting for in-patient or day treatment. That is a fall of nearly 11 per cent during the year. More than half the patients who are treated in NHS Scotland hospitals receive immediate treatment and some never join a waiting list. Of those who do, more than half are treated in one month and eight in 10 are treated in three months.

In Forth Valley, the number of patients who wait more than six months has fallen by 21 per cent. I congratulate Forth Valley staff, whose dedication has, I am sure, significantly contributed to that reduction. However, orthopaedics remains an issue in Forth Valley and I have asked the waiting times unit to examine that.

More needs to be done, especially for patients who expect the longest waits. The national waiting times unit has allowed areas in which long waiting lists have existed to use spare capacity in the NHS. Cancer and heart disease are the top priorities for national waiting list times. By 2002, the maximum waiting time for heart surgery will be 24 weeks. By 2005, the maximum wait from urgent referral to treatment for all cancers will be two months. Waiting times for heart bypass operations have more than halved since 1999. The average now is 10 weeks, compared with five months then.

Staffing improvements are planned, including

the recruitment of more nurses and funding for the training of additional doctors, of whom there should be 475 by 2004. A fundamental review of medical work force planning is near completion. The Minister for Health and Community Care has called for investment and effort to be more co-ordinated, more focused and more closely linked with reform than ever before.

That co-ordination includes health bodies and local authorities getting together to tackle wasted resources from delayed discharge. It is essential that robust plans are put in place to deal with that. It is also vital that appropriate packages are adopted to put patients' plans in place before they go home, not after their release. Appropriate community care services must be planned by all the agencies together, including the voluntary sector.

Mary Scanlon: Does the member share my concerns that although when we talk about delayed discharge, we often think about the elderly, many patients with mental illness are subject to delayed discharge, and that the discharge of 29 patients in Carstairs has been delayed because of the lack of a medium-secure unit in Scotland?

Cathy Peattie: Clearly, there are concerns about the time that it has taken to find appropriate places for those patients.

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): Twenty years.

Cathy Peattie: As my colleague Brian Fitzpatrick said, it has taken 20 years.

I know that the minister is examining the issue. It is clear that there is a long way to go, but I am sure that further investment and a co-operative effort will deal with waiting times. We can look forward to a reduction in waiting times in the future.

16:10

Tricia Marwick (Mid Scotland and Fife) (SNP): The Audit Scotland report has shown up the disgrace of the waiting time fiddle that is confusing for patients and distressing for their relatives. The minister has repeated the Audit Scotland finding that there is

"no evidence of systematic or deliberate irregularities in the management of waiting lists."

I am reminded of a passage in a book by John Pilger, in which he wrote about Robert Maxwell and the apologists for Robert Maxwell who used to say, "I am a journalist. Maxwell never told me what I had to write." Of course Maxwell did not do so. The journalists knew exactly what they had to do. The case is the same for the Labour cronies who stuff health boards and health trusts in Scotland.

The minister does not have to tell them what to do about waiting lists. They just know that they have to make the list look better for the Executive.

Malcolm Chisholm: Tricia Marwick may wish to reflect on what she said. I am sure she knows, or she ought to know, that the appointment of Audit Scotland has nothing whatsoever to do with the Scottish Executive. Audit Scotland is an independent body.

Tricia Marwick: I am sure that the minister will withdraw that remark. I did not refer to Audit Scotland but to the cronies that he has stuffed on health boards and health trusts. Those people do not have to be told what to do; they know what they have to do. They have to make the Executive look good. Audit Scotland has exposed the waiting list fiddle and the minister failed to address that point today.

Tayside NHS Board has taken existing in-patients and out-patients off its waiting lists and has not recorded elective admissions. In Fife, procedures have been reclassified and patients waiting for such procedures who could have been treated as out-patients have been taken off waiting lists. New referrals are not added to the waiting list if they are already in-patients. Some patients retain their waiting-time guarantees, while others do not. The situation is confusing and distressing for patients and their relatives. Patients are left worried and unsure about which list they are on, how long the list is, what the waiting time is and what will happen to them.

On Tuesday of this week, *The Courier and Advertiser* highlighted the circumstances of Mrs May Cullen. For those members who did not read the article, here are the details. Mrs May Cullen from Burntisland was admitted to hospital in March and was advised to seek an appointment with a neurologist with respect to her condition. She suffers from seizures and epilepsy had already been ruled out. Mrs Cullen received a reply from Fife Acute Hospitals NHS Trust telling her that the first appointment with a consultant would be early in 2004—almost two years away.

Mary Mair, the trust's directorate manager of medicine, wrote to Mrs Cullen and admitted that the delay was

"unacceptable to yourself and to the trust."

The unacceptable delay is not helped by the fact that there is no neurosurgeon in Fife. More worryingly, Fife NHS Board has known of that situation for some time, but has refused to make resources available. The situation is intolerable.

The distress that has been caused to Mrs Cullen and patients like her the length and breadth of Scotland cannot be allowed to continue. I challenge the minister to explain to Mrs Cullen

why she will have to wait so long for an out-patient appointment and what he intends to do about that. The six-month guarantee is welcome, but it will do absolutely nothing for people like Mrs Cullen.

Malcolm Chisholm: Of course, that wait is totally unacceptable. The whole objective of our waiting policy is to target those long waits. The waiting times unit has spoken to Fife NHS Board and every other NHS board in Scotland precisely to ask them to work up action plans to deal with those unacceptable waits.

Tricia Marwick: The minister misses the point. Mrs Cullen is an out-patient. She will get no waiting time guarantee.

Malcolm Chisholm: She is an out-patient.

Tricia Marwick: Exactly, but she has no guarantee of when she will be seen. It is completely unacceptable that the minister will not roll out the system to allow out-patients to be given a waiting time guarantee. Mrs Cullen will have to wait two years and then she will perhaps get a waiting time guarantee of six months for treatment. That is not helping at the moment.

It is quite clear that, while the Executive fiddles the figures, the people of Scotland are suffering. It is time that the Executive got a grip of the situation and gave waiting time guarantees to people at every single stage of the process through the system, including seeing a GP and seeing a consultant at an out-patient clinic. That is what people like Mrs Cullen are crying out for and that is what the minister should be doing.

16:15

Alex Johnstone (North-East Scotland) (Con): Delayed discharge among elderly people who need residential care placements is a continuing problem in Angus, where a significant number of patients are still blocking beds in the county's hospitals. Bedblocking causes stress and worry for elderly patients and their families, and prevents beds being used for other things by other patients who need treatment. Angus Council and the Tayside health authorities should be doing more to tackle the problem. They can do that most effectively by making appropriate use of the private and voluntary residential care sector.

Rather than working closely with the private sector, the SNP-controlled Angus Council has been facing allegations of bully-boy tactics towards elderly residents in the private and independent sector during the run-up to the implementation of free personal care. It is reported that Angus Council social workers have gone round residential nursing homes attempting to coerce fee-paying residents into switching to council care—including one 93-year-old blind lady

at Fordmill nursing home in Montrose.

Westminster Health Care, which runs Fordmill nursing home, has complained about that to the Scottish Executive, stating:

"The people who are residents in the home are there because they are vulnerable. They are elderly people and some of them have some degree of confusion. They shouldn't be put in a position where they are expected or coerced, while unaccompanied or advised by their loved ones or legal representatives, to make decisions in a very short period of time."

I have already written to the chief executive of Angus Council asking for an internal inquiry into that conduct. All that I have had is an instant denial from the SNP social work convener, Glennis Middleton.

Mr Allan Keir, the chairman of the Organisation of Residential Care Homes Angus, has suggested that the council has acted in an unprofessional manner, and has said that there must be

"doubts about the ability of Angus council homes to accommodate any more"

elderly people, as they

"enjoy a very high occupancy".

He has further hit out at the convener's assertion that social workers have done nothing wrong, saying:

"When the judge, jury and accused clearly have a vested interest in proving themselves innocent then natural justice is an early casualty".

Joe Campbell, the chairman of Scottish Care, claimed that the council's actions demonstrated that some Scottish local authorities are hell-bent on the destruction of the private sector. Those concerns have reinforced suspicions in Angus, held by many, that the SNP council has an ideological problem with the private and independent sectors, is biased against them and is seeking to undermine them and force people into council care.

Shona Robison (North-East Scotland) (SNP): Will the member give way?

Alex Johnstone: No.

To tackle bedblocking and delayed discharge among elderly Angus residents, Angus Council must work hand in hand with the private and independent residential care homes sector. Angus Council must get its act together and start treating the private and independent sector in a fairer and more professional manner.

16:19

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): I am pleased that the Executive's motion survives both attempts at amendment. I am also pleased to see support from the Executive for

NHS staff and recognition of the key role that they play in building a better health service for Scotland. It is entirely proper to recognise their commitment and hard work. Of course we will have knockabout in this chamber, and we will also have legitimate and principled debates about the NHS, but I hope that we can unite in reflecting on the work done by NHS staff. We should not miss any opportunity to reflect on that.

We also need to keep in mind the factors that affect waiting lists, which Cathy Peattie outlined. More than half the patients who are treated in NHS Scotland receive immediate treatment and never join a waiting list. About half the patients are treated within a month and about 80 per cent are treated within three months.

I was particularly pleased to hear the minister speak about the need for a culture of improvement. We do not suggest that not much more needs to be done before we can say that we have established the NHS that we want in Scotland. Previously, there was deliberate and damaging underinvestment in the health service, which was visited on it by those who opposed the NHS in principle and in deed. Mary Scanlon is a nice woman—

Ben Wallace: The member is talking about patients and waiting times. Perhaps he should reflect on the fact that a Conservative Government introduced the patient guarantee and the patients charter and the Labour party did not oppose many aspects of those at the time.

Brian Fitzpatrick: The Conservative party's real health spokesman, Dr Liam Fox, has said of the NHS that the Conservatives' plan is to show that it cannot work and will never work. I will reflect on that and we will continue to remind the people of Scotland about it. The Conservative party voted down the additional funds necessary to make the NHS in Scotland work. Mary Scanlon has accused Malcolm Chisholm of having a brass neck, but on the Conservatives' performance and given the commitment in the Conservative party's known agenda in respect of the future of the NHS, she deserves a baronetcy. She should be the Baroness of Brassneck.

Fiona Hyslop (Lothians) (SNP): It is interesting that the member considers Liam Fox to be the Conservative party's real health minister. Does that mean that the member thinks that Alan Milburn is the Labour party's real health minister?

Brian Fitzpatrick: There is only one Malcolm Chisholm.

There is a legitimate point to be made about ideology rather than the devolution settlement. There is an ideological argument about the future of the NHS and we have heard nothing from the Conservatives that suggests that they are in

anything other than the same camp as Dr Fox. *[Interruption.]*

The Deputy Presiding Officer: Order.

Brian Fitzpatrick: We also know that not one brown penny of extra funding for the NHS was promised by the nationalists last year.

Nicola Sturgeon: In the minute and a half remaining to Brian Fitzpatrick, will he move on from facile political point scoring and address some of the important issues that have been raised that affect real people throughout Scotland?

Brian Fitzpatrick: I will defer to Miss Sturgeon's expertise in facile political comment.

We cannot shrink from the findings of Audit Scotland in the performance audit report and I was pleased that the minister faced up to them. We should ensure that patients' interests are protected as more cases are dealt with on an out-patient or day-case basis. Members will have seen in the performance audit the remarks of the team about endoscopies in the North Glasgow University Hospitals NHS Trust. I do not want to be like those who try to bandy around the words of the report. There was no evidence of patients' treatment being reclassified for anything other than clinical reasons.

Nicola Sturgeon: Will the member give way?

Brian Fitzpatrick: No, I will not. *[Interruption.]*

The Deputy Presiding Officer: Order. Let the member continue.

Brian Fitzpatrick: Like Margaret Smith, I welcome the pragmatism behind the Executive's decision on HCI. It would have been a desperate display of poor judgment to have missed out on that once-ever opportunity. Patients and their families will welcome progress in cutting waiting times, in creative thinking and in action to deliver reductions.

Before I sit down, I want to mention again to the minister the key contribution that will be made in reducing waiting times for patients by facilities such as the ambulatory care and diagnostic facility proposed at Stobhill hospital in the constituency of my colleague Paul Martin. He, other constituency MSPs and I will have lively discussions with the minister on the wider issues of the acute services review, but I assure the minister of the tremendous support that there will be for early progress on the submission for Stobhill. I hope that he will keep that proposal in mind as a key measure in reducing waiting times.

16:24

Robert Brown (Glasgow) (LD): I welcome Audit Scotland's report, which is the subject of the

debate. However, I have seldom attended such a depressing debate. I do not think that I have heard in so short a debate so many statistics thrown about to so little advantage by so many people. What is the purpose of those statistics? I cast doubt on the way in which all parties use statistics.

For example, I was contacted today by a constituent in Glasgow, who wanted information about tomorrow's special meeting of the Greater Glasgow NHS Board, which will decide the recommendations about the future of accident and emergency provision in Glasgow. The constituent referred me to an advertisement for the meeting in *The Herald*, which included a website address and a telephone number. The number was not answered and the website address was wrong. When my constituent identified the correct web address, there was no information or background material there about the special meeting. I mention that story partly as an illustration of what can happen occasionally—I am sure that it was an administrative hiccup rather than anything more sinister. However, I suggest that the statistics upon which we rely so solidly in debates can be the result of computer or human error. We should limit ourselves in the extent to which we rely on statistics.

I asked members what the purpose of the statistics was. Let us consider waiting times and the way in which the Government or the Executive supply figures to demonstrate that a situation has improved, and the way in which the Opposition supplies statistics to demonstrate how matters have got worse. Then, in emergencies, Mrs Cullen of Fife is introduced to the debate, as well as examples of individual situations that members use to support their case. At the end of the day—

Nicola Sturgeon: Will the member give way?

Robert Brown: No, let me make my point.

The provision of health services in Scotland can be regarded from two angles. First, we need an adequate NHS to deal with the crises, the problems, the operations and the things that have gone wrong. Secondly, we need health provision—and social provision—in Scotland that avoids the position of having to have so many operations. In debates such as this, there is sometimes a suggestion that the more heart bypass operations there are, the better. The logical end result of that would be that everyone in Scotland could have a heart bypass operation—that would be the ultimate achievement, but that is not the case. We have to balance the acute services provision against putting in place health promotion activities to improve the diet, lifestyle and health of the people of Scotland.

More and more money has been put into the health service in recent years and diligent efforts

have been made by Governments of a variety of persuasions to try to get best use of those resources. There is general acceptance now that money is not the whole story. We can throw extra money at the problem, but that results only in a sideways movement. It is a bit like punching a jelly: one punches it at one side to achieve something and a bulge that one had not anticipated at the start appears at the other side.

A proper forward-looking manpower survey is required to investigate the needs of the health service. The survey should deal with the retirement of consultants, the new people coming in, the numbers of people whom we train, how long it will take to put them in place and how we can deal with the problems in the short term. We cannot snap our fingers and produce hundreds of new doctors, consultants and nurses. We all know that there is a problem in recruitment and retention.

Mary Scanlon: Does the member recognise that we need those figures to be able to plan manpower in the NHS? We must recognise and acknowledge the unmet need and the demand for a service. Some form of measurement is essential. Does not the member share my concern, given that the Audit Scotland report states that the reason for the deferred list is unclear and yet over 30 per cent of patients in north and south Glasgow are on the deferred list?

Robert Brown: Mary Scanlon has made her speech.

The Deputy Presiding Officer: I will allow you a little longer to account for that intervention.

Robert Brown: What Mary Scanlon said was exactly the point that I was trying to make. We must conduct a thorough and proper analysis with a view to identifying management decisions about where the health service is going. Some issues can be resolved now through improvements in management techniques and other actions that can be taken to make things work better. However, other improvements will take longer to put in place. Even with the best will in the world, doctors, who take six years to train, cannot be put in place immediately to sort out problems in the health service. We must consider what can be done in the short term until those doctors are available. We must also ensure that we plan to train more doctors and nurses and to have them coming on stream in time.

My final point, which is about HCI, relates to a different category from some of the other figures that we have heard about. HCI is a solid new hospital provision for the NHS. It represents a bargain offer that allows us to deal immediately with waiting list and waiting time difficulties without attacking other health service resources. We can

look forward to the use of the mothballed facilities at HCI with a view to the creation of a centre of excellence, which will be of great use.

Let us not become too obsessed with statistics; let us consider what happens on the ground and the practical ways in which that can be improved. There has been an absence of suggestions about that from the Opposition.

16:31

Fiona Hyslop (Lothians) (SNP): It is the job of the Opposition to hold the Executive to account. Members should recognise that the debate is a result of pressure from the SNP. It is the job of Government to take responsibility. I do not want the Minister for Health and Community Care to abdicate his responsibility. He should consider the abolition of deferred waiting lists.

As recently as last week's First Minister's question time, Jack McConnell insisted that everything was fine in the NHS in Scotland. This week, Audit Scotland has proved him wrong. I will reprise some of the recent history of the health service in the Lothians. I remind members that the debate is not simply about statistics—it is about people.

A young constituent of mine, who had been the subject of sexual abuse, was initially denied assessment because the child mental health list in the Lothians was closed. In West Lothian, general practitioners have had to close their patient lists and people have had problems accessing their GPs. Waiting times are calculated from the time that patients are referred by a GP; if there is difficulty in seeing a GP in the first place, that adds to the wait. In West Lothian, waiting times are seven days longer than they were in June 1998. Another constituent of mine who required investigative surgery for breast cancer had her operation at St John's hospital at Howden cancelled because no sterilised instruments could be provided from Edinburgh royal infirmary.

Such problems arise not through lack of commitment on the part of NHS staff, but because the staff do not have the required policy and resources to deliver. We should pay tribute to those who have busted a gut and worked weekends to get the waiting lists to their present level. However, that is not sustainable.

We found out recently that hospital trusts in Lothian NHS Board have had to cut back their operating budgets. The 1 per cent strategic change deduction is to pay for the private finance initiative at the new Edinburgh royal infirmary, which has fewer beds than it needs and fewer beds than the old royal infirmary. Other NHS services are suffering because of the expense of the PFI project. It is no wonder that the chair of

Lothian NHS Board consistently cancels the meetings that I arrange to discuss those matters.

I want to focus on some of the waiting list information. On 7 February, under SNP questioning, the First Minister admitted that waiting lists in West Lothian were being fiddled. He said that gastroenterology had been reclassified, which had helped. It has helped only because the aim of the tick-box culture is to meet targets. We cannot have public services that are led by a tick-box culture—they must be led by patient care.

Page 35 of the Audit Scotland report refers to the fiddles in West Lothian. It states:

“West Lothian Trust has incorrectly used the deferred list for patients waiting for treatments of low clinical priority”.

In the quarter ending in March of this year, 29 per cent of waiting patients in West Lothian were on deferred waiting lists. That is the second highest figure in the country.

I referred to the 1 per cent cut that is happening throughout Lothian because of the new Edinburgh royal infirmary.

Bristow Muldoon (Livingston) (Lab): Will the member give way?

Fiona Hyslop: Sorry.

West Lothian Healthcare NHS Trust has a £5.6 million deficit. How does that relate to how we will cut waiting lists and waiting times? There is a problem in West Lothian with recruiting and retaining consultants. Staff are needed to ensure that operations can be done at their assigned time. There is also a more immediate problem. One would think that we would want to keep hospital wards open and hospital beds in operation. Why, then, did the trust management team only last week, when considering its long-term financial recovery plan to deal with its £5 million deficit, say:

“The Trust Management team will recall they previously considered the bed utilisation option appraisal and agreed, in principle, to pursue the Ward 19 closure.”

Ward 19 is the ear, nose and throat ward. The trust management team went on to say:

“This action remains an integral element of the Trust long term financial recovery plan, consequently colleagues are asked to re-endorse the principle and agree that the proposal be implemented as soon as possible.”

How can we close wards but keep beds open and meet the minister's targets on waiting times and waiting lists? Those targets cannot be met if wards are being closed. Why is the ENT ward in West Lothian being closed, not to meet policy resources for patient care, but to meet a long-term recovery plan for a £5 million pound deficit at the same time as we are paying for the PFI—which the Tories put in place?

16:36

Donald Gorrie (Central Scotland) (LD): I endorse what my colleague Robert Brown said about statistics. Obviously we need statistics and we should collect them, and they should be as good as possible. However, the vital thing is that we should not believe them. There should be a ten commandments for incoming members, one of which should be, “Thou shalt not believe any official statistics.” That is not a party point, but a factual point. The most extreme case that I met was when I was seeking to get a pedestrian crossing on a road that I had travelled hundreds of times. The official figures for the average speed of cars referred to car speeds that were slower than any I had ever seen. The whole thing was rubbish.

Many official statistics are rubbish. I am sure that we could all give examples of individuals telling us that they are going to have their operation in 14 or 15 months' time, which is unacceptable. The Executive deserves credit for asking Audit Scotland to look into that matter. Audit Scotland did so and found various anomalies that the Executive is trying to put right. That is good, open government for which the Executive deserves due credit.

I would like to reaffirm points that have been made by colleagues about the importance of hospital-acquired infection, which is a destructive problem. According to the statistics of a commercial pressure group—which are also probably wrong—HAI causes more occupied beds than delayed discharge. I endorse the point that was made by Robert Brown about the importance of preventive and social medicine and of not just chopping off people's limbs.

The pressure within the health service tends to be on the high-technology people, the very skilled professors of this and that, who want the latest machines to do good things with. However, all the pressure goes in that direction rather than to GPs, trying to improve people's housing, sport, or whatever it might be.

Despite some good efforts by the Executive, there still seems to be a bit of a muddle over the funding of residential accommodation. There are still charitable bodies—not profit-seeking bodies—that cannot balance the books in running residential accommodation and have to close. That is unacceptable.

We could make more progress if there was a person, or a small group of people, whose job was to ensure liaison between health bodies and councils; they could go round the country beating people's heads together. There is still a problem in getting the two sides together and achieving the best result for our money. At the moment, people can blame each other.

We face a philosophical problem. On the one hand, we do not want to interfere in the day-to-day management of health activities—the professionals should get on with it and do it as well as they can. On the other hand, they are accountable to the public, as are we, and we have to have an effective way of ensuring that they show that they are delivering with the money that they are allocated. In this and other debates, many members have repeated the truism that merely throwing money at a problem is not the answer and that what matters is how the money is spent. We have to work out a system by which, without unduly interfering with the management, we can measure outputs in order to get health boards to prove that they are using the money well. I hope that the minister will develop that thinking.

16:40

Ben Wallace (North-East Scotland) (Con): We were promised that this year would be the great year of delivery, when Labour's promises would finally make an impact on the patients and the users of the NHS. That has certainly happened because, for all the billions of pounds—I stress that we are talking about billions—that have been spent, the Executive has not only failed to cut the number of people who are waiting, but has failed to raise the number of people who are being treated or to treat them in a shorter time. That is not delivery; it is more like reckless dereliction of duty.

The statistics speak for themselves, but I will not go into them as we have heard them from the Opposition speakers throughout the afternoon. The fact is that, after many years in government, the Scottish Executive's targets are merely where the Conservatives left off. That shows what a failure Malcolm Chisholm's policies are. If members do not want to take my word for it, they should take the word of Alan Milburn, who has reputedly urged the Scottish Executive to modernise as well.

Today's debate has focused on two areas, the first of which is the purchase of the HCI hospital in Glasgow. I cannot deny that £37.5 million for a new hospital is a good buy for anyone, but I must point out that the purchase is not the result of a progressive, well-planned health care policy but is a car-boot sale panic buy to accompany Mr Chisholm's many task forces and working groups. Against the background of the hundreds of priorities that Mr Chisholm's department seems to have, that is understandable. In fact, I would be grateful if Mr McAveety, when he sums up, could tell us what areas of the Scottish Executive's health policy are not priorities, as that would allow us to know who will not be disappointed.

The other half of the debate focused on the

Auditor General's review of waiting lists in Scotland. The report assures us that there has been no deliberate attempt to manipulate the waiting lists, but how would the Auditor General know that, when the only people he asked were the management in the trusts? Following that logic, I am sure that we will all go and ask Ronnie Biggs whether he robbed the train.

The report talked about the growing size of the deferred waiting list. That list is beginning to resemble a list of the disappeared from some far-off country. Month after month, patients pour in with no hope of a return to Government waiting list targets. However, what is interesting in the Auditor General's report is the list of people who are excluded from the definition of deferred treatment. As well as patients who cannot make appointments because of holidays or other personal events, admissions that were cancelled for non-medical reasons such as a lack of staff, beds or facilities are excluded. That is why the Scottish Executive's reassurances do not stand up.

In March, 2,000 patients were moved under code 9 exemptions from the waiting list to the deferred waiting list. A code 9 exemption is described in the patients charter as being to do with

"Exceptional strain on the NHS such as major disaster, a major epidemic or an outbreak of infection, or service disruption by industrial action".

A code 9 exemption does not apply to patients who choose to move their treatment or who are unwell at the time of admittance. That means that we are being told that, in March, 2,000 people went from one waiting list to another not because they asked to go on holiday or were too ill to receive the treatment, but because the NHS was suffering from a major disaster, a major epidemic or a massive bout of industrial action. I cannot recall those things happening in March, but I can recall a movement in Government targets.

Of course, information on code 9 exemptions is not published, but I have got hold of some. It shows that, of those 2,000 people, 410 had been waiting for more than 12 months. We all remember the First Minister's assurances to the leader of the SNP that no one had been waiting for more than 12 months, but in the past year 1,200 people have moved, under a code 9 exemption, from the true waiting list to the deferred waiting list because they have been waiting for more than 12 months. There are people waiting who want treatment, are available for treatment and have been moved by the NHS and the Scottish Executive. That is a fiddle. It is a lie. It is letting down those who expect a better service for their billions. It is a betrayal.

Let us examine Mr Chisholm's brass-necked points, as they are important. First, it was the

Conservatives who introduced the patients charter and the waiting guarantee, not Mr Chisholm and not his party. Of the eight PFI-funded hospitals that Mr Chisholm claims for himself, six were built under the Conservative party. Mr Chisholm said that nine months was a totally unacceptable waiting time for a heart bypass when the Conservatives were in power. He is not even getting close to that.

Brian Fitzpatrick's points were the usual rubbish. Mr Milburn should hang on: Mr Fitzpatrick says that it is a matter of ideology.

Malcolm Chisholm: Will Ben Wallace give way?

Ben Wallace: No, I must sum up.

Mr Milburn has continued fund holding, continued private concordats and expanded the involvement of private foreign companies and PFI. Whose ideology is that?

We must also wait for Mr Fitzpatrick to resign. I think that, when he was a candidate for the Parliament, he pledged that he would resign if the secure unit at Stobhill went ahead. We will hold him to that.

All that the Labour Executive knows how to do is to fiddle and throw good money after bad. It has no idea how to run the NHS, least of all how to save it within 48 hours.

Malcolm Chisholm: On a point of order, Presiding Officer. The code 9 patients were removed from the waiting lists for tonsillectomies for very good reasons on the advice of the chief medical officer.

The Deputy Presiding Officer (Mr Murray Tosh): That is not a point of order, but it is now in the *Official Report*.

16:47

Shona Robison (North-East Scotland) (SNP): The debate on waiting—

Phil Gallie (South of Scotland) (Con): On a point of order, Presiding Officer. Is it not inappropriate for a senior minister to make such an inaccurate point of order? Perhaps mere back benchers can make mistakes with points of order, but for a senior minister to make such a point was inappropriate.

The Deputy Presiding Officer: The minister possibly learned from you in that respect, Mr Gallie. I would like to get on with the debate, as we are running slightly behind the clock.

Shona Robison: The debate on waiting times is well timed indeed, in the light of the shenanigans that were revealed by the Audit Scotland report, to which many members have referred. That report

was produced only after the SNP—in particular, John Swinney—pursued the matter at First Minister's questions. The report was not produced, as Margaret Smith would like to think, out of the goodness of Jack McConnell's heart. We pursued it and dragged it kicking and screaming out of the Executive, as all members know.

The SNP welcomes the new waiting time targets that the minister announced today. However, the reality is that waiting times are going up. There has been an increase of 20 days in median waiting times. The minister has a long way to go—if he can be bothered to listen. Audit Scotland has revealed that many patients are waiting more than 12 months for treatment. That is a clear breach of the 12-month guarantee. Why should the public trust the Government when it announces a new six-month target wait if it cannot even meet the 12-month target? That will hardly instil public confidence.

The Audit Scotland report revealed a large number of inconsistencies and irregularities, to which many members have referred. The management of waiting lists has been found to be very inconsistent throughout Scotland. Frankly, for the Executive to claim no responsibility is unbelievable, because a culture has been created that encourages hospitals to find ways of keeping down their waiting lists no matter what. That culture has led directly to the deferred waiting list, which has been used to siphon off 25,000 patients from the true waiting lists so that they can disappear from the headline waiting list figures. To say anything other than that is unbelievable and no one believes it.

Audit Scotland could find no rationale for deferred waiting lists. What more evidence is required in order for deferred waiting lists to be abolished? We do not need another inquiry; we need deferred waiting lists to be abolished.

Malcolm Chisholm: The difference between the SNP and the Scottish Executive is that we accept the Audit Scotland report and its detail in full. The report says that the ISD should conduct a review of the rationale of deferred waiting lists. That is precisely what we will get the ISD to do.

Shona Robison: The difference is that the SNP believes in action rather than words—and action today. That is the difference between this party and Malcolm Chisholm's party. It is not just the SNP, but the BMA that has said that 25,000 hidden patients are included on the deferred waiting list. If those patients were included on the true waiting lists, the Government's targets would not be being met, despite the Executive's claims to the contrary.

It is time for action on a number of fronts. It is time for the deferred waiting lists to be abolished,

and that should be done today, not next week or next month. It is time for patients at all stages to receive a waiting time guarantee. What is the problem with that? Why does that pose the Executive so much difficulty? It is also time for an independent health inspectorate to be established to protect patients' interests from Government interference, which has been so clearly demonstrated by the Executive.

Delayed discharge remains a huge, long-term problem, which must be addressed so that people receive the appropriate care in the appropriate setting and in order for the capacity of the NHS to be extended. I hope that the figures that are due out will show progress. However, one trust chief executive told me last week, "The system is silting up as bad as ever." I hope that it is not silting up, because that means that the 3,000 people who are trapped in inappropriate hospital wards continue to be trapped there. That is a tragedy.

The Administration is on very shaky ground when it comes to waiting times and waiting lists. It has lost the public's trust on waiting times and waiting lists. The public do not believe a word that the Executive says on waiting times. We need a health system that is free from political interference, in which the public can have full confidence. We will wait forever for that under the present Administration, and it is time that it gave way to a Government that will put the public interest before Government interference.

16:53

The Deputy Minister for Health and Community Care (Mr Frank McAveety): I thank Shona Robison for building up to such an anticlimax. What is missing from the debate is a recognition that the Executive is putting more money from its resource base than ever before into the Scottish health service. In addition, when we have been faced with challenging responsibilities, Malcolm Chisholm has intervened and taken action on a whole series of matters. In most cases, those actions were opposed in a curmudgeonly fashion by the SNP, with their development not even recognised as credible.

Since last week, when we learned of a wonderful opportunity in the form of the acquisition of a hospital, the SNP has been trying to come up with an attack, once more turning the debate into a cross-border dispute about whom we treat within a hospital facility in Scotland, rather than recognising that the centrality of our contribution has been to tackle much of what SNP members have been talking about this afternoon. The difference is that—unlike what Shona Robison said—we are delivering on many of the key issues. We are not pontificating on them from the sidelines, which the SNP will be condemned to do

in the future.

After three years in the Parliament so far—

Nicola Sturgeon: Will the minister give way?

Mr McAveety: Let me continue, so that I can enlighten Nicola Sturgeon. For three years, the Opposition—the SNP in particular—has said that we should be focusing on waiting times. The SNP has one window of opportunity on one partial aspect of waiting lists and it tries to make a major issue of it without recognising that, even according to the Auditor General for Scotland—an independent person, contrary to the systematic allusion to a crony, which appears to be what Tricia Marwick suggested he is—there is clearly no way in which there has been political interference with the waiting lists.

Tricia Marwick: Will the minister give way on that point?

Mr McAveety: I am happy for Patricia to enlighten us once more as to what she was really trying to say about Bob Black.

Tricia Marwick: I thank the minister for giving me my Sunday name, yet again. He knows full well that I was making no reference to Bob Black and that I never suggested that Audit Scotland is not independent. I was referring to the Labour cronies that the Executive has stuffed on health boards and NHS trusts the length and breadth of Scotland. They are the ones who know what the Executive wants to be done.

Mr McAveety: Sophistry is a wonderful word—the member should look it up.

As we are not casting aspersions on Bob Black—I thank Patricia for that clarification—let me remind members what he says on page 5 of the Audit Scotland report:

"Audit Scotland found no evidence"—

I will repeat that for the benefit of the hard of hearing—

"Audit Scotland found no evidence of systematic or deliberate irregularities in the management of waiting lists. However, we found some inconsistencies across Scotland in the administration of waiting lists and the application of central guidance on recording waiting list information".

That is exactly what Malcolm Chisholm said that he will take action on. He will wait for the review by the information and statistics division of the Common Services Agency.

In the concluding part of the report, under the heading "Conclusions", we are told again:

"Audit Scotland found no evidence of systematic or deliberate irregularities in the management of waiting lists."

I emphasise that because the SNP failed to recognise that conclusion, choosing instead to focus on minor matters in the report that the

minister is willing to address.

Nicola Sturgeon: I am offering two constructive suggestions. If the minister takes responsibility and accepts those suggestions, we can remove the suspicion of fiddling once and for all. First, we should abolish the deferred waiting list and have one waiting list. Secondly, we should give all patients a maximum waiting time guarantee. Then there would be no suspicion that, if patients were reclassified, it was only to take them out of that guarantee and to make a failing Government look slightly better.

Mr McAveety: The minister has stated what he wishes to take from the full report. The report also recommends that a review should be undertaken before we can make the decisions that Nicola Sturgeon is asking us to make. That is right and proper. If SNP members do not think that that is a right and proper way for a Government to handle the situation, that is why they will never be in government in Scotland. That is the difference between them and Malcolm Chisholm.

I have done some research on the definition of deferred waiting lists. There have been no changes at all in the definition of deferred waiting lists since they began—I hope that Nicola Sturgeon heard me properly. De facto, that means that there has been no political interference in the definition of deferred waiting lists, although that was the very—

Nicola Sturgeon: Will the minister give way on that point?

Mr McAveety: Sorry. I have heard enough this afternoon.

That is the charge that the SNP has peddled in the newspapers for the past few weeks.

I want to address the bigger picture. Many members raised issues about the decision on deferred waiting lists. As I have said before—and Malcolm Chisholm reiterated this—some folk would prefer to stay on a deferred waiting list because that would be more convenient for them. We asked for the review, contrary to what we have heard this afternoon from what I would colloquially call the John Swinney fan club, which has tried to claim that John Swinney made that demand. The First Minister said that he was happy to undergo the scrutiny of the report. We are accepting the report in its totality and we want to make further recommendations.

Mary Scanlon: I appreciate the minister's efforts to clarify the situation regarding the deferred waiting list. If the definition has not changed, why are fewer than 15 per cent of patients on the waiting list in Tayside on the deferred list, whereas more than 30 per cent of patients in the NHS trusts in the north and south of Glasgow are on the

deferred list? If the definition is the same throughout Scotland, should the percentage not be the same throughout Scotland?

Mr McAveety: Mary Scanlon makes a valid point. Malcolm Chisholm wants to take part in the review to try to identify ways in which such anomalies can be addressed.

Many members have asked whether there are plans to address concerns about waiting times in the areas that they represent. Cathy Peattie identified an issue in relation to Forth Valley NHS Board. The national waiting times unit discussed that issue with the board last month and I have agreed an action plan with the board, which will address the longest waiters, not just in orthopaedics but in all specialties.

I want to spend the remainder of my speech on an issue that is of critical importance—delayed discharge. Last Friday, I was delighted to announce the release of the outstanding resources to address the action plans that have been put forward by NHS boards and local authorities during the past few months. That money will be put into the system to ensure that the system is integrated and is able to deliver a package that includes early intervention. Early intervention will mean that people do not spend too long in hospitals with the result that they cannot be found places outside hospitals that would suit their care. We injected a large additional resource of £20 million precisely to address those issues. I am glad that that injection of funding has received widespread support throughout the Parliament.

We must consider how we deliver a much more effective strategy that will tackle the charges that have been made by the main Opposition party. Unlike the SNP, I do not want there to be too many hospitals or too many beds across Scotland. I want a health service that supports a strategy of delivering much more effective health care in localities.

Much of the critique on bed numbers has focused on clinical changes rather than on the financial arrangements for the development of hospitals. Different strategies through local health services and health centre provision and the intervention at an early stage of other players within the health field are key elements of the debate about health in Scotland. That is why we should reject the SNP's narrow and nationalist sectarian perspective on the use of HCI. We must fulfil our outstanding commitments to patients. Unlike the SNP, we were delighted to welcome the acquisition of HCI for the public sector. We will take up the issue of delivering on waiting times and we will make a difference in Scotland.

In conclusion, the health team and I are happy to be judged on delivering for the people of Scotland. That is why the Scottish people put their trust in us rather than in the SNP.

Decision Time

17:02

The Presiding Officer (Sir David Steel): There are four questions to be put as a result of today's business. I am being gestured at to speak up, but if members would be quiet, they might be able to hear.

The first question is, that motion S1M-3209, in the name of Iain Smith, that the University of St Andrews (Postgraduate Medical Degrees) Bill be passed, be agreed to.

Motion agreed to.

That the Parliament agrees that the University of St Andrews (Postgraduate Medical Degrees) Bill be passed.

The Presiding Officer: The second question is, that amendment S1M-3248.1, in the name of Nicola Sturgeon, which seeks to amend motion S1M-3248, in the name of Malcolm Chisholm, on action on waiting and delayed discharge, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Campbell, Colin (West of Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 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)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (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)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 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, 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)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 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)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)

Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 27, Against 80, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The third question is, that amendment S1M-3248.2, in the name of Mary Scanlon, which seeks to amend motion S1M-3248, in the name of Malcolm Chisholm, on action on waiting and delayed discharge, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (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

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, 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)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)

McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 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)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)

ABSTENTIONS

Adam, Brian (North-East Scotland) (SNP)
 Campbell, Colin (West of Scotland) (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)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (SNP)
 Matheson, Michael (Central Scotland) (SNP)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 16, Against 66, Abstentions 25.

Amendment disagreed to.

The Presiding Officer: The last question is, that motion S1M-3248, in the name of Malcolm Chisholm, on action on waiting and delayed

discharge, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 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)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gillon, Karen (Clydesdale) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, 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)
 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)
 Matheson, Michael (Central Scotland) (SNP)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North-East Fife) (LD)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Thomson, Elaine (Aberdeen North) (Lab)

Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)

AGAINST

Canavan, Dennis (Falkirk West)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North-East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Mundell, David (South of Scotland) (Con)
 Quinan, Mr Lloyd (West of Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

Adam, Brian (North-East Scotland) (SNP)
 Campbell, Colin (West of Scotland) (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)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Marwick, Tricia (Mid Scotland and Fife) (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)
 Russell, Michael (South of Scotland) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 65, Against 18, Abstentions 24.

Motion agreed to.

That the Parliament applauds the outstanding commitment and work of NHS staff in delivering reductions in waiting lists and the longest waiting times; recognises that more needs to be done, particularly for those patients experiencing the longest waits; welcomes the work of the National Waiting Times Unit and the proposed use of HCI as a national waiting times centre; notes the outcome of the Audit Scotland report on the management of waiting lists and that the Health Department will be working with others to implement its recommendations, and supports vigorous action on a range of fronts to reduce waiting times and the delays experienced by patients awaiting discharge from hospital.

Loan Sharks

The Deputy Presiding Officer (Mr George Reid): The final item of business is a members' business debate on motion S1M-3173, in the name of Trish Godman, on loan sharks. The debate will be concluded without any question being put.

Motion debated,

That the Parliament commends the excellent initiative of the *Daily Record* to name and shame the "loan sharks" who prey on vulnerable people living in poverty throughout Scotland; agrees with the newspaper that Scotland must not be a country where it is a crime to be poor and where loan sharks obtain huge profits out of other people's precarious financial circumstances, and is of the firm view that the Parliament, in close partnership with the UK Parliament, the police and other appropriate public agencies, must take decisive action to drive these predators out of their sordid "business" in the interests of their victims and victims' families.

17:08

Trish Godman (West Renfrewshire) (Lab): First, I thank the *Daily Record* for its remarkable campaign to expose the squalid activities of loan sharks in poor communities throughout Scotland. I am also heartened by the promise of George Foulkes MP to ensure that a bill in Westminster will do something about the exorbitant interest rates that loan sharks charge. We need to work in partnership on that task.

Everyone in the Parliament knows that poverty is still widespread in Scotland. We see clear evidence of that in our surgeries and in the letters that we receive. Starting with this debate, we have an opportunity to do something about it. We have a duty to help to shape and lead public opinion—that is why we are here. We must rid our nation of the disgraceful notion that the poor will always be with us. We must change public opinion and we must change the environment of debt and poverty to one of civil rights and empowerment.

The problem is not only the huge interest rates but the horror stories that we hear when constituents fail to meet a payment. As a social worker in Glasgow, I saw for myself the misery that is caused when these sharks pursue unpaid debt. In the worst cases, I have known people to be admitted to hospital because they were suffering from depression and talking of suicide. On three occasions, I remember parents coming to me to ask that their children be taken into care because they were so terrified of what the loan sharks would do.

In today's debate, I offer some ideas about what can be done. All of us have a duty to ensure that everyone gets access to the social security and

housing benefits to which they are entitled. Welfare rights officers, citizens advice bureaux and independent advice centres play a vital role, but they need stronger backing from the Parliament. Although we are able to assist in our surgeries, we have our limitations, so we must work as closely as we can with the professionals.

We must also ensure that financial services are properly regulated. Although it is already illegal for loan sharks to hold benefit books that belong to their clients—or should I say victims—more must be done to protect individuals' rights. The citizen must be given more protection in his or her dealings with moneylenders of all kinds.

The police deserve our support and encouragement to treat debts and the actions of loan sharks more vigorously. When I first entered politics, cases of domestic violence and racism prompted some police forces to say, "It's nothing to do with us." That is not the case today and it should not be the case as far as loan sharks are concerned. The police should be encouraged to intervene in the case of loan sharks and those who prey on vulnerable citizens. They know who they are in local communities.

Credit unions form the strongest defence that we have against loan sharks. Although community-based credit unions have a powerful and positive history of service in disadvantaged communities, they need our further legislative and financial support. The Executive must be congratulated on allocating £1.5 million to credit unions and, with the demise of poindings and warrant sales, £3 million to advice centres across the country. However, access to European Union funding has been slightly problematic, and I ask the minister to pursue a resolution to that issue in the very near future.

On Monday, I visited the Port Glasgow Credit Union. Although Port Glasgow has not been immune to the collapse of traditional industries, its credit union still has more than 2,000 members. It is doing a great job. I was also delighted to learn that the Johnstone Credit Union is to create more branches in my constituency, which can only be good news. We might not associate areas such as Bridge of Weir, Howwood, Kilbarchan and Houston with credit unions, but the need exists in those areas.

We should also consider one-stop shops where local people in need could obtain local government, Scottish Parliament and central Government services. Although that suggestion might sound fanciful to some, it might help vulnerable people.

We hear a lot of talk in the chamber about regeneration strategies, social inclusion and neighbourhood redevelopment. However, personal

debt issues rarely feature in such plans as clearly as they should and must take their rightful place in the range of solutions that we offer to such problems.

Education is often the solution that we rightly apply to deeply rooted social problems. However, certain practical programmes ought to be woven into the curriculum to help young people to understand issues such as money, debt, benefits, credit and how to handle resources. Too often, the woman of the house is left to learn by her own wits how to balance the budget; too often, the mother goes hungry so that her children might be fed while the man gets his pint. That situation must change.

Although the Parliament is good at the rhetoric of partnership, the question is how we bring in important players to tackle problems at a local level. Where are the bankers, small business people, the trade unions, the voluntary and community organisations on the issues of debt and loan sharks? We must create structures that will allow them to engage constructively to ensure that we eliminate the cancer of crippling personal debt. For example, in Australia, central Government, local government and the kind of people and bodies I have mentioned sit round a table, discuss how people get into debt and reach decisions about how those people should manage it.

Loan sharks are a scourge in our communities. However, as long as people experience grinding poverty and harsh debt, such predators will always find a profitable market for their iniquitous practices. Because loan sharks prosper amid poverty, there are no easy answers. We will have to eradicate poverty in order to eliminate them.

That means a long haul for legislators, the police, banks, credit unions, trade unions, voluntary organisations and others. We have to seek a better, more tolerable country for those who are ensnared by loan sharks. In the 21st century, the poor need not always be with us.

17:15

Mr Kenneth Gibson (Glasgow) (SNP): I warmly congratulate Trish Godman on securing today's debate. Unusually for a nationalist MSP, I congratulate the *Daily Record* on its excellent campaign to expose the vile people who loan-shark at the expense of poor and vulnerable people in our communities.

The *Daily Record* campaign has exposed how widespread loan-sharking is and I share its determination to root out such people from our society. I am talking about people such as Rab Donnelly of Pennilee in Glasgow, who was today exposed as charging 25 per cent interest per

week, and Patrick Martin of Whitfield in Dundee, who charges 50 per cent interest per week and who—illegally—takes the benefit books of those who owe him money and collects the payments himself. Then there are the so-called “Brothers Grim”, David, Douglas and Henry Moodie, who charge a crippling 1,000 per cent rate of interest. One of their customers—for want of a better word—sadly killed himself due to his horrendous financial plight and the continuous threat of violence when he could not pay.

Loan sharks are brutal, blood-sucking parasites who should be allowed to prey no more. The police must investigate every case that the *Daily Record* exposes. Loan sharks and their acolytes cannot be allowed to use violence and threats to exploit those who have nowhere else to turn. Victims of loan sharks and those who know of their activities must be encouraged to come forward and report those crooks so that the full force of the law can be brought to bear on them.

There are victims such as Helen, a 28-year-old mother who had no access to credit and who borrowed to buy Christmas presents. There are victims such as Billy, who is an alcoholic who hands over his giro in exchange for just enough money to get drunk every day.

What should be done? First, support mechanisms must be established to reduce the financial exclusion for the 700,000 Scots who have no bank account or access to proper financial advice. Examples of such mechanisms include the establishment of credit unions that Trish Godman talked about in some detail; the £3 million to provide an extra 75 money advisers; and the national debt helpline. Both the latter are warmly welcome. Secondly, action against the sharks is vital—the full weight of the law must be brought to bear on illegal moneylenders.

Thirdly, we must ensure that benefits are maximised and we must introduce legislation to cap excessive interest rates and to eliminate irresponsible lending by companies that have no intention of seeing the debt paid off but want to keep people in debt for ever and a day.

As I told the Social Justice Committee last week, I was recently offered a credit card with a £10,000 limit, which was great. I was told that I would have to pay only £5 per month, plus the interest. If I had borrowed that money and followed that advice, it would have taken more than 160 years to pay off the debt. It is quite clear that even “reputable” companies are lending irresponsibly, particularly to people such as me, who might not be here this time next year.

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): Aw. We will miss you.

Mr Gibson: I knew that Brian Fitzpatrick would be heartbroken—he is deeply concerned about my interests.

It is unfortunate that the Consumer Credit Act 1974 is a reserved matter and that we must rely on our Westminster colleagues. Nevertheless, it is important that the Scottish Parliament does all that it can to eliminate the scourge that is loan sharks. I look forward to the minister's response to the debate. We must tackle poverty if we are to eliminate this scourge. The disease is poverty; we should treat it as well as the symptoms.

17:18

Phil Gallie (South of Scotland) (Con): I congratulate Trish Godman. I was pleased to sign her motion. I add to that by saying that I am pleased to identify myself with the words that she used to address the motion. Her words were sensitive, practical, acknowledged the problems and suggested means through which to address the problem. I had a little difficulty when she mentioned George Foulkes, but if he is thinking along the same lines as her, I will go along with him on this occasion.

On a slightly amusing note, I competed with Jamie McGrigor to speak in the debate. He was telling me all about sharks of a different variety. They operate in the murky, deep waters of the oceans and they prey on the lesser and poorer species, and on the smaller and more vulnerable species. That is a comparison and an element of identification that Jamie McGrigor might have wanted to point out had he been here.

I want to comment on the *Daily Record*. I say to Kenny Gibson that if it is unusual for an SNP man to praise the *Daily Record*, it is even more unusual for a Tory to do so, but I go along with its policy of naming and shaming. Perhaps after it has achieved some success with this topic it could address other issues, such as the young thugs in our society. In particular, it could deal with drug dealers, the naming and shaming of whom might go down well with the public at large.

My fear is that the debt problem is expanding. Trish Godman talked about Glasgow and Kenny Gibson's comments tended to centre on the cities. We tend to think that that is where the problem is, but when we examine the debt situation, we see that the problem is not just loan sharks; massive personal debt is building up in this country. The problem could well extend beyond the traditionally deprived areas, where desperate people seek out those who will lend them money in the short term. Once they have taken a loan, what happens? We see bullying and fear, and people at the extremities of desperation. We must attack that situation. People grasp at straws, but when they

do so they find that the straws come with shackles, which drag them down to deeper levels of desperation.

I am well aware of the involvement of credit unions. I visited a credit union at the John Pollock Centre in north Ayr, which does a tremendous job. It extends itself to those who have little hope and opportunity. I found that its clientele, desperate though they are, have a tremendous record of meeting their dues to the credit union. Therein lies an answer. Apart from using judicial means to attack loan sharks, I suggest to desperate individuals that links with their local credit unions can be more than beneficial.

17:22

Donald Gorrie (Central Scotland) (LD): When I said at the Liberal Democrats group meeting that I was particularly keen to speak in the debate about loan sharks, some of my rural colleagues became afraid that I was making a bid to be the fisheries spokesman. However, I assured them that I was not.

Like other members, I have come across loan sharks in different areas. That is disturbing, as members have recounted well. I will deal with one or two related points. More money is now available for advice, but it is important that the minister ensure that the right amount of money goes to citizens advice bureaux. Some councils tend to put the money into their own advice services, rather than citizens advice bureaux, which are more highly regarded by the public and are seen as independent. Many people do not suffer only from multiple debt and they do not need only debt counselling to sort things out. Citizens advice bureaux deal with issues other than debt, and can try to sort out the underlying issues that have contributed to a person getting into debt.

Like other members, I strongly support credit unions. Members might not be aware that we are eligible to join a credit union that covers all public employees in and around Edinburgh. I suggest that we would be putting our money where our mouths are if members made token contributions to the credit union.

We must make a serious effort with the banks. Very respectable banks make very unrespectable efforts to get people who should not borrow money to do so. Such banks are evil in the way in which they conduct their affairs—they press people into debt with a great come-on and then turn the screws on them when they get into debt. That is not the same issue as loan sharks, but it is related. One of the downsides of a capitalist economy is that people are encouraged to get into debt. It would be a good thing if the Executive or the Parliament could do something that would shame the banks into behaving themselves.

As other members said, poverty is fundamental. I respectfully ask Labour members to put pressure on their Westminster colleagues to pursue that issue. One good thing that Malcolm Chisholm did was resign as a UK minister when he felt that single parents were being dealt with unfairly. We cannot deal directly with benefits or pensions, but the issue is important. We must persuade our brethren at Westminster and Whitehall to do something about the problem.

We could do more to encourage schools to teach budgeting to young people. For many young people, mismanagement of their money, rather than insufficient money, causes trouble. Some people do not have enough money, but many simply mismanage it. Budgeting could usefully be taught in schools. It would be good for their arithmetic and for all sorts of things if young people learned to budget properly.

17:26

Elaine Smith (Coatbridge and Chryston) (Lab): I, too, congratulate Trish Godman on securing the debate, which is on an important subject. I also congratulate the *Daily Record* on its campaign. I do not imagine that many members have experienced the entrapment, desperation and fear of being in debt to a loan shark, but they might be aware from constituents' experiences of the horror of such situations.

Having borrowed money, people soon realise that they will never pay off debt because of the high rate of interest that the lender has imposed. That is when despair sets in. Many people in Scotland might seem to have no other choice. They cannot access the financial services that many of us take for granted and, as other members said, many of those people do not have bank accounts. A parent might feel forced to borrow money to buy Christmas presents or to take their kids on a wee holiday, or to buy shoes and trainers that have an accepted recognisable label, so that their kids do not stand out from their pals as being different and suffer the stigma that can accompany that.

Another reason why people borrow money from loan sharks is to join pyramid schemes, which are promoted as an easy way of getting rich quick; they, too, have recently been highlighted by the *Daily Record*. Women who live in poverty can be particularly vulnerable to the promotion of such scams, which thrive on deceit and false promises. A recent rather scary scheme, which the *Daily Record* highlighted, was aimed at women.

Why do people fall for such scams? People who live in poverty, just like people who do not live in poverty, have dreams. Their dreams might involve a nice house, a car, holidays, clothes and toys for

their children. Their dream might be just to escape from poverty and deprivation and from prejudice and discrimination. Such schemes prey on people's dreams and aspirations.

Of course, not only loan sharks cause debt problems. Other kinds of money lending, such as hire purchase, doorstep lending and some debt-management company schemes penalise the poor. That has been mentioned and highlighted with examples from citizens advice bureaux. It is obvious that action needs to be taken to deal with the problems that are associated with such lending, although I understand that much of that is reserved to Westminster.

As Trish Godman said, an alternative method of borrowing is supplied by credit unions, which provide affordable and manageable credit for many individuals and families. Like other members, I congratulate the credit unions and the volunteers who work for them on their commitment to the movement and to their local communities. At present, only a small number of the population are members of credit unions, but the Scottish Executive's recent welcome investment in credit unions should make a difference to that figure, by raising the profile of credit unions and encouraging more people to volunteer in their communities. I commend the Executive for its commitment to credit unions.

A couple of weeks ago, during volunteers week, I visited Kirklands Credit Union Ltd in my constituency. I experienced at first hand the work that it does and the invaluable contribution that a credit union makes to its community.

As Trish Godman implies in her motion, we should name and shame loan sharks, as the *Daily Record* does, and we should try to drive them out of the communities where they peddle their evil trade. As part of our commitment to fighting poverty and deprivation, we should also ensure that people know about alternative sources from which they can borrow money, if they must borrow money. Those sources provide realistic methods and times for repayment and do not lead to the fear and desperation that loan sharks create.

17:30

Tommy Sheridan (Glasgow) (SSP): I will take up the theme on which Elaine Smith finished, but before I do that I want to congratulate Trish Godman on securing the debate and for covering some important issues in her speech. It is vital that we take a holistic approach to the problem. We need to recognise that loan sharks are a product of poverty. The unfortunate fact is that loan sharks exist to provide an unsavoury service, which they provide because of the dire straits in which so many people in our communities find themselves.

Credit from loan sharks is often the easiest source of credit for people in those communities.

Although I congratulate Trish Godman for raising this important issue, rather than congratulate the *Daily Record*, I issue to it a challenge. The *Daily Record* provides advertising space to the legal but irresponsible credit agencies that are to be found day in, day out on the pages of papers like the *Daily Record*. Whether we like it or not, those agencies charge equally extortionate rates of interest to those of the illegal money lenders. Rather than provide that advertising space to them, I challenge the *Daily Record* to provide the same amount of advertising space, free of charge, to the credit union movement in Scotland. That would meet the point that Elaine Smith made. People would know where to contact their local credit union if a paper like the *Daily Record* that is read throughout Scotland carried advertisements from the credit union movement throughout Scotland. People should have access to good credit instead of to irresponsible credit.

The difficulty that we face is that moneylending is reserved, as it relates to the Consumer Credit Act 1974. However, a weight of evidence in excellent reports including the Church of Scotland's "Debt on our Doorstep" and from citizen's advice bureaux and the Scottish Association of Law Centres shows that the single biggest consumer debt problem are the legal lenders who lend irresponsibly at rates of interest that they know people will not be able to repay. The legal lenders make those offers of debt available to people in order to ensnare them. Once people on low pay are ensnared, it is difficult for them to get out of debt.

I implore Trish Godman and her Labour colleagues to ask Westminster to act on what was said earlier with regard to George Foulkes. I must say that if they act, it will be two years too late, but they should take action on the House of Commons Scottish Affairs Select Committee report "Poverty in Scotland". I ask them to act to get an overhaul of the social fund, which the Scottish Affairs Select Committee report called for. I ask them to recognise that the social fund does not help those who are in poverty; it perpetuates poverty by a system not of grants but of loans.

I ask Trish Godman and her Labour colleagues to act to tackle the poverty trap. I ask them to recognise that one of the biggest causes of debt for those who are on low incomes is the move from unemployment to employment. That is because of the withdrawal of benefits such as housing benefit and council tax rebate. The House of Commons Scottish Affairs Select Committee called for a retention of benefits for a period of six months to a year in order for people to get back on their feet.

Those proposals were published two years ago in that report, but it is unfortunate that they have not yet been acted upon. I implore Labour members in particular to call on their Westminster colleagues to act on the proposals now.

17:33

Paul Martin (Glasgow Springburn) (Lab): I, too, congratulate Trish Godman on securing an excellent members' business debate. The subject is one that affects my constituency in Glasgow, which is one of the most deprived constituencies in Scotland. I also want to congratulate the *Daily Record*. It is important that tabloid newspapers bring this issue to the forefront and raise the debate on ways in which we can tackle the problem of loan sharks.

Elaine Smith touched on an important issue, which is to recognise the people in the credit union movement who provide credit union services on a voluntary basis. On a number of occasions, I have called them unpaid local heroes. We need to recognise that those people give up their time day in, day out to provide a valuable credit service in our local communities.

It is clear that loan sharks present a living terror in our communities. Many graphic stories about them have been told by Trish Godman and in *Daily Record* articles. Loan sharks take advantage of those in our communities who are financially weak. We must take a number of measures to tackle the issue.

One area that I would like the minister to consider is the fragmented approach to providing credit union services in our communities. The community of Sighthill in my constituency does not have a credit union facility. One would think that, being one of the most deprived communities in Scotland, Sighthill would have a credit union as a basic standard. Communities such as Red Road and Royston do not have that basic standard of financial opportunity. I suggest that the Scottish Executive should consider a framework that will ensure that communities such as Royston, Sighthill and Red Road have that guarantee of a credit union service. Such a framework would ensure that the volunteers who take the time to be involved in credit unions are supported during that process. Glasgow Housing Association also presents an opportunity for us, through local housing organisations, to develop ideas on where to locate financial services. Housing services can identify areas where loan sharks are showing a presence. We should use local housing organisations to highlight those opportunities.

Importantly, we must tackle the banking corporations. Donald Gorrie touched on that. Banks do not provide services in my constituency.

In Sighthill, Royston, Springburn and other areas, there are no banks that are willing to provide a service to people who are in financial difficulties. There is not even a cash machine in areas such as Sighthill, Royston and Red Road. How can we possibly encourage people back into the jobs market when the very basics, such as being able to access a cash machine, are not available to them in their communities? The challenge to the major banks is to ensure that they tailor services not just to suit students, the elderly or other sectors of the population, but to serve the needs of deprived people in our communities.

Loan sharks are a cancer in our communities and we must ensure that they are removed.

17:37

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): I warmly congratulate Trish Godman on securing this debate and on the way in which she spoke to her motion, with obvious sincerity and care. I agree with the sentiments expressed by all other members in the debate about the importance of credit unions, which do not really seem to have been as successful as they should have been. I am sure that we all hope that the Parliament can tackle that. That is what we are here for.

Citizens advice bureaux do an excellent job, not least in Inverness, by ensuring that people get the benefits to which they are entitled. The CABx have a marvellous record on advising people about benefits that would otherwise go unclaimed, and that should be acknowledged. I used to spend much time—about 10 years of my life—advising debtors on insolvency problems. In many cases, they came to me because they were threatened with eviction. That is one of the circumstances in which people turn to loan sharks—to pay off a legal lender who is threatening them with eviction. My experience in trying to help those people—usually females trying to prevent the eviction of themselves and their children—was a memorable and searing one. I do not believe that enough has been done to prevent banks and financial institutions from evicting people in circumstances where a little more flexibility would go a long way. I welcome the Mortgage Rights (Scotland) Act 2001, which we recently passed to provide a breathing space, but I am not sure that that in itself is enough.

Today's debate is about loan sharks. They are criminals, pure and simple. My colleague, Kenneth Gibson, mentioned the fact that their interest rates can amount to 1,000 per cent. We are talking about a different situation from that of legal lenders who charge excessive interest rates, and we should remember that they are distinct. Legislation on moneylenders around 100 years

ago stated that 48 per cent was *prima facie* illegal. The Consumer Credit Act 1974 did not really tackle the problem. It is up to Westminster to stipulate a rate, perhaps linked to the base rate, which is *prima facie* excessive, out of order and illegal. The current system is far too complicated. Let us have a simple headline rate above which people cannot go.

I must congratulate the *Daily Record* on its excellent campaign. It does exactly what I would like to see campaigning newspapers do: to speak out about real misery and real social issues. For Tommy Sheridan to criticise the *Daily Record* on the basis that licensed moneylenders advertise in it is totally wrong. He totally misses the point. He said that legal moneylenders—who, I admit, charge excessive rates—charge the same rates as illegal moneylenders. I say to Tommy Sheridan that that is complete rubbish. I am sorry to disagree with him. Legal moneylenders do not charge 1,000 per cent a week.

Drug dealers' assets can be subject to legal attachment proceedings and there is a clear case that the same should happen to loan sharks. They trade in human misery and profit from human despair. Perhaps the *Daily Record* can take up the point that if we treat drug dealers in that way, we should treat loan sharks similarly. Their trade affects people in poverty, people who have a lack of opportunities and others whom members have mentioned. I hope that the Executive will consider that proposal carefully and I would welcome an immediate reaction from the minister on it. Why should loan sharks sit on thousands of pounds that have been extracted in a criminal fashion from the poorest people in society?

17:41

Brian Fitzpatrick (Strathkelvin and Bearsden (Lab)): I join colleagues in congratulating Trish Godman on securing the debate and I congratulate the *Daily Record*. Often, there are animated discussions in Scotland about the role of journalism and often, we see advocacy journalism of the worst kind, whereby analysis and commentary are moulded and thrown into fact. Journalism is at its best when it takes up issues that affect families, communities and people as they go about their business. Such journalism is to be commended.

A number of members have spoken about the role of credit unions and I want to touch on that role briefly. Paul Martin talked about the issue. We all know from our junk mail that it is terribly easy to access credit if one has access to capital and income. The number of people who rush to offer discounted rates of interest must astonish many members—it has always astonished me.

That is not the case in districts in my

constituency and in constituencies throughout the country. In whole areas of the country, there is no access to legitimate or formal finances and no way that one can get very small sums of money other than by going to people to whom one would never dream of sending someone, yet those sums make a difference in terms of leading a life of misery, fear and apprehension. Many of us would easily dispose of such sums without even thinking of them.

There is a role for credit unions. Unfortunately, Scotland does not have the experience that Canada, Australia, other parts of the Commonwealth and elsewhere have of the role of credit unions as significant financial institutions. They are not just for poor or poorer people. Work-based credit unions and community-based credit unions have an important and significant role in the annual summit in Australia. The minister should consider such experience and the information from it.

We have an idea about who loan sharks are in communities. The links between loan sharks and drug dealers are obvious in many constituencies. Often, a loan shark and a drug dealer are the same person or they are in the same family. We want to see activity in relation to their supplying drugs and their arrangements to extort even more money out of the communities that they assault.

We can all mutter and feel content about making a point about credit unions, but it is up to people such as the minister to find out what can be done to support, encourage and assist such ventures.

I sound a note of caution: we must remember that credit unions have to be community-based or work-based institutions. Our role should be to support, assist and encourage; it must not be to direct. If we try to do that centrally, we will fail and we must not risk failing.

17:45

The Minister for Social Justice (Ms Margaret Curran): I am delighted to be here this evening for a members' business debate and I am pleased about the choice of subject.

I congratulate Trish Godman on securing the debate and on her excellent speech. She laid out a significant framework of the key issues we must address. The Scottish ministers agree that it is unacceptable for people to make huge profits from others' financial desperation. We are aware of the concerns expressed today because they have been raised already by members of the Scottish Parliament. Many of us have been made aware of the concerns through representations by members of the public. The fear that pervades communities blighted by loan sharks is recurrent and compelling.

The Executive is fully committed to tackling financial exclusion. Illegal and extortionate money lending and the criminal behaviour that often goes with it is abhorrent in modern society. That is why—in a response different from that of my colleagues from other parties—I am delighted to welcome the work of the *Daily Record*. I am particularly delighted to welcome the current campaign and I congratulate the paper on its efforts to highlight the misery associated with money lending, much of which has been explained in the debate.

We support the moves by the Department of Trade and Industry to tighten existing credit law and to strengthen the powers of local authority trading departments in that area. I reassure people that we will work with colleagues in our party and in Westminster to ensure that the experience of Scottish people is well understood when that legislation is advanced.

As has been demonstrated, legislation on extortionate credit is at the heart of this issue. This is a consumer protection matter. It is therefore reserved, to ensure a uniform approach throughout Great Britain. A review of the Consumer Credit Act 1974 is under way and will take a number of actions to ensure consumers get a good deal and have redress against lenders who try to exploit them.

The United Kingdom Government wants to make it easier for consumers to get to court to throw out unfair and exploitative terms in loan contracts and to toughen up consumer credit licensing so the sharks are driven out of the market. We fully support it in that objective and we will use whatever means we can to advance those actions.

The despair caused by loan sharks does not come from financial exploitation alone; it also results from the threat of violence and harassment with which victims live. Trish Godman outlined some of those realities.

Members are aware that legislation already exists—the Protection from Harassment Act 1997, which is being strengthened in Scotland by the Criminal Justice (Scotland) Bill. That bill provides protection to all victims of harassment, including victims of loan sharks. The act as it stands allows victims to obtain a non-harassment order.

The debate has focused on the preventive role of the Executive and the assistance it can give to help prevent people getting into debt. Powers to tackle extortionate credit are reserved, so the way forward in Scotland lies in encouraging the development of new and alternative means to deliver financial services as well as ensuring that existing services reach whole communities.

There are a number of strands to our financial

inclusion strategy, many of which have been mentioned. I want to respond to as many as possible of the points that have been raised in the debate. If I do not get through them all, I will be happy to follow them up with members later.

We are taking action to bolster Scotland's credit unions. I endorse the points that have been made about their significance. I reassure Brian Fitzpatrick that we take a community-based and workplace-based approach to credit unions. The strength of the movement lies in the fact that it is a grass-roots movement and is not dependent on central direction from the Government. Several members—not just Trish Godman—mentioned the significance of our approach and how it can help to solve problems of personal debt.

As a wee advert for tomorrow's community regeneration debate, some of the points that will be made tomorrow might be made tonight.

I hope that, as we roll out the community regeneration strategy—which takes a more strategic approach to the financing of local development projects—issues of personal debt will be a clear priority. The essence of the strategy is to work in partnership with local communities. In among that, I am sure that we can develop a comprehensive strategy for dealing with personal debt.

In the following comments, I will say what the Executive is doing, but I do not want to indicate complacency or satisfaction that we have got the matter right. There is much more work to be done and we see the community regeneration strategy as part of the answer.

I take Paul Martin's point that, although we have delivered "Unlocking the Potential: An Action Plan for the Credit Union Movement in Scotland", which is backed by £1.5 million to develop credit unions, the coverage is not complete. Credit unions are of great assistance to communities and we want to develop them as much as we can. It is worth examining the experience of other countries. Those experiences are often not directly applicable, but we might have lessons to learn from them. The examples of Ireland and Australia show that clearly.

Donald Gorrie talked about money advice. There is no doubt that people who get into debt need free advice. As an ex-welfare rights officer who worked for a local authority, I take slight issue with Donald Gorrie's point that advice from that source is not independent or of the required quality. There is evidence of quality advice in the local authority sector.

We support the voluntary sector and we recognise its need for more resources. The £3 million that has been provided for specialist money advice centres has been mentioned. That money

is targeted at front-line services. The guidance is absolutely clear: the money is intended not to supplement existing services, but to develop appropriate new services.

Many important points have been made about banks. We are taking action to improve access to facilities in the most deprived communities. I promise Paul Martin that we will keep that under active review. We understand the importance of ensuring that there is a package of services for low-income families. The community banking agreement that has been developed in Wester Hailes provides an example of how we can progress. The streamlining of services that can be delivered through our new approaches, such as the practical steps and the one-stop shops that Trish Godman mentioned, can produce results. The issue of banks is critical and we can address it.

As many members have said, the fundamental point is the underlying determination of the Executive to tackle poverty and to assist people to get out of the grip of debt. That means assisting people to return to work, providing appropriate child care facilities to allow women to return to work and investing in housing and health. Through that comprehensive approach, we can begin to tackle poverty in our communities. I re-emphasise Trish Godman's point that in this debate, in which we have a responsibility to the people of Scotland, we should demonstrate that those who are in the grip of loan sharks and who are terrified of their debt and do not know what to do can get help. Such people are not alone and the options that are open to them can lift them out of the types of experiences that members have described.

The awareness-raising campaign of the *Daily Record* is crucial. This is part of the revitalisation of Scotland, although I am not sure whether the *Daily Record* would give the Executive or the Parliament credit for that. There is a sense that in Scotland we have the energy, the partnership and the commitment to ensure that we can begin to tackle such issues decisively. Partnership with a campaigning newspaper is extremely welcome. I hope that we can encourage more people to leave debt and the experience of loan sharks behind them. The Executive, in partnership with Westminster, will play a full part in ensuring that we provide answers to the terrible problems that have been described.

Meeting closed at 17:54.

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