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# Scottish Parliament

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

## Improving Scotland's Health

**The Deputy Presiding Officer (Murray Tosh):** Good morning. The first item of business is a debate on rising to the challenge of improving Scotland's health. The debate will be concluded without any questions being put.

09:30

**The Minister for Health and Community Care (Malcolm Chisholm):** There has been much action and some success in improving Scotland's health since public health was the subject of the first ever debate in the Scottish Parliament in 1999. For example, the incidence of premature mortality from coronary heart disease continues to decline and is much lower than it was one or two decades ago. The simple fact, however, is that Scotland's health is not improving fast enough. Scotland is a wealthy country and should enjoy much better health than it does.

A vision of a thriving and healthy Scotland and a plan for action were outlined in "Improving Health in Scotland—The Challenge" in March 2003. Achieving that vision presents an opportunity for the Parliament to act together in a way that the people of Scotland expect and that cuts across traditional party lines. I hope that we can have a constructive and helpful discussion of the ways of moving towards that vision. We require nothing less than a sea change in attitudes to health and health improvement, starting with the Government, but running through the whole of society.

The challenge plan is reinforced and extended by the partnership agreement, in which we make a strong commitment to long-term and sustainable improvements in Scotland's health for all our people, while particularly targeting those who are most vulnerable and disadvantaged. We are committed to stepping up action on health improvement overall. We are tackling alcohol abuse; improving diet; reducing smoking; promoting better mental health and well-being; increasing physical activity; piloting new initiatives such as personal health plans and well man clinics; and introducing free eye and dental checks.

We are taking ambitious actions to produce real change, but there is no quick fix. To change health, we also need to change the factors that influence it, such as child poverty, employment, housing and the environment. We have backed our commitment to health improvement with substantial extra new investment that moves well outside the traditional health funding routes. Health improvement is not just for the national health service; it is everyone's business.

We have committed over three years £63.5 million for promoting healthy school meals and fruit in schools; £24 million for expansion and development of the active primary schools programme and school sports co-ordinators; £15 million for the national health demonstration projects and national learning networks; £24 million towards improving mental health and well-being; £180 million for quality-of-life funding to local authorities; £108 million for sure start Scotland; £90 million for the better neighbourhood services fund; and £47 million for Glasgow homeless hostels decommissioning.

**Phil Gallie (South of Scotland) (Con):** That is an impressive list of investments, but among them the minister did not mention any funds for training. Most of us recognise that there is a major hole in relation to providing well-trained, capable individuals in our hospitals and general practices. Does the minister have any comments to make on training?

**Malcolm Chisholm:** The issue is mentioned in "The Challenge", with reference to health improvement. We talk about encouraging national best practice among professionals, especially in multi-agency settings, and there are wider issues of training for health professionals beyond the health improvement area.

We have introduced a duty of health improvement into the National Health Service Reform (Scotland) Bill, underlining our determination to give effective leadership to the process of improving the health of the nation. The Local Government in Scotland Act 2003 introduced a power of well-being for local authorities, which provides underpinning for community planning partnerships and the development of joint health improvement plans.

Health improvement is rather like a large and difficult jigsaw. Many disparate factors impact on health and life expectancy, including life circumstances and lifestyles, and we need to take effective action in both areas. That is a massive challenge and everyone has a role to play: the Executive and the Parliament; the NHS and local councils; the voluntary sector and the private sector; communities; and every individual in Scotland. The challenge is not just to improve the health of the nation overall. Addressing health inequalities and closing the health gap is the overarching aim of the challenge and must be

central to everything that we do on health improvement.

As is well known, Glasgow suffers from the highest concentrations of deprivation and consequently has some of the starkest health inequalities. The Executive is giving financial support to the establishment of the Glasgow centre for population health, which is well placed because of the needs of Glasgow and the relevant academic expertise there. The centre is an important initiative for building a strong evidence base for future work on health improvement and health inequalities. That evidence base will be of benefit to the whole of Scotland.

**Tommy Sheridan (Glasgow) (SSP):** Will the minister join me in congratulating Glasgow City Council on its initiatives in relation to universal free access to swimming pools, free breakfasts for primary school children and free primary school lunches? Does he agree that universality is the way of targeting all our children?

**Malcolm Chisholm:** The council and the NHS board in Glasgow have made great strides in relation to health improvement and I commend them for their joint efforts. However, we are putting substantial resources in and we think that a mixture of universal and targeted provision is the best way forward.

Another important dimension is the development of more sophisticated indicators and monitoring so that we can effectively track progress towards our goal of reducing health inequalities. Experts are currently working on that for us. We are also promoting innovative and targeted approaches to health inequalities through initiatives such as integrated community schools, healthy living centres and the implementation of our health and homelessness action plan.

**Mrs Nanette Milne (North East Scotland) (Con):** The minister talked about Glasgow's needs, but does he acknowledge that there are pockets of deprivation—although perhaps not as serious as that in Glasgow—scattered throughout Scotland, including in Aberdeenshire and other rural areas?

**Malcolm Chisholm:** Absolutely. I said that the biggest concentrations of deprivation are in Glasgow, which led me to talk about our support for the Glasgow centre for population health. However, the same problems exist in many parts of Scotland.

I have taken three interventions, so I will skip some of what I was going to say about wider action throughout the Executive. However, I make it clear that, in general, we see health improvement as something that will be carried forward throughout the Executive, as well as more widely throughout Scotland. We must develop capacity for health improvement in all our public services, so that every public service worker is a health improvement worker. We need to move away from the idea that health improvement is just for health professionals. To accelerate that change, I will today announce funding for the appointment of health improvement staff to help to develop capacity in Sustrans and sportscotland, two organisations that can help us to deliver a more physically active Scotland.

"The Challenge" gives us a framework for moving forward and for building on and extending work that was started in the first four years of the Parliament. The document's four key themes—early years, teenage transition, the workplace and communities—allow us to move forward more rapidly, enabling more effective linkages and partnership working in support of health improvement.

I will talk briefly about each of the four themes in turn and explain how we will gauge success. For early years, success will be when every child and family receives the support that they need to ensure the opportunity to maximise their potential for health and well-being. That means access to good nutrition, both before and after birth; support for breastfeeding; smoke-free environments; safe and active play; good parenting; and a good, safe place to live. Measures to promote children's oral health, the work of the starting well national health demonstration project in Glasgow and a range of integrated services for children and families that are provided through early-years policies such as sure start Scotland are helping children to get off to a better start in life. The integrated strategy for the early years that we are working towards will be a key plank in delivering all that support in a more effective and joined-up way.

**Stewart Stevenson (Banff and Buchan) (SNP):** The response to parliamentary question S2W-2032, which asked what proportion of under-16s had dental decay, was that the information is not held centrally. How, therefore, will the minister measure oral health in youngsters?

**Malcolm Chisholm:** We have identified several gaps in the statistics and are taking steps to address the issue. We will respond soon to the consultation paper on the oral health of children and that factor will certainly be taken on board in our detailed response.

As I have taken an intervention, I will not go through all the details of the other three themes. However, teenage transition is clearly crucial for some of the issues that we will be discussing today, such as sexual health, smoking, alcohol and mental health and well-being. The workplace is also a key area for increased action on health improvement. We have already expanded Scotland's health at work scheme and an inclusive

short-life working group is informing development of an integrated programme of action for healthy working lives.

For communities, which I believe are at the very heart of health improvement, we want to build voluntary sector and community-based capacity to develop health improvement through community action, so that we can support local people in taking a lead in developing local solutions to local community problems. That is beginning to happen. In many areas, social inclusion partnerships are bringing together key local players in a series of initiatives to reduce health inequalities and promote health improvement, especially for young people. For example, the Kool Kids children's health club in the Pollok area of Glasgow makes children more aware of the healthy choices that they can make. Fifteen hundred primary 4 and 5 children from local primary schools have benefited from greatly increased activity levels and improved diet. The Scottish community diet project is also doing important work to build and develop food knowledge and skills in low-income communities and the excellent health demonstration project Have a Heart Paisley is galvanising community action in that part of Scotland.

The first specific issue that will be developed in the context of the four key theme areas is smoking. Smoking is the single greatest cause of preventable illness and premature death in Scotland and action on smoking cessation has contributed to a small decrease in the percentage of adults who smoke. We need to keep up the impetus. I am pleased to announce today that we will invest an additional £1 million per annum, through NHS boards, to expand smoking cessation services, particularly in our most disadvantaged communities. We will also shortly launch a new action plan on tobacco control designed specifically for the needs of Scotland and including a major section on smoke-free environments. Some progress has been made on smoke-free environments in public places in Scotland, but there is much more to do. We are keen to enter into a public dialogue on how best to push the boundaries further.

On alcohol, we are taking action to reduce binge drinking and harmful drinking by children and young people. Our plan for action on alcohol problems has delivered high-profile advertising to tackle binge drinking, established a national framework for service delivery and strengthened our capability to respond to alcohol problems at local level. Next week, the Deputy Minister for Health and Community Care will launch a Scottish intercollegiate guidelines network guideline on the management of harmful drinking and alcohol dependency. We have also committed ourselves in the partnership agreement to doubling resources to tackle alcohol abuse; the new resources for health that were announced last week will enable us to meet that commitment.

Diet has also been a major area of recent activity and we are taking action throughout the entire food chain. We are promoting healthy diet and food choices through the healthy living campaign and working with public and private sector caterers to improve the preparation and provision of meals. We are working with communities to increase access to healthier food choices, particularly in low-income and rural areas. We are also working with the food manufacturing, processing and retailing industries to develop and promote healthier food choices and we are ensuring that agriculture and fisheries interests contribute fully to achieving the Scottish dietary targets. Those measures illustrate the fact that our challenge is to take action across all the Executive's areas of responsibility.

**Mr Rob Gibson (Highlands and Islands) (SNP):** Does the minister recognise that particular attention must be paid to delivering many of those services in remote and rural areas? Elements of a national plan must be geared specifically to the needs of those areas.

**Malcolm Chisholm:** We certainly believe in having a national framework, but one of our other key messages today is about local delivery. I have seen some good, innovative projects in rural areas and I very much take on board the point that Rob Gibson has made.

We have invested in a revitalised school meals service. In Scotland, nutritional standards for school meals have been developed and are set out in "Hungry for Success: A Whole School Approach to School Meals in Scotland". I have mentioned the funding for that already.

Raising levels of physical activity is also central to improving health. We are working with key partners to implement the physical activity strategy for Scotland, developing five-year action plans for active homes, active communities, active schools and active workplaces. As I indicated, £24 million has been committed to the expansion of the active primary school programme. We also recognise the crucial role that community planning partnerships play locally in developing national policy. Initiatives such as West Lothian on the Move, Let's Make Stirling More Active and Perth and Kinross Council's liveACTIVE strategy have already established ways of implementing the physical activity strategy through community planning partnerships.

**Mary Scanlon (Highlands and Islands) (Con):** The Executive's document "Recording our Achievements" states that the Executive was unable to record the achievement of providing a sports co-ordinator in all schools by 2003 and that

that aim might not be achieved because local government has not been able to afford the matched funding. Will the minister now give local government more funding to ensure that that promise is achieved?

**Malcolm Chisholm:** Progress is certainly being made on that initiative and local government has been given record resources, so we expect that commitment to be delivered. We have our part of the agreement and local authorities have theirs.

I want to move on to mental health and well-being, which is an important new area for health improvement in Scotland and one that is attracting international attention. We have already made early progress in addressing stigma, in promoting greater awareness of positive mental health and in suicide prevention. Further work is in development. A central theme is the need to improve and promote increased public awareness and understanding of positive mental health and well-being. We must ensure that there is both early identification and early intervention and support when mental health problems occur.

On sexual health, I announced in August last year that I had commissioned an expert group representing a broad range of interests to guide the preparation of a national sexual health strategy for Scotland. The group was established against a background of increasing levels of sexually transmitted infections and an unacceptable number of unwanted or unintended teenage pregnancies. I have asked the group to consider in its remit the broader social context for those issues. The expert group is in the final stages of its work on the strategy, which I expect to receive shortly. Sexual health is a sensitive and complex area and I want to get the views of as many Scots as possible, young and old, so that there is full consultation on the strategy, which will be published later this autumn.

Our national health demonstration projects are proving a valuable testing ground for action to achieve improvements in a variety of areas. The starting well project promotes child health, the healthy respect project promotes the sexual health and well-being of young people and Have a Heart Paisley tackles coronary heart disease. Moreover, two weeks ago I spoke in the cancer debate about colorectal screening. We are committed to a second phase for the first three of those projects and we expect to learn valuable lessons from the work that has been done so far. That information will be captured, disseminated and shared through national learning networks.

We have also taken action to ensure that health improvement work is effectively supported at national level by a strengthened and dynamic special health board, NHS Health Scotland. Combining the skills and experience of the Public Health Institute of Scotland and the Health Education Board for Scotland, Health Scotland will play a key role in partnership with NHS boards, local authorities, the voluntary sector and all parts of Scottish society in implementing the health improvement agenda and informing future evidence-based policies and strategies.

I cannot say too often that health improvement is all about partnership. All our efforts are underpinned by the development of an effective community planning framework. Partnership working in action between local councils, the NHS, the voluntary sector, the private sector, local communities and individuals is absolutely crucial for success and I pay tribute to the valuable contribution that all our partners are making. In particular, I congratulate the voluntary sector on its unstinting work in communities throughout the country in support of health improvement.

As "The Challenge" explained, to achieve a more rapid rate of health improvement in Scotland we need to inspire, encourage and challenge the nation to achieve that vision. We need to implement policies that will transform elements of Scottish life and make a real difference to individuals' expectations of good health. We need to select a few key objectives, such as increasing physical activity and reducing fat intake, and deliver them effectively. As I indicated, we need to encourage national best practice among professionals. To make rapid progress, we perhaps most of all need to release the inner resources of individuals and communities by building social capital and improving the infrastructure of communities.

If we do all those things, we will make a real difference to the health of the nation. I hope that we can collectively meet the challenge of culture change so that we move the debate forward faster and further than ever before. We must meet the health improvement challenge for the sake of this generation and future generations, so that people experience a better quality of life, with positive health achieved through healthy lifestyles and improved life circumstances.

09:51

**Shona Robison (Dundee East) (SNP):** I think that the jury is still very much out on the new debate format, in which there is no motion or amendments. I understand the reasoning behind the new format, but it means that the debate will be extremely wide ranging and unfocused. I am not convinced that it will necessarily take us further forward or produce any outcomes. It is a bit like saying, "Health: discuss."

Nonetheless, the Scottish National Party is always happy to discuss health and how we rise to

the challenge of improving our health. I bring the SNP's input to the debate in a spirit of co-operation and good will. Jack McConnell said in his acceptance speech at the beginning of the new parliamentary session that he would listen to good ideas from wherever they came. I hope that that will be true for today's debate.

We all agree that Scotland's poor health record is a matter of concern. The SNP welcomes many of the health improvement measures that are being implemented or proposed, such as free eye and dental checks, which are both long-standing SNP commitments. However, we have a different perspective on how much the Scottish Parliament can do to turn around Scotland's unenviable reputation as the sick man—or woman—of Europe. I will say more about that later.

**Mary Scanlon:** While welcoming the free dental checks, will Shona Robison agree that in the Highlands people may get a free dental check but be unable to find a dentist or afford dental treatment?

**Shona Robison:** I agree with that and will say something about it later.

The state of our nation's health is well documented. Our figures for life expectancy are dreadful, being the second lowest for men and the lowest for women in Europe. The figures for Glasgow men, of course, are getting worse. No doubt my colleague Sandra White will return to that point later.

Cancer, coronary heart disease and strokes account for 65 per cent of all deaths in Scotland each year. A high number of people suffer from mental health problems and Scotland also has high suicide rates, particularly among young men. My colleague Adam Ingram will have more to say about mental health in his speech.

To tackle our health problems and meet the targets for reduction, we need to address smoking and alcohol consumption, the lack of physical activity and poor diet and, of course, we need to use the latest available technologies and drug treatments. However, we must go further than that and address the underlying causes of ill health, which are poverty and deprivation and a lack of self-esteem and confidence. I will return to those matters later.

We know that our diet in Scotland is too high in salt, fat and sugar and that we have record levels of obesity—that situation is getting worse. Last week, Elaine Smith led a useful and important members' business debate on obesity, but that debate was not as well attended, particularly by members from the minister's side, as it should have been. We know that obesity is linked to many other diseases, such as coronary heart disease, cancer and diabetes. We also know that the rise in diabetes among young people is directly linked to obesity in children, which goes back to diet and a lack of physical activity.

We encourage children to eat healthily for the sake of their teeth and their health, but in schools all over Scotland vending machines are dispensing high-sugar drinks and snacks full of salt and sugar. We need either to get the vending machines out of schools or to change radically the content of the machines. Otherwise, we will continue to give children mixed messages about what is good and bad for them in their diet. I back Unison's call to remove the same products from vending machines in hospitals. Unison says:

> "It is absurd for the Scottish executive to promote healthy living on the one hand and then allow private contractors to install vending machines which sell mainly junk food in NHS hospitals on the other."

We could not agree more.

**Margo MacDonald (Lothians) (Ind):** Does Shona Robison agree with the idea of taxing companies that produce food that is injurious to the health of young people in particular? If we can tax cigarette manufacturers for that reason, why cannot we do the same to fizzy drinks manufacturers?

**Shona Robison:** That idea has some merit. My only concern would be that the tax would disproportionately affect the poorest in our society, who, unfortunately, are the people who tend to buy such products. We need to change attitudes. We need to educate people and get them to change their approach to their diet. The message that we send out is important and we should not undermine it by allowing vending machines.

We need to go further. We need to extend the provision of free fruit in schools to every child in primary school. We need to extend the provision of free school meals to children whose parents are on low incomes. We need to consider, as Margo MacDonald said, how to stop the big food companies plying their unhealthy wares to our children in a multimillion pound effort to undo all the good, healthy eating messages promoted by Government.

The minister referred to the low level of physical activity. Again, we need joined-up thinking on that. Some schools are reducing the level of physical activity for children because of pressures on the curriculum and teacher time. As Mary Scanlon said, sports co-ordinators are not being appointed because of local government finance issues.

We support the idea of general practitioners being able to prescribe, where appropriate, physical activity rather than drugs. However, for that to work, the Executive must address the lack of leisure facilities in many areas. Again, the issue is the need for joined-up government.

On alcohol consumption, our binge-drinking culture is well known. The issue was discussed at length in yesterday's debate on licensing laws. Again, corporate responsibility, particularly among those marketing alcohol to young people, is crucial. The British Medical Association advocates the stricter enforcement of the advertising code on alcohol by the Independent Television Commission and the Advertising Standards Authority. We need to consider that. Moreover, as I will repeat in my comments on smoking, we need to allow test purchasing by under-18s to expose those who sell alcohol to young people; that would help to reduce young people's access to alcohol.

I agree with the minister that reducing smoking is the single most important measure that the Parliament could take and I welcome his announcement of £1 million for action on smoking cessation. However, we need to do more. I make no apology for having quite a lot to say about smoking. I gave up smoking two years ago and I am now one of those reformed smokers who bang on about other people's smoking. However, I make no apology for doing that.

The SNP was committed at the election to consulting on legislation to protect people from the effects of passive smoking. Two thirds of Scots do not smoke and they must be protected. We know that passive smoking exacerbates many conditions, such as angina, asthma and allergies. More seriously, the United Kingdom independent scientific committee on smoking and health reports that smoking increases the chance of a non-smoker developing lung cancer by between 10 and 30 per cent.

Smoking in public places is regulated by a voluntary charter, but evidence suggests that the code is not working. Only 39 per cent of bars, pubs and restaurants have smoke-free areas. I would like, as a minimum, the introduction of legislation to provide for smoke-free zones in all public places. Smoke-free areas not only protect non-smokers; research indicates that they make it easier for smokers to quit. We should not forget that about 70 per cent of smokers want to give up smoking. We should make it easier for them to do so.

I am sympathetic to the idea of going even further on measures to reduce smoking, but whether we do so remains to be seen. The tobacco action plan, which I look forward to seeing later this year, will of course deal with smoking in public places. I take this opportunity to praise my colleague Stewart Maxwell for pressing the issue and challenging all of us in the Parliament to consider a total ban on smoking in public places. Sometimes it is up to politicians to take a lead and make difficult decisions. I look forward to having that debate.

The SNP has a proud record of making smoking reduction a key priority. In the previous session, Nicola Sturgeon was instrumental in pushing forward a ban on tobacco advertising. At the recent election, we presented a number of proposals that I would like the Executive to consider, such as ensuring that the law against selling cigarettes to children is rigorously enforced; using test purchasing to catch those who flout the law and sell cigarettes illegally; and introducing a system of negative licensing, as there is no reason why retailers who flout the law should not be prohibited from selling cigarettes.

**John Swinburne (Central Scotland) (SSCUP):** Everything that the member has said about smoking is laudable. Smoking is a bad habit, but one that I happen to have. Would the member agree that the main thing that has made smoking unacceptable in society is the banning of tobacco advertising? Does she further agree that banning alcohol advertising would also be a great benefit to the health service? The sight of little children running about in Rangers and Celtic tops with alcohol advertising on them, for example—

**The Deputy Presiding Officer:** You have made your point, Mr Swinburne.

**Shona Robison:** I would certainly support the banning of advertising that is directed towards young people and I think that there would be merit in banning alcopops.

I know that this debate is about health improvement, but we cannot divorce that issue from the issue of the health service itself, as the success of many of the initiatives that we will discuss today will depend on how able the health service is to cope, particularly at a primary care level.

Early diagnosis and treatment are equally important in improving our nation's health. The importance of screening services in early diagnosis and treatment is well known and is paying dividends in areas where those services have been extended. However, the problems of recruitment and retention, service redesign and joint working, among many other issues, all impact on the ability of the health service to push forward health improvement measures.

The question remains where the minister will find the additional 12,000 nurses and midwives that he announced would be in the NHS by 2007. At a recent recruitment fair in Scotland, not one Scottish trust bothered to turn up.

**Malcolm Chisholm:** The Scottish Executive had a stand at the fair and trusts were involved in that stand.

**Shona Robison:** I am pleased to hear that, but I think that the trusts should have been there as

well. Many health authorities from down south were there, so why were ours not?

A shortage of radiologists could undermine the cancer strategy, particularly the ability to undertake early diagnosis and treatment. The shortage of NHS dentists will hinder the ability of the Executive to deliver free dental checks. The role of primary care is crucial, but its effectiveness is dependent on the ability of the new general practitioner contract to deliver enhanced and additional services. There are many ifs and buts and only time will tell whether those barriers can be overcome.

Health improvement initiatives are worth while, but they will not solve our health problems if we do not tackle the underlying causes of ill health. The key priority of a single mum living day to day in poverty will not be giving up smoking. That does not mean that we should not try to convince people to give up smoking, but we have to be realistic and accept that such messages will have a limited impact. We need the powers to do more to tackle poverty and deprivation, the key underlying causes of ill health. However, the Parliament does not have those powers. Earlier, the minister talked about Scotland being a wealthy nation, which is true, and said that we need to use that wealth to tackle ill health. I agree with him. I want to use Scotland's vast resources to turn the situation around, but the Scottish Parliament does not have the power to do so.

Given that Scotland has a population of only 5 million, it should be possible to turn our nation's health around, but it will be so only if we use all the same levers that were available to the Finnish Government when it set out to change radically the health of Finland. At a recent debate on health, involving the minister and a range of health professionals, it was stated time and again that health improvement measures would not be enough in themselves. Many people talked about the need to tackle the underlying causes.

One idea that was suggested at that event was the extension of child benefit to pregnant women as an important health measure for both mother and unborn child. In our election manifesto, the SNP advocated introducing a scheme to give every expectant mother on income support additional income to spend on healthy food for six months before the birth of her baby. Both those proposals are surely worthy of further consideration, but the Parliament does not have the power to implement either of them. Until it does, we will continue to have a piecemeal approach to tackling Scotland's health problems.

Something else contributes to Scotland's health problems: a lack of ambition and a dependency culture. Both are key factors in our poor health record. I suppose that I would say that the Scottish cringe is bad for our health.

The draft 2004-05 budget document says:

"The Scottish Executive has a key role in helping to bring about a healthier community. However, it is the people of Scotland, who will need to make healthy choices in all aspects of their lives, who will ensure that we succeed in our aims."

That is a statement of fact, but it also highlights the scale of the problem. Many of us point to Finland as an example of the way forward but, of course, it was the commitment of the Finnish people to change that helped to bring about that change. That same willingness appears to be missing in Scotland.

Although our health record is poor, many Scottish people view their health as being "good or better". Despite the fact that Portugal and Scotland have comparable life expectancy figures, 77 per cent of people in Scotland say that they are in good health, whereas only 31 per cent of people in Portugal do. That difference in perspectives shows a worryingly complacent attitude among Scots towards their health, despite all the evidence that would suggest that that complacency is unwise.

Dr Carol Craig, author of "The Scots' Crisis of Confidence", recently said:

"A recent health report, based on focus groups, concludes that many of Scotland's burgeoning health and social problems are due to a widespread lack of ambition throughout Scottish life and a dependency culture".

She makes a point that we should all consider.

10:07

**Mr David Davidson (North East Scotland) (Con):** This is an important subject area. It is about not only the current state of Scotland's health, but the measures that people can take to help themselves in later life. Such measures would remove some of the burdens on the health service, which, sadly, has become a sticking-plaster service that deals with problems that have been caused by the unhealthy lifestyle decisions that people have made due to their ignorance. We must address that situation.

Choice comes with responsibility, and we all agree that there is no such thing as a free lunch. The question is: how do we equip and empower people to make sensible lifestyle choices? The solution is not to release the thought police to control and dictate what people should do—although the Scottish Executive's approach to micro-managing Scottish life tends to favour that route. Rather, it involves ensuring that people understand what they can do to help themselves and to minimise the risks that they expose themselves to through smoking, the overuse of alcohol and highly risky sexual behaviour, which

too often occurs under the influence of substance misuse. The solution relates to moderation through knowledge, not the nanny state.

This debate is also about health care options and the need to head off problems before they start. In England, unlike in Scotland, a patient consultation is being conducted. The consultation document is called, "Fair for All and Personal to You: Developing choice, responsiveness and equity in health and social care". The consultation aims to find out what people want from health care in general. Unfortunately, the two pieces of legislation that we are about to deal with—the National Health Service Reform (Scotland) Bill and the Primary Medical Services (Scotland) Bill—do not attempt to start from the patient's perspective and build upwards. I am not pretending that the Labour Government in Westminster gets things right, but that consultation process is a good start, as it moves onto Conservative ground by putting the individual and the patient at the centre of health care delivery. I can only welcome that. The only way in which health care in Scotland is going to work for the individual is if patients and their advisers act in a meaningful partnership.

The document that we are discussing today is not as glossy as the Executive's documents usually are, but it still lists 44 actions. Some of them have already been completed and are being recycled as new ones, but other issues that are mentioned in the document are worthwhile points on which we can all agree.

In many debates in recent years, we have agreed that action points need to be delivered and that we must take the Scottish people with us. "Improving Health in Scotland—The Challenge" is obviously part 1 of a long series of announcements and debates. At the very beginning, we must agree on what needs to be done and on how it might be done. We must agree to put more emphasis on prevention. Early screening—and I have said this before—is very helpful, but it creates demand on capacity with which the health service, in many cases, cannot cope. That must be dealt with in parallel with the encouragement of new programmes.

When we consider choice, we are considering the choice of ethos and structure of a health service for the 21st century. All of us in this chamber share that responsibility. Conservatives would like the patient to be the focus of all health care. The patient should be aided in making decisions about health care choices—either in routine treatment or in chronic or intervention therapy. That poses problems for the two bills that will come before Parliament. The Primary Medical Services (Scotland) Bill has avoided the issue of patient consultation. Merely altering the structures to suit the minister's management expectations is not good enough. We want a health service that responds to the needs of and gives choice to the patient. Local health professionals need to be able to design their own solutions for the delivery of health care, in accordance with the requirements of the community that they serve. That does not mean a one-size-fits-all, top-down approach to health care in Scotland.

**Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP):** I agree with what David Davidson has said so far. However, when he talks about choice, does he accept that we have to consider something more basic—namely access? Especially in remote and rural areas of Scotland, there is a real danger under the new GP contracts—especially because of the lack of any replacement for the inducement scheme—that on the island of Eigg, for example, there will be no general practitioner, no access and so no choice whatsoever.

**Mr Davidson:** I accept Fergus Ewing's point—I have made it myself in other places and in committee. I am sure that we will have long debates on it before the Primary Medical Services (Scotland) Bill goes much further.

We need to set local health bodies free to decide how they will deliver services. In our book, that would include health promotion and advice for people in the community. As has been said, there are different problems in different parts of our society. How to attract and retain staff should be for local bodies and not for some national scheme. The Government has introduced schemes to allow premiums to be paid to attract and retain people and to bring specialised services to the areas mentioned by Fergus Ewing. The golden hellos are here; it is just a shame that—judging by the written answer that we were given this week—they will not be used to attract European Union dentists to fill a gap.

Before they become patients, patients are people. They should have options and choices about what to do. We have no philosophical difficulty with suggesting to the Parliament that money should follow the patient—whether in prevention or in care. Patients should have free access to any part of the health service—including health advice on prevention—in any part of the country, if that is the best way in which they can obtain the treatment or care that they need in an appropriate time scale. If patients wish to obtain care outside the health service—because of difficulties to do with access, which Fergus Ewing mentioned, or to do with waiting times, waiting lists or capacity shortages—why can they not take with them a proportion of the NHS drug tariff cost of their treatment? If they can afford to pay the difference, they will do so and leave space in the

currently stretched system for those who cannot afford it.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** Is this the policy that was referred to in a previous debate as the "passport" out of NHS services? Mr Davidson denied that that was Conservative policy.

**Mr Davidson:** I do not recall what I said on that occasion and I do not recall denying anything like that. As far as I am concerned, we are not taking people out of the health service but helping people to access health care using their health service contributions. That would not be obligatory, but, if the health service cannot cope, we have to use every measure we can to ensure that people obtain access to care. The minister wanted blue-sky thinking, so we throw that idea on the table for his consideration.

We passionately believe that we have to empower individuals and communities to look after themselves. That will mean education about risks to health, including education about sensible smoking—I do not think that smoking is sensible at all but I support prevention programmes and welcome what the minister said. We must reduce the intake of alcohol, binge drinking and all the other things that go on. We cannot do that simply by saying no; we have to explain to people why they are doing things wrongly. As others will mention, we have major problems in this country with irrational and dangerous behaviour under the influence of drugs—and I include alcohol. Let us give people choice that is based on knowledge of lifestyle. Knowledge is the first tool that they need. We have to empower people with knowledge. I was hoping that the minister would come up with more than he did when he spoke about the schemes that he wanted to be put in place. We must let local communities use such schemes to help to sort out some of their health problems.

Other members will no doubt talk about sporting and recreational opportunities. A healthy body does indeed lead to a healthy mind. However, many parts of Scotland are deprived of such opportunities. For example, it is important that the active elderly, and not just the tiny tots and the teenagers, gain access to opportunities.

**Elaine Smith (Coatbridge and Chryston) (Lab):** Does the Conservative party now acknowledge the link between poverty and ill health? It failed to do so in its many years in government.

**Mr Davidson:** I am not going to account for what other colleagues did in the past but, yes, poverty plays a major part, and nobody would argue with that. That is why we need to stimulate the Scottish economy, to get people back to work and to encourage them to become entrepreneurs. We do not see that happening through some of the Chancellor of the Exchequer's policies to dumb down the economy. He is trying to fill a black hole. What will happen in a couple of years' time when the current level of the Scottish budget vanishes? We need to get people into work. People in work are healthier, no matter what the work is. When people are in work, they will have money. We will have to educate them on what to do with the money. I know what Nanette Milne will talk about later and I wish her well.

There are issues about bringing up families in an environment in which they will think about health care and health outcomes. As Shona Robison said, that starts with the pregnant mum. Parents have to set the example. We have to educate parents, because the biggest role model for a child is the people around them in the home. We cannot deny that. We cannot simply target children; we have to target parents. The family unit must be supported all the way through. People have spoken about well man clinics and the Men's Health Forum. They represent the kind of health care and prevention system that we need. If people will not go to the doctor, we must take the clinic to them. I am sure that the minister would agree that that is the way to go.

I have not had time to say much about mental health but I know that Adam Ingram will speak about it. When members of other parties contribute this morning, I hope that we will not hear a list of claims for things that they have done for which they want credit. I hope that we will hear a genuine debate about increasing knowledge and offering choice. Services must be designed around people. I hope that we will not hear silly proposals that waste resources on those who can well afford to make a choice—be they proposals for universal free school meals or free eye and dental check-ups for the wealthy. We should distil the argument down to the principle of giving people choice and responsibility through knowledge. We should consider how we can support that as well as design health care provision that is based on patient need and choice and which takes in staff training and the attraction and retention of staff.

The question is about who can do what in health care and health promotion, not about what the state decides in splendid isolation. It is time to empower our people. It is time to give them a clear opportunity to say what they would like and to ask how we can resource that and how we can use the knowledge and talents that are out there in public services today. Do we optimise the way in which people work, or do we simply stick a health advert on television at the same time as removing gym and sports facilities in schools? That is not a balanced approach. In the long term, we should move away from the existing structures and

consider how we can redesign them to meet needs.

Two bills are coming up. One is to do with GP contracts. It will have a huge impact on access to health promotion and health care in many communities. There has been no public input to that and I am sure that the Health Committee will fire a shot across the minister's bows to warn him that the situation will have to change when we come to consider regulations. As for the National Health Service Reform (Scotland) Bill, can we not examine who can do what? I hope that the minister will reflect on that and give us some ideas to select from.

10:19

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):**

"Improving Scotland's health is central to the welfare of our society. Our poor health record is well known. New initiatives are required to create a step change in improving health."

Those are the opening three sentences of the health section of the partnership agreement, signed by the Liberal Democrats and the Labour party, which forms the basis of our coalition Government in Scotland.

The Liberal Democrat manifesto for the May elections championed the health theme, which commanded its largest, most prominent section. The Scottish Liberal Democrats have three key objectives for Scottish health policy. The first is to transform the health of Scotland, with a new focus on diet, exercise, health promotion and preventing illness. The second is to put patients first. That is not unique to the Conservatives; it is a long-held Liberal Democrat tradition to put patients first and cut waiting times by treating patients more quickly and offering greater patient choice. The third objective is to improve and expand local care by promoting a greater role for the primary care sector in diagnosing and treating patients in the community.

**Mr Davidson:** Will Mike Rumbles explain what the Liberal Democrats mean by "patient choice"?

**Mike Rumbles:** If David Davidson will give me a chance, I will come to that. I will take each one of our objectives in turn.

On our first objective, poor diet is a major underlying cause of poor health. We want to help people to achieve a step change in eating habits, through education and an improvement in the quality of food in schools. We want to make health promotion a key function of local authorities and to increase the health promotion budget. We want to focus on the fact that, the earlier we detect potential medical problems, the more likely that they can be successfully treated. Therefore, we want to encourage regular screening and help the prevention and cure of illness, ensuring that the availability of health services reflects people's lifestyles and takes account of their particular needs. That is why the Liberal Democrats have focused on the need to abolish charges for eye and dental check-ups—it underpins our commitment to health promotion and early intervention for everyone. A fundamental principle for us is to ensure that access to the health service is available for all, regardless of people's bank balances.

**Tommy Sheridan:** I am sure that the member would expect an intervention from me on the universal abolition of charges for check-ups, which we whole-heartedly support. Will the member comment on why his party steadfastly opposes universal free school meals for children? Would he support an expansion in entitlement to free school meals, or is he opposed to any such expansion in principle?

**Mike Rumbles:** Of course, it is all a matter of budget. The Liberal Democrats are concentrating on the health budget, and we are in favour of universal benefits in the health budget.

There is a real argument about the best use of resources, and there is no doubt that we differ from other parties on that fundamental issue. Do we target resources by measuring the bank balances of patients and targeting only those whom we judge to be unable to pay for themselves, or do we instead raise our game and call for a step change throughout Scotland's population, with everyone benefiting from access to health care initiatives? I deliberately said "everyone benefiting", and point out that the Royal National Institute of the Blind has highlighted the fact that 40 per cent of people who have entitlement to free eye checks do not even know it. If everyone had the entitlement, it would be universal.

Just as it was right in the first session of Parliament to focus on the needs of our elderly population and to provide free personal and nursing care to all among our elderly population who require it, it is right that, in this session, we focus on providing effective screening and preventive measures for all our population, regardless of people's ability to pay.

**Stewart Stevenson:** I very much welcome the Liberals' commitment to abolish charges for eye tests and dental check-ups. Unlike his colleagues in the Labour party, can the member tell us how many people in Scotland are waiting to get on NHS dentists' lists? In response to question S2W-625, the Deputy Minister for Health and Community Care, Mr McCabe, said that he did not know.

**Mike Rumbles:** The simple answer is that far too many people are waiting to get on those lists, and that is what we are trying to address.

We need to increase the provision of health services in readily accessible places—not just in medical centres, but in shopping centres, for example—to attract those who rarely use such services. On Monday, I was pleased to have my blood pressure taken at my local Asda store in Portlethen, as part of the Blood Pressure Association's national blood pressure testing week, and we should be thinking about that sort of measure too. We need also to address the lack of participation in health screening by men, through the development of regular men's health clinics. There are huge issues to be addressed if we are to transform the health of Scotland. That can be done by promoting healthier eating and more exercise and by developing effective screening services for earlier intervention.

The second objective of Liberal Democrat health policy is putting patients first. We accept that waiting times in hospitals are unacceptably long. Improving the efficiency of the system helps to address that, but we need to input more resources, which is what we are doing by recruiting and retaining an extra 12,000 nurses and midwives in the NHS by 2007. Taken with our commitment to recruit an additional 1,500 allied health professionals, including physiotherapists, radiographers, dieticians and chiropodists, that will enable us to tackle the most important issue for patients—having to wait too long for attention and treatment.

**Margo MacDonald:** Will the member give way?

**Mike Rumbles:** In a moment—I need to press on a bit.

One of the successes of the previous session was the fact that we moved away from focusing on the length of NHS waiting lists and adopted instead the Liberal Democrat policy of focusing on what is important to the individual patient—how long they have to wait to be seen. I am interested to note that Stewart Stevenson is laughing. The patient was never interested in working out how many other people were on their waiting list—that would be an academic exercise as far as they were concerned. The patient is interested in how long he or she has to wait. By making that change, we have recognised what is important for the patient.

Our third objective for the health service is to improve and expand upon local care. In 90 per cent of cases, an individual's contact with the health service is at the primary care level, through GPs and other services. We argued that the introduction of a GP contract bill should transform primary health care and reward the provision of extra services. We can significantly expand the work of the primary care sector by bringing together more treatment and diagnostic services in a single centre. People should have better access to their local health services, including physiotherapy, mental health services, health screening and dietary advice.

**Margo MacDonald:** Will the member give way now?

**Mike Rumbles:** In a moment. We should expand the capacity of community hospitals to provide minor surgery and to act as a resource for GPs. As an aside—and before I give way to Margo MacDonald—I was delighted to see the Princess Royal open the newly refurbished and expanded Aboyne community hospital in my constituency last month. That is a fine example of the point that I am making.

**Margo MacDonald:** I thank the member for his courtesy. On the greatly expanded recruitment of health professionals, does he set any restrictions on the areas from which such people might be recruited? Would any such restrictions cover developing countries?

**Mike Rumbles:** We have to be aware of what we are doing in developing countries. That might mean taking people away from working in their local services. I accept that the point is valid, but we also have a major commitment to addressing the issues for our own people.

Aside from the three objectives for improving Scotland's health that I have discussed, the Liberal Democrats have identified other initiatives to improve the system. We recognise the severe problems around accessing dental services, particularly in rural Scotland. As well as calling for the reintroduction of free dental checks for all, we have committed ourselves to transforming the remuneration system for dentistry to reward dentists for preventing dental disease as well as for treating disease and decay. We have also called for an increase in the number of dental training places in Scotland, with the establishment of a training centre in Aberdeen to tackle the shortage of NHS dentists.

We have called for the introduction of a national sexual health strategy and for measures to tackle alcohol abuse, by doubling the available resources, and to address the scourge of smoking, which accounts for around 13,000 premature deaths in Scotland each year. We have called for an end to the postcode prescribing of drugs; for the routine issue of digital hearing aids where they are the most clinically effective option; and for a review of prescription charges.

Having outlined what the Liberal Democrats have called for to rise to the challenge of improving Scotland's health, I want now to focus

on the vehicle that we will use to implement our policies: the partnership agreement, which forms the basis of our coalition Government. Every single Liberal Democrat initiative that I have identified is contained in the partnership agreement. During the partnership negotiations, I was particularly pleased that the two parties reached agreement on the programme for the next four years, and I am pleased to confirm that those plans are being implemented by the Minister for Health and Community Care, Malcolm Chisholm, and the Deputy Minister for Health and Community Care, Tom McCabe.

Nothing must divert us from the important tasks that are ahead. As Liberal Democrat health spokesman, I intend to ensure that we deliver on our commitments, in partnership with the Labour party.

**The Deputy Presiding Officer:** We move to the open part of the debate. Speeches will be limited to six minutes.

10:30

**Janis Hughes (Glasgow Rutherglen) (Lab):** Today's debate is unusual, as we are debating not a motion, but the wide-ranging issue of health improvement, which covers many areas of health care. We have already heard about some of those.

I was pleased that my colleague Shona Robison said that she was participating in the debate in the spirit of co-operation and good will. However, she went on to mention many negative aspects of health provision. I hope that I can touch on more positive aspects, to some of which the minister alluded.

Health education and health improvement are closely linked, but they have often been the Cinderella of the wider health care agenda. In the past, when money was needed for acute front-line services, it was often taken from the health education and improvement budget, to the detriment of the long-term agenda. I am pleased that, since the advent of the Scottish Parliament, it has been recognised that money spent on health education and improvement reaps huge benefits in the long term. I agree with Shona Robison that there is a much bigger picture and that health is inextricably linked to the social justice agenda, which is a priority for the Scottish Executive.

A number of initiatives have been taken in our local communities, on which we must target the health improvement agenda if it is to be effective. This morning we have heard about breakfast clubs in community schools, which have been shown to raise children's attainment levels. Provision of free fruit in schools and nurseries has introduced many children to tastes that they have never before experienced. The physical activity task force has been created. Points have been made about school sports co-ordinators, but they are very active in my constituency and are encouraging children to take part in exercise, which is crucial to their growing-up and long-term health. Free eye and dental checks, which were announced last week, are a welcome addition to the health improvement agenda.

I want to concentrate on two main areas of health care. The first is the issue of carers. There is no need for me to elaborate on the role of carers in our communities, as that has been done many times in the chamber. What is not always considered is the impact that they have on the wider health improvement agenda. One of the most important roles that a carer can play is as a key provider, to ensure good use of resources. By that, I mean that carers are often the people who save valuable health service time by acting as advocates for the people for whom they care and by ensuring that any necessary treatment is administered properly, which reduces the need for intervention by health professionals. That positive contribution to improving the health of those in our society who need care is invaluable, but to use the old cliché—

**Mr Davidson:** Will the member give way?

**Janis Hughes:** Yes.

**Mr Davidson:** Does Janis Hughes agree that it is time that we had a carers register and a formal system of identifying those who could be useful in that capacity—as they already are to members of their family? It is important that their needs are taken care of, because many of them never surface.

**Janis Hughes:** I am coming to that issue. I did not intend to imply that David Davidson was an old cliché—I was about to ask, "Who cares for the carers?"

During the previous session, as a member of the Health and Community Care Committee, I was involved in consideration of the Community Care and Health (Scotland) Bill, which addressed the subject of carers. Although I was unsuccessful in having health care providers identify carers—I was as disappointed as anyone else about that—one of the most important and positive results of the legislation was the creation of carers' information strategies. However, there seems to be a breakdown in communication about those strategies, which go some way towards identifying carers in our community who need help, although not as far as I would have liked. I am concerned that the strategies have not been developed with health boards. I would welcome guidance from the minister on how that problem can be addressed. Carers' information strategies would go a long way

towards enabling carers to be made aware of their rights and of the help that is available to them.

I know that some carers organisations such as the Princess Royal Trust for Carers, representatives of which I met recently, have already formulated good practice guides. Those organisations would be only too happy to help to expedite this matter. Carers' information strategies are vital and their introduction would enable us to improve vastly the health of our community—for those who need care and for those who care for them.

The second issue relevant to health improvement that I want to address is recruitment and retention of staff, especially nursing staff. Members have already raised that issue. We are disfranchising a large number of people who would like to work in a caring profession but who do not have the ability or inclination to do so at an academic level. When I trained, nurses did on-the-job training and were salaried while doing it. I am sure that that type of training would be attractive to a number of people and would help to address our chronic shortages of nursing staff. I would welcome hearing the minister's comments on that.

Health improvement is not a quick fix. I welcome the opportunity to hear suggestions from members from all parties about how we can improve the health of our constituents not only in the short term, but on a more strategic level, so that future generations may be much healthier than we are now.

10:37

**Christine Grahame (South of Scotland) (SNP):** So far this method of debate has not proved terribly interesting. I am not likely to make it any more so, but I will press on. At least members will have to listen to me for only six minutes.

We must address the broad national issue of why other European nations such as Finland have much healthier people than Scotland. I am glad to say that the Health Committee is commissioning research into comparisons with other European nations and the success of those nations' public health programmes. I do not think that I am spilling the beans on that, although colleagues are looking at me with watchful eyes.

I will narrow the focus of my contribution to the debate. Janis Hughes talked about carers, but I will focus on volunteers and on local Borders initiatives that are designed to prevent children from becoming unhealthy and which face common difficulties. The initiatives are taking place against the background of the increasing problem of drug and alcohol misuse that was referred to during yesterday's debate on the Nicholson report. The Borders has one of the highest proportions of youngsters who start to use drugs before they are 15. That statistic comes from research by the Prince's Trust. Children's alcohol addiction is the biggest problem in the Borders. Jeremy Purvis and I addressed that issue in yesterday's debate.

I want to mention two or three projects that are trying to deal with the problem and which, as I said, are facing common difficulties. The projects are manned by committed and passionate volunteers similar to those whom members will have met elsewhere in Scotland, but they are having increasing difficulty in obtaining funding from various funding streams on an annual basis. Applying for funding takes up a great deal of project workers' time, which they would otherwise use to do the work that they set out to do.

I refer first to the reiver project in Galashiels, which is run by Norrie Tate. The project takes in youngsters with alcohol problems who are referred by the reporter to the children's panel and seeks to deal with those problems head-on. It addresses issues of education, poverty and crime and disorder, because they are all linked. Idle hands lead children to use alcohol and drugs and to become involved in mischief and crime, resulting in poor health, early pregnancies and so on—we all know the horrible story. At the reiver project, staff discuss with the youngsters one-to-one the effects that alcohol and drugs have on their health and engage them in strategies for coping with their particular problems.

UP2U is a peer education project in Peebles and comes at the issue from a different angle. It was run previously by Liz Anton, whom I must mention, who died young not so long ago, and is now run by her husband David and others. I first became involved by going on a tour with the police in the Borders many years ago. It is a wonderful organisation, because it educates primary school children and young people from Peebles High School. It runs a six-week drug and alcohol education programme with all the local primary schools and is supported by Scottish Borders Council—I must say a good word about it occasionally—the education department and teaching staff.

The response from the young people is excellent. The primary 7 pupils enjoy their involvement and have said how they find it much easier to talk to someone who is nearer their age than it is to talk to oldies—that could mean the minister, other members and me, and I can imagine how that could affect them. Some of the project's targets are: to increase knowledge and awareness of the facts about drugs; to increase the number of young people making informed choices; and to reduce the number of young people taking unnecessary risks.

Like the reiver project, UP2U struggled to get funding—it needed £11,000 to rent premises. Shortly after the death of Liz Anton and after a big campaign, the group eventually managed to get the funding from the council and the police, but it had a big battle. Why are such projects not supported, given that they are effective locally?

Breaking the cycle is a youth-crime initiative that has a direct link to work on alcohol and drugs. The volunteers there told me that young people are ignorant of the impact of drink and drugs and that physical education has become academic—there is no real continuing physical education in schools. They also told me that their statistics show that 3 per cent of children leaving school do exercise only after they have left. What is the role of physical education teachers? My goodness, in my first year, my PE teacher had me out in hockey shorts in the freezing cold and told me that it was good for me.

**Margo MacDonald:** Too true. Quite right, too.

**Christine Grahame:** I do not think so. I am glad to say that I am reasonably unhealthy now. We were made to take exercise then.

The final project that I want to mention is the junior acoustic music project—JAM—of which I am a patron, where there is folk singing and rowdy drumming. I visited it and although it was not my cup of tea, the kids were enthusiastic and healthy, because they were being creative, active and informed.

All the projects that I have mentioned, whether to do with physical activity or music, have something in common—they struggle for funding year after year. My suggestion is simple. We should have an index of successful projects and their funding needs, so when they ask the Executive for funding, they do not have to start from scratch every year.

10:43

**John Scott (Ayr) (Con):** I endorse what David Davidson said, but will focus primarily on the problems that people face in Ayrshire. Although the problems of Ayrshire are unique to that area, they are illustrative of the difficulties that health boards face throughout Scotland, where consultants, middle-grade doctors and junior-grade doctors are all in short supply.

In the Ayrshire and Arran NHS Board area, which includes my constituency, we face two particular issues of great concern to local people—the continuation of full accident and emergency services at Ayr hospital and the continuation of paediatric services at both Ayr hospital and Crosshouse hospital.

I will deal first with paediatric services. Ayrshire has two paediatric units, one at Crosshouse and one at Ayr. The Crosshouse unit treats about 3,000 children a year, while Ayr treats 1,800. However, Ayrshire and Arran NHS Board has just carried out a consultation exercise, which it is feared will be a prelude to the closure of the Ayr unit, despite the overwhelming opposition of local people that was demonstrated in the consultation exercise.

I am advised that nurses at Ayr hospital have already been given a date for the closure of the paediatric unit. If that is true, it shows that the consultation process was little more than a public-relations exercise. Local Labour MP George Foulkes shared that view and recently predicted at a public meeting that the Ayr hospital paediatric unit would close.

The problem lies essentially with junior doctors' hours and training and has been entirely foreseeable. Britain signed up to the European working time directive in 1997 and the consequences have been apparent ever since. If the working hours of existing staff are reduced by half, more staff—about double the number—will be required to provide the same level of service. That seems a straightforward equation and its implications are inescapable. Of course I agree that junior doctors' working hours should be reduced and I accept completely that the terms of the directive must be complied with, but we cannot allow the price of that reduction in hours to be the sacrificing of crucial health services in Ayrshire.

A similar problem exists with accident and emergency services in Ayrshire. Last week, contingency plans were revealed under which the accident and emergency unit at Ayr hospital would be closed to major trauma cases from 6pm to 8am and at weekends if sufficient staff could not be found to operate the service. In this case, the problem lies in sourcing middle-grade doctors. Although a world-wide recruitment drive has just about filled up the vacancies in Ayrshire this time, my view, and my fear, is that only part-time accident and emergency services will be available at Ayr hospital by Christmas.

I raised that matter with the minister in July this year when a Royal College of Physicians survey revealed that in England many accident and emergency units would have to close because of staffing difficulties caused by the reduction in working hours. How does the minister intend to address that nationwide problem?

I do not want there to be a debate in Ayrshire about whether Ayr hospital or Crosshouse hospital should be the winner or the loser in a carve-up of services. My constituents and I want the existing services at both sites to be retained. In addition, we want services at both hospitals to be

developed and a general increase in the level of health care provision across Ayrshire. I appreciate that the issues are complex and I would like to make it clear that I do not hold the minister responsible for the problems of downsizing that are being faced at Ayr hospital. However, I believe that he bears a responsibility for helping to find practical solutions to those problems. A shortage of funding is no longer the problem; notwithstanding the large cash injections that have been given to the health service in recent years, it is clear that money will not in itself provide a solution to the problems.

**Tommy Sheridan:** On the role of money, does the member agree that Ayrshire suffers from some of the worst poverty in Scotland? Its infant mortality rate of nine in every thousand is the worst in Scotland. Surely, therefore, investment in tackling poverty is necessary in Ayrshire, as it is in other parts of Scotland.

**John Scott:** I am happy to agree entirely with Tommy Sheridan that Ayrshire has some of the worst problems of social deprivation. The social inclusion partnership area in my constituency has dreadful problems.

Taxpayers will willingly pay more tax if they get a demonstrably better level of service. It is clear from the threats that are being faced in Ayrshire, however, that they are not seeing those improvements. The root causes of the threats to Ayr's paediatric unit and the accident and emergency service are recruitment, retention and a forecast lack of man hours. If, as I believe, those problems are also being experienced in other NHS board areas across Scotland, as I expect colleagues from all parties are finding—especially Duncan McNeil—it is apparent that some strategic thinking is required by the Scottish Executive to ensure an adequate supply of staff to maintain and expand service provision.

I do not claim that there are easy answers to the problems. It falls to all of us to work together to ensure that solutions are found. People in Ayrshire are looking to the Parliament and to the Scottish Executive to find the answers. I say to the minister that he has in his hands the reins of power to address the issues. I hope that today he will outline new proposals that will bring hope rather than despair to my constituents. I look forward to his reply to the debate.

10:49

**Pauline McNeill (Glasgow Kelvin) (Lab):** I support this mode of debate, which gives us the time and the opportunity to say a few things over the course of the day.

I want to talk about child health and to take the opportunity to talk about concerns in my constituency.

Children's health is so important to our health strategy. At any stage of life, illness is a serious matter but illness in children merits special attention from the NHS. We have made enormous strides in the way we deliver services for children, particularly in the community.

I cannot speak highly enough of the royal hospital for sick children at Yorkhill in my constituency, which is now the national centre for many specialties, such as cardiac care, renal care and extra corporeal membrane oxygenation—ECMO—treatment. An ECMO machine is simply one that can act as a baby's lungs and heart when it is ill.

By 2005, all children in Glasgow will receive their accident and emergency care at Yorkhill children's hospital as a result of a £7 million package. There is also a new intensive treatment facility at Yorkhill. There is a lot of excitement at Yorkhill about those developments.

I take this opportunity to commend the work of Mr Doraiswamy, the accident and emergency consultant who has done so much to promote the prevention of injury to children. He pioneered the idea that devices used at airports to detect metal could be used to detect items that children have swallowed, thus avoiding more invasive procedures.

I recently helped to support Mr Doraiswamy's initiative on injuries to children's fingers, which amount to 800 per year. Many of those injuries result in amputations and could be avoided through the use of preventive measures. He suggests that we should be buying doorstoppers and that we should change Scottish building regulations to incorporate devices that can stop doors from closing and causing amputations in children. Mr Doraiswamy argues that Scotland should lead in this field because no other country has done so. He also says that we should be able to identify trends in different parts of Scotland so that we can formulate prevention strategies that accommodate those trends.

I move on to the link between child health and maternity care. The Minister for Health and Community Care would be disappointed if I did not speak about my most serious local concern. Together, Yorkhill children's hospital and the Queen Mother's hospital, which provides maternity services, offer a unique model of care in Scotland; they are admired around the world. That successful model has pioneered the use of diagnostic equipment that is commonly used today. Ian Donald is the man most credited with the quality of research at the Queen Mother's

hospital because he established ultrasound as a diagnostic tool more than 22 years ago. I do not think that it is an accident that that happened at the Queen Mother's hospital.

Today the Ian Donald foetal medicine unit at the Queen Mother's hospital has the only imaging equipment in Scotland that allows us to see an almost lifelike photograph of the unborn child. That permits a multidisciplinary team to deal with the malformations that a child might have and plan for a child that might require foetal surgery or post-birth medical care.

It is important to note that 50 per cent of referrals to the Queen Mother's hospital come from outside the Greater Glasgow NHS Board area. Therefore, other MSPs might have an interest in the services provided by that hospital. It is also crucial to note that it is hard to distinguish where the role of the neonatal specialist ends and that of the paediatric specialist begins, as they work closely together in a team to care for the lives of the unborn and the newborn.

The Queen Mother's hospital admits mothers from all over Scotland. The staff can identify what we now know to be common complications. For example, the hospital is a centre for amniocentesis and for the early detection of genetic conditions, limb defects and spina bifida. Members will know that operations can be carried out in the womb—that work was pioneered at the Queen Mother's hospital. It is also the national centre for training in foetal medicine and surgery. Is it any wonder that such a set-up has made so many medical advances?

Sadly, that set-up is under threat: the review of maternity services in Glasgow could put it at risk. It is sad that Greater Glasgow NHS Board does not seem to value what it has in that service. Under the review it is prepared to break the link between maternity care and child health that has given Scotland so much through the advancement of medical care. I am furious at the thought of my constituents having no maternity service in the west of the city and I am deeply concerned by the prospect of Scotland throwing away such a significant centre where research has been thriving for almost 30 years.

If members do not believe me, they should believe Dr Alan Cameron who is the head of foetal medicine at the Queen Mother's hospital. In his opinion, if we close the Queen Mother's hospital and break the link that has existed since the 1970s, all that work will be lost. Many places around the world—Vancouver, Singapore and too many others to mention—are heading in the direction of bringing together such a model of maternity care and child health. If members do not believe me, they should listen to Dr Tom Turner, director of neonatal medicine at the Queen Mother's hospital, and paediatricians from the north and south of the city, who say that the proposed measure is a drastic one.

I thank the Executive for allowing members to hold a good debate on health. I implore the minister to listen to the points that I have made, particularly when he comes to review the issue in a few months.

10:55

**Eleanor Scott (Highlands and Islands) (Green):** I will use my time to consider rural health care briefly and then I will move on to consider health promotion.

I refer to the delivery of rural health care, having recently attended a conference, which the minister opened, where solutions to the problems of delivering health care in remote areas were discussed by delegates from Scotland, the north of Norway and elsewhere. In the Scottish context, I note the success of the remote and rural areas research initiative, which is due to come to an end soon, and I welcome the setting up of the rural health network that will follow.

In the Highlands, recruitment and retention of health professionals, especially GPs and dentists, continues to be a major issue. I echo an earlier comment that the new GP contract is problematic for very remote areas. The Norwegians have some creative solutions to the same problem, such as obliging newly qualified doctors to spend a year working in a rural area that has been chosen by ballot. Western Australia has gone further and is experimenting with sending undergraduates into rural areas for a year to study their usual subject, not just rural medicine. The idea behind that approach is that many will enjoy the experience and will choose to work in rural areas in future. We could consider similar initiatives in Scotland.

I caution against seeing the recruitment and retention of health care staff as a rural problem. Rural areas provide a barometer for what is going to happen elsewhere. Unless we tackle demoralisation in the NHS and make it the rewarding institution to work in that it once was, staffing problems will only get worse. I suggest to the minister that assuring staff that the current reforms are going to be the last for a long time would go a long way towards helping the situation.

However well-staffed, well-funded or well-motivated, the NHS cannot deliver health; it can only manage disease and disability. Health is determined by environment and lifestyle. The surest way to stay healthy in Scotland is to be born rich, and the surest way to improve our national health record is to eliminate poverty and

inequality. Successive Governments will say that they are working to do just that.

**Christine Grahame:** Does the member agree that without the powers of independence and the ability to use all our economic levers, we cannot possibly begin to tackle the inequalities that she has raised?

**Eleanor Scott:** I agree that our powers in the area are limited, but I argue that we should make better use of the powers that we have, pending those powers being increased—up to and including full power.

**Christine Grahame:** The member nearly used the I-word.

**Eleanor Scott:** I nearly did.

Having said that the NHS cannot deliver health but only health care, I believe that it needs structures to monitor public health and advise on policy. I am concerned about that matter. The Public Health Institute of Scotland was set up in 2001 but there was a lack of clarity about its role and where it overlapped with HEBS. In April 2003, the two organisations merged and created NHS Health Scotland. I understand that that merger was not entirely trouble-free. The new Glasgow centre for population health seems to be similar to the PHIS, but it is unclear what contribution it will make that existing public health and academic bodies could not have made. Initiatives such as the national demonstration project must be rigorously evaluated because we need programmes that work.

Things could be done now to make the Scottish lifestyle healthier. The minister mentioned physical activity; other members will be talking about diet, so I will not. When I talk about physical activity, I do not mean taking part in organised sports; I am talking about being active during daily life. It could be argued that the department that has the most effect on our health is the one responsible for transport.

I skim-read the new transport consultation document that appeared on my desk yesterday and I could find the word "health" only once, on page 8. Perhaps that is inevitable, and it might be unfair for me to make that point because the document obviously focuses on longer journeys. However, we have to consider shorter journeys where walking is a realistic option, because walking is one of the things that we could start to do now. We could become a nation of walkers, and would become healthier as a result.

The lottery-funded paths for health scheme provides for walking infrastructure to be created with matched funding from local authorities, but it has proved so popular that three years' funds are fully committed, so no further money is available.

**Margo MacDonald:** Is the member aware that although it is reported that more than £2 billion of lottery funding has been spent in Britain, the decline in the uptake of sport has continued? We must question whether we are getting the two factors in synch.

**Eleanor Scott:** One could make a slightly convoluted argument that if people walked more, were healthier anyway and their baseline level of health and fitness was higher, they might be more inclined to participate in sport and therefore become that bit healthier yet.

That illustrates a fundamental principle: only when Scots are leading healthy lives in a healthy environment will Scotland's health improve. It is not the job of the NHS to achieve that; it is the job of every Government department, every local authority and every public agency. Any decisions that are made—I am thinking in particular of planning decisions—should factor in health by asking, "What will be the effect of this decision on the health of the population?" The minister said that he would support health improvement through community action. I hope that that means that when a community objects to a development that would be harmful to its health, such as a motorway being built adjacent to it, its voice will be listened to.

11:01

**Mrs Margaret Ewing (Moray) (SNP):** The debate has been wide-ranging and I have found it interesting. There is agreement, virtually throughout the chamber, that all of us care very much about the health of our nation and those who work in our health service. I will start by talking about those who work in our health service, because that important aspect has not been touched upon much.

I have suffered from two serious illnesses in my life, and I have spent time in hospital. I have nothing but respect for everyone who works in the NHS—for example at primary care level, which deals with referrals to hospital—and for the treatment and care that they give. I respect not just the professional ambience, but the care that is shown by people throughout the national health service. We should put our thanks on record, because people sometimes feel that they are taken for granted. They should be applauded for their discipline, dedication and unfailing commitment to patients and families, especially in times of need or distress.

That said, no system is perfect. Over many years, I have watched the various changes that various Governments have made to the national health service. That has always caused me a great deal of concern, because the resulting

uncertainty does not help the morale of the staff. There will always be issues about waiting lists, waiting times, diagnosis and treatment, but the vast majority of cases—we do not spell this out often enough—are dealt with efficiently and speedily. Sometimes, for whatever reason, cases fall through the net and are highlighted by our media. I wish sometimes that we could highlight the positive results of the national health service.

Dentistry has been mentioned several times. I have lost count of the number of times that I have spoken in this chamber about dental health; my assistant believes that this is about the 50th time, but that might be a slight exaggeration. I have pursued the issue of dentistry provision for a considerable time, starting with what was happening in my constituency of Moray. It was admitted that Moray had the worst provision in the whole of Scotland, because there was no access to national health service provision. Colleagues such as Christine Grahame and Stewart Stevenson, and many other members, such as Mary Scanlon on the Conservative benches, have pursued that issue. There is a crisis in the provision of national health service dentistry. As Mary Scanlon said, what is the point of free dental checks if there is no dentist to go to?

After considerable nagging, debate, meetings with ministers and attacking Grampian NHS Board, we have an increased facility in Moray. A national health service dentist is now based at Dr Gray's hospital for three days a week. I welcome that progress because it helps, but people should not get toothache on a Friday, because they cannot see the dentist on a Friday, Saturday or Sunday; they have to wait until Monday. Toothache—the "hell o' a' diseases", as Burns called it—is not something that anyone wants to live with for three days. I acknowledge that the Executive has introduced measures such as golden hellos, and that it is examining how to attract trainees to rural areas, but there is still a sad lack of national health service provision throughout Scotland. We can talk as much as we like about oral health and dental hygiene, but if we do not have the provision, we will not get far.

**Patrick Harvie (Glasgow) (Green):** Does Margaret Ewing agree that a polluting form of mass medication, such as placing fluoride in the water, would do nothing to tackle that problem?

**Mrs Ewing:** I am not in favour of fluoridation, but it is interesting that the water in my constituency has the highest level of naturally provided fluoride in the whole of Scotland, and the children, on the whole, have better teeth. However, they still drink the fizzy drinks that were mentioned earlier.

I wish also to talk about Alzheimer's and dementia. I know that my colleague Adam Ingram will develop that theme further. I will take a personal approach, not to seek sympathy, but to express the reality that faces families when a family member suffers from dementia or Alzheimer's. That happened in my family, with my mother. I will give one or two small examples of what it was like to cope with that situation and to persuade the authorities that additional help was needed.

My mother would think that my brother and I were coming for tea. We would arrive, and find the fridge with about two dozen steak pies in it, most of them past their sell-by date. Another time, the fridge was stacked with butter because she had intended to make us a cake. One night, in November, she switched off what she thought was a light in her house but was, in fact, the central heating. At the same time, I was on my feet in the House of Commons giving it laldie about cold climate allowances for old people. If my brother had not visited her house the next day, my mother would probably have frozen. It is ridiculous.

There are 61,000 people with dementia in Scotland, and there will be 67,000 within the next 10 years. I will read to the minister the conclusions of Alzheimer Scotland, of which I am a great supporter. Under the heading "Ask not for whom the bell tolls", the organisation states:

> "Alzheimer Scotland's examination of community care plans and local mental health framework plans provides no grounds for optimism. It indicates that strategic planning for dementia care services is weak … Services for people with dementia tend to be a sub-category of services for older people, or in a few cases, a sub-section of mental health service planning."

Those services should not be a sub-section.

I will close on a specific constituency point. Those of us who have had a chance to read the newspapers today will have seen the case of Emma Mackenzie, a two-year old who is fighting leukaemia and undergoing a bone marrow transplant today. She contracted hepatitis B as a result of a platelet transfusion. I lodged questions about that when the family contacted me last month. Could I please have an answer from the minister?

11:09

**Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** Some members will recall that, during the last session of Parliament, I repeatedly raised the issue of maternity services in the far north. Indeed, it is a sad fact that in his long and, we all agree, distinguished career, the last question that Donald Dewar answered was a supplementary on maternity services in Caithness. At that time, there was a question mark over the service, and there was a proposal on the table to drastically reduce it. However, that proposal went

away and it was agreed that the service would be retained at the level that we enjoy today.

The Minister for Health and Community Care will know where I am coming from, because I wrote to him recently about a proposal that has emerged—to the disquiet of all members who represent the Highlands—to revisit the possibility of drastically downgrading the service. Eleanor Scott, Mary Scanlon and I were told that the two issues that underpin NHS Highland's wish to revisit the matter are the report of the Scottish Executive's expert group on acute maternity services and the working time directive, which members have talked about. The irony is that the EGAMS report contains significant caveats about midwife-led services, issues of distance and rurality, as members and ministers know. I and others have pointed that out to the minister.

I will speak briefly about the nightmare what-if scenario. We are talking about extremely large distances. If the service that Caithness enjoys were to be downgraded drastically, first-time deliveries would have to go all the way to Raigmore hospital. That would mean a round trip of more than 200 miles, which would put stress on the ambulance service and create safety concerns for mothers and unborn children making that journey.

Peer support is another consideration. Members who are parents know that when a family's first child is born, support from friends and relations in the early hours and days is important in dealing with breastfeeding, nappy changing and everything else. The poorest in society would be affected—for example, a single mother in Wick might be forced to go to Inverness for the birth of her first child. The poorest in society would be the least able to meet the cost of visiting their relation or friend in hospital, which is a serious matter.

What if the weather is as bad as it can be in the Highlands? All Highland members present know what I am talking about. What if it is the middle of winter, the A9 is blocked and the helicopter cannot fly? That is simply a tragedy waiting to happen.

We have not reached that position yet. I have sketched the blackest scenario, but it is important for me and other Highland members to go on the record about the situation. I do not ask ministers to step in yet, because I hope that sense will prevail. However, I put it to the minister that if the risk assessment that is being undertaken is not as thorough as it should be and does not take into account sparsity, distance and—above all—safety, the danger is that an aspect of the health service could go into waters that the Scottish Executive would not want it to go into. That would fly in the face of ministers' good intentions.

11:13

**Mr Duncan McNeil (Greenock and Inverclyde) (Lab):** We have heard from politicians today and in the past who, in true Taliban style, desire to ban smoking, drinking, eating Happy Meals and probably, for all we know, sitting on the couch watching the telly. By 2045, according to my figures, such a move would reduce the incidence of ailments such as heart disease, strokes and cancer to virtually zero, principally because no one would live long enough to develop them, as people would die of boredom in their early 20s.

To be fair, the idea that health improvement is the cure for all the national health service's ills has been advanced not only by the Taliban tendency in this Parliament, but by some serious politicians. Fifty-six years ago, the architects of the NHS assumed that once the NHS was in place, ill health, and hence demand, would reduce. Their naivety is touching today. Post-war politicians had no idea about impending advances in medical science, new treatments, the rise in care standards and the rise in expectations, which have led more people to seek more health care for more illnesses.

**Stewart Stevenson:** I congratulate Duncan McNeil on bringing a welcome note of humour to the debate, but I will be serious for a moment. Is he aware that in eight hours, which is the scheduled time for the debate, on average 12 people in Scotland will die from the consequences of smoking?

**Mr McNeil:** I do not diminish the idea that smoking is bad, but I disdain the idea that politicians can ban everything that they dislike.

Today's politicians do not have the excuse that their predecessors had. We have only to open a newspaper to see how medical science is galloping ahead. A cursory glance at the census data shows that our population is becoming older. To continue to argue that to sort out the long-term structural issues that face today's NHS, we need more hours in the public baths and fewer hours in the public bar is, at best, little more than well-intentioned rhetoric.

If we are serious about delivering a national health service that is fit for the 21st century, we must examine the situation more deeply. We must consider the barriers to delivering the modern patient-centred service that we deserve. A host of issues that have been mentioned, such as staff recruitment and retention and accreditation, must be properly addressed. However, I fear that those matters are sidestepped when decisions are taken about the shape of our NHS. That leads to illogical and short-sighted decisions.

A case in point is the Rankin maternity unit in my constituency. Other members have described

similar experiences. It is almost universally accepted that a range of factors, such as junior doctors' training, junior doctors' hours, Europewide staff shortages and the application of clinical standards, are contributing to massive pressures in the NHS. However, as the minister knows from his meeting with me and local campaigners yesterday, when those pressures forced Argyll and Clyde NHS Board to review maternity services, it ducked every issue.

The result was a crackpot plan to centralise consultant-led in-patient maternity services for the whole health board area at the Royal Alexandria hospital in Paisley. That move could affect a quarter of the Scottish female population. It could concentrate consultant-led in-patient services for more than 800,000 women and children in two hospitals—Paisley's RAH and Glasgow's Southern general hospital—that are a few miles apart.

The plan not only threatens the Rankin unit's future, but represents the beginning of the end for Paisley's RAH. Would any pregnant woman from Greenock, Largs or Tiree travel to a consultant-led unit in the RAH when she could give birth in a university-led unit a few minutes up the road? It is only a matter of time before Paisley's underused consultant-led services are closed and moved to the Southern general.

The Health Committee should conduct a major inquiry into the deep-rooted issues that have an impact on service planning in the NHS. I have no wish to pre-empt a committee decision, but I will explore the role of a strong factor in unacceptable health board decisions—artificial health board boundaries, which are the Berlin walls of the NHS. Each party sits on its own side, pretending that the other does not exist and deluding itself that it can function as a self-contained unit. Thanks to health board boundaries, neighbouring boards—Argyll and Clyde NHS Board and Greater Glasgow NHS Board—undertook two reviews and decided to put two identical services on two sites that are side by side.

If we are serious about rising to the challenge of improving Scotland's health, we must not be afraid to tackle the big issues. Of course, that will not be easy. However, if we return to the healthy living theme, anything less would be like ordering a can of Diet Coke with a black-pudding supper: a well-intentioned gesture, but a gesture nonetheless.

11:19

**Margo MacDonald (Lothians) (Ind):** It is a pleasure to follow the new libertarian Duncan McNeil, although I take issue with some of his remarks. I am living proof to the chamber of the superior benefits of the public baths instead of the public bar.

I apologise to members in case I am not in the chamber this afternoon. I must attend to a very sad personal arrangement.

I wanted to take part in this debate because policy making in the area of health and fitness is central to the aspirations for our fellow Scots that we all have, regardless of our party-political or philosophical starting points. As a result, I will be only too pleased if the minister does what was suggested on Radio Scotland this morning and pinches some of my ideas.

I will not be as suggestive as Christine Grahame was in her speech—I will not refer to hockey shorts, nor even to the dance leotard that I wore when I was a physical education student. However, I will draw on the experience that I have gained. No matter whether we are on one side or the other of the great constitutional divide—or, indeed, whether we have a marked backside from sitting on the fence—we would all like Scots to be healthy, wealthy and wise. The starting point for our common ambition is a healthy Scotland.

The Executive shows commendable intent in attempting to improve the quality of the NHS, although it is for others in the chamber and elsewhere to deal with the question whether a cost-benefit analysis will vindicate its policies. I will not dwell on that question today. Instead, I will confine myself to awarding some roses and raspberries to the Executive's attempts to create a healthier nation.

Just as neither the Scottish Executive nor Scottish Enterprise can produce manufactured goods for export but must instead create the conditions that encourage and support industrialists to expand their markets, so the Executive is responsible for creating the conditions that encourage Scots to make healthy lifestyle choices. Of course, it is also the responsibility of those who would rule over us to get to grips with the health problems that poverty creates. The Parliament cannot eliminate poverty; instead, it can try only to ameliorate some of its worst effects.

Duncan McNeil was absolutely right to point out that the Executive cannot force individual adults to get healthy—after all, look at him. [*Laughter.*] Apart from anything else, we all go through phases in our lives. Sometimes we make sensible choices, sometimes we do not. However, just as public attitudes to drinking and driving and the infliction of passive smoking have changed—and have been changed—so we can and must change attitudes towards fitness and health. We need to realise that the responsibility for fitness and health lies in our own hands and that all of us, regardless of income, have access to the means of getting fit and staying healthy.

**Christine May (Central Fife) (Lab):** Does Margo MacDonald agree that the introduction of the safer routes to school initiative has proved very successful in improving the health of primary and secondary schoolchildren? Does she also agree that older people's access to free travel has enabled them to maintain—and in some cases improve—their levels of fitness? I hope that she will join me in saying that those initiatives should continue to be resourced.

**Margo MacDonald:** I agree absolutely with Christine May's points. I think that Stewart Stevenson, in an intervention, touched on the question whether local authorities would continue to receive funding to keep up travel initiatives and programmes such as free fruit in schools. That issue must be addressed and I hope that someone will do so.

As I was saying before I was so helpfully interrupted, we should have access to the means of staying fit and healthy. On the Executive's policy of providing new schools through public-private partnerships, it has been discovered that access to the sometimes good, sometimes cramped facilities—I will not go into that particular matter at the moment—is very often constrained by commercial demands. That problem must be admitted and tackled. Although it might have been an unforeseen circumstance of levering money into education in such a way, it means that access to facilities that should be public is being restricted. In that respect, I hope that I am present this afternoon to hear the minister's summing-up speech.

Glasgow City Council has worked out that if it could increase its use of schools' sport facilities from the present 18 hours to 25 hours a week, it could also increase satisfied demand for sport from 53 to 81 per cent. We are beginning to find out how newer policies are working and are discovering that they must be tweaked. That is why blue-sky thinking is such a good idea.

The Executive has competition for the hearts, minds, stomachs and livers of Scots. The food and drinks industries spend squillions on making a mockery of what we have been saying this morning and of what the Executive's various health and fitness initiatives are trying to achieve. Money talks, and the Big Macs and the Colonel can drown out any message that the Executive tries to put across in its television advertising.

I said that I would make some suggestions—I will try to outline five of them. First, it has been proved that Gary Lineker can sell crisps and make Walkers crisps the brand leader. As a result, we need someone like Henrik Larsson to make fruit the brand leader; we need to get him into the schools and the places where the kids are. Style icons and sports idols must promote this policy. I once persuaded Billy Connolly to promote the NHS patients helpline at no cost and he did a brilliant series of radio adverts for nothing. Public figures will do that sort of thing.

My second suggestion—[*Interruption.*] Please bear with me, Presiding Officer. I have a couple of suggestions and I just want to outline them.

My second suggestion is that we should tax the baddies. After all, the Westminster Government started to tax the tobacco companies. I know that we in the Scottish Parliament cannot tax these industries, but we could send a wee letter to Westminster saying that we think that it would be a good idea to tax foods that are injurious to health.

Thirdly, free school meals are nothing to do with equity and everything to do with the fact that we would be able to send children to school without money in their pockets and know that they would be fed the correct stuff. Finally, we need prescription exercise on the NHS for all people, particularly elderly people. That would save a bob or two.

11:26

**Mary Scanlon (Highlands and Islands) (Con):** First, I was very touched by Margaret Ewing's comments about Alzheimer's and dementia. I think that the BBC, with its "Eastenders" storyline, is doing an excellent job in raising awareness of the fears and experiences of those who are affected by Alzheimer's. Such a storyline probably educates more people than NHS booklets.

We hear constantly that the situation in health is all the fault of the Tories. However, we should remind ourselves that the Labour party is now in its seventh year of government. During the Scottish Parliament's first session, I—along with Kay Ullrich and others—was faced almost weekly with self-congratulatory statements that welcomed everything that the Executive was doing to improve the health service. In that regard, the Minister for Health and Community Care's comment this morning that Scotland's health is not improving fast enough represents an honest change. Thank goodness that we are getting to the truth at last.

Like other members, I want to concentrate on health issues in Highland. If the minister wants to rise to challenges, he needs to know what the challenges are. In that respect, I have only two words for the health situation in the Highlands: uncertainty and instability. I cannot describe the situation there better than Jamie Stone already has done. Incidentally, I commend the work that Jamie Stone has done on maternity services in Wick. Less than two years ago, we were assured that we would have a consultant-led maternity service once a wide-ranging consultation involving

numerous people had been carried out. Now, within two years of receiving that assurance, we have received letters saying that the service again faces uncertainty.

In the Highlands, there is uncertainty not only over maternity services in Wick, but over GPs and dentists. I listened to Duncan McNeil's comments about problems and uncertainty in Paisley; however, there is also uncertainty at the hospitals in Oban and Fort William, which are currently thinking about reconfiguring services on the basis that patients will go to Paisley instead. There is uncertainty across the whole country.

This week, I received a letter from a member of the Lochaber mountain rescue team. It pointed out that, although it can take several hours to evacuate casualties from the mountains while their condition is deteriorating, they can be treated by the excellent trauma service at Fort William within minutes of their arrival. Now, rescuers face the uncertainty of taking people off the mountain without knowing whether they will go to the Belford, to Oban, or even to Paisley. We must address that problem. In the Highlands, the NHS has always been a backbone that has provided certainty, stability and reassurance for people who live in remote, rural areas; now, that stability has gone. Within two years of an assurance being received about NHS services, that assurance has gone.

Another example is kidney dialysis patients, who must endure the 66-mile journey from Fort William to Inverness for dialysis—if they are lucky enough to live in Fort William. If they have to travel longer distances from Kinlochleven, Kilchoan or Mallaig, they can add an extra two hours to their journey to reach Fort William before they set out for Inverness. We need much more understanding about the fears of people in rural areas in order to give them the assurances that they have had in the past.

I fully welcome NHS 24, which is an excellent service. However, I worry when NHS 24 acts as a barrier to calling out GPs, and I worry that nurses are diagnosing patients' conditions down the phone line from Aberdeen. Although I welcome the service, it must be monitored carefully.

Not only does the minister let down Scotland, but we all have to suffer the criticism for his incompetence. Last week, someone came to my surgery in Nairn and said, "I thought that the Scottish Parliament would help me get my cataracts done quicker; why do I have to wait a year to go on a waiting list? Why is the Scottish Parliament spending more money on health, yet I have to wait longer?" I found it difficult to answer those questions. The minister must address why more taxpayers' money is going into health, yet people are waiting longer for treatment and fewer are being treated.

Last week, I was privileged to meet a Flemish delegation from the Belgian Parliament. One chap said to me that his wife, who was a member of the Belgian Parliament, was very tired because she had had to wait seven hours in accident and emergency at the Edinburgh royal infirmary. The minister is damaging the image of Scotland abroad.

Last night at the European Movement, contributors were asked to give their impressions of Scotland so that we could see ourselves as others see us. One contributor said that, 20 years ago when she came to Scotland, the NHS was an excellent service, but that she could not say that now. It is not only Scotland's patients that the minister is letting down; he is damaging this country's image.

11:33

**Susan Deacon (Edinburgh East and Musselburgh) (Lab):** In this world of short-lived controversies and shiny new initiatives, we often forget how we got to where we are now. I begin my remarks by taking a brief look back at history—as far back as the last century.

The big step change in policy and health improvement in Scotland did not happen this year, last year or even in this Parliament. It happened in 1999, before the Scottish Parliament was established, when the Labour Government—Donald Dewar and his Scottish Office team of ministers—launched the white paper "Towards a Healthier Scotland". That policy laid the foundation stone for a raft of investment, policy and action that has flowed from then.

Although we have heard so much in the chamber today about the issues that were set as priorities in that white paper—coronary heart disease, cancer, mental health and child health—one of the identified priorities that we have heard less about is sexual health. Work in that area has happened in fits and starts during the past few years in this Parliament. However, with the impending publication of the long-overdue and long-awaited national sexual health strategy, there is an opportunity now to put that issue at the top of the agenda, where it belongs.

The 1999 white paper stated:

"Good sexual health is a positive dimension of a healthy lifestyle and is also important for the wider community. Sexually transmitted disease, such as HIV infection, chlamydia, gonorrhoea and hepatitis, are damaging but preventable."

That is as true today as it was in 1999. The healthy respect national health demonstration project, for example, flowed directly from that

white paper. That project has gone a long way to pilot new, imaginative and opportune ways of promoting positive sexual health. However, we must ensure that the lessons learned from the project are rolled out more widely throughout the country.

Let us face it, sex is the most natural thing in the world, yet too often we find it hard to talk about and harder still to legislate or make policy about. Yet try we must. Sex, like most good things, carries risks. Duncan McNeil should not worry—I do not advocate banning sex.

**Mr McNeil:** Thank you.

**Susan Deacon:** However, we must be aware of those risks. Sexually transmitted infection and unintended pregnancy are perhaps the most obvious, but sex can also be an emotional and psychological minefield. That is bad enough for adults, but worse still for adolescents who are bombarded by sexual imagery and peer-group pressure—all of that alongside hormones coursing through their bodies at a rate of knots. Perhaps that is a state that most of us can just about remember.

Sexually transmitted infections are on the increase. I commend to members the British Medical Association report that was published last year. Chlamydia is a modern-day epidemic that has consequences ranging from ectopic pregnancy and infertility to various other debilitating infections. Syphilis and gonorrhoea, which were thought to be things of the past, are on the increase again in the 21st century. Huge strides have been made in the prevention and treatment of HIV and AIDS in recent years, but they are on the up once more. It should be noted that that increase is largely in the heterosexual, non-drug-using population.

That is why education, awareness and screening are so important. The response to the AIDS epidemic in the 1980s showed what can be achieved if there is a will. However, the messages about safe sex that we heard during that period have long since subsided from the public consciousness. That is reflected in current sexual behaviour and in the rate of increase of sexually transmitted infections.

I am pleased that, in his opening speech, the minister mentioned teenage pregnancy. There has been a welcome—albeit relatively small—reduction in the number of teenage pregnancies in Scotland in recent years. However, the figure is still far too high at somewhere in the region of 9,000 or 10,000 per year. We should remember that almost half those pregnancies end in termination. That is something about which none of us can be content or complacent. The cost to the NHS is significant, but the cost to the physical and emotional well-being of individuals and their families is immense.

A lot of work has been done and is under way to tackle the rate of teenage pregnancy, but a step change, both in action and in attitudes, will be necessary if we are to turn the tide in relation to that rate or the incidence of sexually transmitted infection.

I must say that I am disappointed that ministers have ruled out making emergency contraception available in schools—even before the publication of the sexual health strategy. I remain ambivalent—but certainly open-minded—on whether that would be the right way forward, but members of the Parliament and the public should have the right to examine all the options. No single group should have a veto over what we can consider and nothing should be prematurely ruled out.

We must also remember the issue of abortion, sensitive though it is. It is true that the Parliament does not have powers to make laws in that area, but it does have responsibility, through devolved health powers, for the provision of termination services. We must address variations in access to care, in the quality of care and in the availability of pre and post-abortion counselling in Scotland.

During the debate, we have heard a lot about Finland's action on cancer and coronary heart disease, but Finland has also made an impact in the area of sexual health. Successive Governments there have worked—with the support of established churches—to foster a climate in which sex is talked about and positive sexual health is promoted. That has made a difference.

Scotland can do likewise. Believe me—the public are more favourably disposed to radical measures in this area than might at first appear to be the case. Academic research has been carried out that shows that the public are open-minded and are willing to entertain such measures. I urge colleagues not to be frightened of the issue and not simply to respond to those who shout the loudest. When, in a former life, I spoke out on the issue I was astonished to be inundated with messages of positive support. Those messages might not have reached the front pages of the newspapers, but they were real and they arrived in large numbers.

This morning, the minister said on the radio that bold thinking and bold action are necessary. There has been quite a lot of bold thinking, but more bold action is now needed. I hope that we are all up for that.

11:40

**Ms Sandra White (Glasgow) (SNP):** I welcome any debate about the health of the people of Scotland. However, like my colleagues, I have concerns about how the debate has been conducted. There is no motion and no amendments and there will be no vote at the end of the day. I want to record in the *Official Report* that I hope that such debates do not become talking shops that result in all talk and no action—I fear that there is a real danger that that will happen. I will be interested to hear what the minister says about that in summing up.

I want to concentrate on Glasgow and the health of its citizens and to say something about the situation in which Glasgow finds itself. Glasgow is the powerhouse of Scotland. It is the commercial and financial centre for half the nation's population and has national and international status as a city of cultural significance. However, Glasgow's people consistently find themselves left at the bottom end of successive Governments' health league tables, whether those Governments are Labour and Lib Dem, or Tory—in other words, I am talking about unionist Governments. For a city with such wealth and the capacity to generate more wealth, Glasgow is, perversely, home to some of the worst areas of multiple deprivation not just in Scotland but in the United Kingdom. The dependence on benefits in areas such as Shettleston, Drumchapel and Ruchill is an affront to human dignity in the 21st century.

The minister mentioned healthy eating initiatives. There is a healthy eating initiative at the Annexe in Stewartville Street in Partick, and outreach staff at local health centres such as that in Drumchapel do excellent work. Such work contributes greatly to turning the tide in favour of health improvements, but we believe that such efforts are greatly constrained by funding limitations. I ask the minister to consider that matter with regard to the scale of deprivation rather than population.

Members have mentioned hospital reorganisation in Glasgow, which the Executive should also consider. We in Glasgow refer to such reorganisation as hospital closures. A city with special health needs that result from widespread deprivation, heart disease, diabetes, oral and lung cancer, childhood ailments such as leukaemia and even malnutrition should receive better rather than fewer facilities in the 21st century. Glasgow faces the closure of two of its five main hospitals and a reduction to only two fully operational accident and emergency departments from five such departments. Where does that leave the people of Glasgow when they face a significant accident or terrorist incident? Where does it leave them in the face of a flu epidemic or some other epidemic? Such closures in a city that has as poor a health record as any city in western Europe are driven by the balance sheet and not by patient need—the minister and the Executive must consider that matter.

I agree entirely with Duncan McNeil, Mary Scanlon and Jamie Stone that health boards are not listening to the very people whom they are supposed to represent. Furthermore, although the Golden Jubilee national hospital in Clydebank is innovative and worth while, it is poaching scarce medical staff from already stretched NHS hospitals in the Glasgow area. I ask the minister to reply to the various written questions that I have put to him about that matter.

Pauline McNeill mentioned Yorkhill. I have a query regarding the protection of the special status of the Royal hospital for sick children at Yorkhill. Two years ago, when Susan Deacon was Minister for Health and Community Care, she mentioned the protection of that special status in her review. I have spoken to many doctors, constituents and consultants who see the threatened closure of the Queen Mother's hospital maternity unit at Yorkhill as the beginning of the reduction in status of the sick kids hospital. Pauline McNeill and other members have mentioned that the two hospitals at Yorkhill are unique. They provide a one-stop shop of excellence for mothers and children—not just for Glasgow, but for 50 per cent of the rest of Scotland. If the maternity unit at the Queen Mother's hospital closes, there will be no maternity hospital in the west end of Glasgow and Yorkhill's uniqueness will be under threat. The minister should look closely at that matter.

Glasgow must be seen as a special case in respect of health—I make no apology for pleading that case here and at every available opportunity.

Members should excuse me while I drink some water.

**Stewart Stevenson:** Is it just water?

**Ms White:** Yes. Duncan McNeil mentioned pubs—I am not in the pub yet.

The skill and dedication of NHS staff in Glasgow—Macmillan nurses, social workers, volunteers and so on—deserve the highest praise, but those members of staff do not need or want praise. They want investment in the health service, in wages and in better services for the people. Political will to ensure that they have a decent NHS is needed. We ask the so-called Executive for that political will and to deliver a good health service that is free at the point of need.

Mike Rumbles said that he is happy that the partnership, which he and the Lib Dems revere, is delivering. If he asks the people of Glasgow about that, they will say that it is not delivering. We in the

SNP will argue for immediate change in respect of the hospital closures for the benefit of the people of Glasgow and we are determined to gain power over the tax and benefits system through an independent Parliament. That is the only way in which we will tackle the ills of the people of Scotland and the ills of the people of Glasgow in particular.

11:46

**Frances Curran (West of Scotland) (SSP):** Like many members, I am not sure what we are discussing in this debate. I wonder whether it is simply an attempt to show unity and an opportunity to say that we are all in favour of improving the nation's health. Will we have an impact on policy? My experience with local health boards and the Health Department is that policy cannot be influenced.

Everybody in Scotland agrees that we should improve health and that what a person eats and drinks affects their health—that was the main thrust of what the minister said, However, our interest in what people eat and drink is aimed at improving health. Global corporations also have a keen interest in what people eat and drink, but their interest lies in wanting to make profits. The entire Executive budget is small change in comparison with the advertising campaign budgets of global corporations. Members should read Naomi Klein's iconic book "No Logo". They will then realise how much time and money is invested in ensuring that we eat what global corporations advertise.

I agree with Margo MacDonald. We should do something radical; we should stand out in Europe and ban alcohol advertising. We have heard figures relating to deaths from alcohol. We should wipe vending machines out of schools. The arguments for free school meals are overwhelming and go without saying, but I will not go there in this debate. I have a real problem with Ronald McDonald crèches and children's centres in hospitals. We should do something radical about those.

Why are we having this debate when there are many more pressing health issues on our agenda? My postbag is full of letters about such issues. Perhaps I should congratulate the Health Department for the extra exercise that I have been getting in marching, demonstrating and running about to try to prevent closures of hospital services in the area that I represent. The minister said much about

"health improvement through community action".

There is a lot of community action in the area that I represent, but it takes place in opposition to health boards' decisions to close maternity services. Members have said that it will be detrimental to pregnancies and health if maternity services are closed and women are forced to travel miles, and that that there will be stress. The effect on carers of the closure of Johnstone hospital and the removal of elderly care beds—which is another huge issue in the area—is enormous. Janis Hughes spoke about that. Families are almost forced to abandon their elderly relatives in order to get them into an elderly care bed. Guess what? In its wisdom, Argyll and Clyde NHS Board is deciding whether to cut 300 beds.

The other issue that I want to mention is the Vale of Leven hospital. I think that the minister met some local people in that community on a recent visit when they managed to stop his car. Accident and emergency, paediatrics, mental health and urinology services are being moved across the Clyde. Issues relating to health improvement cannot be dealt with if core issues are not dealt with. I am beginning to think that perhaps the Executive is so confident about the effect of its health improvement project that it thinks that, as we will not need some core services in five or 10 years, we should just cut them now.

My big question is about democracy. Many communities are up in arms about service cuts and hospital closures, but they come up against the bureaucracy of local health boards. How does the Executive expect to achieve community involvement and support and to encourage community-led voluntary organisations to improve health, when those aspects are not funded enough? Health boards want help on those issues, but when it comes to defending services, it is as if they are wearing earplugs. People are up against huge bureaucracies that are not prepared to listen.

What is the Executive's view on the fact that communities are ignored in consultations? Communities come out in opposition to measures such as cuts in maternity services, the closure of accident and emergency units and the closure of Johnstone hospital for the elderly. However, despite that community involvement, nothing happens and the decision to close or cut is taken anyway. Given that people are disillusioned and do not believe what they hear in debates such as this, they are not likely to take cognisance of the Executive's health improvement message.

What is the Executive's view on Bill Butler's proposed member's bill on the election of health boards? The unaccountable members of boards wreak havoc on communities. If this new type of Parliament is in favour of community involvement and democracy, we should introduce elections for health boards so that their members can be held accountable. Elections would mean that many of the present health board members would not be in their positions in a few years. The Executive

should support the idea of more people taking to the streets because that would give people more exercise and make them healthier, which fits with the Executive's plan for health improvement.

11:52

**Robert Brown (Glasgow) (LD):** I am surprised by the criticisms that have been made of the form of today's debate. I remind members that the idea of trying such a method emerged from the Parliament's Procedures Committee. I, for one, welcome the form and would like it to continue because it gives members the opportunity to make lengthier speeches on general subjects, while the ministers listen throughout the debate and respond at the end. This type of debate is not a substitute for debates with formal motions and amendments, but it is a useful addition.

I do not accept Duncan McNeil's comments on the irrelevance of health promotion. I accept entirely his point about hospitals in the west of Glasgow—that issue must be faced—but that does not mean that we should not concentrate on health promotion and give it considerable attention. One of the significant achievements of the Liberal Democrats in the Parliament is that, from the beginning of the Parliament, we concentrated on the importance of health promotion and achieved significant commitments to the issue in the present and previous partnership agreements.

In a country with lifestyle, diet and addiction problems that impact severely on the national health service, there is an obvious impact on the degree to which we must provide services to respond to those problems. It is entirely sensible that health promotion should be part of the solution and, to use Margo MacDonald's helpful analogy, that we should put in place a framework under which the health of the nation can be improved. The objective of health promotion is, at least in part, to empower people to achieve their full potential in our society.

I may be a member of the Taliban tendency with regard to smoking, but I do not understand how any member could avoid making the connection between smoking and health in our society.

**Mr McNeil:** I agree that we face certain challenges and that smoking is not a desirable pursuit—in fact, I quit smoking about 20 years ago. However, when the Scottish Parliamentary Corporate Body considered the issue of smoking recently, Robert Brown was not of the Taliban tendency. He recognised that politicians cannot ban things, although that does not mean that we should not encourage people to stop smoking and to lead a healthier lifestyle. In my earlier speech, I was sounding a cautionary note for politicians who seem to think that the solution to all problems is simply to ban something. That is not the case.

**Robert Brown:** The problem with Duncan McNeil's earlier speech was that he seemed to condemn the whole basket of health promotion as a worthless operation.

The partnership agreement contains a commitment to

"consult on an action plan to achieve considerably more smoke free restaurants and pubs"

and to examine more effectively the issue of smoking on public transport. I frequently travel from Rutherglen in the morning on a First bus. I usually find three or four people smoking upstairs, which is to the considerable detriment of the health of other people on the bus. I am sure that other people in Glasgow find the same. Given that many people, particularly those who live in poorer areas, travel to work by bus, the issue is not insignificant and must be tackled.

I ask the minister to put a bit of flesh on the proposals to make progress towards achieving considerably more smoke-free restaurants and pubs. How quickly will a framework be put in place? Is the minister prepared to consider the important issue of possible legislation to back up the proposals? How will we deal with the growing number of young people—particularly, dare I say it, women—who smoke in our society?

In the next few months, legislation will be introduced in Ireland to deal with smoking in public places. It will be interesting to see what happens in that experiment. Norway will also introduce legislation that will concentrate on smoking in workplaces. The BMA, which is central to the issue and which knows what it is talking about, points out that approximately 3 million people—including 3 in 10 pregnant workers—are still exposed to tobacco smoke at work. The issue is a major one. I accept entirely that the Parliament does not have direct responsibility for employment procedures, but it does have a considerable part to play in improving the framework.

According to the BMA, tobacco causes 35 deaths a day in Scotland, which is why the BMA and other organisations call for legislation on that front. Second-hand smoke and direct smoke are health hazards that have a direct impact on the rates of lung cancer and coronary heart disease. If, through the activities of the Parliament and the policies of the Executive, we do something to reduce the level of smoking in Scotland, the level of bad health will go down. Let us not say anything in today's debate to mitigate or dilute that message, which is central to the matter of health promotion.

I will wind up with that point, Presiding Officer, as we are coming up to 12 o'clock.

**The Deputy Presiding Officer:** We now hit a difficulty that I tried to anticipate by speaking to Mr Brown this morning. Members will recall that, last Thursday, the closing ministerial speaker just before midday was cut rather short because we wanted to hit First Minister's question time promptly at midday. Mr Brown was told that he might have two minutes or eight minutes for his speech. Unfortunately, he decided to go for six minutes, although I dare not comment on the reasons for that.

There will be a brief suspension, after which we will resume at midday. The debate on health issues will resume this afternoon at 10 past 3, before which the Presiding Officers and the clerking team will review the remaining time and the list of remaining speakers. We may need to reduce the time allocated to each speaker or we may need some members to drop out of the debate. We will resume this meeting at midday.

**Phil Gallie:** On a point of order, Presiding Officer.

**The Deputy Presiding Officer:** Given that I have just said that I would suspend the meeting, I should not accept the point of order, but I think the mood among members is that we should hear Mr Gallie.

**Phil Gallie:** Given that I was about to intervene on Mr Brown before he finished his speech, Presiding Officer, will you invite him to stand up again to take my intervention?

**The Deputy Presiding Officer:** The handbook for Presiding Officers says that the standard response to Mr Gallie is, "That is not a point of order, Mr Gallie." I am afraid that that was a point of order, but we have run out of time and we must move to First Minister's question time.

# First Minister's Question Time

12:00

### Prime Minister (Meetings)

**1. Mr John Swinney (North Tayside) (SNP):** To ask the First Minister when he will next meet the Prime Minister and what issues he intends to discuss. (S2F-202)

**The First Minister (Mr Jack McConnell):** I will meet the Prime Minister again at the end of this month.

**Mr Swinney:** Will the First Minister confirm that communities in Scotland are facing cuts in front-line health care projects to pay for expensive private finance initiative services and developments?

**The First Minister:** No. I think that Mr Swinney will find that, in communities throughout Scotland, those public-private partnership projects—in Edinburgh, in Lanarkshire and in other parts of Scotland—are delivering high-quality health care that is significantly better than it was before. The facilities are significantly better used by the local population, which is putting a strain on the local health service, but that is a good thing. It is a challenge for the health service that is leading to better, more local health care in communities throughout Scotland.

**Mr Swinney:** I am rather surprised by the First Minister's answer. There were reports at the weekend of a £31 million deficit in numerous health budgets throughout the country—principally in the Lothian region and in Lanarkshire. A letter that was sent to my colleague, Fiona Hyslop, by the chairman of the medical staff committee of the Lothian University Hospitals NHS Trust states that, as a result of

"current financial pressures in Lothian",

options in the review of services

"include the cessation of emergency admissions at the Western General Hospital or St John's Hospital"

in Livingston. Surely, as a result of that unprecedented expression of opinion by consultants in Scotland, it is time to call a halt to the profiteering in the health service and to start putting patients first.

**The First Minister:** Oh dear, oh dear, oh dear. Here we go again. What Mr Swinney does not realise is that the construction of the new Edinburgh royal infirmary—which was delivered on time and almost exactly within budget, in contrast to most other public sector capital projects—is a significant achievement for Lothian NHS Board, which has put together a project that will deliver

world-class health facilities as the hospital improves and develops, as the years go by. It is also at the centre of a significant development that will improve the whole biotech industry in Scotland and is linked into research and other key facilities.

It is those kinds of modern facilities that the Scottish nationalist party thinks that Scotland does not deserve and that it does not want Scotland to have. However, that is entirely wrong. What we need in Scotland are the tight contracts, delivered on time and within budget, that we get from the public-private partnerships. We must then ensure that those facilities are well used, along with the ever-increasing—week after week, month after month—numbers of nurses, doctors and other medical and professional staff in the health service, who are doing their best to cope with the increased demand within increased budgets. In that way, we will ensure that the people of Scotland have the health service that they deserve and need.

**Mr Swinney:** All that the First Minister says about the project being delivered on time and within budget is directly contradicted by the statement that was issued by the Lothian University Hospitals NHS Trust last Friday. It stated that the overspend included

"a number of significant exceptional items related to the move to, and start up of, services at the new Royal Infirmary".

I have no idea how the First Minister can say that the project is within budget. What the PFI hospitals are delivering is bed cuts, staff cuts, power cuts in some cases, and now service cuts. Does the First Minister not accept that it is time to give the health service the support that it requires and ensure that we put patients before profit?

**The First Minister:** We hear a lot of rubbish from the Scottish nationalist party, from time to time, about its being the party of enterprise. Since the recess, we have heard Mr Mather saying that the SNP is the party of enterprise and that it supports private companies in Scotland delivering higher profits and more jobs. Incidentally, that statement was made probably about a week before the SNP's annual conference—it is usually about this time of year that we get that sort of statement from the Scottish nationalist party. Now the SNP is attacking private companies and those who deliver contracts on time and within budget.

It is the health boards that set out the number of beds and staff in any 12-month period, and it is the health boards that manage the transitions. We should praise Lothian NHS Board and the staff at the hospital—every one of them—for managing the transition of accident and emergency services from the centre of Edinburgh to the new hospital with hardly a glitch. Those staff should be praised rather than criticised by the Scottish nationalist party. The new Edinburgh royal infirmary is a successful project; it will be opened formally next month, and we should be proud that it is on our doorstep.

**Mr Swinney:** Does the First Minister accept that there is widespread concern in Scotland that our health care services are being put together by companies that are profiteering? Does he accept that, in the long term, the people of Scotland are paying a massive price for the gamble that he has taken with our health care services?

**The First Minister:** No, I do not accept that. We have had this debate on many occasions, and I am sure that Mr Swinney will remain against the use of private contractors who build projects on time and within budget. If he takes that stance he will be judged, as he was earlier this year, by the people of Scotland.

Of course people in Scotland are concerned about their national health service: they care about it, just as we do. That is precisely why the budget is increasing by 50 per cent. That is precisely why the number of doctors and nurses and other professionals in the health service is systematically increasing, month after month, throughout Scotland. We are ensuring that people are treated, not only in hospital beds, but in their community by their general practitioner and local health care staff, because that is better for them and for the health service. That is why those changes are taking place. The health service is better—day after day and month after month—because of the changes that doctors and nurses themselves are making. We will back them, rather than simply slagging them off about how they handle the transition to a new hospital.

## Cabinet (Meetings)

**2. David McLetchie (Edinburgh Pentlands) (Con):** To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S2F-201)

**The First Minister (Mr Jack McConnell):** The next meeting of the Cabinet will discuss our progress in implementing the partnership agreement and our legislative programme.

**David McLetchie:** I thank the First Minister for that answer. I trust that the Cabinet might discuss progress—or the lack of it—on justice issues. Two weeks ago, I asked the First Minister about the practice of ending automatic early release from our prisons. He said that that was

"a first priority of the sentencing commission."—[*Official Report*, 4 September 2003; c 1435.]

I then received a written answer from the Minister for Justice, which made it clear that it was in fact only one of many priorities, that it applies

only to short-term prisoners, that no timetable or agenda has yet been finalised, and that in any case it was not her decision to make. I realise that the word "priority" is abused on a regular basis by the Scottish Executive, but will the First Minister tell me which statement is true: the one that he gave to Parliament two weeks ago or the answer from his Minister for Justice? Does he agree that not only it is time for more honesty in sentencing, but that a bit more honesty in answering and less resort to language that is downright misleading, if not plain false, would benefit the proceedings in the chamber a great deal?

**The First Minister:** The automatic release in sentences is a matter for the sentencing commission, and it will be a priority for that commission. That is the right way to handle the issue. In the course of the past seven days, Annabel Goldie has said:

"We have long been campaigning against the practice of automatic early release of prisoners."

It was the Tory Government that introduced and implemented automatic early release for prisoners in Scotland, and ensured that it happened throughout Scotland. It is the Liberal Democrat-Labour coalition that is referring the matter to a sentencing commission, with a clear remit to review it and get it changed. However, it should be changed sensibly, to ensure that the numbers in our prisons do not escalate and that, in the longer term, we have the right sentences for the right people and that those sentences mean more than they do today.

**David McLetchie:** I said that the answer two weeks ago was downright misleading, if not plain false, and the same applies to the answer that we have just heard. It is a fact that the present Labour Government rushed to repeal Conservative legislation that ended the early release of prisoners. That is the plain, unvarnished fact of the matter. There is no point in the First Minister's trying to pretend otherwise.

The First Minister might care to reflect on the fact that figures issued last week showed that the number of long-term prisoners released early who went on to commit further crimes has risen by 430 per cent since 1997. One of those long-term prisoners was guilty of a sickening rape. I ask the First Minister how many more victims he is prepared to tolerate before he acts to protect the public by ensuring that such criminals remain behind bars and actually serve the sentences that they are given by the courts.

**The First Minister:** Let us first of all have a little bit of honesty in the chamber. Mr McLetchie talks about the clarity required of statements on sentencing policy. I suspected that he might mention the subject today, so I took the opportunity to check what the Scottish Conservative manifesto for the elections in May said on the matter. In two sentences that follow immediately one after the other in that manifesto, we find the statement that the Conservatives would

"restore honesty in sentencing to ensure that criminals serve the sentences they are given",

implying, perhaps, that all criminals would serve their full sentence from beginning to end without any remission or parole. However, the second sentence states:

"Any remission should be strictly limited and would have to be earned and not granted automatically."

If there was ever a piece of confused policy thinking, there it is. Anybody who believes that criminals should serve their full sentence but also get remission must be pretty confused from start to finish. It was a Conservative Government that introduced early release. Perhaps Mr McLetchie will tell us which policy he supports—remission or serving the full sentence.

I will tell him what I support. I do not support the automatic release of prisoners halfway through their sentence where their sentence is less than four years, but I believe strongly that it should not be politicians with slogans and headlines who change that policy just to appeal to Mr McLetchie's, or any other, basic instincts. That is why we must have a sentencing commission in Scotland, and that sentencing commission, judicially led, will give us a proper way to deal with the matter, to change things and to give us a proper system. In a civilised society, we should have a proper system of parole and remission that ensures not only that people have the option of leaving prison before the end of their sentence, but also that they have to earn that right. That is the right way to go ahead and that is exactly what we will be doing.

**Iain Smith (North East Fife) (LD):** I am sure that the First Minister will join me in welcoming to the chamber today the children from Dunbog Primary School, which happens to be the school that my mother went to.

I am sure that the First Minister will also recognise the vital importance to Scotland's transport system of the improvements to and redevelopment of Waverley station to ensure that it has the capacity to deal not only with the Scottish network, but with cross-border services. Can he assure me that the Scottish Executive will continue to put pressure on the Strategic Rail Authority to meet its obligations in financing that vital project?

**The First Minister:** The redevelopment of Waverley station is critical for the many other improvements that we are committed to across

Scotland. Our railway plans for Scotland include an ambitious programme to ensure not only that we have speedier trains on key routes, but that we have important new routes, such as that from Stirling to Dunfermline. Our budget plans will ensure that we have the new trains that we are committed to providing on those routes. If all those improvements are to be achieved in the best possible way, Waverley station must be redeveloped. We are committed to that redevelopment and are still involved in discussions with the Strategic Rail Authority to ensure that the plans meet the purpose. We would not go ahead with any plans that would not deliver the minimum requirement of ensuring that Waverley station can help to service the rest of the rail network in Scotland.

**John Swinburne (Central Scotland) (SSCUP):** What is the Scottish Executive's position on the impact on the communities of Motherwell and Wishaw of the recent news regarding Motherwell Football Club's removal from administration?

**The First Minister:** That is slightly better news than the fact that James McFadden is no longer playing for Motherwell and has gone down south, as so many others have before him. Yesterday's announcement is good news, not just for Scottish football and Motherwell Football Club, but for the local community and the many jobs around the club that will be guaranteed by its continuing existence. We all welcome that news. We support local clubs in Scotland, but we also hope that in future clubs will be able to afford to hang on to their main young stars.

### Secretary of State for Scotland (Meetings)

**3. Robin Harper (Lothians) (Green):** To ask the First Minister when he will next meet the Secretary of State for Scotland and what issues he intends to raise. (S2F-208)

**The First Minister (Mr Jack McConnell):** The Secretary of State for Scotland and I talk regularly and plan to meet again later this month.

**Robin Harper:** I thank the First Minister for his reply. When he meets the Secretary of State for Scotland, I wonder whether he could raise the matter of terrestrial trunked radio—TETRA—communications masts, 700 of which are being installed in communities throughout Scotland. The First Minister will be aware that the Home Office is going ahead with the new communications technology for emergency services despite the fact that Sir William Stewart's inquiry into mobile communications specifically warned against systems such as TETRA that use the same frequency as the human brain. Will the First Minister ask Her Majesty's Government for a moratorium on the roll-out of TETRA until the dangers to public health can be properly investigated by scientists who are independent of Government? If the First Minister will not do that, what action is he prepared to take?

**The First Minister:** As we have said on a number of previous occasions in the chamber and elsewhere, we continue to monitor the development in Scotland of a variety of radio masts. Clearly, individual planning applications must be determined by a local authority within the guidance that we set out. However, the research to date does not show the level of concern that Mr Harper expresses. I recognise that his concerns about the matter are genuine and I am sure that we will be able to keep him informed of any developments.

**Robin Harper:** The First Minister mentioned the research to date. He may not see a way forward through central Government, but the Executive has powers over all planning applications in Scotland. Will the Executive consider using those powers to call in applications for TETRA masts until any threats to public health can be assessed through the further research that we believe needs to be undertaken?

**The First Minister:** No, we will not be doing that. We will continue to monitor the local concerns that are clearly being expressed in some parts of Scotland. However, it is also important that we deal with the research and the facts as we have them, which currently do not justify the action that Mr Harper outlined.

### Crown Office and Procurator Fiscal Service

**4. Jackie Baillie (Dumbarton) (Lab):** To ask the First Minister whether the Scottish Executive is satisfied with the progress of Crown Office and Procurator Fiscal Service reform. (S2F-196)

**The First Minister (Mr Jack McConnell):** I am very pleased with the progress of reform in the Crown Office and Procurator Fiscal Service. A substantial programme of structural, managerial and cultural reform has been put in place, which includes restructuring to match police force boundaries; the expansion of the victim information and advice service; the introduction of new information technology and other management systems; and strengthened corporate support for front-line service delivery. That is backed up by increased funding and more permanent staff.

**Jackie Baillie:** I thank the First Minister for his response. I think that members are aware of the considerable efforts that have gone into modernising the court system. In his speech this week to an Apex conference in Edinburgh, the First Minister rightly acknowledged the importance of having an independent legal system and judiciary as a cornerstone of our democracy.

Equally, he acknowledged the perception of a public lack of confidence in the system, whether that is caused by lack of enforcement, delays in court sentencing or little difference in levels of reoffending. Does the First Minister believe that there is a need for a better balance? If so, should the approach be radical reform or measured improvement?

**The First Minister:** There may be a place for both. I think that the reforms in the Crown Office and Procurator Fiscal Service are an example of how it is possible to deliver real success, not only by investing in the service, but ensuring that the service is reorganised and that its culture changes to make the service much more effective. That is exactly the sort of change that we should be hoping to see in our court service and other parts of our justice system. We need to invest, but we also need to reform. That is also true in the court system.

I reiterate what I said on Tuesday night about judges and sentencing. An independent judiciary is an absolute cornerstone of our democracy. However, at the same time, our judges and Government need to take account of what is happening in society and our decisions need to reflect the society as we find it and ordinary people's concerns about their quality of life.

That is why we have established a sentencing commission. It is judicially led. It is not going to impose knee-jerk changes in sentencing practices across Scotland. However, I hope, and genuinely expect, that the commission will lead to a greater consistency in sentencing. I am sure that it will also lead to both custodial sentences and community sentences that are more appropriate for the crimes committed and more effective in stopping reoffending.

### Cannabis

**5. Miss Annabel Goldie (West of Scotland) (Con):** To ask the First Minister whether there are any plans to issue operational guidance similar to that recently issued by Her Majesty's Government to police forces in England and Wales in respect of the possession of cannabis resin. (S2F-206)

**The First Minister (Mr Jack McConnell):** The guidance on the policing of cannabis possession in England and Wales was issued by the Association of Chief Police Officers, not Her Majesty's Government.

There are no plans to issue new guidance to Scottish police forces, although we will continue to keep this under review with the Association of Chief Police Officers for Scotland.

**Miss Goldie:** I thank the First Minister for that response, which I found unexpectedly comforting.

On Tuesday evening, the First Minister did not hesitate to ripple his political pectorals before elements of the criminal justice system—I found it as unprepossessing as most people. Is he prepared to be similarly muscular with reference to the prosecution of persons in possession of cannabis and does he consider that existing prosecution guidelines in that respect are patently inadequate?

**The First Minister:** I will try to resist the temptation.

**The Minister for Communities (Ms Margaret Curran):** Don't go there.

**The First Minister:** Ms Curran is absolutely right—others who have stood where I am have faltered when trying to respond to Miss Goldie's remarks.

I do not believe that current prosecution guidelines are inadequate. In Scotland, we have the balance right for the time being, although we need to keep the matter under review. We need to ensure that the agencies in Scotland and the rest of the UK that work together to tackle drugs in our communities continue to be able to do that with increasing success in terms of seizures, convictions and—eventually—a reduction in demand.

**Colin Fox (Lothians) (SSP):** Since 70 per cent of the time that the police spend pursuing drug offences is spent chasing people who use cannabis, does the First Minister agree that that is a colossal waste of police time, which would be better spent chasing real criminals?

**The First Minister:** Police forces have an absolute duty to implement the law and pursue those who break it.

I believe strongly that a reasonable examination of the figures relating to our police forces, the Scottish Drug Enforcement Agency, the National Criminal Intelligence Service, HM Customs and Excise and other agencies shows that the amount of time that is being spent on tackling serious drugs, reducing the supply and convicting those who sell them—not legalising those drugs, as Mr Fox's party wants—is time that is very well spent.

The SDEA is highlighted as a success not only in Scotland; it is currently being used in the UK and elsewhere in the world as an example of the way in which agencies can work together to target the criminals at the top of the tree. In due course, I hope that that approach will reduce the supply of hard drugs in every community in Scotland.

### Care Homes

**6. John Farquhar Munro (Ross, Skye and Inverness West) (LD):** To ask the First Minister what action the Scottish Executive is taking to

promote transparency in respect of costs and standards of care homes across Scotland. (S2F-205)

**The First Minister (Mr Jack McConnell):** The Scottish Executive, supported by the Scottish Parliament, has delivered free personal care for people aged 65 and over and free nursing care for people of all ages in care homes.

In 2002, we established the care commission to regulate care providers in line with the requirements of the Regulation of Care (Scotland) Act 2001. Providers are required to take account of national care standards, which are driving up the quality of care provided in homes.

We have also honoured our commitment to meet the fees recommended by the national review group on care home fees. However, the cost of providing care remains, correctly, a contractual matter for individual providers.

**John Farquhar Munro:** I am sure that the First Minister will agree that it is important that a minimum standard of care is delivered in care homes across Scotland. However, Scotland—particularly the Highlands—has an aging population and there is a growing demand for places in care homes. How does the Scottish Executive intend to deliver acceptable standards of service while planning to meet future demand?

**The First Minister:** At the same time as we maintain our commitment to deliver free personal and nursing care, we need to ensure that we deliver on our commitment to increase the number of places in care homes to support local authority and other sector provision. We must also ensure that the standards that are set by the care commission are met consistently across Scotland. There will always be variations, but the minimum standard must be clear and must be met by care homes in the 21st century. In the years to come, I hope that we will see not only the successful implementation of the policy of free personal and nursing care, but consistent standards and an increased number of places for people for whom being in their own homes would be inappropriate. We would all agree, however, that for many elderly citizens, services and care in their own home are often preferable to care in a care home.

**Shona Robison (Dundee East) (SNP):** Is the First Minister concerned that, because of financial problems, the Church of Scotland is closing a care home in my constituency at the same time as Dundee City Council is telling me that it has a shortfall of around 30 to 40 places for elderly people? Does that make any sense to him? If not, what will he do about it?

**The First Minister:** I would not want to interfere in the decisions of the Church of Scotland. That would be entirely inappropriate. However, it is appropriate that the Church of Scotland and other organisations have to apply the same standards in their care homes as are expected in care homes in other sectors. When the Church of Scotland, or any other voluntary provider of care homes operates in a local authority area, I would hope that the organisation would discuss with the local authority the best use of its facility and whether it had a future. If the local authority believed that care home places were required, I am sure that it would take the necessary action.

**Mr David Davidson (North East Scotland) (Con):** I have listened carefully to the First Minister's responses. What are his views on the principle of paying equal rates to all care home operators that provide identical services to an equal standard?

**The First Minister:** What is appropriate is to discuss how to establish care home fee recommendations. That discussion should take place, decisions and recommendations should be made and we should implement those recommendations to the letter. That is exactly what happened when we implemented the recommendations of the national review group. The care home fees that are now being paid throughout Scotland were agreed with providers from all sectors. I hope that the implementation of the fee strategy will lead to fewer of the year-by-year crises than we have seen in recent years.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** Will the First Minister confirm that the legislation that has been passed by this Parliament makes it clear that, once an individual has been assessed by the local authority as needing free personal care, that individual is entitled to free personal care from the local authority from the date of assessment?

**The First Minister:** Yes, I will confirm that. No local authority in Scotland should be in any doubt about the policy. This Parliament and our Government have made that absolutely clear. We not only have a policy of free personal and nursing care for citizens in Scotland, we have financed it. That is what we will deliver.

**Christine Grahame (South of Scotland) (SNP):** What the First Minister says about keeping older people in their homes is commendable. However, in April a constituent of mine received medical advice and support to have a shower installed in her home, only to be told that there would be no money for aids and adaptations in the foreseeable future. That situation is reflected throughout Scotland. What are the First Minister and his Labour and Liberal Government doing to reduce the queue for aids and adaptations?

**The First Minister:** It is difficult to answer Christine Grahame's point as she does not identify

the local authority that made that recommendation. She may want to write to the local authority that made the decision and gave her that response. If she takes the matter up with the local authority, we may see some action.

**Christine May (Central Fife) (Lab):** Does the First Minister agree that there are too few places in care homes throughout the country? Does he agree that the community business model—which, as a Co-operative Party member, I am delighted to see in the partnership agreement—may provide opportunities for the development of more places in communities where there is a significant shortage?

**The First Minister:** I certainly do not believe that all care home places should be provided by local authorities. As I said earlier, there should be a proper balance between care home places and care that is provided in the homes of elderly citizens or their families, whichever is appropriate.

I believe that not only the private sector, but the voluntary sector and other sectors have a strong role in delivering those places. Through that mix of provision we will not only deliver the requisite number of places, but ensure that there is a competitive edge, so that standards in all sectors come up to scratch. The Parliament established the care commission to maintain those standards and I believe that it is doing a very good job.

12:30

*Meeting suspended until 14:30.*

14:30

*On resuming—*

**The Deputy Presiding Officer (Trish Godman):** Before we begin question time today, I ask members to welcome in our usual warm Scottish way the speaker of the Estonian Parliament, Ene Ergma, who is with us today in the gallery. [*Applause.*]

# Question Time

## SCOTTISH EXECUTIVE

### Lothian and Borders Police (Funding)

**1. Mrs Margaret Smith (Edinburgh West) (LD):** To ask the Scottish Executive whether it will make extra funding available to Lothian and Borders police in recognition of the additional responsibilities that are caused by Edinburgh's capital city status, including policing state occasions, the Parliament and the Edinburgh International Festival. (S2O-418)

**The Minister for Justice (Cathy Jamieson):** Lothian and Borders police already receive additional funding in respect of certain pressures that arise from Edinburgh's capital city status. Other pressures on the force are being assessed within the on-going review of police grant-aided expenditure allocations, which is due to be completed in spring 2004. The chief constable of Lothian and Borders has recently submitted a case for further additional funding to be made available outwith grant-aided expenditure. The Executive is now considering that request.

**Mrs Smith:** I welcome the minister's reply. Those of us on the ground know that the need to operate capital city policing in Edinburgh affects the force's ability to deliver operation capital and to provide effective community policing in many of our areas. I am glad that the minister will look at the issue again. Is she happy to meet local MSPs, including me, to discuss this important matter?

**Cathy Jamieson:** I am aware that a number of MSPs have taken an interest in the issue. However, I restate that police deployment is a matter for the chief constable. We must recognise that funding and police officer numbers in Lothian and the Borders are at record levels. The number of police officers as at June 2003 was 2,752, up by 152 on the figure for June 2000. I am happy to hear representations from local MSPs and to listen to their views at an appropriate meeting.

**Mr Kenny MacAskill (Lothians) (SNP):** I thank the minister for her willingness to meet local MSPs. Is she aware of the added strain that is felt not only by the force as a whole but by individual

serving officers? Does she accept that the result of the increase in work load is that there are too few officers and that they are required to do too much work? That is evidenced by the high sickness and retirement levels in the Lothian and Borders force.

**Cathy Jamieson:** I hope that Kenny MacAskill heard my response to the previous question, in which I gave an indication of an increase in police numbers. It is not for me to intervene in how the chief constable chooses to use those resources.

We must also recognise the issue of the age profile of the police, which, over the coming years, will be felt right across Scotland. Plans are under way to put in place the recruitment exercise that will ensure that police numbers continue at record levels. As I indicated, I am more than happy to hear the views of MSPs who have a direct interest in the matter.

**Rhona Brankin (Midlothian) (Lab):** The minister will be aware of the scale of the operation that is under way in Midlothian following the tragic death of Jodie Jones. The operation is the biggest that Lothian and Borders police have undertaken for 30 years. Given that the force is already stretched by its investigations into terrorist and paedophile activities, can she assure me that she will consider additional funding for the force?

**Cathy Jamieson:** I have just received the correspondence that Rhona Brankin sent me on that issue, so I am aware of her concerns. I will look into the matter and reply in due course.

### General Practitioner Services

**2. Alasdair Morgan (South of Scotland) (SNP):** To ask the Scottish Executive what provision it will make for out-of-hours general practitioner services in rural areas following the introduction of the new GP contracts. (S2O-442)

**The Minister for Health and Community Care (Malcolm Chisholm):** Under the terms of the new United Kingdom general medical services contract, by 31 December 2004, the vast majority of GP practices will be able to apply to have responsibility for providing out-of-hours services transferred to their local NHS board. The boards will be required to have in place alternative arrangements that will need to meet mandatory accredited standards.

Planning for the new out-of-hours arrangements is under way. As part of the implementation process, a national working group has been set up to look at the issues around out-of-hours services across Scotland, in both rural and urban settings.

**Alasdair Morgan:** The minister will be aware that the funding formula does not contain a specific allocation for the extra costs of out-of-hours services in rural areas, which can be substantially higher than in urban areas. In Dumfries and Galloway and other rural areas, NHS boards are concerned that they will not be able to source GPs to provide out-of-hours services and that, even if they can source them, they will not be able to afford the service. If the minister receives requests for extra funding from Dumfries and Galloway NHS Board or any other health board that covers a rural area, will he undertake to consider such requests sympathetically?

**Malcolm Chisholm:** The reality is that, on the back of the new contract, there is a 33 per cent increase in the resources that go into primary care. There is also a minimum practice income guarantee so GP practices in rural areas—like GP practices elsewhere—should be better off than they are now.

Financial arrangements are also in place for the funding of out-of-hours services. We are beginning to see new innovative models of care. For example, when I was in Moray during the summer I saw new arrangements that are already being developed and which involve a new role for paramedics. A lot of work is going on.

One of the key points about the new contract is that the money follows the patient. That principle will apply to the out-of-hours services as it does to everything else.

**Mr David Davidson (North East Scotland) (Con):** I thank the minister for the response that he gave to Alasdair Morgan, which went some way towards solving the financial problems. My concern is over where the medically qualified people that the health boards will be able to call upon will come from, as that will be a problem in some instances. What about remote and rural practices that are quite a distance away from the usual paramedic services? Where will they get the cover from? If they overextend their hours, they will suffer themselves and will be unable to provide a full-scale service.

**Malcolm Chisholm:** It is accepted as part of the contract that in a small minority of cases in the most remote areas it may not be possible for GPs to opt out. I stress that that applies only to a small minority of cases. In the vast majority of cases GPs will be able to opt out if they want to do so, although David Davidson will have heard representatives from the British Medical Association state at the Health Committee that although many GPs might opt out of responsibility for out-of-hours services, they would still wish to provide those services.

One of the other great advantages of the new contract is that it is a practice-based contract. If practices want to employ more GPs and more practice nurses, they can do so. I am sure that

David Davidson welcomes last year's unprecedented increase—of about 90—in the number of practice nurses in Scotland. For all the complaining that some people have been doing about the number of people undertaking GP training, there has been an 18 per cent increase in GP registrars since 1997. As David Davidson will know, I assured members at the Health Committee last week that, contrary to what had been reported in some newspapers, the increase that was put in last year would be maintained this year.

**Chris Ballance (South of Scotland) (Green):** Can the minister give a guarantee that, after the new contract has come in, support for the 69 inducement practices throughout Scotland will be continued at existing levels at least? If so, can he say when the doctors involved will be informed of that?

**Malcolm Chisholm:** Some details are still to be finalised, but the inducement practices will also be subject to the minimum practice income guarantee, so none of the GPs in those practices will be worse off. They will have the opportunity of being a lot better off if they take on, for example, enhanced services. They will also not have the clawback that sometimes takes place under the current arrangements. Those practitioners can certainly be reassured by that.

## Scallop Fishing

**3. Nora Radcliffe (Gordon) (LD):** To ask the Scottish Executive whether it has any plans to assess the number of scallops caught around, or beyond, the 12-mile limit and landed at non-Scottish ports. (S2O-451)

**The Minister for Environment and Rural Development (Ross Finnie):** I have made a commitment to keep scallop technical conservation measures under review and to develop with industry a long-term strategy for scallop management. The on-going assessment of all scallop-fishing activity in the Scottish zone will form an important part of that exercise.

**Nora Radcliffe:** I thank the minister for that answer. My question was prompted by concerns expressed at the Environment and Rural Development Committee during its consideration of a statutory instrument on prohibition of fishing for scallops about the level of fishing activity by non-Scottish vessels in the Scottish zones. An official from the Scottish Executive told the committee:

"With regard to what we know about other vessels' activities in the Scottish zone, we have looked at the landings data and, as far as we can see, there has been little or no landing into Scotland from EU vessels fishing for scallops. That is not to say that there cannot be landings elsewhere in other countries, but at the moment we are not aware of a lot of activity by other member states."

In response to another question, we were told:

"We would certainly be able to find out from other sources where any stocks fished in the Scottish zone were being landed."—[*Official Report, Environment and Rural Development Committee*, 10 September 2003; c 121.]

**The Deputy Presiding Officer:** Can we please have your question?

**Nora Radcliffe:** I invite the minister to agree that accurate data on depletion of stocks through fishing activity are essential in any meaningful evaluation of whether conservation measures are effective.

**Ross Finnie:** There seems to be a long time available to me, Presiding Officer.

My colleague Allan Wilson and I are obviously well aware of what was said in the debate to which Nora Radcliffe referred. We have considered the issue thoroughly. I can only repeat, in perhaps a shorter form, that all our statistics and evidence, which are backed up by the observations of the Scottish Fisheries Protection Agency, completely confirm that the scallop fishery is dominated by UK vessels. However, we recognise the potential threat from non-UK vessels fishing in our waters and landing overseas. Therefore, the constant review of the measures that we put in place will have to involve a continual review of those who are fishing in UK waters, even if they are not landing scallops at UK ports.

**Mr Ted Brocklebank (Mid Scotland and Fife) (Con):** The Scottish Scallop Association believes that scallop fisheries around the 12-mile limit have increased in importance for UK vessels to the extent that, if larger vessels are rendered unviable because of the provisions of the Prohibition of Fishing for Scallops (Scotland) Order 2003 (SSI 2003/371), which reduces the number of dredgers that UK vessels can carry, the measure will do nothing for conservation and place larger Scottish vessels at a severe disadvantage when competing with vessels from member states of the European Union. Does the minister accept that view?

**Ross Finnie:** No, I do not. I hope that Ted Brocklebank, having looked at the entire Scottish scallop fishery, will accept that, although the Scallop Association has a particular view, it has proved impossible for my officials and me over the past three years to arrive at a consensus on how we regulate for larger vessels as well as for those in the inshore and smaller fisheries, which have been severely disadvantaged in recent years.

The Scallop Association suggests that its members are being unfairly discriminated against. Close reading of the provisions of SSI 2003/371 will show that zonal management applies to all

zones. The fact that some of the larger vessels currently exceed the SSI's limits means that they pose a greater threat to conservation. There is a cost to those conservation measures, but they mean that no vessel in any zone should now exceed the SSI's limits. I believe that the SSI will make a valuable contribution to the conservation of the scallop fishery.

### Bail

**4. Maureen Macmillan (Highlands and Islands) (Lab):** To ask the Scottish Executive what assurances it will give to address concerns regarding serious offenders being released from custody on bail. (S2O-461)

**The Minister for Justice (Cathy Jamieson):** In "A Partnership for a Better Scotland", which sets out the Executive's policies for the next four years, we undertook to set up a judicially led sentencing commission that will, as part of its remit, review the use of bail and remand. Lord MacLean has been appointed to chair the commission.

**Maureen Macmillan:** I thank the minister for her answer. In view of the Executive's commitment to supporting vulnerable witnesses, what reassurances and support will be given to such witnesses, who will be put into a state of fear and alarm if a person who is charged with a serious violent offence is bailed?

**Cathy Jamieson:** It is important to recognise that the Crown Office and Procurator Fiscal Service can object to the use of bail in circumstances where public safety is seen to be threatened. However, we intend in the High Court reform bill to introduce proposals for the electronic monitoring in some circumstances of those who are released on bail. That could also reassure those who fear further harassment.

**Miss Annabel Goldie (West of Scotland) (Con):** Is it not alarming that, instead of there being a presumption in favour of public safety, there is a presumption in favour of allowing persons who have been charged with serious crimes out on the loose?

**Cathy Jamieson:** I think that I made it clear that the COPFS can look closely at issues of public safety. I look forward to support from Annabel Goldie and her colleagues for the proposals that we will introduce in the High Court reform bill. In particular, I hope that they will support the introduction of restriction of liberty orders to deal with serious public safety issues.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** The last time that I looked, people in Scotland were innocent until proven guilty. Is it not bizarre to ask a question about "serious offenders" being released from custody on bail before such people have even had a trial?

**Cathy Jamieson:** I hope that Mike Rumbles understands that, in the case of very serious offences, it is right and proper that people may be required in some circumstances to be held in custody for reasons of public safety. I also hope that he understands that there are circumstances in which, to protect people, it would be appropriate to consider the use of electronic monitoring.

### Cohabitee Rights

**5. Susan Deacon (Edinburgh East and Musselburgh) (Lab):** To ask the Scottish Executive what plans it has to reform the law to give cohabitees the same rights as married couples. (S2O-430)

**The Minister for Justice (Cathy Jamieson):** The Scottish Executive is committed to reforming family law for all Scotland's people. The extent and nature of legal rights for cohabiting couples will be considered in that context. This winter, we will issue a consultation paper that will set out our plans for reform and invite views from a wide range of stakeholders, organisations and individuals.

**Susan Deacon:** The minister will be familiar with the Registrar General for Scotland's recent report on Scotland's population. I wonder whether she is aware that the report shows that, in the past 10 years, the proportion of households with dependant children whose parents are cohabiting has doubled to almost 14 per cent and that, in 2002, 44 per cent of all births in Scotland took place outside marriage. I ask her whether she will assure us that the Executive will work to ensure that policy and legislation in Scotland will address those changing family patterns.

**Cathy Jamieson:** Susan Deacon draws the Parliament's attention to an important point. That is why I want the family law reforms to involve close examination of the issue. In some cases, people who are not in married relationships might believe that they have rights in relation to children. It is important that we consider the issue carefully in the coming months.

### European Structural Funds

**6. Mr Keith Raffan (Mid Scotland and Fife) (LD):** To ask the Scottish Executive what action it is taking to ensure that the east and west of Scotland European consortia meet the conditions of the N+2 rule in respect of the payment of European structural funds. (S2O-466)

**The Minister for Finance and Public Services (Mr Andy Kerr):** N+2 action plans for each programme were agreed in 2002. They cover a range of actions to ensure that commitment and expenditure levels reach the targets that are to be met by the end of 2003. In addition, the Deputy

Minister for Enterprise and Lifelong Learning recently wrote to project managers to encourage the timely submission of claims.

**Mr Raffan:** Does the Minister for Finance and Public Services agree that that is one of the main challenges that confronts the Executive during the Italian presidency, as the N+2 rule obliges the European Commission to take back any structural fund budget allocation for 2001 that remains unspent by the end of this year? I invite him to indicate what sums are involved for the east of Scotland programme and the west of Scotland programme and to explain how we got ourselves into such a position. Is it true that there is also a risk that objective 3 funds will not be fully spent by the end of the year? If so, how much money is involved?

**Mr Kerr:** The situation changes regularly. I can give the member an assurance on objective 3 funds, in relation to which there are no such difficulties.

The Executive is taking action. We have set up a series of meetings with the groups that are involved and have written to 40 sponsoring organisations to ensure that they get their act together by ensuring that the funds are applied for and claimed in accordance with their anticipated plans. We have emphasised the need to check up on all the N+2 guidelines, which has involved the Executive in running seminars on the rules that govern the process, creating stimulus for more ideas, providing assistance with writing applications and monitoring techniques to ensure that forms are completed more appropriately. We need to monitor what is going on in the networks to ensure that Scotland does not lose out in relation to spend under the N+2 guidelines.

In addition, Scotland has submitted important, innovative and creative projects to Europe, which we expect to be successful, although they have not yet come back from Europe. Those projects will help to close the gap in Scotland's wealth that might be created by any loss of European funding. All those measures, as well as the regular meetings that officials have with those in charge of the programmes, will ensure that the spend is maximised and reaches its greatest potential.

**Christine Grahame (South of Scotland) (SNP):** The current arrangements for European structural funding run out in 2006. What is the minister's response to the view of the south of Scotland alliance on the Department of Trade and Industry's so-called guarantee, which is that it is not sufficiently robust for a well-funded, ring-fenced regional policy that will benefit the south of Scotland?

**Mr Kerr:** I must be honest and admit that I am unaware of that organisation's view on the matter. However, we seek to ensure that Scotland will lose no funds and that the subsidiarity rules will apply to our ability to make decisions about how best we spend those resources in Scotland. The matter has not yet been resolved in Europe and we seek to continue to influence the debate.

**Phil Gallie (South of Scotland) (Con):** Is the minister convinced that the administration procedures that lie behind the applications and the audit trails that are provided do not create a massive time block on the swift processing of applications?

**Mr Kerr:** I would have agreed with that comment 18 months ago. When the matter initially came into my portfolio, I sought to ensure that we reduced the bureaucracy. Hence, we have introduced web-based applications and gateway measures to ensure that applications are submitted correctly.

Of the 1,600 or so applications that have been made to date, all have been submitted timeously. The applications that have been submitted correctly have come out of the different processes quickly. However, when we encounter problems with an application, we work hard with the organisation that submitted it to ensure that the application is corrected as quickly as possible so that the funds become available.

We have tried to reduce the bureaucracy. The web-based system is working effectively.

**Irene Oldfather (Cunninghame South) (Lab):** The minister will no doubt be aware that the N+2 situation was raised at the most recent European structural funds forum. Can he assure us that he will continue to report progress on the matter to the Parliament as and when the situation develops and becomes clearer?

**Mr Kerr:** I hope that we will be able to report positively to the Parliament on the measures that we are taking. We strongly believe that our N+2 plans are being properly administered by the sponsoring organisations. The pressure is on them. We have made it absolutely clear that they have a duty and a responsibility to spend to the anticipated level that was agreed. We are doing our best not only to support those organisations but to ensure that they know where the responsibility for such measures lies.

## VisitScotland

**7. Mr Kenny MacAskill (Lothians) (SNP):** To ask the Scottish Executive when it last met the board of VisitScotland. (S2O-429)

**The Deputy Minister for Environment and Rural Development (Allan Wilson):** The Executive keeps in regular contact with the board of VisitScotland. The Minister for Tourism, Culture and Sport will next meet the board on 2 October to

discuss the further development of our strategy for Scottish tourism.

**Mr MacAskill:** I am grateful to Mr Wilson for that answer and I appreciate that he is standing in for his colleague. I advise Mr Wilson that a fortnight ago, when I challenged the reductions in expenditure on the VisitScotland budget by 18 per cent last year and 12 per cent this year, Mr McAveety disputed the figures. Given that Mr Peter Lederer, the chairman of VisitScotland, has said that it is make or break time for the industry and that

"we need a big step change … VisitScotland should have its £30 million budget increased",

will Mr Wilson ask Mr McAveety whether he will review his position on the funding—or lack of it—of VisitScotland?

**Allan Wilson:** I think Mr McAveety has already met Mr Lederer to discuss the statements that were made. Of course, those statements preceded the establishment of the ministerial group, which was set up partly in response to those problems.

Mr MacAskill is trying to spin an undoubted success story into a tale of failure. The facts are that from 1998 VisitScotland's funding has increased from £19.8 million to £33.2 million and it is proposed that it will increase even more in the next three years to £36.1 million, including £5 million for EventScotland.

**Sarah Boyack (Edinburgh Central) (Lab):** I welcome the fact that many discussions appear to be taking place between VisitScotland and the Minister for Tourism, Culture and Sport. The Deputy Minister for Environment and Rural Development has promised that he will relay to them today's discussion in the chamber. Will he also ensure that, in future, Edinburgh's role as the gateway to Scotland will be properly funded so that we can ensure that the many new visitors that come to Scotland do not stay just in Edinburgh and that we are successful in encouraging them to visit the whole of Scotland?

**Allan Wilson:** We certainly wish to encourage tourism spend to spread from Edinburgh throughout Scotland so that everybody in Scotland benefits from it. Of course, Edinburgh is but one gateway to Scotland. The reason why I am standing in for Mr McAveety is that he travelled from Prestwick to Spain. Part of the reason for his trip is to encourage Catalans to use the new links to expand tourism throughout Scotland so that everybody can share in the economic benefits that the new links bring.

## MTV Awards

**8. Pauline McNeill (Glasgow Kelvin) (Lab):** To ask the Scottish Executive what role it will have in the MTV awards in Edinburgh in November 2003. (S2O-426)

**The Minister for Finance and Public Services (Mr Andy Kerr):** The Executive is delighted that we have secured Europe's biggest music awards for Scotland. We are confident that this will enhance our international reputation as an outstanding destination for major events, as well as generate millions for the Scottish economy.

Scottish Enterprise, EventScotland and VisitScotland are working hard with City of Edinburgh Council and MTV on a number of initiatives to ensure that the awards generate maximum benefit for Scotland. Those initiatives will not only deliver an excellent event, but showcase Scottish creative industries and promote Scotland and Edinburgh as a tourism and major event destination.

**Pauline McNeill:** I am pleased to hear that we are making the most of this significant event, which I am sure members agree is a major coup for Scotland. Does the minister agree, however, that it is high time that the Scottish Enterprise network recognised that we have a distinct music industry, and that we could generate even more benefit to the economy if we nurtured Scotland's many talents and skills? Will the minister indicate that he might support a planned 12-and-a-half-seater arena—[*Laughter.*]—as a dedicated concert venue at the Scottish Exhibition and Conference Centre in my constituency in Glasgow?

**Mr Kerr:** I think that the member meant a 12,500-seat facility.

I share the member's interest in such matters; she has championed the cause of the creative industries in the Parliament for years. The First Minister is to host an evening at Edinburgh castle for the creative industries of Scotland to show their wares to networks from throughout the world. A pack will be provided to every delegate and journalist attending the awards to ensure that they get the message about Scotland being open for business and about the role that is played by our creative activities. We will provide a week-long networking opportunity for those who come to Scotland for the event.

Vitally, MTV has itself set up a number of workshops to ensure that local businesses are involved in what will undoubtedly be a successful event. Production companies, hairdressers, limousine hirers, equipment hirers and lighting specialists have already been recruited. Another recruitment evening will be held to ensure that local businesses play a full role. The event represents a £4 million injection into the Scottish

economy. Scotland has won a very successful event and 6,000 hotel rooms have already been booked. I share Pauline McNeill's commitment to the music industry's making a massive impact on the Scottish economy, and I will ensure that our views are expressed to those with the relevant authority so that we pay due cognisance to the creative industries.

### Scottish Agricultural College

**9. Brian Adam (Aberdeen North) (SNP):** To ask the Scottish Executive when an announcement will be made on the future of the Scottish Agricultural College. (S2O-424)

**The Minister for Environment and Rural Development (Ross Finnie):** As the member may be aware, the outcome of the college's strategic review was announced earlier this week. The college's revised proposals mark a significant change to its earlier plan. Sub-degree education will continue to be offered on a geographically dispersed basis. Delivery will be developed in partnership with other organisations locally. That will go a long way towards addressing concerns about access to education, particularly in Aberdeenshire and Ayrshire. The SAC will work closely with local authorities, the Scottish Enterprise network and other organisations to find alternative uses for the Auchincruive and Craibstone campuses. I believe that those changes to the SAC's original proposals should be welcomed.

**Brian Adam:** I do not know whether to thank the minister for his response or not, but I do not believe that his assessment of the quality of the outcome is shared by many people in Aberdeenshire. Will he consider part of the report to which he referred, which says:

"Any configuration of SAC's estates (even the present one) could be made viable with sufficient grant aid funding"?

Will the minister accept that he bears some responsibility for the problems in the SAC? Will he encourage the SAC to work with partners in the areas concerned to ensure that the amount of grant aid funding that is required is minimal, given that the SAC has not—we believe—come up with the most efficient solution? Does he accept that a more efficient solution could have been arrived at by engaging with local stakeholders?

**Ross Finnie:** Brian Adam's first point is absolutely untrue. The Scottish Executive funds agricultural education at a level that is 40 per cent higher than is the case for any other equivalent education college. It could hardly be said that underfunding is responsible for the current crisis. Indeed, quite the reverse is true: it is the result of the failure of the Scottish Agricultural College to deliver a quality education in line with funding arrangements from the funding councils. This fallacy that the problems are to do with the Executive's underfunding of the college really has to get knocked on the head. We recognise that the Scottish Agricultural College has over the years unfortunately been attempting to deliver education with an estate that grossly over-provides for that education.

I turn to the member's second point. We have an opportunity before us and, as I have included in the conditions, I want to see precisely what arrangements are to be made using partnership agreements in both Aberdeenshire and Ayrshire. However, I have also stated clearly the Scottish Executive's view that the SAC must work with the local authorities, the local enterprise companies and all other relevant local agencies to ensure that those valuable and important local sites are developed properly and appropriately.

**Mr Richard Baker (North East Scotland) (Lab):** I welcome the SAC's proposal to retain some education services—in particular, the organic research farm at Craibstone—as a step in the right direction. However, we have some way to go before many of the fears of staff and students are allayed. Will the minister urge the SAC to consult the Executive fully this time when developing its proposals, which still represent the scaling down of SAC education services in the north-east?

**Ross Finnie:** As I said in my response to Brian Adam, in attempting to make the books balance, to make better use of the sites and facilities and to provide the highest possible quality education, there will have to be changes in the SAC. It is not sustainable in the long term for the Scottish Executive, either through the Environment and Rural Affairs Department or through the funding councils, to fund that branch of education at a level that is 40 per cent higher than the level at which it funds other branches. We must make some changes and that is what we are doing.

The more dispersed nature of the education that is proposed will address many of the fears of staff and employees of the SAC. I have made it clear that I share Richard Baker's view that it was a gross failure of the SAC that it did not consult adequately its staff and employees on the first round of proposals. I hope that that failure will not be repeated.

### Central Heating Installation Programme

**10. Dr Elaine Murray (Dumfries) (Lab):** To ask the Scottish Executive when it will extend the central heating installation programme to people over 80 who have partial or poorly functioning central heating systems. (S2O-419)

**The Minister for Communities (Ms Margaret Curran):** As announced in the 2002 spending review, from April 2004 the central heating programme will be extended to cover applicants who are 80 or over and have partial or inefficient central heating systems.

**Dr Murray:** The minister may be aware of circumstances such as those of my constituent Mrs Thompson, who is 80 years of age and whose application for central heating was turned down by the Eaga Partnership because she had two storage heaters, one of which was in the stairwell.

I do not have a supplementary question, but I congratulate the Executive on making funding available to help older pensioners whose so-called central heating is not up to the job.

**Ms Curran:** I thank Elaine Murray for that comment.

From 2004, each year 2,000 vulnerable people who are 80 or over will benefit from central heating. The change will benefit a total of 4,000 people and represents significant progress in addressing the needs of elderly people and tackling fuel poverty in Scotland.

### Marine Fish Farming

**11. Mr Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Executive when and how the transfer of planning control for marine fish farming developments from the Crown Estate to local authorities will take place. (S2O-447)

**The Deputy Minister for Environment and Rural Development (Allan Wilson):** Stakeholders are helping us to draw up detailed proposals, with a view to conducting a full consultation in 2004. We intend to introduce subordinate legislation in 2005 to extend planning controls to all marine fish farms.

**Mr Ruskell:** Will the minister consider a further legislative review, perhaps leading to a single marine act that will unify the many strands of legislation that relate to the marine environment, including those concerning planning?

**Allan Wilson:** As the member is aware, there are a number of complex issues involved in combining marine and terrestrial planning. I will meet my ministerial colleagues down south to discuss some of the overlaps between devolved and reserved issues, which relate in part to inshore fisheries management. I would have been more impressed by the member's argument if he had, rather than opposed them, supported the conservation measures for scallops that the Executive proposed to the Rural Development Committee last year.

**The Deputy Presiding Officer:** Question 12 has been withdrawn.

### Glasgow Housing Association

**13. Ms Sandra White (Glasgow) (SNP):** To ask the Scottish Executive what plans it has to meet the Scottish Tenants Organisation to discuss the effect of the new Glasgow Housing Association tenancy agreement on its clients, including elderly people and people with mental incapacities. (S2O-465)

**The Minister for Communities (Ms Margaret Curran):** The Scottish Executive has no plans to meet the Scottish Tenants Organisation to discuss that issue.

**Ms White:** That was short and sweet. Does the minister agree that the concerns of the STO are merited, given tenants' inability to access decent housing, the fact that owner-occupiers have been sent exorbitant bills and the GHA's admission that it has failed to collect £10 million in rents? Does she also agree that she should comply with the Scottish Executive's guidance on tenant participation and meet the STO as soon as possible?

**Ms Curran:** That is an interesting question. I have been looking forward to having an argument, so I am grateful to get a question from Sandra White. The question is particularly interesting, given that the Scottish Tenants Organisation is not particularly active in Glasgow. Sandra White will know from our many debates on the experience in Glasgow that the Glasgow Housing Association has inaugurated the sort of involvement of tenants in Glasgow that has not been seen for generations. Tenants are involved actively in making decisions about the quality of their housing in a way that they never were before. I appreciate that Sandra White is not really in touch with the details of that, given that she and some members of her party—although not all—consistently opposed the stock transfer and do not have the graciousness to live with the democratic will of the tenants in Glasgow who decided that that was the way forward.

### Community Recycling Groups

**14. Shiona Baird (North East Scotland) (Green):** To ask the Scottish Executive what mechanisms are in place to ensure that the Scottish Environment Protection Agency effectively monitors the involvement of community recycling groups in the implementation of area waste plans. (S2O-443)

**The Minister for Environment and Rural Development (Ross Finnie):** The Scottish Environment Protection Agency chairs and is involved actively in the waste strategy area groups. In that capacity, part of its duty is to monitor community sector involvement.

**Shiona Baird:** What is the minister's view of the worrying situation whereby local authorities throughout the country appear to be going into competition with community recycling groups, rather than working with them in partnership as they have done for many years?

One such example is Stirling Council, which has chosen to spend more than £100,000 of public funds to replace Alloa Community Enterprises Ltd, which is an organisation with 20 years' experience of recycling and reuse. How can such organisations be discarded in that way?

**Ross Finnie:** There are two things that I would say to Shiona Baird. First, the "Strategic Waste Fund Guidance for Local Authorities" sets out explicitly our wish that local authorities should involve the voluntary sector. I am well aware that examples of that involvement throughout Scotland are extremely patchy—I concede that and I am disappointed by it. The composition of the local committees that award the contracts and take the decisions was, I think properly, left to the local areas. It would not have been appropriate for ministers to decide on the composition of local area waste committees.

Secondly, the voluntary sector was heavily represented in the national implementation strategy, so I am disappointed by what Shiona Baird told us has happened. I am well aware of the example that Shiona Baird cited, but I am not sure how that degree of competition can be stopped. When we have met councils, we have said the same as the Scottish Environment Protection Agency, namely that insufficient recognition is being given to the work that was done in the past and that it would be a shame if that work were to be cast aside. I can try to prevent that competition only by informing those whom we meet of our opinion. I do not think that there are any powers open to me to demand that such competition does not happen, but that is clearly stated in the guidance on the strategic waste plan.

### Healthier Lifestyles

**15. Irene Oldfather (Cunninghame South) (Lab):** To ask the Scottish Executive what plans it has to encourage healthier lifestyles. (S2O-440)

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** Good health is fundamental to the happiness and prosperity of individuals, families and communities. The Executive is determined to take a wide range of measures to improve Scotland's health record and encourage healthier lifestyles. We have made that commitment clear in "Improving Health in Scotland—The Challenge" and through the "Partnership for a Better Scotland" white paper. As members will know, we have also devoted a full day today for a debate on health improvement.

**Irene Oldfather:** Does the minister agree that nicotine replacement therapy is an integral part of any strategy to improve health? Will he give an assurance that money will be made available to ensure that NRT goes hand in hand with support and counselling to help people to give up smoking?

**Mr McCabe:** I am more than happy to give that assurance. I am pleased to reiterate the commitment that was given this morning by the Minister for Health and Community Care, who announced a further £1 million for smoking cessation services in Scotland. We are determined that that money should make a real difference, that health boards should apply it in partnership with their local partners, and that people in Scotland be encouraged to consider giving up the habit of smoking.

# Improving Scotland's Health

*Resumed debate.*

15:10

**Scott Barrie (Dunfermline West) (Lab):** On a point of order, Presiding Officer. With reference to this morning's debate and its continuation this afternoon, will the Presiding Officers reflect on previous rulings stating that members who wish to speak in a debate should be present at the start of that debate, particularly given that some of the members who were called in the morning were not present for the minister's opening speech, or for the Opposition parties' speeches? Will the Presiding Officers consider that when selecting speakers for the continued debate?

**The Deputy Presiding Officer (Trish Godman):** There is a basic courtesy to be observed in attending the chamber for opening speeches, and I am sure that we all agree with that. If members want to contribute later in the debate, they should certainly be in the chamber for the opening speeches. It is, however, up to the Presiding Officer to call members in a debate. Non-attendance at the start or summing up of a debate is taken into account when we call speakers in the future, and I have noted Mr Barrie's comments. We shall now continue the debate.

15:11

**Christine May (Central Fife) (Lab):** I was delighted to be here this morning and have the opportunity for such a wide-ranging debate, without the necessity of looking for points of difference with members of the Opposition. I was pleased to hear members from all parties speak positively in favour of broadening the range of activities that we need to improve lifestyles.

Janis Hughes raised the issue of carers. A couple of days ago the Fife carers centre newsletter was sent to me. Among other things, it refers to the service for young carers in Fife, and says that dedicated staff have been appointed to that service thanks to the changing children's services fund provided by the Executive. I would be pleased to arrange for further information to be sent to the minister if he wishes.

Many members have referred to evidence from overseas, particularly from Finland. I received a briefing from the chair of my local health care co-operative in Glenrothes that says that in North Karelia

"it was the concern of the women of that area about their poor health records (and that of their male relatives) that provided the stimulus to improve the health of that region."

As some of the Opposition speakers said this morning, in Scotland we still have a dependency culture that holds us back to some extent. The Executive's encouragement of community development and community-based solutions will go a long way to improving people's confidence in their ability to take care of their own health.

I have another piece of information from the same briefing that I am sure will be of interest to all my male colleagues. I will pass on the web link. The site shows that men aged over 50 who exercise regularly are less likely to be impotent. [*Interruption.*] I knew members would find that interesting.

There is also significant evidence that the secondary prevention measure that is most effective in reducing total mortality after coronary heart disease is smoking cessation; there is a 36 per cent reduction in total mortality. I concur with all the members who have talked about the importance of stopping smoking in building a healthier lifestyle—and I congratulate Jamie Stone, who is on his sixth day without cigarettes and is not using patches.

I shall focus my remarks on the two generations at either end of the health improvement spectrum: the elderly and young people. One of the best things that the Parliament did during its first session was set up the joint future initiative, which obliged health boards and local authorities to propose joint plans for community care for the elderly.

Those had to be costed, and additional money was applied to those costed plans. As time has gone on, there have been increasing concerns about resource transfer. The benefit of that first tranche of money was a reduction in in-patient bed days for the elderly, and there are concerns that there is insufficient resource transfer from the acute sector to the primary and social care sectors. For example, there are concerns about the funding of aids and adaptations, and the speed with which they are provided. I ask ministers to hear that point, and to make inquiries about what steps can be taken to address the problem.

**Mr Davidson:** I have to declare an interest—I declare that I am, over 50, but I will stop there.

Can Christine May tell us about the experience with joint future in her part of the country, because there is great confusion among councils in the north-east of Scotland about the variations in how the initiative is working out? Even some documents within the same health board appear different. Has the member had the same experience? Does she think that Executive input is required?

**Christine May:** I cannot comment on other areas, but my own experience has been good.

Finally, I turn to the health of young people. I am grateful to the members and colleagues who signed my motion welcoming the establishment of the Place in Glenrothes. That is a young persons' health and welfare centre, funded jointly by the local authority and the local health care co-operative—sometimes in spite of the regulations and accountability lines, which are more like chain mail and steel bars in their inflexibility. I ask ministers to ensure that civil service and other bureaucratic regulation does not get in the way of the collaborative approach that we all want.

**The Deputy Presiding Officer:** A significant number of members wish to speak, so I propose that we move to five-minute speeches. Even so, I will not be able to call everyone.

15:17

**Mr Adam Ingram (South of Scotland) (SNP):** I shall take the opportunity afforded by this debate to highlight the plight of people who are suffering mental illness, and that of their carers and all those who work on a daily basis to provide care, treatment and rehabilitation services. We cannot divorce the health improvement agenda from the state of our national health service, especially with mental health. I know that this has been said many times in the chamber, but it bears repeating: the mental health services remain the Cinderella of the NHS. That is undoubtedly a function of the stigma attached to mental illness, which still pervades our society.

Politically, not nearly as much kudos is to be gained from devoting resources to mental health as from devoting them to, say, cancer or coronary care. However, like cancer and heart disease, mental health is a national clinical priority—as it should be, given the statistics. Suicide is the leading cause of death for Scots males aged 15 to 35, and the rate is twice that in England. Around 12,000 people develop dementia every year in Scotland. Up to 35 per cent of absences from work are caused by mental health problems. However, no outcome targets have been set for mental health. Why is that? Unless targets are set, how can we measure performance or gauge any improvements?

Money tends to leak from mental health budgets, particularly at area board level, which reflects the low political priority given to mental health, in contrast to the lip service paid to it. I am sure that ministers are aware of that problem, but if they are really serious about tackling it, and if we are to deliver on the framework for mental health, I see little alternative to ring fencing.

In the last session of Parliament, many of us were involved in passing the Mental Health (Care and Treatment) (Scotland) Act 2003. That is an enlightened piece of legislation that we hope will lead to a better deal for people with severe and enduring mental illness, who need help most. The new test of our commitment will be whether we can implement the act so as to ensure that the resources and services required to make it work are in place. Clearly, that will be a tall order.

**Scott Barrie:** Does the member agree that one difficulty is that too much money is tied up in acute mental health services, and not enough recognition is given to community mental health services, which can prevent people from needing acute beds? The right balance between acute services and community preventive mental health services would go a long way towards solving some of the difficulties to which he has referred.

**Mr Ingram:** I agree with Scott Barrie, and I shall be interested, as I am sure he will, in Dr Sandra Grant's final report, which will be produced later this year.

Committees have expressed concern about resourcing to implement the 2003 act, and those fears were underlined at last week's meeting of the cross-party group on mental health by Dr Grant, who is conducting a review. She highlighted a serious shortage of professionals across the discipline, from consultant psychiatrists—we are 40 short of those—to mental health officers. Even more worrying is the extremely low morale and low level of energy. For example, she said that GPs have a marked aversion to taking on more mental health work. I was struck most forcefully by her comment that people who deliver the service feel paralysed by the scale of the task that faces them, the lack of resources and the struggle to establish effective joint working.

The work force recruitment and retention problems that have been reported throughout the NHS are writ large in mental health services. That is the challenge to which the Executive must rise, and on which it must be held to account by the Parliament. Advocates of the devolution settlement need to be judged on such issues.

15:22

**The Deputy Minister for Education and Young People (Euan Robson):** No one would disagree that establishing healthy living for our children today will mean that they enjoy the benefits throughout life. I am therefore grateful to have the opportunity to contribute to today's debate from the Education Department's point of view. The health and well-being of children and young people obviously affect their ability to learn with confidence and to achieve their full potential, so it is essential to secure healthy living in a child's earliest years, and right through their time at school.

Sure start Scotland is a key element in the Executive's drive to ensure that every child has the best start in life. Sure start involves local authorities and their partners developing local services to meet the needs of local families with very young children. Those include integrated services in community nurseries and family centres, mobile and outreach services, mobile crèches, mini family centres and healthy living programmes delivered by health visitors.

All those services contribute to our aim that by 2006, at least 15,000 vulnerable children under five will have an integrated package of health care and education support. The sum of £23 million has been allocated to local authorities for sure start programmes for the present financial year, and that will rise to £35 million in 2004-05 and to £50 million in 2005-06.

In addition, the Executive has a range of early-years policies that have an impact on children's health and well-being. We need to meet children's needs in a co-ordinated way and we are consulting on an integrated strategy for the early years. We hope to issue a finalised strategy by early 2004.

In schools, the aim in health education is to help pupils to enjoy good physical, emotional and social health. The aim is to nourish values and attitudes that will develop self-esteem, concern for others and care for the wider environment.

The health-promoting schools programme is designed to ensure not only that health education is integral to the curriculum, but that a school's ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and development.

We have set schools a challenge. By 2007, we expect all schools to achieve health-promoting school status. In the partnership agreement, we say that the advertising of unhealthy foods in schools should end, and that the availability of unhealthy food and drinks in schools will be actively discouraged as a condition of their becoming health-promoting schools.

However, we do not expect schools to do that alone. We have set up the Scottish health-promoting schools unit, which, in partnership, will play a key leadership role and will champion, facilitate and support the implementation of health-promoting schools throughout Scotland. It will also help schools to make sense of, and integrate, every vital health theme, including those concerning alcohol, smoking, drugs, sexual health and relationships, good nutrition and physical activity, to name just a few.

**Mr Davidson:** I am heartened to hear there is a multifaceted approach involving different Executive departments and the public sector. However, the minister began his speech by referring to parents and then went on to talk about needy children. He has not mentioned parents since. Parents often have contact with one another and with those who look after their school-age children through the school system, and I wonder whether the Education Department will educate parents to the standard to which it wants to educate their children.

**Euan Robson:** The member has made an important point about parents' involvement. I do not think that the department would educate parents per se, but it would certainly do so through involving them in the process and spreading good practice in that way. Perhaps we can return to that issue later.

We can all take certain important actions. For example, we know that, as a nation, we all need to change our diets and increase our physical activity. I recently found out that 27 per cent of boys and 40 per cent of girls aged between two and 15 do less than one hour a day of moderate activity on five or more days a week. Activity drops sharply in the early teenage years, and that decline continues into later life. We need to reverse that trend and encourage our young people to adopt healthy practices from the outset, to sustain them in adulthood.

This morning, Malcolm Chisholm mentioned that £24 million has been committed to expanding the active primary school programme. Furthermore, another aim of "Sport 21", the national strategy document for sport in Scotland, is to have a school sports development officer in every secondary school. By July 2002, 340 secondary schools had such sports co-ordinators.

Improving children's diet can have a major impact on their health now and in later life, which is why we are investing in our school meal service. Presiding Officer, I see that you are about to tap your microphone, so I will not go into all the details of our policy document entitled "Hungry for Success: A Whole School Approach to School Meals in Scotland". Suffice it to say that over the next three years, £63.5 million will be invested in implementing the vision of a revitalised school meals service in Scotland.

I could have made many other points. However, I am grateful to have had the opportunity to make a few comments from the Education Department's perspective in this debate.

15:28

**Paul Martin (Glasgow Springburn) (Lab):** In the interests of clarity, I want to return to the issue that Christine Grahame raised about the form of this debate. As a former member of the Procedures Committee, I recall that I raised

concerns about this kind of debate when the matter was discussed. However, the SNP member on the committee did not raise any such concerns at the time. As a result, we should accept that all parties have agreed to the form of today's debate.

I mean no disrespect to the ministerial team, but I have to say that I welcome the publication at long last of a document that is not littered with politically correct photographs and images of the team. Instead, this is a glossy action document that actually sets out the way forward. However, it might be helpful if, in addition to that document, we had another document that looked back at the Executive's previous commitments, tracked whether they have been met and gave a specific focus to the issue.

As some members have pointed out, this wide-ranging debate has touched on both acute and primary services. That brings me to the subject of consultation, and how we improve primary and acute care services. Many of the health boards are obsessed with consultation documents. People in our communities want to know how those documents have been responded to. One of the documents from the Greater Glasgow NHS Board says:

"Tell us what you think about your local services."

That is a welcome phrase, but at the time of the acute services review in Glasgow, did the health board interrogate the views that people presented to them?

In order to improve health, particularly the acute and primary care services, we must put across the message that local views have to be considered. Consultation exercises must not become information exercises, as a number of them have been; instead they should give serious consideration to people's views and result in movement on the issues raised.

Frances Curran talked about health board representation earlier. Her point was well made, and I have made this point several times in the chamber: many of our constituents are good enough to serve on the boards of housing associations, community councils and health councils, but those same people do not have the opportunity to serve on our quango health boards. The sooner we consider Bill Butler's proposed member's bill the better. We must ensure that it is not always the so-called great and good who are considered good enough to serve on our health boards, but genuine local stakeholders who can offer their experience in their communities to ensure that all local views are considered.

We have discussed healthy lifestyles again today, as we often have, and we have raised the issue of how we get the message about healthy lifestyles across—to young people, in particular. When I met the minister yesterday, I made the point that many designer brands—I do not want to advertise them here—are capable of getting their message across to young people. Can we look at ways of emulating those brands' methods, so that we can find more effective ways of ensuring that young people have healthy lifestyles? Margo MacDonald made the point about the need to ensure that sports personalities—and other people to whom young people look up—play a more prominent role in getting the message across to young people.

The minister has always given consideration to Glasgow, and I welcome his comments on additional funding for Glasgow. To finish on a famous quote:

"A government that robs Peter to pay Paul can always depend upon the support of Paul."

That is a serious issue for Glasgow.

15:33

**Mr Ted Brocklebank (Mid Scotland and Fife) (Con):** We have had a wide-ranging debate today. In addition to making one or two observations about health provision in general, I will make one or two comments on health provision in the kingdom of Fife.

We are told that Scotland is now up there with Europe's biggest spenders on health care. However, Scotland remains the sick man or woman of Europe in many areas. In coronary diseases of women, in a number of cancers and in diseases of obesity, the figures are—far from improving—getting worse. As ever, the statistics are worse in deprived areas.

Far from coming down, waiting lists have gone up by 22,000 in the past four years. The numbers of cancelled operations, hospital-acquired infections and vacancies for medical staff across almost all the NHS board areas have increased in the same period. Conservatives are, of course, inured to the weary chants of our opponents that we plan to abandon the NHS. Nothing could be further from the truth. What matters is where patients are treated and the quality of the treatment, rather than the sector in which that treatment takes place.

I will follow those introductory remarks by considering the provision of health care in Fife, specifically aspects of communication. I believe that Fife NHS Board discharges its responsibilities better than many boards. I am in regular contact with the board and hope to meet it again tomorrow. However, the lack of hard information that constituents in all parts of Fife get from the board and the conflicting nature of the information

that is received are among the most frequently expressed criticisms from constituents.

Like other health boards, Fife NHS Board has to cut its cloth and a number of options were examined as part of the cost-cutting exercise. This summer, there were threats to the accident and emergency department in Kirkcaldy and lurid headlines appeared in the local press. The closures did not happen, but little reassuring public explanation was given. This week, we have learned that, three months after proposed cuts in accident and emergency services were shelved amid considerable public alarm, they are back on the table.

Earlier this year, operations had to be cancelled at Forth Park hospital and at Queen Margaret hospital in Fife, as there were no surgical instruments with which surgeons could operate. The board had decided to have the instruments sterilised at Ninewells hospital in Dundee, but they were not returned sufficiently quickly for vital operations to be carried out. Sterilisation at Ninewells hospital was supposed to save Fife NHS Board £200,000 a year, but again there has been little information from the board about whether savings were made or whether there was a better service.

The board admits that the Adamson hospital in Cupar desperately requires renovation and modernisation. Three months ago, the board claimed that it was considering future development in detail. Many people in Cupar are concerned about the hospital's future—or perhaps the lack of a future—and fear that the hospital will close because of the development of the hospital at nearby St Andrews. Despite assurances from the board that that is not the case, there is still no official word about when the hospital might be upgraded.

The future of Stratheden mental hospital has been in doubt for nearly two decades. The board has said that retaining Stratheden as well as Fife's other two mental hospitals is not sustainable, but we are still waiting for a decision on whether Stratheden—which is widely recognised as a centre of excellence—will be retained.

Finally, there is the vexed and lengthy saga—it has been running for more than a decade—of the proposed new hospital for St Andrews. I understand that, last week, the Executive approved Fife NHS Board's outline business case for the proposal to build a new hospital at Largo Road in St Andrews and that the hospital is to be ready in three years. Despite the assurances that were given to everyone at Fife NHS Board's board meeting that communications were being improved, the board for some reason omitted to inform me of the Executive's decision and I had to read about it in the local paper, despite the fact that I am one of the area's MSPs and happen to live in St Andrews.

I am not criticising the board's ever-helpful information staff, with whom I have excellent relations, and I sympathise with the argument that at a time of cost cutting the board cannot be seen to be beefing up its spin. However, the public and their elected representatives deserve to be taken into the board's confidence at the earliest opportunity in order to allay fears and quell rumours. Fife NHS Board and other health boards in Scotland should take note.

15:38

**Mr Rob Gibson (Highlands and Islands) (SNP):** Scotland's health should have its heart in the country's remote areas. Many things can be learned from practices in remote areas to help people in the conurbations.

Scotland's poor public health record makes for a sad comparison with the records of small northern European nations such as Finland, Norway and Sweden. We must explore why that is the case and ask what measures we need to take to create greater self-esteem. We must recognise that preventive public health measures take a long time to work and, therefore, that sustained investment will be required to bridge the gap between Scotland's life chances and the life expectancy figures of neighbouring nations.

The Highlands and Islands have a specific health profile, as the Scottish Executive has recognised. A four-year project was set up in 1999 to consider the remote and rural areas as an entity—the remote and rural areas resource initiative has begun to develop health care services and support for professional staff from Galloway to Shetland.

The demographic shift of young people out of the area and older and retired people into the area masks the stark health picture of the lowest income quartile of its residents. In the Highlands and Islands, the life expectancy of men is below the Scottish average, which in turn is a year and a half below that of Finland, three years below that of Norway and five years below that of Sweden. Mortality and distance are key factors in health provision, so RARARI's backing of, for example, the aortic aneurysm screening programme for men in the 65-to-74 age group is a key example of raising life expectancy by early intervention. Moreover, the mobile wheelchair repair service is a great boon for its 3,000 or so users in the Highlands and Islands. Members can imagine how difficult it is to service so many people in so many remote areas.

To make progress with those and other issues, RARARI must be transformed into a permanent

faculty of rural and remote medicine, perhaps co-hosted by the UHI Millennium Institute and the University of Aberdeen's Highlands and Islands health research institute, which is based in Inverness. The minister's response on that issue is crucial.

Cross-departmental issues have a big bearing on good health and I will mention two. The North West Cattle Producers Association aims to grow more native beef and to sell it to local markets before thinking about exports. However, unless the Scottish Executive's forward strategy for agriculture does everything that it can to encourage such schemes, more families will opt out of living in the area and fewer people will be able to afford the prime beef that is on offer, given the chronically low wages.

The well-being induced by playing music is an international phenomenon. The Gaelic-music fèis movement regularly involves more than 4,000 young Scots every year in focused musical activity. The Fèis Rois outreach programme takes young traditional musicians into primary schools in social inclusion partnership areas. I would like members to hear the response of a teacher from East Ayrshire on the health implications of a recent visit by a group of musicians. The teacher said:

"The morning the team arrived had been particularly difficult due to external factors. The group lifted our spirits and helped focus our minds. Our children with special needs in particular dyslexia benefited considerably from the experience. Two days later a group of P3 children created their own dance and demonstrated it to us in the playground."

The teacher went on to comment that to develop the ideas would take a good deal more specialist training and funds.

We are developing well-being and public health interventions that stand comparison internationally, but we have much to learn from the Finns and Swedes. In the far north of Norway, there is an excellent programme to retain and recruit young doctors. Through group working, that programme achieves far greater levels of recruitment and retention than those in the north of Scotland, where the conditions are much easier. We should use such international comparisons to try to improve our game.

I will end by quoting one of the speakers at a major conference on international medicine, Dr Jane Farmer from Aberdeen, who said:

"The well-being of rural areas is an issue for all Scottish people and decisions about health service redesign must be taken within a holistic planning context"—

which means not just by the NHS—

"and informed by evidence about impacts on wider rural community sustainability."

Our Parliament must not fail remote and rural areas, because a third of Scots live in them. Our health service should be an international example, not an afterthought.

I beg your leave to go, Presiding Officer, because I have an urgent constituency matter to deal with.

15:43

**Irene Oldfather (Cunninghame South) (Lab):** I recognise that members have mixed views about the nature of the debate, but I think that the new format is good, because it has allowed back benchers from all parties to express views and to produce ideas without being constrained by the need to support or defend amendments and motions.

In that spirit, I will mention a few of today's speeches. Janis Hughes's comments about the role of carers in improving health were thought provoking; I hope that we will be able to develop some of her ideas. Margaret Ewing spoke about staff commitment and the positive results of the service. All members were moved by her resonant comments about Alzheimer's disease and dementia. I hope that some of her ideas, too, will be considered further. Paul Martin has long advocated democracy in health boards and he referred to Bill Butler's proposed bill, which I, too, support. We have been able to bring ideas to the chamber today and I think that that has been a very good thing indeed.

I want to mention a few projects in my constituency. I am especially proud of the one that relates to one of the new community schools and is based on the national water is cool in school campaign. It encourages children to drink water, teaching them that water is good for concentration, and it assists in the promotion of sensible dental health regimes. As with anything, if children are introduced to something early on, they will develop a taste for it.

In identifying priorities, the new community cluster schools in my constituency purchase water bottles for their associated primary schools. The project was accompanied by an information leaflet, which had been drawn up by oral health and health improvement experts and which identified the importance of encouraging children to drink water. As with most health improvement projects, we will not necessarily see or feel the benefits of that one this week or next week, but I believe that it has been an investment for the future. It has not been undertaken within the context of a politically expedient timetable, but it was identified in the local area by the local community and the benefits will be seen in the generations to come.

To illustrate the importance of promoting positive mental health in local communities, I draw to members' attention another project in my constituency: the North Ayrshire mind to volunteer project. The project is based in the three towns and Kilwinning and uses a combination of primary care grants and health improvement funding amounting to almost £200,000. Its aim is to enable people with mild to moderate mental health problems to benefit from volunteering assistance, to help them to make necessary changes to their lives. The majority of the volunteers have experienced mental health problems and are therefore uniquely placed to listen and understand. They also gain in self-confidence and benefit from the process of volunteering. Additionally, the project promotes general awareness in the local population of the needs of people with mental health problems and it is to be commended.

Members have spoken about tobacco quite a bit today, but I want to talk about it in the European context. Like pollution, disease is no respecter of borders. It would be impossible to have a debate on health improvement without talking about tobacco control throughout Europe. Tobacco is not only the single biggest cause of avoidable death in Scotland; in the European Union as a whole, 500,000 people die every year as a result of smoking.

**The Deputy Presiding Officer (Murray Tosh):** You have one minute.

**Irene Oldfather:** I am running out of time, so I will have to cut to the chase.

I feel that it is absolutely morally wrong that we put so much money into tobacco subsidies in Europe year in, year out. The money amounts to about €1 million a year, but only about 5 per cent of it goes back into health promotion in Europe. I hope that that problem will be highlighted.

On a more positive note, I mention briefly the European Commission's feel free to say no campaign, which targets young people in the 12-to-18 age group. Incorporated into that is something that Margo MacDonald and Paul Martin mentioned: music stars saying no to tobacco. The idea is to give children style icons to whom they can look up who will promote a positive, no-smoking message.

I am out of time, so I will close.

15:48

**Phil Gallie (South of Scotland) (Con):** I identify totally with Irene Oldfather's comments on tobacco in the European context.

**Irene Oldfather:** That is a first.

**Phil Gallie:** It is a first, but it is a sincere agreement.

Malcolm Chisholm rightly emphasised the need for interaction—not just within the NHS, but among other departments and groupings—to achieve the aims that are set out in the document. I go along with that. However, I point out that those interactions are sometimes dependent on actions that the Government takes in other areas, as I will demonstrate shortly.

I commend the First Minister for being prepared, as he demonstrated in his response to John Swinney today, to consider ideas about the involvement of the private sector in trying to deliver a better health service. Conservative members agree with that. We are talking not about privatisation, but about using the country's resources to the best advantage.

I make no apologies for reiterating one or two of the Ayrshire issues that John Scott mentioned earlier in the debate. For more than 20 years, I have, on and off, been involved in health issues as an elected representative for Ayrshire. I have always felt that health was an important issue. However, our health services will not be improved just because of a new document or as a result of the aims that have been stated today in the chamber.

Some of the best advances in health care in Ayrshire came about in the mid-1990s, partly as a result of redistribution of funding to the Ayrshire and Arran Health Board, as it was called at the time. I pay tribute to some of the people who were involved in, and should take great credit for, that work: Bill Fyfe, the chairman of the board; Douglas Brown, chairman of the South Ayrshire Hospitals NHS Trust; Donald McNeil; Aileen Bates; and Jim Eckford, the chief executive of the board. All of them played a significant role at that time.

Today, we are still talking about improving hospital services. The leaflet that I am holding up is called "Improving Hospital Services for Ayrshire & Arran's Children" and was produced by NHS Ayrshire and Arran. Although I go along totally with the sentiments that are expressed in the leaflet, when I read it I found that the service is to be improved by shutting the children's ward at either Crosshouse or Ayr hospital. In other circumstances, perhaps, such a closure might be seen to be the way ahead. However, it does not seem to me to make sense to issue a leaflet that talks about providing better services only to relate that aim to the fact that a children's ward is to be closed. The threat of closure creates a degree of mistrust between people and NHS Ayrshire and Arran.

One of the reasons why the closure is felt to be necessary is the shortage of consultants and the

lack of junior doctors coming through the system. I referred earlier to Malcolm Chisholm's comment about interaction. I ask him why not enough doctors are coming through. Are a sufficient number of students going through the universities? Is there a fallback position to six-year courses? We also have to question the Executive's position on tuition fees and the removal of grants. Do those issues play a part in the problem? I am not making a political point; I am laying down the facts that we have to take into account when we consider these issues.

We have similar problems in accident and emergency units, so I congratulate NHS Ayrshire and Arran on going out and finding the extra consultants that it needs. On Tuesday night, I had reason to use the accident and emergency services at Ayr hospital. From the time that I picked up the telephone to phone through to the Ayrshire doctors-on-call service, to the time that I left the accident and emergency services some three or four hours later, I found that everyone involved was tremendous. I was extremely satisfied with the service that I am paying for.

Many other issues are involved. The Government's "The same as you?" document poses another threat for services in Ayrshire, in that it has led to the proposed closure of the Arrol Park facility. Adam Ingram's comments on Arrol Park were well worth listening to; he made a tremendous case for the facility. A mandatory statement has been made for the facility to close within the next five or six years. That is not the way to improve services in Ayrshire for people who are mentally impaired. The proposed closure is a great mistake.

**The Deputy Presiding Officer:** it is time to close, Mr Gallie.

**Phil Gallie:** Mike Rumbles referred to the requirement for an additional 12,000 midwives and nurses by 2007. I say to the minister that, if he is to achieve that number, the students had better start their courses today. That is the time scale in which to train those midwives and nurses for 2007.

15:54

**Kate Maclean (Dundee West) (Lab):** I am possibly in a minority today, as I have not found the debate particularly useful. Shona Robison, who I think was the second speaker this morning, said that the debate was wide ranging and unfocused and could have been entitled, "Health: discuss." Having sat through the debate today, I suggest that the debate could just as easily have been called, "Predictability: discuss."

The debate has been quite interesting. However, we would hope that, when we have a whole day in which to discuss health without a motion to vote on and when members are not meant to be partisan, the debate would be illuminating and some good ideas would come out of it. We have heard examples of good practice in various parts of Scotland and we have heard about problems in respect of health in Scotland, but those have been discussed before. I do not think that we have heard anything new.

Members have also been a bit partisan. The nationalists tailed off into arguing that the solution to Scotland's health problems is a constitutional one. David Davidson pointed to back-door privatisation of the NHS as the solution to our health problems. However, it was interesting to hear him state that the Conservative party wants

"a health service that responds to the needs of … the patient"

and that we should move away from the

"top-down approach".

He said that as if it had always been the Conservative position on the NHS. That demonstrates that a Scottish Tory in the new user-friendly Tory party can, on occasion, opt for delusion over despair.

My comments perhaps represent an over-simplification of members' positions, but they are pertinent to the point that I want to make. One of the major contributors to the health debate and to forming health policy is the media, which I do not think have been mentioned today—I am one of the members who have sat through the whole debate.

I was interested to hear an item on "Good Morning Scotland" when I was driving through to Edinburgh at some ungodly hour this week—I think it was on Tuesday—about the King's Fund report, "Health in the News". I have read only the summary, although I look forward to reading the full report. The report's analysis of the relationship between politicians, the media and the public seems to go to the crux of our problem with improving public health and the health service in Scotland. Roger Harrabin, who conducted the survey, found that the imbalance in the media coverage of health-related issues means that far more prominence is given to scare stories and to NHS-in-crisis stories than to issues that have justifiably been discussed here today, such as the effects of smoking, alcohol and poverty on health. Most members have mentioned at least one of those issues today.

Even more worrying is the fact that some media coverage is so persuasive that it has an impact on people's behaviour. The most obvious recent example concerns parents who have chosen not to have their children vaccinated with the combined measles, mumps and rubella vaccine. The media coverage about that stemmed from one scientific report that linked MMR with autism. No

weight was given to the numerous scientific reports that refuted that link. The coverage by the media—in collusion with politicians; I am not blaming only the media—has led to a significant decrease in the uptake of that vaccine. That could lead to serious health problems for young people in the future.

Another matter that members should all be aware of, but about which we all seem incapable of doing anything, is the effect of the media on us as politicians. We are all guilty of overreacting to media coverage of local health issues. At a local level, the closure of buildings, the opening of new buildings and acute services reviews have us all metaphorically flinging ourselves down in front of the bulldozers.

I have a minute left, so I will have to cut short what I was going to say. There are many examples of cases in which, although the media might not necessarily represent public opinion, they give us the impression that they do and we shape health policy based on that. That gets in the way of our having a dialogue about real issues that affect health in Scotland.

If the media were to use their significant influence to publicise issues that affect health, such as those that have been discussed in the debate, and if politicians tried not to be parochial but to take a wider look at health matters, we could have a serious dialogue that would lead to improvements in health and health care and to radical changes in the way in which we deliver health services. Until the media and politicians can do that, we will not reach that stage—I certainly do not think that we have reached that stage today.

15:59

**Donald Gorrie (Central Scotland) (LD):** I was one of the members of the Procedures Committee who was enthusiastic about trying out debates without motions. It is excellent that we are doing that. I feel that Kate Maclean destroyed her own argument. She spent part of her speech saying that conducting a debate without a motion was a waste of time, and the rest of it making useful and constructive remarks, which she would never have had the chance to do in the usual yah-boo debate that we have to suffer so often. For example, one side says, "Aren't we running the health service marvellously?" and the other side says, "No, you're a load of rubbish."

I think that many constructive remarks have come from the debate, but I will focus on only a few, because many have been well covered already. First, the debate is a debate on health; it is not a debate on sickness. There is an issue to do with the well-being of the Scots in the widest sense. There is the question of self-esteem, which does not mean that someone has to go about feeling smug. If someone is reasonably content with themselves, their life and how they go about matters, they will be much less likely to fall ill than they would be if they were depressed and lonely. Not only is encouraging feelings of self-esteem and self-worth throughout our community important in a positive sense, it could save us a lot of money in health provision.

I do not know the answer to the problem of getting proper democratic control and accountability into the health service. One view is that we should elect health boards—or whatever they are called at any given moment; they seem to change name with great frequency. I think that there are arguments against that view. However, are appointed health boards properly accountable? We do not want the minister to manage all the affairs of health boards, as they are trying to do that themselves. However, a huge amount of money goes into health boards and there is a feeling that the money disappears into a black hole. We must develop a system of accountability for health boards that measures outputs against the money that is put in.

We must invest more in preventing people from becoming sick in the first place. That approach covers a huge range of aspects. Obvious ones are sport, community activities and the arts. If people had worthwhile things to do, such as, in particular, taking more exercise, they would not fall ill as much as they do. I used to help a discussion group of people in a poor area, who supported one another. Many of them had stopped taking pills. The saving to the health service from that was huge, but the group's funding was extremely precarious. We must find a more useful way of spending the health budget. I know that there is an effort to fund sport and healthy living, but we must do more of that and help community activities that reduce the amount of sickness and keep people healthy.

An issue that members frequently get lobbied on is the recruitment and retention of nurses. There have been efforts to address that issue, but there seem to be difficulties about the flexibility of contracts, which vary considerably from place to place. We need to arrange matters so that people are attracted into nursing or back into nursing, or are persuaded to stay in nursing. A housing association that specialises in helping people raised a specific point with me on the issue of care assistants in houses for people who need help. There is a long queue of people who want to do that job, but there is a dearth of training places. Money directed into training more care assistants would be helpful.

On that line, we could further explore the issue of people who are a bit skilled at what they do but

not as expert as the top people. For example, there are many intelligent and able hospital cleaners who could be trained up to do more jobs in the hospital, which would help nurses. People do not have to be only generals or private soldiers. We can promote quite a lot of the privates to be sergeants, who are the people who really run the place anyway.

16:04

**Dennis Canavan (Falkirk West):** I welcome the opportunity to debate the improvement of Scotland's health. I intend to concentrate on the provision of services within Forth valley.

For many years, Forth Valley NHS Board has been conducting a review of acute services but, until recently, the board had failed to reach any firm decisions on the matter. The dedicated staff at Falkirk and Stirling royal infirmaries do a great job, but changes in medical practice, inadequate buildings and shortages of skilled staff make it increasingly difficult to justify the continued existence of two general hospitals for the population of Forth valley.

For many years, the health board dithered around and there is a genuine fear that, unless firm decisions are taken now, services could be lost, which would mean that patients from Forth valley would have to travel to Edinburgh or Glasgow for treatment that could and should be provided locally.

Earlier this year, the health board at last reached a unanimous decision in favour of building a new hospital on the site of the Royal Scottish national hospital at Larbert and it submitted an outline business plan for approval by the Scottish Executive. The decision in favour of the Larbert site was taken after the most extensive public consultation that the board had ever conducted.

We now have a situation in which some parochial politicians are trying to overturn the result of the public consultation process.

**Dr Sylvia Jackson (Stirling) (Lab):** My colleague will not be amazed about the question that I ask. Does he not agree that there have been two significant recent changes to the situation pertaining in January? First, it appears that a site at Pirnhall in Stirling, which had been identified before, is now more available and could therefore be considered alongside the Larbert site.

**The Deputy Presiding Officer:** Quickly, please.

**Dr Jackson:** Secondly, we now have the feedback from the transport study, which shows that transport access to Larbert would be quite horrendous, not only for the people of Stirling, but for people in the rural areas. Would the member not agree?

**Dennis Canavan:** On the transport issue, the criterion that was laid down during the consultation period was that at least 90 per cent of the population of Forth valley should be able to access the proposed new hospital within half an hour. It is clear that the RSNH site meets that criterion. On Sylvia Jackson's other point, that is not new information at all. The health board considered that information before it reached its unanimous decision.

I can understand Sylvia Jackson's efforts to fight her corner as the MSP for the Stirling constituency, but what I find completely unacceptable—I am choosing my words carefully here—is the deceitful intervention of a UK Government minister, Anne McGuire, on a devolved matter, by issuing statements that are blatant untruths. Speaking about her desire to locate the new hospital at Pirnhall near Stirling, Anne McGuire told the *Stirling Observer*:

"it was obvious the Pirnhall site was dismissed out of hand and without any analysis".

She went on to refer to the health board's tunnel vision and called on the board to conduct a full study of the Pirnhall site at this late date.

Mrs McGuire failed to mention that the Pirnhall site was given full consideration during the public consultation. The board also commissioned independent consultants and, after it had considered the consultants' report and the views that were expressed during the public consultation, it came to the unanimous conclusion that the RSNH site at Larbert was the only one that met the four agreed criteria.

Even if, as Sylvia Jackson suggested, a developer were to offer land at Pirnhall at no charge to the NHS—that is a big if—such an offer would depend on planning approval being given for a major growth area in Pirnhall. A public inquiry would be inevitable and the whole process could delay the construction of the new hospital by another three years.

**Dr Jackson:** On a point of order, Presiding Officer. Is it fair that a member can say something that is totally untrue?

**The Deputy Presiding Officer:** That is a matter of dispute, not a point of order.

**Dennis Canavan:** I have said nothing that is untrue. On the contrary, Anne McGuire's statements to the *Stirling Observer* are blatantly untrue.

The people of Forth valley have waited far too long already for a new hospital. Any further delay could jeopardise the very existence of local services. We have the opportunity of a lifetime for a new state-of-the-art hospital, built on NHS land at a central location in Larbert, that will serve all

the people of Forth valley, whether they live in the Falkirk area, the Stirling area or Clackmannanshire. That opportunity must not be missed. I urge the minister to expedite approval so that the new hospital can become a reality at the earliest opportunity.

16:10

**Mr Stewart Maxwell (West of Scotland) (SNP):** I apologise for not being present at the start of the debate this morning. Unfortunately, I was detained on constituency business. I know that some members have been concerned about that matter, so I want to make it clear that I would obviously have preferred to have been here but for that rather unfortunate coincidence.

I start by focusing on cancer, which is widely acknowledged as Scotland's biggest killer. I welcome the Executive's proposed target of reducing cancer-related deaths among people under the age of 75 by 20 per cent by 2010. However, if we want to reduce cancer, the first thing that we should do is join the ever-growing list of countries that have introduced anti-smoking legislation. In 1988, California introduced such legislation and subsequently found that cancer incidence rates declined by 10 per cent in the following decade. More important, cancer mortality rates declined by an impressive 14 per cent over the same period.

Surely those figures show that one of the most important steps that Scotland could take to rise to the challenge of improving Scotland's health would be to introduce similar anti-smoking legislation here—the sooner, the better. Legislating on smoking would send out a clear and unambiguous message to the Scottish people about how seriously we approach the issue of smoking and the ill health and death that it brings to many of our fellow Scots.

We all know about the more obvious problems that are associated with smoking, but smoking during pregnancy is one of the leading factors in incidences of low birth weight. Other reasons for low birth weight include poor nutrition, excessive drinking while pregnant and, obviously, socioeconomic deprivation. However, when health is being discussed, the issue of low birth weight is often overlooked—both the cause of it and the consequences that flow from it.

Low birth weight is strongly socially patterned. In Scotland, the number of full-term babies who are born with low birth weight is virtually unchanged over the past decade. Full-term babies born to the most deprived parents are twice as likely to be of low birth weight as those born to parents in the least deprived category.

Low birth weight is not a problem of just being underweight at birth and catching up later on; it can be indicative of many health problems for the individual in future years. Babies of low birth weight suffer poor health in the first four weeks of life in particular and have a higher risk of death before attaining their second birthday. They risk delayed physical and intellectual development, both in childhood and in adolescence. They are more likely than average-weight babies to have some form of disability. Low birth weight is also a significant risk factor for developing asthma and there is now some evidence to suggest that low birth weight increases the risk of heart disease in later life.

Women's health and maternity services in the widest sense need to be a crucial part of any health strategy, particularly in areas of deprivation. That is why it is such a retrograde step to deny the people of Inverclyde, Dumbarton and Argyll a complete consultant-led maternity service. I know that the issue has been raised by other members, including Duncan McNeil, who raised the issue of the Rankin hospital this morning. The closure of the Vale of Leven maternity unit along with its urology and accident and emergency units is nothing more than death by a thousand cuts. The people of Inverclyde also face the loss of their maternity services because of the closure of the Rankin hospital, as has been mentioned. The maternity services are to be centralised in Paisley.

Tackling many of our health problems means making health facilities available locally, not closing them down. Glasgow is about to see the closure of the Victoria infirmary, which is to be replaced by a stand-alone ambulatory care and diagnostic unit. Stobhill is to be downgraded, with the loss of acute in-patient services. In addition, Glasgow will lose three of its five accident and emergency units. All those cuts are taking place against the wishes of the people of Glasgow. Mention was made earlier of the need to talk to people and consult them about health services. That is an admirable aim, but it is no good talking to the people if we do not listen to what they say. I have yet to speak to one person who thinks that the proposals for Glasgow are the best option for patients or their loved ones.

If the Scottish Government is serious about rising to the challenge of improving Scotland's health, it must tackle the causes of ill health and not just the symptoms. First and foremost, that means tackling smoking. If we did what California, New South Wales and New Zealand have done, and what Norway and Ireland are about to do, we would see the same health benefits, not just in relation to cancer rates, but for other smoking-related illnesses. It is not just about smoking; we also have to deal with poor diet. Perhaps most important of all, we must tackle poverty.

16:15

**Elaine Smith (Coatbridge and Chryston) (Lab):** I congratulate the Executive on taking the opportunity to hold an open debate on this subject.

I wish to highlight the issue of breast-feeding. In response to something that Kate Maclean said, I point out that breast-feeding received good media coverage last year, which was important in helping to raise awareness and encourage all the people who work so hard in that area. The importance of such media coverage cannot be underestimated.

Despite its enormous potential in providing a wealth of protective health benefits for the population, breast-feeding is frequently neglected—and worse—by society and, regrettably, it is often marginalised in the NHS and, indeed, in health debates in the chamber. I am pleased that the Minister for Health and Community Care mentioned support for breast-feeding in his opening speech. I am sure that members are familiar with the extent of the evidence showing the short-term and long-term health benefits of breast-feeding and its fundamental role in public health. If they are not, I will happily speak to them later—I do not have the time to go into it in detail at the moment.

The link between poverty and ill health has been raised in the debate. Given the direct correlation between areas of higher deprivation and poverty and lower rates of breast-feeding, coupled with the fact that the mothers who have most to gain with regard to their and their babies' health—namely, the young, the poor and the least educated—are the least likely to breast-feed, I suggest that breast-feeding has the potential to serve as a valuable tool in the struggle to reduce health inequalities.

Breast-feeding uptake and continuation rates are increasing, and breast-feeding mothers are benefiting from improved practice and innovative forms of support. That is largely due to the dedication and commitment of health sector workers and the national breast-feeding adviser. Despite those advances, considerable work and investment are still needed to help health sector workers and mothers achieve the Scottish breast-feeding target of 50 per cent of mothers still breast-feeding their babies at six weeks of age by 2005.

Thirteen of the 15 Scottish NHS boards now have breast-feeding strategies in place, but there is no targeted or direct additional funding to assist with their implementation locally. That could ultimately lead to the downsizing or sidelining of breast-feeding promotion in order to accommodate other issues—albeit important ones—and meet escalating costs. The health improvement fund is very welcome, but there are competing demands on it, and breast-feeding often does not get its share. I would like the minister to comment on that.

If, as a nation, we are to initiate the necessary step change in the rate of improvement of health, we must ensure that health promotion and preventive strategies are given the depth of focus and financial support that they deserve. We should identify and build on the exemplary and innovative work that is being carried out by health sector workers at various levels throughout the country. It is essential for the continuation and development of such best practice that health sector workers at the grass-roots level see their efforts being supported financially and built on by the Government.

Although health care workers in my constituency welcome and recognise the potential benefits of the Executive's healthy living campaign, they have expressed regret that that campaign did not highlight the fact that healthy eating starts at the very beginning of life, which is an important point. I am pleased by the Executive's commitment to improve the health of Scottish people, but I share the concern of health professionals that potentially beneficial practices such as breast-feeding seem to be neglected in favour of solutions that are more orientated at achieving immediate results.

The minister said in his opening speech that there was no quick fix or solution. Breast-feeding is not a quick fix. However, more attention and funding towards it could, over the years, result in a much-improved health record among Scots.

Let me turn briefly to "Improving Health in Scotland—The Challenge". One of the actions that is proposed in the document is

"increasing the proportion of mothers breastfeeding, focusing on disadvantaged groups".

I welcome that, but how will it happen? A significant percentage of new mothers who do not breast-feed or who stop breast-feeding cite embarrassment as the reason for that. We need to shift social attitudes.

I ask the Scottish Executive to use the second session of Parliament to take every appropriate opportunity to support the promotion of breast-feeding, to adopt the international code of marketing of breast-milk substitutes and to give favourable consideration to the breast-feeding etc (Scotland) bill when I introduce it.

**The Deputy Presiding Officer:** I offer my regrets to the six members who have not been called in the debate. We move now to closing speeches.

16:20

**Mrs Margaret Smith (Edinburgh West) (LD):** I welcome the type of debate that we have had today. It has been a long day for those members who have tried to listen to most of it, but it has been interesting.

I was particularly interested by Kate Maclean's thoughtful speech about the role of the media and our response to it. Elaine Smith described breast-feeding as not a quick fix. As someone who tried for 10 very sore days to get my son to breast-feed, I can assure her that it was not a quick fix.

I was pleased to hear Euan Robson, the Deputy Minister for Education and Young People, speak in a health debate. It is important that we convey the message that health affects us in a host of ways and must be dealt with more holistically than any other issue. Ministers in all parts of the Executive should interest themselves in it, regardless of whether they are responsible for education, health, housing or transport.

Donald Gorrie made a point about self-esteem, which is at the heart of transforming Scotland's health. Each of us should do what we can to build the self-esteem of everyone in Scotland, no matter whether they come from the mainstream of our community or from minorities in Scottish society. If people do not have self-esteem, that will affect their health and mental well-being. Adam Ingram made a good speech about mental health issues, which we tried to address to a large extent in Parliament earlier this year. Like him, I believe that we must resource mental health care properly. Many of the mental health problems that people have relate to self-esteem. If we do not deal with those, people can experience physical as well as mental problems. We must challenge people's lack of self-esteem across the board—in the way in which we deal with poverty, equal opportunities for our citizens, education and access to services. We need to take an holistic approach.

I am pleased that the minister has acknowledged that Scotland's health is not improving fast enough. There are some signs of improvement, but we still have a poor health record on cancer, heart disease and many other diseases. I agree with a number of speakers who have said that the factor that would make most difference to the lives of smokers would be for them to give up smoking. I am on the fence about whether we should move towards banning smoking in public places—an idea raised by Stewart Maxwell and others—but the matter should be given a proper airing, if I may put it that way. We should examine the arguments for and against the proposal and establish whether there is evidence that banning smoking in public places would make a material difference to the number of people who are dying. In the time that we have taken to debate health today, about 20 Scots—one sixth of our number—have died as a consequence of smoking. Before I have finished, one of them may be Stewart Stevenson.

Most people are complacent about their health. Shona Robison said that, when asked, up to 77 per cent of people say that they are quite healthy. In reality, many people are not healthy. They are living on a time bomb of high blood pressure, poor diet or lack of exercise. We should try to address all those issues as early as possible. Government's role is to make it as easy as possible for people to make good choices about their health.

That is not about banning everything in sight—I am glad that Susan Deacon does not think that we should ban sex—but about ensuring that people have access to services and options that allow them to have a much healthier lifestyle. We should be serious about developing that approach, particularly in relation to men's health, because all the statistics show that men do not go to their general practitioner as often as women do. Nor do they address their health problems to the same extent that women do, partly because women often go to their GP with their children.

Susan Deacon's contribution on sexual health was, as ever, excellent. I agree that it is wrong for the Executive to rule out any part of the suggested sexual health strategy before it has been debated properly and fully by MSPs and Scottish society at large. That might not be a comfortable debate, but that does not mean that we should not have it. There has been an increase in the level of sexually transmitted diseases and we have to be big enough to have a debate about how we tackle that.

It has come through loud and clear in the debate that as well as taking ownership of their health, people have to be encouraged to take ownership of the health service. One of the issues that has come through time and again—particularly in the speeches of Pauline McNeill, Mary Scanlon, Sandra White, Dennis Canavan, Jamie Stone and Paul Martin—is that people in Scotland feel disfranchised in relation to the health service as it is provided at the moment. It is provided for them, or given to them, but it is not what they have said that they want. We have all heard that because of the working time directive, or for other reasons, accident and emergency services cannot be provided at hospitals where people want them, such as the Western general hospital in my constituency.

In the Parkgrove and Clermiston area of my constituency, some GPs decided to cut their surgery hours and thought that they could do so without asking anybody's permission, because they are independent practitioners. We have to

find a way of encouraging people in the health service to recognise that ownership of the health service lies with the patient, rather than with the practitioners and clinicians.

A number of key umbrella issues have been touched on, one of which is demographics. As Duncan McNeil said quite rightly, we have an aging population, so we have to deal with the fact that many staff in the health service are approaching retirement. That takes us into a broad range of issues, which I will not bother to go into—

**The Deputy Presiding Officer:** Because your time is up.

**Mrs Smith:** Yes, because my time is up. The debate has been useful and I am grateful to have had the opportunity to take part.

16:28

**Mrs Nanette Milne (North East Scotland) (Con):** I share the concerns that have been expressed by several members about the format of today's debate, important though the issues that we have been discussing are, at a time when there are still serious problems in the NHS that have not yet been addressed by the Executive. However, we have had a wide-ranging debate, which has given many members the opportunity to set out their stalls and to highlight their own particular and local concerns about the health of Scottish people and how it should be improved.

Members have highlighted the widespread difficulty that patients experience in accessing health services in Scotland, although there is no criticism of NHS staff or treatment once they get there. Mary Scanlon spoke eloquently about difficulties in access in the Highlands and Islands and the waiting-time problems that still beset the service despite the large sums of money that have recently been poured into it. Without reform, money will not greatly help the situation. The Executive needs to address that fact with the utmost urgency.

There is clear cross-party agreement on today's challenges to the health of our nation. Those challenges include the need to tackle obesity, coupled with a sedentary lifestyle, which is an underlying cause of coronary heart disease and several common cancers. Other challenges are the proven risks of smoking and alcohol abuse, the need to encourage healthy eating, the promotion of mental well-being and the prevention of sexually transmitted diseases and unwanted pregnancies—a plethora of public health issues, covering the whole spectrum of life from the womb to extreme old age.

Much has been achieved in recent years. The infant mortality rate has been more than halved and survival rates for coronary heart disease, strokes and breast cancer have significantly improved. However, as the minister said this morning, Scotland's health is not improving fast enough and more needs to be done.

I am sure that there is not a single member in the chamber, from any part of the political spectrum, who does not want to improve the health of people throughout Scotland. The differences that we have are in our emphases and how we believe we can best achieve the improvements that we want.

As members know, my party believes in individual responsibility and choice. We believe that the Scottish Executive's approach has too often been to adopt a nannying tone and to centralise control. That comes across to some extent in "Improving Health in Scotland—The Challenge", although to be fair it was not so evident in the minister's opening speech.

We believe that people and patients must be at the core of service planning and that many public health issues are best dealt with locally. I am pleased that the minister stressed the importance of the voluntary sector and community-based action. As Eleanor Scott hinted, some of the advice that comes from NHS Health Scotland is hardly rocket science and the number of glossy campaign documents that come from the Executive is prolific. I wonder whether we are always getting best value for money, or whether some of the resources that are being spent in that way would have more impact at community level, where the effective work is done.

Public health planning is crucial to improving the nation's health, but we must not forget that treating those who are already suffering is of the utmost importance. The reform of key public services is needed urgently to help the most vulnerable in our society, who are most likely to suffer from ill health. David Davidson made plain our approach to a patient-focused health service and I reiterate our commitment that quality and choice in health care should be available to everyone. People who are on low incomes, the increasing elderly population and the large number of dedicated carers, young and old and many who are not yet identified as carers, are all groups whose needs must be considered and who should be involved in health care planning, delivery and evaluation.

I am pleased that Janis Hughes so clearly explained the continuing concerns about the patchy development of carers' information strategies and the need to identify hidden carers. I am also pleased that she paid tribute to the valuable work of the Princess Royal Trust for Carers, which, in the same way as the other voluntary bodies that were described by Christine Grahame and Sandra White, is not adequately

funded for further development of the services that it offers to carers. The trust merits more help from the Executive.

We heard detailed comments from Liberal Democrat members about the partnership agreement. From the expressions on ministers' faces during those speeches, I wonder whether the agreement on health issues was not quite so dominated by Liberal Democrat manifesto commitments as we were led to believe.

Frances Curran passionately criticised meaningless public consultation. John Scott drew attention to an on-going consultation in Ayr that looks as though its outcome will be pre-empted by decisions. In my experience, widespread cynicism is generated by that sort of thing. That is why I asked questions last week about the importance of meaningful public consultation. There is serious concern about that issue and it must be sorted out.

Shona Robison covered many issues in her opening speech for the SNP; I will not go into them in detail. We are in agreement with some of what she said, but David Davidson's speech gave a pretty clear indication of where we disagree. Suffice it to say that because we are a unionist party, we are confident that the problems within the NHS do not require independence for their solution.

Adam Ingram rightly drew attention to the stigma that is still associated with mental illness and the need to make the public more aware of it, so that mental illness can be talked about more openly and with understanding. We have seen the benefit of such an approach in recent years with patients who suffer from malignant diseases such as cancer.

Rob Gibson made some interesting comments about problems in the Highlands and Islands and other rural areas that are home to 30 per cent of the Scottish population. Phil Gallie and John Scott told us about the shortage of junior doctors in Ayr. That shortage is due in part to the effect of the working time directive on junior doctors' hours. That is a serious problem throughout Scotland; it is threatening acute care in many areas and it is very difficult to address.

Finally, having worked as a doctor in the NHS in Aberdeen for more 20 years, and having consistently and vocally supported the NHS as a universal service freely available to all who need it, I find Kate Maclean's perception that Tories do not care about patients a little offensive. David Davidson is also a health care professional.

Although public health in Scotland is undoubtedly better in many respects than it was in our parents' and grandparents' time, we now face major health problems as a result of our modern lifestyle: the fast pace of life and workplace stresses that are caused in no small measure by modern technology and the speed of electronic communication; broken relationships; the ready availability of junk food and alcohol; the scourge of drugs; and the demographic time bomb of an aging population.

The challenge is great. As MSPs, we all have a duty to rise to that challenge and to do our little bit to improve Scotland's health.

16:35

**Stewart Stevenson (Banff and Buchan) (SNP):** We have had two announcements from the minister today, and an announcement that there will be an announcement next week. Is that enough to justify an all-day debate without a motion? Well, yes, it certainly allowed a wide-ranging debate, which is excellent. It has enabled many points that would not have come out in any other way to be brought to the chamber. Have we, as members, learned how to use this form of debate to best effect? I suspect not. We still have to learn. The format is still on trial as far as I am concerned.

Across the chamber and across the parties, members have made many points of interest, some of which were local and some of which were of national concern. The challenge for the Executive is to show that it will respond to this form of debate. Of course, the Executive cannot respond positively to everything that has been said, because it does not all agree with itself, although there is much agreement round the chamber. I hope that ministers will reflect on those remarks, because, if they fail to respond, not just the Executive will suffer public opprobrium as a result of this debate format, but the chamber as a whole.

**John Swinburne:** On that point, I will have sat here for 4 hours and 20 minutes but have had no opportunity to represent senior citizens in today's debate, which is shameful. It would not take rocket science for the Presiding Officer to curtail everyone's time slightly to give us all a chance to participate.

**The Deputy Presiding Officer:** Order. That is not a point for Mr Stevenson, but a point for me, which should have been raised as a point of order. This chair will not dispute in the chamber the choice of speakers or the allocation of time. I make the observation that we reduced the time for speakers in the afternoon. Seven members asked to speak and were not called—I forgot about Mr Sheridan earlier. No matter how we had handled the debate, there is no way that we could have shoehorned in an extra seven members.

**Stewart Stevenson:** I am sympathetic to John Swinburne's attempt to bring the issues

associated with older people to the chamber. Members around the chamber have raised such issues. I am reaching a point where, not too long from now, I might be a pensioner as well.

We discussed money as part of today's debate. We keep hearing that there is more of it in the health service, and I believe that—money is going from the Executive's balance sheet and into the health service—but all of us have experienced meetings with health service professionals who say, "Well, that's fine, but where's the money? What's it doing? It doesn't seem to be reaching me."

At First Minister's question time today, my leader John Swinney raised the private finance initiative, which is only one of the clues to what is actually happening. The costs of PFI are considerable. There are many models for bringing the private sector to bear on public projects. The French in Napoleonic times had la concession, which was used to build the canals. The private sector built them, and the public sector committed to buy them after they were built. There are different models around the world.

The real point is that few schools are built by council brickies and few hospitals are built by NHS staff. The private sector is in there. It is not about who does the building of things, but about the diversion of NHS money into the banks' coffers and profits. My mortgage interest rate is about 4 per cent per annum. PFI projects borrow at around 8 per cent, with mezzanine finance at rates up to 14 per cent. Why is that so? My old boss, who was a bank chief executive from the local area, told me that with the SNP's trust model he would lend to trusts in the public sector at three sixteenths of a per cent over bank base rate, provided that the Government provided a guarantee. The cost of that guarantee would be approximately 5 per cent of the total project fund, which is more or less the difference between the first year's interest payment in the trust model and the interest payment in the PFI model. That is where some money is going. The Executive must open its mind on that issue.

I will deal with the operation of the NHS, because the debate is not all about money; it is really about patients. Some people appear to have suggested that NHS staff do not care about patients and do not put patients first. I do not meet such staff; I think that all NHS staff believe that they put patients first and want every opportunity to do so.

The public bring two subjects in particular—the health service and schools—to MSPs, because we have personal experience of them. I have a number of communications on school issues, but the public's view is increasingly that the health service is in poor health, like many people throughout Scotland.

We will not improve the health of people unless we improve the quality of our health service. The Minister for Health and Community Care courageously accepted that, in cancer services at the Beatson, we had to do more, and he addressed himself to doing so. I thank him for doing that, which is exactly what we want. That is some progress, and I say conditionally that we are moving in the right direction. However, it might be too little, too late. Consultants are resigning from the health service in areas that have particular pressures and shortages. When that happens, we are on a downward slope, because it becomes difficult to recruit more people.

I will focus on dentistry, about which one or two members talked and in which I have a special interest. Manchester has one dentist for approximately every 1,000 people and Edinburgh has one for every 2,000, but rural north-east Scotland and the Highlands and Islands have one dentist for approximately every 4,000. That shortage means that lists for NHS patients are all but closed in the dental service. In some towns, even private dentists cannot take new patients.

What does the Government know about the dental service? Does an NHS dental service exist at all?

**Christine May:** Will the member give way?

**Stewart Stevenson:** I do not have time; I have another eight pages of notes for my speech.

I have asked a series of parliamentary questions about the dental service. In question S2W-2355, I asked how much NHS dentists earn. The Government does not know. In question S2W-626, I asked how long people must wait to join a dentist's list. The Government does not know. In question S2W-625, I asked how many people are on a waiting list to join a dentist's list. The Government does not know. In question S2W-2356, I asked how many foreign dentists are working temporarily in the NHS. The Government does not know. In question S2W-2352, I asked how far patients must travel for NHS dental treatment. The Government does not know. The most astonishing answer is to question S2W-2353, which asked how many dentists are working in the NHS. The Government does not know.

The golden hello scheme was designed to bring more dentists into the health service and pays up to £10,000 for three years in some circumstances. The scheme has been such a success that six golden hellos have been approved. One golden hello has been given in Forth Valley NHS Board's area, two have been given in Lothian NHS Board's area, and the initiative has also been used in the Greater Glasgow NHS Board and Dumfries and

Galloway NHS Board areas. However, no golden hellos have been received in Grampian NHS Board's area or Highland NHS Board's area, where the greatest pressure is felt. Do national dental services exist?

That situation affects not only dentistry. Scotland has 50 GP vacancies. Despite health board efforts and additional funding, will our remoter communities find themselves in a similar position in which we do not have the people to do the job and services cannot be delivered?

Ministers should think about social conditions. People who are captured by tobacco or other drug addictions will continue to suffer at the hands of those who exploit their compelling needs. Alcohol abusers will continue to suffer and to inflict suffering on others.

The Parliament has the power to empower patients and practitioners and to provide funds that can liberate our health service from the dead hand of overcontrol. Indeed, that is the consistent message that my colleagues and I constantly receive.

Although we can get better on the money that has been provided, we can get more for that money if we moved a little bit away from PFI. However, we need a successful economy in a successful country before we can solve the deep-seated problems that underlie the health service and so much else in Scotland. That means being a normal, independent country.

16:45

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** This country faces many health challenges. Although in many respects we have come a long way, we need to go considerably further if we are to change behaviours and lifestyle choices, which are the two issues that lie at the crux of today's debate.

We have spent a longer than average time today examining the shortfalls of our health outcomes, and there have been some excellent speeches on that matter. However, we have perhaps also demonstrated that we still need to establish the critical distinction between health improvement and promotion and concerns—understandable though they are—about the daily operation of the NHS.

Today we have discussed the health improvement challenge as a subject of critical importance, without the posturing that all too often accompanies motions, countermotions and amendments. Furthermore, we have signalled that the principles of consensus that are embedded in the consultative steering group report can encourage us to transcend the differences of view that often divide us along party lines. In all candour, after more than four years in the chamber, I have seen little evidence that contentious motions ever focus debate and much evidence that they focus on unnecessary division.

We believe that the partnership Executive's policy direction can achieve a substantial improvement in the habits and lifestyle choices that ultimately determine our health outcomes. However, I have no intention of hiding behind consensus or our achievements so far, pretending that all is well or that we have all the answers. All is not well. We have a very long way to go and no single group, no matter how important or powerful it is, has all the answers. If ever we needed to translate the much vaunted concept of partnership working into tangible, quantifiable outcomes, it is when we seek to influence behaviours that lead to health improvement.

**Shona Robison:** In his speech, my colleague Stewart Stevenson asked how the Executive intended to respond to this form of debate, given the range of suggestions that have come from members on all sides of the chamber. Will the minister now answer that question? How does he intend to respond to the debate?

**Mr McCabe:** I hope to do so over the next 13 minutes.

During the debate, members have referred to some of the critical areas that we must address such as smoking, diet, alcohol abuse and a lack of physical activity. They were right to do so and I will deal with each area in turn. However, first I want to acknowledge that there have been successes and that they have been achieved by an army of committed public service workers who have shown a dedication to their task. Leisure attendants, social workers, doctors, nurses, teachers and so many other public sector workers all play a part in improving our nation's health. Every one of those individuals deserves clear leadership from the First Minister, the Cabinet, the entire breadth of the Scottish Executive and chief executives and senior managers across the public sector. Consistency, persistence and direction from those in a privileged position to shape policy will produce results and reward those hard-working individuals.

Apart from those whom we can readily identify, there are others who make an invaluable contribution. Before this debate was scheduled for today, I was due to meet carers and carer representatives from Fife. Obviously that meeting has had to be rearranged; however, I am glad to say that they decided to join us in the public gallery and I place on record once again just how much they contribute to the health and the vital fabric of our society. [*Applause.*] We have placed new duties on local government to identify and

provide a needs assessment for carers and, indeed, to identify carers themselves. We will continue to demonstrate that we value their contribution and I hope that they take some encouragement from our debate today.

I will now turn to the four areas that I mentioned earlier. It has been said time and again, but it is worth repeating that smoking is the single biggest cause of preventable death in Scotland. On the journey towards premature death, smoking causes misery to the victim and to those who have to cope with the consequences and inflicts a remarkable cost on our economy in general, and on our health service in particular. I hope that Malcolm Chisholm's announcement of a further £1 million for smoking cessation will be warmly welcomed, especially as it will be targeted at the most deprived communities.

In the near future, the Executive will launch the new action plan on tobacco control. It is our sincere hope that the document will enable us to chart a forceful and successful course for our tobacco control policies. I assure the chamber that, even in a spirit of consensus, we will pay no heed to David Davidson's notion of "sensible smoking".

Alcohol is widely used and enjoyed in Scotland. Drinking small amounts of alcohol is compatible with a healthy lifestyle and can confer health and social benefits. However, drinking too much can lead to serious illness, accidents and antisocial and criminal behaviour. As too many people in Scotland know only too well, alcohol abuse can tear apart relationships and destroy families. Perhaps we have taken for granted its negative impact on our society for too long.

The document "Plan for Action on alcohol problems" was published on 18 January 2002 and sets out a range of national and local action to tackle alcohol problems in Scotland. The overall purpose of the plan is to reduce alcohol-related harm in Scotland, and the key priorities are to reduce binge drinking and harmful drinking by children and young people. However, changing attitudes will not be achieved overnight.

My deep interest and commitment to the issues are well known by some people. I now chair the Scottish advisory committee on alcohol misuse. As Malcolm Chisholm mentioned, next week I will launch a Scottish intercollegiate guidelines network guideline on the management of harmful drinking and alcohol dependency in primary care. As Malcolm Chisholm also mentioned, our partnership agreement commits us to increasing resources for treatment services within our communities.

That is an area in which we know that we need to review and update our thinking, and parties across the chamber can play a part in that process.

After smoking, poor diet is the most significant contributor to poor health in Scotland. The Scottish diet is characteristically high in fat and low in fruit and vegetables and, although recent statistics have shown that it is getting better, improvements are not happening fast enough.

The Scottish diet action plan is one of Scotland's best developed and most mature health improvement programmes. The plan is being implemented on a sufficient scale and with sufficient energy to have a realistic prospect of producing measurable improvements over the next five to 10 years.

One example of our commitment to changing Scotland's culture of poor eating habits is the high-profile national healthy eating campaign, healthy living, which was launched in January. The campaign aims to increase demand, skills and confidence in relation to healthy eating, through an advertising campaign, a telephone advice line and an informative website.

There are positive developments on breast-feeding, which was mentioned earlier. We now have a national breast-feeding co-ordinator and the highest rate of participation in the UNICEF UK baby friendly initiative—over 85 per cent.

Last week, we debated the growing problem of obesity in Scotland. We recognised the vast array of other serious conditions that can arise as a consequence of obesity. The Food Standards Agency is currently conducting a systematic review of the impact of mass advertising by large food retailers. That kind of empirical evidence will help us to develop the most appropriate responses to the serious condition that is obesity.

Improved levels of physical activity are key to reducing early deaths from coronary heart disease, cancer, diabetes and obesity. The establishment of the physical activity task force marked the first step in the development of a strategy for physical activity in Scotland and brought together the right people, with the right expertise and knowledge, to co-ordinate planning that will increase levels of physical activity across all ages. Physical inactivity is a serious risk factor in Scotland and we need to face up to that reality.

The strategy outlined in "Let's Make Scotland More Active" signals a new national direction for the Scottish Executive in relation to physical activity. Its mainstreaming into health improvement signals our commitment to raise awareness of the strategy immediately and to accelerate action. Immediate and sustained action across portfolios will be needed to increase physical activity levels.

**Christine Grahame:** I think that Nicol Stephen gave an undertaking that the Executive would consider free swimming lessons in Scotland's primary schools, but I cannot recall what happened to it. I know that many local authorities—almost half of them—opted out, but I am not sure what the current position is. What happened to that undertaking?

**Mr McCabe:** I do not have information about the extent to which free swimming lessons are available throughout Scotland. Many local authorities have adopted policy positions that make lessons available for children and elderly residents, but I do not know whether such lessons are available across the board in Scotland. I will make efforts to obtain the figures and forward them to the member.

A long-term approach—up to 20 years—is required to increase physical activity levels, but work is under way to develop five-year action plans for homes, communities, schools and workplaces. The Executive takes health improvement seriously and I hope that this full-day debate signals our intention to move the issue further up the political agenda. I hope that it also signals our willingness to listen to the views of others.

**Dr Jackson:** I welcome today's debate and what the minister has said. However, does the minister agree that Dennis Canavan's speech about an acute hospital review and his unjustifiable remarks about Anne McGuire and controversial issues relating to land sites in Stirling were not helpful in an otherwise very good debate?

**Dennis Canavan:** On a point of order, Presiding Officer. I stand by the accuracy of every word that I said. If I referred to any untruths, they were the blatantly false statements that a UK Government minister, Anne McGuire, gave to the *Stirling Observer* on a devolved matter, which a UK Government minister should not do.

**The Deputy Presiding Officer:** That is not a point of order, Mr Canavan, and you know that it is not.

**Mr McCabe:** I am not in a position to make informed comments on what was or was not said in the local press in Stirling. However, I said earlier that, as parliamentarians, we need to make the distinction between the drive to achieve an improvement in Scotland's health outcomes and the genuine concerns that exist over the day-to-day management of the NHS.

I said that I hoped that today's proceedings would signal our willingness to listen to the views of others, so I am glad to announce that we will establish a new joint ministerial steering group on health improvement, which I will chair. I will be joined on that group by another non-health minister, political representatives from the Convention of Scottish Local Authorities, the chair of NHS Scotland and the chair of a health board, to name just a few. The group will be supported by a stakeholders group. I intend that it will hold its first meeting no later than November this year. Our intention is to make a formal announcement in the near future that will provide a fuller explanation of the group's remit and membership. The aim is simply to provide the direction that will forge the necessary partnerships throughout the public sector and to develop an acceptance among the range of influencers in the public sector that they can and must share responsibility for changing attitudes and for the health prospects of those whom they serve.

I made it clear during the debate on obesity that there is no room for complacency—I stress that again today. We need to attach greater urgency and priority to health improvement. Much has been said about the link between deprivation and poor health outcomes. We need to believe that health creates wealth and that wealth creates health. We fully recognise that when we create economic opportunities, expand horizons and give people solid reasons to change their lives, we will succeed, and we firmly intend to succeed.

# Terrestrial Trunked Radio Masts

**The Deputy Presiding Officer (Trish Godman):** The final item of business today, is a members' business debate on motion S2M-74, in the name of Mark Ruskell, on terrestrial trunked radio masts.

*Motion debated,*

That the Parliament considers that there should be a halt to the introduction of terrestrial trunked radio (TETRA) masts throughout Scotland until such time as (a) safety standards specifically relating to TETRA technology are drawn up and (b) TETRA masts and equipment are fully tested against such standards and any adverse health effects identified and made public.

17:01

**Mr Mark Ruskell (Mid Scotland and Fife) (Green):** I am honoured to introduce the first Green members' business debate in the second session of the Parliament. No doubt many more will follow. I welcome some of my concerned constituents from Fife, who are in the public gallery and who will be interested to hear what politicians from all parties have to say.

I am sure that the debate will contain many differences of opinion and interpretation. One myth that can be disposed of now is that the Greens are anti-technology—we are not. However, we call for technology to work effectively, which means partly that the protection of human health and of the environment must be paramount in designing technology. In a competitive corporate environment, technology that is not up to the job of servicing society's needs is redundant and should not be considered, let alone purchased by public bodies.

What is terrestrial trunked radio—TETRA—and is it fit for its purpose? TETRA is a new system of mobile communications for the police, which will, in time, be rolled out to all the emergency services. It has been commissioned by the Home Office to the tune of £2.9 billion and the contract was awarded to a company called Airwave mm02 Ltd. The European Commission subsequently found that the Home Office had acted unlawfully in considering tenders that could supply only the TETRA standard and the Public Accounts Committee in Westminster has questioned seriously whether the system represents value for money.

The rationale behind TETRA is that it is a single secure system to be used by all emergency services. The contract requires all United Kingdom police forces to be switched over to the system by 2005, which means that 700 TETRA mast sites are needed throughout Scotland.

Is the system safe, and therefore effective? The Home Office states that it has adopted the precautionary principle with regard to TETRA. In essence, that means that we should look before we leap by proving that the system is safe rather than waiting to find out whether it is unsafe. However, the Home Office is only now—as the system is being rolled out—implementing studies into the health effects of TETRA on handset users. Once again, precaution is being thrown to the wind.

The National Radiological Protection Board has issued guidelines for mobile telecommunication equipment, but they relate only to the heating effects of radiation on the brain, not to the effects of pulsing radiation. Low-frequency, pulsing radiation is at the heart of the TETRA debate. The NRPB admits that TETRA handsets emit a low-frequency form of pulsing radiation that is similar to that of the human brainwave, but it denies that such pulse radiation has any established biological effects.

However, evidence is building that, at very low frequencies, the movement of calcium ions from tissues can occur, which can affect both the nervous and the immune systems of the body. Meanwhile, on the ground, 177 police officers in Lancashire have reported adverse health effects that they believe relate to their TETRA handset use.

**Mr Ted Brocklebank (Mid Scotland and Fife) (Con):** Would Mark Ruskell agree that there is only one reference to pulsing in the Stewart report, which came out in 2000 and which is regularly quoted by opponents of the TETRA system? The concern was that the frequencies involved were close to those in the human brain, and some studies that were carried out in the 1970s suggested that there might be an effect on brain function. Does Mark Ruskell agree, however, that recent attempts to replicate that study have been totally unsuccessful and that Dr John Tattersall, of the Defence Science and Technology Laboratories, has shown that no such effect is caused by TETRAs?

**Mr Ruskell:** I agree with Ted Brocklebank's concerns about the lack of research. Indeed, I call for such research in my motion, which I hope he will support.

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** Will the member give way?

**Mr Ruskell:** No, I will not give way again. I have too much to tell members.

Although the NRPB is less committed on the issue of pulsing, the UK Independent Expert Group on Mobile Phones, which produced the Stewart report in 2000, advised that

"as a precautionary measure, amplitude modulation around 16 Hz should be avoided, if possible, in future developments in signal coding."

TETRA modulates at 17.6 Hz. Therefore, according to the Stewart report's recommendations and following the precautionary principle, we should avoid it. A general precautionary approach regarding mobile phone masts, because of their health effects, was a specific recommendation of the Scottish Parliament's Transport and the Environment Committee in 2000.

What I have just said relates to the handsets. There is controversy over whether the masts also pulse. Several scientists who have conducted independent tests believe that they do. The NRPB believes that they do not; however, that is only because, when the emissions from the masts are measured, the signal strength over a period of about 3.5 seconds is averaged out. That masks the controversial pulse that is similar to that of the human brainwave.

I am not an expert in this area, but there are clearly problems with uncertainty and conflicting recommendations. In replying to my parliamentary question on TETRA pulsing several weeks ago, in this chamber, the minister categorically stated that the masts do not pulse. However, that position is on shaky ground. We believe that that is a dangerous basis on which to allow the roll-out of 700 masts across the country.

Safety is the key issue, but even the security of the system has been called into question. Alarmingly, the Scientific and Technological Options Assessment Panel that reports to the European Parliament stated that there was a

"major risk that could result from the omnipresence of US companies that supply radio communication equipment to the European police forces".

The same memorandum added that

"Motorola played a crucial role in defining the TETRA standard, with collaboration from the National Security Agency, in order to guarantee for the US Government the possibility that TETRA networks could be eavesdropped."

Those are the words of the Scientific and Technological Options Assessment Panel; they are not mine.

Meanwhile, planning applications for TETRA masts are being submitted throughout Scotland. Those applications are often listed as simply mobile telecommunication mast applications, and the public is largely unaware of the difference. However, because our planning guidelines do not regard the potential health impacts of TETRA masts as a legitimate planning concern, councils can officially consider only the effects of the masts on local amenity.

We ask the Executive not to leave councils stranded high and dry on this issue, but to understand and react to the concerns of the people of Scotland. Whatever difficulties may lie with the contract for the technology, the Home Office or the planning system, a committee of the Scottish Parliament must look into the issue. Health and planning matters are within our powers. We cannot afford to store up potential problems with this technology, as it will only come back to haunt ministers. We ask the Executive to act now, please, to address the genuine concerns that lie behind the motion.

17:09

**Tricia Marwick (Mid Scotland and Fife) (SNP):** I welcome the debate on TETRA masts that Mark Ruskell has secured. It is a huge issue in Fife and elsewhere.

I doubt that there is anybody in this chamber who does not possess a mobile phone. That is the crux of the problem. We all want mobile phones and 100 per cent coverage, but we do not want the masts anywhere near us. Our challenge is to satisfy those demands while protecting both the environment and the health of our citizens.

In 2000, the Transport and the Environment Committee's "Report on inquiry into the proposals to introduce new planning procedures for telecommunications developments" made a number of recommendations about telecommunications masts. Recommendation 20 said that health issues should be "a material consideration" in the planning framework, but that recommendation has not yet been implemented.

As Mark Ruskell said, TETRA is the communications system that all the emergency services are to use. I think that we all recognise that the time has come for our police, fire and other emergency services to be able to communicate with each other effectively, but is the TETRA system safe? I do not know. Neither I nor anyone else in the chamber is qualified to judge that issue. That is the problem. More independent research needs to be commissioned. We need to be assured that the proposed system is safe. People are uncertain; they are not convinced about the safety of the masts or the equipment.

Although the Home Office implements TETRA throughout the United Kingdom, local authorities in Scotland have the responsibility of determining whether planning permission should be granted. The Scottish Executive is letting our local authorities down badly. It should be giving them guidance on telecommunications masts in general and TETRA masts in particular.

I cannot make judgments on whether TETRA is safe and I doubt whether many of our local authority planning committees could make that judgment. If planning committees cannot take into

consideration all the available information, or indeed information that might not yet be available, then we are asking local authorities to make judgments that, frankly, they should not be asked to make.

Although I support Mark Ruskell's motion, I believe that far greater testing and security are required. We need to reassure our communities that, if there is a demand—and there is—for a joint communication system, the system is safe for the environment, the people who will use the equipment and those who will live beside the masts.

17:12

**Iain Smith (North East Fife) (LD):** The debate is important, particularly to my constituents in north-east Fife, as that is one of the areas in which TETRA is proposed to be rolled out in Scotland. There are currently 14 applications pending for the erection of TETRA masts in north-east Fife. It is important that politicians treat the matter seriously. Our role is to establish the facts, ensure that the public is aware of them and that people are able to contribute to the debate on the issues.

When we debate issues of this kind, the serious danger is that we get into scaremongering. Earlier in the debate, it was alleged that 177 police officers in Lancashire had reported illnesses as a result of the installation of TETRA. In fact, the police officers had reported illnesses in a survey that happened to coincide with the introduction date of TETRA handsets. The officers did not report illnesses that were caused by the handsets. It is important that politicians do not build on the myths that build up around these important technologies.

Like Tricia Marwick, I do not know whether this technology is safe, but I will set out my position. However, my role as a politician and as a representative of my constituents is to establish the facts as best I can.

The first time that I became aware of the issue was when it was raised at a public meeting in Cupar during the Scottish Parliament election campaign in April. Mr Ruskell was also present at the meeting. I immediately took up the matter by writing to Jim Wallace, who was at that time the Minister for Justice, to ask what assessment the Scottish Executive had conducted of the health implications of the new police communication system. I also wrote to Fife Council, which was to deal with the planning applications, to ask about its position on the matter.

Subsequently, I wrote to Malcolm Chisholm and I ultimately received his reply. On a number of occasions, I have asked parliamentary questions of Cathy Jamieson about some of the health concerns that my constituents have raised. I have also asked questions in the chamber on the matter. In addition, I met with the chief inspector of Fife constabulary, Rennie Ritchie, who is the officer responsible for the implementation programme in Fife, to discuss those concerns.

A related matter was raised with me about an existing TETRA mast in Fife at Drumcarrow craig, where there appeared to be a cluster of neurologically related health issues. I have raised that matter with the director of public health for Fife and I raised it with Hugh Henry in the chamber a couple of weeks ago at question time.

I have received assurances from all the public agencies involved about the safety of the TETRA masts. I have to say that I am not 100 per cent convinced by those assurances, but I have received them.

One concern is in relation to the comments made by Sir William Stewart in his report, which Mark Ruskell mentioned in his opening speech. It is interesting that people who refer to the point in the report that states that

"as a precautionary measure, amplitude modulation around 16 Hz should be avoided, if possible, in future developments in signal coding"

fail to recognise that a report published by the NRPB's advisory group on non-ionising radiation on 31 July 2001—after the Stewart report—states:

"current evidence suggests that it is unlikely that the special features of the signals from TETRA mobile terminals and repeaters pose a hazard to health."

Four of the six members of the advisory group that produced the report in July 2001 were also members of the Stewart committee. In one case people are willing to accept their evidence, but in another case they rubbish it. I am not sure where the consistency is in that position and how that is meant to assist the public debate.

**Robin Harper (Lothians) (Green):** It is important to reflect that the authors of that report use the word "unlikely." The report does not say "definitely not"; it says "unlikely". There is an important difference between those two terms.

**Iain Smith:** If Robin Harper defines the precautionary principle as "will never happen", I do not think that he will ever get anything done. In that case, I would not walk out of the building if it were not certain that I would not be knocked over by a car. The precautionary principle is that I probably will not get knocked over by a car. The balance of probabilities is taken into account. The report by the advisory group suggests that the evidence is that TETRA is unlikely to cause a health risk.

However, it is premature to have the debate, because there is much still to be done. The Home

Office, which is responsible for promoting the project, is doing a lengthy programme of research into some of those matters. One piece of research is on calcium efflux. The Home Office's programme of work on TETRA health and safety issues states:

"The full analysis will be completed by the end of September 2003."

On research into brain slice electrophysiology, it states:

"Results are expected by the end of September 2003."

**Patrick Harvie (Glasgow) (Green):** Will the member take an intervention?

**Iain Smith:** No.

On epileptiform activity, the Home Office work programme states:

"Results are expected by the end of September 2003."

On cognitive performance, it states:

"Special TETRA handsets are being procured for the cognitive tests, which are expected to start in November 2003."

A series of experiments is currently being conducted by the Home Office. I want to know why we do not wait for the results of those experiments before we decide whether to go ahead with TETRA masts. That is surely what we should be doing.

**Tricia Marwick:** Does the member accept that, as the Home Office is responsible for rolling out TETRA throughout the United Kingdom, that might mean that the results of the research that it is carrying out might not be believed? Does he agree that it would be better for everybody concerned if independent research was commissioned to investigate all the potential health risks?

**Iain Smith:** That is an interesting concept. The Home Office has commissioned independent research. Who else would commission such research? We should at least wait until we have the results of that research—much of which is due to be concluded within the next few months—before we go any further with this programme.

I find it bizarre and premature that the Home Office is pressing ahead with this new system when the results of the research that it has commissioned are not yet known. If there were sufficient concerns for that research to go ahead, there are sufficient concerns for us to wait for the results of that research before we go any further with the introduction of TETRA communication systems.

I conclude by commending the decision of the east area development committee of Fife Council. It recently decided to defer the applications for TETRA masts in north-east Fife for six months, in order that it could get the results of some of the health research before it agrees to the erection of the masts.

I have no doubt that some of the health fears about TETRA masts have been overstated, but I believe that the precautionary principle dictates that we should take decisions in the light of the best available information. I see no reason why we should be rushing to introduce TETRA communication systems now, when we will have much better information on the potential health risks in a few months' time. I urge the Scottish Executive to impose a moratorium on the TETRA project until the results of the current scientific studies are available.

17:20

**Mr Ted Brocklebank (Mid Scotland and Fife) (Con):** I, too, welcome Mark Ruskell's motion, which is on an extremely serious subject to which we must give much attention. No one can give a categorical assurance that microwave radiation will not, in certain circumstances, have adverse effects on people's health. It is essential that we take the best available scientific advice and that we monitor microwave radiation carefully—whether it is from mobile handsets, police radios or microwave ovens—for any impact on health.

About 1,000 TETRA public network masts are in situ throughout the UK. In Mid Scotland and Fife, which I represent, there is a TETRA mast on Drumcarrow hill, near St Andrews. There is another in Dundee, one near Perth, one near Abernethy and one between Glenfarg and Milnathort. The masts are currently owned and operated by Inquam Telecom Ltd. Most of the masts have been in situ for up to four years. Other private operators may also be using TETRA technology.

All eight Scottish police forces favour TETRA technology because they believe that it is safer and much more efficient than existing methods of telecommunication which, because of lack of coverage and poor transmission, can often result in officers' being isolated and their safety compromised.

There have been reports of complaints from about 170 police officers in Lancashire of symptoms that they claim to have experienced since TETRA was introduced in their force. Some of those officers claim to have suffered deafness and others have cited migraines, nausea and body warming as symptoms. It is also true that people living near TETRA masts have complained about cancer clusters and other ailments in their areas.

Because of the potential risks of radio frequency transmissions, strict safety guidelines were introduce by the International Commission on

Non-Ionizing Radiation Protection, which consists of a group of independent scientists who are considered to be leaders in the field and are drawn from around the world. As a result of public concern in this country and elsewhere, and because scientific research is continuing, the ICNIRP has set guidelines with very wide safety margins of at least 50 times below the level at which it is believed any adverse health effect can occur. Handsets and transmitters comply with those guidelines, the latter to a degree of hundreds if not thousands.

**Mr Ruskell:** Will Mr Brocklebank acknowledge that the ICNIRP guidelines—which relate to our National Radiological Protection Board guidelines—do not look at the pulsing effects of radiation but only at the heating effects on the brain? Consequently, we do not have guidelines that relate specifically to TETRA technology, which was the point that I made earlier.

**Mr Brocklebank:** I will try to cover that point.

As members will know, research into terrestrial trunked radio has been going on for more than 30 years. The Stewart report into mobile telephony, which was published in 2000, advised caution and continuing research, but claimed that there was

"no general risk to the health of people living near base stations."

Professor Colin Blakemore, who contributed to the Stewart report, claims that the microwave radiation that is emitted from a TETRA handset is "1000 times less" than what is emitted from a mobile telephone.

An expert group set up by the Government's National Radiological Protection Board concluded:

"Current evidence suggests that it is unlikely that the special features of the signals from TETRA mobile terminals and repeaters pose a hazard to health."

However, because concerns about mobile technology—specifically TETRA—persist, the latest independent research programme funded by the Home Office was set up two years ago. We on this side of the chamber are not complacent about health and safety issues, but are committed to engaging with all sides of the debate. In our view, the latest research evidence gives some reassurance at least.

Nevertheless, we support the Executive's decision to co-fund the latest Home Office research, which will be done under the chairmanship of Professor Lawrie Challis of the University of Nottingham. However, we want to know when the results will be available and we seek assurances about the inquiry's time scale, to which Iain Smith alluded. We also want to know whether the Executive has considered halting the current roll-out of new systems until the report is available.

We recommend to the Executive that a survey be carried out on all existing public and private TETRA masts throughout Scotland by the Scottish centre for infection and environmental health—SCIEH—to obtain accurate information about radiation emissions in all climatic conditions.

That said, at the request of the concerned residents in the Drumcarrow and Radernie areas of north-east Fife, whom I met recently, I have already written—as I am sure the local MSP has—to the chief executive of Fife NHS Board to request urgent information about ailment clusters that allegedly relate to the existing TETRA mast on Drumcarrow hill. The initial indications that I have had from Fife NHS Board suggest that it knows of no such detectable clusters.

17:25

**Shiona Baird (North East Scotland) (Green):** I am glad that there seems to be consensus among members on the need to adhere to the precautionary principle, because there are many questions about the technology. The many who have expressed concerns include not only those who will be forced to live close to the TETRA masts, but those who will have to use the technology and those who question whether expenditure on it represents an appropriate use of huge amounts of Westminster money.

The response must be for local authorities to take the precautionary approach and to hold off giving approval until the doubts and fears have been properly allayed. As we have heard, some local authorities have already taken that approach. My local authority, Angus Council, is to be commended for its response to concerns in Montrose and Carnoustie.

We are talking about a huge project: it is planned that 700 masts be installed all over Scotland, which means that many more people will be affected by future decisions. The costs for the United Kingdom—£2.9 billion—are enormous. That is in spite of the fact that the technology has not even been fully tested.

Mark Ruskell commented on how the Home Office had run into trouble with the EU when the system was first put out to tender, because it had specified that tenders had to be only to the TETRA standard. That meant that the tender process was not open, which is illegal under EU law. Nevertheless, the Home Office went ahead with the tendering.

All that begs us to ask what is going on, especially as the Home Office has commissioned a study that will research the technology and review police use of the handsets, but which will not examine the health issues that are faced by

those who are forced to live, work or go to school near the masts.

There is another aspect that is specific to Scotland: I understand that Scottish police forces still own all their hilltop masts. There appears to be pressure for the new system to be rolled out, to make the old system redundant and to enable the sell-off of those highly lucrative hilltop sites to the highest of many bidders. There are concerns among Scottish police forces that operating problems could be experienced with the new technology in the trial areas, whereby the emergency services would not be able to use their handsets near hospitals, because it would interfere with the hospitals' technological set-up. The fire brigades are concerned that pulsing could cause ignition and start fires where chemicals are involved. Those issues must be addressed carefully. From the comments that I heard, Scottish police are concerned that the new technology would actually fail in parts of the Highlands and Islands and that it would not be as effective as expected.

Surely the most sensible and cost-efficient way forward would be merely to improve the system that the emergency services already have. At least the present system is not being placed in housing estates, schools and right beside a health centre, as is being planned in Montrose. We need real assurances on the safety of the technology before it is rolled out further in Scotland.

17:29

**Alex Johnstone (North East Scotland) (Con):** At the outset, I take the opportunity to congratulate Mark Ruskell on securing a debate on TETRA masts. Contrary to the opinions that some members have expressed, I believe that TETRA masts are exactly the type of issue that members' business debates could have been designed for discussing. Such debates allow us to put an issue on the parliamentary agenda at an early stage when, even though we might not have all the information, we can sit round in a circle, discuss matters, put forward our points of view and not have a vote—that can happen at some time in the future.

My colleague Ted Brocklebank has already set out the Conservative position in some detail, so I shall not repeat that at any great length. However, it would be remiss of me if I did not take the opportunity to express some views about issues that have been brought to my attention and that are related to the issues that Shiona Baird mentioned.

I am well aware of local concerns about the location of TETRA masts, in particular those that are sited in residential areas. I, too, have had communication from people in the Alfred Street area of Montrose. Not only is that area adjacent to the new health centre, it is also close to Montrose Academy. That should be of some concern. I have been contacted by residents of the Taymouth Terrace area in Carnoustie, who have put up quite a vocal public campaign to highlight their concerns about the positioning of a mast. I sympathise with people who have genuine fears about the safety of proposed equipment.

Over 1,000 TETRA masts are operational in the UK and I am aware that the emergency services believe the masts to be a vital part of their communication needs. I have spoken to senior police officers in Scotland who have assured me that there are huge safety issues about continuing with the existing system. They want to progress to a more modern and more effective system. There are sound arguments to suggest that the TETRA communication system may be capable of achieving what the emergency services want it to achieve.

Until the research that is being carried out by the Home Office is completed, the Scottish Conservatives will back the view of Scotland's eight police forces—which is supported by the research that has been carried out to date—that TETRA is a more effective and safer system than that which was previously available. When the research is completed, we will re-evaluate our position according to the new evidence that is presented to us.

However, one concern that I would like to hear answered—I am not sure whether it can be answered tonight—relates to some of what Shiona Baird said at the end of her speech. Why are some proposed masts to be positioned within towns and residential areas? If it is true that the system is capable of achieving better coverage and will have a longer range, would not it make sense to position the masts on the hilltop sites that were used previously? Councils deal with the masts as a planning matter, so we need answers to that question. We need to know why the masts are being positioned in places that cause concern among local residents instead of on hilltops, where the masts might actually have a better range.

If the minister has an answer to that question, I will be delighted to hear it. If he does not, I will certainly write to local authorities; I hope that he will do the same.

17:32

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** I had not intended to contribute to the debate but, like others, I have had constituents contact me about these masts. As Mr Brocklebank said, this is a wide issue that causes concern regionally and, beyond that, nationally.

It is incumbent on MSPs and on the Parliament to treat such an issue not only seriously—as my colleague Iain Smith rightly said—but responsibly. We have a responsibility to our constituents not to cause any scaremongering or unnecessary worry.

**Mr Ruskell** *indicated agreement*.

**Mr Raffan:** I am glad that Mr Ruskell is nodding at that juncture. I am reassured by that, given the somewhat vague phrases that he used in his speech, not least among which was the phrase "evidence was building"; he did not say what that evidence was. He also mentioned "scientists" without saying who those scientists were.

**Mr Ruskell:** Will the member give way?

**Mr Raffan:** No. I will not give way to Mr Ruskell. I am sure that he will learn the habits of the chamber in due course, but he did not have the courtesy to give way to me when I wanted to raise precisely these points. I do not want to detain members any longer than is necessary, but perhaps in a minute, once I have covered my main points, I will show Mr Ruskell the courtesy that he failed to show me.

As I said, it is incumbent on us to treat the issue not only seriously but responsibly. That is why I was slightly surprised by Ms Baird's remark. I understand that there is a problem with the existing technology, which is beginning to get out of date. I am not up on this high technology—I doubt that many of us are—as physics and communications were not, I must confess, my strongest academic subjects at school. However, I understand that there are problems with the existing system, including potential safety problems.

We do not want to stand in the way of advancing technology. I am sure that the Greens do not want to do so either, and that they do not wish to be seen as 21st century luddites. I am glad that they are nodding vigorously again, and that they are behind the economy of Scotland and want to ensure that we get it growing into the future. I am glad that the Green party is not a populist party. I am reassured that the last thing the Greens would ever do is jump on a bandwagon. We would not want them to become the kind of politicians who cannot see a bandwagon without jumping on it. They might end up like the Tories if they were to do that—and we know what trouble the Tories are in. I had better be careful, as I do not want to test the Deputy Presiding Officer too much, but I understand that Mr Duncan Smith is escaping from Brent East to Scotland this weekend—let us just leave it at that.

The issue is important, and I look forward to seeing the Home Office research. The debate today serves as an interim debate, as my colleague, Iain Smith, rightly said. We are at the point where concerns have been raised with us, which we are right to raise with the Executive. We are also right to wait for the results of the Home Office research.

I am always glad to help my former party and make up for the black holes in its knowledge. The Conservatives have a slight problem that is similar to the problem with telecommunications in Scotland—there are also telecommunications black holes, where there is no coverage. Let me reassure Mr Johnstone on the point about why masts are sometimes in urban areas or villages rather than on hilltops: I understand that it is because of the level of power needed. That point has been explained to me simply, and I certainly do not want to answer any interventions on it.

**Alex Johnstone:** Will the member give way?

**Mr Raffan:** Oh well, why not? It is always jolly to give way to Mr Johnstone.

**Alex Johnstone:** I can assure Mr Raffan that, in quite a few areas of rural Scotland, we now have this newfangled electricity.

**Mr Raffan:** I understand that masts on hilltops will require greater power, although I share Alex Johnstone's concerns about masts being in urban areas. Indeed, it was Liberal Democrat councillors who got the mast in Kinross removed, and I am sure that all parties will pay tribute to us for succeeding there where the SNP failed.

I repeat that we are at the interim stage of what is an important and serious debate and that it is incumbent on us to behave responsibly and to wait for the results of the Home Office research. I am sure that we will return to the issue. I hope that, in his response, the Deputy Minister for Justice will answer some of the serious questions that have been raised. I think, however, that if members are to quote evidence that has been building up or the concern of scientists, they should say what the evidence is and who the scientists are.

17:37

**The Deputy Minister for Justice (Hugh Henry):** I will follow that if I can, Presiding Officer.

The matter that Mark Ruskell has raised is clearly of concern to several members and it has been the subject of questions that Cathy Jamieson and I, as well as other ministers, have answered this session. One of the calls that Mark Ruskell made towards the end of his speech was for a committee of the Parliament to look into the matter. That is not for me to address; that is a matter for the Parliament and its committees to determine themselves.

The reasons for the current arrangements have been outlined both in correspondence to members

and in answers to parliamentary questions, and we know why the Airwave police radio system is the subject of change. The new system is due to be rolled out to Scottish forces in 2004-05. Because of that time scale, we are now in the midst of preparation for the changes to the transmission network in Scotland, and local authorities are dealing with planning applications in that context. I will return later to the role of local authorities.

The new radio system will have a number of advantages over the existing one. It will be digital, and will provide better voice recognition. It will provide for encryption, so that criminals cannot use scanners to listen into police transmissions. It will allow officers on the beat to get direct access to data. It will therefore assist the police in fighting crime effectively and efficiently.

However, as has already been made clear, we know of the concerns that have been raised about the TETRA standard that Airwave uses. As a mobile radio system, Airwave requires a network of masts and handsets. Members will be aware of the general concerns that have been expressed over recent years about the possible health risks from such systems, the most familiar of which is the mobile phone.

As a result of those concerns, a number of independent reviews have been commissioned, as Iain Smith and others have mentioned, and research has been undertaken or is in progress. I shall attempt to summarise that but, essentially, my conclusion will be the same as the one that I gave in reply to Mark Ruskell's oral question on 4 September: that the work undertaken so far indicates that emissions from the system are not harmful to health.

A key report is that by the independent expert group on mobile phones under the chairmanship of Sir William Stewart, which was published in May 2000. Its recommendations dealt mainly with mobile masts but included a reference to TETRA systems. The expert group considered the totality of relevant research published up to the time at which its report was published. It included reference to some studies relevant to radio-frequency emissions from TETRA. That research focused on the effects of radio-frequency emissions on calcium loss from brain tissue.

The expert group noted contradictory results from the research, with specific reference to the frequency of 16 cycles per second that was mentioned earlier. However, the report stressed that the observation of such biological effects did not necessarily mean that health was affected adversely. The potential significance of those findings in the current context is that the TETRA system is known to involve pulsing at 17.6 cycles per second.

The Home Office asked the National Radiological Protection Board to provide advice on the implications of the findings for the health of TETRA users and others who may be exposed to TETRA signals. Iain Smith has already addressed some of the concerns that Mark Ruskell raised about the effects of TETRA signals on health and about the survey that was carried out in Lancashire. The problems that accompanied the roll-out of TETRA in Lancashire were associated with a phenomenon called spiking—a loud burst of sound into the ear. That technical problem was resolved. From the information that Iain Smith and I have provided, it is clear that we must see such problems in context.

Research was also commissioned from the Defence Science and Technology Laboratory. The NRPB's advisory group on non-ionising radiation, chaired by Sir Richard Doll, carried out that research. The advisory group's report, entitled "Possible Health Effects from Terrestrial Trunked Radio (TETRA)", was published on its website on 31 July 2001 and has also been published in the documents of the NRPB.

The advisory group's report noted that the radio-frequency signals transmitted by TETRA base stations are not pulsed but continuous. The signals that are pulsed are those from mobile terminals and repeaters. The advisory group stated that there was no reason to believe that signals from TETRA base stations should be treated differently from those from other mobile phone base stations. The group went on to conclude that the exposure of the public to signals from TETRA base stations was taking place at a small fraction of international guidelines and that

"current evidence suggests that it is unlikely that the special features of the signals from TETRA mobile terminals and repeaters pose a hazard to health."

The advisory group made a number of recommendations for further research that are being progressed by the link mobile telecommunications and health research programme to which the Scottish Executive is contributing—as has been mentioned—and by the Home Office.

The expert group also recommended the adoption of exposure guidelines by the International Commission on Non-Ionizing Radiation Protection on public exposure to radio-frequency radiation. That recommendation was accepted, as was the recommendation that an audit of base stations should be carried out. The international commission's guidelines refer to exposure of people and not to emissions from specific items of equipment.

It has been suggested that the guidelines do not take account of non-thermal effects on body tissues and that they are inappropriately applied to

signals from TETRA. That is not true. The commission considered pulsed and amplitude-modulated waveforms when it drew up its guidance. Its view was consistent with that of the NRPB and is similar to conclusions reached by the expert group.

There is a great deal more information that I will not have time to discuss. However, I will touch on the planning issues that have been raised. National planning policy guideline 19, on radio telecommunications, contains the Executive's planning guidance on the roll-out of such infrastructure, including the issue of health concerns. The guideline encourages the use of existing infrastructure. Members should note that $O_2$ has indicated that, where possible, it will place TETRA aerials on existing masts, to minimise the number of new masts.

Planning of masts is a matter for local authorities. It is the responsibility of local authorities to consider relevant information. As Iain Smith has indicated, Fife Council has deferred a decision on the applications in north-east Fife. Clear guidelines are given to planning authorities, indicating what they can and cannot consider. Planning authorities can consider a number of aspects, including health aspects. In drawing together our conclusions, we had regard to the findings of the Stewart report and the NRPB, regarding health effects. Our guidelines require a declaration of compliance with ICNIRP exposure guidelines. Local authorities have the responsibility and the authority to consider issues if they think that that is justified.

A number of competing claims have been made.

**Chris Ballance (South of Scotland) (Green):** Will the minister give way?

**Hugh Henry:** No, unfortunately I am just finishing.

Problems have been caused by a combination of myth and lack of scientific evidence. One of the difficulties that we have with many such issues, including health issues, is that sometimes people latch on to one or two aspects and extrapolate from there, causing wider concern that is not always based on evidence. If evidence and facts exist to justify delays or decisions, it should be presented. However, to date, no evidence has been produced and in the absence of such evidence, it would be difficult for those concerned to take any decision other than those that they are taking.

*Meeting closed at 17:46.*

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