

# **MEETING OF THE PARLIAMENT**

Thursday 18 December 2003

Session 2

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## CONTENTS

Thursday 18 December 2003

### Debates

Col.

<b>VARIANT CJD</b> .....	4373
<i>Statement—[Malcolm Chisholm].</i>	
The Minister for Health and Community Care (Malcolm Chisholm) .....	4373
<b>BUSINESS MOTION</b> .....	4382
<i>Motion moved—[Patricia Ferguson]—and agreed to.</i>	
<b>PRIMARY MEDICAL SERVICES (SCOTLAND) BILL: STAGE 3</b> .....	4383
<b>PRIMARY MEDICAL SERVICES (SCOTLAND) BILL</b> .....	4410
<i>Motion moved—[Malcolm Chisholm].</i>	
<i>Amendment moved—[Shona Robison].</i>	
<i>Amendment moved—[Mr David Davidson].</i>	
The Minister for Health and Community Care (Malcolm Chisholm) .....	4410
Shona Robison (Dundee East) (SNP) .....	4415
Mr David Davidson (North East Scotland) (Con).....	4417
Mike Rumbles (West Aberdeenshire and Kincardine) (LD) .....	4419
Janis Hughes (Glasgow Rutherglen) (Lab) .....	4420
Christine Grahame (South of Scotland) (SNP).....	4421
Eleanor Scott (Highlands and Islands) (Green).....	4423
Dr Jean Turner (Strathkelvin and Bearsden) (Ind) .....	4424
Mrs Nanette Milne (North East Scotland) (Con).....	4426
<b>FIRST MINISTER'S QUESTION TIME</b> .....	4428
<b>QUESTION TIME</b> .....	4441
<b>PRIMARY MEDICAL SERVICES (SCOTLAND) BILL</b> .....	4457
Phil Gallie (South of Scotland) (Con) .....	4457
Carolyn Leckie (Central Scotland) (SSP) .....	4458
Mr Davidson.....	4459
Stewart Stevenson (Banff and Buchan) (SNP) .....	4460
Mike Rumbles .....	4462
The Deputy Minister for Health and Community Care (Mr Tom McCabe) .....	4463
<b>MOTION WITHOUT NOTICE</b> .....	4470
<i>Motion moved—[Patricia Ferguson]—and agreed to.</i>	
<b>DECISION TIME</b> .....	4471
<b>CONGESTION CHARGING IN EDINBURGH</b> .....	4476
<i>Motion debated—[Bristow Muldoon].</i>	
Bristow Muldoon (Livingston) (Lab) .....	4476
Mr Kenny MacAskill (Lothians) (SNP) .....	4479
Lord James Douglas-Hamilton (Lothians) (Con) .....	4481
Helen Eadie (Dunfermline East) (Lab) .....	4483
Robin Harper (Lothians) (Green).....	4484
Rhona Brankin (Midlothian) (Lab).....	4486
Margaret Smith (Edinburgh West) (LD) .....	4487
Colin Fox (Lothians) (SSP).....	4490
Sarah Boyack (Edinburgh Central) (Lab) .....	4491
Fiona Hyslop (Lothians) (SNP).....	4493
David Mundell (South of Scotland) (Con) .....	4495
Scott Barrie (Dunfermline West) (Lab) .....	4497
Mark Ballard (Lothians) (Green) .....	4499
The Minister for Transport (Nicol Stephen) .....	4500

## Oral Answers

Col.

<b>FIRST MINISTER'S QUESTION TIME</b> .....	4428
Cabinet (Meetings) .....	4428
Medium Secure Care Unit (Site Selection) .....	4436
Nursery Nurses (Salaries) .....	4433
Pre-budget Statement Allocation .....	4439
Prime Minister (Meetings) .....	4430
Public-private Partnerships .....	4435
<b>QUESTION TIME</b> .....	
<b>SCOTTISH EXECUTIVE</b> .....	4441
Adoption (Support) .....	4443
Calf Trade .....	4453
Contemporary Visual Arts .....	4454
Drug-assisted Sexual Assault .....	4448
Drugs Courts .....	4452
Edinburgh Royal Infirmary (Ambulance Services) .....	4444
General Practice Out-of-hours Cover (Remote Areas) .....	4455
Green Jobs Strategy .....	4451
Head Lice Infection .....	4441
Household Income (Definition) .....	4443
Marine Environment (Radioactive Releases) .....	4447
Minister for Transport (Maybole Visit) .....	4445
Myalgic Encephalomyelitis .....	4456
Senior Citizens (Energy Charges) .....	4446
Strathclyde Police (Funding) .....	4447
United Kingdom Energy Bill .....	4449

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## Scottish Parliament

*Thursday 18 December 2003*

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

### Variant CJD

**The Presiding Officer (Mr George Reid):** Good morning. The first item of business is a statement by Malcolm Chisholm on the development in variant Creutzfeldt-Jakob disease. The minister will take questions at the end of his statement. There should therefore be no interventions.

09:30

**The Minister for Health and Community Care (Malcolm Chisholm):** I am grateful for the opportunity to inform the Parliament of the circumstances surrounding a blood transfusion incident involving variant Creutzfeldt-Jakob disease and of the action that is now being taken.

The background is that, in March 1996, a blood donor, who was at the time free of the signs of variant CJD, donated blood to the National Blood Service in England and Wales. Shortly after that, the donated blood was transfused into a patient who underwent surgery for a serious illness. Three years later, in 1999, the donor developed variant CJD and died from it. The recipient of the blood died in the autumn of 2003.

Initial post-mortem examination of the recipient of the blood showed changes in the brain indicative of CJD. Further examinations and tests confirmed the diagnosis of variant CJD. The link between the donor and the recipient was first reported to officials in the Department of Health in England on 9 December 2003, at which time the diagnosis of variant CJD in the recipient was still being confirmed.

I was first alerted to the incident on Friday 12 December. In the light of the statement delivered yesterday in the House of Commons by the Secretary of State for Health, I thought it right that the Scottish Parliament should be similarly informed and made aware of the action that has been taken in Scotland and in the rest of the United Kingdom.

In the light of the facts that I have outlined, it is possible that the disease was transmitted from donor to recipient by blood transfusion. I wish to emphasise, however, that that is a possibility and not a proven causal connection. It is also possible that both individuals separately acquired variant CJD by eating BSE-infected meat or meat products. This is a single incident and it is thus impossible to be sure what the route of infection

was. However, I am advised that the possibility of transmission being transfusion related cannot be discounted, albeit that this is the first report from anywhere in the world of the possibility of transmission of variant CJD from person to person via blood.

As yet, there is no blood test for variant CJD. There is therefore no way of screening blood donations for the presence of the CJD group of diseases. In recognition of that, since 1997, a range of precautionary measures—based on expert advice—has been put in place. It might be useful if I briefly rehearse them. In 1997 a research study, the transfusion medicine epidemiology review, was funded to examine links between all variant CJD cases and any form of blood transfusion. It is through that study that the association between the two patients was identified. Since 1997, all cases of variant CJD that are reported to the national CJD surveillance unit and which are diagnosed as having “probable” variant CJD result in a search of blood donor records. If the patient has given blood, any stocks of that blood are immediately destroyed.

On 17 July 1998, a £70 million programme was introduced to remove most of the white cells from blood that is destined for transfusion. That process of leucodepletion was progressively implemented by the Scottish National Blood Transfusion Service and completed by the end of August 1999. On 12 November 1998, a further £30 million programme was announced to phase out the use of UK-sourced plasma in the manufacture of blood products. From the end of September 1999, all blood products in Scotland have been made using plasma that is sourced from the United States of America and Germany. On 17 December 2002, to ensure continuity of supply, the Department of Health purchased the largest remaining independent US plasma collector, Life Resources Incorporated.

As indicated yesterday by the Secretary of State for Health, the National Blood Service informed the Department of Health that 15 people in England and Wales had received donations of blood from donors who subsequently developed variant CJD. In Scotland, two similar cases are known to us. Of those individuals, we have been informed that some received blood after leucodepletion had been implemented and others before that happened. The earliest such transfusion was in 1993 and the latest in 2001. All will be told about the circumstances of their case and will be given the opportunity to discuss the risks with an expert counsellor. The Scottish centre for infection and environmental health, supported by the Health Protection Agency, is in the process of contacting the affected patients in Scotland.

Of course, other patients, including haemophiliacs, will have received plasma products before plasma was sourced from the USA and Germany. They will have received products that, because they are derived from the large pools of plasma that are donated from many thousands of people, are heavily diluted. The UK-wide CJD incidents panel considers the risks for this group to be even lower than it is for those who received whole blood.

It is very difficult to trace all individual recipients of products that were made from those plasma pools, but the incidents panel will be advising on a case-by-case basis which recipients will need to be contacted as the necessary information becomes available. Those people will also have the opportunity for a discussion with an expert on an individual basis.

These are very significant arrangements that are designed to counter the possibility of transmission from blood. The need for continuing vigilance remains, however, and the relevant expert groups have been considering whether further measures are required in relation to variant CJD and blood.

In October 2003, our expert advisory committee on the microbiological safety of blood and tissues for transplantation advised, on the basis of a risk assessment, that further action, such as stopping people who have received a blood transfusion giving blood, was not necessary. However, in the light of the present case, the committee was asked to look comprehensively at whether further precautionary measures could be taken that would not adversely impact on the safety or availability of blood. Meanwhile, in Scotland, we have asked the Scottish National Blood Transfusion Service to begin to assess the implications of deferring the taking of blood from those who have received transfusions.

In conjunction with the other health departments, we are also initiating action to consider whether the use of blood and blood products can be confined to situations in which, medically, that is absolutely needed. Although that has been an ongoing activity for some time, it will now be given added impetus. We have been concerned to ensure that people who may be worried about the implications of this incident are given appropriate advice. The NHS helpline has therefore been briefed with relevant information and the chief medical officer has written to health professionals updating them on the present situation. We will take any further appropriate steps to inform and reassure people who remain concerned.

Finally, I emphasise that this tragic case must be seen against a background in which, since 1996, some 24 million units of blood or blood components have been given to patients in the United Kingdom. Blood transfusion can be a life-

saving treatment but no medical treatment is free of all risks. A wide range of measures is routinely used to reduce the risk of transfusion by screening for HIV/AIDS, hepatitis B and C and other infections. Indeed, we are generally regarded internationally as having a very safe blood service, especially because of our precautionary approach. That said, we will continue to strive for yet further improvement.

**The Presiding Officer:** The minister will now take questions on the issues that were raised in his statement. I will allow about 20 minutes for the process.

**Shona Robison (Dundee East) (SNP):** I thank the minister for the advance copy of the statement. His prompt decision to make a statement this morning is to be welcomed.

Given that scientists have warned that people living in Scotland are twice as likely to develop variant CJD and that there is, as yet, no blood test for CJD and therefore no way of screening blood donations for the presence of CJD, what further precautionary steps will be taken to safeguard our blood supplies to ensure that they are not a means of spreading variant CJD?

Furthermore, the minister said in his statement that the expert advisory committee on the microbiological safety of blood and tissues for transplantation advised that it was not necessary to stop people who have received blood transfusions giving blood, but that that is now under review. What are the implications of excluding that group of people from giving blood and when will the SNBTS complete its assessment of the issue? Given the fears that will be raised about the issue in the public domain, how can the public be reassured that our blood supply is safe? What action will the Executive take to reassure the public?

**Malcolm Chisholm:** I thank Shona Robison for those important questions—they go to the heart of the matter.

The simple answer to Shona Robison's questions on the advisory committee on the microbiological safety of blood and tissues for transplantation is that it will act soon and quickly. The committee has been asked to come up quickly with its view on this important matter. All members will accept and agree that the correct approach is to ask the United Kingdom experts to examine the matter and it is important that the committee comes up with a view very quickly, in the light of the new knowledge. I discussed that point yesterday with Melanie Johnson, the Parliamentary Under-Secretary of State for Public Health in England, and we agree that that must and will happen quickly.

On potentially excluding people who have received blood transfusions from donating blood,

we have—as I indicated in my statement—asked the SNBTS to begin to assess the implications of that. Again, that will be done promptly and urgently.

On reassuring the public, we must be honest about the fact that, owing to the lack of tests for variant CJD, we cannot be at all confident about the extent of the problem. In relation to blood, the figure that I quoted at the end of my speech puts the matter in context. Twenty four million units of blood or blood components have been given to patients since 1996, and out of those 24 million units this is the only such incident—I remind members that a causal connection is only a possibility. We should explain the context to the public, while following the precautionary principle. That is why we have asked for urgent pieces of work to be done by the SNBTS and the advisory committee on the microbiological safety of blood and tissues for transplantation.

**Mr David Davidson (North East Scotland)**

**(Con):** I congratulate the minister on giving the Parliament such a clear statement of the current situation. It is important that we use the opportunity this morning to reassure the people of Scotland that our blood transfusion systems provide an excellent service. We must take the measures that are necessary to maintain that confidence.

In the light of recent shortages in supplies of blood, will the SNBTS seek—on an emergency basis—to identify people volunteering to give blood who may have had a transfusion in the past so that, on a precautionary basis, blood can be held and processed separately at an early stage? Would not that allow a decision to be made about how any risks will be dealt with when the advisory committee on the microbiological safety of blood and tissues for transplantation has done its work?

The minister talked about the sources of plasma being countries with low risks of variant CJD contamination, such as the USA and Germany. In the light of the possible shortfall in supply, can the minister tell us whether other countries would be in a position to assist us in maintaining the volume of safe blood products? What measures are being taken to ensure the safety of that supply?

**Malcolm Chisholm:** I thank David Davidson for his questions. As I indicated, the SNBTS has begun its work on assessing the implications. I am sure that part of that assessment will relate to the second point that David Davidson raised. If the assessment shows that it may be difficult to secure enough blood from this country, the SNBTS would have to consider the implications of that, as would the Executive. We must let the SNBTS do that work, and David Davidson's point must be considered within that broader context.

That leads back to David Davidson's first point, which is that it becomes even more important that blood is donated in this country. We all support that and we welcome the publicity that has been given, particularly at this time of the year, to blood donation. I am sure that we would like to thank all the people who generously give blood.

On David Davidson's other point about identifying those who have had a transfusion, I am confident that the SNBTS will do that in its current work.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** I thank the minister for coming to the chamber to make a statement as soon as practically possible after the statement that was made yesterday in the House of Commons. However, when issues of such importance affect the people of the United Kingdom in future, could we bear it in mind that there should be more co-ordination between statements made in the House of Commons and statements made in this Parliament? It is important that we get the co-ordination right.

**Malcolm Chisholm:** The fact that there has been a gap of a few hours between the two statements is not a major issue. It was more important that we should do all the necessary preparation in Scotland. Obviously, we plan to do that. The fact of the matter is that the statement was made in the House of Commons slightly more quickly than we anticipated. I do not think that that is a major issue.

**Mr Kenneth Macintosh (Eastwood) (Lab):** I thank the minister for his statement, which reminds us of the need to maintain our awareness of this most devastating of conditions and not to be complacent about variant CJD. He will know of my own interest in the subject and that two of my constituents have lost a loved one through variant CJD. Is he aware of the Human BSE Foundation, which is the leading charity representing families affected by the disease throughout the UK? Is he aware that Strathclyde has the highest incidence of variant CJD in the whole of the UK?

Although the Human BSE Foundation receives a modest grant of about £30,000 from the Department of Health, it will be funded only for a further two years and will have to rely on charitable donations after that. Graham Steel, the vice-chair of the Human BSE Foundation, has recently written to me and to the minister. In the light of today's development, I ask the minister to look favourably on the possibility of providing direct support for the Human BSE Foundation here in Scotland.

**Malcolm Chisholm:** I thank Ken Macintosh for drawing the information about Strathclyde to the attention of the Parliament and for speaking about

the Human BSE Foundation. I shall look closely at the correspondence that he mentions, now that he has drawn it to my attention. I certainly applaud all the work that the Human BSE Foundation does on this important matter.

**Tommy Sheridan (Glasgow) (SSP):** The minister has correctly emphasised the importance of the safety of our blood supply. He will recognise that at this time of the year in particular there are problems with the quantity of blood that is donated in Scotland. We currently have dangerously low supplies and the publicity that may be generated by this case could undermine blood donation even more. In the light of that, will he consider launching an urgent, high-profile, nationwide campaign to encourage even more blood donation in every part of Scotland, because people's lives depend on it?

**Malcolm Chisholm:** Although Tommy Sheridan expresses the concern that this case might undermine blood donation, we all hope that it might have the opposite effect. Issues have been raised about people who have had transfusions, but it is clear that the vast majority of people have not, so there is no question mark over their donation of blood. As I have indicated, I praise the campaigns that have been conducted by the SNBTS and I support and encourage further publicity on this important issue.

**Stewart Stevenson (Banff and Buchan) (SNP):** I welcome the minister's timely statement. He says that we will no longer provide blood products except where medically absolutely necessary. Previously, blood products have been provided prophylactically to a range of people, including people who receive gamma globulin boosts prior to travelling to medically dangerous parts of the world. What steps are being taken to identify people who may have had blood products that have not been provided through the normal medical service to ensure that they are aware of any risks to which they may have been exposed?

**Malcolm Chisholm:** The first point that I made on that matter related mainly to blood transfusions given during operations, and I understand that that is an area in which Scotland has been making more active progress than other parts of the United Kingdom have. The principle that is now followed is that blood transfusions are, of course, given where necessary, but perhaps not quite so readily as in the past, because the medical view in Scotland now is that they used to be given more often than was necessary. Further action will be taken to ensure that blood transfusions are given only when they are necessary, not when other procedures and processes that modern surgeons can carry out can be used. That was my main point on that matter.

I do not know whether I took in the whole of Stewart Stevenson's second point on blood

products. I referred in my statement to blood products in the pre-1999 situation, but I will look into any other issues on the sourcing of blood products and try to give him a fuller reply in writing.

**Phil Gallie (South of Scotland) (Con):** The minister and several other members have referred to the current shortage of blood supplies. Given the fact that any further limitations on who is allowed to give blood might have undesirable implications, will he look into whether those who are not allowed to give blood because of their age, such as the Presiding Officer and I, could supplement the supply of blood?

**Malcolm Chisholm:** I will be in that category soon as well, but it is not for me to give a view on that matter: it is for the clinicians to decide on it. However, I will communicate Phil Gallie's point to the chief medical officer. The best way in which I can reply to Phil Gallie will be to send him a letter with the medical view of his suggestion.

**Carolyn Leckie (Central Scotland) (SSP):** We should obviously start by extending our sympathies to the two people in Scotland who are about to be given the news that they may have received contaminated blood, and we should be especially concerned about that at this time of year. What discussions have taken place, and with whom, about the ethical dilemma that arises from vCJD not yet being curable? What resources will be allocated to those patients and to addressing the ethical questions? What resources are being devoted to research into developing a screening mechanism for vCJD in blood?

**Malcolm Chisholm:** I am sure that we all join Carolyn Leckie in extending our sympathies to the two individuals who are involved and, indeed, to all the other individuals and families who are affected by vCJD.

On her next point—if I understand it correctly—there is a CJD incidence panel, which has met for some time and comprises not only clinicians but ethicists and others. It has been considering what to do about informing people about such situations, particularly as there is no cure for the illness. Therefore, the difficult question of when we inform people has been considered.

Research into a screening tool continues. The fact of the matter is that no such screening is available at present. It is being investigated, but I am afraid that I have no good news to report on the matter at present.

**Christine Grahame (South of Scotland) (SNP):** What information is given to a potential recipient of a blood transfusion, or to someone who is authorised to consent to one on their behalf, so that consent can be fully informed?



**Malcolm Chisholm:** Consent is central, perhaps far more than it was in the past, but I will have to write to Christine Grahame about the precise information that is given.

**John Scott (Ayr) (Con):** If we were to stop taking blood for transfusions from those who have received one, how quickly could that be implemented and what implications would it have for the availability of blood for transfusion? What percentage of the population has had a transfusion—is it, for instance, 1 per cent, 10 per cent or 20 per cent?

**Malcolm Chisholm:** That, too, is a central question, and the SNBTS has already started to work on it. The SNBTS is considering the implications of such a change, which will include the time scale in which it could be implemented. The conclusions of the deliberations of the advisory committee on the microbiological safety of blood and tissues for transplantation and of the SNBTS's work will be communicated to the Parliament at the earliest possible opportunity.

## Business Motion

09:56

**The Deputy Presiding Officer (Trish Godman):** The next item of business is consideration of business motion S2M-747, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out a timetable for stage 3 consideration of the Primary Medical Services (Scotland) Bill.

*Motion moved,*

That the Parliament agrees that, during Stage 3 of the Primary Medical Services (Scotland) Bill, debate on each part of the proceedings shall be brought to a conclusion by the time limits indicated (each time limit being calculated from when the Stage begins and excluding any periods when other business is under consideration or when a meeting of the Parliament is suspended)

Group 1 – no later than 1 hour and 30 minutes

Groups 2 and 3 – no later than 2 hours

Groups 4 and 5 – no later than 2 hours and 30 minutes

Motion to pass the Bill – no later than 3 hours and 50 minutes—[*Patricia Ferguson.*]

*Motion agreed to.*

## Primary Medical Services (Scotland) Bill: Stage 3

09:57

**The Deputy Presiding Officer (Trish Godman):** We now move to stage 3 proceedings on the Primary Medical Services (Scotland) Bill. As this is the first time that many members have participated in stage 3 proceedings, I will remind members about the procedure that will be followed. First, we will deal with the amendments to the bill; then we will move on to the debate on the motion to pass the bill. For the first part, members should have the bill—that is, SP bill 4A—as amended at stage 2, the marshalled list, which contains all the amendments that I have selected for debate, and the groupings, which I have agreed.

Amendments will be debated in groups where appropriate and each amendment will be disposed of in the order that is shown on the marshalled list. When we reach a series of amendments that have already been debated and which are consecutive in the marshalled list, I may invite the minister to move them en bloc and, unless any member objects, I will put a single question on those amendments. The aim of that procedure is to avoid repetition, but I will employ it only if members agree, and I am prepared to put the question on amendments individually where that is preferred.

An amendment that has been moved may be withdrawn with the agreement of members present. Of course, it is possible that members might wish not to move their amendments when they are called, and they may do so. The electronic voting system will be used in all divisions, and I will allow an extended voting period of two minutes for the first division this morning. Thereafter, I will allow a voting period of one minute for the first division after a debate on a group of amendments. All other divisions will be 30 seconds long.

### Section 1—Health Boards' functions: provision of primary medical services

**The Deputy Presiding Officer:** Amendment 16, in the name of Carolyn Leckie, is grouped with amendments 17 and 18.

**Carolyn Leckie (Central Scotland) (SSP):** I am glad that you are keeping me right, Presiding Officer.

It is with regret that I address the chamber. Previously, members have indicated a consensus on the bill, and it is noteworthy that no non-Executive amendments have been lodged other

than those that the Scottish Socialist Party has lodged, which leads me to think that there should be serious concern that there has been a lack of scrutiny of the bill. Why is that? Our amendments address our very serious concerns about the increased threat of privatisation. The Labour and Liberal Executive tries to pretend that the bill will not lead to increased privatisation—that is how it deals with the concerns behind our amendments. The Tories are quite happy to acknowledge that there is a concern and that there is an increased opportunity for private provision. They are absolutely delighted to welcome that; they are almost licking their lips—at least they are honest.

Then there is the Scottish National Party. Could it be that its members missed this, and that they are so mortified that they, too, have to pretend that there is not an increased threat of privatisation? Is it that Jim Mather, who was courted by the Tories just last week, has extended his right-wing economic influence to SNP health policy? As the bill has been considered, we have witnessed the SNP joining the privatisation bandwagon. [*Laughter.*] Absolutely. I will tell SNP members exactly how big the threat of privatisation is and why they have joined the privatisation bandwagon—they might not even know why themselves.

From 1 April 2004, general practitioners will be able to withdraw from out-of-hours cover and additional and enhanced services. However, there will still be a duty on health boards. We are still not clear about how services will be provided, where and by whom. Who will take up the slack in cervical screening, immunisation and out-of-hours services? The British Medical Association acknowledges that 95 per cent of GPs in Glasgow are likely to opt out. Glasgow has the four poorest and sickest constituencies in Britain. There are already fewer GPs per head of population in poorer areas. Those in the greatest need receive less care, and it is exactly those populations who are set to suffer most.

A BBC survey has found that, of 3,000 GPs and 950 local practices, 80 per cent intend to opt out of out-of-hours services. Throughout the UK, £140 million has been allocated to fund new out-of-hours arrangements. That is less than what is currently spent funding out-of-hours services. Early official figures—the Executive's figures—show that, on any one night, 60 GPs are on call in the Highlands. All but six of them will opt out of out-of-hours provision. Mr Chisholm has been made aware of that.

Thousands of GPs have said that, once the new contract is in place, they will no longer provide out-of-hours cover. In an area of North Yorkshire covering 200,000 people, only three out of 545 GPs have said that they are prepared to continue

to provide emergency cover. With no disrespect to the Executive, I look forward to seeing its plans for recruiting the GPs who will be supposed to provide health boards' out-of-hours services. Who has been recruited, where are they and how will that recruitment have been achieved by next April or October at the latest?

The other day, I attended a meeting about emergency out-of-hours services in Lanarkshire. I asked representatives of Lanarkshire NHS Board whether they expected the new GP contract to lead to an increase in the use of private providers. At present, four private agencies provide locum services to that health board area. The board is concerned that 52 per cent of referrals to acute services come from locums, which puts additional pressure on acute services, contrary to the spin that we hear, which says that the pressure on acute services will be relieved. The answer that the health board gave to my question was, "We're in discussions about that." The health board recognises that there is an opportunity for increased private provision and I think that the health board is seriously worried about it. Is the Executive worried, or is that its intention?

The current situation in relation to nursing agencies will be replicated with implementation of the new contracts and the opportunities for the private provision of out-of-hours and enhanced services. According to Robert Black, 50 per cent of wards are currently understaffed. That has led to an increase in agency costs from £25 million a year to £35 million a year last year, which has allowed such organisations as the parasitic Scottish Nursing Guild to hold hospitals to ransom if they need an intensive therapy unit nurse, for example. We are told that nurses will plug the gap in out-of-hours services. Will the Executive please tell me where they are going to be knitted?

Members should be warned: there is nothing in the bill to stop GPs opting out and joining agencies, taking the more profitable route to providing out-of-hours services. The bill will explicitly allow that. That is before companies such as Boots and BUPA, pharmacies and whoever else can spot a scam a mile off jump on the bandwagon. This week, we have been talking about fraud in the NHS. I will tell members who is being defrauded: it is the patients, especially the poorer ones, who will be piling up in waiting rooms in queues for telephone switchboards and on trolleys, as private profiteers pile up the swag. The £100 million of pilfering pales into insignificance beside the fortune that is being and will be made by pharmaceutical companies, private finance initiative consortia, construction companies and nursing and locum agencies—the expanding businesses of the future. The Tories ask us where the money is going. They need look no further: the money is going straight to private profiteers.

Given the staff shortages in the national health service, and without measures to allow health boards to employ directly—leading NHS boards to contract with private health care providers—without our amendments, the bill is likely to result in the total loss of a comprehensive NHS service. I do not make that claim lightly. We have the experience of the NHS, of PFI and of nurse agencies to look to—

**Phil Gallie (South of Scotland) (Con):** Will Carolyn Leckie give way?

**Carolyn Leckie:** On you go, Phil. I am surprised that nobody has asked me to give way already.

**Phil Gallie:** Is it not the case that the NHS is built upon the professionals in it? Is there not a problem with GP recruitment, GP morale and staff morale in general practices? Surely Carolyn Leckie must care about those issues, and surely the bill attempts to address them.

**Carolyn Leckie:** I agree with the points about morale, pay and recruitment problems—we have never disagreed with them. However, although the bill might deal with them on a short-term basis, we are storing up massive problems for the future. Instead of having an enhanced service and instead of the increased spending going on front-line patient care and on improving access for poorer people and the quality of care, the spending will go down the plug hole of profit. That is our concern, which our amendments address.

Why has the SNP, in particular, not lodged amendments that it might consider to be better or possibly more technical than ours? Does the SNP not believe that there is an increased threat of privatisation, or is it that, like the Tories, it is quite happy to welcome that? The SNP should be clear about this. There is an ideological question here: does profit have a place in the NHS or does it not? Yes or no: that is the question.

In case they have not read it, I refer SNP members to the definition of those that this group of amendments deals with:

"For the purposes of this section 'private healthcare provider' means a company limited by shares (other than a company of the type mentioned in the definition of 'qualifying body' in section 17D(2) or section 17L(1)(c)) one of whose purposes is the provision of medical services on a for profit basis."

Do SNP members accept the aim of the amendments and the ideology behind them or do they reject them? Their votes will determine where they stand on profit in the NHS. I ask them, please, to support our amendments.

I move amendment 16.

**The Deputy Presiding Officer:** Before calling those who have signalled that they wish to speak, I remind new members that, if they wish to speak

to amendments, they should press their request-to-speak button when the amendment is called.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** First, let me say that I am a bit disappointed to see these three amendments reappear at stage 3. I am also disappointed that the business managers have allowed an hour and a half for the debate on this non-issue. I appreciate that they want a fair debate, but this debate was well and truly hammered out in the Health Committee, which voted nine to zero against the amendments.

**Phil Gallie:** I am slightly puzzled at Mike Rumbles's opening remarks. He regretted the fact that we have an hour and a half to debate the issue, but he did not step in when the Presiding Officer suggested that anybody who opposed the business motion could do so. Why did he not take that opportunity?

**Mike Rumbles:** I certainly did not want to oppose the Scottish Executive's business motion. I was indicating only my disappointment that the business managers decided to devote an hour and a half to this issue. I did not oppose the business motion.

**Tommy Sheridan (Glasgow) (SSP):** Will the member take an intervention?

**Mike Rumbles:** No. Let me get started, Tommy.

In the committee, which is, above all, where such debates should be held—

**Tommy Sheridan:** Will the member take an intervention?

**Mike Rumbles:** I will not take an intervention yet. I will take it in a moment. Just hang on.

The point about the amendments in group 1 is that they were thoroughly examined in committee. The Presiding Officer is quite right to select them for stage 3 if he so wishes. I do not question his right to do so, but I am disappointed that we seem to be here again. I have a sense of déjà vu.

Given what happened during our consideration of the bill at stage 1, I find Carolyn Leckie's statement that the bill has lacked scrutiny outrageous. The scrutiny of the bill was quite remarkable, because the committee ensured that the draft regulations were brought before members. Ministers had not done that before but it happened at the committee's request. Ministers moved heaven and earth to bring draft United Kingdom and Scottish regulations before the committee. That is why the committee is unanimous on these matters.

**Carolyn Leckie:** Will the member take an intervention?

**Mike Rumbles:** I will in a moment, but let me

get to the meat of the subject. There is hypocrisy writ large here.

The Scottish Socialist Party has brought the amendments to the chamber yet again, but on no occasion during the whole process did any member of the Scottish Socialist Party appear at the committee. It did not question any of the witnesses that appeared before the committee. When the minister came before the committee to be grilled by members, any member of the Parliament could have attended the meeting, but not one Scottish Socialist Party member turned up. We have hypocrisy all right, but it comes from the SSP benches. Quite simply, the amendments should be seen for what they are.

10:15

**Carolyn Leckie:** I find it quite astonishing that Mike Rumbles should in effect argue against the democracy of the chamber, but I suppose that exposes his position. Will he tell us why, if the Health Committee was so vigilant in scrutinising the bill, the Executive felt it necessary to amend its bill at stage 2 and now at stage 3? Why did members of the Health Committee not pick up a single issue for amendment?

**Mike Rumbles:** That is pathetic, I must say. Carolyn Leckie talks about democracy, but democracy is about engagement. Carolyn Leckie is not engaged in the democratic process but is grandstanding, which undermines the whole democratic process.

**Stewart Stevenson (Banff and Buchan) (SNP):** I wonder whether Mr Rumbles has observed Mr Colin Fox's peregrinations in Australia. An article reports:

"The parliamentary road to socialism", he said, will be found 'alongside the weapons of mass destruction in Iraq'.

The article also mentions his case

"for why fundamental social change will never be achieved via parliament."

Does that perhaps answer Mr Rumbles's question?

**Mike Rumbles:** I do not want to be drawn on Colin Fox, so perhaps we can just leave it at that.

**Tommy Sheridan:** Perhaps Mr Rumbles will be drawn on another matter. I was surprised at what he said earlier and I wanted to draw the matter to his attention as early as possible. He expressed disappointment that amendments have been brought back to Parliament, whereas the amendments have not in fact been in Parliament as they were discussed only in committee. How can Mr Rumbles argue against a political party that is denied representation on the very committee to which he referred—[*Interruption.*]

**The Deputy Presiding Officer:** Order.

**Tommy Sheridan:** I think that the children are a wee bit demob happy today, Presiding Officer.

How can Mr Rumbles argue against a party bringing amendments to the chamber to enable it to vote on those amendments, given the fact that it and other parties were denied that opportunity at committee—

**Mike Rumbles:** Is this an intervention or a speech?

**Tommy Sheridan:** The children willnae be quiet for a minute. Is there any chance that I could finish my intervention, Presiding Officer?

**The Deputy Presiding Officer:** Mr Sheridan, ask the question, please.

**Tommy Sheridan:** I am trying to, but the well-paid kids down the front willnae be quiet.

Does Mr Rumbles accept that any party in the Parliament without representation on a committee has the right to present its amendments to that committee and then, because it does not have a vote in the committee, bring those amendments to the chamber where the party has a vote? Is that not basic democracy?

**Mike Rumbles:** I wish that Tommy Sheridan would understand a little bit more about the procedures of the Parliament. The committees are integral to the Parliament. They are the powerhouse and driving force of the Parliament. Tommy Sheridan should know that, so he should stop pretending. The SSP was not denied an opportunity to make its case in the committee.

**Tommy Sheridan:** Did we get a vote?

**The Deputy Presiding Officer:** Mr Sheridan, you must not intervene from a sedentary position.

**Mike Rumbles:** The SSP is just not interested. If Tommy Sheridan wants me to keep digging, I will point out that the stage 2 meeting at which the three amendments were first discussed took place in the chamber. I suppose that we were privileged that Carolyn Leckie stayed for those three amendments, as she did not stay to speak to the other amendment that she had lodged at that stage. She could not even be bothered to hang around to do that. Members need to be aware of the behaviour of Scottish Socialist Party members in the democratic process. The SSP members are not engaged. That is the point.

Let me return to the issue. The reason why the SSP members are not engaged is that they are not engaged with the subject. At no time was the subject matter of the amendments an issue for the witnesses that came before the committee. It is a non-issue. The issue has been raised only to allow the Scottish Socialist Party to stand up and make

dogmatic statements, which we must put up with to get through consideration of the bill. I am sure that the vote at the end of today will reflect that. The Scottish Socialist Party is involved in a travesty of the democratic process.

**The Deputy Presiding Officer:** I call Shona Robison.

**Shona Robison (Dundee East) (SNP):** Where do I start? For the record, let me say that the SNP has never been backward in coming forward to defend our public services against privatisation. Our record in opposing the private finance initiative and public-private partnerships is consistent and long term. I will take no lessons from the SSP on that front.

Let me get to the nub of the issue, which I think should be debated. I do not subscribe to the conspiracy theory that the SSP promotes that somehow the entire bill has been engineered to open the door to a mass influx of the private sector into the health service; that is just not the case. The paranoia exhibited by Carolyn Leckie is staggering even by SSP standards. It extends to suggesting a right-wing takeover of SNP policy.

**Carolyn Leckie:** Will the member take an intervention?

**Shona Robison:** No, thank you.

The bill is about trying to reverse the real recruitment and retention crisis in our GP services that is there for all to see—all apart from the SSP. The jury is still out on whether that will be achieved. The SNP is prepared to give the bill the benefit of the doubt to try to turn the crisis around. That is why we have lodged an amendment to the motion to pass the bill.

Let us pause for a second and reflect on what the result of the SSP amendments would be. They would stop community pharmacists—because they are private providers—providing services such as smoking-cessation services, diabetes checks and blood pressure checks in the deprived communities that the SSP claims to represent. Those services would stop overnight if the SSP amendments were agreed to. Are the community pharmacists the great private profiteers that the SSP talks about? They provide such important services to our most needy to try to turn around the dreadful health situation in Scotland. The health promotion and the prevention work that community pharmacists carry out is an essential part of our health service. The SSP members would have learned about those issues if they had listened to and taken part fully in debate on the bill. The SNP will be quite happy to vote against the SSP amendments on the basis that I have outlined.

**Stewart Stevenson (Banff and Buchan)**

**(SNP):** The context for the amendments is clear. At stage 2, Carolyn Leckie said:

“the SSP’s political position is for full public ownership of the NHS, including GP services.”—[*Official Report, Health Committee*, 2 December 2003; c 390.]

That is fair, unambiguous and clear. The question is whether that serves the interests of patients, and that is far less clear.

Amendments 16, 17 and 18 do not even serve the purposes that the SSP intends. For example, they do not exclude, along with companies that have shares, partnerships or contractual arrangements; they do not exclude a variety of things. Not only did the SSP not contribute to the evidence-taking at stage 1, submit to the committee a position paper or attend with due diligence the stage 2 committee debates, it has not even been able to draft the amendments in an appropriate way to achieve its objectives. Rather than there being a lack of scrutiny, as Carolyn Leckie said in her remarks on amendment 16, the SSP has shown a lack of commitment, energy and care in promoting its case.

I was brought up in a primary care household. My father was a GP before the health service was introduced and he welcomed it, because it changed for ever the discrimination that existed before, when people came to the door for treatment and the issue was whether they could afford treatment. My father absolutely refused to take private patients, because the health service gave him the ability to treat patients on the basis of their medical needs. Of course, he was a private contractor of the health service—that was part of the deal that was done in 1948. Providing the public with an ability to choose the doctor whom they wish to treat them is important.

**Colin Fox (Lothians) (SSP):** The member mentioned me earlier on. I am glad that he has so much interest in my Australian tour and that the SNP seems to have found it as popular as did the people of Australia. He talked about people’s ability to afford treatment. Does he accept that the national health service is undermined by profiteering, given that Audit Scotland said last week that the relationship between the NHS and drugs companies is not delivering a good deal for the NHS?

**Stewart Stevenson:** I hope that Colin Fox is not seeking to deceive members, as he did in *The Dominion Post* in New Zealand, where he claimed to have been thrown out of the Parliament on the day that he was sworn in. Exaggeration is a hobby of the SSP in which it indulges at every possible turn.

I return to the matter at hand. We are asked whether there is a place for profit in the NHS—yes

or no. We have been and remain consistently opposed to the funding associated with PFIs, because that takes money out of the health service and there are other ways of ensuring that we get value for money. I have answered Carolyn Leckie’s question.

The key thing is that we have private contractors in primary medical services, including GPs.

**Carolyn Leckie:** Will the member take an intervention?

**Stewart Stevenson:** Not now, as I am closing. They have delivered value since the health service’s inception. Their commitment and sacrifice have kept primary health care afloat for many years. We are now in crisis; the Executive is responding to that crisis and we are prepared to give it a fair wind.

I oppose amendments 16, 17 and 18.

**Mr David Davidson (North East Scotland) (Con):** I declare that I am a registered pharmacist, although I no longer have any connection with primary care services. I mention that because I recall that, in my youth—I had one once—when I was newly qualified in partnership, I worked with a private firm to deliver out-of-hours care and dispensed services for a good chunk of the county of Kent. But for that facility’s coming together, the GPs with whom I was involved would have found it impossible to deliver that care.

This morning should not be about political posturing—we have had enough of that already. There are opportunities for scrutiny in the Parliament. Any member can go to any committee at any time and, with the permission of the convener and the committee, they can even attend some of the private sessions. That has been done, with discretion, over the past four years. I suggest that the SSP try to find out a little more about how it could use the opportunities for democratic input that the Parliament offers every member, without exclusion.

We have heard proposed again this morning nationalisation—under another name—of the health service. Yes, as Tommy Sheridan said, Ms Leckie is entitled to lodge the amendments—I take it that that is the view of the Presiding Officer—even though they were thrown out at stage 2. However, we have to recognise that the great national institution of the health service in this country was based on a public-private partnership—a coming together of the private and public sectors for the common good. That principle has never altered and the bill will not alter it. The bill is about the attraction and retention of GP services for the benefit of patients. It is not about takeovers of the NHS; it is about guaranteeing that wherever people live in Scotland they have fair access to GP services.

We must ensure that we not only produce enough doctors for our needs, but encourage them to participate in the primary care services, including in rural and remote areas. We must do all in our power to ensure that that is an attractive proposition and that the patients are at the heart of the NHS. That is where we are coming from.

**Carolyn Leckie** *rose*—

**Mr Davidson:** Before I talk about working with the private sector, I will take an intervention from Ms Leckie.

**Carolyn Leckie:** I wonder whether David Davidson is willing to repeat what he said during the stage 1 debate, when he confirmed that he saw opportunities in the bill for increased private provision in primary medical services. Does he foresee the extension of the use of agencies in providing locum services?

10:30

**Mr Davidson:** I cannot remember my exact words at stage 1, but I say to Ms Leckie that what the health service needs is additional capacity, which could be provided cost-effectively by the private sector in appropriate partnership. The question is not “instead of”; it is “in addition to”.

Yesterday morning, I visited a Huntercombe hospital near Larkhall. It is a dedicated residential unit for people with eating disorders, with staff who are highly skilled and motivated and who are provided by the private sector. The unit has yet to have any referrals from the NHS. I find that scandalous, because the services that it provides are not duplicated in the NHS and the unit's weekly charge is less than the similar NHS tariff. That is why I talk about value for money and additional services. However, that is not the issue today. The issue today is that the Parliament has to provide mechanisms that will attract staff to primary care services and ensure the delivery of those services to every person in Scotland on a reasonable basis.

Later on, Ms Leckie might support an amendment of mine. Amendment S2M-698.2 is not about political posturing; it is about ensuring that due scrutiny will continue—not on the voluntary basis that the minister has very kindly conducted with the committee so far, but on a more formalised basis so that, when all the regulations begin to deliver the outcomes that we seek from the bill, they will be scrutinised by the Health Committee. If that happens, I hope that the SSP might send a representative to participate in the discussions.

**Tommy Sheridan:** Amendments 16, 17 and 18 relate to the definitions and provisions in the bill that will allow NHS boards to contract with “any

person” to provide primary care services. The bill defines “any person” to include companies where at least one of the shareholders is a GP or other health professional. The opponents of the three amendments may accuse the SSP of grandstanding, but that does not undermine the fact that the bill will facilitate a bonanza for the private health sector. The bill will allow health boards to contract with private providers for primary medical care services. The Tories recognise that, which is one of the reasons why they are very relaxed and happy for the bill to be given such a good wind. They clearly believe that their friends in the business of making profit out of providing health care will now be able to make even more profit—the bill facilitates that.

It is incredible that the SNP, the Tories and the Executive—who consistently preach to public sector workers about the need for modernisation and progress, which everyone in the public sector knows is about cuts in services—will, when it comes to GPs, defend a 55-year-old deal, struck in 1948 when the NHS was founded. No modernisation or progress there—they defend the archaic deal that allows GPs to be private providers instead of employees of the national health service, which is what they should be.

Even though members throughout the chamber might support other provisions in the bill, I say to them that, if amendments 16, 17 and 18 are not agreed to, the bill could open up wholesale privatisation in primary medical care. The SSP will not stand by and let that happen without opposing it.

I am glad that the Presiding Officers have recognised the need to defend democratic rights in the Parliament. When only four political parties are represented on a parliamentary committee—despite the fact that six political parties are properly registered, and seven parties are represented, in the Parliament—it is quite proper for any of the political parties that are not represented on that committee to be able to lodge amendments.

**Mike Rumbles:** Tommy Sheridan muses about how appropriate it is for parties to use their democratic rights, but his party was not interested in using its democratic rights at stage 1. We have made that point clear and I would like Tommy Sheridan to explain why his party did not turn up.

**Tommy Sheridan:** That is not a point at all in relation to this debate. The point that Mike Rumbles made was that it was shocking that someone dared, after lodging an amendment at stage 2 that got beat 9-0, to bring the amendment back at stage 3. I remind him that the Health Committee has members from only four political parties, despite the fact that six parties are registered and seven parties are represented in

the Parliament. When Mike Rumbles's party is in the minority, I guarantee that we will allow him to introduce amendments at stage 3 even if his party is not represented on all the committees. That is a democratic right and I would have thought that Mike Rumbles, who is supposed to be a Liberal Democrat, would defend that.

I support the amendments. We have to defend our health service from further privatisation—led by the Executive, with support from the Tories and, unfortunately, the SNP.

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** As the debate continues, we will demonstrate the fallacy of the arguments that have been made. A charitable interpretation would be that there has been a failure to understand the various sections of the bill; a less charitable interpretation would be that amendments 16, 17 and 18 represent the promotion of outright hypocrisy.

As others have said, Carolyn Leckie has already made one attempt to amend the bill. At stage 2, the Health Committee had the good sense to reject her amendments. This morning, she has said that the committee was less than diligent in its scrutiny of the bill—simply because it disagreed with her point of view. It is surely inappropriate for members, simply because there has been a disagreement, to challenge the diligence of the work of any committee of the Parliament.

I want to return to a point that was raised by Mike Rumbles and, to be frank, dodged by Tommy Sheridan. The fact is that Mr Sheridan's party lodged an amendment at stage 2 and then left the meeting before the amendment was called. That is not participation in the democratic process; it is grandstanding.

It is disappointing, although not surprising, that, having lost the argument once, Ms Leckie is prepared to put her party's ideological hang-ups before what is good for patients in Scotland. However, this is a welcome opportunity to refute the SSP's arguments once again. I strongly urge members to reject the three amendments. What we heard from Ms Leckie was blatant scaremongering.

I said a moment ago that we could have a charitable interpretation, suggesting that there had been a misunderstanding, or a less charitable interpretation, suggesting that there had been the promotion of outright hypocrisy. A few moments ago, Mr Sheridan spoke about the definitions in the bill. He referred to a proposed new section that lays down the condition that

"at least one share in the company is legally and beneficially owned by a medical practitioner".

He stopped there, but that is not the whole story.

The next condition lays down that all the other shareholders must be individuals who would qualify under the conditions listed to be partners in a partnership that could hold a general medical services contract. The bill therefore provides protections. It is incumbent on members to ensure that, when they put forward arguments, they quote all the relevant provisions in the bill. They should not selectively quote the provisions that suit their argument.

Surely quality and availability of care is more important than the nature of the provider and surely we must allow health boards to make decisions that are based on the best needs of patients. Let us not forget—even though Mr Sheridan does not like the argument—that the vast majority of GPs are independent contractors and have been since the very start of the NHS.

**Tommy Sheridan:** Would the minister care to state categorically that he defends that settlement? Does he think that that 55-year-old settlement is right? Is that part of the modern health service in the 21<sup>st</sup> century?

**Mr McCabe:** No. Mr Sheridan has just summed up his misunderstanding; our purpose today is to modernise that 55-year-old settlement. That was a timely intervention, because I remind the Parliament that, during the stage 1 debate, even Carolyn Leckie accepted that the employment status of that hard-working group of employees did not affect their dedication.

Carolyn Leckie has said that her amendments seek to prevent the private sector from piling up the swag. That is a strange logic. As we move on in our consideration, we will break down that argument.

I fail to understand why it is acceptable for private health care providers to be involved in the provision of primary medical services at certain times of the day but not at others. That seems to suggest that piling up the swag is okay during the hours of daylight but unacceptable during the hours of darkness. I simply do not understand the logic of that.

If it is thought that private health care providers in some way provide a lower-quality service, why is it somehow safer for them to provide it during the hours of daylight than at night? That is what amendment 17 suggests in practice. If the argument against private health care providers is about profit, why is it acceptable to make a profit from a patient during the day, but not at night or at the weekend? I hope that Ms Leckie will take the opportunity to explain that rather strange logic when she sums up. *[Interruption.]* The children are getting a bit loud again; perhaps the Presiding Officer could address them.



As Malcolm Chisholm and I have said before, we expect GP practices to continue to provide the vast majority of care, just as they have for the past 55 years. The bill is not about the mass privatisation of primary care; it is about improving the position of GPs and patients and sustaining general practice rather than replacing it with private companies.

Under the proposed arrangements, existing practices will have the right to continue to provide essential and additional services. In other words, a practice that provides those services on 31 March 2004 will not have the right to provide them taken away on 1 April. Under the bill, that right will not be given to a private health care provider, whoever that may be. Let me be explicit. Big, private health-oriented companies will not be able to hold a GMS contract. The fact that we expect that the vast majority of primary medical services will be provided through the GMS arrangements considerably reduces the scope for private health care providers to provide services.

I am sure that Ms Leckie has investigated whom her amendments would affect. We believe that, strangely, amendment 18 would not catch an organisation such as BUPA. Our information is that BUPA is a provident association that does not pay out to shareholders and that any profit that it makes is put back into the association. Amendment 18 would bar "a company", but BUPA is not a company, so it is unlikely that it would be caught by the SSP's definition of a private health care provider. In the stage 1 debate, Ms Leckie expressed concerns about what she called the "BUPA bunny" taking on primary care medical services, but the way in which her amendments are drafted means that they would fail to prevent just that.

I urge members to reject amendments 16 and 17. Moreover, if they agree with the Executive that those amendments should be rejected, they must also reject amendment 18, which seeks to define "a private healthcare provider"—the phrase that is used in amendments 16 and 17. I urge members to reject the amendments, which are ill advised and unnecessary.

**Carolyn Leckie:** The response to that is to ask where in the bill the Executive excludes the BUPA bunny or whomever else. The truth is that there are no such exclusions, because the Executive does not want any. It wants to have the opportunity, through a ministerial directive some time down the line, to plug the gap using that very method.

The Executive just has not listened. No one has addressed the question of who will provide out-of-hours services. Ninety-five per cent of GPs in Glasgow say that they will opt out of out-of-hours provision and rural practices are struggling to

provide cover—in the Highlands and Islands, only six practices will be left to provide cover. Who will provide the cover? Why is Lanarkshire NHS Board concerned about profits?

10:45

**Mr McCabe:** There is a fundamental misunderstanding about GPs who want to move away from their responsibility to provide out-of-hours care 24 hours a day, seven days a week and GPs who are prepared to sign up to the new provisions on out-of-hours care without taking on the burden of responsibility for such care 24 hours a day, seven days a week.

**Carolyn Leckie:** I would appreciate an answer from the minister on how many hours of out-of-hours services GPs will provide through the GP contract. Will all the hours be covered? In Lanarkshire, is it the case that the four private agencies that provide locum services will not increase their profits? I wish that someone would address those questions.

If members vote to pass the bill, they should not cry crocodile tears or complain a year, two years or three years down the line when they see astronomical rises in agency costs, just as we have seen such rises in nursing costs. If we are wrong, members will be able to come back and tell us that we were wrong, but I have 100 per cent confidence that we are not wrong.

Does the Executive deny that opportunities for privatisation are inherent in the bill? The Tories do not deny that such opportunities exist. The Executive should put some substance to its arguments; it should lodge amendments that ensure that the bill will not offer opportunities for privatisation. If we are being paranoid or unduly nervous or if we are grandstanding, why does the Executive not give us the assurance that we want? Why does the bill—unless it is amended by the SSP—contain no such assurances? We should not be blamed for not lodging enough amendments. If the Executive's political position is that the BUPAs of this world should not profit from the GMS contract, where in the bill is there such an assurance?

Stewart Stevenson is a laugh. I was not going to tell him this, but I will. Last night, my daughter told me that her English class was having the usual end-of-term Christmas debates and that she moved—completely of her own accord—that Stewart Stevenson be placed in room 101. The class voted unanimously that he should be placed in room 101. That is about all that I will say.

Although the Liberals in the Scottish Parliament are in favour of the bill's proposals and foresee no difficulties with them, Dr Evan Harris—the Liberal Democrat health spokesperson in Westminster—is

against the new contract and says that it will result in

"the end of the one-stop shop. It means less access to some services, which will now be classed as optional ... Patients know that this is a sticking plaster over the fundamental problems of understaffing and lack of access to family doctors."

There we have it. The Liberal Democrats are never afraid to be completely inconsistent, as long as that results in a few more votes.

**David Mundell (South of Scotland) (Con):** We can agree with that.

**Mike Rumbles:** I did not hear that remark, but I am sure that it was amusing.

On a United Kingdom level, we are not against the bill, even though some concerns were expressed about the GP contract. I do not share those concerns in the context of the bill, because the Executive is putting in a huge amount of resources to ensure that the bill will bring about successful modernisation of the NHS in Scotland. Those resources are at a much higher level.

**Carolyn Leckie:** We are discussing legislation, but Mike Rumbles says that the issue is not legislative but a question of resources. Although the Liberal Democrats are opposing the proposal south of the border, it is all right here in legislative terms, because the Liberals here are so confident that the resources are guaranteed. For goodness' sake—how ridiculous!

**Mike Rumbles:** You are, aren't you?

**Carolyn Leckie:** I beg your pardon. On a point of order, Presiding Officer. Is it not against rule 7.3 of the standing orders for a member to call another member ridiculous?

**The Deputy Presiding Officer:** That is normal debating. Please carry on. [*Interruption.*] Order, please.

**Carolyn Leckie:** All right. If that is normal debating phraseology—

**Mike Rumbles:** She used it.

**Carolyn Leckie:** I was quoting Mike Rumbles. In the words of my daughter, "You're a tube." [*Laughter.*]

**The Deputy Presiding Officer:** Please be careful. My ruling was that Mike Rumbles's comment was made in normal debate. I suspect that what you said might have been slightly outside normal debate. Please finish now.

**Carolyn Leckie:** Well. Somebody has already mentioned hypocrisy. I will finish.

The SSP has a small party group of only six MSPs. There has been much ranting and raving because members cannot deal with the ideology around stage 1 evidence taking. I am not a

member of the Health Committee, although I would have liked to have been. However, I am an active member of the Public Petitions Committee and an active MSP. If there is a serious question about the political commitment of SSP MSPs—it cannot be a serious question: that is almost a contradiction in terms—I will swap schedules with Tom McCabe. I will shadow him for a week and he can come and shadow me for a week. We will see who is still standing at the end of that week.

**Mr McCabe:** That is a very tempting offer, but I have decided to resist it.

**The Deputy Presiding Officer:** The question is, that amendment 16 be agreed to. Are we agreed?

**Members:** No.

**The Deputy Presiding Officer:** There will be a division.

#### FOR

Byrne, Ms Rosemary (South of Scotland) (SSP)  
Curran, Frances (West of Scotland) (SSP)  
Fox, Colin (Lothians) (SSP)  
Leckie, Carolyn (Central Scotland) (SSP)

#### AGAINST

Adam, Brian (Aberdeen North) (SNP)  
Baillie, Jackie (Dumbarton) (Lab)  
Baker, Richard (North East Scotland) (Lab)  
Barrie, Scott (Dunfermline West) (Lab)  
Boyack, Sarah (Edinburgh Central) (Lab)  
Brankin, Rhona (Midlothian) (Lab)  
Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)  
Brown, Robert (Glasgow) (LD)  
Butler, Bill (Glasgow Anniesland) (Lab)  
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
Crawford, Bruce (Mid Scotland and Fife) (SNP)  
Cunningham, Roseanna (Perth) (SNP)  
Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
Davidson, Mr David (North East Scotland) (Con)  
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
Douglas-Hamilton, Lord James (Lothians) (Con)  
Eadie, Helen (Dunfermline East) (Lab)  
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
Fabiani, Linda (Central Scotland) (SNP)  
Ferguson, Patricia (Glasgow Maryhill) (Lab)  
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)  
Fraser, Murdo (Mid Scotland and Fife) (Con)  
Gallie, Phil (South of Scotland) (Con)  
Gibson, Rob (Highlands and Islands) (SNP)  
Gillon, Karen (Clydesdale) (Lab)  
Glen, Marlyn (North East Scotland) (Lab)  
Gorrie, Donald (Central Scotland) (LD)  
Grahame, Christine (South of Scotland) (SNP)  
Henry, Hugh (Paisley South) (Lab)  
Home Robertson, Mr John (East Lothian) (Lab)  
Hughes, Janis (Glasgow Rutherglen) (Lab)  
Jackson, Dr Sylvia (Stirling) (Lab)  
Jackson, Gordon (Glasgow Govan) (Lab)  
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
Johnstone, Alex (North East Scotland) (Con)  
Kerr, Mr Andy (East Kilbride) (Lab)  
Lamont, Johann (Glasgow Pollok) (Lab)  
Livingstone, Marilyn (Kirkcaldy) (Lab)  
MacAskill, Mr Kenny (Lothians) (SNP)

Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Maclean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Campbell (West of Scotland) (SNP)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Mather, Jim (Highlands and Islands) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 Maxwell, Mr Stewart (West of Scotland) (SNP)  
 May, Christine (Central Fife) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McFee, Mr Bruce (West of Scotland) (SNP)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Milne, Mrs Nanette (North East Scotland) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Mundell, David (South of Scotland) (Con)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Radcliffe, Nora (Gordon) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Swinburne, John (Central Scotland) (SSCUP)  
 Tosh, Murray (West of Scotland) (Con)  
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)  
 Wallace, Mr Jim (Orkney) (LD)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

#### ABSTENTIONS

Baird, Shiona (North East Scotland) (Green)  
 Ballance, Chris (South of Scotland) (Green)  
 Ballard, Mark (Lothians) (Green)  
 Harper, Robin (Lothians) (Green)  
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)  
 Scott, Eleanor (Highlands and Islands) (Green)

**The Deputy Presiding Officer:** The result of the division is: For 4—[*Interruption.*] Order. Are members finished? The result of the division is: For 4, Against 92, Abstentions 6.

*Amendment 16 disagreed to.*

**The Deputy Presiding Officer:** Amendment 17, in the name of Carolyn Leckie, has been debated with amendment 16. I ask Carolyn Leckie to move amendment 17.

**Carolyn Leckie:** I move amendment 17 and ask everybody to pull their finger out and get their act together.

**The Deputy Presiding Officer:** The question is, that amendment 17 be agreed to. Are we agreed?

**Members:** No.

**The Deputy Presiding Officer:** There will be a division.

#### FOR

Byrne, Ms Rosemary (South of Scotland) (SSP)  
 Curran, Frances (West of Scotland) (SSP)  
 Fox, Colin (Lothians) (SSP)  
 Leckie, Carolyn (Central Scotland) (SSP)  
 Sheridan, Tommy (Glasgow) (SSP)

#### AGAINST

Adam, Brian (Aberdeen North) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grahame, Christine (South of Scotland) (SNP)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Maclean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Campbell (West of Scotland) (SNP)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Mather, Jim (Highlands and Islands) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 Maxwell, Mr Stewart (West of Scotland) (SNP)

May, Christine (Central Fife) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McFee, Mr Bruce (West of Scotland) (SNP)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Milne, Mrs Nanette (North East Scotland) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Mundell, David (South of Scotland) (Con)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Radcliffe, Nora (Gordon) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
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 Tosh, Murray (West of Scotland) (Con)  
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)  
 Wallace, Mr Jim (Orkney) (LD)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

#### ABSTENTIONS

Baird, Shiona (North East Scotland) (Green)  
 Ballance, Chris (South of Scotland) (Green)  
 Ballard, Mark (Lothians) (Green)  
 Harper, Robin (Lothians) (Green)  
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)  
 Scott, Eleanor (Highlands and Islands) (Green)

**The Deputy Presiding Officer:** The result of the division is: For 5—[Applause.]—Against 92, Abstentions 6.

*Amendment 17 disagreed to.*

*Amendment 18 moved—[Carolyn Leckie].*

**The Deputy Presiding Officer:** The question is, that amendment 18 be agreed to. Are we agreed?

**Members:** No.

**The Deputy Presiding Officer:** There will be a division.

#### FOR

Byrne, Ms Rosemary (South of Scotland) (SSP)  
 Curran, Frances (West of Scotland) (SSP)  
 Fox, Colin (Lothians) (SSP)  
 Leckie, Carolyn (Central Scotland) (SSP)  
 Sheridan, Tommy (Glasgow) (SSP)

#### AGAINST

Adam, Brian (Aberdeen North) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baird, Shiona (North East Scotland) (Green)  
 Baker, Richard (North East Scotland) (Lab)  
 Ballance, Chris (South of Scotland) (Green)  
 Ballard, Mark (Lothians) (Green)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Harper, Robin (Lothians) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Maclean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Campbell (West of Scotland) (SNP)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Mather, Jim (Highlands and Islands) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 Maxwell, Mr Stewart (West of Scotland) (SNP)  
 May, Christine (Central Fife) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McFee, Mr Bruce (West of Scotland) (SNP)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Milne, Mrs Nanette (North East Scotland) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Mundell, David (South of Scotland) (Con)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 Oldfather, Irene (Cunninghame South) (Lab)

Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Radcliffe, Nora (Gordon) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, Eleanor (Highlands and Islands) (Green)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Swinburne, John (Central Scotland) (SSCUP)  
 Tosh, Murray (West of Scotland) (Con)  
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

**The Deputy Presiding Officer:** The result of the division is: For 5, Against 98, Abstentions 0.

*Amendment 18 disagreed to.*

## **Section 2—Provision of primary medical services: section 17C arrangements**

**The Deputy Presiding Officer:** Group 2 is on ancillary services. Amendment 1, in the name of the minister, is grouped with amendment 6. I call the minister to move amendment 1 and to speak to both amendments in the group.

**Mr McCabe:** The bill will already allow a section 17C arrangement or a GMS contract to include services that are not primary medical services. An example of such a service might be physiotherapy. The bill will also allow for primary medical services that a health board provides, or secures provision of, to be delivered outside that health board's area or outside Scotland. That will ensure that patients can continue to register with the GP practice closest to their home although it might be in another health board's area.

Together, amendments 1 and 6 make it clear that, when services that are not primary medical services are included in a section 17C arrangement or a GMS contract, they may be performed at any location where primary medical services can be performed. Under the bill as drafted, Lothian NHS Board could contract with a practice in the Borders to provide primary medical services and, for example, complementary medicine. The bill will already allow the practice in the Borders to perform primary medical services in the Borders for Lothian NHS Board. Amendments

1 and 6 will allow the practice in the Borders also to provide complementary medicine in the Borders for Lothian NHS Board.

I move amendment 1.

*Amendment 1 agreed to.*

11:00

**The Deputy Presiding Officer:** Group 3 is on references to providers. Amendment 2, in the name of Malcolm Chisholm, is grouped with amendment 3.

**Mr McCabe:** Amendments 2 and 3 are necessary to ensure consistency in the wording and phraseology that are used in the bill and to ensure that references to an earlier subsection work.

I move amendment 2.

**The Deputy Presiding Officer (Murray Tosh):** No member has asked to speak to the amendments and I do not suppose that the minister wants to wind up the debate. We will go straight to the question.

*Amendment 2 agreed to.*

*Amendment 3 moved—[Mr Tom McCabe]—and agreed to.*

**The Deputy Presiding Officer:** Amendment 4, in the name of Malcolm Chisholm, is grouped with amendments 5, 7, 8, 9 and 10.

**The Minister for Health and Community Care (Malcolm Chisholm):** The amendments in the group cover dispute resolution. They will clarify our intention to use a panel of persons for dispute resolution and they will allow us to make it clear how the regulations that will cover the dispute resolution process for providers of primary medical services will interact with other similar primary legislation powers in the National Health Service (Scotland) Act 1978. The amendments will also make it clear that the regulations may be applied to existing GMS providers as well as to potential providers.

Amendment 4 will simply clarify wording. It will add the word "and" to the end of proposed new section 17E(3D)(a) of the 1978 act. Amendment 5 relates to pre-contract disputes about arrangements under section 17C of the 1978 act and amendment 7 relates to pre-contract disputes for GMS contracts.

It has been decided that a panel of three people will be appointed to hear pre-contract disputes about section 17C arrangements and GMS contracts. Amendments 5 and 7 will make it clear that regulations may make provision for that because that is our clear policy intention.

Amendment 5 will insert a reference to a “panel of persons” into the new provision about pre-contract disputes in proposed new section 17E(3D), which contains an illustrative list of what pre-contract dispute regulations that are made under section 17E might cover. The amendment will make it clear that regulations may establish a panel to hear such disputes. That is also our clear policy intention.

Amendment 7 will insert a reference to a “panel of persons” into the regulation-making power in proposed new section 17O(1) of the 1978 act, which provides the power to make regulations about GMS pre-contract disputes. The new wording will clarify that those regulations might provide for a panel to be appointed to hear such disputes, as is our policy intention.

Amendment 8 will make it clear that regulations may also provide for persons who are already providing primary medical services under a GMS contract to become health service bodies. That is in addition to the availability of that option to persons who are about to enter into a GMS contract. The amendment will make it clear that the regulations that can be made under proposed new section 17O(2) can deal with the election to be a health service body by those who have entered into a GMS contract, as well as by those who will enter into a GMS contract.

As for amendments 9 and 10, in its stage 1 report, the Health Committee called for draft GMS regulations to be made available to assist the committee in its scrutiny of the bill. In drafting those regulations, it was noted that some ambiguity might arise because the bill had similar primary powers on dispute resolution for all GMS contracts to the powers in section 17A of the 1978 act, which deals with dispute resolution on NHS contracts. The policy intention is to allow the same panel to decide disputes on NHS GMS contracts when the dispute resolution procedure is compulsory, and to decide disputes on non-NHS GMS contracts when the dispute resolution procedure is elected.

Amendments 9 and 10 will allow ministers to prescribe in regulations how section 17A of the 1978 act will operate in relation to GMS providers or potential providers that elect to become health service bodies by making any necessary modifications. Therefore, the provision is for a limited purpose only. It will allow the panel to apply the same dispute resolution procedure to all contracts, under the same primary powers, without concern over ambiguity about the primary powers or the regulations that can be made under them.

I move amendment 4.

*Amendment 4 agreed to.*

*Amendment 5 moved—[Malcolm Chisholm]—and agreed to.*

## **Section 4—Provision of primary medical services: general medical services contracts**

*Amendments 6 to 10 moved—[Malcolm Chisholm]—and agreed to.*

### **Schedule**

#### MODIFICATION OF ENACTMENTS

**The Deputy Presiding Officer:** Group 5 is on consequential amendments and repeals. Amendment 11, in the name of Malcolm Chisholm, is grouped with amendments 12 to 15.

**Malcolm Chisholm:** The amendments will add to the schedule of modifications. Some of the amendments will update legislation to reflect the new terminology and the new regime that the bill will introduce. The amendments also make several consequential repeals of sections of legislation that are no longer appropriate.

Amendment 11 will add to the schedule a consequential amendment to the 1978 act. It will remove an unnecessary “and” from the definitions in section 17D(2), in which the penultimate definition will no longer be the penultimate definition.

Amendment 12 will add to the schedule several consequential amendments to the 1978 act. Amendments 13 and 14 add to the schedule amendments to the National Health Service (Primary Care) Act 1997 that will tidy the statute book by removing redundant references. Amendment 13 will add the repeal of section 33 of the 1997 act, which inserted additional sections into and amended the 1978 act in respect of old GMS provision. Those changes will be redundant because the bill will bring old GMS provision to an end.

Amendment 14 will add to the schedule the repeal of paragraph 40 of schedule 2 to the 1997 act. Paragraph 40 changed section 22 of the 1978 act, so because the schedule to the bill will repeal section 22, paragraph 40 is no longer needed. The amendment will tidy the statute book.

Amendment 15 will insert into the schedule consequential amendments to the Scottish Public Services Ombudsman Act 2002. Subparagraph (2) of the amendment will amend schedule 2 to the 2002 act, which lists the persons who are liable to investigation by the ombudsman. Schedule 2 refers to persons providing old general medical services or personal medical services, so those references will be replaced by their successors under the new regime.

Subparagraph (3) of amendment 15 will amend schedule 4 to the 2002 act, which sets out matters that the ombudsman must not investigate, including actions by a health board under section 19 of the 1978 act. The bill will repeal section 19,

so the 2002 act will be updated to refer to proposed new section 17P of the 1978 act.

Amendment 15 will also insert a consequential amendment to schedule 1 to the Freedom of Information (Scotland) Act 2002, which lists various public authorities and includes providers of old general medical services and personal medical services. The amendment will replace those references with their successors—those who provide primary medical services under a GMS contract or section 17C arrangements.

I move amendment 11.

*Amendment 11 agreed to.*

*Amendments 12 to 15 moved—[Malcolm Chisholm]—and agreed to.*

**The Deputy Presiding Officer:** That ends consideration of amendments.

## Primary Medical Services (Scotland) Bill

11:10

**The Deputy Presiding Officer (Murray Tosh):**

The next item of business is a debate on motion S2M-698, in the name of Malcolm Chisholm, that the Primary Medical Services (Scotland) Bill be passed, and two amendments to the motion.

11:10

**The Minister for Health and Community Care (Malcolm Chisholm):** I am delighted to open this final debate on the Primary Medical Services (Scotland) Bill. This important legislation will impact on every person in Scotland and I am pleased to note that the bill's principles have been accepted by Parliament from the start of its passage.

In commending the bill to Parliament, I think it only right and proper that I pay tribute to those who have been involved in its progress. First, I thank all of those who have been involved in discussions on the bill, including groups from outside Parliament who took the time to come and give evidence to the committees. The bill will affect everyone who accesses primary care, so I am pleased that Parliament was able to hear the views of doctors—through the British Medical Association and the Royal College of General Practitioners—and of patients, through the Scottish Association of Health Councils and the Scotland Patients Association.

I am also grateful to the members of the Health Committee, the Finance Committee and the Subordinate Legislation Committee, all of whom worked hard to scrutinise the bill within what I accept was quite a short time frame. In particular, I thank the members of the Health Committee, whose desire to understand the detail of how the new contract will work has been an example to us all. During the stage 1 debate, the committee convener suggested that I was having nightmares about the regulations. I hope that the draft regulations that we have now shared with the committee are providing Christine Grahame with some light bedtime reading rather than causing her sleepless nights. Finally, I want to thank the clerks of the various committees and—last but not least—our wonderful bill team.

This bill represents significant modernisation of the way in which primary medical services will be delivered throughout Scotland and will improve the working lives of doctors and practice staff. Even more important, it will improve things for patients. In many ways, primary medical services are the front line of the national health service. As more

than 90 per cent of patients' experiences with the NHS begin and end with primary care, it is essential that we have a strong, modernised system of delivering primary medical services to the people of Scotland.

As we modernise how primary care services are delivered, I want to ensure that they are delivered in modernised up-to-date premises. Patients have already seen, and are using, new and improved premises throughout Scotland, which have benefited from the Executive's modernisation programme. That development has meant better service delivery and more accessible services for patients.

Today, I am pleased to announce a further £19 million investment for primary care premises throughout Scotland, which will be used to deliver more services in primary care settings or to bring together primary care and social care services. That investment will build on the £51 million that has already been spent on updating and modernising primary care premises.

**Mr David Davidson (North East Scotland)**

**(Con):** Will the minister share with us the areas of primary care towards which the money will be directed?

**Malcolm Chisholm:** I will say more about that in a moment. Indeed, at this point, I will say that I want patients to continue to benefit from the programme. As a result, £4 million of the money that I am announcing today will pump-prime the development of the community health service centres that are described in the partnership agreement. Those centres help to bring together treatment, diagnosis and support services in a single centre. The funding will also help rural areas to develop outreach facilities using information technology and video-link technology. The development of community health service centres and the investment in remote and rural areas will ensure that a wider range of services is available in communities.

The second part of my answer to David Davidson's question is that the remaining £15 million will be available over two years, starting in 2004-05, to provide top-up funding to joint working projects that have been agreed between NHS boards and their partner local authorities.

There are already a number of good examples of such joint working. For example, at the Dalmellington resource centre in East Ayrshire, patients can access from the same building not only general practitioner, practice nurse, community care and mental health services, but a wide range of local authority services. That type of joint working is very much in the interests of the patient and I am delighted to be able to provide additional resources to allow such an approach to spread across Scotland.

The bill is not about privatising primary care. Indeed, we have already debated that issue at some length at the bill's previous stages. I am pleased that Parliament has accepted the Executive's views and rejected the Scottish Socialist Party's suggestions. I want to reiterate my position one more time—GP practices that provide services under the current arrangements will continue to do so in the new world. Big private companies will not be able to hold a general medical services contract.

The provision of out-of-hours care is already changing. People who pick up the phone at night in many parts of Scotland find that their call is not answered by their own GPs. Everyone agrees that a tired GP who has worked all day should not have to work through the whole night. Many GPs have formed co-operatives to share the burden of out-of-hours care. Moreover, we have set up NHS 24, which is a confidential 24-hour nurse consultation telephone service that is available to everyone in Scotland for the cost of a local call. We will build on these changes for the new system and people will still have access to help, advice and treatment whatever the time of the day.

**Mary Scanlon (Highlands and Islands) (Con):**

Does the minister understand that GPs in the Highlands are having to make very difficult—indeed, agonising—decisions about opting out of out-of-hours commitments to their patients because of uncertainty about what is being put in place for their patients?

**Malcolm Chisholm:** Tom McCabe will deal with that issue in some detail in his closing remarks. However, a report will be published today by the group that has been carrying out work on out-of-hours services. Members might want to read that detailed report, because it describes some of the models that are being developed. The group has been set up to share some of that good practice and to work alongside NHS boards to come up with solutions.

I should also say that Mary Scanlon knows about the difficulties of recruiting and retaining GPs in rural areas—the contract will be a great benefit in that respect. As I said, Tom McCabe will make other points on that subject when he closes.

The bill is not about removing services. Patients will still be able to go to their local GP practices for the vast majority of their needs. As far as more specialised needs are concerned, people might have to go to a different practice if, for example, their doctor does not provide minor surgery. However, they will still be able to access such services in a primary care setting instead of needing an out-patient's appointment at their local hospital, which is perhaps what happens at present.



Patients will not be left to find their way round the new system on their own. Practices and health boards will have to ensure that patients are helped to access the full range of primary medical services. I am happy to repeat that key commitment today.

The bill seeks to empower GP practices to recruit the right mix of people in order to provide high-quality services to patients. Under the new contract, funding will follow the patient. Practices will receive funding for the services that they provide, not for the number of GPs in them. Moreover, they will be able to decide how to use funding to recruit and retain the right mix of staff for those services. That approach recognises the unique contribution that nurses and other health care professionals can bring to general practice, and will free up GPs' time to allow them to carry out the work that they are trained to do.

By offering more opportunities for GPs to work flexibly, the bill seeks to make general practice an attractive career option for the next generation, and to retain GPs who already provide such a high level of commitment to the NHS. It will also make it easier for them to move in and out of salaried and independent contractor status. With that measure and a new portfolio approach to career development, GPs will find it easier to adapt their careers to suit their aspirations.

The bill is about safeguarding and developing services in rural areas as well as in our towns and cities. The whole bill and the contract are designed to aid recruitment and retention in all parts of Scotland. However, the contract tries to address specific remote and rural issues.

The new Scottish allocation formula—used to allocate the global sum to practices and the enhanced service floor, and board-administered funds to health boards—will directly benefit remote and rural areas. The Scottish allocation formula reflects the additional costs of providing services in remote and rural areas and ensures that practices in those areas receive proportionally more than practices in urban settings. Rural boards will also receive proportionally more to help with the costs of providing enhanced services and with expenditure on, for example, premises and information technologies. I hope that that reassures members that GP practices and patients in rural areas will benefit from the new arrangements.

The bill is about ensuring that resources follow the needs of patients. Under current arrangements, money follows the doctor, so the more doctors there are in a practice, the more money there is. If a GP leaves, the income of the practice reduces. That will not happen in the future.

Of course, the bill is part of a much wider modernisation agenda. We are also improving contracts for consultants and for nurses and support staff through the agenda for change. Neither of those contract changes will require primary legislation, as members may be relieved to hear, but they demonstrate our commitment to creating a modernised pay system across the NHS. We need to reward the actual responsibilities that staff take on rather than the job title that they work under. We need to offer the prospect of higher inclusive salaries rather than rely on expensive, outdated and inflexible special allowances. We need to provide flexibility so that jobs can be designed to suit patient needs rather than with rigid demarcation lines on what staff think they are allowed to do. The bill will help to introduce those changes for those staff who provide primary medical services.

The bill will also link into other changes that will be brought in by the National Health Service Reform (Scotland) Bill. That bill will allow community health partnerships to evolve from local health care co-operatives. In relation to the general medical services contract, community health partnerships will play a key role in working with NHS boards to identify service needs, particularly those in the enhanced categories. As I said in the stage 1 debate, community health partnerships will then work with local practices and other providers to ensure that those services are delivered most effectively within each community health partnership area. The involvement of community health partnerships will also ensure that we take a broad, multiprofessional and multi-agency approach to provision of services. It is in supporting the development of new services in local settings and in supporting the shift from hospital-based care to community-based care that community health partnerships will come into their own.

Let us remember: if it can be done in primary care, it should be done in primary care. Services should and must be organised around the needs of patients, not for organisational convenience. Services should and must be organised in a way that ensures that resources are marshalled appropriately for the type of care that is necessary and in the right place, at the right time. Some services that have been traditionally provided in hospitals can be provided in the community; we will look to community health partnerships and the new GMS contract to promote that shift in activity.

I will listen with interest to the speeches from Shona Robison and David Davidson on their amendments to the motion. I am sure that Tom McCabe will provide a detailed response once he has heard their speeches, but I would like to make some general comments about why I think the amendments should be rejected.

I understand the sentiment behind David Davidson's amendment, but it is unnecessary. In the stage 1 debate, I said that I was confident that we would be able to share drafts of the GMS regulations with the Health Committee before the end of November. I am pleased to say that my confidence was not misplaced. Copies of the regulations were sent to that committee on 24 November and the following day Tom McCabe appeared before the committee to discuss them. We have further undertaken to provide another draft to the committee before the final version is ready to be laid. I am happy to repeat that undertaking today.

Shona Robison is concerned about out-of-hours services in relation to rural practices and single-handed GPs. I should perhaps point out that those are not necessarily one and the same. For example, a large number of GPs in Glasgow are single-handed practitioners; I cannot see that they will have any difficulty in transferring their responsibility for out-of-hours cover should they choose to do so. More fundamentally, any GPs who cannot opt out will receive additional funding. Tom McCabe will have more to say on the detail of that.

For the past 60 years, GPs have been at the heart of the NHS, but the NHS is changing and it is only right that general practice changes with it. The bill will help to achieve that. There is much in the bill for GPs, but there is even more for patients and for the whole NHS. That is why we introduced the bill and have supported its passage through Parliament. I am grateful for Parliament's recognition of the key principles of the bill. The Health Committee supported our changes at stage 2 and we have had had some interesting discussions today at stage 3. I now ask Parliament to approve the bill and allow us to begin to implement the benefits that we all agree it contains.

Accordingly, I move,

That the Parliament agrees that the Primary Medical Services (Scotland) Bill be passed.

11:26

**Shona Robison (Dundee East) (SNP):** I thank those who came to the committee to give evidence, and I thank the Health Committee clerks, who always keep us right when we are dealing with a bill of this nature.

I start by restating that I believe that the thrust of the bill is not about privatisation, but about trying to resolve the GP recruitment and retention crisis. However, it is interesting to note that a person who did not vote for Carolyn Leckie's amendments was none other than Tommy Sheridan himself—perhaps he had a road-to-Damascus conversion

during the speeches, which made him see the light. We can only hope so.

We have said on a number of occasions that we should not underestimate just how great a crisis is being faced in the GP profession, in which there is an aging work force and low morale. That is why the legislation will be so important in trying to turn that around. However, the backdrop to the bill also involves training of general practitioners and some concerns remain, despite the bill. One of those concerns is about the lack of training places for students in Scotland, and of funding to go with them. That issue was raised by general practitioners and their organisations, and by others who expressed concerns. If we cannot produce enough GPs through our training system, we will not be able to solve the problem in the long term. The jury is still out on whether enough is being done to achieve that.

I turn to the amendment in my name. The focus of a lot of the evidence to the Health Committee and of the concerns that were raised was on rural practices and GPs who are unable to opt out of the out-of-hours services. That is obviously where some of the biggest pressures on recruitment and retention fall. There are still areas of Scotland that cannot get GPs to go there and provide services, and there are still concerns about the need to address that problem. It is important that assistance is secured, and I welcome the additional funding for GPs in that situation. I do not know whether that will be enough to attract GPs to remote and rural areas; the jury is out on that question, too. I felt that it was important to restate in an amendment to the motion the principle that we must provide assistance for recruitment and retention of GPs in rural areas.

Primary care is definitely the way forward to delivering services to the people of Scotland. It is the way forward in trying to turn around the state of the nation's health. I welcome the investment that has been announced today, but I expect primary care to deliver much over the next few years. We have huge expectations of community health partnerships and what they will deliver. The SNP certainly hopes that the investment will be enough and that such partnerships will be a success.

We have discussed our concerns, but I am happy to support the bill.

I move amendment S2M-698.1, to insert at end:

"but, in so doing, is concerned that rural practices unable to opt out of out-of-hours services will have serious difficulty in recruiting new doctors and therefore believes that it is imperative that the Scottish Executive ensures that NHS boards honour the principles of the Patient Services Guarantee in all areas, in particular in securing assistance for single-handed GP practices in the provision of out-of-hours services to remote and rural Scotland."

11:30

**Mr David Davidson (North East Scotland)**

**(Con):** The bill is one of the most important in a long time to help to improve access to health care in Scotland. It has become obvious, to the Health Committee and to many members, that GPs, patient groups, community councils and individuals have been concerned for a long time that the bill should make general practice attractive, that it should lead to an increase in staffing levels in local surgeries and that it should mean that the experience of existing GPs is retained. Many of those GPs are seeking early retirement because of a crisis in morale, the amount of bureaucracy that is involved and, in many cases, overwork. Such experienced people need to be kept in place so that new practitioners can be brought in who can work with them. That will enable new practitioners to develop more quickly and play their full role in providing health care.

There is an issue relating to what happens with young doctors who are trained in Scotland. We produce far more doctors than we retain. The bill recognises that and I think that all parties welcome the fact that it does so. It is important that young doctors who come here to train should want to stay, practise and contribute to the health of the Scottish people—and not just in urban areas.

There is a particular concern about problems in rural and remote areas. Rural and remote practitioners are still concerned as to whether transition systems for funding will allow them the critical mass to keep going. My biggest concern is whether health boards will be able to deliver the out-of-hours cover or general time-off provision needed by rural and remote practitioners, not only to stay happy with their work, but fit for practice. It is important that we recognise the loads that are placed on rural and remote practitioners and the stresses that many face in working alone. I am not yet convinced that the minister can give us a clear statement that all health boards will be in a position to provide such back-up and service by a certain date.

I am happy that the minister commented on the models that are being considered. To be frank, NHS 24 is not a substitute for access to a GP if a matter is essential, particularly in a rural and remote area when time might be of the essence in acquiring medical care.

I lodged my amendment as a result of concerns in the committee. The minister has voluntarily, and without too much coercion, appeared before the committee and discussed draft regulations, but there have been concerns. The British Medical Association was recently concerned that the committee's seeking access to sight of the regulations, through a democratic process, might

delay the implementation of the bill. I am happy that the BMA has changed its view and understands that the committee does not and never did want to go down that route. We wanted to scrutinise the bill to ensure that the bill's ultimate objective—improvement of access to medical care in primary services in all parts of Scotland—is achieved.

I lodged the amendment to formalise the proposal that the minister would put draft regulations before us. I thank the minister for what he has done so far, but there is still a long way to go before regulations are laid before the Parliament. If the minister is prepared to give a guarantee today that all changes to regulations will be considered by the Health Committee before they are laid before the chamber, I will not press my amendment. I wonder whether the minister will comment on that matter now. Obviously, he will not.

My amendment is meant to be apolitical and practical. It enshrines the principle of the Parliament that every piece of legislation that affects the life of anyone in Scotland should be seen and approved through the parliamentary process. I would worry if we were to rely only on good will in such matters.

One or two points that the minister has made have raised concerns. On the additional and welcome £19 million for practice premises, I am concerned about whether dentists and pharmacists throughout Scotland will be able to participate in what has been proposed. Such concerns are partly to do with disability access, but also relate to the provision of some new services that the minister thinks are required.

In general terms, the Conservative party welcomes the bill, although we still have concerns about the ability of various organisations to deliver things. As a result—and since the minister is not prepared to give the guarantee that I requested—I move amendment S2M-698.2, to insert at end:

“but, in so doing, expresses concern that the delivery of the objectives of the Bill requires scrutiny of all draft regulations by the Health Committee before they are laid before the Parliament.”

**The Deputy Presiding Officer:** I have guidance for members who wish to speak later. It is difficult to work out timings for the rest of the debate. The principal parties in the chamber have been consulted and it looks like the debate will continue beyond First Minister's question time and question time this afternoon. Therefore, I anticipate that I will offer those members who have moved amendments the opportunity to make closing speeches after question time. Thereafter, Mr McCabe will conclude the debate—he will have the opportunity to make detailed responses to points that have been made, as Mr Chisholm said

that he would. Before midday, I hope to call all other members who have asked to speak, but if any member is not called before then, there should be enough time after 3.10 pm to call any member who has not been chosen this morning.

11:36

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** The Primary Medical Services (Scotland) Bill is an important part of the reform process in the NHS in Scotland. It includes major changes to how NHS services are delivered. First, there is a duty on NHS boards to provide services throughout their areas. Secondly, there will be a practice-based contract that will help to develop the multidisciplinary approach that is needed in the 21<sup>st</sup> century. Thirdly, as I said earlier, the proposals are backed up with huge increases in resources to ensure that the new system works better.

At stage 1, I was concerned about the bill on two counts. First, I was concerned that single-handed GP practices in remote and rural parts of Scotland would be penalised by the proposals. The minister appeared before the committee and gave assurances that no current practice would be worse off and, indeed, that the vast majority would be better off under the system. Secondly, I was concerned about the bill's being an enabling bill and that the details of the new contracts would be in regulations that the committee could not amend.

In the previous session, my first experience of such a process was with the National Parks (Scotland) Bill, which was also an enabling bill. The formation of the actual national parks was left to unseen regulations. That experience was not satisfactory. There is no doubt that the Parliament would not have voted through unamended the new Cairngorms national park boundaries. Parliament had the choice only to accept or reject the regulations and we reluctantly accepted them.

With the Primary Medical Services (Scotland) Bill, the Health Committee requested from the minister sight of the Scottish and United Kingdom draft regulations before we considered the bill further at stage 2. If any amendments were needed to the bill, we could therefore lodge them then.

The ministers—Malcolm Chisholm and Tom McCabe—went out of their way to oblige the committee. They produced the draft regulations that we requested as quickly as possible. That was a remarkable achievement. I recommend such an approach with other enabling legislation.

The amendments that we are discussing are unnecessary. In particular, now that David Davidson has heard the minister repeat his commitment to bringing the redrafted regulations

before the committee before they are laid, I hope that he will seek to withdraw his amendment—that would be the most appropriate thing to do. By forcing a vote and being defeated on the issue, he might undermine the whole process that he intends to support. I ask him to think about the matter carefully before he forces a vote.

**Mr Davidson:** I made the minister a genuine offer to withdraw my amendment if he gives a guarantee in the chamber, for the record, that all regulations or potential amendments that might affect the bill will go to the Health Committee before they are laid before the Parliament. He has not yet chosen to give such a guarantee.

**Mike Rumbles:** I understand that, but we have not yet heard the minister's summing up. I see that the Deputy Minister for Health and Community Care is nodding.

The Health Committee was criticised in some quarters for its stand on the bill, but we were not prepared simply to rubber-stamp a UK-wide deal. There was some mischief in the press, as it was suggested that the committee would somehow delay the implementation of the bill. No delay has been necessary, so such comments were unfounded. The committee was entirely right to ensure that the legislation that came before it was properly scrutinised—it was the committee's job to do that and the committee did its job.

11:41

**Janis Hughes (Glasgow Rutherglen) (Lab):** I welcome the opportunity to participate in today's debate, at the end of what has been another very busy year for the Health Committee. I thank the clerks and all the parliamentary staff who have been associated with the committee for the work that they have put in over the past 12 months.

The Primary Medical Services (Scotland) Bill contains much that is to be welcomed. As we heard, more than 90 per cent of patient contact with the NHS begins and ends with the primary care team, and 87 per cent of that work is dealt with entirely by the primary care services. The improvement and expansion of health care in the community must therefore be a key priority for the Executive.

During the passage of the bill, much press coverage was given to the committee's desire to see the draft regulations that would underpin the new GP contracts. Health Committee members were contacted by a number of GPs, who expressed concerns that any hold-up in implementing the new contracts would have a devastating effect on general practice in Scotland. I was reassured by the minister's commitment, which he honoured, to show us the regulations before stage 2 and I am delighted that, if the bill is

passed today, there will be no hold-up in the establishment of the new contracts in Scotland.

The proposed legislation delivers for patients and for staff. The new GP contract will offer patients more choice, better quality of care, new ways of accessing services and greater access to services in the local community. The provisions will allow GPs to control their work loads better, while offering them rewards for delivering high-quality services. That is necessary if we are to encourage new recruits to the profession.

I hope that there will be real investment in the modernisation of health centres. The new Rutherglen primary care centre, in my constituency, is a fine example of a modern, integrated health care facility. We should strive to achieve that standard in every area.

We have come a long way since the time when GPs were the first and only primary health care providers. Optimum care is now provided by a large number of health personnel, including the Scottish Ambulance Service, NHS 24, community nurses and allied health professionals.

Like other members, I was somewhat surprised that Carolyn Leckie lodged her amendments at stage 3, given their overwhelming defeat at stage 2. Carolyn Leckie asked today for yes and no answers, but I say to her—as one health professional to another—that medicine is not an exact science, as she knows. We are not dealing with an ideological issue that has black and white answers. Carolyn Leckie should accept defeat, especially now that that defeat has been endorsed by the Parliament.

The bill represents another good piece of legislation that the Parliament has produced. Much work has yet to be done by the large number of people who will be involved in the negotiations that must take place before April, when the new GP contracts will be implemented in full. By passing the bill today, we will enable those people to move on with that work. I offer the bill my full support and urge the Parliament to pass it.

11:44

**Christine Grahame (South of Scotland) (SNP):** I associate myself with other members' remarks and thank the clerking teams, the Scottish Parliament information centre and members of the Health Committee.

Members of the committee scrutinised the bill and raised the spectre of regulations—which I look forward to enjoying when I cannot get to sleep at night. The minister kindly sent the committee a letter on 15 December in answer to our letter about regulations and I will pick up on one or two rather technical points that arise from that.

The first issue, which was raised at a committee meeting by Janis Hughes, is with regard to informing patients when a practice opts out of certain elements. In the minister's letter, he says:

"There is no ... duty on Health Boards"

to inform patients that a practice has opted out of additional services. He proceeds:

"However, work on a further set of regulations will soon begin to prescribe the information that a Health Board must publicise".

He states that those regulations are being drafted and that they will be ready early in the new year. In line with David Davidson's comments, I hope that the minister will give an undertaking that the committee will have the opportunity to consider the new regulations—that would resolve the issue. I thank Tom McCabe for coming before the committee with his officials to give us advice on the regulations.

The second issue, which I raised, is third-party rights. The draft regulations narrated that no third party would have a right arising from the bill, because the bill simply puts a contract into statutory form. I understand the law of contract and that it is not usual to have third-party rights within contractual terms. However, I am still concerned about what the minister's letter says regarding a person who has been removed from a GP practice list, how that is done, how the person will know about it, and how they can appeal—I use the word "appeal" loosely.

In the minister's letter to me, as convener, and to the committee, he says:

"Taking the specific example about a person who has been removed from a practice's list, in the first place a contractor would have to demonstrate that it had good reason to remove a patient from its list. If this was judged to be badly founded, the contract terms would provide for sanctions to be imposed by the Health Board."

In other words, there would be redress for the wronged patient.

"Patients would instigate this process by using the formal complaints procedure set down in the contract regulations as a feature to be included in all GMS contracts."

That takes us beyond Scottish statutory instruments into regulations that pertain to a contract. Again, the committee might want to consider that. How does somebody access the information if they find that a doctor has taken them off the list? The doctor might have a bad reason for doing that—for example, the patient might be about to complain about the doctor.

I also raised the third issue, which relates to the draft regulations under the heading "Compliance with legislation and guidance", and is the question of how strong the regulations and guidance are in terms of law. I asked the minister what the words

“have regard to” mean, in the phrase

“have regard to all relevant guidance”.

In terms of the force of law, where do the words come on a scale of 0 to 10, if 10 means “shall”? In his answer, the minister says that

“this wording is simply included to make it a term of a contract that ... the contractor must have regard to guidance”

and that “have regard to”

“has its ordinary meaning”.

I am not satisfied with that. I do not see why the wording could not be “shall comply in so far as is reasonable” or “shall comply in so far as is practicable with the guidance”. That would be much stronger.

On David Davidson’s amendment, I will wait to see the minister’s position and I will reserve mine.

11:48

**Eleanor Scott (Highlands and Islands) (Green):** Like everyone else here, I generally welcome the bill. The modernisation of primary medical services is clearly required. I also welcome the minister’s announcement of extra funding, particularly for rural areas, and I hope that we will hear more detail about where that money will go. I have concerns about the remote and rural areas research initiative, which has been an important driver of innovation and quality in medicine in rural areas. It is due to come to an end and it is not clear what will follow it. I also hope that the minister will make an announcement about where the Executive is with the transitional arrangements for inducement practices, because it is not clear where it has got to and there is concern about that.

I support Shona Robison’s amendment; I share her concerns about provision in rural areas and the recruitment of GPs. I hope that the health boards that cover rural areas will be empowered to employ salaried general practitioners, but even that is not the answer because there would be recruitment problems. It should be noted that one of the things that affects the recruitment—and particularly the retention—of GPs, as well as their morale, is the paperwork that is involved in their daily lives. I hope that the regulations that follow the bill will not add to that paperwork, but that they will streamline it. Otherwise, we will simply have an adverse effect on GPs’ morale.

I am aware that the provisions in the bill have been generally welcomed by doctors, but I am not sure that the public have much awareness of the bill. Primary medical services are going to look a bit different in future and I am not sure that that is being communicated to the people out there.

People are quite happy that, when they call a doctor out of hours in an emergency, a different doctor from their own will respond. That is accepted as the norm nowadays. I am not sure that people are ready to accept that, in cases of routine care such as the monitoring of diabetes, their own doctor might choose not to do that and that they might have to go to another practitioner for monitoring. That change in primary medical services has not been put across to the public and I will be interested to hear from the minister how such information sharing will take place.

I will say a few words about the new GP contract and quote from *Doctor* magazine on 4 December this year:

“The new contract may create ‘tunnel vision’ among GPs, warn authors of a report on NHS quality ... They say rewards for meeting quality targets will have benefits for the health service, but at the expense of areas not covered in the new GMS deal.”

I have looked at the quality indicators and one cannot argue with many of them. There is a page and a half of indicators for coronary heart disease, which adds up to 121 points. There is a page for stroke and a page and a bit for diabetes mellitus, but I have not added up those points. Then we come to the quality indicators for mental health, which is probably a huge part of a GP’s work load, and the number of points is tiny at 41 points, a huge number of which are for monitoring patients with severe mental health problems. In fact, three of the points are for monitoring people on lithium. I am concerned that, yet again, mental health is to be the cinderella. It has been the cinderella of the health service for a long time and it looks as though it will be the cinderella of primary medical services.

Although I want that point to be addressed, as well as the rural issues, I welcome the bill in general, and I will support Shona Robison’s amendment.

11:52

**Dr Jean Turner (Strathkelvin and Bearsden) (Ind):** I thank everybody who helped us on the Health Committee, especially the clerks and SPICe, because everything was new to me.

I will vote for and support the bill because I have no difficulty with its principles. I spoke to a GP last week who was desperate that the bill should go through. He was terrified that something would hinder its progress and therefore the implementation of the new contract. I assumed that he was one of those who had voted for the contract. He said, “Absolutely not.” He said that he knew few folk who had voted for the new contract, but that they were all desperate to get on with it. The reason was that uncertainty breeds doubt, and more uncertainty, and that makes for low

morale, which we are trying to improve. Morale in general practice is at the lowest that it could be; let us hope that the bill does the job.

As a member of the Health Committee, I spoke to people throughout the west coast of Scotland, which was very interesting. Patients in the north-west of Scotland are asking their general practitioners what will happen to them if their doctors opt out of the new contract. Patients are worried about what is going on; perhaps they need more education about what the changes will mean for them.

It is my understanding that general practitioners in rural and remote areas will have a conscience and provide cover as before, so they have fewer choices than they would have if they worked in towns. GPs in such areas cover vast distances and one house visit could take hours—it might involve both a car and a boat journey. In town, the general public do not understand the changes in primary care; they are more focused on the loss of hospitals and changes in their hospital services. They do not understand the impact that that will have on primary care services.

I spoke to a patient representative the other day who was on a local health care co-operative, which will be replaced by a community health partnership. She felt that she was in the dark, that everything was in limbo and that nobody was giving her any information about what was going to happen. We could improve on that. Although I fully support the bill, I do not have a blanket faith that everything will work out all right. I know that the Executive has the will and the money to put into the services, but one cannot put people where they do not exist.

**Mary Scanlon:** Does Jean Turner have sympathy for the GPs in Lochaline and Lochcarron who worry that, if they opt out of the new out-of-hours arrangements, the community will turn against them? GPs have a moral commitment to their patients and if a patient dies, they will be cast out by the community.

**Dr Turner:** I share that fear; I spoke to people in Gairloch who were accosting GPs in the street to ask those questions.

In order to plan ahead, doctors need to know who is opting in, who is opting out and who will stay the way they are. When a doctor opts out, as the minister said, they opt out of 24-hour cover and the health board has to cover for them. I wonder how that will work in rural areas, as well as in the cities. However, we have to go ahead and the proof will be in what happens when we get all the regulations and when the changes are working—because they have to work.

The regulations will put everything in place and only then will we see whether we have a

comprehensive health service in Scotland. I support the bill.

11:56

**Mrs Nanette Milne (North East Scotland) (Con):** I declare an interest as the wife of a retired general practitioner who still does locum work to try to keep the service going.

As I said in the stage 1 debate, the passage of the bill is crucial to the future of primary care throughout the United Kingdom because recent years have shown a severe crisis in morale in the service. Many GPs have been retiring early and in the past 10 years in Aberdeen there has scarcely been a GP over 60 years of age in full-time work.

Recruitment has been difficult, with too few medical graduates opting for a career in general practice and there has been an increase in the number of GPs working part time. Without the frequent use of locum practitioners, parts of Scotland would have been completely without primary care cover. I hope that the new contract will achieve the necessary balance between recruiting new GPs and retaining more of the older ones to make general practice a more attractive career option for medical graduates.

If Carolyn Leckie and Tommy Sheridan had their way, however, GPs would flee the health service like snow off a dyke—unless they plan to lock them into their surgeries and take away the keys.

The passage of the bill today will allow the implementation of the new contract to go ahead next April in Scotland as well as in England, which is important if we are to retain GPs in this country.

By and large, the terms of the contract have been welcomed by the profession. The focus on the primary care team and funding based on patient need as well as numbers will allow GPs to plan their work load more easily and, at the same time, to improve the service that they give to patients. For the first time ever, they will be rewarded for any enhanced services that they provide over and above the essential and additional services that most GPs currently give their patients. The transfer of responsibility for the provision of out-of-hours care to health boards will take an enormous load off GPs. Having been married to one for over 30 years, I know what that work load is.

Many GPs will opt out of out-of-hours provision, but many will continue to work out of hours in co-operatives, as they do now. In most parts of Scotland, that will be adequate and satisfactory provision. There is natural concern about out-of-hours cover in remote and rural areas, where alternative cover will be difficult to find when GPs opt out. I look forward to reading the report that the minister promised this morning.

There is still concern among GPs who run community hospitals that a nurse-led service at night in those hospitals could result in a lesser service to their patients. Patients will no doubt take time to understand how the contract will affect them, particularly when they hear that they might have to attend another practice for certain investigations or treatments. I hope that there will be an intensive education programme for them before the contract comes into force in April.

All in all, however, the new contract will be welcomed by the profession. I hope that, in the interests of doctors and patients, the passage of the bill today will result in the much hoped for and needed boost to morale, recruitment and retention in primary care.

## First Minister's Question Time

12:00

### Cabinet (Meetings)

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

To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S2F-464)

**The First Minister (Mr Jack McConnell):** The next meeting of the Cabinet will discuss important issues facing Scotland and the Scottish Parliament in 2004.

**Mr Swinney:** On the subject of top-up fees, the Scottish Parliament's Enterprise and Culture Committee said this morning:

"our Committee is united in its belief that the proposals ... will have an adverse effect on Scottish higher education".

However, on 18 November, Jim Wallace said:

"The impact of top-up fees is far from certain."

I ask the First Minister, who is right?

**The First Minister:** There is no doubt that if the introduction of top-up fees and, therefore, additional income in England and, potentially, Wales ensured that universities south of the border were able to make greater resources available for certain research units through centralisation, to build new facilities or to attract more members of staff, that would have a direct impact on the university system in Scotland. However, partly because the proposals that will be put to the Westminster Parliament are not yet clear, their impact is not yet clear. That is why we are doing the sensible thing and are conducting a review to examine the potential impact of top-up fees and the solutions that might be appropriate for Scotland. That review has been welcomed across the sector, because it wants to engage with us rather than indulge in simple political debate.

**Mr Swinney:** That did not sound like a ringing endorsement of the Deputy First Minister.

The Enterprise and Culture Committee also said this morning:

"If the aspiration is to grow the Scottish economy, the Executive should significantly increase its investment in higher education in real terms."

However, on 18 November, Jim Wallace said:

"I am not confident that large additional injections of government money into the system would actually provide a long-term solution".

Once again, I ask the First Minister, who is right?

**The First Minister:** The question is not whether any of us wants more money to go into Scottish higher education. If there is anyone in the



chamber who does not want more resources to be available for Scottish higher education, they are not fit to be a member of the Scottish Parliament. We would all want to secure more resources for Scottish higher education. The issue is what is affordable and what is the right way to spend that money. The difference in the chamber is that we in the devolved Government continue to ensure that additional resources are available for Scottish higher education and are committed to its expansion and to the attainment of quality in the sector, while the SNP wanders round Scotland campaigning for tax cuts that would reduce the amount of money that is available for Scottish higher education and wants to take Scotland out of the United Kingdom and break up the links within the university sector, which would yet again reduce the amount of money that is available for Scottish higher education. That divide in the chamber is becoming increasingly clear.

**Mr Swinney:** Just like last week, when the questions get difficult, the First Minister starts ranting about other issues. That tells us all that we need to know.

The First Minister said that anybody who would not argue for more money for the university sector was not fit to be a member of this Parliament. In that regard, I will quote to him from the long speech that was delivered by the Deputy First Minister to the Universities Scotland conference on 18 November. The Deputy First Minister said:

"Universities Scotland, the NUS and AUTS issue a joint statement, which on the one hand calls for imaginative funding solutions to be found to address the perceived funding crisis in Scotland, and yet concludes with no more than a call for the Executive to provide an additional £100m. You will forgive me for saying that I don't find that particularly imaginative."

**The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Mr Jim Wallace):** Read the next sentence.

**Mr Swinney:** We will give Mr Wallace the whole lot if he wants it. The speech continued:

"And although I shall certainly bid as hard as I can for higher education in the forthcoming spending review"—

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** Hear, hear.

**Mr Swinney:** Mr Rumbles came in a little bit too quickly because the rest of that sentence goes like this:

"I confess that I am not confident that large additional injections of government money into the system would actually provide a long term solution to the challenges we now face."

So, the committee says that top-up fees will have an adverse impact, but the Government says that they will not, and the committee says that higher education needs more investment but the

Government says that it does not. Is it not the case that the report that was published this morning by a cross-party committee on which the Government parties have a majority has shredded the Government's policy on higher education? I ask the First Minister this specific question: will he use the £47 million that was allocated in the pre-budget report to invest in higher education? Yes or no?

**The First Minister:** I wonder what the SNP will be asking us to spend the money on tomorrow. Every day it is a different demand or a different request. That is a stupid way in which to try to do business.

I welcome Mr Swinney's conversion to the importance of the issue. At least the Conservatives had the decency to ask me about Mr Wallace's speech the week after it happened and not four weeks later. The reality is that the speech made the very important point that the solution that is required in the Scottish universities is not simply about whether more resources will be available but about the increased specialisation that the English universities need in order to compete internationally. In my view, we have some of the best universities in the world. That said, we need to address some of the other issues as well. How do we ensure that the research in our universities is co-ordinated and effective? How do we ensure that it is not only well resourced but of a high quality? This is not only about chucking public money at an issue. That is certainly not the case when Mr Swinney spends the rest of the week proposing tax cuts to Scottish businesses. He has to be consistent. I agree that resources will be important but quality is also important and we will deliver both for our university sector.

## Prime Minister (Meetings)

**2. Miss Annabel Goldie (West of Scotland) (Con):** To ask the First Minister when he next plans to meet the Prime Minister and what issues he intends to raise. (S2F-460)

**The First Minister (Mr Jack McConnell):** I have no meetings scheduled with the Prime Minister early in the new year.

**Miss Goldie:** When the First Minister does get an opportunity to meet the Prime Minister, I hope that they will consider the lessons that all of us can learn from the proceedings of the Soham murder trial, which has implications right across the United Kingdom. One of the key lessons of that tragic and horrific case is the importance of the exchange of information between police forces not only in England but throughout the United Kingdom, as criminals do not respect boundaries. Can he assure me that, as the inquiry that David Blunkett announced proceeds, he will liaise with the Home Office to ensure that there is an effective system

for the exchange of information throughout the United Kingdom?

**The First Minister:** I am sure that every member in the chamber will sympathise with the families who have had to suffer such a traumatic ordeal over the past very difficult months. I spoke with the Home Secretary this morning. I confirm that he is willing not only to receive evidence and information for his investigation into the co-ordination of information between police forces in England and Wales but to look at the issue from a UK perspective. He will do so to ensure that information is properly exchanged not only in England and Wales but between England and Wales and Scotland.

We have some new and effective procedures, some of which are in place already and some of which are about to be put in place as a result of the Protection of Children (Scotland) Act 2003, which was introduced largely as a result of the terrible tragedy that took place in Dunblane. Although we learned some lessons from that tragedy, I am sure that there are many more that we need to apply. We will work closely with the Home Secretary to ensure that that happens.

**Miss Goldie:** I thank the First Minister for what was not only a politically reassuring message but one that will offer considerable reassurance to the people of Scotland. I hope that he will agree that it is not rafts of new regulations that are needed to prevent such tragedies from occurring in Scotland but a sensible application of existing regulations. I hope that he will also share my concern about the increasing pressure that is being put on the police force, for the best of reasons, in respect of the background checks that take up an enormous amount of police time. Will he undertake to consult the Minister for Justice and our chief constables to ensure that any individual in Scotland who has a pattern of behaviour like Ian Huntley's could not slip through the intelligence net?

**The First Minister:** The Minister for Justice will certainly discuss that matter with the chief constables as part of her regular pattern of meetings. Peter Peacock has asked his officials in the Scottish Executive Education Department to give him an update on the different checks that are in place and on the progress in implementing some of the legislation that we have already agreed in Scotland.

I reassure the Parliament and Scotland more generally that the systems that operate in the police force in Scotland are different from those that were being hotly debated for England and the English police force yesterday. The rules on holding information are different in Scotland. If the police have suspicions about an individual, they will pass the information to intelligence, which will hold on to the information. There is no specific

length of time after which information is taken off the system; the information is taken off the system only if it is no longer relevant and if it is no longer suggested that the individual is a threat. There is no weeding out of information. If information relates to a serious offence or potential offence, it will stay on the system indefinitely. The Scottish police forces share the information nationally.

Following the outcome of the court case in England yesterday, we have to ensure that information that is available in Scotland is also available to the police in England and that any information that they have is available to us. I hope that that co-ordination will become even clearer as a result of the investigation that the Home Secretary launched yesterday and to which we will make a substantial contribution.

**Mr Alasdair Morrison (Western Isles) (Lab):** Can the First Minister confirm that the European Commission indicated last Saturday its intention to submit a proposal to establish a European Union fisheries control agency and to site such an agency in Spain? Does he agree that the creation of a central agency runs counter to our desire for regionalisation of the common fisheries policy and that it will lead to the impression being given that Spain has undue influence over EU fishing policy? What action has he taken to raise this very serious matter with his colleague the Foreign Secretary?

**The First Minister:** The proposal to have a Europe-wide fisheries agency is not new, but it has not previously been taken forward with any haste at the level of the European Union. If such an agency were to be a centralising force on the common fisheries policy, it would run counter to the policy that we have supported and argued for and are arguing for again in Brussels this week, which is for there to be more regional management of the fisheries of Europe. Therefore, we are expressing serious concerns not only about the proposal but about its location in a member state that has at times been in direct competition with Scotland and the United Kingdom over fisheries policy. We have made those representations to the Foreign Secretary and we intend to continue the discussion with him in the months ahead.

**Tricia Marwick (Mid Scotland and Fife) (SNP):** Does the First Minister support Fife NHS Board's proposals to cut 37 nursing posts and to make further cuts to physiotherapy, occupational therapy and speech therapy? Will he explain the impact of the proposals on waiting times and health care in Fife? Will he now order an inquiry into the management of Fife NHS Board, which has lost the confidence of the people of Fife?

**The First Minister:** I have not seen such proposals and in the past when Ms Marwick has raised such issues in the chamber in relation to

Fife NHS Board, her claims have regularly been shown to be grossly exaggerated. If what she suggests has any basis in fact, the Minister for Health and Community Care will write to her as soon as possible to clarify the situation.

### **Nursery Nurses (Salaries)**

**3. Tommy Sheridan (Glasgow) (SSP):** To ask the First Minister what the Scottish Executive's position is on the average nursery nurse's salary being a quarter of an MSP's and one sixth of a minister's salary and what the Executive's response is to nursery nurses' industrial action to secure a salary increase. (S2F-485)

**The First Minister (Mr Jack McConnell):** As I have said before in the chamber and elsewhere, nursery nurses have a key role to play with other early-years workers in providing the best possible opportunities for our children's development. The pay negotiations for nursery nurses are a matter between the employers and the trade unions that represent the employees. I am pleased that deals have been agreed in some parts of the country and urge all those still involved in negotiations—or who are not yet at the table—to reach a speedy conclusion.

**Tommy Sheridan:** I raised the case of Scotland's nursery nurses with the First Minister more than a month ago. At that time, he refused to intervene on their behalf. They are still compelled to take industrial action in pursuit of their just claim. Will he at least state today that Scotland's nursery nurses deserve a national salary, a national grading system and a national career structure, or does Scotland's First Minister believe that a nursery nurse in Aberdeen is worth £1,000 a year more than a nursery nurse in South Lanarkshire? If so, why?

**The First Minister:** I respect the agreement that has been reached between the employers and the trade unions, which has led to a situation in which there are now local negotiations on the matter. It is important that those local negotiations be seen through to a proper conclusion in each part of Scotland, and I urge all those who are involved in them in each area of Scotland to ensure that they continue—where they are not taking place, they should be. The sooner negotiations come to a conclusion, the sooner everybody's salary will be able to improve because, throughout the country, where deals have been struck, salaries have increased at above the rate of inflation.

**Tommy Sheridan:** The First Minister is dodging the question. The deals that have been struck in Aberdeen and South Lanarkshire value a nursery nurse in Aberdeen £1,000 a year more than one in South Lanarkshire. Nursery nurses meet national targets, have national qualifications and deliver on national responsibilities, so will he state today that

the nursery nurses of Scotland deserve a national deal, instead of being thrown to the 32 winds for each local authority to come up with a different deal? Does he agree that the union that represents the nursery nurses—Unison—is right to pursue a national deal, or does he support the local deals that are being cobbled together, which mean that a nursery nurse in one part of the country is worth less than a nursery nurse in another part of the country?

**The First Minister:** The single-status agreement, to which the employers and the unions signed up, endorsed the move towards local negotiations. I, for one, will not second-guess the decision of the trade unions that set up that agreement, which ensures that local negotiations should take place. Where such negotiations are not taking place, they should be. Negotiations should take place in good faith and produce results that suit the demands on nursery nurses in the area and the responsibilities that are agreed in their contracts. If that is the way ahead that the unions and the employers have agreed, that is exactly what should happen in every part of Scotland.

**Lord James Douglas-Hamilton (Lothians) (Con):** Does the First Minister agree that nursery education is every bit as important as primary and secondary education, that attitudes to the contrary must change and that, if they do change, progress can surely be maintained?

**The First Minister:** Nursery education—in fact, the provision of child care more generally—is vital in ensuring that we have provision that helps mothers and, at times, fathers to get to their work and have their children properly looked after. It is also important to try to even out the inequalities that exist in Scotland at a very young age and to ensure that young people and children have the best possible start in life. I warmly welcome the conversion of Lord James Douglas-Hamilton and others to that cause.

**Johann Lamont (Glasgow Pollok) (Lab):** I understand the fact that, as the First Minister has said before, the current dispute must be settled by the employers and the union that represents nursery nurses. Does he agree that this issue highlights not only the importance that the Government and the Scottish Executive place on the pre-five sector in challenging inequality, but the gap between men's and women's pay and the value—or, perhaps, the lack of value—that we place on work that is predominantly done by women? Will he reflect on how and at what stage a full review of the role, responsibilities and conditions of those in the pre-five sector could be carried out, because such a review would be in the interests not only of those who work in the sector, but of the families and communities that they

serve?

**The First Minister:** As I have said before, there might be a time and place for a review in the future, but the current priority is to ensure that the local authorities and the unions implement speedily the agreement that has been reached nationally for local negotiations to take place and that the series of disputes be concluded before we consider what might be possible in future.

### Public-private Partnerships

**4. Dr Elaine Murray (Dumfries) (Lab):** To ask the First Minister whether public-private partnerships continue to be an effective way of improving education and health provision. (S2F-484)

**The First Minister (Mr Jack McConnell):** Yes, they do. Public-private partnerships help to deliver better public services, combining the best of public and private expertise, innovation and financing.

**Dr Murray:** The First Minister will be aware that Dumfries and Galloway Council is about to submit revised proposals for upgrading its school estate using a public-private partnership agreement, for which the Scottish Executive had previously offered £103 million. In light of the problems that have recently been encountered by other local authorities and the concerns of some members of the work force, can he advise us whether the £103 million will remain available, if the council's proposals are acceptable? Could a similar level of investment be made available to the council by the Scottish Executive through any other mechanism?

**The First Minister:** I wish to clarify two things. First, it is important that all councils in Scotland, including Dumfries and Galloway Council, take advice on public-private partnership contracts when they are offered, and that they ensure that the best advice is used so as to implement an effective tendering process and, ultimately, agree a successful contract. Secondly, it is important that, when councils have prepared their final decisions, we assess them against the provision that will then be available, and that we then allocate an appropriate level of resources. We have indicated to councils throughout Scotland the level of resources that might be available to them, but each and every one of them needs to deliver the right number of new and refurbished schools for that resource. There has to be value for money for the Scottish taxpayer. If there is value for money for the taxpayer, approval will be given by the Executive.

**Fiona Hyslop (Lothians) (SNP):** Is the First Minister aware that, although there might be a prospect of another single bidder coming in to replace the collapsed Ballast consortium in East Lothian, books and computers are being withheld

from schools? Is he aware that schools are having to appeal to the Scottish Qualifications Authority for special consideration, because of problems with continuous assessment? Is he aware that the prudential borrowing that is meant to be on offer from the Executive will not be in place until next April and that, even when it is in place, the schools fund that is available to councils—which is around £190 million—will not be available for prudential borrowing, although it will be available for PPP? Will he stop his ideological obsession with PPP, which is robbing our schools and services of the resources that they very much need? That is not value for money, and it is about time he woke up to that.

**The First Minister:** If there was ever a convoluted way of asking a question, it is to start off by admitting that a new bidder has been identified in East Lothian, and that the current problems there are being resolved by East Lothian Council, which I think we would all welcome, although it might disappoint some members because they can no longer make points about it. It is then to admit, in the second half of the question, that we are changing the rules of local authority borrowing to allow local authorities throughout Scotland to have larger capital programmes, to spend more money on schools and other services and to borrow more money on the markets of their own free will and under the prudential regime, which will allow them to make proper financial decisions, while at the same time accusing us of having an ideological obsession with only one method of financing. That is a ludicrous way to ask a question, and Fiona Hyslop is lucky that it even deserves a response.

The changes that are taking place in local council financing are liberating councils throughout Scotland not only to build new schools and renovate existing schools, but to borrow more money on the markets, to ensure that they can manage their own finances and, ultimately, to have more choices available to them for financing projects that are urgently needed, and which are now being delivered.

### Medium Secure Care Unit (Site Selection)

**5. Mr Bruce McFee (West of Scotland) (SNP):** To ask the First Minister whether the Scottish Executive will intervene to ensure that the selection process for a site for a medium secure care unit for the west of Scotland is fair, transparent and robust. (S2F-465)

**The First Minister (Mr Jack McConnell):** The Minister for Health and Community Care will consider carefully the report on that particular site selection process, which he expects to receive soon from the committee responsible. On today of all days, the need to ensure public safety is

uppermost in people's minds. I reassure the Parliament that I take my responsibilities as First Minister in relation to applications to move mental health patients around Scotland with the utmost seriousness. In every case that crosses my desk, I err on the side of caution.

Every party represented in the Parliament is committed to care in the community; every party represented in the Parliament supported the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. There was a consensus in the chamber that if people no longer pose a threat, they should have the chance of gradual rehabilitation in the community. That means medium secure units. By definition, each medium secure unit will be sited in someone's community and in someone's constituency. It is the responsibility of those of us who are elected to the Scottish Parliament to show leadership, principle and backbone on the issue, and not to put ourselves at the head of ill-informed local scaremongering campaigns.

**Mr McFee:** I thank the First Minister for that predictably inadequate answer. He will by now have received from the Paisley and Barrhead community action group a dossier that details the catalogue of inaccurate and out-of-date information, omissions, incorrect applications of weightings and benefits criteria and numerous inconsistencies in information that were used throughout the whole process. Not only the Paisley and Barrhead action group but East Renfrewshire Council, councillors of different parties, the Lanarkshire action groups, community councils, MPs of different parties and the Deputy Minister for Justice consider the process to be fundamentally flawed.

**The Presiding Officer (Mr George Reid):** You must ask a question.

**Mr McFee:** Is the First Minister aware of Mr Hugh Henry's letter of 10 December to John Ross, who is the chair of Dumfries and Galloway NHS Board? In that letter, Mr Henry says:

"I have been concerned for some time about the process of reaching the short list of three. I am not convinced that the Steering Group has been able to demonstrate to the satisfaction"—

**The Presiding Officer:** You must come to the point.

**Mr McFee:** The letter calls for an independent review of the process. The Executive started the process—

**The Presiding Officer:** You must put your question now.

**Mr McFee:** When will the Executive take its obligations seriously and intervene in the process, which has been a shambles from start to finish?

**The First Minister:** I recognise that these are sensitive issues. In my days both as a councillor and as an MSP, I have taken such issues very seriously and I hope that everybody will do so. Where processes need to be improved, they should be improved. However, improving the process is not the same issue as some of the scaremongering that is going on.

All parties in the chamber have been united about the need for medium secure units. In March, when she was SNP health spokesperson, Nicola Sturgeon said:

"we know that the problem is a lack of medium secure places."—[*Official Report, Health and Community Care Committee*, 4 March 2003; c 3915.]

Shona Robison backed up the case for changing the right of admission to the state hospital so that people can be transferred to medium secure units.

These units are needed across Scotland and that will be uncomfortable for some local representatives in some situations. However, we have a duty and a responsibility to take the issue seriously. This kind of scaremongering by raising the issue in the way that Mr McFee has done does the issue no justice whatever. I hope that, in the weeks ahead, he will tone down his language and the way in which he approaches the issue.

**Michael McMahon (Hamilton North and Bellshill) (Lab):** As member for Hamilton North and Bellshill, I have two of the proposed locations in my constituency, but I participated in the scoring event last week, unlike Mr McFee, who would rather grandstand and talk to the press than participate in the process. Does the First Minister agree that any perception by the public of a haphazard decision-making process would undermine the ability of professionals to deliver the services that the public expect, especially services for those with mental health issues? Does he therefore agree that an independent review should be a requirement in any NHS consultation process so that the public can have confidence in it?

**The First Minister:** As I said at the beginning, I do not want to pre-empt the due consideration by the Minister for Health and Community Care of the report that he expects to receive from the group that is dealing with the matter in the west of Scotland. However, where there is stalemate or difficulty in reaching a decision, I believe that some independent element to the final decision would be helpful. I hope that that is being considered.

I also believe strongly that the need to resolve any difficulties with the process should not allow us to move away from the principled position that people should not be in the Carstairs state hospital if they can be dealt with closer to the community.

No one should be in the community or in any secure unit in the community if that is unsafe for the public who live nearby, but nobody should be in Carstairs unless they absolutely have to be.

### **Pre-budget Statement Allocation**

**6. Mr Brian Monteith (Mid Scotland and Fife) (Con):** To ask the First Minister whether the Scottish Executive will use the £47 million allocation for Scotland announced in the pre-budget statement to address the needs and concerns of council tax payers. (S2F-479)

**The First Minister (Mr Jack McConnell):** Any additional resources available for the Scottish budget will be used to invest in Scotland's long-term interests and in ways that deliver value for money for Scottish taxpayers.

**Mr Monteith:** I am interested to hear that response. Gordon Brown clearly intended the money to reduce council tax levels in England. Given that the Convention of Scottish Local Authorities has already intimated that yesterday's financial settlement cannot guarantee that there will be no council tax increases in future, will the First Minister use the money for what Gordon Brown intended—the reduction of council tax?

**The First Minister:** We are in the extremely fortunate position in Scotland of not having many Tory councils. They are the problem in England that Gordon Brown has had to subsidise in order to bring down their council tax rises.

I refer Mr Monteith to a statement that he made in August in his internal memo to his Conservative colleagues suggesting ways in which the Executive's financial carry-over from year to year might be spent. He said:

"It is my view that offering piecemeal relief to the Council Tax will not be politically beneficial to us."

I know that it is a lot for the modern Tory party to be consistent for five months, but it should please try.

**Iain Smith (North East Fife) (LD):** Does the First Minister agree that the concerns and needs of council tax payers in constituencies such as North East Fife are to see improvements in services such as roads, schools, public transport and policing? Does he therefore agree that the needs and concerns of council tax payers in Fife will be met by spending additional money on extra services and not on council tax cuts?

**The First Minister:** That is exactly the sort of debate that we need to have in Government and we will report to Parliament in due course. The money needs to be used to make the maximum impact on the people of Scotland and their services. It should not be thrown away on short-term measures or allocated on the spur of the

moment in response to one committee report one morning, as Mr Swinney proposed earlier. We need to take a considered approach. We will do so in the new year and between now and then I wish everybody a very merry Christmas.

**Mr McFee:** On a point of order, Presiding Officer. I seek your guidance. Mr McMahon indicated in his question that he had participated in the scoring event. However, he refused to score and walked out of the event. Is it in order for him to mislead Parliament in that way?

**The Presiding Officer:** That is not a point of order.

12:32

*Meeting suspended until 14:30.*

14:30

*On resuming—*

## Question Time

### SCOTTISH EXECUTIVE

#### Head Lice Infection

**1. Susan Deacon (Edinburgh East and Musselburgh) (Lab):** To ask the Scottish Executive what steps it is taking to address head lice infection. (S2O-973)

**The Minister for Health and Community Care (Malcolm Chisholm):** The Scottish Executive issued the “National Guidance on Managing Head Lice Infection in Children” in March this year. We were aware of a lack of consistency and clarity in the advice that was provided for parents and carers across Scotland. We wanted to ensure that all children and their families were given accurate and impartial advice and support from professionals on the detection and treatment of head lice.

**Susan Deacon:** The minister will be aware that the guidance to which he referred says:

“Alert letters’ should not be sent to the parents of other children in the class of a child who may be infected with head lice.”

A number of reasons are given for that advice. Is the minister aware that the effect of that guidance, if not the intention, has been to shut down communication on the issue between many schools and nurseries and parents at the very time when there needs to be—indeed, when the guidance requires—better communication, more information and greater awareness?

Will the minister look into the issue as a matter of urgency in order to address a very real issue for many parents and the professionals who work with children across Scotland?

**Malcolm Chisholm:** I agree with Susan Deacon about the need for communication and information about head lice infection. Although people sometimes make light of head lice infection in the wrong kind of way, it is a serious matter. I am pleased that NHS Health Scotland is producing an information leaflet that will come out in January. The leaflet will give facts about head lice, deal with detection and give treatment options.

The advice on the issue of alert letters is that, because at least one or two children in each school normally have head lice, alert letters could be going out regularly. We are advised that the sending out of alert letters can sometimes lead to the wrong kind of response, such as the

preventive application of lotions, which is not recommended. The important thing is to have an information leaflet. I accept that perhaps the leaflet could have been produced sooner; I know that Susan Deacon was the minister who started the work to set up the group that produced the guidance. We are making progress now, particularly as the leaflet is being produced.

**Eleanor Scott (Highlands and Islands) (Green):** The minister will be aware that head lice are increasingly resistant to some of the available treatments. He will also be aware that some of the available lotions contain ingredients such as malathion. Given that malathion is an organophosphate, surely it is not the sort of thing that we want to be putting on our children’s heads? Will the minister initiate a public awareness campaign to stress the need for parents to inspect their children’s heads regularly? The campaign could also advocate the use of other methods of control like wet combing, which can be used to remove lice.

**Malcolm Chisholm:** As I indicated, treatment options are dealt with in the leaflet that is coming out in January. I also indicated that over-use of lotions is neither effective nor desirable, although, obviously, some lotions are acceptable. I agree that wet combing, which is important for detection, can be used as a treatment option. The wet combing method, which is called bug busting, avoids the use of lotions.

**Fiona Hyslop (Lothians) (SNP):** Is the minister aware that I wrote to the Executive about the issue in June? Head lice infection is causing concern and practical problems for many parents. I told the Executive about the situation in West Lothian, where there is concern that the practical implication of alert letters not being sent out is that outbreaks are not being dealt with. I agree that we must ensure that we do not over-use chemicals. However, mothers—indeed, parents—are very responsible and if they are given the right information, they can deal with the issue promptly. Will the minister review the guidelines quickly? Head lice infection is causing real problems in the here and now.

**Malcolm Chisholm:** As I said at the start of my answer, I accept that we need more and better communication and information. The expert advice is that the correct way to proceed is for parents to be informed about the issue; that is the way to ensure that they take the action that is appropriate. The advice, however, is that alert letters do not complement the key issue of better communication and information. That is because they would have to be sent out on an on-going basis. The advice is that that would not add very much to the fundamental information that people require.

### Household Income (Definition)

**2. Shona Robison (Dundee East) (SNP):** To ask the Scottish Executive whether it intends to review the definition of household income that is used in the Scottish house condition survey. (S2O-990)

**The Minister for Communities (Ms Margaret Curran):** The definition of household income that is used in the Scottish house condition survey is regularly reviewed to ensure that it remains up to date and fit for purpose.

**Shona Robison:** The minister will be aware that the survey's current definition of income may distort the true level of fuel poverty in Scotland, because it includes benefits such as free school meals, community care grants and maternity and funeral payments, which, in reality, people cannot use to meet fuel costs. Given the fact that Citizens Advice Scotland, the Chartered Institute of Housing in Scotland, Energy Action Scotland, Help the Aged and others all support the redefinition of income to exclude those benefits, will the minister commit to undertake that reform so that we can know the true extent of fuel poverty in Scotland?

**Ms Curran:** The Scottish house condition survey does not disaggregate income sources to the level that would be required to calculate the definition of income that is used in the fuel poverty statement. However, the calculation is as close as possible, using the available data, and we believe that it enables us to make a robust estimate of the level of fuel poverty in Scotland that is consistent with the spirit of the fuel poverty statement. I assure Shona Robison that we would always take the opportunity to review the way in which we survey information if we did not think that it was meeting the relevant needs.

### Adoption (Support)

**3. Paul Martin (Glasgow Springburn) (Lab):** To ask the Scottish Executive what plans it has to improve support to those who are involved in the child adoption process. (S2O-993)

**The Deputy Minister for Education and Young People (Euan Robson):** Support for those who are involved in adoption is one of the issues that are being examined by our independent adoption policy review group. As a result of the first phase of that review, work is under way with voluntary sector groups to improve the support that is given following adoption. The second phase of the review is examining the legal framework for adoption and fostering, including support and allowances.

**Paul Martin:** Does the minister agree that it is unacceptable that a family in my constituency who wish to adopt a three-year-old nephew find that they will incur legal expenses of between £5,000 and £10,000 because the child's natural father

wishes to contest the case? Can I meet the minister in the new year to discuss ways in which we can give financial support to families who wish to give so much to those who are in difficulties?

**Euan Robson:** The member has been assiduous in pursuing his constituents' case. It would not be advisable for me to discuss an individual case in the chamber; however, Paul Martin has identified a potential problem that the review group would do well to consider. I am content to meet him in the new year, with officials, to consider the specific case and to draw general lessons from it. The Executive has no legal powers to pay such expenses; the discretion lies with local authorities. Nevertheless, I am more than prepared to discuss the issue with the member.

**Scott Barrie (Dunfermline West) (Lab):** Does the minister agree that, although local authorities are supposed to provide post-adoption services, many do not do so because of the other demands that are placed on generic social work services or specialist family placement teams? Will he consider conducting a review of all 32 local authorities in Scotland to ensure that they are complying with all the statutory requirements that are placed on them by the Children (Scotland) Act 1995 and the Adoption and Children Act 2002?

**Euan Robson:** I understand the point that the member is making. Clearly, the social work services inspectorate has a role in that. The review group has been set up partly to consider such issues and will, I hope, report back at this time next year, covering those issues and others that are frequently raised about adoption to inform policy for the future and, perhaps, recommending legislation.

### Edinburgh Royal Infirmary (Ambulance Services)

**4. Colin Fox (Lothians) (SSP):** To ask the Scottish Executive whether there has been any extra work load for ambulance services in the Lothians following the opening of the new Edinburgh royal infirmary and, if so, how this is affecting patient care. (S2O-969)

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** There has been no noticeable increase in the ambulance services' work load in the Lothians for either the accident and emergency service or the non-emergency service. The patient care that is provided by the Scottish Ambulance Service in the area continues to improve. The service in Lothian is set to meet its milestone of responding to 65 per cent of life-threatening calls within eight minutes by 31 March 2004, and it is on course to deliver the target of responding to 75 per cent of such calls by 2008.



**Colin Fox:** Given the fact that the report that was published yesterday by Audit Scotland shows that Lothian University Hospitals NHS Trust is spiralling towards a £180 million deficit and admits that a series of cost savings must be made, does the minister accept that the ambulance services in the Lothians are caught in the middle of a budgets cut, on the one hand, and a hugely increased work load, on the other?

Does the minister further accept that the morale of staff is undermined by claims by the Scottish Ambulance Service and, today, by the minister that staff levels are adequate, when their daily work experience shows the opposite to be true?

**Mr McCabe:** We see no evidence that the Scottish Ambulance Service is caught in a budget war. No representations have been made to us by the service and, as I have indicated, there has been no noticeable increase in demands on it. If Mr Fox has other information, I would be only too pleased to hear it. However, none of that has been conveyed to the Executive.

**Mr Kenny MacAskill (Lothians) (SNP):** Will the minister consider a review of the decision not to provide a minor injuries clinic in the city centre, to ensure that ambulances and, indeed, police vehicles are not used as a taxi service on various dates to Little France?

**Mr McCabe:** As the member knows, those are decisions for the local health board. I have no doubt that the board has properly considered all the relevant factors and reached a decision. It is not for me as a minister to reconsider that decision.

**Lord James Douglas-Hamilton (Lothians) (Con):** Will the minister kindly confirm that all emergency cases that have been transported by ambulance since the opening of the new royal infirmary have got through within a reasonable time scale?

**Mr McCabe:** I have indicated that the information that we have is that, by March next year, the service in Lothians is set to achieve its milestone of responding to 65 per cent of life-threatening calls within eight minutes. We have no information to the contrary. If the member has other information, I invite him to convey it to me.

#### **Minister for Transport (Maybole Visit)**

**5. Phil Gallie (South of Scotland) (Con):** To ask the Scottish Executive what conclusions were drawn from the visit by the Minister for Transport to Maybole on Monday 8 December. (S2O-962)

**The Minister for Transport (Nicol Stephen):** The conclusion that we reached was that the Executive should conduct a study into a bypass for Maybole. That conclusion appears to have been

well received by everybody whom I met in Maybole, including local councillors, community council representatives and the local member of the Scottish Parliament, Cathy Jamieson.

**Phil Gallie:** I welcome the fact that the Scottish Executive now seems to be playing catch-up with the road-building programme that the previous Tory Government left it.

If the minister checks Scottish Office records in relation to the Maybole bypass, he will find that such surveys were done 15 to 20 years ago. I welcome his suggestion of a study, but can he give me a time scale for the commencement of work on the Maybole bypass?

**Nicol Stephen:** That was something of a Christmas cracker from Phil Gallie. I recall that Maybole was under Conservative responsibility for about 18 years, during which absolutely nothing was done to progress a bypass for Maybole. We are now making progress on that project. On my visit to Ayrshire, I saw the significant progress that is being made on the new M77 and was able to announce improvements to the Whitlets roundabout in Ayr—both initiatives that the Conservatives did not take forward. We will get on with the work and deliver significant improvements in the area.

#### **Senior Citizens (Energy Charges)**

**6. John Swinburne (Central Scotland) (SSCUP):** To ask the Scottish Executive whether it has made any representations to energy companies on reducing charges for services to senior citizens. (S2O-964)

**The Deputy Minister for Communities (Mrs Mary Mulligan):** We are meeting energy companies to discuss a range of issues that are relevant to all Scottish customers, including high electricity prices, the rising number of disconnections and the rising number of people who appear to be in debt to the energy companies.

**John Swinburne:** What is the sense of the Scottish Executive's flagship central heating programme to keep older people warm if one of the largest energy providers—Scottish Gas—supplies the most expensive gas in the country? My generation will switch off its heating and live in the freezing cold rather than impoverish itself with high bills.

**Mrs Mulligan:** The member will be aware that during the recent debate on fuel poverty, the Minister for Communities, Margaret Curran, referred to the issue of fuel costs in Scotland compared with those in the rest of the United Kingdom. As I have indicated, that is one of the issues that we will raise. Executive ministers are working with their colleagues at Westminster to

ensure that pensioners do not have to choose between food and heating. A number of measures are aimed specifically at tackling that issue.

#### **Marine Environment (Radioactive Releases)**

**7. Mr Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Executive what steps it will take in relation to activity that results in avoidable releases of radioactivity to the marine environment. (S2O-1000)

**The Deputy Minister for Environment and Rural Development (Allan Wilson):** That is an operational matter for the Scottish Environment Protection Agency, which is responsible for authorising and controlling the discharge of radioactivity to the marine environment.

**Mr Ruskell:** A study that was done in 1999 by the Ministry of Defence into the disposal of nuclear submarines determined that the option with the highest critical success factors was land storage of intact reactor compartments. Does the Executive accept the MOD's analysis that land storage of reactor compartments should be the preferred option? Will it actively oppose alternative disposal options that will result in the unnecessary release of radiation into the marine environment and the unnecessary exposure of workers to radiation?

**Allan Wilson:** The consultation on the best practicable environmental option for disposal is yet to be concluded. Thereafter, the MOD will still have to finalise the impact of each proposal. In general terms, I accept that containment and concentration would probably be the best practicable environmental option.

**John Farquhar Munro (Ross, Skye and Inverness West) (LD):** The British Government recently announced that it was proposing to issue anti-radiation medication to communities that are in close proximity to areas of perceived risk from nuclear contamination. Does the Scottish Executive consider that move to be an indication of a possible or potential risk to our communities?

**Allan Wilson:** We understand that the MOD has no plans to release radioactivity routinely at Z-berths or to carry out maintenance work at those locations. Local authorities have obligations imposed upon them by the Health and Safety Executive to make the necessary contingency plans to deal with any emergency, which could involve the issue of potassium iodate tablets if the health boards or other agencies thought that that was appropriate.

#### **Strathclyde Police (Funding)**

**8. Bill Butler (Glasgow Anniesland) (Lab):** To ask the Scottish Executive whether there are any plans to increase the level of funding that is allocated to Strathclyde police to take account of

any particular pressures of policing the city of Glasgow. (S2O-958)

**The Minister for Justice (Cathy Jamieson):** Pressures across all Scottish police forces, including Strathclyde police, are being assessed as part of an on-going review of police grant-aided expenditure allocations. The review report is due to be submitted in spring 2004.

**Bill Butler:** Will the minister assure members that when she considers the review's recommendations on funding, she will take special account of the particular pressures on policing in Glasgow, such as the city's concentration of challenging socioeconomic problems, its high homicide rate and the large number of national and international events that it hosts?

**Cathy Jamieson:** I am happy to be able to tell the member and the rest of the chamber that we will pay particular attention to the policing demands that arise from the need to maintain public order. That will be a consideration in Glasgow because of the nature of some of the events that are held there. In relation to homicide rates, it is worth recording that the working group is trying to develop a formula that will take specific account of high crime rates.

**Pauline McNeill (Glasgow Kelvin) (Lab):** I am pleased that that issue will be examined, but will the minister consider other factors in relation to Glasgow city centre? Policing Glasgow city centre is a particularly onerous task for A-division and the centre has the greatest number of pubs and clubs outside London. Crowds of 30,000 a night come to them over the weekend, which results in particular public order problems. I hope that any review will take that into consideration.

**Cathy Jamieson:** I am happy to confirm that we understand the particular difficulties. We have included a specific reference to public order. Some of the issues to which Pauline McNeill has referred will be considered as we progress with the recommendations of the Nicholson report.

#### **Drug-assisted Sexual Assault**

**9. Janis Hughes (Glasgow Rutherglen) (Lab):** To ask the Scottish Executive what action it is taking to raise awareness of the dangers of drug-assisted sexual assault. (S2O-991)

**The Deputy Minister for Justice (Hugh Henry):** The Executive has today, in partnership with the Association of Chief Police Officers in Scotland, launched a "know the score" campaign that highlights the dangers of spiked drinks and drug-assisted sexual assaults.

The campaign, which is entitled "Who's keeping an eye on your drink?" has the support of the Scottish Licensed Trade Association. The first

phase of the campaign will target pubs and clubs in key cities and towns across Scotland during the next three weeks.

**Janis Hughes:** I welcome the awareness campaign at a time of year when many people's defences are lower than usual. Will the minister assure me that efforts to address that major problem will not be relaxed when the festive holiday period is over?

**Hugh Henry:** Janis Hughes makes a valid point. At this time of year, many people relax, go on office nights out and go to parties, and they can be in greater danger if they do not take care. However, drug-assisted sexual assault is a problem throughout the year and while, in the main, it affects women, it can also leave men in danger. We know that there are people who are intent on causing severe damage to others, and who will use drugs and indiscriminately leave people with severe problems that sometimes take a considerable time to get over. Janis Hughes is right that while we urge people to be careful at this time of year—and we welcome the effort that has been made by pubs, clubs and staff—that effort should not stop immediately after the new year.

**Margaret Mitchell (Central Scotland) (Con):** Can the minister confirm that the Executive's current scrutiny of organisations that it funds, and the information that is provided by them, is adequate?

**Hugh Henry:** I hesitate ever to say that no improvements could be made; I am sure that we will continue to refine and build on what we put out. However, I welcome the work that is being undertaken. The campaign is focused, and is targeted at a specific problem. It is a growing problem, but I do not want to overestimate the numbers involved because the problem is still relatively small—although one incident is one too many. We will continue to improve where we can, but I thank everyone concerned—the police and the licensed trade—for their efforts, and I commend the information that is available.

### United Kingdom Energy Bill

**10. Chris Ballance (South of Scotland) (Green):** To ask the Scottish Executive what its position is on the energy legislation announced in the Queen's speech. (S2O-999)

**The Deputy Minister for Enterprise and Lifelong Learning (Lewis Macdonald):** The Executive has been closely involved in the preparation of the legislation as it affects our devolved interests. We shall shortly ask the Parliament to agree, by means of a Sewel motion, that the United Kingdom Parliament should consider the devolved provisions in the Energy Bill. I have advised the conveners of the

Enterprise and Culture Committee and the Environment and Rural Development Committee that a Sewel memorandum is under preparation and will be with them shortly.

**Chris Ballance:** I am delighted that the minister is now aware that the UK Energy Bill contains measures on important issues affecting Scotland, including on devolved matters, such as the handling of nuclear waste and the future of renewable energy. Does he agree that the proposals in the bill need proper, detailed scrutiny by the Scottish Parliament and does he appreciate that there is considerable scepticism that that can be done by means of a Sewel motion?

**Lewis Macdonald:** The important point is that we carry forward the measures in the bill, which will be widely welcomed by members from all parties. I am delighted to report, following a question in the chamber a week or two ago, that one of the measures that the bill includes will replace the hydro benefit subsidy, which is about to be withdrawn, with a new subsidy. That will ensure that customers in the north of Scotland are not unreasonably disadvantaged by that change. The bill contains a range of provisions. It is important that committees consider the Sewel memorandum when we issue it. The provisions that are being brought forward will be widely welcomed.

**Bruce Crawford (Mid Scotland and Fife) (SNP):** Will the minister resist any proposals in the bill to transfer from the Scottish Environment Protection Agency to any authority operating at a UK level its responsibilities for licensing radioactive waste?

**Lewis Macdonald:** As Bruce Crawford will be aware, the intention is to establish a nuclear decommissioning authority, which will operate on a UK basis. The authority will be a cross-border public body and will be accountable as appropriate—if the Parliament approves the terms of the Sewel memorandum—to Scottish ministers as well as to UK ministers.

**Christine May (Central Fife) (Lab):** Does the minister agree that, given the Executive's recently announced and welcome renewable energy targets, the UK bill will give Scotland the unique opportunity to maximise the economic benefit to Scotland—and, for example, to Methil in my constituency—of renewable energy work and research and development? What national activities are he and his officials involved in, or might they become involved in, to ensure that that happens?

**Lewis Macdonald:** There is a wide range of such activity, led principally by the forum for renewable energy development in Scotland, whose second meeting I will chair next month. A

couple of provisions in the Energy Bill are particularly relevant. The establishment of renewable energy zones offshore will allow the future expansion of the offshore renewable energy industry, which offers great potential for Scottish companies. There is also provision to direct funds raised by the regulator from the Scottish renewables obligation into the Scottish consolidated fund to be used for promoting renewable energy in Scotland.

**Dennis Canavan (Falkirk West) (Ind):** Will the Executive try to ensure that the Energy Bill will ban the practice of disconnection of domestic energy supply because of debt, which is one of the biggest causes of fuel poverty in Scotland?

**Lewis Macdonald:** Mary Mulligan has already made clear our view on that area of policy. The bill before the House of Lords, which will proceed to the House of Commons, is concerned more with the supply of electricity than with the consumer end of the business, but we have stated our view on the consumer interest as well.

### Green Jobs Strategy

**11. Shiona Baird (North East Scotland) (Green):** To ask the Scottish Executive when it will publish its green jobs strategy. (S2O-997)

**The Deputy First Minister and Minister for Enterprise and Lifelong Learning (Mr Jim Wallace):** In our partnership agreement, we committed ourselves to working closely with the business community and other interested stakeholders to develop and implement a green jobs strategy. I look forward to launching a major public consultation exercise on it in the first few months of next year.

**Shiona Baird:** I shall read the Executive's green jobs strategy with interest to see whether it is the missing link that reconciles the Executive's commitment to economic growth with its assertion that environmental concerns are at the heart of public policy. Does the minister agree that, to be successful, the green jobs strategy must define objectives and targets for achieving green jobs and outline an action plan to maximise the number of such jobs? Does he accept that the strategy must include a procedure for monitoring progress and a requirement to report back on that progress?

**Mr Wallace:** I hope that Shiona Baird will do more than read the consultation document when it comes out. I hope that she might even respond to it and make the points that she has just made, which I assure her will be given the utmost consideration. However, I take issue with her comments on the Administration's environmental credentials. It is only fair to point out that our commitment to sustainable development has been

affirmed in the partnership agreement—a green thread runs through it. The most recent spending review had sustainable development as one of two key cross-cutting priorities. We have established a sustainable development forum and the Cabinet sub-committee on sustainable development was re-established following the election. Those are just some of the things that we are doing and they will be augmented by our commitment to green jobs. That not only meets a commitment to sustainability but identifies opportunities for employment and business in Scotland through the pursuit of environmental goals.

**Robert Brown (Glasgow) (LD):** Does the Deputy First Minister agree that one area with the greatest potential is the use of renewable energy, such as solar energy and wind power, in towns and cities? Will he assure me that a substantial part of the strategy will relate to such measures and will he indicate what support is being given to the potential use of such energy?

**Mr Wallace:** I agree with Robert Brown that the potential for renewables is tremendous, not only in their use in our urban areas, but because of the provision of employment in some of the more remote and rural areas of our country. He will recall that, in Glasgow during the election campaign, he and I went to the top of a block of flats that was still under construction. We do not have the greatest heads for heights, but we were able to see the solar panels that were being installed. That shows what imagination and innovation can do in developing the renewables agenda. The development of renewable energy, the forum for renewable energy development in Scotland, to which Lewis Macdonald referred in the previous question, and the green jobs strategy make clear our commitment.

### Drugs Courts

**12. Richard Baker (North East Scotland) (Lab):** To ask the Scottish Executive what progress is being made in tackling drugs crime through its drugs court pilots. (S2O-971)

**The Deputy Minister for Justice (Hugh Henry):** The early signs are encouraging. Those on drugs court orders who were interviewed for the first six-month evaluation of the Glasgow drugs court reported significant reductions in drug use and offending. That is supported by evidence from the drugs court team. In Fife, too, the perception of the six-month evaluation was that the drugs court is an important and innovative response to drug-misusing offenders. However, the full impact of the drugs courts will be known only when the evaluation—including the reconvictions study—is complete in 2005.

**Richard Baker:** The success of the drugs court pilots will be widely welcomed. Does the minister

agree that drug testing and treatment orders have been a success in Aberdeen, where there has been a particular problem with drug-related crime, as illustrated by the recent arrest by Grampian police of several people in relation to cocaine dealing? Does he also agree that the establishment of a drugs court in Aberdeen could be an extremely effective tool in tackling drugs crime in the city?

**Hugh Henry:** Richard Baker has spoken to me on a number of occasions about drug problems in Aberdeen and the surrounding area. Those problems are clearly a matter of concern. I share his view on the success of DTTOs in Aberdeen. I visited the DTTO project there during the summer and found it to be well organised, disciplined and professional. The project has shown very good results and, clearly, we would like to see such projects replicated throughout Scotland. The DTTOs were a prerequisite for the drugs courts, which will eventually be the subject of an evaluation. If the courts prove successful—as I have said, the early signs are encouraging—we will consider carefully whether they can be set up in other areas. I will bear in mind in any subsequent discussions the representations that Richard Baker has made.

#### Calf Trade

**13. Alex Johnstone (North East Scotland) (Con):** I draw members' attention to my entry in the register of members' interests: I am a partner in a family farming business.

To ask the Scottish Executive what steps it is taking to promote the resumption of the calf trade to the European mainland. **R** (S2O-1006)

**The Deputy Minister for Environment and Rural Development (Allan Wilson):** An approach was made to the European Commission in July requesting that the United Kingdom be awarded moderate risk status for BSE purposes. That proposal has been referred to the European Food Safety Authority and a formal response is expected next March. Achieving moderate risk status would pave the way for the full resumption of the export trade in live cattle, including calves.

**Alex Johnstone:** The minister will be aware that, as a result first of BSE and then foot-and-mouth disease, we lost the calf trade. Consequently, many calves born in Scotland have been shot at birth and buried on farm. Subsequently, because of burial restrictions, a scheme is now in place to allow the disposal to continue through more acceptable methods. He will also be aware that, if we are all successful in our aim to break the links between production and subsidy, the number of calves being kept exclusively for subsidy claims will reduce dramatically in one year's time. Therefore, serious

welfare implications will arise if we do not restart the export trade. Does the minister agree that, for welfare reasons, it is important that, instead of being disposed of in this country, those calves are allowed to be exported?

**Allan Wilson:** I am happy to agree with Mr Johnstone. As he knows, the European Union ban was introduced in March 1996, following an announcement of a link between BSE in cattle and variant CJD in humans. No separate figures are available for Scotland, but 500,000 calves were exported from the United Kingdom in 1995, at a value of £76 million. We understand that a strong demand remains in continental Europe for Scotch beef. There are real economic incentives to resuming the trade.

#### Contemporary Visual Arts

**14. Iain Smith (North East Fife) (LD):** To ask the Scottish Executive how it is supporting and promoting contemporary visual arts throughout Scotland. (S2O-970)

**The Minister for Tourism, Culture and Sport (Mr Frank McAveety):** Executive support for the contemporary visual arts, as with all other art forms, is channelled through the Scottish Arts Council. During 2003-04, the SAC will have invested more than £3.3 million in developing the visual arts across Scotland.

**Iain Smith:** Does the minister agree that access to contemporary visual arts should be available to people no matter where they live in Scotland? Does he recognise the valuable contribution that has been made to accessibility and social inclusion in Fife by the Crawford Arts Centre in St Andrews? Does he find it acceptable that the Crawford Arts Centre should find out through press reports that the SAC is considering removing its core funding in 2005? Will he ask the SAC to reconsider any decision to withdraw that funding?

**Mr McAveety:** I have already, certainly in the past month, raised with the SAC the issue of how it handles announcements. We need to take cognisance of that process. Although it would be wrong for a minister to interfere directly with the allocation of grants, which is based on the evaluation that peer groups within the drama committee or the visual arts committee make, we want to ensure that, when those decisions are made, the assessment process is transparent. It is even more important that we recognise the continued support that we give to the visual arts community throughout Scotland. I can give the member a concrete assurance that we wish the visual arts to be prominent throughout Scotland and that any development by the SAC will need to reflect that agenda.

**Mr Jamie McGrigor (Highlands and Islands)**

**(Con):** Will the culture minister support Richard Demarco's exciting concept of a Scottish equivalent to the Venice biennale, an idea that has already received the support of the Scottish National Gallery of Modern Art and the SAC? Together with the British Council and the SAC, the Executive invested approximately £400,000 in Scottish representation at this year's biennale. It was right that Scottish artists had the chance to play away from home in Venice, in the cultural equivalent of the world cup. However, a biennale in Scotland would not only give Scottish artists the opportunity to play in an international arena on home soil, but attract the international art world to Scotland, just as the Edinburgh festivals already attract international attention in theatre, music, film and literature.

**Mr McAveety:** That question contained a PhD in cultural studies. No direct submission has been made so far; all submissions are made to the SAC and other funding bodies. We await with interest any application and development.

**General Practice Out-of-hours Cover  
(Remote Areas)**

**15. Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** To ask the Scottish Executive what progress national health service boards are making towards ensuring that, once the new general practitioner contract commences, out-of-hours cover in remote areas is maintained at current levels or is enhanced. (S2O-1011)

**The Minister for Health and Community Care (Malcolm Chisholm):** Each board has a general medical services team and a project plan for the implementation of the new contract and is developing detailed plans for those services. The national out-of-hours working group is supporting the service by networking the local plans, sharing good practice, developing new models of service provision and creating national accreditation standards for out-of-hours services.

**Mr Stone:** As this will be my final question of 2003, I take the opportunity to wish all members of staff in the Scottish Parliament a merry Christmas.

The minister will be aware that I am concerned that an authority such as NHS Highland may experience difficulties. Will he assure me that he will continue to keep an eye on the issue and that, if real difficulties are encountered, the Scottish Executive will be willing to work with NHS Highland to address the problem?

**Malcolm Chisholm:** I know that a great deal of work is being done in Highland to develop an out-of-hours service model to address local issues. I have already referred to the national out-of-hours working group report, which I also mentioned in

this morning's debate. All of that is feeding into what boards are doing and is supporting their work, so a great deal of activity is going on. There is also funding to support that.

In this morning's debate I mentioned the Scottish allocation formula, which favours rural areas, and at previous question times I have mentioned improvements to the practitioner inducement scheme. There is a great deal of activity and, if members stay for the next debate, which flows seamlessly from this question, they will hear more from Tom McCabe about what is being done in that area.

**Myalgic Encephalomyelitis**

**16. Alex Fergusson (Galloway and Upper Nithsdale) (Con):** To ask the Scottish Executive what steps it is taking to ensure that all national health service boards issue prompt responses to the report of the short-life working group on myalgic encephalomyelitis. (S2O-1013)

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** The Executive will be writing to NHS boards early next year to inquire about the progress that has been made in the planning of services for people in their areas with chronic fatigue syndrome and ME. That follows the recent publication of the short-life working group's report. An appropriate deadline for responses will be set.

**Alex Fergusson:** Does the minister share my concern that, by approaching each of the health boards individually, we are running a real risk of ending up with a piecemeal approach to the treatment of ME in Scotland? Given the recent announcement by Her Majesty's Government of £8.6 million of ring-fenced renewable funding for the implementation of a strategy in England and Wales, does he agree that such an approach would be far more robust and focused, considerably more sensible and much more likely to ensure a major step forward for ME sufferers here in Scotland? Will he consider adopting that approach in Scotland?

**Mr McCabe:** On many occasions in the past, we have explained that our view is that decisions on the care of local populations in Scotland are best left to the local boards. We will look at the proposals from each board throughout Scotland and, in certain circumstances, we will consider whether we need to express a view. However, we firmly believe that decisions on the needs of the local population are best left to the board that has responsibility for such decisions.

## Primary Medical Services (Scotland) Bill

*Resumed debate.*

**The Deputy Presiding Officer (Trish Godman):** We continue with the open debate on the motion to pass the Primary Medical Services (Scotland) Bill.

15:10

**Phil Gallie (South of Scotland) (Con):** I congratulate Carolyn Leckie on the way in which she presented her amendments. Parliament is here to debate issues and Carolyn Leckie stood up for her principles. I disagree totally with the amendments and I am delighted that Parliament voted against them, but at the end of the day she was right to present her views in the way in which she did.

I agree with almost everything that the minister said about the bill. The bill will benefit the people of Scotland and will do much to improve the morale of hard-pressed general practitioners throughout the land. The minister has demonstrated that a major objective is the improvement of services to patients. That is an important point.

A local issue that affects the constituency MSP for Girvan is the fact that the Davidson cottage hospital in Girvan, which provides a 24-hour emergency service for minor injuries, may lose that service because of the effects of the bill. Two GP practices offered to cover the out-of-hours service provision with six doctors, but one of those practices has pulled back. As a consequence, the hospital's overnight services will be lost. Will the minister consider what steps can be taken in that respect?

The minister referred to new community hospital facilities. Girvan is fortunate in that it will be provided with such a facility in the not-too-distant future, but if the minor accident unit disappears, the service will be a lesser one than the one that we have at present. There appears to be a facility in the bill for the local health board to fund GPs on a salaried basis where practices will not do so. If so, someone could cover the out-of-hours services that are needed to maintain the existing service. I have spoken to the primary care trust, which considers that there is no way forward on the issue. However, there appears to be an option in the bill that would allow the service to continue.

I am sure that Cathy Jamieson, who, along with Adam Ingram, attended a public meeting on the matter, would very much welcome the interest of the minister in the issue. If the minister could become involved, something positive may come

out of the situation for the people of Girvan, and the services at the Davidson hospital that they have enjoyed may continue for many years.

15:14

**Carolyn Leckie (Central Scotland) (SSP):** I am grateful to comrade Phil for his initial comments. When I returned to my office at lunch time I was pleased to find that I am still on the British Medical Association's Christmas card list. Indeed, I am still on the General Medical Council's Christmas card list. However, I am also receiving Christmas cards from Jack McConnell, so I suppose that that does not mean very much.

**Dennis Canavan (Falkirk West) (Ind):** Beware!

**Carolyn Leckie:** I will, Dennis.

It is with regret that I oppose the motion to pass the bill; I do so because the bill has not been amended to reflect the very real and grave concerns that I expressed during this morning's debate. Members will be glad to know that I will not repeat those concerns now—that is my Christmas present to members—but I will raise a couple of other matters that were not discussed this morning.

GP practices enjoy absolute freedom in relation to the terms and conditions of their staff. On the one hand, we are told that the new contract needs to be implemented throughout the United Kingdom because cross-border competition would destabilise the job market for GPs. On the other hand, it seems that it is okay to have exactly that situation in relation to terms and conditions for primary care staff, not just across borders but across health boards and even in individual general practices. I am extremely concerned about the impact of the new contracts on terms and conditions. I am also concerned that there will not be enough money in the pot to fulfil the agenda for change commitments—although those do not go far enough—or substantially to improve terms and conditions for staff.

I emphasise that Tom McCabe must answer those questions. If he does not accept our position—that there is a threat of increased privatisation—will he tell us whether he has calculated the number of hours of work that will be required to fill the gaps in the provision of out-of-hours services and, indeed, if GPs opt out, of enhanced services? Who will do that work? How much will it cost? Are there sufficient resources to cope? Can the minister give me a categorical assurance that profits from, for example, locum services will not increase as a result of the new contract that the bill introduces?

I want to refer to Janis Hughes's earlier comments, as she misunderstood my point when

she drew an analogy with medicine; I was talking about money and profit, not medicine. However, I am glad that she brought up a medical analogy. If randomised controlled trials—or something equivalent—had been carried out before we saw the spectre of private finance initiatives, compulsory competitive tendering or the latest private-profit adventure that I believe the bill represents, perhaps we would not be in the mess that we are in at Edinburgh royal infirmary and Hairmyres hospital, and perhaps we would not be in a mess over public-private partnerships in schools. I wish that a medical analogy had been used in those cases.

On a lighter note, I will not take up all the time that I have—that is another wee Christmas present to members, as I know that they all want to get away early. [*Interruption.*] Of course, if members do not want to get away early I can speak for another five minutes. I thank members for their Christmas cards and I apologise for not sending cards this year—I have not been able to do so because I have been so busy. I do not want anyone to think that I am not prepared to engage in the festive season. I take this opportunity to wish everyone a happy Christmas, and for all those who have not received Christmas cards, I hope that the *Official Report* will be enough.

15:19

**Mr Davidson:** I thank all the people who have worked hard on the bill and contributed to get it to this stage. I thank the witnesses from various organisations who came to give us information, and I thank the staff and my colleagues on the Health Committee. I also thank and pay tribute to both ministers because they made themselves available to the committee, often at fairly short notice. However we may disagree on fundamentals, and that happens once in a while, we must recognise that it has been a real parliamentary effort to get the bill to this stage in such a short period of time.

I am also pleased to welcome the ministerial approach of putting the patient at the centre of health care—that is in line with our approach. We also welcome and credit the fact that the minister is seeking to make access to health care more flexible, not only in health board areas but across health board boundaries and indeed throughout the NHS.

We also agree with the notion that money must follow the patient. Indeed, we have made the same point since we entered this Parliament. I would welcome any move in the next health bill that we have to deal with that makes it clear that the minister is following that line.

The bill is about patient care and access to

quality primary care. The Conservatives are concerned about the time scale for delivering the changes and about whether we will be able to scrutinise properly any changes to those changes that might happen after we pass the bill today. Although the whole Parliament is worried about the major problem of delivering the manpower to meet the bill's requirements, we welcome the minister's decision to allow other health care professionals to take on new accredited primary care roles. That will reduce the load on GP practices. The minister once agreed with my comment that the question is not who should do what, but who can do what. That is how we must take primary care forward in this country.

I am concerned that health boards are centralising access to existing services. Will the minister tell us whether he will issue guidance on the application of the patient guarantee or on any potential loss of existing access to services in a GP practice? After all, the next practice might be 100 miles away and might be difficult for patients to access. I remind the minister that we must ensure that health boards can provide support to take primary care services forward, including providing access to consultant-led services, wherever they happen to be.

This morning, I said that I felt that the minister had agreed to deliver to us the draft regulations up to the passing of the bill. I have asked for his assurance that between now and when the regulations are finally laid before the Parliament the Health Committee will be fully involved in the process and will have access to those drafts. If the minister is happy to give me that assurance, I will seek the chamber's permission to withdraw my amendment. After all, it is about a point of principle, not political point scoring.

15:22

**Stewart Stevenson (Banff and Buchan) (SNP):** Indeed, it is the Christmas season and there is a certain amount of jollity in the chamber. I say to Carolyn Leckie that I am extremely pleased to be in room 101. On 2 May, one of her colleagues said that she wanted to turn the Scottish Parliament into a "Big Brother" series. Of course, those of us who remember the original room 101 in the book "1984" will also remember that when O'Brien asks Winston Smith about his true feelings towards Big Brother, Smith confesses "I hate him". At that point, O'Brien passes judgment on Smith. It is not enough to obey Big Brother, one must also love him, which is why O'Brien then utters the dreaded words, "Room 101". If that is the company I will keep when I am consigned to room 101, I am very happy to resist the forces of totalitarianism and to join Winston Smith in drinking gin for ever after at the Chestnut



Tree. In reality, this lunch time I was at Carol Finnie's excellent establishment, the Railway Inn in Juniper Green. Before I move off the subject of "1984", I should also mention that for the whole time that he was outside room 101, Winston Smith succeeded in believing that two plus two equalled five.

The issue of privatisation and earning money from the health service has been one of the SSP's enduring themes in this debate. In that respect, I find it quite interesting that at half-past 6 in the evening on 20 November a certain Colin Fox was speaking at The Gaelic Club in Sydney, Australia. I note that the event was not free; indeed, he was charging eight Australian dollars for the privilege. Obviously, profit is okay in the SSP on some occasions.

**The Minister for Tourism, Culture and Sport (Mr Frank McAveety):** A bargain!

**Stewart Stevenson:** Pensioners could get in for five dollars. Is the minister one of those?

I am really quite worried about some of our friends in the SSP.

**Tommy Sheridan (Glasgow) (SSP):** I think that "obsessed" is the word that he is looking for.

**Stewart Stevenson:** Well, at least I have some obsessions that are worth having. *[Laughter.]*

I am really rather worried for Lord James Douglas-Hamilton, because I gather that in the socialists' Christmas poll he was voted top totty. Their affections now appear to be drifting towards Phil Gallie, but I have to say that my money is on James every time.

**Tommy Sheridan:** At least Stewart Stevenson does not have to worry.

**Stewart Stevenson:** Let me briefly make a couple of serious points about this important bill, which we are happy to support as a move forward in primary health care in Scotland. We think that there will be more difficulties in bringing the out-of-hours proposals home in rural areas than has perhaps been realised by health boards, by GPs and their representatives or by ministers. We would be delighted to hear that the ministers have done sufficient research to be absolutely sure that the new system can be brought in according to their proposed timetable.

Many years ago, my father had enormous difficulties as a single-handed rural GP in providing 24-hour-a-day cover, in a much simpler world than that in which GPs now operate. We want to hear a little bit more about whether, in this modern, complex world, we really have a fighting chance of achieving that.

We must now move on with an agenda for change minimum for pay for other workers in

primary health care, because the issue is not just about GPs. No longer is it the GP and the GP alone who delivers primary health care.

I shall close with one final word to the SSP members, to illustrate how they fail—

**Tommy Sheridan:** Obsession!

**Stewart Stevenson:** Yes, absolutely, and we are on the case. I want to illustrate how little the SSP members understand. Curiously enough, the effect of taking the out-of-hours cover away from GPs and putting it in the hands of the health board is likely, on balance, to be a reduction rather than an increase in the amount of primary health care that is provided by private contractors, because I am sure that salaried doctors will have to form part of that provision. I leave that thought with the minister.

We will support the bill and, of course, our amendment, which will improve the motion that the minister has lodged.

15:27

**Mike Rumbles:** I have no hesitation in recommending from the Liberal Democrat benches that Parliament pass the bill this afternoon. We do not support the two amendments that have been lodged on the ground that they are unnecessary. The SNP's amendment is unnecessary because the whole point of the bill is to give responsibility for the delivery of NHS services to the health boards. Neither the SNP nor the Conservatives felt it appropriate to lodge amendments to the bill at either stage 2 or stage 3. I therefore do not believe that it was necessary to lodge amendments to the motion this afternoon.

**Shona Robison:** While he is on the subject, could Mr Rumbles tell us how many amendments he lodged on behalf of the Liberal Democrats as their health spokesperson?

**Mike Rumbles:** It may have escaped Shona Robison's notice, but this is a coalition Executive and it is a coalition motion.

**Shona Robison:** Excuse me, so it is!

**Mike Rumbles:** It is amazing how often the SNP falls into that trap, but there we are.

I do not believe that it was necessary for the SNP to lodge an amendment to the simple and straightforward Executive motion to pass the bill.

I would like to focus on the Conservative amendment, which would require that all draft regulations be scrutinised by the Health Committee before they are laid before Parliament. I do not believe that that is necessary. This morning, we heard a pledge from Malcolm Chisholm to bring the redrafted regulations to the

committee. For David Davidson to insist—that appears to be the point of his amendment—that the minister bring any change to the regulations, however small, back to the committee does not seem a practical way forward.

It is important to reiterate the point that both Malcolm Chisholm and Tom McCabe have moved mountains to get the draft regulations, and especially the draft UK regulations, before the committee as requested. They have already shown their good faith and therefore the Conservatives' amendment is not necessary or appropriate. I hope that David Davidson will seek to withdraw it.

I am not surprised that the SSP opposes the bill—it has a right to do so. This morning, Carolyn Leckie asked a series of rhetorical questions. It is a pity that neither she nor any of her colleagues bothered to ask the many witnesses who gave evidence on the bill any real questions—or, indeed, any questions at all. It was said this morning that none of them questioned the ministers at the appropriate time. They should engage in the democratic process and not simply grandstand at the end of debates. It is a pity that all members do not support the bill, as it is a real step forward for the health service in Scotland.

15:31

**The Deputy Minister for Health and Community Care (Mr Tom McCabe):** I thank my colleagues for what they have said during the debate. They have been generally supportive of what we are trying to achieve through the bill and have acknowledged how we have gone about our business. That is genuinely appreciated.

The bill represents one of the biggest changes to GP contracts since the NHS started. As befits such a major change, it has been a long time in preparation. The negotiations to agree the draft new contract for general medical services took almost two years and the profession has twice been balloted on it. The contract received strong endorsement on both occasions.

The bill that we will pass today enshrines the outline for the new arrangements. It will be followed by regulations that will contain much of the detail. The regulations will be underpinned by guidance and directions.

I have already had discussions with the Health Committee about the draft regulations and am looking forward to taking the committee's mind again before the regulations are laid. We always intended to have maximum engagement with the committee on the regulations because we recognise the regulations' importance. I give an absolute assurance that we will continue to work in that vein. So far, the committee has recognised

the need for some give and take in its desire to see drafts and in relation to the work that the Executive must do to produce the regulations in time for them to be laid. As long as the committee continues to recognise the need for such give and take, I am sure that we can agree a way forward.

A lot of work is being done throughout Scotland to prepare for the new contract, but colleagues in Parliament have expressed concerns that the voice of the patient has been missing from the work that has been done so far. However, as we move to implement the contract, that part of the consultation process will come into play.

Implementation of some elements of the contract, such as out-of-hours services, will lead to service redesign. Boards are under an obligation to consult locally on major service changes; we are committed to ensuring that that happens. I emphasise the obligation on boards. Boards should not present faits accomplis to the public; they should hear the views of local people and, as far as possible, take those views into account in reaching decisions. If ministers think that boards are not taking their obligations seriously, I assure members that we will have no hesitation in making our views clear to those boards.

Patients must have the opportunity to make their voices heard in respect of how the contract is implemented in their areas. Therefore, meaningful involvement will not be in the technical detail, but in the practical implementation in order to allow patients to have a say on the shape of new services. That is more important than giving them a chance to comment on the technical detail of an enabling bill.

Before I leave that issue, I want to remark on Mr Sheridan's road-to-Damascus conversion this morning to the Executive's way of thinking on his back benches' amendments. I had no idea that I could be so persuasive; if I can convince the leader of the SSP within an hour's debate that our way of thinking is the right way of thinking, I might seriously have to reconsider Carolyn Leckie's kind offer. Who knows what I can achieve in a week? The SSP claims to have its finger on the pulse of the people of Scotland; it is a shame that its leader does not have his finger on the button.

The contract is a good example of the benefits of devolution. We have created a single contract throughout the United Kingdom so that patients in Thurso will receive the same benefits as those in Truro. However, on some issues we felt that we could do better for Scotland. Devolution has allowed us to do so. The best example of that is the revised Scottish allocation formula, which uses Scottish data to inform the main element of how practices are funded. A different formula will be used elsewhere in the United Kingdom. The formulas follow the same basic principle of patient

need, but we wanted to use the more detailed data that are available here in Scotland. We wanted the formula to cover Scotland's unique geography to ensure that remote and rural areas are protected. Devolution has allowed us to achieve that.

I want to say a little about how the contract will be funded. The bill is accompanied by record levels of additional resources. Last year, we put £433 million into primary medical services and by 2005-06, that figure will have risen to £575 million, which is an increase of 33 per cent. One important point is that the money is guaranteed to go to primary medical services, which means that health boards will not be able to spend it on other priorities. The £575 million is governed by the gross investment guarantee, which guarantees that the money will flow into primary medical services.

The financial memorandum that accompanies the bill sets out the new funding streams for the contract. For instance, the global sum, which is money for the essential and additional services that practices provide, makes up 49 per cent of the total. Health boards cannot change that sum. Quality payments make up 18 per cent of the total. The amount that practices will receive will be governed by the number of points that they score, which means that health boards will have no discretion. Eight per cent of the total will be for enhanced services and the Executive will instruct boards that they must spend to a minimum level on those services. The money for health-board administered funds makes up 21 per cent of the total and will be used for premises and information technology, for example. The funding for the minimum practice income guarantee makes up 4 per cent of the total; again, boards cannot alter that. We will use our powers of direction to ensure that the financial commitment works in practice.

**Phil Gallie:** I have noted carefully what the minister has said. He has emphasised that services to patients must be improved and that there is no alternative to that. Does he agree that closure of the 24-hour minor accident service in the Davidson cottage hospital in Girvan will represent a loss rather than a gain if the new community service facility—if and when it is provided—does not provide 24-hour minor accident cover?

**Mr McCabe:** I agree with Mr Gallie that the national health service is a massive enterprise, but we are dealing with critical changes to primary care services and we would be best served if we concentrate on the issue at hand.

The increases that I mentioned will benefit patients directly, as well as benefit GPs' practices. Some of the money will be used, for example, to improve premises in order to ensure that they are suitable for delivery of care in the 21<sup>st</sup> century, but

the bulk of the money will go on quality, which will create a direct link between the standard of care that is provided and the amount of money that flows into practices. That system will incentivise all practices to come up to the very best standards.

One of the main issues of concern as the bill has gone through the parliamentary process has been provision of out-of-hours cover. That was true even at stage 3, when Shona Robison lodged an amendment on rural practices and single-handed practices. I will address her points in a moment, but members might find it helpful if I mention some of the on-going work in preparing for the changes in out-of-hours services.

At present, GPs are responsible for care of their patients all day, every day. Many GPs delegate that care to others through, for example, out-of-hours co-operatives, but although they can delegate work, they cannot delegate responsibility. If the co-op arrangement fails for some reason, the responsibility goes straight back to the GP. We know that 24-hour responsibility is one of the main factors that deter medical students from going into general practice and we know that asking one group of staff to provide cover at night after a full day's work is not in the best interests of doctors or of patients.

**Dennis Canavan:** The provision of the 24-hour service will depend on the location of hospitals as well as on GP practices and co-operatives. I thank the minister and Malcolm Chisholm for the recent decision in favour of the new hospital at Larbert in my constituency about which I and my constituents are very pleased. Will the minister try to ensure that there is genuine 24-hour provision for people throughout the Forth Valley NHS Board area, including the rural communities?

**Mr McCabe:** It is our firm intention—I will talk more about this later—that there be a 24-hour service for primary care services in Scotland's national health service whenever people need it, irrespective of where they live.

The bill allows GPs to transfer their out-of-hours responsibilities to health boards and it will be the responsibility of health boards to provide that cover. It could be provided through contracting with other providers or by employing staff directly to carry out that function. We are aware that this is a significant change, so we are supporting health boards as they plan how they will deal with their new responsibilities.

Early work by NHS boards shows that the arrangements that are being put in place throughout Scotland will be a combination of professionals and services including NHS 24, general practitioners, primary care nurses, hospital services, community nursing teams, some local authority services and others to provide round-the-clock care.

Some parts of the NHS are already well advanced in creating the team approach that is so fundamental to the new services. In the NHS in greater Glasgow, a team of doctors and nurses work together to deliver care to patients throughout the city and in Ayrshire, a local GP co-operative already has well developed and integrated services with a range of NHS services, such as community nursing and the community mental health service.

Let us be clear: the bill is not about cutting services; rather, it is about providing services in a way that is different and in a way that suits the needs and demands of patients in the 21<sup>st</sup> century. Anyone who needs access to primary medical services outside normal hours will get it. That is guaranteed.

Boards have made a good start in working with a wide range of partners in order to become ready to deliver services in a new way. I am committed, as is my colleague Malcolm Chisholm, to ensuring that that continues during the coming months.

I turn to the detail of the SNP amendment. As the Minister for Health and Community Care has already said, Shona Robison is confusing single-handed practices with remote and rural practices—they are not the same. There are many single-handed practices in Glasgow, for example, and equally, there are some reasonably sized practices in rural areas—for example, the inducement practice in Aviemore has six GPs.

On who can choose to transfer responsibilities, it is again important that we make matters clear. The vast majority of GPs in all parts of Scotland will be able to transfer responsibilities to health boards. It is only the small number of GPs who are in the most extreme geographical locations who will not. In response to concerns that Mary Scanlon expressed this morning, I assure her that GPs do not have to make instant decisions about whether to retain their out-of-hours responsibilities. Although practices can transfer their responsibilities from any time after April if their health board agrees, they are under no obligation to do so—the decision is theirs. The new system will not come into full effect until 1 January 2005, which gives GPs a year to make up their minds. Even after that date, practices that retain responsibility can choose to opt out at any point in the future, provided that they give the board the set period of notice. It is not a decision that GPs anywhere in Scotland must rush.

The issue of out-of-hours cover in remote and rural areas is a key priority. That is why the national out-of-hours working group had as its remit the responsibility to develop models of service design and delivery for a range of populations, from the urban through to rural and remote. Those models are consistent with the

overall NHS reform agenda and help to develop guidance to the service. As Malcolm Chisholm said, the working group has recently produced an interim report, a copy of which has been passed to the Health Committee.

No one would argue that we do not need to ensure that the small number of GPs who cannot opt out are supported: they will receive additional funding. In addition to retaining the payment that GPs who opt out must give up, GPs who cannot opt out will receive a share of the out-of-hours development fund. That fund is increasing in size from £6.3 million to £10 million by 2005-06. They will also receive another payment to cover any difference between the total of those amounts and the locally determined premium that is payable to salaried GMS practitioners for providing out-of-hours services.

Of course, support is about more than money. Health boards in remote and rural areas will need to think about how best to attract GPs to remote areas and how to support them thereafter. For example, support might relate to providing guaranteed locum cover to ensure that GPs and their families can take the holidays that everyone needs to rest and refresh themselves.

Shona Robison's amendment refers to the problems that health boards will have in recruiting GPs to remote areas once the new contract is in place. However, those problems already exist and the other benefits that are contained in the new contract will help to address them.

However, those in rural areas, including those who are currently inducement practitioners, will benefit in other ways, through additional investment and the new Scottish allocation formula, which gives an additional weighting to reflect the extra costs that are incurred in providing services in remote and rural areas. Equally important is that practitioners will also benefit from the end of the existing arrangement, whereby any new income secured over and above the agreed national yardstick has been, in effect, clawed back from inducement practitioners. In future, they will be free to agree with the boards contracts that give a fair reward for all the work that is done. That alone will make remote practices a more attractive option for GPs.

This morning, Eleanor Scott raised a point about inducement practitioners; I reassure her that their needs have not been forgotten. We are close to agreeing a deal with the Scottish General Practitioners Committee that will set out how those GPs will transfer into the new contract, particularly in relation to calculation of their new global sum. That should help to reassure that small but essential group of GPs.

GPs who cannot transfer their responsibilities comprise a small but important group of doctors and their needs have not been forgotten. Work in relation to them will continue in the coming months in order to safeguard their interests and, importantly, the interests of their patients. The SNP amendment is, therefore, unnecessary and should be rejected.

David Davidson's amendment says that the Health Committee should see all regulations relating to the Primary Medical Services (Scotland) Bill in draft form before they are laid before Parliament. I hope that my comments towards the start of my speech have given him the reassurances that he sought. I hope that I was clear enough to convince him to withdraw his amendment. If I was not, I urge members to vote against it.

One last point—

**Mr John Swinney (North Tayside) (SNP):** I bet it is a long one.

**Mr McCabe:** It is three pages long, actually.

Eleanor Scott mentioned the way in which mental health is treated under the new contract—it gets rather more priority than she suggested earlier. Not only will routine mental health work be done under essential services, but there will be an enhanced service that deals specifically with the specialised care of people who suffer from depression. That sets out the standards that we will expect practices to meet in this important area. An enhanced service will allow increased specialism, which will enable more to be done in the primary care setting. Again, I hope that that reassures Eleanor Scott that depression and mental health are given due priority in the contract.

It is time to conclude the debate. Today, we will pass one of the first bills of the new parliamentary session: it seems only fitting that it is a bill that will benefit every man, woman and child in Scotland.

## Motion without Notice

15:50

**The Presiding Officer (Mr George Reid):** I am minded to accept a motion without notice to bring decision time forward to 3.50.

*Motion moved,*

That Decision Time on Thursday 18 December be taken at 3.50 pm.—[*Patricia Ferguson.*]

*Motion agreed to.*

## Decision Time

15.50

**The Presiding Officer (Mr George Reid):** Before we move to the questions, I understand that Mr Davidson is willing to withdraw amendment S2M-698.2.

**Mr David Davidson (North East Scotland) (Con):** I am delighted to accept the minister's assurances. I take him at his word.

**The Presiding Officer:** There is provision for this to happen under standing order 8.6.4A. Before the amendment can be withdrawn, I have to establish whether any member objects. Does any member object?

**Members:** No

*Amendment, by agreement, withdrawn.*

**The Presiding Officer:** In that case, there are two questions to be put to the chamber as a result of today's business. The first question is, that amendment S2M-698.1, in the name of Shona Robison, which seeks to amend motion S2M-698, in the name of Malcolm Chisholm, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### FOR

Adam, Brian (Aberdeen North) (SNP)  
 Baird, Shiona (North East Scotland) (Green)  
 Ballance, Chris (South of Scotland) (Green)  
 Ballard, Mark (Lothians) (Green)  
 Canavan, Dennis (Falkirk West) (Ind)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 Martin, Campbell (West of Scotland) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Mather, Jim (Highlands and Islands) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 Maxwell, Mr Stewart (West of Scotland) (SNP)  
 McFee, Mr Bruce (West of Scotland) (SNP)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Robison, Shona (Dundee East) (SNP)  
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)  
 Scott, Eleanor (Highlands and Islands) (Green)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)

### AGAINST

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Byrne, Ms Rosemary (South of Scotland) (SSP)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Frances (West of Scotland) (SSP)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fox, Colin (Lothians) (SSP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Leckie, Carolyn (Central Scotland) (SSP)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Maclean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 May, Christine (Central Fife) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Radcliffe, Nora (Gordon) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

**ABSTENTIONS**

Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)  
 Davidson, Mr David (North East Scotland) (Con)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Johnstone, Alex (North East Scotland) (Con)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 Milne, Mrs Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Mundell, David (South of Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Tosh, Murray (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 33, Against 66, Abstentions 15.

*Amendment disagreed to.*

**The Presiding Officer:** The second question is, that motion S2M-698, in the name of Malcolm Chisholm, that the Primary Medical Services (Scotland) Bill be passed, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**FOR**

Adam, Brian (Aberdeen North) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baird, Shiona (North East Scotland) (Green)  
 Baker, Richard (North East Scotland) (Lab)  
 Ballance, Chris (South of Scotland) (Green)  
 Ballard, Mark (Lothians) (Green)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)  
 Brown, Robert (Glasgow) (LD)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Canavan, Dennis (Falkirk West) (Ind)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Crawford, Bruce (Mid Scotland and Fife) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Davidson, Mr David (North East Scotland) (Con)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Gillon, Karen (Clydesdale) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)

Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Johnstone, Alex (North East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 MacAskill, Mr Kenny (Lothians) (SNP)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Maclean, Kate (Dundee West) (Lab)  
 Macmillan, Maureen (Highlands and Islands) (Lab)  
 Martin, Campbell (West of Scotland) (SNP)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Mather, Jim (Highlands and Islands) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 Maxwell, Mr Stewart (West of Scotland) (SNP)  
 May, Christine (Central Fife) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McFee, Mr Bruce (West of Scotland) (SNP)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Milne, Mrs Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Mundell, David (South of Scotland) (Con)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Neil, Alex (Central Scotland) (SNP)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Radcliffe, Nora (Gordon) (LD)  
 Robison, Shona (Dundee East) (SNP)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, Eleanor (Highlands and Islands) (Green)  
 Scott, John (Ayr) (Con)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Tosh, Murray (West of Scotland) (Con)  
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)

Whitefield, Karen (Airdrie and Shotts) (Lab)  
Wilson, Allan (Cunninghame North) (Lab)

**AGAINST**

Byrne, Ms Rosemary (South of Scotland) (SSP)  
Curran, Frances (West of Scotland) (SSP)  
Fox, Colin (Lothians) (SSP)  
Leckie, Carolyn (Central Scotland) (SSP)  
Sheridan, Tommy (Glasgow) (SSP)

**The Presiding Officer:** The result of the division is: For 110, Against 5, Abstentions 0.

*Motion agreed to.*

That the Parliament agrees that the Primary Medical Services (Scotland) Bill be passed.

**The Presiding Officer:** With that, I wish all of you a very happy Christmas and a good new year.

## **Congestion Charging in Edinburgh**

**The Deputy Presiding Officer (Trish Godman):** The final item of business today is a members' business debate on motion S2M-365, in the name of Bristow Muldoon, on Edinburgh's proposals for congestion charging. The debate will be concluded without any question being put.

*Motion debated,*

That the Parliament notes that the draft congestion charging scheme approved by the City of Edinburgh Council proposes to exempt Edinburgh residents who live outwith the proposed outer cordon from paying a congestion charge, whilst still proposing to levy a charge on residents of other local authorities; believes that such a proposal is discriminatory and unfair, thus failing to meet the requirement of "fair treatment" emphasised by the Scottish Executive in giving approval in principle to a charging scheme, and therefore considers that the Scottish Executive should reject any subsequent proposal from the City of Edinburgh Council which is based on this form of charging regime.

15:55

**Bristow Muldoon (Livingston) (Lab):** I thank the members who have stayed for tonight's debate. A number of the sceptics around me, who have departed singing carols, speculated that I might be left here on my own. The range of members who are here from all parties demonstrates the wide interest that there is in the subject. I am not sure that we will all agree on the issues, but I am sure that there will be a vibrant debate in the course of the next half an hour or hour.

I also thank the members from other parties who have supported the motion that we are debating. I acknowledge that Fiona Hyslop lodged a motion that reflected broadly the same arguments as the ones that I am putting forward on the subject. That demonstrates a degree of concern across the parties about the specific proposals that have been made by the City of Edinburgh Council.

Before I address those proposals, I put clearly on record my position on congestion charging in general. I fully recognise that road traffic congestion is a serious problem for Edinburgh to address. Indeed, it is a problem in other areas of Scotland. Because of all the pollution and road accidents that it causes, it acts as a deterrent to growing the number of people who walk or cycle about our cities. It also causes economic problems for businesses through time lost due to their employees being caught in congestion and through difficulties in getting products and services to customers.

It is correct that the City of Edinburgh Council should try to address congestion, especially given



the anticipated and existing economic success of the city and the broader Lothians area. It is reasonable to expect there to be further road traffic growth unless measures are introduced to address congestion.

**Mr John Home Robertson (East Lothian) (Lab):** Does Bristow Muldoon agree that one way of addressing that problem would be for more companies to think of relocating outside Edinburgh to places in East Lothian, Midlothian or even West Lothian?

**Helen Eadie (Dunfermline East) (Lab):** And Fife, too.

**Mr Home Robertson:** And maybe in Fife. Does he also agree that, if there is to be any kind of congestion charging scheme, it must be fair and apply equally to all communities around the city of Edinburgh?

**Bristow Muldoon:** I agree with John Home Robertson that it is important for the economic development of the east of Scotland—indeed, the economic development of the whole of Scotland—that the economic success of the east is shared more with the outer Lothians as well as with other parts of Scotland. I also agree that the criterion of fairness must be at the centre of any congestion charging scheme that is introduced.

Transport Initiatives Edinburgh predicts that there will be an increase of 25 per cent in traffic over the next 15 years or so if no congestion charging is introduced. We therefore need to consider the role of congestion charging, although we must also increase the availability and quality of public transport.

Recognising the problems of congestion, I supported the Transport (Scotland) Act 2001 and still believe that that was the right thing to do. I note that, in today's *West Lothian Courier*, James Douglas-Hamilton attacks Labour and Liberal Democrat MSPs for an alleged change of stance. I reassure him that there has been no change of stance; I still believe that congestion charging has a role to play, although I have specific concerns about the proposals that the City of Edinburgh Council has put forward.

James Douglas-Hamilton omits to inform the readers of the *West Lothian Courier* that, although a Conservative amendment to the Transport (Scotland) Bill to address congestion charging was disagreed to, at the final vote Conservative members agreed with all the other members that the bill should be passed. If the Conservatives had genuinely opposed that provision, they should have opposed the bill. In his next letter on the subject to the *West Lothian Courier*, perhaps he can make that clear.

I now turn to the reasons why I cannot support the current proposals, which fall into three broad

areas: the issue of fair treatment, to which John Home Robertson referred; the test of public support; and the availability of public transport. I commend the City of Edinburgh Council—especially Andrew Burns—for taking the issues on and addressing them. To some degree, Andrew has been an unfortunate victim of political circumstances within the council.

In giving approval to the council to go ahead with the proposals, the Scottish Executive made it clear that the council should give further consideration to the fair treatment of those who would pay the charge and those who would benefit from the scheme. I do not believe that, when the Scottish Executive wrote that, it thought that the way to give further consideration to fair treatment was to give a widespread exemption from the charge to people in the outer suburbs of Edinburgh, in areas such as South Queensferry, Currie and Balerno. It would have expected there to be fair and consistent treatment of all people, whether they are city of Edinburgh residents or residents of one of the neighbouring local authorities.

Why has the City of Edinburgh Council made that change? It is clear that it has been influenced by the politics of the issue, especially the proposed referendum. That is confirmed by Transport Initiatives Edinburgh in one of its briefings. TIE was asked:

"How can you justify charging those returning from home when those in Balerno, Currie, etc have been exempt?"

In response, TIE stated clearly:

"This was a political decision taken by the City of Edinburgh Council".

I am not against political decisions—we make plenty of those in the chamber—but they should be based on principle. This was a political decision that was not based on principle.

**Mark Ballard (Lothians) (Green):** Does the member not recognise the major technical problems in dealing with the trunk roads that Transport Initiatives Edinburgh highlights and the sheer number of congestion charging zones that would be required to deal with the outer suburbs problems?

**Bristow Muldoon:** Mark Ballard misses the point completely. I would have thought that he would have thought that someone bringing a car from South Queensferry into Edinburgh would cause exactly the same congestion as someone bringing a car from East Calder into Edinburgh, and that those two people should be treated in a fair manner.

**Mark Ballard:** What about the technical issues?

**Bristow Muldoon:** There are no technical issues—this is an issue of fairness. The City of

Edinburgh Council is even discriminating against its own residents. Someone from Sighthill who goes to work in Livingston and travels back at night during the time when the congestion charge is in force would have to pay, whereas someone who does not live in the city of Edinburgh, but lives in South Queensferry, would never have to pay.

Public support is the second issue that needs to be addressed. The Scottish Executive has emphasised the need for public support and it is not good enough for that to be confined to residents of the city of Edinburgh. The City of Edinburgh Council, in conjunction with the south-east Scotland transport partnership, should examine how it can ensure that all the people in the SESTRAN area are consulted, including the people of West Lothian, East Lothian, Midlothian and Fife. I hope that the Executive will consider whether there is public support for the congestion charging scheme across the whole area, rather than just in the city of Edinburgh.

The final issue on which we must judge the scheme is that of public transport availability. If the charge is introduced and there is not a dramatic increase in the availability of public transport, in effect it will be a tax and people will have no alternative but to pay it. If the scheme is intended to influence behaviour, people must have an alternative means of transport. I realise that a number of enhancements to public transport are planned, but many of those are several years down the line and will be made well after the point at which the proposed congestion charge would be introduced. If the City of Edinburgh Council is to introduce the outer cordon, in particular, it should do so only after major improvements to public transport have been made, so that people have a genuine alternative.

I hope that the City of Edinburgh Council will reflect carefully on this debate and on the views that a number of members put forward. I also hope that the Executive will reflect on the matter. I realise that until a scheme is presented to him, the Minister for Transport will be unable to indicate categorically whether the Executive will approve it. However, I hope that he will confirm that when he considers any scheme, the tests on which he will judge it will be that it offers fair treatment for everyone in south-east Scotland, that there is a genuine measure of public support for it throughout the region and that realistic public transport alternatives exist. If the scheme fails any of those tests, I urge the minister to reject it.

16:03

**Mr Kenny MacAskill (Lothians) (SNP):** As is usual, I congratulate Bristow Muldoon on securing this debate. SNP members would sign up to many of the points that he has made.

I want to make two preliminary points in support of the motion. Everyone accepts that the status quo is not an option. We cannot go on as we are and action must be taken. Having said that, our position is that the proposed scheme is not acceptable and will be detrimental, not just to the interests of the city of Edinburgh, but to those of other areas. Bristow Muldoon is to be congratulated on bringing this matter to the chamber, because it is of significance not just to the areas outwith the city but to many that are located within it. The issue must be discussed and debated.

I want to comment on four issues, some of which Bristow Muldoon has raised. First, there is the question of democracy. To date, this scheme has been railroaded through to some extent. As other members have said in previous debates, it has been suggested that there is public support for the scheme, although it is quite clear that figures were massaged and manipulated.

Comparisons are made with London. However, to be fair to Ken Livingstone—love him or loathe him—he fought an election on the basis of imposing road tolls and is entitled to do that. That is a democratic mandate and Stephen Norris and others have had to accept it. No mandate applies here.

There is also the question of structure. There is a Greater London Authority and a transport authority in London. We do not have that here in the east of Scotland. We have SESTRAN, but we do not have the facilities to deal with other aspects. The problem is that we have not brought with us the outlying areas, as Bristow Muldoon and others have said in previous debates. Indeed, we are unable to address many of the problems that are brought about by local authorities taking unilateral action that impacts on other areas. A proposal to extend the Straiton shopping development will have a significant impact on the city of Edinburgh that will be detrimental to traffic flow and, arguably, will increase congestion. We do not have such a structure as an east of Scotland transport authority that allows us to address those matters. Before we introduce any congestion scheme, there has to be a regional transport authority that can deal with it. Such an authority should have the appropriate powers for transport and planning, because planning decisions can impact on transport.

Bristow Muldoon was correct to point out that London has significant advantages in public transport. It already has a tube system and it has increased its bus fleet. Most important, it has a regulated bus network. Until such time as we have a democratic mandate and a structure and have managed to upgrade our current public transport system, the proposed scheme is wrong.

The scheme would have a significant effect on business and the retail sector in Edinburgh. Comparisons are made with London, but that is not comparing like with like. If someone is considering shopping in downtown London on Bond Street or Regent Street, they do not say that they will not pay the congestion charge and go to Milton Keynes or Leicester. If someone is considering coming into Edinburgh, they might very well say that they will not pay the congestion charges but will go to Macarthur Glen, where there are no parking charges, or to Glasgow, where, although parking is charged for in many of its car parks, there is no congestion charge. There is a significant likelihood that business in the centre of Edinburgh will suffer. It is already accepted that the retail sector there is not as good as it should be, and certainly, given its vista and locality, Princes Street is not punching its weight. We have to take cognisance of that.

For those reasons, although we never say never with regard to congestion charges because it might be that an appropriate scheme could be developed, we think that this scheme is not appropriate. It would be detrimental to the city and to outlying areas. We must address the issue of structures and create new structures in order to upgrade our public transport network and we must ensure that the scheme does not impact on and damage the city-centre economy.

16:07

**Lord James Douglas-Hamilton (Lothians) (Con):** In fairness, I congratulate Bristow Muldoon on his success in obtaining the debate and for his courage in putting forward an extremely difficult case.

Edinburgh's road tolls scheme appears to be caught in a hopeless morass. We have argued consistently that tolls are unwanted, unnecessary and unworkable in Edinburgh. It remains our position that the scheme should be abandoned immediately before further funds are wasted on it.

It is somewhat ironic that three years after passing the Transport (Scotland) Bill, which gave councils the power to introduce tolls, the same Labour, Liberal Democrat and Scottish National Party MSPs who voted for it are here today to tell us why tolls are less than appropriate. The reality is that the legislation is Labour-Liberal Democrat legislation being enacted by a Labour-led council.

**Bristow Muldoon:** Will the member confirm that in the final vote, Conservative members did not vote against the Transport (Scotland) Bill?

**Lord James Douglas-Hamilton:** There is more to a transport bill than one provision on tolls. We voted against the tolls on every conceivable occasion. The Administration comes forward with

some good ideas, and they do not all have to be condemned because it gets one seriously wrong.

In the unsatisfactory public consultation, the City of Edinburgh Council gave 6,000 leaflets to green groups. It then announced that the consultation showed a 51 per cent majority, but only 42 per cent were in support. The favourable majority only emerged once the figures had been weighted. In other words, the figures were cooked to obtain the desired result.

Also, why should it be necessary to hold a referendum? It will cost a colossal £435,000. We already know from the inadequate public consultation that the majority of people are opposed to the scheme. In September we noted the council's U-turn on toll charging rules. Just a week after announcing that Edinburgh council tax payers living outside the congestion charge cordon would have to pay the toll, Labour's transport spokesman, Councillor Andrew Burns, abandoned the plans.

It is worth relaying some of the deeply worrying facts that have come out of London since the congestion charge was imposed. The scheme has failed to generate as much cash as predicted. The projections were for £200 million a year, but those have turned out to be wildly optimistic. Transport for London has confirmed that the best it can hope to bring in is £66 million.

**Scott Barrie (Dunfermline West) (Lab)** *rose—*

**Robin Harper (Lothians) (Green)** *rose—*

**Patrick Harvie (Glasgow) (Green)** *rose—*

**Lord James Douglas-Hamilton:** I will give way quickly to Robin Harper.

**Robin Harper:** Would Lord James not agree that the £68 million that has been projected for this year, and the similar figure that has already been raised, and which has already been ploughed into the London transport system, are considerable amounts of money? The scheme has been a tremendous success.

**Lord James Douglas-Hamilton:** The cities are totally different. There are many millions of people in London. In this city, £60 million is anticipated, but on the basis of the London result, and before the running costs are taken into account, that is wildly optimistic.

In London, the impact on the shops within the cordon has been massive. London Chamber of Commerce and Industry warned that the charge is having a substantial and negative effect on the retail sector, and said that the trade could dip into recession. That is a cautionary tale. Road tolls in Edinburgh would hit city-centre trade hard.

The motion highlights the considerable difficulties that the Administration will have to face.

To sum up our position, we remain against the scheme, which is flawed and doomed to failure. Tolls are no more than another tax on hard-working families balancing tight budgets. Let us do Edinburgh and the Lothians a favour and consign the toll tax to the pages of Edinburgh's less distinguished history.

16:12

**Helen Eadie (Dunfermline East) (Lab):** I support Bristow Muldoon's motion, much of what Kenny MacAskill said, and a little of what Lord James Douglas-Hamilton said. I was on the Transport and the Environment Committee when the Transport (Scotland) Bill was introduced, and I do not remember any Conservative member of that committee every proposing an amendment along the lines that Lord James Douglas-Hamilton proposed. That was a bit disingenuous.

If the minister takes one single point from what I say this afternoon, I ask him to accept my request for him to stand back from all the work that he does on transport, put on his wider socioeconomic hat, and examine the way that the Executive should consider such proposals. He should look at the disadvantage to former mining communities throughout Scotland and the fact that all the Executive's policies to date have tried to tackle that. If the Executive goes ahead with the proposal that we are discussing today, it will further disadvantage people in some of those most disadvantaged former mining communities, who depend so much on being able to travel into Edinburgh for their jobs and income, and to survive. It would do them a grave disservice if the Executive supported the City of Edinburgh Council's proposal.

It was no secret on the Transport and the Environment Committee that I was opposed to the parking proposals in the Transport (Scotland) Bill. In social justice terms it was perverse to have free parking at shopping centres yet have parking charges for hospitals. I still believe that today. If the Executive supports the proposal that we are discussing today, it will also be perverse in terms of social justice for the people whom I represent in Fife. I appeal to the minister to bear in mind that one point from everything that I say today. It will be a terrible situation if people from my area are faced with this terrible congestion charge.

I make it clear that I oppose the outer cordon. The inner cordon is another kettle of fish. As Bristow Muldoon said, there are clearly problems that need to be addressed. I accept that there has to be an inner cordon. We need to have further discussions with City of Edinburgh Council on how that is addressed, but we cannot accept the outer cordon. I hear what Mark Ballard is saying about the technical problems, as I have read the briefing,

but they can be resolved if there is the political will to do so. City of Edinburgh Council has the political will to go ahead with its proposals, but it has to recognise the real disadvantage that the former mining communities face.

When I was the vice-chair of SESTRAN and the Forth road bridge joint board, Professor David Begg always maintained that there would be ways in which we could have investment up front to ensure that the infrastructure was in place. Bristow Muldoon made the valid point that we must have it in place before imposing charges on people who come from areas throughout Fife.

The words of people from Fife ring in my ears. They are incandescent with rage at the proposals that City of Edinburgh Council is making. Our transport connections from Fife are deplorable and lamentable; I cannot describe how awful they are. The only improvements that there have been have come about because of what Fife Council and the Scottish Executive have put in place. The briefing from Transport Initiatives Edinburgh talks about new initiatives that it will introduce, but many of them have already been put in place by Fife's Labour-controlled administration. To try to dress them up as new proposals is totally outrageous on TIE's part. I hope that the Minister for Transport will hold talks with City of Edinburgh Council, which will lead to a complete alteration of the proposals.

16:17

**Robin Harper (Lothians) (Green):** To answer the points made by Helen Eadie and Lord James Douglas-Hamilton, I say that congestion charging is about social equity. Some 40 per cent of the people in and around Edinburgh do not even own a car. By distributing £900 million between the City of Edinburgh Council, West Lothian Council, East Lothian Council, Midlothian Council, Fife Council and the other councils involved, congestion charging will assist in the development of public transport so that the poorest people, who also want to work in Edinburgh, will be able to get to their jobs cheaply, efficiently and without polluting the environment.

**Bristow Muldoon:** Will the member give way?

**Robin Harper:** No, I want to say more about our point of view. London's congestion charging has been a success. The aims of it were to reduce congestion, to make radical improvements in bus services, to improve journey-time reliability for car users and to make the distribution of goods and services more reliable, sustainable and efficient.

All four of those objectives are being met to a great extent. After six months, traffic delays had reduced by 30 per cent. The time vehicles spent stationary or travelling at less than 10 kilometres

per hour had reduced by 25 per cent. Journey times had decreased by 14 per cent and journey-time reliability had increased by 30 per cent. Traffic management had accommodated successfully the traffic on the boundary route. There were 60,000 fewer car movements per day into the charging zone. Some 20 to 30 per cent of the journeys had been diverted, 50 to 60 per cent of car users had transferred to public transport and 15 to 25 per cent had switched to car sharing or cycling. Excess bus waiting times had been reduced by 30 per cent, so people do not have to stand waiting in the cold, rain, hail or snow waiting for a bus for nearly as long as they used to. Accidents continue to decrease.

The fears about the charging have not been realised. There has been little impact on economic activity. There has been at most a 0.35 per cent drop in profits, mostly because of an economic downturn that has been going on for two years anyway. There has been no increased parking around suburban railway stations. The scheme continues to generate a healthy profit. Even congestion on the inner ring road is down from 1.9 minutes per kilometre to 1.6 minutes per kilometre. Traffic circulating within the charging zones has reduced by 10 to 15 per cent.

**Bristow Muldoon:** Will the member give way?

**Robin Harper:** I am putting the argument for congestion charging. The member says that he supports it, so I ask him please not to interrupt me just yet.

No significant traffic displacement to local roads around the zone has been observed. Extra bus capacity has been introduced successfully and that will certainly be possible here, given the progress that we are making with buses.

The net revenue forecast for 2003-04 is now £68 million. There are also other annual additional benefits: savings through time savings for car and taxi occupants on business journeys will be £75 million; savings through time savings for car and taxi occupants on private journeys will be £40 million; savings through time savings for commercial vehicle operators and occupants will be £20 million; savings through time savings for bus passengers will be £20 million; reliability benefits for car, taxi and commercial vehicle operators and occupants will be £10 million; reliability benefits for bus passengers will be £10 million; and so on. Vehicle fuel and operational savings will be £10 million. I remember nine years ago the director of Lothian Regional Transport saying that for every 1.5mph faster his buses could travel on the roads—as they could if we got rid of a few more cars—he would save £1 million a year in fuel.

What I have said comprehensively destroys any Tory argument against the idea of introducing

congestion charging in Edinburgh, if such an argument is based on charging not having worked in London. Charging is working in London; it is almost universally popular. One or two things remain to be resolved, but public surveys show that roughly 50 per cent are in favour, 40 per cent are against and 10 per cent have yet to make up their minds. Those figures are roughly right, although I do not have the exact figures. A majority of people have made up their minds and they support congestion charging in London.

When Mark Ballard speaks, he will address many of the other arguments that are being made against the way in which the City of Edinburgh Council proposes to arrange charging in the outer ring.

16:21

**Rhona Brankin (Midlothian) (Lab):** Like other members, I congratulate Bristow Muldoon on securing a debate on this very important issue. The debate is especially important because of the impending deadline for responses to Transport Initiatives Edinburgh's consultation process.

Like others who have spoken, and like the Scottish Executive, I support the principle of congestion charging where the proposals are well thought through and include significant upfront improvements to public transport alternatives. Reflecting on the existing proposals, I find them to be poorly thought out, vague and, indeed, discriminatory. What particularly disappoints me are the rather half-hearted efforts of the City of Edinburgh Council to engage with neighbouring authorities. The current proposals appear to be tailored solely to suit Edinburgh's needs. The City of Edinburgh Council has to understand that it must engage in real dialogue with its partners in SESTRAN and not merely pay lip service to the principle of partnership.

Everybody realises that Edinburgh has a growing problem with congestion. That issue must be tackled if the south-east of Scotland is to continue to benefit from a strong local economy and a decent quality of life. However, it is vital that any congestion charging scheme is formulated in such a way as to benefit residents of the rest of the Lothians, Fife, the Borders and beyond. In recent weeks, the City of Edinburgh Council has been doing its best to sell the potential benefits of its proposed scheme to surrounding areas. However, it all smacks of being something of an afterthought, following, as it does, stinging criticism of the proposals from right across south-east Scotland.

I agree with Bristow Muldoon and others that exemption from charging for residents of areas such as Currie, Balerno and South Queensferry is

deeply flawed. That is not fair to my constituents in Loanhead, Bonnyrigg and Dalkeith, who are just outside the cordon. It is especially unfair on my constituents in Danderhall, who live inside the city bypass. It is profoundly unfair.

I am also disappointed by the upfront projects that would be in place in Midlothian for the start of congestion charging in 2006. Two park-and-ride sites and some minor bus improvements—although welcome developments—do not come even remotely close to the substantial public transport improvements that I believe need to be in place before congestion charging is introduced. Members should remember that Midlothian does not even have a train service.

**Robin Harper:** Does not the member concede that the council is planning £100 million of transport improvements in advance of setting up the scheme?

**Rhona Brankin:** Promises are all that we get. We need to be absolutely sure that we have significant upfront improvements. The basic flaw in the proposed scheme is that it is fundamentally unfair. Unless there are major improvements to public transport, there could be a serious effect on the Midlothian economy. Midlothian Chamber of Commerce and Enterprise opposes the current proposals because of the City of Edinburgh Council's failure to consider adequately the implications for business. Indeed, those proposals would cost the Peter Walker Group Ltd, which is based in Loanhead in my constituency, £173,000 a year.

We need more than a wish list of possible improvements after 2006 for Midlothian residents to be convinced by congestion charging. That view has been backed up by Midlothian Council's consultation, which showed that 98 per cent of Midlothian residents are opposed to the plan.

**Mark Ballard:** Will the member take an intervention?

**Rhona Brankin:** I have not got time.

I welcome the chance to speak in the debate, because it is important. I commend Midlothian Council on the "Midlothian says no to tolls" campaign and I urge residents in the Lothians and beyond to make clear their views to the City of Edinburgh Council by responding to the Transport Initiatives Edinburgh consultation before the 3 January deadline. I also urge the minister to reject any scheme that discriminates against my constituents in Midlothian and those in neighbouring constituencies. As it stands, the scheme is discriminatory and unfair.

16:26

**Margaret Smith (Edinburgh West) (LD):** No one disagrees that Edinburgh has a problem with

congestion; we disagree about what we should do to tackle it. A range of comments have been made today and in the past. People such as Malcolm Rifkind have said that Edinburgh council tax payers should pay an extra £300 instead of having to pay a congestion charge. A great deal of debate has gone on, but we still do not have clarity about the way forward.

We know that congestion is increasing. As has been mentioned, that is one of a set of problems that comes with living with the impact of a highly successful city economy. My constituents in west Edinburgh see more than their fair share of those problems. They see the effects of people commuting to work, shopping out of town at places such as the Gyle centre, working at Edinburgh Park—which 15,000 people do—and sitting stuck in traffic on the A8000, which I hope the minister will ensure gets moving as quickly as possible.

We all agree that congestion needs to be addressed, but I do not believe that congestion in Edinburgh is inevitable. In the debate that we had in 2002, I urged the minister not to support the council's plans for a double cordon, which, if members remember, received support from only 33 per cent of the people who responded to the earlier consultation. As we have already heard, that consultation exercise was, at best, flawed. The scheme did not have support then and I do not think that it will obtain support in its present form.

The Scottish Executive has acknowledged many of the problems that we have in Edinburgh. That is why we have committed £375 million to the trams and £100 million to schemes such as the west Edinburgh bus system and the work that has just been completed on the new railway station at Edinburgh Park. In addition, the City of Edinburgh Council believes that a further £100 million will be available. That adds up to £575 million, which is an awful lot of money. I do not think that we should progress the scheme until upfront improvements that give people different options are made on the ground. Many of my constituents—and many of all our constituents—do not have such choices. Until recently, someone who lived in Ratho, which is one of the areas that will get an exemption under the scheme, would have had a two-hourly bus service. One might have thought that they would have had access to a good bus service, but they did not. Such situations exist throughout south-east Scotland.

I am sure that the City of Edinburgh Council would have preferred to include all its residents within the outer cordon, but for the technical reasons that we have heard about—including the fact that the Transport (Scotland) Act 2001 prohibits local authorities from placing cameras for a charging scheme on trunk roads, as well as

problems with rural roads and the city bypass—that has not been possible. The fact that the outer cordon lies just inside the city bypass means that, under the scheme, the many city of Edinburgh residents who are outwith the outer cordon would have been treated differently from the majority of residents.

On behalf of the people of South Queensferry, Kirkliston, Ratho and other local areas, I welcome the City of Edinburgh Council's U-turn. All members must fight in the best interests of their constituents. I do not think that the congestion charging scheme should be supported. However, if it goes ahead, I would prefer all residents of Edinburgh to be treated the same under it. They were not treated the same under the previous proposals, and they are not under the current ones. Frankly, the council has a dog's breakfast before them.

**Bristow Muldoon:** I understand why Margaret Smith would welcome an exemption for her constituents in Queensferry and elsewhere, but does she not recognise the inherent unfairness in the fact that her constituents who live in areas such as Corstorphine but who work in Livingston would have to pay the congestion charge? Does she not recognise that as being unfair and discriminatory?

**Margaret Smith:** There are a number of ways of looking at the scheme and seeing unfairness. The scheme is unfair to the poorest people, because they pay disproportionately more, and it is unfair to people living around the edges of the cordon, on either side of it. That might, indeed, include people in Corstorphine who are travelling out to work in Livingston. It might include people in Danderhall, as has been mentioned before. The way in which the scheme was set up originally was certainly unfair to people in Queensferry, Ratho and Kirkliston.

Lord James asked why we need a referendum, and I will tell him why. One of the only reasons why I voted to pass the Transport (Scotland) Act 2001 was because it said that any scheme would have to have clear public support, and that the Scottish Executive would not support any scheme unless that was the case. The only way in which we can be sure whether or not that level of public support exists is to have a referendum, and I would urge local councils around Edinburgh to hold their own referendums to ascertain the level of support in their areas. The Scottish Executive must take on board the concerns of the retail trade, of politicians, of local councils and, most important, of the residents of Edinburgh. If the Executive does not do so, that will be the most unfair thing about the scheme.

**The Deputy Presiding Officer:** Six members still wish to speak in the debate, so I would be

minded to accept a motion without notice, under rule 8.14.3, to extend the debate by up to 30 minutes.

*Motion moved,*

That the Parliament agrees that Members' Business on 18 December 2003 be extended by up to 30 minutes.—  
[Robin Harper.]

*Motion agreed to.*

16:32

**Colin Fox (Lothians) (SSP):** I start by saying to Bristow Muldoon that, like my colleagues, I welcome the debate and look forward to it continuing, at least over the next year, until the referendum. I suspect that we will discuss the issue an awful lot in the months to come.

Like many other members who have spoken, I agree that traffic congestion is undoubtedly a problem, and that we therefore must come up with a solution and an approach to it. Part of the reason for the problem is that we have an overheated Edinburgh economy. All too often, the benefits of that are not shared in West Lothian, Midlothian or East Lothian, but I look forward to that becoming the case in the future. Developing the Lothians economy as a whole, rather than just concentrating everything in the centre of Edinburgh, would help matters, given that we have labour shortages in an overheating economy.

I must confess that I have concerns about congestion charges in principle. My approach would be to use persuasion, rather than punishment, to get people to use public transport. Until such time as we offer people a reasonable alternative, we will have to face their genuine concerns. As Rhona Brankin said, people in Midlothian have made clear their continuing grave concerns about the current plan. We must take into account the situation of parents shopping with kids, or of shift workers, many of whom will have to add a great deal of time to their day for the journeys at the beginning and end of it if they do not use their cars.

On the other hand, some reasonable alternatives are offered. One of the changes in circumstance that I have enjoyed since I became an MSP is the fact that I now leave the car at home. I am happy to use my bus pass, which was provided by the Parliament, and which gets me home from here in a quarter of an hour. The key to the debate is the need to offer people realistic alternatives that will improve their circumstances.

I am concerned about across-the-board charging, which is a regressive tax, which does not take people's income into consideration. The charge might be only £2 a day, but that is £10 a week or £40 a month, which is a considerable sum of money for a low-paid worker.

**Mark Ballard:** The reality is that 40 per cent of households in Edinburgh and the Lothians do not have access to a car. Does the member agree that those people, who tend to be the poorest paid, would benefit the most from public transport and would not have to pay the congestion charge?

**Colin Fox:** I agree; the point is well made and has value—as do much of the debate and the experience in London. I have no hard-and-fast position, but I have concerns, so I am participating in a debate that I think is changing. There are flaws in the current proposal, but if the concerns that I and many other people raise are listened to, progress can be made.

Some 60 per cent of the population—a big chunk—rely on their cars to get to work and to do their basic chores, and those people will have difficulties with the charge. There is a danger with such schemes that, if nothing changes after the charge is levied, the charge is simply increased, because it seems that a greater deterrent is necessary—so we start with a charge of £2 and if that does not work we increase it and the situation becomes even more unfair.

The proposal that is put forward by TIE worries me. Its first priority is to

“raise considerable funding for new transport projects”

It is only its second priority to

“reduce congestion in and around Edinburgh”.

I would be far happier if those priorities were the other way around. The charge should come after a reduction in congestion rather than before it.

I agree with Kenny MacAskill that there is a danger with the coming referendum. The council must be careful because it has been seen to jump the gun. The referendum will take place and the council is obliged to listen to it. Its request for tenders to be submitted is a presumption of democracy.

At this stage, I am opposed to congestion charges. I have raised concerns and I look for them to be listened to. We will see what happens in the course of the debate.

16:37

**Sarah Boyack (Edinburgh Central) (Lab):** As Bristow Muldoon knows, I welcome the opportunity to debate the issue. His considered speech set a good tone for the debate. I did not agree with absolutely everything that he said, but he raised a lot of key issues that we must consider.

There is agreement throughout the chamber that we need to do something—to do nothing is not an option. We all agree that we need more public transport and we know that traffic will increase by about 20 per cent during the next 20 years. People

have talked about how Edinburgh suffers and how Edinburgh is congested, but the 20 per cent increase will not only affect Edinburgh. From the mailbag that I used to get as a minister, I know about the key issue of people travelling in from Fife. The Ferrytoll park-and-ride scheme had to be doubled—it is a pity that Mr MacAskill has left the chamber, because he was against that scheme before we introduced it but is now in favour of it.

The issues are difficult and it is difficult to get them right. If economic growth in Edinburgh cannot continue, that will be a key problem. Edinburgh's importance runs beyond the city boundaries. Its labour market is Livingston, Fife, Midlothian, East Lothian and the Borders, so traffic problems in Edinburgh affect the whole region. We will not solve the issue today, but we must explore the options—most of my comments will be focused on that. We are at the early stages of massive public transport investment, so we have a lot of choices about what public transport projects we want, where they should be and, crucially, how fast we want them to happen.

I suspect that few people anywhere are enthusiastic about the idea of having to pay to drive into and out of an area. I do not know anyone who is genuinely enthusiastic about having to pay for parking. That applies equally to my constituents, who, under the proposals, will have to pay to cross the inner cordon if they come home from work before 6.30 pm. None of us likes the idea that we are restricted in our personal freedom of choice. The problem is that, when we all want to go to the same place at the same time, our roads cannot handle the congestion. The other problem is that our trains cannot handle the congestion, either—public transport is a serious aspect of the debate.

Rhona Brankin said that her constituency does not have any trains or enough buses, which are also part of this agenda. We need to think about measures that we can put in place quickly. After all, it takes a long time to build a railway and one has to spend millions of pounds developing a railway project to the point at which one can look at the business case and decide whether or not the project will go ahead. For example, we cannot simply decide one day to have a Borders railway line and the next day it is up and running. Such projects take a decade to complete. It is easier to increase the number of train carriages and to lengthen station platforms and, indeed, such measures are being introduced.

Furthermore, we have more park-and-ride schemes. In Edinburgh, the new schemes at Hermiston, Ingliston, Straiton, Todhills and Newcraighall will have dedicated bus routes. Those schemes are all realisable in the short term and will all make a difference when they are



introduced. Work is continuing on the Borders railway line and work is being carried out to deliver the Edinburgh tram project, which is something that the Parliament still has to debate.

The debate on congestion charging not only opens up the issue of an Edinburgh tram system but raises the prospect of trams to Livingston and to Dalkeith. Would such projects top the list of priorities for the members who represent those areas? I remember that, when I was a minister, Rhona Brankin used to lobby me on one or two particular road projects. However, she has also highlighted big issues such as bus services in her area, trams to Dalkeith and the Borders railway line. The question is how quickly we can complete some of those projects.

We all want more money and more major heavy rail projects. Members have not really mentioned bus services, which I think represent a core element of a sustainable, socially just transport system. Buses can reach places that heavy rail transport cannot reach, they can plug into heavy rail lines and they can give car drivers new choices. However, although the Ferrytoll car park is a brilliant example of how park-and-ride schemes can work, it took years to develop and is not big enough anymore. *[Interruption.]* Do I have a minute left?

**The Deputy Presiding Officer:** No.

**Sarah Boyack:** You did not give me a one-minute warning, Presiding Officer.

We will not crack the problem today, but this is not the end of the discussion. After all, the City of Edinburgh Council is in the middle of its first stage of consultation. The debate has a lot further to go. To everyone who opposes the current proposals, I say that we have an obligation to come up with systems that work. Someone at some point is going to have to say, "We are going to introduce this scheme." There is no perfect scheme; even the London scheme, which shows that such an approach can work, is not perfect. We are not there yet and I hope that people will take this opportunity to lobby the minister, not to rule the scheme out for ever. As I said, the debate still has further to run.

16:42

**Fiona Hyslop (Lothians) (SNP):** First, I pass on to Sarah Boyack and the rest of the chamber Kenny MacAskill's apologies. He had prearranged a rail meeting for half past 4 before he knew that the debate would be brought forward.

I congratulate Bristow Muldoon on securing the debate and I should say that I signed his motion. As it is very rare for him and me to be on the same side on anything, the minister should take note of the cross-party and geographical spread of feeling

on this issue. If we want economic growth in Scotland, we have to acknowledge the role that Edinburgh and the Lothians play in that respect. Unless we have a good enough transport system, we will not achieve such growth. As a result, it is important for the Parliament to take a strategic view about what is needed.

Like other members, I do not have a problem with the principle of congestion charging. However, we have a problem with the principle, practice and process of the scheme that has been suggested. The minister should take cognisance of that. One of the important aspects of Bristow Muldoon's motion is its concentration on fair treatment. After all, the Parliament passed the Transport (Scotland) Act 2001 to make it clear that it is up to local councils to decide on these matters. However, although the council can put forward proposals, the minister must ultimately reflect on certain strategic views—and, indeed, the views of the chamber—before reaching any final decisions on approval. The point about fair treatment is absolutely essential, because it covers the practice and process of the proposed scheme.

As a regular commuter from Linlithgow, I know that, because of the delays, people do not drive into Edinburgh for their own pleasure. Indeed, most people drive into the city because they know that they will need their cars later. Most of the time, I take the train into the city. However, there are severe health and safety issues about the cattle trucks on the Dunblane and Glasgow lines. Employers in Edinburgh are seriously concerned about recruiting people from Fife, given that those people might have to stand for the whole train journey into the city.

**Helen Eadie:** Will the member give way?

**Fiona Hyslop:** I am sorry, but I am very aware of the time and the need to let other members speak.

Those employers cannot recruit people from Fife because of the transport problems. However, although we need to do something about the issue, the proposed scheme is not the right way of dealing with it.

Robin Harper took great pains to push the positive aspects of the London scheme. I have to say that the jury is still out on that. The big difference is that London has a tube network, an internal rail system and—more important—the democratic mandate that our system does not have.

**Mark Ballard:** Will Fiona Hyslop give way?

**Fiona Hyslop:** I want to press on.

One of my concerns is that the way in which the proposals have been developed has created a

them-and-us attitude between Edinburgh and the surrounding areas. That is a problem. People in West Lothian do not feel part of the process, nor, I suspect, do people in other regions. We need to get together and take a strategic view, because the problem is that there is no strategic view.

I say to Margaret Smith that I think that the biggest problems are the second cordon and the problems in west Edinburgh. We stand united on that and I appeal to her not to pick and choose the parts of the proposals that she likes, but to stand together with us all to say that the real transport problems are in west Edinburgh and that they have to be resolved. We should stand together on that issue.

The inequalities between people who pay council tax in Edinburgh and people who pay council tax in other areas are, quite frankly, ridiculous—the City of Edinburgh Council has set its case back. What Bristow Muldoon said about fair treatment must certainly be considered. The issue is about democracy and having a voice. The City of Edinburgh Council had the opportunity to be up front about the issue and to take it to the voters in May. If it had confidence in the proposals, it should have done that.

Sarah Boyack mentioned buses. For people, especially women, who live in Armadale and try to commute out of Edinburgh after 6 o'clock, safety is a serious concern.

We must have upfront proposals. Initially, the proposals were about congestion charging, but unfortunately they now seem to be about raising revenue. Let us put the focus back on to congestion and let us ensure that we have the revenue to back up the scheme. If the Parliament had proper powers, it might be a wee bit easier to do that.

16:46

**David Mundell (South of Scotland) (Con):** I welcome the fact that Bristow Muldoon has given us the opportunity to debate this issue. Contrary to Helen Eadie's memory, it is quite clear from *Official Reports* of recent debates in the Parliament on regulations relating to the Transport (Scotland) Act 2001 what the Conservatives' position has been on the issue.

For Bristow Muldoon's benefit, I should state that one of the reasons why I and my colleagues voted for that act was that, as Sarah Boyack said, it dealt with bus travel. We supported the quality bus contracts and the wish to improve bus travel throughout Scotland. If we had voted against the Transport (Scotland) Bill, Bristow Muldoon and his colleagues would have been the first on their feet to say that the Tories were anti-bus travel. That is not the case. We see, as others have said, how

important bus travel is and how important it is to develop the transport options before congestion charging measures are introduced.

**Bristow Muldoon:** Will David Mundell give way?

**David Mundell:** I do not have time to allow interventions. I have a number of points to make, most of which Bristow Muldoon and I have debated before.

I was pleased that Sarah Boyack spoke, because having an Edinburgh flat gives me the benefit of receiving her regular newsletter. Most issues contain a column called "Lib Dem Watch", which is very helpful because it sets out how the Liberal Democrats are taking contrary positions across Scotland on various issues. The most recent edition is entitled, "Lib Dems—the contradictory party", and it points out, as I did at a recent Local Government and Transport Committee meeting, how the Liberal Democrats' national transport spokesman was urging councils to press ahead with congestion charging, while here in Edinburgh—the only local authority area in which congestion charging is being actively considered—the Liberal Democrats are against it.

Unfortunately, the debate and discussion have reflected the contradictory positions that all members appear to wish to take when faced with public opposition. That is why I admire Robin Harper and his Green colleagues, and even Ken Livingstone, for sticking to their guns with what are unpopular, and ultimately unworkable, proposals. At least the Greens stick to their guns.

I am not convinced that the London measures are working. I have had at least two people come to me who have received fines for driving in central London, contrary to the congestion measures, at 9.15 in the morning, which is quite remarkable, since they left Dumfries at 8.30 that day. Number plate fraud is widespread in the centre of London. If someone does not want to pay the congestion charge, they stick somebody else's number plate on their car. Until there is a full audit of the measures that have been introduced in London, I will not be convinced that they work.

Constituents throughout the south of Scotland in the Borders, south Lanarkshire—there is a large employment pool for Edinburgh in the area around Biggar—and even into the north end of Dumfries and Galloway will not be convinced by the proposals. I say to the minister that those people will not be convinced until we hear positive commitments on the Borders rail link, for example. I was interested to hear a former minister with responsibility for transport setting out a time scale of 10 years for that project.

**Sarah Boyack:** I did not argue that the project would be 10 years from now—I said that we are

10 years from any such major public transport project starting. Such things do not happen overnight.

**David Mundell:** I accept that they do not, but they happen much more quickly when money has been committed to them in principle, which has not happened with the Borders rail link. As other members have said, unless there are upfront commitments to such public transport issues, the public will not be convinced by the proposals.

Business is certainly not convinced by the proposals. I am sure that the minister has read the comments from the chief executive of Jenners and others about their concerns, which have been reflected in what has happened in London. They are concerned that Edinburgh will be seen as an anti-car city and that the car-borne shopper will be put off. Such concerns must be taken into account.

The minister told the Local Government and Transport Committee that he would give equal weight to the views of people who live in Fife, the Borders and West Lothian—I presume that he will give equal weight to the views of people in East Lothian and Midlothian, too—when he progresses consideration of the scheme. If he considers the proposals as a whole, he will see that people are universally against them and that they should be ditched.

16:52

**Scott Barrie (Dunfermline West) (Lab):** I, too, congratulate Bristow Muldoon on securing the debate and I am glad to have played a small part in helping to secure it.

Like Bristow Muldoon, I want the *Official Report* to record that I fully support congestion charging in principle. I certainly support measures that will reduce unnecessary car journeys, result in better traffic flows and lead to improved public transport initiatives. London's experience has been debated this afternoon. Like Fiona Hyslop, I think that the jury is still out on what has happened there, although it is encouraging that the congestion charging that has been introduced by Mayor Livingstone seems to have been approved by people who work in the centre of London.

I want to pick up on what Fiona Hyslop said and concentrate on fair treatment; in particular, I want to concentrate on fair treatment for Fifers. The policy criteria that the Scottish Executive has set out for the introduction of charging schemes include fair treatment for those who will pay the charge and those who will benefit from the scheme. However, under the City of Edinburgh Council's current proposals, people who live in places such as South Queensferry, Balerno and Kirkliston and outwith the proposed cordon will benefit from the scheme, but will make no

contribution to it. Such a basic and glaring inequality has contributed greatly to the opposition from the other SESTRAN areas to the scheme that is envisaged for Edinburgh.

Last month, Fife Council launched its "Fair for Fifers ... or is it?" campaign, which I fully support. In the light of that campaign, can it be acceptable that residents who live within Edinburgh city centre can travel freely and be exempt from paying to drive within the inner cordon while Fifers would have to pay both a toll and a bridge toll?

**Robin Harper rose—**

**Scott Barrie:** Robin Harper did not take any interventions, so I will not take an intervention from him.

In the light of that campaign, can it be acceptable that Edinburgh residents who live between the inner and outer cordons—where much of the congestion currently exists—can travel freely and be exempt from paying any congestion charges while Fifers would have to pay both a bridge toll and an entry toll?

In addition, can it be acceptable that Edinburgh residents who live outwith the outer cordon in South Queensferry, Kirkliston and Balerno can be exempt from paying a road user charge when they cross the outer cordon while Fifers again would have to pay both a bridge toll and an entry toll? Ironically, such a situation would create unfairness even in Edinburgh. Residents who live between the inner and outer cordons would have to pay to get back into Edinburgh, but, as I have said, people from South Queensferry, for example, would not.

I ask the City of Edinburgh Council to re-examine its proposals; not because, like some members, I am against the concept of congestion charging, but because of the way in which the proposals have been drawn up. I want improvements in public transport in Edinburgh and I want the city to have a public transport system that is fit for the 21<sup>st</sup> century, including the new tramways. However, any scheme must be fair for everyone, whether or not they live within the City of Edinburgh Council boundary. I cannot support the present proposals because of that basic fact; for the same reason, no one else who lives outwith Edinburgh in the SESTRAN area can support the proposals.

I join other members in asking the City of Edinburgh Council to re-examine the proposals and to produce another scheme that will command support from others in the SESTRAN area. We need a scheme that delivers the improvements that we all seek and which commands the support of those who live outwith our capital city.

16:55

**Mark Ballard (Lothians) (Green):** I thank Bristow Muldoon for raising this issue and for framing the debate in terms of fairness. I also thank Scott Barrie for making it clear that we are talking about fairness. Everybody agrees that the status quo is not workable and that we need congestion charging. About half the cars that come into Edinburgh city centre come from outside the City of Edinburgh Council's area, which means that the problem of congestion is for the whole of east-central Scotland.

Let us consider fairness. A charge on drivers who live in the outer suburbs of Edinburgh would not benefit constituents in Livingston, Dunfermline or Midlothian; it would mean simply that some Edinburgh council tax payers would pay and some would not, even though they would all get the benefits of the increased revenue for public transport in Edinburgh. I do not think that that is fair.

**Bristow Muldoon:** Mark Ballard obviously supports the proposals, but how can it be fair for someone from South Queensferry not to pay to take their car into the centre of Edinburgh when a person from East Calder will have to pay? Both travel a similar distance and create a similar amount of pollution and congestion in the city of Edinburgh.

**Mark Ballard:** The issue is about fairness for people throughout the City of Edinburgh Council area; none of them should pay and they should all get the benefits that come from the congestion charge. It is fair that the money should go to the driver's local authority.

I want to deal with the general issue of fairness. Helen Eadie suggested that a fair solution would be to remove the outer cordon, but that would remove the entire point of the congestion charge because a tiny inner cordon would do nothing to deal with the major areas of congestion.

**Helen Eadie** *rose—*

**Mark Ballard:** I am sorry. I want to get to the end of my point.

Bristow Muldoon said that there were no technical issues but, as Margaret Smith said, there are. For example, the bypass is the obvious place for a congestion charging line; any attempt to extend the charging boundary beyond that would cause problems because of trunk roads and the multiplicity of rural roads. The geography of the area means that no other solution would provide the fairness that members want. We will always end up with an imperfect system and some people will end up in an anomalous situation. I am worried that those who oppose the proposals on the basis

of fairness are, in practice, opposing the entire principle of congestion charging for Edinburgh.

**Helen Eadie:** I said clearly that there should be an inner cordon for congestion charging. What would be beyond the pale is for the charge to be a tax on the poorest people in the most disadvantaged communities. I cannot support the scheme if people from North Queensferry will have to pay the charge, while people from South Queensferry will not.

**Mark Ballard:** The poorest people do not have cars and are the most reliant on public transport.

Support is needed for public transport from a guaranteed revenue scheme, which must come through congestion charging. If there is no congestion charging, there will be no guaranteed revenue funding for increased public transport provision. We need to guarantee decent funding for public transport so that we can have trams going to Dalkeith, Livingston and Fife. We need congestion charging to guarantee that funding.

The scheme is fundamentally fair because the money of those who pay will go back to the local authorities of the areas in which they reside—that is guaranteed. There will always be geographical anomalies, wherever the line is drawn, because the situation is not perfect. Those who want a system with no geographical anomalies do not want a scheme at all.

We need a congestion charging scheme because of the public transport benefits, the health benefits, the avoidance of pollution and the economic benefits that it will bring to all the people of east-central Scotland. The arguments about the geographical problems cannot be allowed to stand in the way of a scheme that everyone in this area of Scotland needs.

**The Deputy Presiding Officer:** I call Nicol Stephen. Minister, you have seven minutes.

17:01

**The Minister for Transport (Nicol Stephen):** I will try to avoid taking up my full allocation, although it is clear that we could have continued debating the matter long into the evening.

I congratulate Bristow Muldoon on bringing this important issue to Parliament. Obviously, there is huge interest in it and this debate has enabled MSPs who represent the city of Edinburgh and neighbouring areas to express their strongly held views.

Members will be aware that, on 3 October this year, the City of Edinburgh Council published its draft charging order. The draft order is currently out for consultation and the consultation period

closes on 3 January 2004, which means that today's debate is timely. In accordance with legislation—several members in the chamber tonight were involved in passing the Transport (Scotland) Act 2001—a charging scheme cannot come into force until the order that makes it has been submitted to and confirmed by Scottish ministers. On more than one occasion—and, indeed, in front of the Local Government and Transport Committee—I have said that I would be prepared to approve such a charging scheme provided that it is fair and appropriate and that there is clear evidence of public support for it.

**Lord James Douglas-Hamilton:** Is the minister satisfied that the scheme will not be subject to judicial review on the ground of blatant discrimination against certain constituents?

**Nicol Stephen:** I am delighted that Lord James gives me the opportunity to answer that question this evening. However, I am sure that—as a former minister—he will agree that it would be inappropriate for me to comment on the detail of the proposals from the City of Edinburgh Council at this stage, given the role that I will be playing in deciding whether to confirm the order. I will, of course, take into consideration Lord James's remarks and the remarks of everyone who has spoken in this debate. I encourage everyone to participate in the consultation.

After the consultation, if the proposals move forward, the scheme will be laid before the Executive. At that point, Scottish ministers may confirm the order in the form in which it is submitted or subject to such modifications as ministers specify, or they may reject it. As we are not at that stage yet, I simply wish members a happy Christmas.

*Meeting closed at 17:04.*



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