

MEETING OF THE PARLIAMENT

Wednesday 25 May 2005

Session 2

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DEPUTY MINISTER FOR JUSTICE—Hugh Henry MSP

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25 May 2005

Scottish Parliament

Wednesday 25 May 2005

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

Time for Reflection

The Presiding Officer (Mr George Reid): Good afternoon. Our first item of business, as every Wednesday, is time for reflection. Our time for reflection leader today is Canon Bill Anderson of St Francis of Assisi church in Aberdeen.

Canon Bill Anderson (St Francis of Assisi Church, Aberdeen): A great influence during my Edinburgh schooldays was my Latin teacher, John Penman. He had a forbidding demeanour but his love for his subject shone through in a compelling manner. Some of his much-repeated sayings come back to me from time to time, and two in particular seem apt to be mentioned here. The first comes from the playwright Terence, “Quot homines, tot sententiae”—there are as many points of view as there are folk. The second runs, “Alii alia dixerunt”—some said one thing, some another. The first saying may be true of debating sessions in the Parliament, the second being a postscript to the same.

Within the curriculum, my close friends and I counterbalanced our taste for Latin with a loathing for maths that, I fear, persists with me. Extracurricular delights included acting in school plays and speaking in debates. The cut and thrust of reasoned argument—so often acquired in youth—and even a sense of the theatrical must be part of every politician's stock in trade. The correct use of words, with attention to their exact meaning, is clearly important for those outside politics, too, including us clergy, and it is regrettable that the finer points of grammar and syntax carry less weight with speakers and writers now than they did, say, 30 or 40 years ago. That is when Latin and Greek began to decline in Scottish schools.

A classical friend of mine converses, *mutatis mutandis*, in the manner of Cicero, and he looks like an ancient Roman senator as he marches around the cobbled streets of old Aberdeen. Preparing to go shopping, he will say, “I am about to do homage at the shrine of the goddess Asda.” Glasgow born, I am at home with the idiomatic directness of west of Scotland parlance and its ability to wrong foot the stranger. I once got lost en route to Cambuslang. Pulling up at a corner, with due decorum I asked a passer-by, “Could you please direct me to Cambuslang?” The reply was lightning fast: “You’re in it, Jimmy.”

For perfect style and a perfect message, the Bible stands supreme. Allow me to conclude with a text of blessing that was bestowed upon his readers by St Paul:

“The grace of the Lord Jesus Christ, the love of God, and the fellowship of the Holy Spirit be with you all.”

Amen.

Point of Order

Tricia Marwick (Mid Scotland and Fife) (SNP):

On a point of order, Presiding Officer. I have given you notice of my intention to make this point of order. At First Minister's question time last week, in response to a question from Nicola Sturgeon, the First Minister refused to give the Parliament the estimated policing costs for the G8 summit. After FMQs, the First Minister's official spokesperson suggested to the media that the costs would be around £50 million but could be higher. Every newspaper has highlighted the figure of £50 million. Do you agree that, if the First Minister's spokesperson can brief the media on likely costs, the First Minister's refusal to give the same information to Parliament is a discourtesy to the Parliament and its members?

The Presiding Officer (Mr George Reid): I have no way of knowing whether what you claim is the case, Ms Marwick. I am not responsible for what the First Minister says or, indeed, for what anybody else says on his behalf. If it is a matter of discourtesy to Parliament, that is a matter for the ministerial code.

National Health Service

The Presiding Officer (Mr George Reid): The next item of business is a statement by Andy Kerr on building a health service fit for the future. The minister will take questions at the end of his statement, so there should be no interventions.

14:35

The Minister for Health and Community Care (Mr Andy Kerr):

First, I thank David Kerr and his advisory group, some members of which are with us in the chamber today, for their hard work and their excellent report. That work was commissioned by the Executive in April 2004, when we asked Professor Kerr to look at the future shape of the national health service in Scotland. I emphasise that the work is not just about hospitals. As I have stated previously, it is about recognising that 90 per cent of our health care is provided in local communities. We want to ensure that health services are as local as possible, and the report indicates how we can extend that approach even further.

The commissioning of the work was proactive and a genuine attempt to identify what Scotland's long-term health needs are and how we should shape our health service to meet those needs and improve health outcomes for our communities. We should recognise and welcome Professor Kerr's willingness to meet that challenge. He and his team went out on the road to meet the public and NHS staff and to listen to their views. His report was shaped around the questions that they asked. I add my thanks to the people who turned out at those meetings to offer their opinions and make their points; I am sure that they made a real difference to the report.

The final report was handed over to us only this morning, but I thought that it was important to give Parliament an early sight of its content as well as an initial indication of the Scottish Executive's response to it. In general terms, I welcome the recommendations that are made in the report, but we will clearly have to study the details more closely; I am sure that colleagues will wish to do the same. I can confirm that the Executive will set aside parliamentary time for a full debate on the report and the Executive's response to it. I would like that debate to take place as soon as possible after the recess, but that is, of course, a matter for the Parliamentary Bureau to decide.

I hope that, when we have that debate, it will be in order to find consensus and progress. The report offers us an opportunity to do so, and I think that the Scottish people would welcome a clear and shared understanding of what we want our health services to do. We should be clear that the

report looks to the long term and is not a quick fix or a panacea. It builds on some of the good things that are happening in our NHS and brings forward new and innovative approaches—for example, in dealing with people with long-term chronic conditions and those in our communities who are hardest to reach.

The report is about the long term, but there is no doubt that we can start to address parts of it right now. There is much in the proposals that I would expect to be taken on board by the NHS in Scotland. In that sense, the report and the Executive's response to it should provide greater clarity and transparency around service change. However, the report is about the future; it will not be used to reopen decisions that have already been made. I expect the consultative approach that is commended in the report to be replicated as boards engage with the public. A take-it-or-leave-it approach will not do. I expect people to be consulted about the case for change, and the options for change, long before a preferred solution is reached.

In considering how the Executive should respond, I want to start by reflecting on what can be done more locally. I share the view that is expressed in the report and I very much welcome Professor Kerr's assertion that local care is about delivering high-quality services as close to the patient's home as possible. Professor Kerr recognises that the debate about local care is about much more than the bricks and mortar of the district general hospital; it is about using the wide range of skills of all those who work in the NHS to provide the personal, continuous and integrated care that people will need in the future. Professor Kerr recognises that there are many challenges and opportunities for the NHS in Scotland. There are changes in the public's expectation of the NHS, and there are issues around the workforce, which the Parliament's Health Committee helpfully reinforced in its recent report.

However, David Kerr focuses—quite rightly, in my view—on how the needs of patients are likely to change. He picks out three key factors, the first of which is the growth in the number of older people and, in particular, in the number of relatively frail and vulnerable older people. The second is the emergence of chronic disease as the main challenge facing the health service. The third is the growth in emergency admissions. All three require a response that is based on partnership between the patient, their carers and the health service.

I am sure that Professor Kerr is right when he says that to meet those challenges and deliver the health care that we will all need in the future, we will have to change the way in which we think about the NHS. That change will require new ways

of working for staff: new skills, new roles, new thinking and new cultures. The approach must be one of shared responsibility and genuine engagement.

A different mindset will be required from politicians, the media and the public. In the future, health care should be much less about the hospital and much more about the community. In a sense, we need to start from the notion that for some people, particularly those who have long-term conditions, hospitalisation is not always the best option. Those patients usually need co-ordinated care in and close to their home rather than admission to hospital.

The role that is played by the NHS should be preventive, integrated, local and personal to the individual. The NHS must act as a partner with local government and other public services in delivering truly joined-up care and support. It is often said that we need a single seamless service and that we must break down barriers so that the service is truly interdependent. Professor Kerr's work invites us to move beyond the rhetoric. Like all change, it will be challenging, but it will be worth it for those whom we seek to serve.

An important component of that change, and a major factor in our response to it, is how we deliver services to particularly vulnerable patients. I was struck by the analysis in Professor Kerr's report that shows that 1 per cent of patients account for 16 per cent of in-patient bed days. We know that many people have multiple long-term conditions and can be in and out of hospital frequently. We also know that that is not what patients want and that that is not the level of care that they need. Therefore, in responding to Professor Kerr's report, we will give priority to identifying those patients with long-term conditions who are most at risk of hospitalisation so that boards can provide them with personal, proactive, co-ordinated care in their local community.

We will ensure that each NHS board adopts a systematic approach to providing that care. The aim of that strand of work should be to improve patients' quality of life, deliver more co-ordinated care in the community and reduce avoidable hospital admissions. That will be the case especially for the increasing number of frail elderly who, through no fault of their own, currently go in and out of hospital all too frequently. The care that we provide for older people should enable them to stay at home whenever possible and should support them in the community. Our commitment to provide systematic and co-ordinated care for people with long-term conditions is not just about older people. It applies to people with mental ill health and to children with special needs. Every family has members who need to be looked after and cared for at some time in their lives.

We will also enable self-care, which involves us as individuals taking action to maintain health, to seek and adhere to treatment and to help manage our own illnesses and conditions. Self-care can help to forge a partnership between health service users, their carers and health professionals to ensure the best health outcomes.

In particular, we will fund and develop a Scottish long-term conditions alliance to articulate patients' views and pilot self-management approaches that are supported by innovative information technology such as home monitoring equipment. That is not about simply handing over responsibility to patients; it is about recognising that, for the bulk of the time, patients with conditions such as diabetes monitor and maintain their own health. We want to give patients a voice in how their care is delivered and to build a partnership, based on good information and mutual support, between the health care provider and the patient.

I welcome the recognition in the report that the vast majority of health care is already delivered locally—whether that is done by patients themselves, their families, carers, general practitioners and their teams, or in local hospitals. However, I also welcome the ambition to enhance that still further. I am therefore attracted to the recommendation that NHS boards should establish community resource hubs in community hospitals and in expanded primary care facilities, such as those in Leith and in Easterhouse, to speed up access to routine diagnostic testing and treatment. That links well with the Executive's pledge to reduce waiting times for diagnostic tests as well as maintaining local services.

The recommendations that are aimed at ensuring quicker access to planned care are helpful and we will ensure that they are taken forward. I will expect to see regional plans for the setting up of dedicated centres for planned care. I am sure that Professor Kerr is right to assert that separating planned care from emergency care can improve services to the patient and reduce waiting. We will also set new standards for boards on day-case surgery and post-intervention follow-up, to ensure that patients are actively managed.

In addition, and central to our overall approach, I agree that we should develop referral management centres, to develop a wider range of referral options and inform patient choice about treatment. We are already piloting referral management in Glasgow and Lothian and it is clear that we need to learn from that experience. I expect the initiative to provide a stimulus for the redesign of services to provide new ways of working, for example through general practitioners with special interests, referral to nurse-led services and referral of orthopaedics patients to

physiotherapists. I know from recent discussions that GPs are very much in favour of, and want to work with us to achieve, a properly structured and accredited programme for GPs with special interests.

Urgent or emergency care is one of the most difficult issues that boards face in taking forward plans for service change. Professor Kerr's work provides a helpful way through the issue, by drawing on evidence of actual need for urgent care, by confirming that a large proportion of such care can be delivered by multidisciplinary teams working in local facilities, and by providing a number of models for the future provision of urgent care. The community casualty units that the report describes can be a valuable part of local services and provide 24-hour care for the vast majority of needs.

The work on urgent care is about sustaining local services and should reduce the anxiety in local communities about access to the vast majority of urgent care. That is not to say that every hospital will undertake the whole range of complex emergency work—that would not be in the best interests of patients. However, every hospital with a community casualty unit should be able to provide most of its community's needs, 24 hours a day. In the future, some hospitals might focus on planned surgery and not take emergency admissions, but they should still be able to provide most of the urgent care that patients need, 24 hours a day. Some hospitals might admit medical emergencies but not surgical emergencies, in relation to which critical care facilities are more likely to be required. The Kerr report provides a range of options whereby NHS boards might sustain services that are as local as possible but as specialised as necessary. Again, I expect NHS boards to work together to develop regional plans for the future shape of urgent care.

The report sheds light on the difficult issue of the clinical benefit that is to be gained by concentrating resources on fewer sites. The work that underpins the Kerr report identified new evidence that high-volume surgical intervention in certain complex, high-risk procedures can bring significant benefits for patients. It is clear that for a number of cancer surgeries and heart surgery, and for a number of other procedures, the balance of risk points to the specialisation of services to ensure the best outcomes. However, for other procedures the evidence suggests that it is more appropriate and better for patients to retain local services, if the intervention can be performed safely in a well-supported local hospital. Professor Kerr's report recognises that for some procedures the position remains unclear. I welcome his proposal that Scotland should lead the international debate on the issue and we will put in place arrangements to ensure that the relevant

data are collected and evaluated, in a manner that enables the cumulative data to inform future decisions about the clinical benefits of specialised interventions.

The need for enhanced information and communications technology is a recurring theme of the Kerr report. We will soon invite tenders for a national information technology system for the NHS in Scotland, which will help to provide the integration that is necessary to support access to modern and efficient care.

I do not have time to go through all the recommendations in the report, but I will pick up on one more. The idea that we should provide proactive anticipatory care in deprived areas as a means to reducing inequalities seems absolutely right. We will continue to invest in primary care to facilitate the active management of patients, which will help people in deprived communities to receive the care that they need earlier than currently happens. We will also support self-care initiatives.

Last December, we set out our vision of an NHS in Scotland that is fair to all and personal to each. I am pleased that Professor Kerr's work is consistent with those values. His report presents us with an opportunity to move forward. It recognises that a defence of the status quo will not provide the responsive and integrated care that will be required to deal with an aging population that will suffer from an increasingly complex set of long-term conditions. The report also recognises that new skills and ways of working will be required. We will need generalists as well as specialists; we will need doctors, nurses and other professionals; and patients will need to be partners in their own health care.

In responding to the report, the Executive will ensure that the measures that it contains will make a clear difference to the health of the people of Scotland. Over time, we will ensure that the services that we provide meet the changing health needs of the population. Patients can be certain that in shaping the health service of the future, we will ensure that if they are old, frail and liable to frequent hospital admission, they will get co-ordinated care that is provided locally. If they have a long-term condition, help and support will be available so that they can play an increasing role in managing that condition themselves. If they stay in a less well-off part of Scotland, their primary care team will have dedicated resources that are designed to prevent further ill health. They will have access to their own health record, and so will all the clinical staff who might need to treat them. They will be more likely to have all their health care provided in local GP practices or in their local communities.

If patients need a complex treatment on which there is evidence that the volume of activity improves outcomes, we will ensure that they get access to the right person, even if patients have to travel. If patients stay in a remote or rural area, the health service will take that into account, including by providing of a core set of services in rural general hospitals. If they have to go into hospital, they will get quicker access, tests will be done locally, and their length of stay will be planned and shorter. Their hospital appointment will be less likely to be cancelled because of an emergency or because tests are not available. Finally, if they are in urgent need of care, they will get quick access because they will see the right person with the right skills at the right time.

The report, alongside other actions that are being taken by the Executive, can help to achieve what we all want—the NHS in Scotland to be better, quicker, closer, safer and personal to patients' every need.

The Presiding Officer: The minister will take questions on the issues raised in his statement, for which I will allow about 30 minutes. I shall allow the two opening speakers about a minute each, but no preambles.

Shona Robison (Dundee East) (SNP): I welcome the report and pay tribute to those who have been involved in its production. Does the minister agree that it is unfortunate that it has taken six years to finally have a blueprint for the NHS in Scotland? That should have been the starting point for health boards, rather than a panic measure in response to public pressure. Does the minister agree that the report is a vindication of the campaigns to keep health services local? However, given that many health boards are already quite far down the road of centralising services, which may run counter to the thrust of Professor Kerr's plan, what does the report mean for the individual hospitals in which services are under threat, but where no final decisions have been taken? How will the recommendations apply to maternity services, given that they are barely mentioned in the report but are a key concern in many communities? Finally, given the importance of the report, why will the minister not hold a full debate on it before the summer recess?

Mr Kerr: Thanks for that contribution.

I thought that it was sensible to give ourselves the summer to discuss matters with GPs, doctors, consultants, communities, those with long-term chronic conditions and people in our communities whom we seek to serve, instead of having a knee-jerk reaction to the report.

With regard to maternity services, Professor Kerr supports the continuing maternity strategy and the strategy of the expert group on acute

maternity services, which is known to many members.

Many years ago, the Executive said:

“as local as possible, and as specialised as necessary.”

The direction of travel in the NHS is such that more than 90 per cent of care is provided in the community. We have more allied health professionals. We have more nurse clinicians. We have doctors with a new contract, who are proactively managing patients in the community. We have day care surgery, which means that people do not need to be in an acute setting overnight. We are delivering a local health service, but some choose to scaremonger rather than address the modern issues of a modern health service.

With regard to the centralist strategy that Shona Robison mentioned—the cover for any politician on the make—there is no centralisation in the health service; there is localisation. The challenge in the Kerr report is, do we understand and accept that planned medical care is better for patients, because it means fewer cancellations and better outcomes, and that planned medical care should not be disturbed by emergency trauma services? That is what happens in health care services today, but we can get better outcomes for patients if we manage those services better.

Mrs Nanette Milne (North East Scotland) (Con): I thank the minister for the advance copy of his statement and commend Professor Kerr for his excellent report, which looks forward to 20 years of development of the NHS. Given that that is a long time ahead, how quickly can we expect to see changes in the service and local services being put in place for patients?

I have a more specific question about the provision of enhanced information and communications technology. In some health board areas—certainly in Grampian NHS Board area—many GP surgeries have had in place for some time the basic IT infrastructure to connect them with hospital departments such as biochemistry laboratories, but, to date, sufficient funding has not been in place to connect them up. Will the Executive consider making that technology operative at the earliest opportunity, so that patients in primary care can receive their test results quickly, or is the infrastructure that is already in place likely to become redundant under the new proposals?

Mr Kerr: The decisions on the IT strategy are difficult. We must ensure that the system that we develop in Scotland provides the required functionality, interoperability and communications network. However, that is not to say that we have been standing still on the issue. We have had great successes in IT throughout Scotland with

systems such as PACS—the picture archiving and communication system—which transfers digital data about examinations and scans, and many other innovations, such as those on how GPs book patients into the acute sector. Good work is being done and we have enabled much of it to happen. However, if we are to make the step change to which Professor Kerr points and which the Executive supports, we must think further about IT.

That is why, in the Executive's most recent spending review, we increased significantly the resources for IT development in the health service. We seek to provide channels of communication that will allow all that good work to happen on connecting GPs and hospitals and in relation to prescriptions and tests. That will make a better journey for patients and will ensure that, when a patient turns up to see their consultant, their notes are available. That is a big challenge, but we are ready to take it on.

As a matter of urgency, I want NHS boards actively to identify patients in their community who require better overall management, such as those with long-term chronic conditions and the elderly and frail, who, to be blunt, often come to accident and emergency units for admission when that is completely inappropriate, which means that they receive the wrong care. We need to fix that, so I will say to the health boards when I meet them on 13 June that we want steps to be taken on the matter.

Members will have seen the 60-page Kerr report and the accompanying 200-page additional report. The health service will consider those reports in thinking about the direction of travel and how to support members of the community by providing first-class health care services in Scotland.

The Presiding Officer: It would be helpful if we had shorter questions and answers from now on.

Janis Hughes (Glasgow Rutherglen) (Lab): I commend Professor Kerr and his team for their hard work. As Nanette Milne said, Professor Kerr's report states that a common information and communications technology system is essential and recommends that that should be in place by 2008. We talk about better integration in health care through community planning, community health partnerships and some of the innovations that are being developed, but that will depend on good IT systems being in place.

The Presiding Officer: Ask a question, please.

Janis Hughes: One of the most fundamental issues remains the need for a single means of identifying patients. Given that, until we have such a means, we will not have a good IT regime, will the minister outline how work on that matter will progress?

Mr Kerr: I must say that I was surprised when, as Minister for Health and Community Care, I found out that the unique patient identifier in the health service, which is known as the community health index number, was not used as widely as it should have been. Through better training and ensuring that clinicians and all our health care team understand the absolute importance of using the CHI number, I have ensured that we now have high levels of usage and that we will have full usage by June 2006. If we wire together our health care system to allow people to communicate effectively, but they do not do that using a unique patient identifier, the system will fall apart, which would be completely pointless. I am unhappy about the present situation, but I am absolutely reassured that the message has been put across that the unique patient identifier—the CHI number—is to be used effectively for better patient care. At the end of the day, health care is not about the IT system, but the system can bring positive benefits in relation to cancelled appointments, missing notes, test results and booking appointments. I want to achieve those benefits for health care users in Scotland.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): There are two parts to my question. First, the report should mark a positive turning point for the NHS in Scotland, but does the minister believe that the current medical orthodoxy in favour of increasing across-the-board specialisation in the NHS has been effectively challenged by the report? Secondly, is the minister minded to accept Professor Kerr's proposal to develop a network of rural hospitals and establish a clinical school for rural health care? What difference does he see that making to patients in rural Scotland?

Mr Kerr: We need to be careful in our use of language. As a result of Professor Kerr's work, we have additional research that shows us that when we have what I would describe as a high volume of difficult and testing operations in the health service, we can deliver better outcomes. There is a difference between high-volume and low-volume procedures—indeed, patient mortality and survival rates in those are about 10 per cent apart. That applies particularly to some procedures, as I said in my statement.

However, what Scotland will lead the world in is the grey area that worries many of our constituents, which relates to the question of why particular services should go centrally to the acute setting, where we can prove that outcomes for patients and mortality rates are better, and that we provide a much better service. Why cannot those services be provided locally? Professor Kerr's report indicates that many of Scotland's hospitals can provide those services. I see a continued role for smaller and district general hospitals in

diagnostic, general medical and surgical services, and in the bulk of urgent care. There is a good balance there, but between the two ends of the debate we will decide where best those services should sit. I support Professor Kerr's views on rural hospitals and the establishment of proper institutions to support them, and I recognise the generalists who want to work in those communities.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): Over the past four years, my constituents in Lochaber have harboured real fears about the future of the Belford hospital in Fort William. The minister has exhorted us to change our mindset and to think more about communities and less about hospitals. Does he agree with my constituents that the downgrading of that hospital would be a long-term threat to their community? Does he endorse the concept of a rural general hospital, which Professor Kerr supports on page 41 of his report? Will the minister take this opportunity—for the first time in Parliament—to guarantee to my constituents in Lochaber that there is a future for the Belford hospital in Fort William as a consultant-led, 24/7 local hospital that provides acute care?

Mr Kerr: I am pleased that the work of the solutions group is building the very links and the collaborative networks that Professor Kerr recommends we establish in Scotland. A collaborative network involves planning our services regionally and, as I said in response to Mike Rumbles, ensuring that there is a continued role for hospitals in diagnostic, general medical and surgical services and, indeed, the bulk of urgent care. I want to ensure that we continue to provide care as locally as possible; however, we must get our heads above the bricks and mortar and remember that the drive of the report is for personal integrated care to be provided in the community. Let us stop being fascinated with the 10 per cent of health care that is delivered in the hospital setting, and let us instead celebrate and focus on the care that is provided in the community close to people's homes, which is where they want it.

Eleanor Scott (Highlands and Islands) (Green): To continue the rural theme, I am pleased that the report recommended that rural general hospitals have a contribution to make, but rural general hospitals will require rural general surgeons and rural general physicians. Does the minister commit to that? Are the professional bodies on board and do they support that? To follow up on that, and going a bit further out into the rural areas, I welcome the recommendation on using community hospitals as bases for extended services. How big a community does the minister envisage will be required to support a community hospital?

Mr Kerr: As I have said on many occasions, sitting here in Edinburgh we are not in the best place to decide on locally available services. I believe strongly that it is for communities to engage with their health boards in order to ensure that services are delivered. We should not be prescriptive about such matters.

Eleanor Scott should consider the membership of Professor Kerr's group and his discussions with front-line providers, the royal colleges, Graham Teasdale and others who were on the group and who worked with it. Those institutions know that they need to respond to the challenge that is posed by communities no longer being willing to accept levels of care that they deem to be inappropriate. The professionals know that they must respond to that, which is why—to return to my answer to Mike Rumbles—I am happy to support the proposal for a network of rural hospitals and the education and training infrastructure that will support it, about which Eleanor Scott asked me and which will ensure the long-term success of those hospitals.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): On behalf of a community that engaged effectively with Professor Kerr and the debate, I welcome Professor Kerr's report and the minister's statement. I look forward to that community's continued participation in the general debate over the summer; it would be wrong for that community not to have the opportunity to write to the minister or to participate in the debate over the summer after it has given a view. I also look forward to the evidence that Professor Kerr will, I hope, give to the Health Committee before the summer recess.

My first impression is that what makes the report so important is that its starting point is the patient. Does the minister agree that our health care system needs to be designed in the interests of patients rather than the interests of politicians, doctors or managers, and that it must give patients access to world-class services?

Mr Kerr: I agree that Professor David Kerr's work and the Executive's continuing work give us an opportunity to deliver such a level of personal care and service within our NHS in Scotland. That can and should be done if we properly engage with the Kerr report and seek to make policy and to deliver services through what it says. The report says that we should reduce our reliance and concentration on the acute sector and that we should get more than 90 per cent of our health care systems into our communities, because that is where people want services to be delivered. There is a very strong future for the NHS, but the people who currently work in it and those who will work in it in the future must make a cultural shift towards the idea of services being as local as

possible and as specialised as necessary. We need to work on getting their support for that.

Carolyn Leckie (Central Scotland) (SSP): I thank the minister for the advance copy of the report, which I have been able to read. In it, I found several references to increased involvement of the private sector in one form or another, including on pages 25 and 27, where local improvement finance trust schemes are given more openings; on page 51, which advocates general practitioner fundholding; and on page 45, which refers to overseas private sector teams. Will the minister tell me what percentage increase in the private sector's share of the NHS budget Professor Kerr's report represents?

Mr Kerr: No, but we recognise that the capacity issues in our health service need to be addressed, which is what we have been doing. That is why waiting times are coming down, why more patients are being treated and why 550,000 patients have benefited from new hospitals and other facilities that have been financed by the models of public-private partnerships that we have introduced. That is patient centred. I want patients to have the best level of care, so I have invested in our public NHS in Scotland and will continue to do so, but I will not turn my back on solutions that mean less pain and stress for patients and which are good for them and their families.

Mr John Swinney (North Tayside) (SNP): Does the minister agree that Professor Kerr's recommendation that community-based facilities that are staffed by multidisciplinary teams should provide many of our urgent care needs 24 hours a day is fantastic? Will he pledge to take that recommendation particularly seriously, as the implementation of NHS 24 and the removal of GPs from out-of-hours services have largely removed such facilities from constituencies such as mine?

Mr Kerr: The recommendation is a fantastic innovation, but I must say that we did not remove GPs from out-of-hours services; they removed themselves. NHS 24 then faced a very real challenge in dealing with the situation. I acknowledge Mr Swinney's support for David Kerr, who says that we should focus GPs, paramedics and other professionals around community health care facilities. They can contribute to an effective out-of-hours service and provide the 24/7 cover that our communities need and deserve.

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): I congratulate the Scottish Executive on its foresight in taking a long-term view of Scotland's health services by commissioning the report from Professor Kerr. There is no doubt that the voices of the public and front-line staff have shaped the report, and I hope that those voices will continue to be heard. Perhaps my being in Parliament has in no small way helped to encourage those voices

throughout Scotland. I cannot argue with the conclusions of the report, but my constituents and many others will want to know how and when the Scottish Executive plans to implement and monitor Professor Kerr's recommendations.

Mr Kerr: I have tried to indicate some of the areas where action is now being taken in community care settings, in identification of people who have long-term chronic conditions and in care of frail and elderly people. This is also about how we effectively deliver in communities through planned elective care, 24/7 cover and full accident and emergency trauma units. Those are very important challenges for us. It is easy for us to talk about those issues in here and to recognise the good work that has been done by Professor David Kerr, but communities are quite rightly passionate; I saw some of that passion at the recent meeting at Stobhill. People are passionate about the health service, and we need to engage with them effectively to reassure them that the results of implementation of the proposals will be good for them and good for Scotland.

On how we will achieve implementation, we will work through NHS boards, through the professions and through the change in culture that we need to achieve. We want to achieve collective buy-in by patients, their carers and health care professionals so that our service becomes a model for and an example to the rest of the world of how to provide health care in a modern nation.

Maureen Macmillan (Highlands and Islands) (Lab): Does the minister agree that one of the key recommendations is to develop options for change with people and to bring the general public and patients along with us when changes are made? Does he also agree that the solutions group in Lochaber has been an excellent example of how to do that? Will the minister assure me that, in his discussions on the realignment of Argyll and Clyde NHS Board, he will engage with the people of Argyll and the Highlands to ensure that the proposals that have been made, if they are introduced, are a success?

Mr Kerr: As Minister for Health and Community Care, I am never short of advice. That is challenging, because some of that advice is contradictory. On the issues that Maureen Macmillan raises, I have said that we want to improve the way in which we build in consultation with communities while ensuring that NHS boards do not approach communities with a take-it-or-leave-it agenda. That is the best way to secure trust, faith and confidence in the future of the health service.

That requires challenging agendas, however. We cannot simply agree all the time with what people say to us: those who shout loudest are not necessarily correct. There is a challenge for us all

in responding to the recommendations that the Kerr report has presented to us. There are some great innovations in the Kerr report; I want them to be examined closely and I want plans to be developed around their delivery. It will not be all plain sailing because communities are passionate about their health services. Sometimes, they see things differently from others.

Mary Scanlon (Highlands and Islands) (Con): I note the role of the north of Scotland planning group in agreeing a list of core services for rural general hospitals. Can the minister confirm that the Belford, Oban and Caithness hospitals, as well as the three island hospitals, will be designated rural general hospitals, or will they have to meet some set of criteria?

Given the emphasis on providing care close to home, can the minister explain how the referral management scheme will make it easier for patients to see a podiatrist rather than be put on a long list to see a consultant?

Mr Kerr: Mary Scanlon answered her second question herself. I strongly believe that we need to ensure that people get access to the right level of care, provided by people who have been individually trained at the right skill level. Referral management centres are not just about choices—for example, between a consultant and a podiatrist—but about the choice of consultant and of when the patient can see them. I have seen the same innovation develop elsewhere and it works effectively for patients. We therefore manage referrals now. This is not about the old relationships in the past, in which the attitude was that a certain patient would always be sent to a certain person or place, and would therefore go there again. Referral management centres will do exactly what it says on the tin: they will manage referrals to ensure that the patient gets the best out of the service.

The member highlighted the work that is being done in the north of Scotland. The framework does not determine what should happen in every community. I believe that it sends a signal and gives a strong sense of direction to communities, but it is for communities and health boards to work together on how they see us delivering care in those communities.

George Lyon (Argyll and Bute) (LD): There is a strong emphasis on the need to deliver more services locally. The report highlights the gearing effect whereby if we can increase the number of services that are delivered locally, that will free up time and resources in the acute sector. Does the minister have any thoughts on how we will drag out those services, whether diagnostic or aftercare services or services that ensure that patients who can be treated at GP or district hospital level are not referred into the system? How will we

incentivise that and ensure that it happens? What role will the new community health partnerships play? It seems to me that there is a crucial role for them, provided that they are given the power to do so.

Mr Kerr: There are two dimensions to that. First, we need to reflect on the work that we are doing in health improvement, which is about managing patients actively by not letting people get sick. The smoking legislation that we are putting through Parliament will assist in that, as will many of the other things that we are doing. Chemotherapy, dialysis, minor operations and diagnostic services are being delivered locally. I refer to the Leith treatment centre and the Easterhouse centre which, as the member indicated, are about delivering high-quality, best-outcome services locally, and getting people out of the acute sector. Community health partnerships are a big challenge for us. We have invested a lot of faith and confidence in our CHPs, whose job it is to drag down from the acute sector the services that we seek to have in our communities.

Christine Grahame (South of Scotland) (SNP): I welcome Professor Kerr's whole-hearted endorsement of community hospitals which—I note—the minister shares. Will the minister send a clear message to Borders NHS Board not to close Jedburgh and Coldstream cottage hospitals and, as a postscript to his message, will he send them the funding that will keep them open?

Mr Kerr: The record funding that is going into our NHS in Scotland will continue under this partnership Government. I share Professor Kerr's view: we want collaborative networks involving hospitals working across boundaries to share skills, beds and the opportunities to improve the provision of services, which will allow us to plan regionally and effectively. I hope that that will be delivered in our communities.

There have been closures of hospitals that provided inappropriate care to elderly people who should not have been in that type of facility and who are better looked after in our communities. I reflect not on the specific point but on the generality of the difficult challenges that the Executive has faced in relation to hospital closures. The reason for the closure of hospitals is that they were providing inappropriate care to people who are better provided for in the community. We signed up to those closures because they were right in respect of patient needs.

The framework does not determine what should happen in every local hospital. That is best determined by communities and health boards working regionally, not by a minister sitting in Edinburgh.

Tricia Marwick (Mid Scotland and Fife) (SNP): On a point of order, Presiding Officer. Questions on the statement are due to last for only two more minutes, but 15 members are waiting to ask questions of the minister, given the importance of the statement. Could you use your discretion to allocate an extra 10 or 15 minutes in order to allow as many members as possible to ask questions of the minister?

The Presiding Officer: I will respond to that point of order in due course. In the meantime, I will push ahead with as many members as possible.

Jackie Baillie (Dumbarton) (Lab): I welcome the values that are set out in Professor Kerr's report, which place the focus firmly on the patient. I have two quick questions for the minister. In the context of emergency care, does he acknowledge that the model of integrated care that clinicians are developing at the Vale of Leven hospital is exactly the kind of sustainable and collaborative model that fits with the thrust of Professor Kerr's report? Secondly, will he confirm that the commitment to having generalist physicians applies not just to rural hospitals but to hospitals in outlying urban areas?

Mr Kerr: I am more than happy to endorse the Lomond model, as I said when I visited Vale of Leven hospital last Thursday. I have considered the model and I believe that it sits well with what Professor Kerr is saying and with what the Executive sees happening around emergency and integrated care.

I should mention the integrated care physicians. I am not sure that I recall the job title correctly, but that is a slightly jargonised description of what I think the member is asking about. She is right to say that that model of generalist should not be placed exclusively in the remote and rural environment. In fact, if I recall correctly, Professor Kerr talks about an integrated care physician as being an urban or semi-urban version of the solution that is to be found in remote and rural areas. There is a balance to be struck in order to enable that specialist and generalist activity to take place in the environment that the member asked me about.

Ms Sandra White (Glasgow) (SNP): As the minister said, we will not debate the issue until after the summer recess. What advice and guidance will he give to health boards and others in the meantime?

Mr Kerr: In the meantime, I will be talking and listening, which many people in this chamber need to do. I have tried to tell members what the priorities are. They are long-term care of chronic conditions; identifying people in our communities who suffer from chronic conditions; identifying people in our communities who too often turn to

the A and E door of our hospitals instead of having planned care in the community; and proactive case management to ensure that our general practitioners and community physicians can get out on the streets, advocating and creating health care for their communities instead of sitting in GP practices. There are many ways in which I want our health service to change in the short term and, in that regard, I have also mentioned our commitment in relation to information technology.

However, the two volumes of the report are 60 pages long and 200 pages long respectively. We should consider the ideas in it and come back to the chamber for a full debate after we have talked to people and discussed matters with them. I cannot lay out in a few hours—

Richard Lochhead (North East Scotland) (SNP): Pass the buck.

Mr Kerr: Somebody said, "Pass the buck." That is typical of the attitude that is being adopted by the SNP—ambulance chasers, if ever there was such as a thing.

We seek to engage with and talk to patients, professionals and communities. That is what Professor Kerr was extremely good at and that is what our job is. We should reflect on the report and come back to Parliament after the summer recess to discuss fully how to implement it.

Christine May (Central Fife) (Lab): Some 90 per cent of health care is already delivered locally; the minister has spoken of his desire to ensure that that provision is enhanced and accelerated. Does that mean that the minister will give serious consideration to the capital, revenue-funding and staffing issues, in relation to which there might need to be some front loading if that expansion is to be achieved while we pursue the acute strategies?

Mr Kerr: I believe that we need to ensure not only that we spend money on the physical infrastructure of the health service but that we make sure that the right skills agenda is played out in our colleges, universities, professional bodies and institutions. There are two aspects that will ensure that we can successfully roll out the report's recommendations: one relates to training, skills, leadership and delivery in communities by professionals; the other involves giving the professionals the right resources and the right places in which to deliver first-class health care, which we are doing all over Scotland.

Dennis Canavan (Falkirk West) (Ind): Can we have an assurance that Professor Kerr's report and the minister's statement today do not alter in any way the Scottish Executive's commitment to build a new general hospital in Larbert by 2009 to serve all the people of the Forth valley?

Mr Kerr: The last question is an easy one; I can confirm that that is the case.

The Presiding Officer: On the point of order that was raised by Tricia Marwick, members will notice that it is now 15:23 and 30 seconds, so I have used my discretion.

On the detailed figures, members might be interested in the breakdown of speakers. Thirty members asked to speak: eight Labour members asked to speak and five were called; 13 Scottish National Party members asked to speak and five were called; two Conservatives asked to speak and were called; two Liberal Democrats asked to speak and were called; three independents asked to speak and two were called; one Scottish Socialist Party member asked to speak and was called; and one Green member asked to speak and was called. I hope that members will agree that, given the time constraints, that represents a reasonable balance.

World Youth Congress

The Presiding Officer (Mr George Reid): The next item of business is a debate on motion S2M-2857, in the name of Euan Robson, on the third meeting of the world youth congress.

15:25

The Deputy Minister for Education and Young People (Euan Robson): Last July in Stirling, I met a truly remarkable young man, Jagan Deveraj, whose work has impacted on thousands of lives. He has mobilised hundreds of people who live near his home city of Bangalore to work on projects as diverse as setting up an evening school for slum children to establishing a honey farm and a paper-making plant to support a community of disadvantaged women. He has been active in the field since 2001 and is only 26 years old.

A Vietnamese journalist—a young lady of 20—currently co-ordinates water supply projects, HIV/AIDS awareness programmes and environmental conservation projects under the international be the change initiative. In Cameroon, a member of the African Youth Parliament has been honoured for his peace and conflict resolution work while colleagues have served time in jail for protesting against endemic corruption.

Those young people and thousands like them are a new breed. They are part of an informed global coalition that is mobilising behind the United Nations millennium development goals. They are young, switched on and dynamic and make a phenomenal contribution.

This summer, 600 of the best and brightest of those people, from Sri Lanka to Paraguay and from Burundi to Azerbaijan, will be given a unique chance to meet and to form an international network of like-minded young people; to engage with politicians and development professionals; to draft a youth-led development manifesto for the UN; to bring together the best examples of projects that work; to plan concrete action for their return home; and to work alongside young Scots and get their hands dirty on a range of 40 practical action projects in Scotland.

The world youth congress will take place in Stirling from 29 July to 8 August and will be the third in a series that is being run by the Peace Child International charity in partnership with the Scottish Executive, the Scottish Youth Parliament and the Scottish Council for Voluntary Organisations. One of the great early successes of the congress has been its international reach. Starting from scratch last autumn, it had attracted some 4,000 applications from more than 150

countries by March, which is an unprecedented response to such an event and makes good our ambition to make the congress the most significant and aspirational event for young people that will happen anywhere in the world in 2005.

What about young Scots? Some 100 delegates at the congress will be from Scotland and the rest of the United Kingdom and up to 400 more young Scots will work alongside delegates on the community action projects. However, our ambition was always to do justice to the congress by finding a way of involving far more young people than could attend in person. We have worked with Young Scot in preparing the change 05 initiative, which was launched last month in a magazine that members may have seen—indeed, I see members nodding. There have been some 4,500 responses from young Scots to date, each of whom has pledged to undertake five positive actions.

We are delighted that the publication—which was written by young people for young people—is striking such a chord. It highlights some of the main global development issues and, more important, focuses on simple things that individuals can do to make a difference. The response demonstrates that young Scots are not only aware of what is going on in the world around them, but through change 05 are ready and willing to make an active contribution, to strengthen their communities and to establish new models of behaviour from which all of us can learn.

The commitments that have been made link change 05 respondents with those who will attend the congress and thousands of other applicants and newsletter subscribers all over the world. I am tremendously heartened by such a commitment to positive action from so many of our young people and I salute them for it.

The world youth congress is a forum and a hub for the type of young person whom I have described. In addition, 50 of the 600 delegates are accredited journalists, all under the age of 25, with award winners such as Oxfam's young journalist of the year among them. Their work on the congress is already being published and broadcast by media as diverse as Brazilian national television, the Malawi Broadcasting Corporation and the *Georgian Times*. The images and stories that they bring from Scotland will reach a truly global audience.

What of the wider benefits? After all, the Executive has committed more than £2 million to host the world youth congress. A substantial legacy will be left in Scotland at 40 sites, from Durness to Uist, with hands-on work by delegates and local groups on community regeneration, sustainable living and the environment, as well as work with at-risk youth groups. Six hundred personal action plans will be developed during the

event for concrete projects to be initiated across the world in support of the UN millennium development goals. A groundbreaking peace project will unite two groups of under-25s from Armenia and Azerbaijan to work through a three-day conflict resolution programme with the aim of bringing healing and solutions home to an area that has suffered intense conflict for many generations.

On the policy side, senior professionals from the development world will attend and talk face to face with young people about the issues that matter. Those professionals include Eveline Herfkens, who is Kofi Annan's special adviser on the millennium development goals, and Kumi Naidoo, the chair of Civicus, who shared a platform with Sir Bob Geldof in the chamber last week. Discussions will focus on practical solutions and will feed into a brief for the UN General Assembly in September.

Finally, and to cement Scotland's profile as an international leader in supporting young people and sustainable development, an action toolkit will be developed at the congress as a practical manual for successful youth-led development work worldwide, to be captured on DVD and CD-ROM for global promotion. In short, 500 young achievers—active, well connected and influential on the future of their countries—will take away and communicate a positive image of Scotland and its people. The combination of the third world youth congress and the change 05 initiative will make a major contribution to promoting activism, volunteering and confidence among young people in Scotland. The event will demonstrate that a devolved Scotland can play its part in making a better world. For all those reasons, I commend the motion to the Parliament.

I move,

That the Parliament welcomes the Peace Child International 3rd World Youth Congress in Stirling from 30 July to 8 August 2005, facilitated by the Scottish Executive; recognises the contribution that the event will make to youth-led sustainable development across the world; looks forward to welcoming the 600 delegates to the Parliament on the last weekend of the congress and warmly commends their efforts as youth leaders in pursuit of the UN Millennium Development Goals; supports the active involvement of young Scots in the global development agenda, as highlighted by the congress and through the Change 05 initiative, and welcomes the opportunity that the congress brings to promote Scotland on an international stage.

15:33

Tricia Marwick (Mid Scotland and Fife) (SNP): It gives me great pleasure to open for the Scottish National Party in this debate. My party welcomes the world youth congress, which is holding its third meeting here in Scotland this July and August. It is often said that young people today are disengaged

from politics. All too often the picture painted of today's youth is of an apathetic generation that is uninterested in the wider world and lacking in the desire—associated with previous generations—to change society. As we well know, nothing could be further from the truth. The minister has mentioned the young Scots who are involved in the change 05 initiative; they are an inspiration to people in Scotland and throughout the world.

The world youth congress is just one example of young people refusing to conform to an ill-informed stereotype. A glance at the programme of this year's congress demonstrates a commitment among its 600 delegates to the major issues that confront our world in the 21st century: sustainable development, eco-friendly lifestyles, global citizenship, eradicating poverty and meeting the UN's millennium development goals. Those are the concerns not of a disengaged and selfish generation, but of a generation that is committed to changing our world for the better. They also reflect the failure of our generation to do the things that we hoped to do. The world youth congress proves that young people today are engaged with the important issues that face society and that they are prepared to take action to improve the world around them. It is vital that we in the Parliament—and, indeed, all politicians—give our support to those young people.

If proof is required of the commitment of the world youth congress to those themes, we need look only to a new development at this year's event. The Scottish summit is the first time that delegates will not be restricted simply to discussing the issues that I have mentioned but will actively participate in projects that encourage sustainable development. Those projects will take place throughout Scotland. In my constituency of Fife, for example, up to 15 delegates will take part in a regeneration project at Lochore meadows country park. I remember when the park did not exist but was the site of pit bings. Some regeneration has been done, but I look forward to the work that the young people will do. Such projects show that the delegates of the world youth congress are not afraid of getting their hands dirty.

The aims of the congress go beyond sustainable development to encompass a commitment to the fulfilment of all the UN millennium development goals. The SNP whole-heartedly supports that aim. The congress will debate some of the most important challenges that we face in the 21st century, including the eradication of poverty, the reduction of child mortality and the fight against the scourge of HIV/AIDS in Africa. Young people have an important role to play in the debate that is taking place on those issues. After all, it is largely on their generation that the huge task of ending injustice in the world will fall.

It is only right that we genuinely listen to the thoughts and views of those who are involved in the world youth congress. Those views will be contained in a strategy paper that will be prepared by delegates and presented to the UN General Assembly. The paper will describe the work that the young people have done to support the millennium development goals and suggest practical policy initiatives to encourage more young people to become involved in the effort. The Parliament has discussed before how best we can encourage young people to become actively involved in what we call civic society. The report from the world youth congress will contain ideas and suggestions from the very people whose participation we are trying to encourage. It is vital for each of us to learn from what the congress has to say and to do all that we can to put its recommendations into practice in our communities.

Finally, it would be remiss of me to give a speech about the world youth congress without mentioning the other summit that is taking place in Scotland this year. It is worth while noting the similarity in the programmes that will be discussed at the summits in Stirling and Perth. We can only hope that the leaders of the world's richest countries show the same level of commitment as the delegates of the world youth congress to tackling the global challenges of the 21st century. If they do, we can all look forward to the achievement of the millennium development goals.

15:38

Lord James Douglas-Hamilton (Lothians)
(Con): I thank the Deputy Minister for Education and Young People for his helpful contribution, in which he set the scene and pointed the way to priorities and practical solutions. I also thank Tricia Marwick for her positive remarks. I believe that we have a meeting of minds on the issue and I am pleased to contribute to what is a constructive debate on the third world youth congress, which will meet in Stirling.

Increased youth participation in volunteering and community involvement should be strongly encouraged. In addition, the world youth congress has the potential to provide economic benefits for Stirling, both during the congress and for some time to come, as a result of increased investment and publicity.

We must bear in mind the fact that, before wealth can be distributed, it has to be created. We need an holistic approach that takes into account the need to support sustainable development—Tricia Marwick mentioned that important theme. If we take such an approach, it will be much easier to improve the economic and political infrastructure, so that aid that assists social and

economic development goes as far as possible. If we adopt a comprehensive approach coupled with a commitment to deliver, we will be able, in co-operation with other nations and institutions, to drive back the frontiers of poverty, ignorance and disease.

According to the global campaign for education, more than 100 million children are kept out of school each day by poverty, conflict and disease. A new school report card created by the campaign reveals that those children are still out of schools because the seven richest countries in the world and others are failing to provide the funding that is necessary to develop education in the third world. The report grades rich countries on the quantity and quality of education aid that they provide to poor countries. Norway scores at the top of the class with an A, followed by the Netherlands. Sweden, Ireland and the United Kingdom receive a B. Many donor countries are failing to deliver what they could. Several of the G7 countries receive a lowly D. The United States of America comes bottom, with an F. Many of those countries could do better.

This year, the world will miss the United Nations third millennium development goal to achieve greater parity in education by 2005 and to empower women. Progress is needed in relation to the education of women, which would cover health education and would help to prevent unnecessary deaths in childbirth. In particular, it would lead to more knowledge about how to combat HIV and AIDS. It is appropriate that I make that point in a Parliament that proportionately has more women members than any other in the world, with the exception of the Swedish Parliament.

In 2005, young people in developed countries around the world will send model friends, representing the more than 100 million children around the world who miss out on schooling, to their Governments, who will be asked to

"Send My Friend to School".

Britain's response to the tsunami disaster is clear evidence of the fact that people in Britain are generous. Every day, tens of thousands of children die from diseases that are entirely preventable. Millions of children get no education. However, countries such as India and China are lifting their people out of poverty. Positive change is possible and can be achieved. We must ensure that aid gets through to those for whom it is intended and does not end up in the bank accounts of the governing elite. Aid must not be about poor men in rich countries assisting rich men in poor countries.

We need to be certain that badly governed countries will distribute more British aid through

non-governmental organisations. We also need to target aid at the poorest countries. Half the European Union's aid still goes to middle-income or even higher-income nations. National Governments should have greater control over their international development budgets, as that would enable Britain to target her support at the most deserving countries.

However, aid alone cannot solve all the problems of global poverty. Good government, free enterprise, free markets and fairer trade offer an end to global poverty. The growth of free markets will do more than all the aid programmes in the world to lift people out of poverty. The failure of some people to grasp that truth has left millions of people stranded. In our view, the richer countries must act in accordance with what they know to be true—that free trade spreads prosperity and protectionism does not. Protection for developed countries, at the expense of the developing world, must come to an end, as it is immoral and hypocritical. Instead of putting up barriers, we need to open up our markets to developing countries.

Linda Fabiani (Central Scotland) (SNP): Can the member give me an example of a country in which unrestricted free trade has spread social justice?

Lord James Douglas-Hamilton: The member makes a valid point about the importance of social justice and a fair society. As a nation, we stand for clear principles. Aid must reach those for whom it is intended. Obviously, free trade should also be fair trade. I have seen sewing machines being made in India in conditions that would not be permitted under our factory laws. There were no guards around the machines, so any of the young children who were working on them could lose limbs. There were paint fumes in the air because the sewing machines were being painted, but the children had no masks to put over their faces. That would not be allowed under our laws. I accept the point that trade must be not only free but fair and that there must be minimum standards.

One cannot cover absolutely everything in saying a few words, but our intentions are good. I wish every possible success to the world youth congress and congratulate the minister on his constructive and helpful approach.

15:45

Dr Sylvia Jackson (Stirling) (Lab): It gives me great pleasure to speak in today's debate, because the world youth congress is an important event that will, as has been mentioned, contribute to youth-led sustainable development across the world. I commend the efforts of youth leaders who are involved in the pursuit of UN millennium

development goals. I welcome the opportunity that the world youth congress, which is taking place between 30 July and 8 August, offers to promote Scotland on the international stage. We are doing that ably through the G8 summit and other events.

It gives me even greater pleasure to welcome the event to Stirling in my constituency. At the weekend, I attended an event in the Baptist church in Stirling about global warming and sustainable development. I know that the churches and many other organisations will give a warm welcome to the world youth congress.

As the minister said, the congress will bring together 600 of the world's most dynamic young project leaders in the fields of social, environmental and sustainable development. The young people are aged between 18 and 25 and come from 150 countries. One hundred of the 600 delegates will be from Scotland and the rest of the UK. That is a sizeable number.

The congress will focus on finding an effective role for young people in international development and, in particular, in meeting the UN millennium development goals. It will also consider how to promote sustainable lifestyles, which we discussed at the Baptist church at the weekend. For three days of the congress, the young people will work on the action plans for most of our constituencies, as Tricia Marwick mentioned. That is to be welcomed.

Those are ambitious aims and they will move the agenda forward. The delegates will work not only on action projects, but on a policy document for the UN General Assembly on youth-led development work. That will be presented by the UK delegation to the UN's millennium development goals review. There will also be an action toolkit, which will be a book on practical youth-led projects for global distribution.

The minister mentioned the publication of the change 05 magazine. I gather that 250,000 copies were distributed in Scotland in April and that 4,500 responses have been received to date from young people pledging to take action to make a positive change. That is a good response rate.

As an executive member of the Scottish Parliament branch of the Commonwealth Parliamentary Association, I will now speak about what young people are doing to support the UN millennium development goals, which are key targets for the congress.

The modern Commonwealth of nations has evolved as an international partnership of countries dedicated to co-operation and governed by mutual respect. Its 1.7 billion people make up more than a quarter of the world's population and over half of them are young people aged 25 or under.

Let us look at some of the Commonwealth initiatives in which we have been involved, through the CPA in particular. As we all know from the recent debate, a cross-party delegation of MSPs visited South Africa and Malawi in February to meet and initiate discussions with Scottish NGOs working there to achieve some of the development goals. Lord James mentioned some of the important aims in relation to the role of women, education, clean water and the prevention of HIV and AIDS.

During that visit to Blantyre in Malawi, the delegation met many volunteers, including Stuart Mill, a school leaver from Merchiston Castle School; Paula Scott, a primary teacher from Banchory; Angela Moore; and Shona Wilmot. They were all teaching at Nansato primary school in Mbewa. The delegation also met Patrick Grady and Chris MacLeod, both graduates who were teaching at St Peter's secondary school in Mzuzu. Additionally, 12 students from Stewart's Melville College are going out to Blantyre to do six weeks' voluntary work. The list goes on and on and I am reliably informed by CPA staff that those are only a small number of the volunteers who are working out there. As we know, the First Minister is in Malawi at the moment, encouraging and moving the agenda on still further—we hope to hear good reports of that.

The 15th Commonwealth conference of education ministers took place in October 2003 and had a parallel youth symposium. The Scottish Parliament CPA branch takes great pride in organising youth events in whatever capacity we can. Every year, on the second Monday in March, the Commonwealth celebrates its beliefs, principles and diversity of peoples. In 2001, we invited 16 students to visit the Scottish Parliament. In 2002, young people from universities were invited to a members' business debate that was held to highlight Scotland's relationship with the Commonwealth. In 2004, we had the Commonwealth day theme of building a Commonwealth of freedom—students were invited to that event, too. This year, the Scottish Parliament CPA branch nominated two young people to attend a two-day celebration in London to simulate the Commonwealth heads of Government meeting, which takes place biennially.

The branch also held a debating tournament—which Lord James will remember well—to select two students to represent the Scottish Parliament at the third pan-Commonwealth parliament in Brisbane. More than 70 delegates, who had been nominated by legislatures throughout the Commonwealth, took part in that event—60 per cent of the delegates were from developing countries. The overall goal of the project was to strengthen the democratic process in the

Commonwealth by deepening understanding through people talking together.

We are currently liaising with the Commonwealth Universities Association to find out more about what is going on in the Commonwealth at university level. We have made good progress on that. Some members will also have attended the event that John Swinney arranged—the Commonwealth challenge, which took place the other day. We look forward to the Commonwealth parliamentary conference in September, when the millennium development goals will take centre stage.

The world youth congress is a worthy project. It is not about sitting passively in auditoriums—as we are doing—but about getting out. It is about talking the talk and walking the walk by doing the development. I cannot see why anyone would not support the motion.

15:53

Robin Harper (Lothians) (Green): I congratulate Peace Child International on arranging this series of conferences, the third of which will take place here, and everyone who has facilitated the conference—including the Executive—on the encouragement that they are giving it. Like Sylvia Jackson, I cannot see how anyone could but agree whole-heartedly with the tone, content and aim of the motion that is before us.

I listened to the First Minister on the radio at lunch time, during a broadcast that came direct from Malawi. I was heartened to hear the commitments that he is making to small-scale, practical help for Malawi. He is encouraging not big stuff, but the kind of engagement—worldwide, but in Malawi in particular—that will come as a result of the conference that will take place in Stirling.

I want to encourage the Executive in the many things that it is already doing. Today's debate and motion give us the opportunity to say, "Well done," in certain areas and to ask for more to be done in others.

I draw the Executive's attention to the sustainable secondary schools project, which reported this month. It involved six schools and a number of environmental organisations, including WWF Scotland and RSPB Scotland. The main aim was to get young people in schools in Scotland involved in a highly thought-out and structured set of projects to encourage them to think globally, internationally and sustainably about sustainable development. I hope that the Executive will not only draw on the many encouraging lessons that are to be learned from the project, but assist with the roll-out to all our secondary schools. If that

sounds too ambitious, let us just remember that, three or four years ago, the eco-schools were just beginning and now half the schools in Scotland are signed up to the project. I encourage the Executive to develop that. WWF Scotland also has a project called linkingthinking, which encourages people to think about the environment deeply in a way that has not been done before. It starts with training and skills for teachers and it could roll out to all the sustainability and development projects that are going on in schools throughout Scotland.

Two years ago, I had the privilege—actually, I paid for it myself—of going to Johannesburg to see what was happening at the Johannesburg conference, and I was also assisted and welcomed in joining Jack McConnell on a visit to an eco-school. One of the exciting things that can come out of such conferences is an awareness of how much we can learn from young people around the world. The school that we visited was, I think, ahead of any eco-school that I have seen in Scotland, and I have seen many of them. I am proud of the work that is done at Currie High School, which is in the region that I represent, on taking care of the local environment and restoring woodlands, and that school has links with South Africa and Kenya. However, in the little primary school that we visited, we saw a microcosm of what was happening in South Africa. On the walls, in letters 3ft or 4ft high, was written, “My friend with AIDS is still my friend.” That was in a primary school; AIDS is so bad in South Africa that people feel that they have to deal with it in capital letters in primary schools. There is no shortage of land in South Africa, so it is easier for a school to have its own garden, and the children were growing their own vegetables. They also had a tremendous recycling facility in the school, and the children brought in their own kitchen waste to be stored, composted and recycled for the school garden.

I do not want to go over time, Presiding Officer. How long do I have left?

The Deputy Presiding Officer (Murray Tosh): We are reasonably relaxed this afternoon, Mr Harper, and I do not mind you going over your six minutes by a little margin.

Robin Harper: Thank you. I will not speak for too long.

The visit to that King Williamstown school was very exciting indeed. I am looking forward to the First Minister coming back from Malawi as inspired as I think he was by his visit to South Africa.

I remind the Executive of a powerful group that is developing in Scotland. It is called the International Development Education Association of Scotland—IDEAS—and is centred around Oxfam. Around Scotland, 40 groups that are loosely or closely associated with international

development have got together to pool their ideas. There is huge potential there and huge energy for the Executive to draw on and to use in developing sustainable education and global citizenship in our schools. I find it exciting to hear that the project will roll out to 40 parts of Scotland and that there will be a report on it. However, I think that the report should not go just to the United Nations. Could it possibly be sent to every director of education in Scotland, and perhaps even to every head teacher in Scotland? I am certain that, when it is completed, it will be a huge inspiration to everyone who reads it.

16:00

Mr Frank McAveety (Glasgow Shettleston) (Lab): Like many members, I am delighted that we have the chance to focus on the world youth congress that is coming to Scotland in the summer, even if the debate is sparsely attended. As Sylvia Jackson said, it is probably appropriate that it will take place in Stirling. I ask members to look back to the distant past of the early 1970s, when I believe that the Queen was given a warm welcome when she visited the University of Stirling—but perhaps things have changed dramatically in the 30 years since then. Rather than focus on a narrow institution such as the monarchy, the themes of the conference strike me as themes that young people feel passionate about, as I learn when I meet them in my constituency or in schools.

Young people are passionate about the likely future of the world in which they live. They are angry about the inequalities that exist in the world, whether they are caused by free trade or restrictive trade, and about the fact that too many folk live in abject poverty in this great world of ours, despite the immense capacity and ingenuity that we have to solve such problems. They are shocked that children in other parts of the world do not have access to the basic education, literacy and numeracy skills that they take for granted. They are cynical about whether we as politicians have either the capacity or the imagination to resolve the issues, but intrinsically they are optimistic in their belief that we can do something about them.

If anything comes out of the congress, I hope that it is the continuation of such commitment and passion. I hope that it is focused on the millennium development goals, so that the policy document that the young men and women develop over the summer can influence the decision makers, although not necessarily the higher figures that will be here in Scotland during the summer for the G8 summit. It is incredible that 600 people from around the world, including the developing world and the European Community, will meet in

Scotland to consider how we can deliver the millennium development goals at the same time as senior figures of the leading nations and economies in the world are here.

I note that the *Daily Mail* took an interest in the change 05 publication and labelled it anarchist. Being demonised by the *Daily Mail* is probably not a bad achievement for a youngster. Those involved join a litany of folk from *Oz* magazine in the 1970s to *NME*, punk fanzines and the internet campaigns of the recent past.

Gilberto Gil was the Green representative in the Brazilian Government under Lula, although I understand that he has now resigned because of his concern about environmental issues. In the 1960s, he was a member of the Workers Party. When he was asked about what happened to his youthful exuberance and how he could square what he believed in the late 1960s—when he opposed the military junta in Brazil and was involved in the Tropicalia musical movement, which was a radical movement to do with music, dance and performance—with being a Government minister, he came out with what I think is the only legitimate answer that a Latin could give to a question about how, as we get older, we change our views about how we can change and influence things in the world. He said:

“that was then ... this is now ... but the spirit of then is still with me in the here and now and what made me then inspires me in the here and now.”

If I had thought that up, I would quote it liberally in every speech that I ever made.

I say to the young people who are in the public gallery today, watching the debate, that many of the radical perspectives that young people in the 1960s had might be reflected in the debates that take place at the world youth congress. As they go through life, many people end up engaging in activities and influencing matters from a very different perspective from the one they initially endeavoured to pursue. Daniel Cohn-Bendit, who was involved in the events of 1968 in Europe, is now a member of the European Parliament. Anita Roddick has adopted the principles that she had in the late 1960s and early 1970s in her approach to business. Clearly, Hillary Clinton has influenced much of the debate within the Democratic Party. Claire Rayner has certainly influenced the debate through her work in the media. Even Jack Straw, like him or loathe him, has probably made a contribution through his influence as Foreign Secretary—that contribution will be seen as good or bad depending on a person's political perspective. I say that rather wistfully and ruefully.

The congress could be a transformative experience for young people. More than 10 years ago, I was involved in a project in which young people from the greater Easterhouse area and

Craigmillar did incredible amounts of voluntary work, community work and development work in their communities. Their reward was the opportunity to go to Los Angeles and San Francisco in the United States, on a visit sponsored by British Airways and other companies in the private sector. During the visit, the young people learned about approaches to street homelessness in Los Angeles and witnessed efforts to integrate ethnic communities in large community schools. The most chilling but probably the most educative experience for the youngsters was a visit to the Los Angeles Museum of the Holocaust, where they were confronted with the reality of the experience of young men and women in Nazi Germany and beyond. The impact of that visit enabled the youngsters to move on in their lives. They had had a transformative experience, which lifted them out of the immediacy of their communities in Easterhouse and Craigmillar and showed them that they had the opportunity to influence matters through what they did with their lives. Those young men and women are now adults with families of their own. I still bump into some of them, and the values that inspired them then continue to inspire them in the here and now—if I may echo Gilberto Gil.

I hope that the congress will be a success and that the debate contributes to that. Young people throw down a challenge to themselves and to us by asking a number of questions, which I hope will be explored and addressed in the recommendations. How can we create a world that is both representative and accountable, so that people participate in the political process rather than look to extreme solutions? How can we resolve inequalities, so that people can live more cohesively and, again, not look to extreme solutions from the right and the far left? The capacity to extend democracy is about respecting the rights of minorities, whether they are newcomers to a community or individuals who have never been acknowledged by the indigenous community. Finally, how can we create a world that inspires young people? How can we eradicate the cynicism that too many young people have about the processes that might resolve the issues?

I think that the congress will be a great success. I am delighted that Scotland will be the third venue for the congress and I hope that the Scots and others from around the world who are involved in it will realise the strength of working together to find long-term solutions. I hope that the young people who are in the chamber recognise that the congress represents a positive contribution to meeting the needs of young people, not just in Scotland but around the globe.

16:07

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): As members have said, the world youth congress presents a great opportunity for Scotland, and the fact that Peace Child International invited Scotland to host the congress is a particular plus. It will be the third such congress and the event will help to establish Scotland as the crossroads of the world—if I may use that expression.

The congress will align with our objective of forging more links with other countries—some 120 countries will be represented at the congress—and with our goals for higher and further education, by helping to build partnerships with higher education institutions in other countries. The relationship that Heriot-Watt University has built and is building with Zambia provides a good example of that.

People will come to Scotland—they are very welcome indeed—and when they return home they will recommend our beautiful country to their friends and families. They might even recommend that people come here to work, which will help the fresh talent initiative. That is important.

The congress will be held in French and English and many participants—I hope that that includes participants from Scotland—will be bilingual. That will present an opportunity to demonstrate to our young people the value of developing language skills, which remain a challenge for this country. There is still work to be done on that front.

My colleague the minister said that events would be held throughout Scotland and he intrigued me with a tantalising reference to an event in the beautiful village of Durness in north-west Sutherland—the northernmost and westernmost community on the mainland of the UK. Perhaps in his response he will tell us what will happen in Durness and whether I can go along.

The minister said that young people are “switched on and dynamic”. That is true: we need only go into a modern studies class in a college to see that the young people of my children’s generation are way ahead of where we were when we were young. I will use a text to illustrate my point. There has been a huge change in the way in which people from different countries view each other. My text is a lovely book called “A Time of Gifts” by Patrick Leigh Fermor, which is an account of him as a young man hitchhiking and walking the length of the Danube. He set off in the 1930s in a snowstorm. It is one of the most fascinating and well-written travel books that I have ever read. I cordially recommend it to everyone if they have not read it.

What is so interesting is that he describes the experience of somebody in his late teens travelling

first through Holland, then Germany, Austria and Czechoslovakia. One sees how entrenched the opinions were. One can smell in the book that war was about to explode, because different nationalities lacked any understanding of each other. Of course, human threads come out in the book, involving some people who were to die in the war that followed. It is a sad book that points out how different things were back in those days, and how far we have progressed today.

Frank McAveety is entirely correct to direct our attention to the Los Angeles Museum of the Holocaust. I remember when my former local authority, Ross and Cromarty District Council, twinned with Krosno in Poland. A number of young people were taken to see Auschwitz, all of whom were moved beyond belief. That memory stays with them. Members should be aware in their constituency work that when they talk to modern history classes many of them now visit the old western front and see the war graves in France and Flanders in Belgium. They all come back profoundly moved. A new tide is running among our young, but it has to be enabled. That is what is so important about the congress get-together.

I have a couple of points. First, continuity is important. I am sure that people have the best of intentions, but it is no good just having a conference and then letting things lie. We should ensure that the links that are established between the young people continue. That is precisely where the internet can play a huge role.

Secondly, I was interested in Linda Fabiani’s intervention on Lord James Douglas-Hamilton. Although it is a discussion for another day, it is worth thinking about. I do not know the answers, but it is worth thinking about where to draw the lines between free trade and fair trade. Is it about a European owner of a farm in east Africa growing spring onions and making huge profits by selling them to Marks and Spencer, while the people who work on the farm do not make much at all, or while there are posho—to use a Swahili word—or meal queues just down the road? It is important that this get-together of splendid young people uses the plenary session to discuss those matters and advance the thinking on those fronts.

Lord James was fair in acknowledging Linda Fabiani’s point that we probably have not established our thoughts as much as we should. Many of us make the mistake of underestimating the young, but I believe that real, good, polished thought can come out of the congress. There should be feedback to us. I say to the minister that if the deliberations of the congress’s plenary session can be printed up and given to us, I would welcome the information, because such clear and new thought can only be to the good of our still young democracy in Scotland.

The congress is a start. Steps have been made since the 1930s of Patrick Leigh Fermor's book. We live in a changed world today, but we must change things still further. The minister indicated that there will be an event in Durness, so I will close with the Gaelic phrase, "Togar càrn mòr de chlachan beaga," which means the big cairn is built of little stones. It is through events such as the congress that we can create something huge that will be of tremendous benefit to the world.

16:14

Dr Elaine Murray (Dumfries) (Lab): I, too, welcome the opportunity to hold another positive debate about young people—this time about young adults aged between 18 and 25. However, I have a concern, because I did not have a high level of awareness of the third meeting of the world youth congress, which is to take place in Stirling, until the Executive scheduled the subject for debate last week. If people such as my colleagues and I—a few of whom I have spoken to about it—are not all that aware that the congress is coming up, I fear that the general public might not know that this important event is to take place in Scotland. In particular, young people might not be aware that the congress is coming up.

The young men and women who lead the projects are excellent role models—the minister referred to them in his speech as inspirational. Therefore, I hope that a sufficient platform will be given to showcase their achievements and to tell their life stories. The G8 summit, to which Tricia Marwick referred and which will take place a few weeks before the world youth congress, will involve a great deal of publicity for the present leaders of the world's wealthiest countries. Given that the congress will involve possible future world leaders—the people who will inherit the mantle and the mistakes of the current leaders—it would be a terrible mistake if their achievements were not publicised adequately.

It is a sad fact that the average young Scot's interest is likely to be in silly celebrities and in people whose only contribution to society is to humiliate themselves in public. Although the debate will help to raise the congress's profile, I have a fear that not many young people are hanging on members' every word; indeed, not many of our colleagues seem to be terribly interested in the debate. Therefore, the Executive, through its press office, must have serious discussion with the national and international media about the adequate promotion of the congress and the related events that the minister said will take place in communities throughout Scotland.

As Frank McAveety said, the change 05 publication has had publicity, although

unfortunately it has been negative. The *Daily Mail* did not like it, which of course immediately commended it to me, so I had a look at it on the website. I am not sure that the entire publication is available there, but one important point that I saw is that it says to young people:

"you too can make a difference".

That is an extremely empowering message in an age in which young people often feel disengaged from conventional politics. Another inspiring message was:

"If we want to see change in people and the world around us, the first step we must take is to ... change ourselves."

None of us is too old to benefit from that advice. Those words do not seem to me to be the words of anarchists, as the *Daily Mail* suggested, but exceedingly sensible advice.

The downloadable articles that I read mentioned sustainability and climate change, which are the issues that exercise our imaginations, too. I might take issue on some points, particularly on the reference to nuclear power, but that is a discussion that people such as John Home Robertson and I should have with younger people. There is also a fantastic article on the child's right to education, which includes the statement:

"Every child in the world has a right to free education which will help lift them out of poverty."

To me, that sounds like one of the founding principles of the Labour Party.

Another article is about an 11-year-old girl who was sold into slavery but who managed to go to school. Now, at the age of 12, she states that her ambition is

"to become something important like a teacher and feel like I am helping the community."

That was a motivating article. The girl does not want to be wealthy or glamorous or on the telly, but somebody who is of value to her community. That reminded me of an article on this morning's edition of "Good Morning Scotland" about a group of pupils from an Orkney school who are visiting a school in Malawi. The teacher said that one of the valuable aspects of the visit for her pupils is that they are learning and seeing how young people can have very little, but be content.

I was involved in the Anti Nazi League and rock against racism when I lived down south in the late 1970s and early 1980s, a time when, I am sad to say, extreme right-wing views were on the ascendancy and there was a lot of concern about the rise of the National Front. Therefore, I was interested to read about the love music, hate racism campaign, especially given the background of the distasteful rhetoric that occurred during the general election campaign. It is important that young people are responding to the rise of such

right-wing and racist views. I am glad that young people are still—I suppose that I was reasonably young in the late 1970s—becoming involved in such activities.

I hope that the world youth congress and change 05 achieve sufficient profile to inspire young people in Scotland and elsewhere. However, the responsibility for young people's empowerment does not rest only with them. Those of us who are in positions of power in any profession must take young people's representations seriously, but that does not always happen. Even if the structures for representation are in place, young people do not always feel that they are listened to adequately. Groups such as student councils in schools must be consulted adequately when changes in school rules or dress are proposed. If the structures exist, but consultation does not take place, young people will feel disfranchised, angry and rebellious and will not feel that they are being listened to. Therefore, I am pleased to see young people serving on community councils. In four weeks' time, I will welcome Lockerbie and district community council, whose youngest member is only 14. Such participation is exciting.

We need to learn lessons from the successful young people—the young leaders—who will be in Stirling this summer, and we must apply them to the aspirations and contributions of young people in every community, so that they, too, believe that they can make a difference and change the world.

16:20

Mr Adam Ingram (South of Scotland) (SNP):

The organisers—Peace Child International, the SCVO and the Scottish Executive—must be congratulated on their endeavours to bring together 600 enthusiastic young people from all over the world to participate in this year's congress in Stirling. The initiative will give young people the chance to voice their opinions, to debate the most pressing issues that face global society, to participate in community action projects throughout Scotland and to get to know Scotland as a country and Scots as people, which is always welcome.

Following on the heels of the G8 summit, the event will show the world that Scotland is the place for global citizens to meet and discuss crucial matters that face us today. I agree with Elaine Murray that much more needs to be done to publicise the congress and the events that will happen this year. Jamie Stone mentioned an event in Sutherland. I am sure that events will take place in Ayrshire, but I have not heard about them yet, so I hope that the Executive will spread the knowledge among us.

The headline goal of the congress is to show Governments what progress young people throughout the world have made to meet the millennium development goals. Those goals are probably unique, in that all 191 United Nations member states have pledged to meet them. The goals include eradicating extreme poverty and hunger and achieving universal primary education. Many other members have mentioned goals such as tackling HIV and promoting gender equality. Those are the key issues that face us.

The young people also want to illustrate their plans to secure substantial support for their activities. Scotland is willing to listen to young people. The event's timing and location are ideal, because many of the UN goals are echoed in the G8 agenda. I guess that young people will be slightly more radical than some of the G8 leaders. If the world youth congress receives the coverage that it deserves, it will help to sustain our attention on those crucial matters.

The event acknowledges that Scotland values young people's opinions. By brainstorming, networking and volunteering, the delegates will go some way towards creating solutions to the problems that will affect their generations probably even more acutely than they have affected ours. Its global reach will enable the congress to take a global perspective on sustainable development. What members such as Robin Harper have said is relevant.

The congress will focus on making it easier for young people to become involved in volunteering, by showing them practical ways to establish new local projects. Therefore, it is fitting that the congress will take place while we celebrate 2005 as the year of volunteering. At its core, volunteering is an important way to participate in a vibrant civil society, so involving young people in volunteering benefits not only the participants and the cause but the community at large.

I commend the world youth congress for including education issues on its agenda. Education is probably the most important tool for combating the problems that plague the underdeveloped areas of the world. As we all know from experience in our own country, education is the ladder out of poverty. The congress's goals of achieving universal primary education, improving sex education and combating illiteracy should all be commended and supported.

It is our responsibility to ensure that the recommendations in the radical, innovative strategy paper that the congress will produce are taken seriously in the Parliament, as they undoubtedly will be in the UN General Assembly.

16:25

Scott Barrie (Dunfermline West) (Lab): The degree of unanimity and consensus on the motion has been almost total. Given the subject matter, that is not particularly surprising, but it should not necessarily be taken as a criticism. It is right for the Parliament to debate some topics that engender a unanimous view and lead to a tone of debate that is different from the usual party-political squabbling. In light of last week's European and External Relations Committee debate on promoting Scotland worldwide, it is also right that we take the opportunity to celebrate the fact that Scotland is hosting the youth congress, which is a world event, and to congratulate the Scottish Executive on securing the event and providing some £2 million of funding.

The third world youth congress's greatest strength is its emphasis on youth-led sustainable development. Young people often have a different view of the world and the issues that affect it from those of us who are older and perhaps more cynical. The idealism of youth should not be denigrated and I am considerably heartened that, in an increasingly commercial world, our current generation of young people retains a desire to change the world and is committed to achieving that.

For the past few years, I have been asked to speak to and present winning certificates to local primary school pupils in an annual competition on world citizenship that the Baha'i community in my constituency organises. I have been impressed by the quality of the writing and drawing that the young people have produced and by the understanding and enthusiasm that are evident in them. Those pupils have a genuine interest in and concern for people in other countries. That genuine interest should be promoted and encouraged and I look forward to the youth congress developing and expanding in the future so that those Dunfermline youngsters can build on the work that has begun by attending such events in five to 10 years' time.

I will digress for a moment. Jamie Stone shared with us his recommendation for the best-written travel book. I have not read that book, but I have read "The Motorcycle Diaries: A Latin American Journey", which relates Che Guevara's travels in Latin America in the 1950s. Last month, when I was doing one of my monthly surgeries in Valleyfield community centre, I noticed that one of the youngsters who had turned up for the youth club was also reading that book—he was carrying a copy of it, so I assumed that he was reading it. He was genuinely interested in what he read in the book and in my experiences of holidaying in Cuba with its different culture and traditions. We should celebrate and promote the genuine interest that

young people have in different cultures and countries of the world.

In his opening speech, the minister referred to the publication of change 05. Frank McAveety and Elaine Murray indicated that some articles in our national media have been critical of that publication and website, but commentators who have criticised it must realise that it is written by young people for young people. The content can be challenging, but it reflects young people's interests and priorities. It might not suit social conservatives, but I would rather know our young folk's views and interests than hear some sanitised, anodyne perspective that suits the middle aged. Young people should be challenging us constantly, just as we challenged past generations when we were young people ourselves.

The two previous world youth congresses were in Hawaii and Morocco. As a graduate of the University of Stirling, I hope that those attending this summer's congress enjoy the venue. With no disrespect to Dr Jackson's constituency, many of the young people from the United Kingdom who are attending this year's event might have wished that it was being held somewhere a bit more exotic, such as Hawaii or Morocco—or Fife. However, it is the subject matter, rather than the venue, that will be the making of the congress. I wish all those who will be travelling to Stirling, from wherever in the world they are coming, a constructive and informative experience.

16:30

Mary Scanlon (Highlands and Islands) (Con): I am very pleased to be speaking in this debate, not least because it is my birthday. My youth becomes more of a distant memory as time goes on. I had thought that I was falling into Scott Barrie's categories of being both a Conservative and of middle age.

Linda Fabiani: Does that make Mary Scanlon ineligible for the world youth congress?

Mary Scanlon: I think so, but I would not like to count by how many years. On a serious note, I am delighted that young people today have more opportunity to engage in such international debate than they would have done in the past. Such events as the world youth congress were not on offer to my generation and certainly not at the school that I attended.

On behalf of my party, I, like others, welcome the world youth congress in Stirling. This summer, Scotland will enhance its reputation on a global scale, with both the G8 summit and what we might call the junior G8, which will play no small part.

When Frank McAveety was speaking, I was reminded of when I was a lecturer taking a student

trip to Prague. Because I had received funding in the Highlands, I had to set some of the agenda. I forced the students to visit the former Nazi concentration camp at Terezín, not far from the Polish border. The students were not very happy about that. They complained and complained, but I said that they had to do it. I still see students in Inverness who retain the memory of their experiences there. In looking to the future, we should never forget our past, good and bad.

I strongly support the role that young people, including young Scots, will play in the world youth congress. It provides a great opportunity for them to broaden their minds, forge lasting relationships and make their voices heard on the international stage, on which Scotland has historically played a major role and spoken loudly. The young people, from more than 150 countries, will have opportunities to get involved in planning and implementing the event's agenda and to spend some of their three days on action projects, including environmental projects, from Durness to inner cities.

I welcome the fact that the participants in the congress are to produce documentation drawing attention to the activities of young people throughout the world in support of the UN millennium goals, particularly on providing universal primary school education for all boys and girls. Those documents will be presented to the General Assembly of the UN. We can be confident that the visitors attending the congress, as well as the G8, will take away with them a positive image of our country, of which each and every one of us here is very proud.

As Adam Ingram has said, this is the year of the volunteer, with young people becoming involved in various voluntary projects. We must hope that the projects that are undertaken by the young people attending the congress stimulate a range of views and opinions on world issues, equipping them with facts and experience and allowing them to debate both sides of the argument.

It is important to promote an enterprising and entrepreneurial culture among our young people in order to drive Scotland's economy and the world economy forward. Historically, Scotland has played a role in invention and enterprise; Scots have taken their ideas round the world. I am sure that the congress will do everything to promote that.

As others have said, the congress is an opportunity to advertise the role of our Youth Parliament, which discusses issues affecting young people throughout Scotland. We hope that the Youth Parliament will expand and engage its membership within the broad spectrum of our younger population in debating issues, expressing opinions and composing policy as an exciting activity by which people should be stimulated.

I welcome the change 05 campaign, which is linked to the congress, through which young people from throughout Scotland complete a personal action plan. I note the examples of pledges to build a better world, to which perhaps we could all sign up and which include pledges to not waste water or electricity; to buy fair trade products where possible; to donate clothes and compact discs to charity; and to challenge discrimination wherever it is seen or heard. Questioning how our own actions impact on others gives us a much broader vision of society. The campaign is an excellent way to promote action and achievement and to sell the idea that each individual can make a difference not only to the future of their community and country but to the wider world.

We support and encourage free enterprise and free trade as the basis on which our commitment to increasing international development support would be built.

The world youth congress cites as one of its aims promoting active citizenship and stimulating ideas on how young people can be involved and be an integral part of any system of active citizenship and good governance. We in Scotland do well. I know that we can learn from others, but I am sure that others can also learn from us. Good governance entails equality, fairness and peaceful resolution, which is undoubtedly the basis for development out of poverty.

16:37

Linda Fabiani (Central Scotland) (SNP): A short while ago, I looked up to see that the youngsters who had been sitting in the gallery were leaving. No harm to any of us, but I thought, "There was the youth of our country and they must have been bored witless sitting up there listening to us talking." I hope that that does not put them off seeing what happens at the youth congress in August. I see that more people are now leaving—perhaps that is because I got up to speak. It is difficult for folk in our age groups to say things that are meaningful to youth, although that does not mean that we should stop trying.

In his opening speech the minister mentioned individuals from different countries, which gives me the opportunity to mention something that I think is wonderful: a couple of the delegates at the youth conference will be from East Timor—the world's newest nation, which has just entered its fourth year of independence. That is particularly special, because in such countries young people have suffered badly and have been political from a young age and aware of all sorts of issues of which children in our society are not aware. It is marvellous that we are welcoming young people from all over the world, from different

circumstances and societies. The opportunity for the 120 delegates from the UK to learn from their experiences is immense.

We hear all the time that young people are not interested in politics, given the lack of voting among the young. However, I believe that, as others have said, it is party politics that they are not interested in—which perhaps goes back to how I began my speech. With the rise of internet communication, we have seen young people get involved in issue politics. The millennium development goals, international development and aid have captured young people's imagination and young people are running with them. I am convinced that if the youth congress in Hawaii in 1999 had set the millennium development goals and been given the action plan for them, we would not be sitting here a third of the way in saying, "We're never going to meet the targets in 2015," which we are not.

The enthusiasm that young people have, coupled with their lack of disillusionment, which sets in when people get older, means that they will just get on and do things. We hear people saying that certain things are impossible, or that certain amounts of money cannot be raised, but that is not true. We should listen more to young people, who have enthusiasm and take what we might sometimes call simplistic approaches, because they would get things done. As somebody said at the Commission for Africa conference last week, we managed to raise billions of pounds to go to war with Iraq pretty blooming quickly, so how come we cannot raise the money that is needed to lift Africa out of poverty?

I was interested in Lord James Douglas-Hamilton's speech for reasons other than what he had to say about fair trade. Perhaps I am being disingenuous, but might I interpret his call for nations to take control of their aid budgets as being an indication that Lord James is joining the recent moves of some Tories towards independence? Certainly, Scotland could take control of its aid budget. Even within the devolved settlement, Scotland could have control of its aid budget and make a contribution above that which has been committed by the Executive.

Sylvia Jackson said that she was at a Baptist church on Sunday. It must have been a Baptist weekend, because I was at a Baptist church on Sunday as well. She said that the role of the churches in joint action on issues such as the millennium development goals and in encouraging initiatives such as the youth congress is huge. Regardless of whether one is religious, one must accept that the role that the churches play is fantastic. A lot of young people work in churches. The youth group of one of the churches in Strathaven, where I live, does tremendous work in

its partnerships with Ethiopia in relation to international development and—due to Strathaven being Scotland's first fair trade town—fair trade.

Jamie Stone mentioned the recognition of world events by young people. This year, South Lanarkshire Council hosted the national Holocaust memorial and remembrance ceremonies. I was taken by the fact that almost everyone who presented at the various events that the council held was a young person. Everything was extremely well done. The level of understanding and compassion of the youth of South Lanarkshire that was evident at those events was amazing. I can see Michael McMahon nodding. He attended many of the events and, evidently, he felt the same as I did.

Last week, during the debate on the voluntary sector, I said that the Executive's intention with regard to project Scotland is admirable, in that the project makes it easier for young people to do voluntary work and get involved in their communities. I would like the remit of project Scotland to be extended to include partnerships with people overseas. As has been mentioned, we are now building a partnership with Malawi, which is great. However, would it not also be great if we could use project Scotland to help young people from Scotland to go to Malawi to work on various projects there? I think that Elaine Murray said that our young people are the leaders and policy makers of the future and we should encourage them to volunteer in the way that I have described.

The motion says that the Parliament

"welcomes the opportunity that the congress brings to promote Scotland on the international stage."

Of course that is to be welcomed, but the congress is also about what Scotland can give back to the world. Scotland could do a lot on the international stage in a fairly straightforward manner. The minister mentioned eastern Europe and conflict resolution and I would point out that Scotland has already been the setting for conflict resolution meetings for the nations in the Caucasus. In that regard, it is interesting to note that Peace Child International is helping to facilitate the congress. It would be wonderful if, while the congress was going on, we could consider the establishment of a centre for peace and conflict resolution in Scotland. After all, as John Hume said when he retired from the European Parliament, there should be a European centre for peace. We should use the youth congress to make a bid for that centre to be housed in Scotland. I cannot think of a better way of promoting Scotland on the international stage.

I want to mention the G8 summit—as other members have—which will take place prior to the youth congress. Bob Geldof issued a challenge to

the First Minister at last week's Commission for Africa conference. He said that if world leaders will not change their attitudes before coming to Scotland, they should be told not to bother coming. I do not agree with that. If we try right up until the last second, they just might change their minds. However, the First Minister, backed up by the Parliament and the people of Scotland, should give leaders a hard time while they are here. They should be told that they can and should make changes. We should try to force the hand of everyone who is motivated to act and get something done. That would be a wonderful thing for Scotland to do before the youth congress and would give the congress a boost in progressing its aim of achieving the millennium development goals.

16:46

Euan Robson: The debate has been interesting and I have enjoyed listening to members. I thank them for their positive approach to the world youth congress, which I am sure will be noted furth of the chamber.

I will respond to points that have been made in the debate. I mentioned our ambition to involve more people in the world youth congress than those who can attend in person. Currently, our best estimate is that upwards of 15,000 young people will be engaged with the event as delegates, respondents to the change 05 initiative or international newsletter subscribers. The Scotland 2005 website has registered approximately 150,000 visitors in 10 months—which is an impressive figure—and has been advertised on other websites as diverse as those of Harvard University and the World Bank to TakingITGlobal, which is a youth networking portal with a membership of many tens of thousands. The website is therefore receiving wide coverage, but there is obviously more that we can do.

I think that Elaine Murray and Adam Ingram said that we should promote the congress more in the media. There is an opportunity to do so and attempts will be made to do so. I share their views about the less fortunate comments about change 05 that have been made in the media, which were mistaken, misplaced and somewhat superficial. As Scott Barrie rightly said, the change 05 magazine is written by young people for young people, and media outlets ought to ponder their more middle-aged perspective on such matters.

I turn to specific points that have been made on the action projects. Jamie Stone asked about what is going on in Durness—I can tell him about the dig in cyberspace. The Prince's Trust is working with young people from the community and a digital artist to convert research from heritage studies into visual formats and animation techniques.

Adam Ingram asked about projects in Ayrshire. There are projects in Ayrshire—I refer to an environmental art project there, which South Ayrshire Council and Wallacetown residents association are running, and the community play park action project that is being sponsored by North Ayrshire Council. Making all members aware of the projects in their regions or constituencies might be helpful. I am sure that they would be welcomed if they visited those projects to see the work that is being undertaken.

Lord James Douglas-Hamilton strongly encouraged young people to participate in the congress. He rightly alluded to the global campaign for education and said that 100 million children and young people are kept out of school each day. He also referred to the importance of women's education.

From talking to teachers who go to Africa, I know about the enthusiasm that young people there have for education; they often walk many miles to school. I was telling some young people in my constituency recently that not only do young people in Africa walk to school but they carry their chairs as they walk to and from school because their school has no chairs. There is a very important thirst for education in a number of those developing countries.

Lord James Douglas-Hamilton was also right to say that we should avoid the situation in which poor men in rich countries help rich men in poor countries. Quite what the Conservatives of 100 years ago would have made of his comment that free trade spreads prosperity where protectionism does not is another matter. That shows that Conservatives can change.

Sylvia Jackson mentioned the promotion of Scotland and of course I welcome the fact that her constituency will host the main and initial events. She also highlighted the role of the Commonwealth and the First Minister's visit to Malawi. The First Minister is scheduled to meet one of the Malawi delegates to the world youth congress during his visit. There will be two delegates from Malawi and three from South Africa. That is also immensely welcome.

Jamie Stone mentioned Zambia. The Zambian high commission visited Parliament recently and we hope to develop several links with Zambia, building on the higher education connections that have existed between us for many years, and of course, on the fact that David Livingstone played a significant part in the opening up and foundation of that part of Africa.

Robin Harper mentioned eco-schools projects in Scotland, and I agree that they have been a great success. It is very good that 1,500 schools—half of the schools in Scotland—are now eco-schools.

He also mentioned the linkingthinking series from WWF Scotland. That is an immensely important development and I will consider his points about sustainable education in schools and getting the report to which he referred to all local education authority directors.

Frank McAveety agreed that learning in congress can transform young people's outlook. He gave the profound example of the young people who visited the Holocaust memorial in Los Angeles. Other members mentioned similar and very moving experiences. By joining together in a congress such as the one that will take place at Stirling, young people will share their understanding of those and similar events. Their work on conflict resolution at the congress will be particularly important.

The development of democracy and how to overcome its flaws is another theme that will be discussed at the congress. That reminds me of the comments of Al Smith, a New York governor, who said that the problems of democracy can only be solved by more democracy.

The world youth congress comes to Scotland from Morocco, where it was in 2003, and Hawaii, where it was in 1999. It is expected that the fourth congress will be held in Asia in 2007. I am pleased that members have acknowledged the merits of Scotland hosting the event and, more important, the opportunities that it brings to young people by supporting their already considerable achievements in creating the conditions in which they can continue their work and building momentum behind the concept of youth-led development.

The world youth congress reflects the growing trend towards mass participation initiatives that are geared towards achieving real change and which have attracted such prominence, particularly this year. I am thinking of, for example, make poverty history, with its signature white band, and the growing impetus behind the fair trade movement. The youth congress also has a wrist band, which is a gold colour, and I am sure that if members would like such a fashion accessory, it can be made available to them.

Change 05 is an initiative in the same model. It involves a critical mass of ordinary people making small changes to the way in which they live their lives; it is in tune with the words of the inspirational Scottish thinker Sir Patrick Geddes: "Think global, act local."

The success of the congress, which has been almost a year in the planning, will rely on the help and support of a great many organisations throughout Scotland. About 30 bodies, including local authorities and voluntary organisations, such as the Prince's Trust and the British Trust for

Conservation Volunteers, will host groups of delegates who will undertake 40 action projects throughout the country. Other organisations will play central roles in the planning and resourcing of the congress, resulting in a broad partnership between Peace Child International, the Scottish Youth Parliament, the Scottish Council for Voluntary Organisations, Youthlink Scotland, Young Scot, Stirling Council, the Executive and many other organisations.

Several members mentioned the legacy of the congress, which will be in the form of a statement to the UN. However, the congress website will remain online until the website for the next congress is available. Members wanted to know how links are being made with the G8 summit, and I am pleased to say that an online debate on the themes of the G8 summit will open on the congress website in June. That will feed directly into important congress debates.

I will make a couple of comments about travel to the congress. I thank the Governments of a number of countries, including Morocco, for paying for their delegations to attend. I also thank the numerous sponsors. To pick one out, BP has offered a scholarship of up to £30,000 to enable young people to get to the congress. That is particularly valuable and helpful and I am grateful to BP.

The congress is largely youth led. Last summer, an international group of under-25s drew up the initial draft planning document, and an advisory group, which was drawn from the Scottish Youth Parliament, the United Kingdom Youth Parliament, the guides, People & the Planet and the Muslim Association of Britain, among others, has met regularly to provide input and plan the event. I record my thanks to all those bodies for their commitment and assistance. I also express my appreciation to the Presiding Officer and the Scottish Parliamentary Corporate Body for permitting the closing ceremony of the congress to take place here in the Parliament. That is much appreciated.

I conclude by thanking members for their comments in what has been an interesting and constructive debate. Again, I commend the motion in my name to the Parliament.

Business Motion

The Presiding Officer (Mr George Reid): The next item of business is consideration of business motion S2M-2864, in the name of Margaret Curran, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Wednesday 1 June 2005

2.30 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Ministerial Statement on Scotland and Africa
 3.05 pm Local Government and Transport Committee Debate: 4th Report 2005, Inquiry into issues arising from the Transport (Scotland) Act 2001
followed by Business Motion
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Thursday 2 June 2005

9.15 am Parliamentary Bureau Motions
followed by Preliminary Stage Debate: Baird Trust Reorganisation Bill
followed by Executive Debate: Antisocial Behaviour
 11.40 am General Question Time
 12 noon First Minister's Question Time
 2.15 pm Themed Question Time—
 Education and Young People,
 Tourism, Culture and Sport;
 Finance and Public Services and
 Communities
 2.55 pm Stage 3 Proceedings: Protection of
 Children and Prevention of Sexual
 Offences (Scotland) Bill
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 8 June 2005

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

Thursday 9 June 2005

9.15 am Parliamentary Bureau Motions
followed by Scottish Conservative and Unionist
 Party Business
 11.40 am General Question Time
 12 noon First Minister's Question Time
 2.15 pm Themed Question Time—
 Environment and Rural
 Development;
 Health and Community Care
 2.55 pm Stage 3 Proceedings: Charities and
 Trustee Investment (Scotland) Bill
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business.—[*Ms Margaret
 Curran.*]

The Presiding Officer: Tricia Marwick wishes to speak against the motion.

16:59

Tricia Marwick (Mid Scotland and Fife) (SNP): At the Parliamentary Bureau yesterday, Opposition members indicated that we believed that 45 minutes was insufficient for the ministerial statement and questions on the Kerr report. We requested more time. One of the reasons that the Executive members gave for refusing to extend the time for the ministerial statement was that the Parliament would also have an opportunity for a debate on the Kerr report. When the Executive members were pressed on when that debate would take place, they would not give a date, so I reserved my right to oppose the business motion today. However, few members of the bureau could have expected the astonishing news from Andy Kerr today that the proposed debate will not take place until after the summer recess.

It is unacceptable that the debate will not take place until at least three months after the publication of the report. Mr Andy Kerr said that he wishes in the intervening period to listen to views. It is obvious that he does not wish to listen to the views of members of the Parliament.

Members of the public, some of whom have been involved in local campaigns to protect local services and who were instrumental in forcing the Executive to conduct the review in the first place, will be astonished that MSPs are not being given the opportunity to express a view. Before the Minister for Parliamentary Business raises the red herring of Scottish National Party time tomorrow, I remind her that if we had wanted to have a debate on the Kerr report, we would have had to lodge a motion on Tuesday, a day before we saw the report.

Bill Aitken (Glasgow) (Con): Does Tricia Marwick agree that, generally, when the Executive

makes a statement of the type that it has made today on a matter of far-reaching consequence, every effort should be made to debate it fully within three working weeks?

Tricia Marwick: I concur fully with the Conservative business manager on that point.

Mr Andy Kerr also said that the timing of the debate was a matter for the Parliamentary Bureau. It is not—it is a matter for the Parliament. Members should oppose the business motion because that will send a message to Executive ministers that we need and should have an interim debate on the Kerr report before the summer recess.

17:01

The Minister for Parliamentary Business (Ms Margaret Curran): Yet again, the SNP and the Tories do not fail to surprise me. I wish that they expended as much energy on the substance of health issues in Scotland as on the process of debate. I note that more Tories are arguing about when the debate should be than were here to question Mr Andy Kerr.

This is not a time for cheap political points; it is a time for a degree of rationality. The greatest compliment that I can pay to Tricia Marwick is that she is being a little disingenuous, at best. Business managers are well aware that the Parliament faces a considerable workload between now and the summer recess. That workload has been generated as much by Opposition parties as by the Executive. It includes four stage 3 debates, four stage 1 debates, two committee days and two non-Executive days. *[Interruption.]* I hear Mr McLetchie shout that they are our bills. I understand that the Tory party does not really appreciate devolution, but we are here to legislate and will do so.

Mr Brian Monteith (Mid Scotland and Fife) (Con): On a point of order. It was Mr Monteith who made the comment.

Ms Curran: Perhaps Mr Monteith is concerned about being confused with his leader. He may need to think about that problem.

Given that the publication of the Kerr report and the minister's statement took place only this afternoon, surely common sense dictates that we need a period of time in which to consider in depth the report's implications before embarking on a debate. In all seriousness, my colleagues in the Parliamentary Bureau must recognise that I make every attempt to meet requests from other business managers. They know that there are many demands on our time and that a balance needs to be struck. We have substantial work to get through.

This is a major report that needs careful consideration. The Executive has made it abundantly clear that we are happy to debate the substance of the report. We need to adopt a rational approach; we need to give the report the time that it deserves; and we need to be reasonable and consistent. That is what we will do and that is why members should support the business motion this afternoon.

The Presiding Officer: The question is, that motion S2M-2864, in the name of Margaret Curran, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Alexander, Ms Wendy (Paisley North) (Lab)
 Arbuckle, Mr Andrew (Mid Scotland and Fife) (LD)
 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)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 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, John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (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)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 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)
 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)
 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)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Adam, Brian (Aberdeen North) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Canavan, Dennis (Falkirk West) (Ind)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (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)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (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)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morgan, Alasdair (South of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, Eleanor (Highlands and Islands) (Green)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Murray (West of Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 65, Against 49, Abstentions 0.

Motion agreed to.

That the Parliament agrees the following programme of business—

Wednesday 1 June 2005

2.30 pm	Time for Reflection
<i>followed by</i>	Parliamentary Bureau Motions
<i>followed by</i>	Ministerial Statement on Scotland and Africa
3.05 pm	Local Government and Transport Committee Debate: 4th Report 2005, Inquiry into issues arising from the Transport (Scotland) Act 2001
<i>followed by</i>	Business Motion
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Thursday 2 June 2005

9.15 am	Parliamentary Bureau Motions
<i>followed by</i>	Preliminary Stage Debate: Baird Trust Reorganisation Bill
<i>followed by</i>	Executive Debate: Antisocial Behaviour
11.40 am	General Question Time
12 noon	First Minister's Question Time
2.15 pm	Themed Question Time— Education and Young People, Tourism, Culture and Sport; Finance and Public Services and Communities
2.55 pm	Stage 3 Proceedings: Protection of Children and Prevention of Sexual Offences (Scotland) Bill
<i>followed by</i>	Parliamentary Bureau Motions
5.00 pm	Decision Time
<i>followed by</i>	Members' Business

Wednesday 8 June 2005

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

Thursday 9 June 2005

9.15 am	Parliamentary Bureau Motions
<i>followed by</i>	Scottish Conservative and Unionist Party Business
11.40 am	General Question Time
12 noon	First Minister's Question Time
2.15 pm	Themed Question Time— Environment and Rural Development;

Health and Community Care

2.55 pm

Stage 3 Proceedings: Charities and
Trustee Investment (Scotland) Bill

followed by

Parliamentary Bureau Motions

5.00 pm

Decision Time

followed by

Members' Business.

Parliamentary Bureau Motions

17:06

The Presiding Officer (Mr George Reid): The next item of business is consideration of two Parliamentary Bureau motions. I ask Margaret Curran to move motion S2M-2862, on the designation of a lead committee, and motion S2M-2863, on the approval of a Scottish statutory instrument.

Motions moved,

That the Parliament agrees that the Enterprise and Culture Committee be designated as lead committee in consideration of the St Andrew's Day Bank Holiday (Scotland) Bill at Stage 1.

That the Parliament agrees that the Farm Business Development (Scotland) Variation Scheme 2005 (SSI 2005/219) be approved.—[*Ms Margaret Curran.*]

Point of Order

17:06

The Presiding Officer (Mr George Reid): I understand, Ms Curran, that you have given notice of a point of order.

The Minister for Parliamentary Business (Ms Margaret Curran): Yes. On a point of order, Presiding Officer. In response to the point of order raised earlier by Tricia Marwick, I indicate to the chamber that I am very surprised by the approach taken by her and by the Scottish National Party. Not for the first time in this chamber has the SNP relied—inappropriately, in my view—on second-hand information. Having failed to lay a glove on the First Minister at question time, the SNP has now reverted to questioning the behaviour and actions of an official. [*Interruption.*]

The Presiding Officer: Order. This is important.

Ms Curran: Let me re-emphasise that it is not appropriate to call into question the actions of officials who cannot answer for themselves in this chamber. I have looked into the matter and spoken directly to the official concerned. The official has assured me that, during the briefing for journalists, no specific figure on the security costs for G8 was mentioned. You will understand, Presiding Officer, that that is why some of us do not take it very seriously when people who are so insistent about having time for debate then waste the Parliament's time with frivolous points of order.

Today, on the domestic front, we have had a statement on the future of our nation's health; and, on the international front, the First Minister is representing Scotland in Malawi, considering issues of poverty and solidarity. It would be far better for this Parliament, and for the impression that we give to the people of Scotland, if we focused on issues of substance. Perhaps once in a while, the SNP could do that as well.

The Presiding Officer: Just before I come to Ms Marwick, I wish to say that I regret that I did not catch the eye of the Minister for Parliamentary Business earlier. I would have preferred to have taken the point of order earlier, as was the minister's intention, but it did not happen.

Tricia Marwick (Mid Scotland and Fife) (SNP): Further to that point of order, Presiding Officer. You will recall that my point of order focused exclusively on the behaviour of the First Minister and on his discourtesy to the chamber.

With regard to the press articles that I quoted, I invite the Minister for Parliamentary Business and yourself, Presiding Officer, to examine the press coverage, all of which suggested a figure of £50 million. If that figure was not given by Executive

sources, perhaps the Minister for Parliamentary Business will tell us where it came from.

The Presiding Officer: I am afraid that I can only repeat what I said earlier. I have no way of establishing what was said or not said in this particular case. I am not responsible for what the First Minister says in this chamber, nor indeed for what his representatives say outside. You have heard the statement from the Minister for Parliamentary Business, Ms Marwick, and I suggest that we leave the matter there.

Decision Time

17:09

The Presiding Officer (Mr George Reid): There are three questions to be put as a result of today's business. The first question is, that motion S2M-2857, in the name of Euan Robson, on the third meeting of the world youth congress, be agreed to.

Motion agreed to.

That the Parliament welcomes the Peace Child International 3rd World Youth Congress in Stirling from 30 July to 8 August 2005, facilitated by the Scottish Executive; recognises the contribution that the event will make to youth-led sustainable development across the world; looks forward to welcoming the 600 delegates to the Parliament on the last weekend of the congress and warmly commends their efforts as youth leaders in pursuit of the UN Millennium Development Goals; supports the active involvement of young Scots in the global development agenda, as highlighted by the congress and through the Change 05 initiative, and welcomes the opportunity that the congress brings to promote Scotland on an international stage.

The Presiding Officer: The second question is, that motion S2M-2862, in the name of Margaret Curran, on the designation of a lead committee, be agreed to.

Motion agreed to.

That the Parliament agrees that the Enterprise and Culture Committee be designated as lead committee in consideration of the St Andrew's Day Bank Holiday (Scotland) Bill at Stage 1.

The Presiding Officer: The third question is, that motion S2M-2863, in the name of Margaret Curran, on the approval of a Scottish statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the Farm Business Development (Scotland) Variation Scheme 2005 (SSI 2005/219) be approved.

Skin Disease

The Deputy Presiding Officer (Murray Tosh):

The final item of business this evening is a members' business debate on motion S2M-2553, in the name of Kenneth Macintosh, on action on skin disease. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises the stigma, frustration and desperation felt by many people with skin disease, including residents in East Renfrewshire; points out that conditions such as psoriasis are lifelong and incurable but are eminently treatable; highlights the benefit of having skin disease classified as a chronic condition; raises concern that skin disease is not a priority under the new GP contract; welcomes the new provision of specialist retraining in skin disease for nurses but points to the need for similar training for other health professionals such as pharmacists and GPs, given that 20% of GP consultations include skin disease, including an emphasis on skin conditions in the undergraduate education and training of health professionals; approves the Skin Action Scotland service redesign programme as an opportunity for clinicians to test new ways of accessing and delivering dermatology out-patient services and to better demonstrate and define the current relationship between demand and capacity, and looks to see greater availability to patients of new treatments with strong evidence of effectiveness such as the new biological treatments for psoriasis and the complications of arthritis.

17:11

Mr Kenneth Macintosh (Eastwood) (Lab):

Skin disease is one of the most common chronic diseases in Scotland. Its effects can range from the unsightly and uncomfortable to the unbearable or unendurable, but public ignorance of skin disease can leave patients with little or inadequate support and it can leave them ashamed of and embarrassed by their condition. The failure of our national health service to prioritise skin conditions has led to insufficient training for many health professionals and to a constant struggle for under resourced specialists.

This debate is about recognition, support and fairness: recognition of diseases that damage too many lives; support for patients and the doctors and nurses who do what they can to help; and fairness in giving patients who have skin diseases the right to the same expectation of care as others.

If ignorance is part of the problem, what is skin disease? It includes psoriasis, alopecia and eczema, to name but a few skin conditions. I have learned from Janice Johnson, the founder of the psoriasis charity PSALV—Psoriasis Scotland Arthritis Link Volunteers—and one of our many welcome visitors in the public gallery today, that the word psoriasis comes from the Greek, meaning to itch. She says:

"yes it itches, it also bleeds, it weeps, it is painful and it scales ... Many people have to spend hours each day waiting for their skin to be in a reasonable state so they can go to work ... and it requires a strong personality to stand up to the jibes and cruel remarks, especially when young."

Skin disease covers a range of conditions that bring in their wake stigma, depression and desperation as well as anger and frustration. I suspect that there is a tendency among uninformed people to dismiss a condition such as psoriasis as being a bad rash; however, it is an acute condition that is often linked to very painful arthritis. It is crippling and disfiguring, and the drugs that are used to treat it can have toxic side effects. Skin disease generally is estimated to afflict one in four people in Scotland. One in five visits to the local general practitioner involves a skin complaint, and skin disease is one of the most common reasons why people take time off work.

My interest in the subject came through inquiries into skin cancer and the work of dermatologists and others in the national health service in that area. I discovered a world of misery and pain, of damaged lives and of lowered expectations. Here were diseases that affect confidence and self-esteem as much as they physically drain and disable sufferers.

I knew a little bit about childhood eczema and had some understanding of its impact on families through disrupted sleep, and I learned more about its effects on children as a result of increased irritability and, sometimes, consequent disruptive behaviour. However, until I came across the work of the Skin Care Campaign Scotland, I did not know that 130,000 people in Scotland are affected by psoriasis, 30,000 of whom have severe psoriasis and a quarter of whom have associated arthritis. I discovered that, although psoriasis is incurable, it is treatable; that it is often, mistakenly, regarded as contagious, although it is not; and that patients have been and are being laughed at, teased and sometimes humiliated and discriminated against.

I congratulate the members of the Skin Care Campaign Scotland who are in the public gallery today, including Barbara Page, Ann Smith and Colin Munro—I cannot name them all—and people such as Rosemary Gierthy, Stewart Douglas, Jimmy Ferguson and others, who are not. Those people need our help and support. They have turned to us and are relying on us here at the Scottish Parliament.

I also thank all the MSPs who are present and all those who signed the motion for their support. In particular, I thank my colleague, Helen Eadie, who has done much in recent months to raise the parliamentary profile of skin care issues. I hope that we can build on the momentum that she and Skin Care Campaign Scotland have generated.

I mentioned that I came to this subject through my interest in cancer. The epidemic of skin cancer from which we are now suffering in Scotland has, as well as leading to an increase in what can be a devastating diagnosis, had a second deleterious effect: hospital dermatology departments are in effect being turned into cancer screening centres, and unfunded ones at that. The decline in recent years in expertise in skin disease in primary care and a marked increase in common skin diseases combine to put a huge strain on specialist dermatology services. Clinicians have switched from treating chronic disease to screening for skin cancer. Dermatologists can still deal with patients with skin diseases who are suffering from emergency flare-ups, but they are finding it difficult to provide the on-going expert help that is needed to cope with a wide range of pressing and demanding skin conditions.

Consultants are worried both at the number of unnecessary referrals and at the lack of training and expertise among medical students. Currently, only one in 20 general practitioners is trained in skin disease, and only 1 per cent specialise in it. Compared to European figures, we have between a fifth and a tenth of the amount of specialist services of other countries.

On top of all that, the new GP contracts have failed to prioritise skin disease. The anxiety that is already apparent is that treatment of skin disease will be abandoned as doctors meet other targets. It is unacceptable for a patient who has alopecia to wait a year for a wig. It is unfair on a young man who has severe acne to make him wait a year to benefit from Roaccutane. If part of the problem is caused by unnecessary referrals, it manifests itself in what can only be described as unnecessary suffering.

What can we do? First and foremost, skin disease can be reclassified as a chronic disease under the national health service. Skin disease is not just disabling—it is a financial burden and it can involve among the highest prescription charges of any chronic conditions. Many people need multiple prescriptions to treat different parts of their skin and their scalp. To give skin disease official recognition as a chronic disease would help to lift that physical, mental and financial burden.

Patients also want access to the new biological treatments, which are not curative but which hold out hope of stopping and treating conditions such as arthritic psoriasis. Some of the new drugs have proved to be effective, but they are expensive and funding for them has proved difficult in Scotland, making availability variable around the country. The most recent advice from the Scottish medicines consortium added a further anomaly: if a person has psoriasis with arthritis, they may qualify for one of the new treatments, but if they

have just psoriasis, no matter how severe, they do not.

Improved education is essential. I have already highlighted the potential benefits of GPs having greater expertise, and the new provision of specialist retraining in skin disease for nurses is more than welcome. A survey of nurse prescribing habits this year revealed that 75 per cent of all prescriptions are for skin conditions, but 91 per cent of primary care nurses have no specialist knowledge of skin conditions. When I had the opportunity to visit Professor Munro's clinic at the Victoria infirmary in Glasgow, the benefit to patients of having experienced nurse specialists was immediately apparent. We need more psoriasis and alopecia management clinics, and nurse training needs to be extended to pharmacists, medical students and other health professionals. GP contracts and targets need to reflect the importance of treating common skin diseases such as psoriasis and eczema. Skin disease is underrecognised and undertreated. We must address the underlying deficit in service capacity through investment and improvement.

I end with a specific plea for alopecia patients. Alopecia is sudden hair loss, often starting as patches, but in severe cases it can lead to complete hair loss. As I am sure we can all imagine, that can have a dramatic effect on an individual. Most cancer patients are provided with wigs easily, as they should be. Alopecia patients do not always have the same experience. There is no effective treatment for alopecia and wigs are prescribed because of psychological need. That psychological need is no different from that of the cancer patient, but there is a great difference in the provision of wigs. Further unfairness occurs when patients reach pensionable age. For most patients of that age, prescription charges are dropped, but not charges for wigs or, for that matter, for the hosiery that is used to treat or prevent leg ulcers. The abolition of charges for both acrylic and real-hair wigs would be a step in the right direction. I ask the minister to actively consider reviewing prescription practices for wigs and hair-pieces, including the number of items that can be prescribed each year.

We need recognition, support and fairness, we need to tackle the stigma that attaches to skin disease and we need to make the treatments that are already available accessible to patients. We need action on skin disease.

17:19

Stewart Stevenson (Banff and Buchan) (SNP): I congratulate Ken Macintosh on securing a debate on this important subject. I apologise on behalf of Shona Robison, who unfortunately is unable to be with us owing to a conflict in her

diary. It is not lack of interest but logistics that mean that she is not here today.

I have a very personal interest in skin disease. If I explain that as a child my heroes were Pete Murray and Hank Marvin, members might get a faint clue as to what I am talking about. Both those media stars suffered from quite disfiguring post-acne scarring on their faces.

I suffered from the most horrific acne as an adolescent and continue to do so. Fortunately, in my case it is on my torso rather than on my face. Some of the treatments that I experienced over a period of approximately 10 years have left their effects on me today: I am infertile and have very short legs and small feet. That is fine, because my small feet are the smallest size so I can always get shoes in the sales—it is not all bad news. One has sometimes to be philosophical about the deal that life gives one, but other people are not always so well equipped to respond and adapt to what skin disease deals them.

Consider some of the social history of the human race: we always admired milk maids historically because they had clear and perfect complexions because they were exposed to cowpox so they did not get the disfiguring pustules and scarring that many other people in our community got through exposure to smallpox. That illustrates our instinctive response, over a long period of time, to people who have skin conditions. That is why it is so important, for their psychological and physical health and for society as a whole, that we provide for people with a variety of disfigurements that arise from skin conditions.

As Ken Macintosh said, skin cancer is an important issue for one of the body's major organs: the skin. We do not think of it as an organ, yet we would be lost without it. It is not an organ that we can cut off or amputate: we have to have it.

I have recently, in later life, become episodically subject to another skin condition: urticaria. In becoming exposed once again to the medical profession in relation to a skin condition, I have had reinforced what Ken Macintosh and some of the briefing papers that we have received said: there is no great in-depth understanding in the primary health care service of skin conditions and their identification. I was lucky because my GP has a particular interest, but he shared with me his thought that that situation is quite exceptional. I visited my GP after I had had that rather irritating condition for several months. He had a student with him, so I suspect that we spent more time than we might have done on what would otherwise have been dismissed as a relatively trivial condition.

The effects of urticaria are widespread, but I will close by referring to one fact that I uncovered in relation to the condition from which I suffered for many years, which is that people who have acne, or who had acne and have scarring from it, are far more likely to be unemployed as adults. Therefore, it is not simply a trivial adolescent condition. Skin conditions can affect people for their whole lives. I hope that the minister will be able to tell us that she will crank up the support for people who suffer from a range of skin conditions. I look forward to hearing what she has to say on this important topic.

17:24

Colin Fox (Lothians) (SSP): I begin, as did Stewart Stevenson, by congratulating Ken Macintosh on securing the debate. The plight of skin disease sufferers and the number of sufferers is an important topic that is worthy of our attention. As a signatory to the motion, I will concentrate on one aspect of it, which Ken Macintosh highlighted: the lifelong nature of what the motion describes as “eminently treatable” conditions.

Before I continue, I offer Ken Macintosh and other members my apologies. I will not be able to stay for the whole debate, because I have to go to a constituency surgery, but I look forward to reading the other speeches in the *Official Report*.

Psoriasis and other skin diseases should be classified as chronic conditions, as Ken Macintosh said. People who suffer from such conditions do not qualify for exemption from national health service prescription charges. I hope that the minister will consider that. Some 130,000 people in Scotland suffer from skin conditions, so it is clear that some people will not qualify for free prescriptions on the ground either of their condition or of their age. I wonder how many of those people find it difficult to pay for prescriptions for drugs that they need to treat their condition throughout their lives.

I acknowledge the help that I have received from Skin Care Campaign Scotland and in particular from Janice Johnson, from PSALV, in bringing the plight of skin condition sufferers to my attention. As members know, I introduced the Abolition of NHS Prescription Charges (Scotland) Bill; I am grateful for the support that Skin Care Campaign Scotland has given me. The substantial number of skin condition sufferers who are not exempt from the £6.50 prescription charge, which they must pay repeatedly, have been let down by the NHS, which promises to protect people who have difficulty paying the charge.

The exemption criteria have been described by the British Medical Association as illogical, irrational, inconsistent and against the founding

principles of the NHS. There are exemptions on the grounds of age, income and chronic condition, but unfortunately skin diseases are not included in the latter category. Stewart Stevenson was right to highlight the problem. Many skin disease sufferers who are on disability living allowance or incapacity benefit must pay for their prescriptions in full. Although discounts are available through pre-payment certificates, the annual upfront payment of about £100 is difficult for many low-paid workers to find. Skin disease sufferers are often in the miserable position of having to ask their community pharmacist which of the two or three creams or lotions that they have been prescribed they can afford to do without for a fortnight. None of us would want to be in that position and I do not think that any of us wants that situation to continue.

I hope that Parliament will in due course accept the case for complete abolition of prescription charges for all patients in Scotland and follow the welcome approach of the National Assembly for Wales. I also hope that in the more consensual spirit of a members’ business debate, we can all agree that we can do something to relieve chronic treatable skin diseases, by ending sufferers’ worry about their ability to afford the medical treatment that their GP recommends.

17:28

Mr David Davidson (North East Scotland) (Con): I am pleased that Janice Johnson is here. I am reminded of the launch of PSALV, at which Shona Robison and I spoke. I support the work of that charity and of Skin Care Campaign Scotland.

It is important that there is public recognition of all aspects of skin conditions, including the effect of those conditions on people’s lives—Stewart Stevenson told us a little about his experience. When I was a young pharmacist, in the days when we used to have to make messy concoctions to ladle on to people, a GP came into the pharmacy and said, “Do you know, most of us can recognise only four or five skin conditions?” I think that training has improved since then, but the area has been sadly neglected. Like Ken Macintosh, I would like better training to be provided. He mentioned the number of nurses in the community who can prescribe but do not have the right training, which is a matter of general concern to the General Medical Council. Some of my pharmacist colleagues are specialists; others do not have a lot of knowledge but know what the medication does.

After diagnosis, the most important issue is access to consultant services. The waits that have occurred are scandalous. In my area, which is covered by Grampian NHS Board, a shortage of consultant dermatologists resulted in waiting lists of much more than a year for preliminary

screening, which meant there was no chance to get on top of particular conditions.

Colin Fox mentioned prescription charges, which I had already scribbled on my notes. On many occasions I have been in a pharmacy when patients have said, "I can't afford that range." I ran a trial to sell what are now called season tickets. If patients could afford it, we encouraged them to buy them. The Conservatives in this Parliament have been pushing for reform of prescription charges for treatments for chronic conditions, so we are pleased that ministers have accepted that that should happen. I hope that a full consultation on that will be open to all members of Parliament and to the outside world.

Stigma and depression are serious issues. There is also a learning difficulty aspect to skin disease, because young children can be distracted and sleepless, which can halt some of their development. What support do the parents and carers who look after those children get? They do not receive enough education. The charity sector does well, but we have to provide far more education, whether through the parenting classes on Wednesday afternoons that Tommy Sheridan has spoken about or, for children, through their schools. It is important that people have the knowledge to be able to cope with skin disease and to recognise when their child needs extra help or support.

We are getting more and more sensitive; more and more allergic reactions are being seen in society. As Ken Macintosh rightly said, we have almost a skin cancer epidemic, partly because people do not look after themselves properly and protect their skin, but also because people are becoming more sensitive. I would like more research to be done on how to control such conditions.

There are treatment anomalies and there is a bit of a postcode lottery. I hope that the minister will be able to assure us that, following the Kerr report that was announced today, we will see a decent roll-out of dermatology services that are accessible in all parts of Scotland, with correctly trained people helping people who suffer and their carers.

17:32

Eleanor Scott (Highlands and Islands) (Green): I thank Ken Macintosh for securing this debate on such an important subject. I fully support the motion, and I will try to address many of the points that it raises. I echo Ken Macintosh's thanks to Helen Eadie for hosting a successful series of briefings on dermatology issues over the past few months. The briefings that I was able to

attend were immensely interesting and informative.

When I was a medical student about 30 years ago, we used to say that dermatology was the best specialty for private practice, because the patients did not die but they never got better. It was recognised 30 years ago that skin diseases are chronic conditions, so it is ironic that we have not recognised that officially in the way that they are treated now.

Stewart Stevenson: Was not another important aspect of private practice's enthusiasm the fact that, almost without exception, the conditions are not infectious?

Eleanor Scott: That is a valid point, which relates to what I will say on stigma and the way in which people with skin diseases are treated.

The motion takes psoriasis as an example of a chronic skin disease, and rightly so, as it can be a severe condition with effects that go far beyond the skin. At a briefing, we heard about psoriatic arthritis, which can be extremely severe and difficult to treat. We heard that psoriasis is a chronic condition that is generally lifelong and affects 2 per cent of the population. We heard that a quarter of people with psoriasis have some sort of arthritic problem. We heard about the stigma and discrimination that are experienced by psoriasis sufferers. For example, they are banned from the armed forces for no good reason that I can determine. We heard stories about women being refused treatment by beauty therapists because of the appearance of fingernails that are affected by psoriasis. We heard that existing treatments are effective for less than 50 per cent of patients.

Although there is hope for at least some patients in the new biological treatments, the treatments are expensive and severely rationed to the extent that they are sometimes introduced to the patient too late. If they were to be introduced earlier, they could prevent progression to disability. We need to fund those treatments properly and remove some of the bureaucratic hoops that clinicians and patients have to go through to get those treatments for people. The skin action Scotland service redesign programme, which is mentioned in the motion, should be supported. I fully support the programme, but it will not address underfunding. The treatments have to be funded.

Psoriasis is a chronic condition, but it can have acute flare-ups. Those of us who remember the television programme that was first broadcast some years ago called "The Singing Detective" will remember Michael Gambon's excellent portrayal of someone in the acute stages of psoriasis. His portrayal was of someone who was practically immobile from the arthritis effects, with a skin that

was acutely red and inflamed and who was delirious and hallucinating as a result of a high temperature. During the series, we saw how he gradually got better. The programme was very well done; I have never forgotten it.

At present, only half of the mere 100 in-patient dermatology beds across the whole of Scotland are used for the intensive treatment of severe psoriasis. We heard in the briefing that 80 per cent of psoriasis patients find their treatment frustrating: about a third of patients feel that their treatment is not aggressive enough and would welcome access to new treatments.

On a separate occasion, we heard about eczema and skin allergy, another chronic condition. Atopic eczema is becoming more common, with a five-fold increase in its incidence in children over the past 40 years. Up to one fifth of children in the United Kingdom are now affected. When eczema is severe—which happens in about one fifth of all cases—it can have a huge effect on a child and their family. Sixty to 80 per cent of children lose sleep because of their eczema. Parents can lose two to three hours of sleep a night—all of us can imagine the effect of that on family life. Parents report that, on a day-to-day basis, having a child with severe eczema is worse for the family than having a child with cystic fibrosis. Furthermore, there is no network of specialist nurses to support them. I understand that there are only 15 specialist dermatology nurses in Scotland.

Eleven per cent of families with a child with severe eczema experience financial difficulties. Huge costs can result from skin conditions outwith the prescription costs that we have heard about this evening. I am thinking of laundry costs, time off work and so on—the costs are never-ending. Skin disease seems to be a poor relation in our health care system, or at least one that is not resourced in proportion to the misery that it can cause to sufferers and the profound affect that it can have on their lives.

We heard about instances of good innovative practice. For example, we heard about the experience of teledermatology in the Western Isles. A specialist nurse on the islands can link with a doctor in Inverness, which has enabled waiting times to be reduced from seven months to two or three weeks.

There is no doubt that we need more specialist nurses. There is also no doubt that skin conditions can be every bit as chronic as the conditions that are recognised at present for prescription charge exemption. I hope that the minister will consider that.

17:38

Mrs Nanette Milne (North East Scotland)

(Con): I, too, congratulate Ken Macintosh on securing the debate. I also congratulate Helen Eadie and Skin Care Campaign Scotland on their tremendous efforts and success in recent months in raising the profile of chronic skin disease, not only in the Parliament but outside it as well.

Only last Saturday, I came across an excellent two-page article, "Getting under the skin of an agonising problem", in my local paper, the *Press and Journal*. The author, Nicola Barry, vividly describes her experience of contact dermatitis and graphically portrays the commonest irritants that cause it. The article even includes a photograph of Helen Eadie. It is quite a coup for the member for Dunfermline East to feature in the *Aberdeen Press and Journal*.

The article highlighted what many people in Scotland experience on a daily basis. I will quote directly from the introductory part of the article. Nicola Barry says:

"Which part of your body would you least like to lose? Probably your hands. If you think about it, you use your hands for everything – washing, dressing, going to the loo, cooking, eating, typing, reading, writing, sewing. The list goes on and on. The fact is life without the use of your hands doesn't bear thinking about. I know. I've tried it.

At first the skin on my hands was just dry, a few cracks. I slathered on the moisturiser but the cracks still didn't go away. They felt itchy, raw, the skin broken and weepy ... I carried on using moisturiser, to no avail.

There were other remedies, none very successful ... Every night I sat with plastic or cotton gloves filled with an assortment of moisturisers. It was distressing to say the least. To confound the problem, the cream went everywhere: on the sofa, all over the chairs, on every door handle, all over my clothes ... I started having trouble carrying things. It hurt ... I mean really hurt."

When out shopping,

"I'd go into a dressing room to try on something, only to notice blood on the clothing. I felt like a freak."

That is a vivid description of one individual's personal experience of a problem that took months of GP visits and eventual specialist dermatological care to solve. The problem is multiplied throughout the country. Scotland has 80,000 new dermatology out-patients per year.

The common chronic skin diseases such as contact dermatitis, eczema, psoriasis and alopecia cause many thousands of people untold stress and misery. Skin Care Campaign Scotland has highlighted many of the problems that face those patients. Because skin disease is not classified as a chronic or long-term condition, it is not a priority in the new GP contract. GPs are concentrating on meeting targets on other diseases, to the relative neglect of skin conditions. Their training in dermatology is minimal—I remember that from

when I was a medical student—and only 1 per cent develops a special interest in the subject.

Prescription costs are prohibitive and the campaign is pushing for patients with chronic skin disease to be exempt from prescription charges. The long-promised review of prescription charging will have to consider many legitimate claims from chronic disease groups, but I hope that a system of exemptions will be devised that does not disadvantage such people, who require lifelong medication.

Patients with chronic skin disease need support and accessible services to help them to manage their disease. Trained specialist dermatology nurses are ideally suited to that role. At present, not enough of those nurses are available—indeed, many fields of medicine do not have enough specialist nurses. I fully support the Royal College of Nursing Scotland's right for nurses, right for patients campaign, which highlights the need for more specialist nurses to provide the service standards that patients deserve.

NHS funding has many competing demands, but chronic skin disease is so common that it deserves much more than the Cinderella status that it has had until now. I commend all those who are working to raise the profile of skin disease in the Parliament and I have no doubt that the campaign will continue until a better deal is struck for the many patients who struggle with this widespread problem.

17:42

Helen Eadie (Dunfermline East) (Lab): I, too, add my congratulations and thanks to Ken Macintosh, my friend and colleague, on securing a members' business debate that highlights some of the key political issues that we as parliamentarians can progress. The debate will make a real difference to the legions of skin disease sufferers throughout Scotland.

Before I focus on what we as politicians can do, I, too, warmly welcome the Skin Care Campaign Scotland members who have joined us in the public gallery. I pay tribute to Rosemary Gierthy, Colin, Pam, Nicola, Professor Jimmy Ferguson, Alison, Janice, Barbara and all the other executive committee members who have campaigned energetically and tirelessly to put skin care firmly on the political agenda. I have been privileged to work closely with them and have found the team to be immensely informative and to have enriched my work by setting an agenda for action in the Parliament.

When patients and clinicians met in the Parliament, they described the misery, suffering and often stigmatising effect of skin disease. The conditions are socially and occupationally

disabling. As we have heard, some skin diseases are incredibly painful. At the patient and clinician seminars that I organised here in the Parliament, we shared knowledge and experience on a range of skin diseases, including eczema, psoriasis, skin cancers, leg ulcers and alopecia. From those sessions, we learned much. I thank especially Eleanor Scott, Ken Macintosh, Karen Gillon, Nanette Milne, Jean Turner and David Davidson, who were among the members who turned up, which Skin Care Campaign Scotland and I greatly appreciated. It is important for campaigners to see parliamentarians taking an interest and they are grateful for that.

The skin is the largest organ of the body. Twenty-five per cent of the population have skin disease that would benefit from medical care. Of all GP consultations, 15 to 20 per cent have a dermatological component, and that figure increased by 50 per cent from 1981 to 1991. Skin disease also relates to 35 per cent of the disorders and 30 per cent of the medicines that are under consideration for nurse prescribing. In December 2003, there were 14,985 on the waiting list, and the current target is to reduce waiting time to less than 26 weeks by the end of 2005. The University of Reading's Courtenay survey of 2005 found that 75 per cent of all prescriptions are for skin conditions—we need to think about the implications of that. Moreover, 91 per cent of primary care nurse prescribers have no specialist knowledge of skin conditions.

The centre for change and innovation is striving to increase capacity and develop nurse specialists in primary care. That work involves patient pathway review, the key objective of which is to reduce pressure on secondary care and treat patients as locally as possible. We heard about that earlier today. Fife NHS Board, which covers my constituency, is one of the key project areas and is undertaking pioneering work. I am pleased about that.

Most important, at the seminars, we learned about key political issues that need responses from all politicians and civil servants. Crucially, we learned that, as Ken Macintosh's motion highlights, skin disease must be treated as a chronic condition, which would relieve the many sufferers throughout Scotland of the related prescription charges.

One such patient is Margaret McLaughlin, a constituent of mine who is in the public gallery and who has suffered from psoriasis for many years. I have seen Margaret at her worst; I have seen the nail conditions, her hair falling out as a consequence of the psoriasis and the arthritis that comes with it. She tells me that a visit to the chemist can cost as much as £60 for her prescriptions, which places an intolerable strain on

the family budget of someone who has four children. I plead with the minister to hold an urgent review for those who are in the same situation as Margaret.

We also have in the public gallery Pam Thomson, who is an alopecia sufferer. She is a brave person among the hundreds of other women and children in Scotland who suffer from total or partial hair loss. She has to wear a wig. Prescription charges for her wig are not £6.50; they can range from £50 to £208. That cost does not stop when a sufferer is 60; it goes on and on. On the same day that we listened to Pam, we also heard about Jack, whose father described the experience that alopecia was for Jack and his family. Jack was in his early teenage years, so members can imagine the enormous embarrassment that alopecia was for him.

Several of the actions for which alopecia sufferers are asking are applicable to many other skin conditions. Alopecia is a chronic condition and there is no effective treatment for it, so funds must be identified for psychological and practical support. We need to provide counselling and/or psychiatric support. We need to increase the availability of eyebrow tattooing, as total hair loss with alopecia means that a sufferer loses their eyebrows and all their body hair. We need to review urgently the prescription charges for wigs and hairpieces and allow GPs to prescribe wigs, which would ease the pressures on secondary care. We need to review the restrictions on the number of items that can be prescribed per annum and consider free wig prescriptions for affected individuals, as alopecia is a chronic disease like all other skin diseases. We also need to encourage funding for research on the causes of and treatments for alopecia.

Although 20 per cent of GP consultations concern skin disease, medical schools have no plans to increase their teaching of dermatology. Only 5 per cent of GPs receive training in basic dermatological skills, but modernising medical careers contains no plans to increase posts in dermatology for GP trainees. Dermatology training for medical students and GPs should be restored, as outlined in the report of the Westminster all-party parliamentary group on skin.

I urge all members to support those who campaign about and those who suffer from the skin diseases about which we have spoken today.

17:49

The Deputy Minister for Health and Community Care (Rhona Brankin): I thank Ken Macintosh for the effective way in which he has presented to the Parliament the needs of those with some form of skin disease. I also place on

record my thanks to Helen Eadie for her work and for her sheer, dogged determination to highlight issues related to skin disease. I also thank those members who have stayed to take part in an important debate. The debate is timely, given that last week was psoriasis awareness week.

I recently had a very helpful meeting with Professors James Ferguson and Colin Munro of the Scottish Dermatological Society, at which we discussed some of the key issues that are contained in the motion. I have also had various discussions with Helen Eadie and I look forward to working closely with members on the issue in future.

As the debate has made clear, we are dealing with a wide range of skin conditions, which, taken together, affect a large percentage of the Scottish population. It is also clear that, no matter whether the condition is common or rare, mild or severe, the basic fact about long-term skin conditions is that the disease is visible. As we have heard, that can have profound implications for patients in many aspects of their lives, such as employment, personal relationships and leisure activities. Indeed, one of my daughters suffered from severe acne for many years.

Although there is no cure for many skin conditions, they can be treated, and we would expect treatment to be made available according to the clinical judgment of the prescriber and in line with the existing evidence base. We must also be able to take advantage of effective new treatments as they become available, such as the biological treatments for psoriasis that are mentioned in the motion.

Prescription charges have been discussed. I would point out that, at present, around 50 per cent of the population do not have to pay for their prescriptions, and that around 92 per cent of dispensed items are supplied free of charge. We are committed under the partnership agreement to a review of prescription charges for people with chronic health conditions and for young people in full-time education and training. That review began in October 2004. Those who are concerned about prescription charges for people with skin conditions will have a chance to respond to the consultation, which forms the second phase of the review. It will begin later in the year.

I am aware of the recent report commissioned by the Skin Care Campaign Scotland on the treatment of those suffering from alopecia. It highlights variations in the way in which NHS boards treat patients with the condition. The Executive will be replying to Helen Eadie, who submitted that report to us, in the near future. I am also aware of concerns about the policy on charging for wigs for those suffering from alopecia. I can well understand the distress that is caused

by hair loss as a result of that condition and the psychological importance of wearing a wig. It is an issue that I very much want to explore. I have listened carefully to what members have said on the matter, and I give a commitment that I will go away and think very carefully about it, having heard about some of the somewhat anachronistic arrangements that are still in place and some of the discrepancies around wig prescription, which can be in hospital, outwith hospital, for cancer patients or for other patients. I am keen to explore that issue and I undertake to work with members and organisations to develop some sort of rational approach for the future.

The terms of the motion suggest that skin conditions are not a priority under the new general medical services contract. However, the GMS contract includes minor surgery, including the excision of skin lesions, as a directed enhanced service, and it enables early diagnosis and treatment of relevant skin conditions. In its quality and outcomes framework, the contract also recommends the management of medicines for people on repeat prescriptions, which can include regular reviews. That covers medication that is provided for long-term skin conditions.

Members will be aware that the quality and outcomes framework of the contract is under review, and those who wish greater priority to be given to skin conditions can make representations to the expert panel that has been set up to carry out the review. There is some urgency to that. The outcome will take the form of recommendations as to what could be included in the quality and outcomes framework from April 2006. The expert panel's call for evidence runs until 30 May. There is still time to make representations and I am sure that members will do so. If any members wish to contribute to the review, I am more than happy for them to send an e-mail to my ministerial mailbox and I can give them details about how to contact the panel.

Dermatology is largely an out-patient service, with a pattern of long waiting. As part of its drive to tackle the five specialties with the longest waiting times, the centre for change and innovation launched a £3.5 million redesign project in February 2004 to improve access. We have heard about the skin action Scotland project, which is mentioned in the motion and which has been mentioned by members in the debate. We expect the project to deliver sustainable reductions in waiting times by December 2005.

Skin action Scotland covers 11 NHS boards. The improvements that it is introducing include the development of nurse-led services in primary and secondary care for conditions such as paediatric eczema, acne and psoriasis. It is also developing education in primary care to enhance the current

level of dermatology input to GP training, which members quite rightly mentioned. It is encouraging the development of GPs with a special interest in skin conditions and, taken together, those developments will allow an additional 7,000 new patients a year to be seen by nurses and 1,800 new patients a year to be seen by general practitioners with a special interest in dermatology.

The first programme for training GPs with a special interest in dermatology is based in NHS Greater Glasgow. That board has also been allocated capital funding of £450,000 to establish an ambulatory dermatology centre at the Western infirmary and a skin cancer and laser unit at the Southern general.

Helen Eadie mentioned Fife, where a nurse-led service based in primary care has been developed. That provides local access and treatment for patients with chronic skin conditions, which until now had been managed by hospital clinicians. Care is therefore provided locally on a personalised basis.

As part of the centre for change and innovation's out-patients programme, evidence-based patient pathways have been developed for 16 dermatological conditions, including the chronic conditions of alopecia, eczema, psoriasis and acne. Those pathways provide information for GPs and health services on possible management and referral routes. Dermatology pathways are being piloted in nine NHS boards, including Greater Glasgow NHS Board.

We have heard concerns that long-term skin conditions have been left out of future planning of the management of long-term conditions. There is no foundation for those concerns. Earlier, the Minister for Health and Community Care made a statement on the Executive's immediate response to the publication of the Kerr report on the national framework for service change in the NHS in Scotland. A hugely important element of that statement was about new approaches to the management of long-term conditions in Scotland.

The definition of "long-term conditions" that is used in the report is wide enough to encompass any persistent and incurable skin condition. There is absolutely no intention to exclude skin conditions from the new approach; on the contrary, the new approach seeks to address all an individual's needs, and the impact that conditions have on the person's quality of life. Given what we have heard today about the impact of skin conditions, the new approach should have particular benefits for those suffering from such conditions.

The Executive will also work with patients with long-term conditions by enabling self-care, which is an important aspect of the Kerr report. Following

the report, the Executive intends to fund and develop a Scottish long-term conditions alliance to articulate patients' views and pilot self-management approaches. It acknowledges that for the bulk of the time patients with long-term conditions in effect monitor and maintain their own health. Of course we already have an effective group in the Skin Care Campaign Scotland, which is articulating ably the views of patients with skin conditions. Such groups will benefit and be engaged in the new approach that is set out in the Kerr report.

I thank Ken Macintosh for bringing the debate and members for taking the time to engage with the issue. I very much look forward to working with MSPs and organisations such as the Skin Care Campaign Scotland. There is a big agenda out there, but I believe that we are at a time when there are exciting opportunities to make a real difference to the lives of people with chronic skin disease.

Meeting closed at 17:59.

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