

# **MEETING OF THE PARLIAMENT**

Thursday 21 January 2010

Session 3

£5.00

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2010.

Applications for reproduction should be made in writing to the Information Policy Team, Office of the Queen's Printer for Scotland, Admail ADM4058, Edinburgh, EH1 1NG, or by email to:  
[licensing@oqps.gov.uk](mailto:licensing@oqps.gov.uk).

OQPS administers the copyright on behalf of the Scottish Parliamentary Corporate Body.

Printed and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by  
RR Donnelley.

---

## CONTENTS

Thursday 21 January 2010

### Debates

Col.

<b>PRESCRIPTION CHARGES</b> .....	22941
<i>Motion moved—[Mary Scanlon].</i>	
<i>Amendment moved—[Nicola Sturgeon].</i>	
<i>Amendment moved—[Jackie Baillie].</i>	
<i>Amendment moved—[Ross Finnie].</i>	
Mary Scanlon (Highlands and Islands) (Con) .....	22941
The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon) .....	22945
Jackie Baillie (Dumbarton) (Lab) .....	22949
Ross Finnie (West of Scotland) (LD) .....	22952
Nanette Milne (North East Scotland) (Con) .....	22955
Christine Grahame (South of Scotland) (SNP) .....	22958
Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab) .....	22960
Ian McKee (Lothians) (SNP) .....	22962
Rhoda Grant (Highlands and Islands) (Lab) .....	22965
Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD) .....	22967
Alasdair Allan (Western Isles) (SNP) .....	22969
Marlyn Glen (North East Scotland) (Lab) .....	22971
Gil Paterson (West of Scotland) (SNP) .....	22973
Murdo Fraser (Mid Scotland and Fife) (Con) .....	22975
Jamie Hepburn (Central Scotland) (SNP) .....	22978
Dr Richard Simpson (Mid Scotland and Fife) (Lab) .....	22981
Jamie Stone (Caithness, Sutherland and Easter Ross) (LD) .....	22984
The Minister for Public Health and Sport (Shona Robison) .....	22986
Jackson Carlaw (West of Scotland) (Con) .....	22989
<b>QUESTION TIME</b> .....	22993
<b>FIRST MINISTER'S QUESTION TIME</b> .....	23002
<b>QUESTION TIME</b> .....	23015
<b>"INDEPENDENT REVIEW OF OPEN WATER AND FLOOD RESCUE IN SCOTLAND"</b> .....	23032
<i>Motion moved—[Fergus Ewing].</i>	
<i>Amendment moved—[James Kelly].</i>	
The Minister for Community Safety (Fergus Ewing) .....	23032
James Kelly (Glasgow Rutherglen) (Lab) .....	23037
Bill Aitken (Glasgow) (Con) .....	23040
John Farquhar Munro (Ross, Skye and Inverness West) (LD) .....	23042
Angela Constance (Livingston) (SNP) .....	23044
Peter Peacock (Highlands and Islands) (Lab) .....	23046
Nigel Don (North East Scotland) (SNP) .....	23049
Liam McArthur (Orkney) (LD) .....	23051
Stewart Maxwell (West of Scotland) (SNP) .....	23054
Elaine Smith (Coatbridge and Chryston) (Lab) .....	23057
Dave Thompson (Highlands and Islands) (SNP) .....	23061
Robert Brown (Glasgow) (LD) .....	23063
Jamie McGrigor (Highlands and Islands) (Con) .....	23065
Richard Baker (North East Scotland) (Lab) .....	23068
Fergus Ewing .....	23070
<b>POINTS OF ORDER</b> .....	23074
<b>DECISION TIME</b> .....	23078

<b>CHILDHOOD CANCER</b> .....	23083
<i>Motion debated—[Nanette Milne].</i>	
Nanette Milne (North East Scotland) (Con) .....	23083
Mary Scanlon (Highlands and Islands) (Con) .....	23086
Aileen Campbell (South of Scotland) (SNP) .....	23088
Dr Richard Simpson (Mid Scotland and Fife) (Lab) .....	23089
The Minister for Public Health and Sport (Shona Robison) .....	23091

## Oral Answers

**Col.**

<b>QUESTION TIME</b>	
<b>SCOTTISH EXECUTIVE</b> .....	22993
<b>GENERAL QUESTIONS</b> .....	22993
Anticoagulation Services .....	22999
Cold Weather Costs (Funding) .....	22993
Economic Inequality (Health) .....	23000
Fife Energy Park .....	22994
Home Heating .....	22997
National Health Service (Stolen Equipment) .....	22997
Scottish Gross Domestic Product .....	22999
Workers' Co-operatives (Support) .....	22995
<b>FIRST MINISTER'S QUESTION TIME</b> .....	23002
Alcohol Abuse .....	23009
Cabinet (Meetings) .....	23006
Class Size Reductions .....	23014
Engagements .....	23002
Open Prisons (Transfer of Prisoners) .....	23012
Secretary of State for Scotland (Meetings) .....	23005
<b>QUESTION TIME</b>	
<b>SCOTTISH EXECUTIVE</b> .....	23015
<b>JUSTICE AND LAW OFFICERS</b> .....	23015
Community Planning Partnerships .....	23018
Domestic Abuse (Protection of Victims) .....	23019
Domestic Abuse (Sentencing) .....	23020
Knife Crime .....	23021
Reliance .....	23020
Sentencing Reform (Women's Organisations) .....	23015
Succession (Legislation) .....	23016
<b>RURAL AFFAIRS AND THE ENVIRONMENT</b> .....	23022
Flooding .....	23028
Grow-your-own Working Group .....	23030
New Entrant Farmers .....	23026
Remediation .....	23025
Waste Reduction and Recycling Initiatives .....	23022
Wildlife and Natural Environment Bill (Proposals) .....	23024
Zero Waste Fund (Allocations) .....	23029

---

## Scottish Parliament

Thursday 21 January 2010

[THE PRESIDING OFFICER *opened the meeting at 09:15*]

### Prescription Charges

**The Presiding Officer (Alex Fergusson):**

Good morning. The first item of business is a debate on motion S3M-5572, in the name of Mary Scanlon, on prescription charges and national health service spending priorities, with particular reference to health visitors.

Ms Scanlon, you have around 13 minutes to speak to and move the motion.

09:15

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

When I raised the issue of prescription charges in the Health and Sport Committee last year, the result was an excellent debate with fellow committee members, in particular—from reading the *Official Report* of that meeting—with Dr Richard Simpson. I trust that today's debate will be no different, but I am not holding my breath.

We need only look at the Auditor General for Scotland's recent report on the Scottish health budget to know that, no matter which party wins this year's general election, Scotland's budget faces serious cuts—as many speakers outlined in yesterday's budget debate. Ministers consistently talk of the impending cuts from Westminster. Yesterday, the Cabinet Secretary for Finance and Sustainable Growth used the phrase

“deterioration in the public finances.”—[*Official Report*, 20 January 2010; c 22922.]

That seems quite an understatement, given that the United Kingdom will have a debt of £1.5 trillion by 2014-15 as a result of Labour's recession.

Against that background, it would be dishonest for any party—let alone the Scottish Government—to make spending promises that it cannot keep. The Conservatives have pledged to protect the NHS budget, both at Westminster and here in Scotland. The fact is that the only time that NHS spending has been cut was when the Labour Government in the 1970s did so when it was ordered by the International Monetary Fund to reduce the national debt. Against that background, we must cut our cloth so that we do not, we hope, have to face that sort of cut in future. Cutting the NHS budget is not the intention of a Conservative Government.

Within the Scottish budget, we have supported the need for efficiency savings. Yesterday's report from the Nuffield Trust for Research and Policy Studies in Health Services compares Scotland with the north-east of England and highlights that we have 70 per cent more managers and support staff in Scotland. In my opinion, that potentially lays the ground for even more efficiency savings. The question is whether, against a dire economic background that will undoubtedly require cuts, the Scottish Government should be reducing the cost of prescriptions for those who can afford to pay, or whether that money should be used to provide, for example, a much-needed universal health visiting service for every child in Scotland.

In preparing for today's debate, I discovered that the health of our nation now seems to be based on the amount of drugs that we take. The Scottish Government records the increased use of prescription drugs as a success, whereas I think that the opposite is the case. Surely the healthier we are, the fewer drugs we need to take. Even the Government cannot argue that making more antibiotics and antidepressants available is a benefit, particularly given the link between the use of antibiotics and hospital-acquired infections—I see Jackie Baillie acknowledging that point due to the experience with HAs in her constituency. With 10 per cent of our population already on antidepressants because mental health services are not a priority—there is a shortage of cognitive behavioural therapists and of counselling, psychotherapy, psychology and psychiatry services—the prescriptions budget is potentially another area where early diagnosis and early investment could save money as well as improve health in the long term, especially if we focused those resources on health visitors, as we suggest in our motion.

We supported the extension of prescription charge exemptions to those with long-term conditions. We acknowledge the difficulties of that issue, with which I think every party has wrestled. When free prescriptions were given to those with diabetes but not to those with asthma, there was undoubtedly an anomaly in the system. Similarly, people with epilepsy got free prescriptions but people with Parkinson's did not. We recognise that there were anomalies in the previous system.

**Alasdair Allan (Western Isles) (SNP):** Will the member give way?

**Mary Scanlon:** Not at the moment.

We also supported the reduction in the charge for prepayment certificates in order to ensure compliance with medication.

It is worth pointing out that the abolition of prescription charges would not rid the NHS of the whole bureaucracy of collection, as a Scottish

National Party minister previously stated. The only difference would be that the entire contribution would come from the Government. The only bureaucracy saved would be the collection of the fee and the checking of eligibility for exemptions. The number of prescriptions that are exempt from charges increased from 66 million in 2004 to more than 74 million in 2008. Even with prescription charges still in place, the cost to the NHS of prescribed items rose from £598 million at the start of this Parliament to more than £1 billion last year.

We believe that that money could be better spent on health visitors, given the increasingly patchy nature of the health visiting service throughout Scotland. I acknowledge the point that Malcolm Chisholm made in the 7 January debate about the pilot visiting service in Lothian. There is no doubt that good work is being done but, unfortunately, there is not universal access to such services throughout Scotland. Expanding the role of health visitors has been our policy for some time in Scotland and it is the policy of the Conservative party at Westminster.

A universal health visiting service was also a recommendation of the Health and Sport Committee in its recent report on child and adolescent mental health and wellbeing. Unfortunately, the recommendation received little sympathy from the Minister for Public Health and Sport, but it is appropriate to point out that there was cross-party agreement on the urgent need for a universal health visiting service in Scotland. I quote from the report:

"it is vitally important that there are standard health checks and developmental checks on every child at crucial stages of the early years."

Unfortunately, the minister chose not to address that point in the 7 January debate, but she will have another opportunity to do so today.

There was no doubting the compelling evidence that the Health and Sport Committee heard about the window of opportunity that is available at an early age to put things right when children are subject to neglect. If that window of opportunity is missed, neglect can lead to a lifetime of major mental health and other problems. No parliamentarian can ignore that. In fact, children with attachment disorders or difficulties with attachment can be identified by about 10 months to a year. However, they will be identified only if they are seen by a health visitor. My colleagues Nanette Milne and Jackson Carlaw will go into much more detail about the role that health visitors play and emphasise the urgent need for a universal service.

The Liberal Democrat amendment, in the name of Ross Finnie, raises the issue of distinction awards. I appreciate that that fits in with our budget deliberations, given the proposed increase

of £2 million for such awards that is included in the budget for next year, but there is no doubt that the decision on whether there should be a distinction award scheme for consultants should, despite what we might feel about the issue, be taken on a UK-wide basis. I understand that the Cabinet Secretary for Health and Wellbeing has written to the Secretary of State for Health at Westminster making the points that she and the Health and Sport Committee have made about that issue.

The British Medical Association acknowledges the serious discord among general practitioners about the current changes to the health visiting profession. In Glasgow, some GPs were so concerned about those changes that they submitted a petition to the Parliament, in support of which they collected more than 22,000 signatures from parents and family members, all of whom were concerned about the fact that under-fives do not get the health checks that they get in other countries, with the result that problems are not picked up early on.

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** I take it from Mary Scanlon's remarks that she is not minded to support our amendment. My mind is genuinely open on the Conservative motion. Will she elaborate on how health visitors might co-ordinate with social work, as that is crucial to tackling problems such as those that relate to the under-fives that she has outlined?

**Mary Scanlon:** I would be delighted to do that. I have made a few visits to the health centre in Tain, the member's home town. The health visitors there made it clear to me that they are health visitors, not social workers. They want to retain their training so that they can carry out health and development checks on every child. Of course I hope that they work closely with social workers, but the system in Tain and in the rest of Scotland, whereby health visitors are closely aligned with GP surgeries, GP health centres and doctors such as Dr Brian Fitzsimons—Jamie Stone's doctor, who is fully committed to retaining the health visitor service—works very well. I would be happy to go on, but perhaps Jamie Stone could ask for an extended consultation next time; I think that Dr Fitzsimons would be happy to tell him about his commitment to retaining health visitors as part of the practice. I am grateful for being given the opportunity to mention that—I thought that I would be too short of time to do so.

The Health and Sport Committee also uncovered evidence that the under-fives were neglected by our services. Professor Law told the committee that the chances of children with needs being picked up without their parents coming forward were "non-existent". In recommending that the standard health and development checks be

carried out on every child in the early years, the committee recognised

“the tension between universal and targeted screening, caused by inevitable limitations on resources.”

The allocation of resources to the health visiting profession would right that wrong and give all children in Scotland the opportunities in life that they deserve.

I move,

That the Parliament calls on the Scottish Government to withdraw its proposals for further reductions in prescription charges and, having regard to current pressures on public spending, believes that the money saved would be better spent on other NHS and care priorities, such as the health visitor service.

09:27

**The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon):** I welcome members of the Health and Sport Committee back from their travels—they were much missed last week during health questions. I welcome the debate and, like Mary Scanlon, hope that it will be constructive. It gives me the opportunity to reiterate the Government's commitment to abolish prescription charges and, more than that, to remind members of why that policy is so important to so many people across Scotland.

As a Government, we are committed to building a healthier nation. We want to tackle the deep health inequalities that have blighted our country for far too long; to support people to live longer and healthier lives; and to ensure that people have access to the health and care services that they need. Removing prescription charges is a fundamental part of delivering that vision.

Make no mistake—prescription charges are a barrier between patients and the health care that they need. They prevent many patients from collecting their prescription medication and put some people off visiting a doctor in the first place. If we want to deliver world-class health care in Scotland, we should not be prepared to sit back and tolerate that state of affairs. I say to Mary Scanlon that our policy is not about encouraging people to take drugs that they do not need; it is about ensuring that everyone in Scotland can access the medicine that they do need.

I will return to a number of specific points, but I make it clear at the outset that the abolition of prescription charges is above all a matter of principle. Our aim is to remove the tax on ill health and to restore the NHS to its founding principles. We believe that the NHS should meet the needs of everyone, that the services that it provides should be free at the point of delivery and that such provision should be based on clinical need, not

ability to pay. This Government is not prepared to compromise on those principles.

**Derek Brownlee (South of Scotland) (Con):** On that basis, can we take it that all charges for all other aspects of the health service, including dentistry, will be removed?

**Nicola Sturgeon:** The key question that the Tories must answer, not just in Scotland but across the UK—because we know that their commitment to the NHS has been lukewarm at best—is, what other services do they want to charge people for? [*Interruption.*]

**The Presiding Officer:** Order.

**Nicola Sturgeon:** We are talking about a point of principle. The Tories can disagree if they want to, but it is a point of principle on which this Government will stand firm.

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** Will the minister give way?

**Nicola Sturgeon:** Not just now.

Behind the principles lie real practical benefits for patients. First and foremost, the policy is intended to ensure that patients with long-term conditions, including cancer patients, are not prevented from collecting their prescription medication because of prescription charges. We are halfway to removing that barrier for all patients, but we know from the data on sales of prepayment certificates that patients with long-term conditions are benefiting most from our policy so far. The cost of PPCs has come down faster than the cost of single prescriptions.

**Marlyn Glen (North East Scotland) (Lab):** Will the minister take an intervention?

**Nicola Sturgeon:** I will come back to the member.

As a result, sales of PPCs are up by 150 per cent, which is benefiting those who need multiple medications.

At this stage, I want to address the Labour amendment. I welcome the move of the Labour Government in England, which is its first recognition of the deep unfairness of prescription charges, but it does not go nearly far enough. The approach that is being taken in England, which Labour would have us emulate here, certainly benefits patients with cancer, but it does nothing at all for the many thousands of people who have other long-term conditions that are not currently exempt.

**Jackie Baillie (Dumbarton) (Lab):** Will the minister give way?

**Nicola Sturgeon:** Let me remind Jackie Baillie of some of those conditions. Multiple sclerosis,

Parkinson's disease, asthma, chronic obstructive pulmonary disease, osteoarthritis, rheumatoid arthritis, congenital heart disease, heart failure, chronic kidney disease and dementia are just some of the many long-term conditions that people have to pay prescription charges to treat. Labour's approach would leave everyone with those conditions struggling to pay the full price for prescriptions. In contrast, our approach benefits everyone with a long-term condition, including cancer, and it will ensure that such charges are abolished for all.

I said that I would come back to Marlyn Glen.

**Marlyn Glen:** I go back to the matter of principle. We need to have a serious debate about whether we want health services to be free at the point of delivery. Do car parking charges at hospitals put people off visiting? That is a serious question. If prescription charges put people off going to the doctor, what do car parking charges do?

**The Presiding Officer:** I remind members that the debate is about prescription charges.

**Nicola Sturgeon:** As own goals go, that one was fairly spectacular. Labour introduced hospital car parking charges and the SNP Government abolished them, except those at Labour's private finance initiative-funded hospitals, which we cannot remove, so I will take no lectures from Labour on that issue.

The Tories seem to be arguing that we should not abolish prescription charges, but I think that they are arguing that we should extend the list of exempt conditions. That approach is fraught with difficulty. When we considered our approach to prescription charges in the early days of our Government, many concerns were expressed to us about the difficulty and delay that would be associated with defining a list that was comprehensive and complete and which avoided the creation of new anomalies and a host of invidious choices. At least two thirds of the items that are dispensed to patients are directly related to the treatment of long-term conditions. If one adds to that the fact that patients with long-term conditions are more likely to require other medication for secondary conditions, one quickly realises that such an approach would leave in place a system whose administrative burden would not be justified by the small number of prescriptions that were still charged for.

**Jamie Stone:** I have a condition that means that I have to take a tablet every day—I presume that Mary Scanlon knows what that condition is, given how well she knows my doctor. [*Laughter.*] It is a serious point. The straightforward question that people are asking—on which my mind is genuinely

open—is, “Why shouldn't I pay for my prescription, because I can afford to?”

**Nicola Sturgeon:** Jamie Stone takes me to the next point that I wanted to make. Another myth at the heart of the debate that is regularly peddled by the Tories is that only people who can afford to pay for prescriptions are currently charged for them. That is manifestly untrue. Many patients in Scotland who are not eligible for exemption from paying prescription charges cannot afford to pay them. Some 600,000 adults who live in families throughout Scotland earn less than £16,000 but marginally more than the exemption level. Low-income families are currently not exempt from paying prescription charges. Currently, 25 per cent of all non-exempt patients earn less than £16,000 a year. Some 600,000 adults are often forced to choose between paying for medication or food. That is not acceptable.

**Jackson Carlaw (West of Scotland) (Con):** Will the cabinet secretary give way?

**Nicola Sturgeon:** I must make progress.

For all of those reasons, I believe as a matter of principle and in practice that complete abolition of prescription charges is the fairest, most cost-effective and sensible approach to take.

In response to the Labour position in England, the chairman of the BMA council, Hamish Meldrum, said:

“Free prescriptions for people with long-term conditions ... does not go far enough ... Making the list of exemptions longer will not make it fairer. Ultimately, we could end up with a situation where only a tiny proportion of prescriptions attract a charge, which would be nonsensical. Abolishing prescription charges altogether is the fairest and the simplest option.”

That is precisely why we continue to maintain that our policy is right for Scotland, just as the Labour Administration in Wales and the Administration in Northern Ireland have decided that such a policy is right for their people as well.

**Jeremy Purvis:** The cabinet secretary continually refers to a point of principle. A constituent of mine requires a prosthetic limb, and she wants one that will be on display, because she wants to wear a skirt rather than trousers all the time. Under the NHS, she will be charged for that, and the Scottish Government refuses to make any alterations to that approach. Where in that case is the point of principle to which the cabinet secretary continually refers?

**Nicola Sturgeon:** If Jeremy Purvis wants to write to me about his specific constituency case, I will consider it, but I will not get into the details of a particular case now.

The final issue that I want to address is the Tories' false assertion that, by reneging on the



prescription charges policy, we will somehow be able to solve at a stroke a whole host of other health issues. The Tories are trying to confront us with a false choice. I agree with some points that Mary Scanlon made. We must use tight and ever-tightening resources well, and that will be challenging. In that context, as Cabinet Secretary for Health and Wellbeing, I cannot place enough value on the role of health visitors, who provide a central and unique contribution to the health of vulnerable groups in Scotland, including children, families and teenagers. The recently established modernising nursing board will work with NHS boards and stakeholders to ensure that a modern and sustainable approach to community nursing care is taken in Scotland. However, the response to tight finances should not be to force a false choice between one deserving health priority and another deserving health priority.

If the Tories want to talk about real choices, let me suggest some choices that we should be making. How about we choose investment in health over the inheritance tax breaks for the rich that the Tories favour, or over the obscenity of new Trident nuclear missiles in the Clyde? Those are the real choices that we need to make rather than denying free prescriptions to the most vulnerable and poorest in our society.

As I have said, the Tories' commitment to the NHS has perhaps always been lukewarm, so we might not be surprised by their position, but the Liberals' position is more difficult to fathom. Many people will wonder about the party of William Beveridge now taking such a hostile position to free health care.

I hope that members reject the Tory attempt to play off one part of health funding against another, and that they support free health care for all.

I move amendment S3M-5572.3, to leave out from "calls" to end and insert:

"recognises that the progress towards abolishing prescription charges is already benefiting all those patients with long-term conditions and on low incomes who are not entitled to exemption and ensuring that fewer patients face having to choose between buying their prescriptions or paying for other necessities and that total abolition is the simplest and fairest way of ensuring that nobody in Scotland has to make such a choice and that healthcare is free at the point of use."

09:39

**Jackie Baillie (Dumbarton) (Lab):** I welcome the opportunity to debate prescription charges and consider the NHS's spending priorities. Given the short time that is available to me, I will focus on prescription charges. I hope that there will be further opportunities in the months to come for us to debate priorities for the NHS at greater length.

It is no secret that, in the previous session, Labour members did not favour the complete abolition of prescription charges; rather, we preferred an incremental approach that would have meant extending free prescriptions to those with long-term chronic conditions and those on a range of top-up benefits as a result of low incomes. Some have questioned—it has happened again today—why MSPs should be given free prescriptions, given that we can afford to pay for them. Currently, 92 per cent of all prescriptions in Scotland are issued free, but there is an issue: a proportion of the remaining 8 per cent of people have chronic conditions and may require substantial levels of medication, which some might struggle to afford—I agree with the cabinet secretary on that.

We could spend a lot of time rehearsing old arguments today, but I do not want to do that. The cabinet secretary and the Scottish Government have reached a judgment about the value and affordability of prescription charges. I confess that that flies in the face of John Swinney's speech on the budget yesterday, but they have reached a judgment, and we will not stand in the way of the policy. Some £32 million has been provided in the budget for the policy for the coming financial year, £45 million has been provided for the next financial year, and the total recurring cost has been set at £57 million from April 2011. As I said, we will not stand in the way of the policy, but that does not mean that we will suspend our critical capacity to consider how it is developed.

I want to focus on three issues. The first is how sustainable the policy is. We know that it is likely that demand for medicines will grow, and I understand that the cabinet secretary has factored that in, but I cannot tell at what level. What percentage growth has been allowed for? What will the costs be as we move forward to 2012, 2013 and 2014 and the financial belt begins to tighten? We need to know how sustainable the policy is so that we can base our views on that.

Secondly, can the cabinet secretary guarantee that the policy will not compromise patient care? I am sure that members understand the concern that already exists that the so-called efficiency savings that health boards are making are having an impact on front-line services. If the cost of funding free prescriptions continually rises, that will have an impact on money for other priorities. I am sure that no member would want that, and am therefore interested in the cabinet secretary's view on the matter.

**David McLetchie (Edinburgh Pentlands) (Con):** Will the member explain why her party never considered abolishing prescription charges in the more than 10 years for which her party was responsible for the health service in Scotland and

health expenditure was rising, but it is suddenly not standing in the way of that when health expenditure is likely to flat line?

**Jackie Baillie:** The member will recognise that health spending in Scotland is at an historic, all-time high and that it is above the per capita level in the rest of the United Kingdom. The Tories and Labour have maintained that over our history. As I explained earlier, we were moving to extend the coverage of free prescriptions.

The third issue that I want to consider is the impact of free prescriptions on the minor ailments service. That issue has been raised several times with ministers, but I regret that no clear response has been given.

**Nicola Sturgeon:** Will the member give way?

**Jackie Baillie:** I will develop my point, after which I will be happy to let in the cabinet secretary.

The minor ailments service applies to people who do not pay for prescriptions. People can go to their local pharmacist for advice or to get medicine for a minor illness without needing to make an appointment with their GP. That service is tremendous: it is convenient and it frees up GP appointments. Of course, we will all have free prescriptions soon. Does that mean that we will be able to get free medicines for minor ailments directly from pharmacists? I will give members an idea of some of the minor ailments that I am talking about: they include backache, earache, hay fever, headache, indigestion, mouth ulcers, pain—that is a general term—and sore throat. The list goes on and on. On 5 December 2007, the cabinet secretary told members that the Government was considering the implications of abolishing prescription charges and that announcements would be made. I am not clear that those announcements have been made, but perhaps I missed them; I would welcome clarification on that. I do not think that any member wants the unintended consequence to be that, rather than using pharmacists, people revert to cluttering up GP surgeries, because the prescriptions that GPs issue will be free.

I am happy to give way to the cabinet secretary if she can clarify that point.

**Nicola Sturgeon:** I apologise if Jackie Baillie has not seen the clarification of that. I may be wrong, but I am sure that it has been given to her colleagues in the past. There is no evidence, from our experience so far, that the number of GP appointments is increasing in that way because of prescription charges. We have made it clear that the eligibility criteria for the minor ailments system, which are currently based on the eligibility criteria for free prescriptions, will remain the same after prescription charges have been abolished. We

gave that clarification some time ago, and I am happy to provide it to Jackie Baillie in writing.

**Jackie Baillie:** I just looked at Mary Scanlon and Richard Simpson, who have held the health brief for much longer than I have, and they do not recall that clarification being given either.

Is it the case, as the cabinet secretary has just said, that everybody who is in the minor ailments scheme will be eligible for free prescriptions for all the services that are offered?

**Nicola Sturgeon indicated agreement.**

**Jackie Baillie:** I take that as a yes from a sedentary position.

I am conscious of the time, so I turn finally to the consequences of the Tory motion. Members will know that we have encouraged the Scottish Government to bring prescriptions for cancer patients in Scotland into line with those in England and Wales. We are not asking for that to be done instead of addressing prescription charges for other chronic conditions, and it is wrong of the cabinet secretary to suggest that. Ours is not an either/or amendment. Charges for cancer patients were scrapped by the UK Government last April, yet cancer patients in Scotland are still waiting for that. It was absolutely right to abolish charges for cancer patients, and it has transformed the lives of around 150,000 people who have benefited by saving up to £100 a year. Voting for the Tory motion would put that in jeopardy, never mind the benefits to the other categories of people who would qualify in the roll-out of free prescriptions. We, on this side of the chamber, will not do that. The challenge for the Government is to include cancer patients now and to ensure that concerns about the sustainability of the extension of free prescriptions are addressed.

I move amendment S3M-5572.1, to leave out from “withdraw” to end and insert:

“immediately implement free prescriptions for cancer patients as has been the case in England since April 2009.”

09:47

**Ross Finnie (West of Scotland) (LD):** The Liberal Democrats approach the debate on prescription charges and spending priorities from a slightly different perspective. We are quite clear that a discussion on prescription charges in the context of a Parliament and a Government that are debating the way in which the budget must be determined is a debate about the Government having to make difficult choices—which is what government is about. Changed economic circumstances call for different approaches to be taken and, in some cases, that means making even more difficult choices.

This morning's debate focuses on just one element in respect of which, in a very different financial climate, the Scottish Government is being asked not necessarily to abandon its long-term aspirations but to recognise that, in a tight financial settlement, a reordering and retiming of priorities is called for in certain circumstances. I am sure that the Cabinet Secretary for Health and Wellbeing will want to read Beveridge's biography. It is clear from her comments that she has not studied it with care, as he made it absolutely clear that, in difficult financial circumstances, difficult choices must be made. We cannot simply take a one-size-fits-all approach. Against that background—and for different reasons—Liberal Democrats will support the first part of the Conservative motion calling for the withdrawal of the Government's proposals for further reductions in prescription charges.

The Liberal Democrats would support proposals to give protection to those who have long-term conditions. I listened with care to the cabinet secretary's remarks about how difficult and awkward the situation is and how her solution is better. With respect to the cabinet secretary, however, her speech was largely one that she could have made one, two, three or even four years ago.

**Christine Grahame (South of Scotland) (SNP):** Does that make it wrong?

**Ross Finnie:** No, indeed. However, it means that the Government has not tried to reorder its priorities in changed financial circumstances—that is the issue. We are not talking about abandoning principles; we are talking about recognising the need to change priorities.

**Nicola Sturgeon:** Does Ross Finnie concede that I was making the point that, if we went down the road of exempting all long-term conditions—if we could overcome the difficulties in doing that—the difference between that and complete abolition, in financial and administrative terms, would not justify the retention of prescription charges for the small number of people who would still have to pay?

**Ross Finnie:** In changed financial circumstances, we are asking for a degree of fairness because some people can afford to pay and some cannot. That is the priority that the Government must address.

We are unable to support the Labour amendment because, although we could all make a case for providing relief for cancer patients, that would perpetuate the unfairness of giving further support to those who do not need financial assistance. The amendment also happens to be worded in terms that pre-empt our amendment. Some parts of the cabinet secretary's case, which

propose support for other persons who are in difficulties, may have merit. Nevertheless, if we are trying to decide who should and who should not receive financial support, in an economic crisis, those who can afford to pay do not come into the Liberal Democrat definition of fairness.

On the basis of using the current financial crisis to promote a fairer society, the Liberal Democrats have also been vociferous in our condemnation of bonus payments in the private sector, particularly the banking sector. In a similar vein, we have called for pay restraint in the private sector, especially among the higher paid. We have also—as my colleague Jeremy Purvis has made absolutely clear—called for a 5 per cent cut in the public sector fat cat pay bill. At a time when everyone is having to tighten their belts, a fair society demands that such cuts are made in both the private and the public sector. We therefore believe that there is no justification for making consultants distinction and clinical excellence awards in 2010-11, including under the new Scottish clinical leadership and excellence awards scheme.

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** Does the member acknowledge that the chancellor has reduced the allowances for those who earn more than £100,000 a year; that he has introduced an additional 10 per cent tax on those who earn more than £150,000 a year; and that he has reduced those people's pension allowances substantially so that there is already a universal tightening of belts for everybody who earns more than £100,000 a year?

**Ross Finnie:** I accept that, but those measures relate to standard pay—they do not address the issue of those who want bonuses. I am talking about the awarding of bonuses.

**Dr Simpson:** It is not a bonus.

**Ross Finnie:** Dr Simpson might think that anyone should be able to receive a bonus in these tightened financial times, but Liberal Democrats do not share that view. I accept that the current scheme was in operation when the Liberal Democrats were in government. Nevertheless, I repeat that it is unfair for the public sector to continue to pay bonuses this year as though nothing has changed. The principle of fairness should apply equally to payments in the public and in the private sector. I do not believe that the public will understand why, at a time when people are being critical of bonuses being paid to bankers and others, they should wake up in the morning and find that the highest earners in the NHS are also able to command bonuses of up to £75,000 a year on top of their salaries—especially when some of those who are being paid by the NHS do not even work within the NHS. Richard Simpson's point about taxation does not cover that and we do

not believe that that is fair. That is why we lodged our amendment.

We would use the moneys that are available for that scheme to do what we have said consistently in the Parliament that we would do. We must make financial room to deal with the current financial crisis—in particular, the way in which it is affecting young people in this country. That is not to suggest that we do not believe that the health visitor issue, which the Conservatives have raised, is worthy of being addressed. However, across the totality of the budget, we believe that the economic crisis is bearing down particularly hard on the young, who could become a lost generation as a consequence. They are the people to whom we want to direct more resource, and we must make space to do that. We believe that withdrawing the proposals for prescription charges and consultant bonuses would reintroduce a degree of welcome fairness into our society.

I move amendment S3M-5572.2, to leave out from “the money” to end and insert:

“it is unjustifiable for the Scottish Government to continue to make consultants’ distinction and clinical excellence awards in 2010-11 including under its new Scottish Clinical Leadership and Excellence Awards scheme to be introduced on 1 April 2010, and further believes that the money saved from both of these measures would be better spent on other priorities.”

09:54

**Nanette Milne (North East Scotland) (Con):** I resent the cabinet secretary’s statement that my party’s commitment to the NHS is lukewarm. My commitment to the NHS is absolute and lifelong, and I would not belong to a party that did not share that commitment. I notice that the cabinet secretary is not in the chamber to hear those remarks.

It is interesting how ideas and positions change with time. That has certainly happened with regard to prescription charging in Scotland. I was a member of the Health Committee when Colin Fox of the Scottish Socialist Party introduced his proposals for free prescriptions, and I listened carefully to the evidence that was given to us by various interested parties and experts. Given the inequity of the existing criteria for exemption from prescription charges and the difficulties of producing a fairer list of exempt categories, there is a superficial appeal in making prescriptions free for everyone. However, there were and are good counterarguments, not least of which is the significant amount of revenue that would be lost to the Government if that happened, which is currently estimated at around £33 million per year. That money could be better spent, particularly in financially straitened times, in other health care

areas, hence our decision to oppose any further reduction in charges.

I remember having informal discussions with Lewis Macdonald, when he was Deputy Minister for Health and Community Care, about encouraging more people on multiple and chronic drug treatment to reduce their prescription costs by taking up prepayment certificates and about making shorter-term certificates available to those who could not afford to pay for a whole year up front. The Lib-Lab Executive was very much opposed to free prescriptions at that time, and Andy Kerr, as Minister for Health and Community Care, was outspoken in his opposition to a proposal that he saw as being

“unfair on the NHS and unfair on the patients”

and as something that would

“rob the poor and the unwell to give to the rich.”—[*Official Report*, 25 January 2006; c 22648.]

But that was in 2006. By 2009, the Labour Party was supporting the abolition of prescription charges, while the Liberal Democrats, having switched from opposing to supporting abolition, were apparently back to opposing the policy. As I said at the outset, ideas and positions change with time—it is just that that happens more frequently in the case of the Liberal Democrats.

**Ross Finnie:** Is the member suggesting that the severe financial crisis that we face does not call on us all to readdress our priorities?

**Nanette Milne:** I do not think that that is relevant. Mr Finnie knows our position with regard to spending money in cash-straitened times. We have not changed.

With the National Assembly for Wales counting the cost of its policy on free prescriptions, and Governments across the UK having to face up to serious financial problems, now is not the time to go further down the road towards the abolition of charges. Those non-exempt people who have prepayment certificates now pay just £38 per year, which is less than half of what they used to pay. Less than 75p per week is surely a price worth paying for good health, and the resultant income could be put to much better use elsewhere, in the interests of patients. There are many areas of health care that could benefit from such money but, as we have heard, the Conservatives would as a priority develop and maintain the universal service of practice-attached health visitors, which would be of incalculable benefit to many families and young people in Scotland.

I do not always see eye to eye with the BMA, but I fully endorse its belief that any patient should have access to a health visitor who is part of the primary care team, attached to a local GP practice. I am sure that I am not the only person in

the chamber who remembers and appreciates the support of a health visitor. I remember the support that was given to me as an inexperienced mum. Even though I was coping well, and did not have any real problems, the reassurance and common sense of that knowledgeable and caring professional was of enormous help and made me feel that I was doing a great job for my son. Had there been any real problems, I am sure that she would have picked up on them immediately and ensured that the necessary help was in place.

My husband was for many years a partner in a general practice that had health visitors as an integral part of the team, and the regular contact with them was of immense benefit to patients and doctors. Problems were flagged up not only at formal case conferences but over coffee in the surgery or by phone. Many families benefited from the help that they received, often before problems became entrenched and difficult to resolve.

Advice was given on the importance of immunisation, and a high proportion of patients had their children vaccinated against important childhood ailments. Developmental abnormalities and behavioural problems could be picked up early and dealt with, and family relationship issues and their effects on children were often detected before they became intractable. By and large, patients were satisfied with their care, and the morale of practice staff was high, with a very low turnover of personnel and a palpable feeling of camaraderie within the surgery.

The move a year or two ago to pilot the replacement of health visitors and district nurses with generic community nurses who have a geographic rather than a practice base was a retrograde step that has not helped patients but has destroyed morale in the service and has led to difficulty in recruiting and retaining highly trained and experienced staff.

**Dr Simpson:** The problem is that general practices are extremely spread out in some areas—some of them go across whole cities. If nurses are attached to general practices in an absolute way rather than being given a geographical attachment as well, they will have to travel huge distances. Because they are independent contractors, GPs have not organised themselves properly.

**Nanette Milne:** I understand what Richard Simpson is saying. However, I feel that the connection with a practice or perhaps even a group of practices is important.

I fully endorse the BMA's comments that health visitors are an essential part of the wider primary health care team and that having a clear link to a local practice ensures continuity of care for patients. I am delighted that my party, north and

south of the border, shares that view and believes that all patients, wherever they are and whatever their social circumstances, should have access to a health visitor when necessary. That is surely a much better use of scarce money than giving free prescriptions to many people who are not only able but willing to contribute to their cost. I might say that, having paid the vet £60 the other day for a course of antibiotics for my dog's skin infection, I reckon that we are getting a pretty good deal from the NHS without reducing prescription charges any further.

I am happy to support the motion in Mary Scanlon's name.

10:02

**Christine Grahame (South of Scotland) (SNP):** I am rather taken aback to hear people and dogs being compared in terms of prescription charges, and I say that as an animal lover.

I return to the first principle of the NHS, which was referred to by the cabinet secretary: that it should be free at the point of delivery. Of course, the service is not free; we have paid for it all through our tax, and the fact that we are taxed according to our income means that we have already dealt with the issue of ensuring that those who can afford to are paying more into the system. In a perfect world, dentistry might also be free at the point of use, but we are not in a perfect world. Let us go back at least to the world that we started with some 60 years ago—and let us also, of course, get more dentists first.

If we accept the principle on which the NHS was founded, it follows that there should be no up-front charges for medical treatment in hospital in-patient, out-patient or accident and emergency departments. But what is different about medication, especially when we are moving towards a situation in which more people are treated in their homes? If people received that medication in hospital, they would not be charged.

While I am on the matter, I add that we should not move towards a society in which we charge people for self-inflicted illnesses, which is a consideration that might be being put into the pot elsewhere. We might start from the basis of the principle that prescriptions should not be chargeable but, if a certain treatment is to be charged for—even with certain exemptions, which I will deal with later—on the basis either of ability to pay, age or type of condition, why not extend that to other treatments?

I cannot understand why a distinction is being made between prescriptions that are to be taken at home and prescriptions that are to be taken elsewhere. It is simply a form of treatment.

The history of charges goes back to Atlee, who, in 1952—I was around even then—brought back in prescription charges, which caused the resignation of Harold Wilson and Aneurin Bevan, the great founder of the NHS. Labour was then defeated by the Conservatives, who continued what was, in essence, a Conservative policy. The policy was ditched by Harold Wilson in 1965 but reinstated in 1968. Today, in more humanitarian and social democratic times, we see that society in the UK is moving in another direction. As has been said, Wales has abolished prescription charges, Scotland is moving towards their abolition and Northern Ireland is seriously considering the matter.

The argument with regard to long-term conditions, particularly cancer, is laudable, but it is extremely flawed. I refer to the BMA's response paper, "Prescription charges for those with long term conditions", which contains a plethora of quotations that illustrate why that is the case. We start from a position in which, as the paper states,

"The current exemption categories are often illogical and unfair; extending these categories to include those with LTCs would simply add to the inequities in the system".

The BMA cannot support such an extension, and it goes on to state:

"Moves have been made to exempt patients with cancer from prescription charges, but already this looks set to create a new set of winners and losers depending on which side of an arbitrary line you fall. If the current system is to continue to exist, then we believe that consideration of more radical proposals is needed rather than a simple extension of the list of medical exemptions. For example, consideration could be given to restricting the wide-ranging nature of some of the existing exemptions. It is hard to understand why a patient with an underactive thyroid should receive treatment for a chest infection free, whilst a patient on treatment for their hypertension would have to pay for theirs."

The BMA notes with regard to exemptions that

"most professionals report that they have considered the issues very carefully and have been unable to find any fair system of exemption"

charges. It goes on to state:

"The question is whether this list, by being longer, would be any fairer. Ultimately we could end up with a situation where only a tiny percentage of prescriptions attracted a charge, and at that point, the retention of any charge seems nonsensical."

I, like Nanette Milne, do not always agree with the BMA, but it presents a sound argument about drawing lines. The same argument applies to drawing lines in relation to the ability to pay.

There is evidence to suggest that not only do patients select and filter the prescriptions that their GPs give them to decide which ones they can afford, but the GPs themselves—as they have said in discussions with the BMA—decide, sometimes with the patient, which prescriptions

the patient can afford. The decision about what to prescribe is based not on what the patient requires, but on what they can afford to pay, which is rather chilling.

I move on to deal with health visitors. In fairness to Mary Scanlon, I have difficulties with the loss of the universal attendance—and the associated care and attention—of health visitors. I signed up willingly to the Health and Sport Committee's recent report on child and adolescent mental health and wellbeing, and I stand by it, as I suspect other members of the committee do. There are, as we know, extensive difficulties in the recruitment of much-valued allied professionals, which is a big issue. There are also huge difficulties in relation to demographic changes, and some areas such as the Scottish Borders may require extra district nurses to deal with an ageing population, although there are a smaller number of births.

The minister knows—and I will continue to say—that I am concerned about vulnerable families. As the evidence that the Health and Sport Committee received makes clear, the problem is that we do not know where those vulnerable families are. Only when the health visitor is a welcome guest in the house of the carer or the parent may they see something amiss that even the parent does not see. The problem is that when health visitors attend vulnerable families, they begin to slip in the perception of the public—not of myself or other members of the Health and Sport Committee—because they are viewed as social workers. As we know, a social worker on the doorstep gets a very different reception from a health visitor. We are living in the real world, and I understand the difficulties. However, I continue to hope that the Government will address the issue of universal attendance from health visitors for a period of time to babies and young children.

10:08

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** I welcome the opportunity to speak in the debate. I know that Mary Scanlon takes a genuine interest in all the issues that have been raised; she researches things in great detail and works extremely hard. I also defer to Nanette Milne's many years of professional knowledge of medicine. However genuine those two members may be, I am nonetheless not entirely persuaded that some of their Conservative colleagues approach the issue from the same angle. I am interested to find out whether we will hear a more ideological approach in some of the summing-up speeches.

I worry that an attempt to pitch the issue of support for prescription charges as the direct opposite of support for health visitors is in danger

of missing the point. Christine Grahame made a good contribution, particularly on the importance of the universality of the health visiting service. As a former social worker who worked very closely with health visitors, I know that the roles are different. We need to understand that and ensure that people who are in both those professions get the support that they need to do their job.

Mary Scanlon talked about some of the anomalies in the previous situation, and the work that was done on that. She mentioned the anomaly whereby people with diabetes received free prescriptions while those with asthma did not. Jackie Baillie did a good job of summarising why the Labour Party has moved its position, which is not least because we are living in slightly different times.

Nicola Sturgeon talked about principles. Today is one of those rare occasions—it is a shame that she is not in the chamber to hear it—on which I agree with her, certainly more on this particular issue than on others, in that we share beliefs about the importance of the NHS and how we want it to develop in the future. However, that is the end of any agreement, because I remind the ministers of what was in the SNP's manifesto. The SNP pledged to abolish prescription charges immediately for people with chronic conditions, including people with cancer as well as those in a number of other situations, and to phase out prescription charges for others. There is an anomaly, which must be addressed, with regard to the question of why cancer patients south of the border have had their prescriptions free since April 2009, while that has not happened in Scotland.

Members might not be surprised if they consider the other pledges that were in the SNP manifesto. Pledges on grants for first-time home buyers, the dumping of student debt and the abolition of the council tax have all been scrapped, and only this week we have heard that the pledge on class sizes of 18 has also been scrapped. Ministers will no doubt say that they did not have parliamentary support for those measures. Shona Robison wants to intervene—I am interested to hear what she has to say about the pledge on prescription charges.

**The Minister for Public Health and Sport (Shona Robison):** Is Cathy Jamieson really saying that people in England will be in a better position next year than people in Scotland, who will not have to pay for their prescriptions? That argument does not stand up to any scrutiny. When will Gordon Brown move on his pledge to abolish prescription charges for people with chronic conditions? People in England are waiting for an answer on that.

**Cathy Jamieson:** It is astonishing that Shona Robison should spend so much time focusing on what is happening south of the border, rather than

dealing with the things for which she and the Cabinet Secretary for Health and Wellbeing have responsibility here. The cabinet secretary could decide now to give cancer patients in Scotland free prescriptions. There would be a parliamentary majority to support that, if the SNP back benchers were to support the Labour Party's amendment to the motion that we are debating.

It simply is not good enough that every time the ministers hear something that they do not like, they try to blame it on Westminster. They have the opportunity to act on the issue. I understand the issue about other long-term conditions, but—with respect to the Liberal Democrats on that issue—I note that we have heard a lot from cancer charities such as Macmillan Cancer Relief about the real financial difficulties that are faced by people who have cancer.

I ask the minister at least to give that issue some consideration, and perhaps tell us in her summing-up speech what work she has done on examining the cost of abolishing charges for cancer patients. Will she consider what that would cost in comparison with the significant sums of money that have been set aside to pay bonuses to consultants?

Before I hear again from the minister that the issue must be sorted out at Westminster, I tell her that it is another example of an issue on which, if there is the will in Scotland, and in the Scottish Government, the minister could act right now. The Government can do that by reprofiling—to use the jargon—the money that has been set aside for the bonuses.

I have heard what the Health and Sport Committee has said on the issue, but we should not say, "Let's wait until something happens elsewhere." We have the opportunity today, in this Parliament, to vote to give cancer patients in Scotland free prescriptions now. Of course we want people with other long-term conditions to benefit, and that will happen, but we need to take this decision today. Surely the SNP back benchers cannot be comfortable with a situation in which people in Scotland are getting less of a service than people elsewhere.

10:15

**Ian McKee (Lothians) (SNP):** I turn first to the Lib Dem amendment. After eight years of the Lib Dems sharing Government in Scotland, during which Ross Finnie admits that they did nothing to curb distinction awards, which are discriminatory and unfair no matter what the financial climate, they have the gall to latch on to a cause that I raised in Parliament long before, I suspect, most Lib Dems had even heard of distinction awards, let alone desired their abolition. The cabinet secretary

has wisely decided to fire a warning shot by freezing the level of awards for next year—the first health secretary in 61 years anywhere in the United Kingdom to do anything about the issue. I would have thought that a committed unionist such as Ross Finnie would have welcomed Nicola Sturgeon's consensual approach in attempting to work in harmony with other UK nations. The Lib Dem motion smacks of shallow opportunism.

**Dr Simpson:** Whatever it smacks of, I wonder whether, in view of Dr McKee's trenchant support for the abolition of distinction awards, he will vote for the Liberal amendment today.

**Ian McKee:** I will not vote for the Lib Dem amendment for a simple reason. On an issue that could affect the future recruitment of consultants in Scotland it is important to work in harmony with others before working against them.

I shall now try to convince Jamie Stone, who tells us that he has an open mind and may defy his party whip tonight. If we believe in a health service free at the point of need, there can be no point of need more immediate than the need for medicine that a doctor has advised is a necessary part of treatment, so there should be no prescription charge. However, if we believe that that principle no longer applies, why stop at or even select prescription charges? If we want an improved health visitor service, as the motion suggests, why should wealthy families not pay a charge when they use it? Why should Nanette Milne not have paid for a health visitor to come to her? Why not charge for GP consultations, outpatient appointments, anything? What is so unique about prescriptions that only they are in the firing line?

Mary Scanlon argued that there are many people who could well afford a prescription charge—

**Jeremy Purvis:** Will the member give way?

**Ian McKee:** I must make some progress.

The argument goes that with the country in a difficult financial situation, that is one way in which we can take some of the pressure off the public purse. The trouble is that every prescription charging regime that has been suggested has resulted in some prescriptions not being dispensed because some patients cannot afford them. In my general practice days, I regularly came across patients who told me that they could not have a prescription dispensed until pay day, which might be some days hence.

**Mary Scanlon:** I have met many patients in Inverness and the Highlands who are constantly being given prescriptions for antidepressants, which can be difficult to come off. Many people are on them for 20, 30 or 40 years. Does the member

agree that it is not all about prescription charges and that we should be giving more consideration to the talking therapies?

**Ian McKee:** I agree with that point, and I will deal with it later.

Local pharmacists often had the unenviable task of choosing which of several preparations prescribed by a doctor should be dispensed, as the patient could not afford all of them. Delay in taking a necessary medicine, or not taking it at all, can have serious health consequences involving not only the individual but the rest of us—delayed treatment is more expensive treatment.

To answer Mary Scanlon's point that prescriptions are given out too easily and that a charge could have a rationing effect, the illogicality there is that, as far as the patient is concerned, the doctor has said that the treatment is necessary and it is dangerous to expect the patient to have the knowledge to choose which medicine not to take. If a doctor is prescribing irrationally, the remedy is to tackle that directly, as is done already by various effective mechanisms.

Those are not the only objections to prescription charges. As they were previously operated in Scotland, and are still operated in England, the charges are often a monstrous swindle that would easily fall foul of the regulators, or even the law, if they were initiated by other than a public body. That is because a huge and growing number of prescription items are much cheaper than the standard prescription charge. In the year to April 2009, in Scotland, even with the prescription charge reduced to £5, a massive 42 per cent of prescriptions had ingredients that cost less than £5.

By reducing and eventually abolishing the charge, our Government is doing something about that, but successive Governments in England have increased the prescription charge year on year by roughly the rate of inflation until it is now £7.20. Just about every medicine used a few years ago is much cheaper today than it was then. For example, the cost of ingredients of a standard course of penicillin today is about £1.25, but it was once so expensive that it was extracted from the urine of patients being prescribed the antibiotic so that it could be used again. Nowadays, the English NHS prescription charge is a massive 576 per cent more than ingredient costs. Even private patients pay much less than that, but it is illegal for a doctor to write a private prescription for an NHS patient. I am sure that Mary Scanlon's party, when in Government, will continue that robbery from ordinary citizens in England. We must not let it happen here. Shame on them. I support the Government amendment.



10:21

**Rhoda Grant (Highlands and Islands) (Lab):** I am pleased to take part in the debate. It could be viewed as a debate on two separate topics, unless one agrees with the Conservatives that one policy directly influences the other. I do not, but both issues are important and I am grateful for the opportunity to debate them.

As my colleagues outlined earlier, the Labour Party in Scotland has long advocated that the Government should make prescriptions free for cancer sufferers. That is the case in England and Wales, and we believe that that should be a priority for Scotland. It should happen now rather than be phased in. It is unacceptable that, due to the Government's policy, cancer sufferers north of the border still have to pay prescription charges.

**Shona Robison:** I do not know what the member's message is to all those organisations that have launched a campaign for England to follow the lead of the Scottish Government to abolish charges for all the other chronic conditions. Will she back them rather than trying to create artificial divisions?

**Rhoda Grant:** I am not creating artificial divisions. I am not talking about stopping the minister's policy of free prescriptions for all; I am talking about rebalancing her policy and phasing it in differently, in a way that would allow cancer patients to have free prescriptions now. It would mean that people like me would have to wait a little longer to get free prescriptions, but I, for one, would be willing to do that so that cancer patients could be prioritised.

Cathy Jamieson mentioned the well-known fact that cancer patients suffer economically due to lengthy periods off work and the cost of their illness. Macmillan Cancer Support and Citizens Advice Scotland have considered the issue of fuel poverty, but there are many other costs—a point that a CAB report a couple of years ago made strongly. Free prescriptions would alleviate some of that financial pressure at a difficult time.

**Alasdair Allan:** No one would dispute the importance of ensuring that cancer patients receive proper treatment, but is the member really saying that people with other chronic conditions would be better served by having to continue to pay for prescriptions?

**Rhoda Grant:** I do not think that the member has listened to a word I have said. I suggest free ear syringing for him.

The motion talks about health visitors, and suggests that the money that would be used to reduce the prescription charge could instead be used to increase health visitor numbers. As Christine Grahame mentioned, the Health and

Sport Committee recently carried out an inquiry into child and adolescent mental health services. It became obvious that health visitors had a crucial role to play, both by identifying children in their early years who were developing mental health issues and by identifying mothers who were suffering from post-natal depression. I think that most of us would agree that we need more health visitors. Those resources need to be targeted towards families in most need, and the current policy needs to be refocused to ensure that it is universal for longer. Families need a minimum service throughout the early years. At the moment, some families fall through the safety net because of where they live or because their family is seen as not being in a priority group. It is obvious that a family needs a high level of intervention if they live in deprivation or have a drug or alcohol problem, but the universal service lasts only eight weeks, which means that families who develop problems after eight weeks have little or no support.

One of the problems is that the number of people training as health visitors has fallen. Although we had a high in 2001-02, it has been falling steadily ever since. Unless we increase the number of people in training, we will not be able to fill any additional posts that we create. In places such as Highland, no health visitors are being trained because of the review of nursing in the community pilot, which seeks to assimilate the health visitor role into the new community nurse role. Fewer people will consider health visiting as a career because of the uncertainty hanging over the profession.

**Jamie Stone:** Does Rhoda Grant agree that there is considerable disquiet among the medical and nursing professions about the changes that she just outlined?

**Rhoda Grant:** Yes, there certainly is. I ask the minister to intervene to ensure that health boards that have stopped training reverse that retrograde step so that the career of health visitor is retained and recognised.

Our nursing and health visiting professions have an age profile that means that large numbers will retire at the same time in the near future. I have raised that with the minister to ensure that we have enough training places for newly trained midwives to fill the gap. We need to do the same with health visitors.

I return to the review of nursing in the community pilots. I am puzzled that health visitors were included when community midwives were not, although their roles are interlinked. Rather than creating a new community nurse role, I suggest that we look at developing a team that works closely together and includes social workers, midwives, community nurses and health visitors. That would be more challenging in rural

areas, but we have heard of GPs and nurses who are highly skilled generalists working in that way.

I ask the minister to look at how highly skilled generalists are rewarded and how their careers can progress. Specialists with similar levels of training have that recognised in their qualifications and therefore their pay, but skilled generalists are not recognised in a qualification, which means that they do not have the same career progression or pay. I ask the minister to reflect on those issues and hope that she will find a solution for rural areas.

10:27

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** Mary Scanlon began her contribution by highlighting the funding constraints that will face the Scottish budget in the coming years. She made some fair points about the impact of the recession. This Parliament is tasked with looking at the priorities in the budget, asking where and how our services are provided and making sure that that happens in the most equitable way. I recall from last year the Conservatives thumping their benches and claiming that they had an extra quarter of a billion pounds in the budget. Indeed, Mary Scanlon and others were probably campaigning throughout the country for an additional £60 million town centre regeneration fund without knowing where the money would come from. Nevertheless, we are now being told by the Conservatives that we are in a situation where restraint is required.

The Conservatives have said two things this morning. One is that they fully support health visitors, which is a correct and principled position and I do not criticise them for it in any way. Secondly, Annabel Goldie said on the radio this morning that those same health visitors who will start in the NHS band 6 salary range on £24,831, will receive a £500 pay cut under Tory proposals to freeze the salaries of anyone earning over £18,000 from 2011—if we anticipate reasonably that inflation will be 2 per cent, that will be the consequence. In a debate on spending choices and constraint in the budget, we have to be open and honest about that.

**Murdo Fraser (Mid Scotland and Fife) (Con):** In that spirit of openness, will the member tell us whether the Liberal Democrats support the principle of a pay freeze for those earning more than £18,000?

**Jeremy Purvis:** No, we do not. We favour a £400 flat increase, which will be approximately 2 per cent for a health worker. That is the normal uplift on inflation. A £400 flat increase for all public sector workers means that those at the lower end of the salary scale, including health visitors, will

have the reasonable uplift that we would expect. Those who are higher up the scale, about whom I will speak in a moment, such as managers and those at the most senior levels, do not receive that uplift. I hope that that helps Mr Fraser. I hope that that sensible solution will garner support from the Conservatives.

We have identified the principles behind expenditure in the budget. Christine Grahame argued her case extremely well this morning. Although some elements of her speech had some unintended consequences, she mentioned one aspect that was relevant to the debate. She spoke about the things that she would like to do in an ideal world. The cabinet secretary's entire speech gave the impression that we were already in an ideal world where we provide universal free services. I asked a question in an earlier intervention about a constituent, who is not alone in being charged for prosthetics, and Derek Brownlee asked about dental care, but the questions were sidestepped. When I asked my question, I overheard an SNP member, who was clearly pleased with his verbal skills, describing me as "pathetic raising prosthetics". The point is that if the SNP is contributing to a debate about principles, what about the other areas where charges apply? Could the Government move on those areas if a point of principle were involved? The Government is not moving on those and there will still be a framework of charges under the NHS that many people would argue is connected directly to the health treatments provided. The real debate today should be about looking at what is fair, broadly equitable and affordable. That was Ross Finnie's point.

What I have just said is relevant to the Liberal Democrat amendment. During scrutiny of the current and previous budgets we have asked about the payment of bonuses as well as, I say to Dr McKee, the pay of the most senior staff pay in the public sector. It is absolutely right to do so. Under the existing scheme, ministers in this Administration signed off 27 additional awards, including three A-plus bonuses of £75,000 in 2008. In 2009, ministers signed off 26 additional awards that were utterly at their discretion. Ministers received advice from a self-nominated panel, but they did not need to take it. The cabinet secretary told us that the Government's current position is that when it receives recommendations on new additional awards, it does not accept any.

Dr McKee said that we have no right to raise questions about such bonuses. As an SNP member who believes in independence for Scotland, he feels strongly about the issue and believes passionately that there should be only a UK solution to the problem. It is perverse to take that position when he is perfectly aware that a

different scheme from the one in England has been in operation in Scotland since 2003.

**Ian McKee:** I am grateful to the member for taking an intervention so late in his speech. I point out that being in favour of independence for Scotland does not mean that we have to fight against everything that another nation does. Working in harmony on a mutual scheme is in the interests of both countries.

**Jeremy Purvis:** Dr McKee said that he had been scrutinising the issue closely, but he is perfectly aware that a separate scheme has been operating in Scotland since 2003. Indeed, that separate operation will change further from April this year when a new scheme is put in place by this Government. That new scheme will give discretionary powers to health boards to provide a grade 9 award of £28,000 and a grade 10 award of £32,000 that were not in the previous scheme. If the member is arguing that there should be one scheme throughout the United Kingdom, it seems slightly odd that he wants a separate NHS altogether.

Of course, the question of the sustainability of the highest pay is relevant. I have been encouraged by the SNP Government listening—in today's debate and yesterday's—to what has been said about the pay of the most senior public sector staff, particularly in the NHS, not being sustainable.

I think that our proposition on bonuses reflects Dr McKee's thoughts, although it is unfortunate that he does not support a separate Scottish scheme; nor, indeed, do the Conservatives. I hope that we will send a signal that the sustainability of the pay of the most senior staff is probably the thing to be looking at if we are to free up resource for those who need it most. We are asking the broadest shoulders to take a greater stake in ensuring that our public services are provided for those who need them most.

10:35

**Alasdair Allan (Western Isles) (SNP):** I thank the Tories for bringing this debate to Parliament. It is always a deeply reassuring sensation to have one's deepest prejudices and suspicions confirmed and vindicated.

I am sad that it is necessary to have this debate at all and that some in the Conservative party evidently still do not appreciate the central and fundamental aim of the national health service. As others have said, the NHS exists to treat all those who ask for assistance, irrespective of their ability to pay, whether for health care or prescriptions. As of this week, the Tory stance on health care might be one vote more popular in the United States Senate, but I doubt whether it is one vote more popular in Scotland.

I will meet the Tory argument head on. If, as the Tories argue, people with a decent income should not get free prescriptions, where does that argument end? Should such people be debarred from receiving surgery, too? If so, what kind of surgery and what kind of incomes are we talking about?

The NHS is not founded on the principle of there being a deserving poor; it is founded on the idea that everyone should contribute according to their ability to pay and benefit according to their degree of need. I had understood that the Tories had previously reassured us that that principle was safe in their hands, although I am not quite sure how to read Nanette Milne's comment that the Tories "have not changed."

It is simply untrue to suggest that, as things are, everyone who really needs a free prescription can get one.

**Jeremy Purvis:** Does the member believe that that should apply to NHS dentistry, too?

**Alasdair Allan:** I can only observe the example of my small constituency, where, under the previous Government, a dental waiting list of 4,000 emerged and where the current Government is providing a new dental centre.

It is worth saying that a significant number of people with chronic conditions still continue to pay for medication—a problem that particularly affects people who need multiple prescriptions. In my constituency, 2,623 prescription prepayment certificates were purchased in 2008-09. Given the small population, that is a huge number of people who still have to pay for essential medication. Perhaps the Conservatives would like to explain their position to those people directly. One has to wonder whether the Tories are planning to campaign up and down the land for their constituents' right to pay for prescriptions.

As the Cabinet Secretary for Health and Wellbeing has indicated, around 600,000 adults who live in families with an annual income of less than £16,000 will benefit from the abolition of prescription charges. The Minister for Public Health and Sport provided that figure in response to a written question from Johann Lamont on 28 October 2008. By no stretch of the imagination are those 600,000 families well off. Overwhelmingly, they are ordinary Scots who are working to earn a living. If there is any suggestion—and there is—that some families in that situation are deterred from buying what their doctor has prescribed for them, how can we say that we are serious about improving Scotland's health? In fact, there is more than a suggestion of that. The purchase of prescription prepayment certificates has more than doubled since April 2008, when the process of reducing charges began.

As regards health visitors, who the Tories have arbitrarily decided are somehow the victims of the Scottish Government's decision to abolish prescription charges, I know of few who would advocate our continuing with a system that creates a disincentive for a patient to get the prescription that he or she needs. In fact, we still have more doctors, nurses and other health professionals working in Scotland than ever before. All that is at a time when the Scottish budget is under more pressure than ever before from unprecedented budget cuts from the London Government.

The Scottish Government has committed to protecting NHS budgets, even under that strain. Meanwhile, the Scottish Tories dropped a hint to the Scottish Government last week to prepare a stand-by budget

"in case they have to make further cuts after the election."

The Conservative party says that it wants to look at saving money to be reinvested in front-line services, which might well be a laudable aim. If that is the case, rather than cutting a measure that is aimed at helping everyone in society, including those who need help most, it should look at some of its own UK fiscal policies, which, in true Tory style, are aimed solely at helping the very wealthiest in society. Such policies include increasing the threshold of inheritance tax, which it is estimated would cost £1.5 billion, and abolishing the top rate of income tax for all those who earn more than £150,000.

While Labour and the Conservatives vie with each other about who can cut most from Scotland's budget, Scotland's Government will get on with the task of making health care free at the point of need. As long as the Conservatives in Scotland argue against free prescriptions, they will struggle to be taken into the hearts of the people of Scotland. Perhaps, as an election approaches, we have further evidence that the Conservatives in Scotland are once more ruthlessly courting unpopularity.

10:40

**Marlyn Glen (North East Scotland) (Lab):** I start by expressing my disagreement with the motion and with the whole notion of stopping the reduction of prescription charges, particularly in the light of the SNP's early promise to abolish prescription charges for cancer patients and those with chronic conditions. Those were the first election promises that the SNP broke on entering office. Its manifesto stated:

"We will immediately abolish prescription charges for people with chronic health conditions and people with cancer."

The only thing that happened immediately was that the promise was broken. Today, people with

chronic health conditions and cancer are still paying for their prescriptions, albeit at a reduced rate.

**Shona Robison:** A number of Labour members have talked about the pressing need to abolish prescription charges for cancer patients immediately. Why, in eight years, did they not do that, given that they feel so strongly about it today?

**Marlyn Glen:** That is an interesting question coming from the SNP. People absolutely have the right to change their minds and I understand the progress of policy.

I take the minister back to the promises that the SNP made, because to have broken a promise is a serious charge. Broken promises seem to be a recurring theme of this session. What makes this particular breach so serious is that it was a promise made to a particularly vulnerable group of people. It was the only part of the SNP's 2007 manifesto where the word "immediately" appeared. It was a new promise that was not mentioned in 2003. Those patients have been badly let down by this Administration, which has not kept its promise.

To indicate the scale of the problem, we can look at the 2008 figures for the number of prescriptions issued for cancer drugs. In NHS Tayside, the number was 18,000 and in NHS Grampian it was 24,000. Overall, there was a grand total of more than 236,000 prescriptions for cancer drugs throughout Scotland, which involved more than 14 million items being dispensed. Cancer is an expensive disease that often needs multiple drugs. It brings additional worry and increased health risks and frequent visits to hospital are required.

I am still outraged that patients and visitors continue to be required to pay car parking charges at hospitals such as Ninewells in Dundee. It is highly contentious that patients are charged £1.70 per visit on top of other costs—that is neither free nor targeted.

In December 2007, the health secretary made the excuse that it would take too long to compile a list of chronic conditions. I understand that difficulty, but what was the excuse for not abolishing charges for cancer patients immediately? As the Labour amendment says, in England, cancer patients began receiving prescriptions for their treatment free of charge almost a year ago. I welcome the reduction in the cost of prescriptions and prepayment certificates, but phasing out prescription charges by 2011 is very different to immediate abolition.

The Conservative motion calls for more money to be spent on health visitors in Scotland, to be funded directly by withdrawing the proposals for

further reductions in prescription charges. I disagree with that premise, but I welcome the opportunity to have a debate about health visitors, who are key professionals. I agree that their work should be seen as a priority—there is no disagreement in the Parliament about that.

I am concerned about health visitor vacancies in NHS Tayside, where four posts were unfilled for three months at the end of last year. Health visitors are key professionals, whose expertise is vital in matters such as the assessment of child protection. Unfilled vacancies place additional pressures on existing nursing staff, particularly when they are in addition to other nursing post vacancies. Between April and October last year, bank nurses worked more than 162,000 hours in Tayside.

Of course budgeting is difficult—priorities such as screening babies, tackling health care associated infections or paying £30 million in distinction awards for consultants must be balanced—but choices must be made and with the utmost care.

Scotland has the umbrella organisation the Scottish cancer coalition, but some cancer charities, such as Macmillan Cancer Support, are cross-border organisations because of the nature of their work. Macmillan now has a different message for cancer patients in Scotland from that in England. On 20 January 2009, Macmillan welcomed on its website the UK Government's announcement that cancer patients would receive free prescriptions by April 2009. It said:

"This was absolutely the right thing to do. Cancer not only threatens your life, but can also make you poor. Free prescriptions will transform the lives of thousands of people living with cancer who were struggling to pay for drugs."

Macmillan pointed out that

"most people's income drops significantly after a cancer diagnosis ... the extra costs mount up."

Labour's amendment does not ask the SNP to do something that it has not promised to do. Cancer has afflicted, does afflict and will afflict many Scots. One in nine males and one in seven females develop some form of cancer before 65. After 65, the risks rise to one in three for males and one in four for females. They are the people whom the amendment would help. I support the Labour amendment and call on others to do so, too.

10:47

**Gil Paterson (West of Scotland) (SNP):** Many people who are ill and cannot work face a financial penalty through having their wages docked by their employer. That means a treble whammy—people worry about their health, their job and the cost of getting better. Of course, people who are in

employment have already paid for their prescriptions through their wages. The amount that is deducted from pay cheques in national insurance contributions is going through the roof so, in essence, people will have been charged double for their prescriptions.

The benefit from a universal service can be fundamental to many. When someone's income is on the margins, even a short illness can have a major impact on their ability to balance the books. If an illness attacks over a longish period, choices must be made. At a time of economic recession, that is an even more difficult situation for many families to be in.

When someone is pressed financially, I bet that the medicine that is prescribed for them is what will be dropped. That makes the situation even worse not only for the individual who is unwell but for the health service, because instead of early intervention through prescriptions, more costs add up as a minor illness becomes major.

My main reason for supporting universal free prescriptions is that no one who is ill should fall through the safety net of health care, no matter what their financial circumstances are or the length and intensity of their illness.

I well remember that, when Jackson Carlaw of the Tories spoke in a members' business debate on car parking charges at NHS hospitals, I was mighty impressed. During his speech, I thought that the Tories were finally coming back into the light of mainstream Scottish public opinion and that they were returning to the position that they occupied before the reign of Margaret Thatcher—they were reoccupying the ground of the old Scottish Conservative party and talking about community.

Jackson Carlaw's speech—which I am sure that he meant—was about concern for others and not for himself. However, with the Tories' stance on prescription charges, I am afraid that they are still in the shadows of Scottish public opinion. Most people in Scotland believe that there should be no barriers to getting better when someone is ill, particularly with a long-term condition. Most people in Scotland are totally against taxing the ill. They believe in a national health service that is free at the point of delivery, and that includes prescriptions.

**Dr Simpson:** The whole Parliament recognises Gil Paterson's commitment to palliative care. Does that mean that he supports our view that, no matter what the Government is doing generally, cancer patients should be exempt from paying charges now, because they are made poor and have little time to change their economic status to obtain free prescriptions? The whole arrangement

is far too difficult, so they should have free prescriptions now.

**Gil Paterson:** I will address that in a few moments.

Free prescriptions for all would cater for people who are reluctant to seek or who avoid seeking medical attention because of the sheer cost of prescriptions. They would no longer fear the financial burden that prescription charges bring and they would no longer be penalised for being on the margins.

Dr Simpson's point was that cancer patients should qualify automatically for free prescriptions. I have great sympathy with that, but I would go much further. I believe that all people who have long-term illnesses should have free prescriptions and that we should not single out one illness—that would be entirely wrong. If, because of a long-term illness, prescriptions cost families or individuals a fortune, I want to help them all, no matter what the condition is. That is exactly what the Government proposes.

**Cathy Jamieson:** The SNP pledged in its 2007 manifesto to remove prescription charges for cancer patients "immediately". Was that manifesto wrong?

**Gil Paterson:** No—the manifesto was not wrong at all. The mere fact that the motion that we are debating tries to restrict the promise that we made proves that point. I am sure that that commitment will be met and the promise kept. That might take a bit longer, for which I make no apologies, but I am sure—I certainly hope—that it will happen.

I travel to the United States of America regularly but, because of the health system there, I always have a worry at the back of my mind that members of my family might become ill. I much prefer and value the stronger Scottish system of care from a community-paid health service. Those are the principles on which the national health service was established. The Government will meet its commitment and will bring about exactly what the health service should provide—free health care for people who are in need, when they need it.

10:53

**Murdo Fraser (Mid Scotland and Fife) (Con):** My Conservative colleagues and I have long held the view that it is not a good use of money from a hard-pressed health budget to provide free prescriptions to people such as me, who can well afford to pay for them. A mere 6 per cent of all prescriptions that are issued must be paid for in full. They are paid for by people such as me who, when we need the odd prescription, have no difficulty whatever with paying the £5 charge that accompanies it. Indeed, many people who are

richer than me, including no less a person than the First Minister—a man in receipt of three salaries—can well afford to pay. It hardly seems to make good sense to take money out of the health budget to put it into the pockets of people such as Mr Salmond, particularly at the time of a squeeze on the public finances, as we heard yesterday afternoon in the budget debate.

It saddens me to know that some SNP members take a different view from me. However, I was delighted and encouraged to hear the comments of my good friend the Minister for Housing and Communities, Mr Alex Neil, on "Good Morning Scotland" just last week.

Mr Neil, a man who is well known for his robust and outspoken opinions, was being quizzed on the Scottish Government's opposition to a general boiler scrappage scheme and its favouring of an approach that is targeted at those in low-income groups. He said:

"Why should people earning £50, £60, £90, £100 grand get a bigger share of the cake when we have got so many people in fuel poverty?"

In taking my stance against universal benefits, I did not expect to be able to pray in aid a Government minister of Mr Neil's standing. Clearly, he has seen the sense of a targeted approach, not one that lines the pockets of those who are already on high salaries. What a pity the cabinet secretary cannot similarly see sense.

**Ian McKee:** The member is in favour of people who are on high salaries having to pay prescription charges. Is it his party's policy to extend that to people on high incomes who are over the age of 60?

**Murdo Fraser:** We think that it is perfectly legitimate that those who are retired and no longer earning an income should get free prescriptions. We support the current exemptions, but our view is that, at a time of pressed resources, we should not extend exemptions to people such as Dr McKee and me, who can pay—

**Ian McKee:** I am over 60!

**Murdo Fraser:** I had not realised that Dr McKee had achieved that age. I congratulate him on that and on doing so well.

Later in the interview, Mr Neil seemed to become rather confused. When pressed by Aileen Clarke on why the same principle should not apply to free prescriptions, he said:

"Well, er, one of the reasons for that is, er, because, er, the cost actually of administering a discriminatory pay prescription scheme has become so expensive. We are actually probably saving money and the evidence so far actually shows in terms of prescriptions we are actually in the long run going to save money because we are providing free prescriptions and a lot of the bureaucracy around the current regime can be eliminated."

Almost persuaded by the powerful and articulate argument that Mr Neil put, I went to check the cost of administering the so-called “discriminatory pay prescription scheme”. The latest figures that I found were from 2005, when the Scottish Executive revealed that the cost of administering the NHS prescription charging scheme was £1.54 million per year. Even allowing for inflation since then, it is hard to see that an argument can be made that the cost of administration could approach anything like the £40 million-plus that we are talking about. If the cabinet secretary has figures to support Mr Neil in his contention that the administration costs outweigh the costs that would be taken out of the health budget, I would be delighted to hear them. I note that she is not rising to her feet—[*Interruption.*] She is. Excellent!

**Nicola Sturgeon:** The point that Mr Neil made, and the point that I made earlier, is that if, as I understand the Conservatives are arguing, we were to extend the list of exemptions further, the gap between the income from prescription charges and the cost of administering the scheme would become ever narrower and the burden of administration would fall on fewer people. In the words of the BMA, it would become nonsensical to keep the system. I am not sure what is difficult for Murdo Fraser to understand in that proposition.

**Murdo Fraser:** Sadly, that is not what Mr Neil said. Clearly, he and the cabinet secretary are at odds on the issue. I am sure that she will put him right when they meet very shortly.

Mr Neil is not the only one who seems to be confused about his party's stance on the issue. As we have heard, while the Labour Party was in government, its members were very firm in their view that free prescriptions should be opposed. In January 2006, during the stage 1 debate on the Abolition of NHS Prescription Charges (Scotland) Bill, the then Minister for Health and Community Care, Andy Kerr, said:

“What is right is that those who can afford to contribute towards NHS dispensing costs should do so.”—[*Official Report*, 25 January 2006; c 22646.]

In the same debate, Helen Eadie MSP argued against the proposal to provide free prescriptions for all, saying:

“We are definitely not happy to throw away £45 million when that money could be spent in some of the most deprived communities.”—[*Official Report*, 25 January 2006; c 22665.]

The self-same Helen Eadie, at a meeting of the Health and Sport Committee last year, voted against the attempt by my colleague, Mary Scanlon, to stop further reductions in prescription charges.

I remarked in a previous debate that the appointment of Jackie Baillie as health spokesman

for the Labour Party had brought a much-needed backbone to Labour's health brief. Thanks to her, Labour has developed a much more robust position against blanket minimum pricing of alcohol, as proposed by the SNP. Unfortunately, the consequence of that is that poor Cathy Jamieson is jumping off to Westminster.

I had hoped that it would not be too much to expect a similar stiffening of resolve when it comes to the provision of free prescriptions for all, but I fear disappointment in that regard. As David McLetchie pointed out, it is particularly ironic that the Labour Party opposed free prescriptions when we had a rising health budget but is supportive of the proposal now, when the budget is under severe pressure.

The confusion on the Labour benches is as nothing to what we see from our friends in the Liberal Democrats. Like Labour, when in government, the Liberal Democrats opposed the abolition of prescription charges. They subsequently supported abolition, voting against Conservative attempts to stop the process at a meeting of the Health and Sport Committee last year. At the end of 2009, however, they changed their position again and now seem to oppose abolition. Even by Liberal Democrat standards, we would be forgiven for being confused.

I was able to do a little research on the position of the Liberal Democrats in Wales. Originally the Welsh Liberal Democrats were in favour of free prescriptions, then they were against them, and now they are in favour of them again. In contrast, the Scottish Liberal Democrats were against, then they were in favour, and now they seem, again, to be against. Are members keeping up?

Winston Churchill was supposed to have said that consistency is the hobgoblin of small minds. That dictum appears to have been adopted enthusiastically by members of his former political party. It really would be helpful to get some clarity and decisiveness from both Labour and the Liberal Democrats on the issue.

In contrast, the Scottish Conservatives have at least been consistent in our view that scrapping prescription charges for those who can well afford to pay is not the best use of resources. We believe that the money can be much better spent on improving access to health visitors, for example, as we outlined earlier in the debate. I urge all parties in the chamber to follow the lead that we have taken—ably supported by Alex Neil—and to support our motion.

11:02

**Jamie Hepburn (Central Scotland) (SNP):** In welcoming the opportunity to debate the issue, I draw very different conclusions from those drawn

by the Conservatives. I am puzzled by the terms of the motion. On reading it, one is led to think that the NHS is in some form of crisis and that, of necessity, we have to make some kind of choice between the Government's policy of phasing in free prescriptions and continued investment elsewhere in the NHS. That is particularly peculiar given the greater number of doctors, nurses, midwives and other health professionals who are now working in Scotland—the number is greater than ever before. Indeed, the latest statistics show that the total NHS workforce has risen by 2.1 per cent in the past year.

I accept that there has been a slight decline over the past year in the number of health visitors, but it is likely that that is the result of recruitment issues and not any planned reduction by the Scottish Government. In 2008-09, the proportion of overall NHS expenditure on prescribed drugs was 15 per cent, down from a figure of 16.1 per cent in 2005-06. The phased introduction of free prescriptions is entirely cost effective.

**Dr Simpson:** The main savings that were made were on improved procurement at the national and UK level. When that is taken out of the equation, the member's point is not yet proved.

**Jamie Hepburn:** As I said clearly, the figures show that the cost of prescribed drugs is going down. Improved procurement could be part of the equation—I do not knock it. We should, of course, look to make things as cost effective as we can, wherever we can. Free prescriptions, which—if I hear them correctly—those on the Labour benches support, are entirely cost effective.

The Tories are trying to make political capital by pretending that investing in NHS staff and reducing prescription charges are mutually exclusive. In fact, both are necessary for building the fairer and healthier Scotland that we all should want to see.

As other members have said, the Tories are rarely in touch with reality in Scotland. As we have seen in the debate, their health policies vividly demonstrate that. Indeed, the Tories may have lost touch with themselves. Are they not supposed to be the champions of low taxation? We call them prescription charges, but they are officially termed a prescription tax. It is not simply a euphemism to say that those charges are an attack on people who suffer from ill health; it is literally the case. Why, then, do the supposed champions of low taxation want that tax to be reintroduced? That is beyond me—I cannot understand it. Perhaps it is because the tax penalises many poorly paid people and families who are at the margins and who do not qualify for free prescriptions—people for whom the Tories traditionally have not had time.

**Mary Scanlon:** Does the member disagree that the Scottish Parliament and the Scottish Government face a decreasing budget, and does he disagree with the cross-party view of the Health and Sport Committee that it is vitally important that every child has a health check and a developmental check? Those are premises of today's debate that illustrate that we are in touch.

**Jamie Hepburn:** As a new father, I sympathise entirely with Mary Scanlon's point. The quality of care that my family has received has been excellent—we have not wanted for any care. Her point reflects Ross Finnie's suggestion that we rebalance or reorder priorities. However, at this time of economic difficulty, it is right that we should take forward the policy of phasing out prescription charges, because that will put money back into people's pockets. It is the right type of priority for us to have at this time.

I turn to the principles of the matter. Two years ago, the Parliament held a debate to mark the 60<sup>th</sup> anniversary of the NHS. The SNP Government's policy of reducing and abolishing prescription charges reinforces the founding compact of the NHS that health care should be free at the point of access, although Christine Grahame's point that we all pay for the NHS through taxation was well made.

There is a further reason for welcoming the Government's commitment finally to abolish prescription charges.

**Jeremy Purvis:** What is the member's justification for charging for dental services?

**Jamie Hepburn:** There have been moves to reduce dental charges. Dental check-ups are now free. There are far more dentists in Scotland and there is greater provision of dental services. I am intrigued by Jeremy Purvis's approach to the debate, as he keeps intervening on this point. Given that he does not even accept the premise that prescriptions should be free, it is somewhat phoney for him to decry the fact that dental care is not free.

The facts are that prescription charges were never part of the original vision of the NHS and that the SNP Government is committed to using its powers to do all that it can to realise the vision of the NHS's founder, Nye Bevan, and many others who worked to introduce a national health service free at the point of access. Many generations of the Tory party have never reconciled themselves to that concept. I do not doubt Nanette Milne's long-standing commitment to the NHS, but many in her party are content to see people left behind in health care, as if the market's invisible hand has determined their lot. Her colleagues have no objection to the kind of health care companies that we see in the United States exploiting the most



vulnerable sectors of society to make massive profits, which they go on to use to manipulate the wider political system to their advantage. David Cameron's promise to protect the NHS has a hollow ring to it.

**Jackson Carlaw:** Will the member take an intervention?

**The Deputy Presiding Officer (Trish Godman):** He is just finishing.

**Jamie Hepburn:** I would have given way to the member, but I am afraid that I do not time to do so.

On at least one occasion, the Tory deputy leader, Murdo Fraser, has accused me of trying to appease a lunatic fringe in the SNP, admittedly on matters that are not related to today's debate. Surely there can be no more of a lunatic fringe than those elements of the Tory party that publicly criticise our NHS and call for a return to a privatised system of medical care—a system in which families scrimped and saved and feared the day when one of their own required medical treatment. "We can't go on like this," says David Cameron. I entirely agree with that sentiment. We should have the powers of independence—the full control of our resources that will allow us to transform the national health service and to ensure that it remains free at the point of access for all those who need it, including through free prescriptions.

11:09

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** Christine Grahame illustrated clearly the history of prescription charges. They were not in place when the health service was established in 1948 but were introduced in 1952, with the resignation of Bevan and Wilson. Harold Wilson, as Prime Minister, abolished them in 1965 but had to restore them in 1968 because of economic circumstances.

All agree that the current system of exemptions is outdated and unfair. It is clearly nonsensical that, for some illnesses—Christine Grahame mentioned underactive thyroid—people can get free prescriptions for everything. All members can agree that the previous system of prescription charges was not fair. From its manifesto, it is clear that the SNP saw the system as unfair and intended to tackle the issue of prescriptions for those with long-term conditions. It now accepts that it would be extremely difficult to do that, because of the boundaries involved, but it agreed with the Labour Party that we should try to extend exemptions and to make the system fairer, and that we should abolish charges for cancer patients immediately. Marlyn Glen and Rhoda Grant have made clear why charges for that group should be abolished now, as our amendment proposes.

When someone develops cancer, the financial consequences are often significant—Macmillan Cancer Support has made that clear in its campaign.

**Shona Robison:** It is clear that Richard Simpson believes strongly in the abolition of prescription charges for cancer patients. Why, in the eight years during which the Labour Party was in power, did no one in the Government, including him, ever raise the issue, never mind introduce a proposal to achieve the abolition of such charges?

**Dr Simpson:** It was the SNP's manifesto promise.

**Members:** Ah!

**Dr Simpson:** It was. The SNP promised to abolish prescription charges for cancer patients. All that we are asking today is for it to do so, as it moves towards its stated objective. It could at least make an exception for those who receive attendance allowance on special terms because they are terminally ill; it could accept our amendment without interfering with its policy in any way. The amendment does not detract from the SNP's policy—it adds to it and helps the SNP to meet a manifesto commitment.

The issue of the sustainability of the policy has been raised and identified as a problem. Why do we question whether the policy is sustainable? Already health boards are delaying the implementation of Scottish Medicine Consortium approvals and the application of SMC-approved medicines. I have asked the Cabinet Secretary for Health and Wellbeing repeatedly for a guarantee that no cancer drugs and no new drugs that the SMC approves will be delayed or not introduced because the funds associated with prescriptions are not available.

My colleague Jackie Baillie raised the issue of the minor ailments service. We have asked about that issue and are glad to have received a clear answer today. The Government has decided that, from 2011, the service will apply to all patients and that there will be no exemptions from it, because everyone will be entitled to a free prescription. I will be glad if the cabinet secretary can clarify whether that is the case.

**Nicola Sturgeon:** I am happy to provide members with the information in writing. I assume that Richard Simpson is not deliberately misinterpreting what I said, so I will say it again. At the moment, the minor ailments service is based on the eligibility criteria for free prescriptions. Once prescriptions are free for everyone, the minor ailments service will continue to be based on the current eligibility system for free prescriptions. I have made that clear previously; I am sorry if members did not know that, but I hope that it is now absolutely clear to everyone. That is what I said to Jackie Baillie.

**Dr Simpson:** The cabinet secretary's comments are most helpful, because we had misunderstood completely—we thought that the service would be extended. When I discussed the matter with Rhodri Morgan, when he was in the process of abolishing prescription charges in Wales, I asked him about the minor ailments scheme. He told me that it had not been introduced in Wales because of the consequences when prescription charges were abolished. Today the cabinet secretary is saying that prescription charges will be abolished only for some. Those who are currently on free prescriptions will retain the right to receive free prescriptions from their pharmacist, but those who are not currently entitled to free prescriptions will not receive them. All that the cabinet secretary is doing is shifting the boundaries. This is not a principled decision but a pragmatic one. The cabinet secretary may wish to argue against that when summing up, but the decision has been made clear today. It is totally new—none of us was aware of it previously.

Jeremy Purvis and others raised the issue of co-payments. The Government likes to portray itself as taking a principled decision that all health care should be free at the point of need. That is clearly not the case, and it is clearly not the Government's intention that it should be the case. Dentistry will continue to be charged for—not one SNP member has been able to defend that. If we are to discuss co-payments, we should perhaps have a serious debate, like those that are taking place in every other European country, about an appropriate and fair system for them.

I will quote Ross Finnie commenting on prescription charges, and I would be grateful if he would say whether the quotation is accurate. An article in *Healthcare Republic* headed "Prescription charges in Scotland to fall to £3" said:

"Liberal Democrat health spokesman for Scotland Ross Finnie said, in the current economic climate, extending reduced or free prescriptions to all should be a priority."

That is from 7 January 2010. That must be the most rapid switch in policy, even for the Liberals—unless the article was misleading.

Consultant awards and health visitors have also been discussed in the debate. Consultant awards are outdated and have been abused by the profession, which has given them to people who are within three years of retirement, not because they have provided an excellent or additional service but simply to enhance their pensions. The awards do not take into account the new consultant contract. I am astonished that Ian McKee, with his trenchant advocacy of their abolition, is not prepared to support an amendment that calls for their abolition. That is something that he will have to justify to his own conscience.

**The Deputy Presiding Officer:** You need to be finishing now, Dr Simpson.

**Dr Simpson:** However, we need to remain competitive for the best minds and talents to remain in Scotland, so we need to be careful about changing the situation.

The Tories are prepared to restrain pay for those on £18,000, but they do not support the abolition of distinction awards. Their position seems unusual. I do not have time to deal with issues concerning health visitors.

We need to balance universal care with focused care. Our attempts to do that so far have not been sufficient.

**The Deputy Presiding Officer:** I apologise to Jamie Stone. I should have called you first, Mr Stone, but I guess I got my Jamies mixed up and forgot to call you earlier.

11:17

**Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** Thank you very much, Presiding Officer. I congratulate Murdo Fraser on an eloquent and amusing speech that was perhaps spoiled in his last sentences. So bright was it that one fears that he might be in danger of eclipsing his leader. I congratulate him.

I will try to pull out the most interesting points of the debate. Mary Scanlon correctly drew our attention to the straitened circumstances in which we live, and she referred to an Audit Scotland report that was also mentioned yesterday. I am taken by her thoughts that, the healthier we are, the fewer drugs we need, and that earlier diagnosis is all about reducing the drugs bill in later life. The reason for my intervention during her speech—to ask about co-ordination with social work—was not about my local GP practice in Tain, although co-ordination between health visitors and social work is of absolute importance. That point has been reinforced by other members. If crucial information such as the identification of families in need is kept in one service's silo, the system will not work.

Nicola Sturgeon probably made the most idealistic speech of the morning. However, the question that I and my colleagues Ross Finnie and Jeremy Purvis wish to pose is this: how idealistic can we be in the present economic situation? I will return to that point.

Jackie Baillie was right to raise the issue of compromising patient care through the abolition of prescription charges. The discussion and interventions on each side of the argument on the minor ailments service have been most interesting. I am not absolutely certain that I understand where we are with that, but I am

prepared to be enlightened, perhaps after the debate.

Again and again Jackie Baillie and her colleagues returned to cancer patients, who are mentioned in their amendment. The matter has been discussed honourably.

As Dr Simpson said, Christine Grahame outlined the history of prescriptions and discussed issues around exemption versus abolition. She talked about GPs discussing with patients which prescriptions they can afford, which sends a message to us all. She also touched on a subject that I have already mentioned in the context of Mary Scanlon's speech, concerning vulnerable families.

Rhoda Grant made a correct point that is hugely relevant to the Conservative motion: the number of people who are training to be health visitors is dropping or is at a standstill in certain health board areas. That is an important background fact. She also mentioned the slight confusion about the direction in which we are heading when it comes to community nursing. There is some unhappiness about it within the service. That might just be because there has been a change—I do not know—but we need to keep an eye on that.

All I can say about my colleague Jeremy Purvis's speech and Alasdair Allan's intervention is that they exemplify—do they not?—that well-known saying that we can choose our friends but we cannot choose our family.

On what Ross Finnie said, our amendment is about reordering and retiming, which are necessary. We live in hugely changed financial circumstances, so the sheer idealism of Nicola Sturgeon's speech, which I acknowledge, might not be easy to achieve today.

We have been talking about the money that is paid out to consultants. Cathy Jamieson and Dr Simpson agreed with Ross Finnie and me, I think, that it is entirely possible to address that issue in the context of the devolved Administration in Scotland. Cathy Jamieson used the word "reprofiling", and that is exactly how it can be done. I find it ironic—as do other members—that Dr Ian McKee finds himself unable to support the approach that has been suggested, given his strong advocacy in the past for precisely such a policy. The general public are not stupid. They understand, perhaps better than many people in Government, just what a difficult situation we are in. The fat cats in the City getting their bonuses is an unhappy and unseemly sight to many people who find themselves in great financial difficulty. What we are saying—in the context of my colleague Jeremy Purvis's policy of an across-the-board, flat-rate salary increase—is that we can and should be taking money off some people.

Surely a bonus of £75,000 is absolutely incredible in this day and age.

To return to my intervention on the cabinet secretary's speech, and in fairness to the case that the Conservatives have made today, it remains the position that people such as me, Murdo Fraser and Dr Ian McKee can afford prescription charges, so why should we not pay them? That is a brutal fact that will not go away, no matter how we look at the debate or which idealistic position we take. It is a difficult issue for the ordinary person who is earning less than £16,000 a year. We must reconsider the matter. If some of us can and are willing to pay, we should.

**Ian McKee:** Will the member take an intervention?

**Jamie Stone:** I am sorry, but I am in my final minute.

I have listened to the debate with great interest. Even on the minor ailments service, the debate itself has been useful in highlighting an issue—

**Nicola Sturgeon:** You just get it wrong.

**Jamie Stone:** From a sedentary position, the cabinet secretary says that they get it wrong—maybe they do, maybe they don't—but I look forward to being enlightened in due course.

11:23

**The Minister for Public Health and Sport (Shona Robison):** I thank all members who have taken part in the debate. There have been a number of positive and constructive speeches, although there have been some that were otherwise, too.

Mary Scanlon mentioned some matters that I wish to refer to before I come to prescription charges. She spoke about the report on CAMHS and the supposed lack of support for its recommendations. Nothing could be further from the truth, and we have backed—not just with words but with action and resources—the report and the meeting of some of its recommendations. We have done that through more than £12.5 million of new resources over three years to make the changes happen.

I wish to respond on the important issue of health visitors. A number of members rightly said that it is wrong to conflate the two issues of health visiting and the abolition of prescription charges. I will start with health visitors, however, and respond to some of the points that Mary Scanlon made. There is a universal health visiting service at the moment, and the core programme provides that universal service. It is true that beyond the core programme it is for health visitors to use their clinical judgment to determine what additional

services and support they will provide, but we need to ensure that people clearly understand that every new mother must have access to a health visitor. There is the 10 to 14 days post-natal visit, to ensure that mum and baby are doing well, there is the developmental check at six to eight weeks, and there is the immunisation schedule, thereafter. Outwith the core programme, a judgment is made about which families require support.

The Parliament debated the equally well programme, to which—I recollect—every member and every party signed up. The message from equally well is that we need to ensure that our universal and core services have the right reach to the right families. That is not happening as it should, which is why the equally well programme came about. It is important that members take a more consistent approach and acknowledge that beyond the core programme, which provides support to every new mother and baby, extra support is needed for some families. I hope that we can agree and make progress on that together.

**Mary Scanlon:** After my granddaughter received her MMR jab at 15 months, her mother and father were told to bring her back when she starts school. Is it acceptable that for three and three quarter years a child does not see a health visitor for all the developmental and health checks that are needed?

**Shona Robison:** As I said, the core programme focuses on the first 18 months of life. There are issues to do with the support that we provide to families—particularly families in need—with children aged from nought to three. The family nurse partnership programme in Lothian is so important because it considers families' further requirements for support before the child gets into the formal system of nursery and school. We need to ensure that support is given to the families that need it. All members agreed with that when they supported the equally well programme.

Jamie Stone asked several times why people who are better off should receive free prescriptions. The cabinet secretary made the point that 600,000 people on incomes that are less than £16,000 will benefit directly from the policy. Judgments have to be made. I presume that the Liberal Democrats made similar judgments when they decided to support universal free personal care and concessionary travel. Every case must be decided on its merits, but we strongly believe that when a person is suffering ill health it is their health and not their income that matters. That is why we are persuaded by the case for the abolition of prescription charges.

I am pleased that Jackie Baillie has at last acknowledged that health spending is at an all-time high, although her position is slightly at odds

with her assertions that the health budget has been given a bad deal.

Ross Finnie used the argument that Jamie Stone used. He also talked about distinction awards. We have announced that we will freeze the budget for distinction awards, which is more than Labour and the Liberal Democrats did during their eight years in power. Some people seem to have come late to the issue. Actions speak louder than words: we are taking action on the matter.

Nanette Milne's speech was well considered, although I disagree profoundly with her conclusions and I think that the words, "We have not changed," might come back to haunt her.

Christine Grahame reminded us of the principles behind the need for abolition by laying them out well.

Cathy Jamieson was right when she said that, in the debate, a false link has been made between support for health visiting and the abolition of prescription charges. She also mentioned concern about consultants' bonuses and distinction awards, although she never expressed such concern when she was a minister and was able to do something about the matter. I would have thought that if her concern is heartfelt, the issue might have come to the previous Government's attention during its eight years in power. Her plea for the immediate abolition of prescription charges for cancer patients invites the same question: why is the issue of interest only now? Was it not the case that the arguments were being made to her and many of her ministerial colleagues by the charities that she mentioned in her speech? However, no action was taken during those eight years.

**Cathy Jamieson:** The SNP said in its manifesto:

"An SNP government will immediately abolish prescription charges for ... people with cancer".

The SNP's actions today suggest something different. Was the manifesto wrong?

**Shona Robison:** We are delivering on our manifesto in a way that is fair to everyone. Why does Cathy Jamieson hold up the approach in England as a panacea, when all health organisations in England are campaigning for the policy that we have in Scotland?

It is absolutely clear—it always has been—that under the minor ailments scheme people get over-the-counter medicines and free prescriptions through their community pharmacies. They are already exempt. The system will continue after abolition, because it is a good and efficient service.

**Jackie Baillie:** Will the minister give way?

**Shona Robison:** I cannot because I am in my final minute. Jackie Baillie needs to sit down.

We will not extend the minor ailments scheme to other groups, because we are not going to extend the provision of free over-the-counter medicine to other groups because that would not be good use of resources. That has always been the case. We have made the position clear, and if the Labour front benchers have not picked up on that, perhaps they should have been doing their job a little better.

I am happy to support the amendment in the name of Nicola Sturgeon.

11:31

**Jackson Carlaw (West of Scotland) (Con):** Scottish Conservatives had no qualms about bringing back to the chamber the issues of prescription charges and health visiting. I say to Jamie Hepburn that we would not have promoted the debate had we no concern for the people who we think are being left behind in health care.

The issues are related, because an unintended irony is unfolding under the SNP Government, in that by standing by and allowing the decline of Scotland's health visiting service—a service that exists to prevent future ill health and which the Health and Sport Committee identified as being crucial in early years development in its report on child and adolescent mental health services, which we debated a fortnight ago—the need for NHS intervention will increase and there will be even more prescriptions.

We should invest in health visiting, not because Scottish Conservatives are convinced of the need to do so, not because the BMA is convinced of the need to do so, not because of the compelling evidence of all witnesses to the Health and Sport Committee, and not even because Jamie Stone's doctor is profoundly supportive of health visiting. We should do so because it is manifestly clear from the evidence, and from debates that have taken place throughout the Parliament's lifetime, that we should invest our limited additional resources in people who can help to prevent ill health, rather than in taxpayer-funded additional health subsidies to the wealthiest people, including the First Minister, the cabinet secretary, me and others who are in the 6 per cent of people who paid the full prescription charge in 2008-09. This is a tax cut by the First Minister for the First Minister, which is unjustifiable and, in the current financial climate, irresponsible.

The inevitable response of the cabinet secretary and her praetorian guard involves the customary hyperbole about the need to defend the NHS from the perils that it might face under the Scottish Conservatives. However, the current health

debate is not the shallow debate of old about whether there should be a national health service. All major political parties in the 21<sup>st</sup> century are committed to the NHS. The debate in the Scottish Parliament has been about how the NHS can operate flexibly to secure the wellbeing of the people whom it serves.

Throughout the life of the Parliament, we have been clear and consistent on prescription charges. We supported the reduction of the standard charge to £5 and the halving of the cost of the prepayment certificate. We acknowledged that a charge of £6.85 per item—and rising—meant that the cost of treatment, which might typically involve two or three items, was pushing 20 quid, which was on the wrong side of reasonable, even for people who were able to pay. We particularly supported the reduction in the cost of the prepayment certificate, because we accepted that the preferred option of many people, which was to expand the schedule of exempted conditions, would be difficult and potentially invidious.

However, we served notice even at that stage that, although we supported the first reduction, we were unconvinced that further reductions should be the priority spend within a limited budget. We said that we would wait and see. We did so, and I say to Jeremy Purvis—who is not in the chamber—that we opposed last year's reduction and will oppose this year's. I thank Ian McKee for his moderate condemnation of that opposition this year: this year, apparently, Mary Scanlon is merely shameful, whereas, last year, she was "pernicious and evil". At that rate of conversion, he will be back in his old Conservative fold before the end of the parliamentary session.

We oppose the reductions not because they are not a lovely idea, but because people who need to be supported should be, which is why 88 per cent of prescriptions in 2008-09 were issued without charge and a further 6 per cent with the prepayment certificate. We oppose the abolition because we cannot afford it at this time and because there are other immediate priorities.

The cabinet secretary said in her speech that only those who earned £16,000 and above had to pay. Perhaps it would have been more appropriate for her to come to Parliament earlier in the session and talk about increasing that threshold. We could have supported that proposal.

There are certainly other financial challenges facing health spending. Last week, in response to a parliamentary question, the cabinet secretary confirmed that the cost to Scotland's NHS in the year commencing April 2011 of the Westminster Government's increase in employer national insurance contributions will be £36.3 million. That is on top of the £33 million that this year's reduction and next year's proposed abolition of prescription charges will cost.

Although I disagree with Jackie Baillie's support for further reductions, I welcome the searching questions that she asked about the policy's future sustainability, particularly given the unfolding experience and increase in demand that took place in Wales. Where is the money to be found?

The cabinet secretary reminds us of the old Hollywood film star Jeanette MacDonald; she of Nelson Eddy and Jeanette MacDonald grand melodrama fame, and not only because of their shared interest in shoes. Even Jeanette MacDonald could not compete with the cabinet secretary on that point. It is best put in the words of a song:

"I never will forget how that brave Jeanette,  
Just stood there in the ruins and sang ... and sang".

The cabinet secretary's policy seems to be to acknowledge the huge demographic changes that are coming, but to shut the door to any future assistance from the independent sector. As the financial pillars of her health Babylon come tumbling down around her, her response is to stand there in the ruins and sing the same old song. She sings it well and she sings it true, but it is fast becoming yesterday's hit.

I make no apology for once again returning to the state of our health visiting profession in the NHS Greater Glasgow and Clyde area. I have raised previously the position in Springburn and Possil in Glasgow. The minister wrote to me. It was clear from her initial responses that she believed that all was well, but she was slightly more equivocal in her speech in the debate a fortnight ago. On the contrary, to those on the ground, all is not well.

A few months on from the Glasgow North East by-election, what is the position in Possil? The health centre there serves one of the communities that have been identified as having the greatest concentration of health inequalities. It is the type of health centre that the ending of a universal health visiting service and the creation of concentrated teams was supposed to assist. Finally, a health visitor was recruited, but she has already handed in her notice. Meanwhile, the minimum two full days that have been allocated to the practice have remained unfilled for more than three and a half years.

In Bridgeton in Glasgow—a postcode with one of the lowest household incomes in the United Kingdom—there is now no health visitor. A GP there has 150 preschool children out of a list of 2,780 patients. The area will host the Commonwealth games. It seems extraordinary to people there that the community can host the games but cannot access health visiting. Bridgeton health centre, which serves a population of 25,000 patients and has 20 GPs, has two part-

time health visitors. Such situations are now commonplace, and the problem is growing and being exacerbated, as Rhoda Grant mentioned in her speech.

We cannot go on like this. The cabinet secretary has belatedly agreed to meet GPs and others in NHS Greater Glasgow and Clyde next month. It is not a moment too soon. Last autumn's complacency is now being replaced by a recognition that there may be a problem; we are certainly clear that there is.

The health secretary and the Parliament need to start singing a different song—or, at least, to rewrite the lyrics. We need leadership. The Parliament has addressed the overall burden of the prescription charge and the prepayment certificate; now is the time to respond to other challenges. The difficult financial future requires us all to be much less dogmatic and to be prepared to work with everyone who can make a difference to Scotland's health. This is the wrong time for further reductions in the prescription charge and the right time to transform Scotland's health visiting service to achieve a real improvement in Scotland's overall national health.

## Question Time

### SCOTTISH EXECUTIVE

#### General Questions

11:40

#### Cold Weather Costs (Funding)

**1. Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** To ask the Scottish Executive whether it is working with local authorities to assess the additional costs that they are facing as a result of the recent cold weather and whether additional funding will be provided to cover these costs. (S3O-9221)

**The Cabinet Secretary for Finance and Sustainable Growth (John Swinney):** It is for local authorities in the first instance to determine how the additional costs that they face as a result of the recent cold weather can be accommodated within their overall resources. Meanwhile, as part of our regular dialogue with the Convention of Scottish Local Authorities, we will continue to work with our local government partners to consider how those costs can best be accommodated.

**Jamie Stone:** I thank the cabinet secretary for a constructive answer. The damage that the frost and snow are causing to roads and pavements is there to be seen in what has happened to the tarmac. It strikes me that, if the repairs could be dealt with now, rather than in future years, they would be cheaper in the long term. Will the cabinet secretary at least consider, in the context of the discussions that he mentions, advancing capital expenditure from future years to the next financial year?

**John Swinney:** Mr Stone will understand that I have been sympathetic to the necessity to accelerate capital expenditure to deal with the economic circumstances in which we find ourselves—indeed, I have been arguing for it—but it is difficult for me to undertake that activity without Treasury consent. However, I will, of course, consider the issue.

As the question was asked by Mr Stone, I take the opportunity to say that Highland Council contributed enormously to the collaborative working arrangements that were put in place to ensure that salt stocks could be shared and applied throughout the whole country during the recent period of severe winter weather. I place on record my thanks to the council and to other authorities that contributed constructively to that process.

**Rob Gibson (Highlands and Islands) (SNP):** Will the cabinet secretary comment on other forms of co-operation between councils that helped us to cope with that difficult time and, noting that winter is not yet finished, will he say whether there is enough salt around the country to deal with future cold weather?

**John Swinney:** Mr Gibson is right to remind us that winter is not yet over. Over the past 10 days or so, there has been a significant increase in the salt stocks that are held in Scotland as a consequence of decisions that were taken as part of the Scottish Government's resilience operation, which was taken forward in close collaboration with our colleagues in local government. We are working to ensure that that resource is in place for the remainder of the winter. That continues to attract the close focus of ministers and local authorities around the country.

#### Fife Energy Park

**2. Tricia Marwick (Central Fife) (SNP):** To ask the Scottish Government what discussions it has had with Fife Council regarding Fife energy park. (S3O-9238)

**The Minister for Enterprise, Energy and Tourism (Jim Mather):** In conjunction with Fife Council, Scottish Enterprise is leading ambitious plans to develop Fife energy park further. As part of the renewables action plan, officials within the Scottish Government's renewable energy team are leading a series of discussions with local authorities to discuss economic development potential and other local issues relating to the renewable energy agenda. Fife Council will join four other local authorities in an initial meeting that takes place in Brechin today. It is clear that the facilities at the Fife energy park and expertise that resides in companies such as BiFab—the park's largest tenant—will play a pivotal role in developing Scotland as a recognised leader in renewable energy.

**Tricia Marwick:** The minister is aware of the importance of the energy park to the whole Levenmouth area and has already referred to BiFab's outstanding performance, which has contributed hugely. However, given the Crown Estate's recent announcement on licences, particularly in the Firth of Forth, I seek his assurance that he will work closely with Scottish Enterprise to ensure that more companies come to the Fife energy park so that we can reap the benefit of a windfall of jobs.

**Jim Mather:** Yes, I give that assurance. Scottish Enterprise and Highlands and Islands Enterprise are developing a national renewables infrastructure plan to ensure that Scotland can secure substantial economic benefit from that. That is informed by our trip to Bremerhaven, on

which it was made clear that even the Germans will be supply constrained in taking full advantage of renewables. Fife is well placed because of its locational advantage, land and readiness to take advantage of those technologies. We will continue to work to ensure that that is augmented.

**Marilyn Livingstone (Kirkcaldy) (Lab):** As the minister is aware, Fife energy park is strategically important not only to Fife but nationally. BiFab, whose head office is in my constituency, has a key role to play in the energy park's success and in the Government's renewables action plan. Will he ensure that companies such as BiFab have the appropriate support to be able to grow and develop and to support the energy park and the downstream industries that will follow?

**Jim Mather:** We will continue to work in the closest collaboration with those companies, because it is very much in Scotland's interest to do so. Under this Administration, Scotland is looking forward very much to an energy-led economic recovery, so we treat those companies as the assets that they are and work with them as closely as possible.

**Ted Brocklebank (Mid Scotland and Fife) (Con):** Does the minister agree that a vital component in the future success of the Fife energy park would be the reopening of the rail link between Levenmouth and Thornton junction? Given all that has been said about the new energy park, is it not remarkable that the Scottish National Party Government has still had nothing to say about plans to reopen the railway link? Why is that?

**Jim Mather:** I would defer to my transport colleagues on that. However, I can tell the member about the investment that has gone into the energy park. The £11.8 million from the previous Administration back in 2006, the further £11.2 million that the Scottish Enterprise board approved in June 2009 and the Fife Council investment will ensure that Fife energy park is all that it can be.

**The Presiding Officer (Alex Fergusson):** Question 3 was not lodged.

#### **Workers' Co-operatives (Support)**

**4. Linda Fabiani (Central Scotland) (SNP):** To ask the Scottish Government what support it gives to workers' co-operatives. (S3O-9230)

**The Minister for Enterprise, Energy and Tourism (Jim Mather):** The business gateway provides a first-stop access that is available to all firms for business support, including start-up training, business advice and details of financial support that may be available to support new and growing businesses. In addition, Co-operative Development Scotland, which is a wholly owned

subsidiary of Scottish Enterprise, has a specific role to promote and support all forms of new and existing co-operatives with growth potential, including worker co-operatives. CDS is developing a worker co-operative development programme, with an anticipated start date of March this year. The Scottish Government recognises and values the importance of co-operative enterprises in contributing to the growth of the Scottish economy.

**Linda Fabiani:** Is the minister aware that, with the help of CDS, the internationally successful Clansman Dynamics Ltd in East Kilbride has just been subject to an employee buyout and may in fact be the world's first co-operative operating in the field of designing and manufacturing industrial robots? Does he agree that the co-operative route is one way of ensuring the future vitality of companies and that it should be investigated by others? Will he join me in congratulating Dick Philbrick, the former owner of the company, who encouraged and supported the employee buyout and remains an employee of the firm as managing director?

**Jim Mather:** Yes, I am very pleased to take this opportunity to congratulate Dick Philbrick on realising his ambition to ensure the continued success of Clansman Dynamics by transferring ownership to its 30 employees. I wish everyone in the company the very best going forward. The Scottish Government recognises that the co-operative business model can be an effective approach for a variety of sectors, such as renewable energy. CDS is available to assist directly in that regard. The current climate is such that I understand that the *West Highland Free Press* has had an employee buyout. There is therefore more progress to talk about.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** I am pleased to hear the minister's on-going commitment to CDS, which was set up by the previous Administration. What work has been done by the Executive to ensure that the co-operative business model is included in the determined to succeed programme?

**Jim Mather:** We liaise very closely with the Cabinet Secretary for Education and Lifelong Learning on that and we will continue to do so. The key point is that CDS's worker co-operative development programme, which will consist of a four-day workshop, will start in March. The climate is right for that. I have a great quote from Robert Oakshott, the founder of the Employee Ownership Association, who looks to a future in which employee ownership entails

"a movement from business as a piece of property to business as a working community."

I look forward to that breaking out in other places in Scotland.



### **National Health Service (Stolen Equipment)**

**5. Dr Richard Simpson (Mid Scotland and Fife) (Lab):** To ask the Scottish Executive what action it is taking to address the issue of stolen and lost equipment from NHS sites. (S3O-9194)

**The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon):** That is a matter for NHS boards to manage. As part of their annual accounting process, they are required to certify in their accounts that procedures are in place to manage and safeguard their equipment.

**Dr Simpson:** Under freedom of information legislation, I asked every health board to detail the items that have been lost and stolen. What particularly concerns me is that 10 laptops and one desktop personal computer have been lost or stolen in the past year. Can the cabinet secretary give me a concrete assurance that those pieces of information technology equipment did not contain patient information? In light of previous promises made in the chamber and the action that the Scottish Information Commissioner has taken against five Scottish NHS boards in respect of data loss, can she say whether the computers were fully encrypted, which would at least mean that patient data were not lost?

**Nicola Sturgeon:** Clearly, I cannot give Richard Simpson details about specific computers when I do not know where they are. If he writes to me with the details of the instances that he is talking about, I will be more than happy to see what assurances we could provide. I agree that his question is very important. I have said previously and do not mind saying again that, given the sensitivity of the data involved, data security in the NHS is extremely important. NHS boards are under an obligation to ensure that they have the right security measures in place, particularly when they deal with personal information. That involves appropriate passwords and encryption, where that is necessary. The Information Commissioner will always take an overview of the appropriateness of the procedures in place. If Richard Simpson wants to enter into further dialogue about the specifics that he is talking about, I am more than happy to do that.

### **Home Heating**

**6. Peter Peacock (Highlands and Islands) (Lab):** To ask the Scottish Executive what additional measures it is considering to better support people in keeping their homes warm and efficiently heated. (S3O-9192)

**The Minister for Housing and Communities (Alex Neil):** The Scottish Government is already helping people throughout Scotland to reduce their heating bills and keep their homes warm through

the energy assistance package and the home insulation scheme. Anyone can call 0800512012 to obtain guidance on energy savings or to check their entitlement to benefits and cheap energy tariffs. Many people are eligible for cheaper rates, and, if they call today, they could be on a new tariff within a couple of weeks. Between April and the end of December last year, 5,500 fuel-poor households had heating and insulation measures installed under stage 4 of the energy assistance package, which should save them on average £884 a year on their fuel bills.

**Peter Peacock:** Amid the grand rhetoric, I am surprised that the minister did not mention the collapse in the number of heating systems that have been installed since his Government came to power. However, on a more positive note, can I encourage the minister in his future thinking to consider new provisions in the home insulation scheme for homes that are difficult to insulate? In particular, a range of people live in fuel poverty in houses that were built in the 1960s and which used the first type of timber-frame construction, which are difficult to insulate now because they do not have a normal cavity wall. The only thing that can be done is to build a new cavity wall either inside or beyond the current boundary of the house, which is very expensive and is beyond most people. Will the minister have a look at that issue in particular in his new thinking about future planning?

**Alex Neil:** Peter Peacock raises two points. The first is about the number of heating systems installed under this Government. We had a record number of installations of central heating systems last year—unprecedented since the Parliament was established. His second point is a very reasonable one. I am aware of new technology that can be used for external insulation measures. I am already looking at that and I will be delighted to share that information with the member in relation to the valid point that he raises about particular types of building.

**Alasdair Allan (Western Isles) (SNP):** Has the Scottish Government made any representations to the United Kingdom Government on the inclusion of wind-chill factors in the calculation of entitlement to cold weather payments? Is the minister aware that, after a month of snow and ice in the Western Isles, it was officially “not cold enough” for such payments to be triggered?

**Alex Neil:** I have raised that matter on a number of occasions with the UK Government, so far without success. It is a rather absurd system that states that, after the kind of weather that we have experienced since before Christmas, places such as the Western Isles do not qualify for the cold weather payments. I hope that the Labour

Government in London will look at that very cruel policy.

### **Scottish Gross Domestic Product**

**7. Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** To ask the Scottish Government when it expects Scottish GDP growth to be higher than that of the United Kingdom. (S3O-9216)

**The Cabinet Secretary for Finance and Sustainable Growth (John Swinney):** The purpose of the Scottish Government is to deliver increased sustainable economic growth. Our actions, including our budget bill for 2010-11, demonstrate our commitment to matching the UK growth rate by 2011.

**Jeremy Purvis:** I asked the cabinet secretary when the Government expects that to be achieved.

Given that economic growth is the top target in the "Performance at a Glance" section of the Government's website, given that it is a comparative target and given that the First Minister has repeatedly said that he believes that Scotland is better placed to weather the recession than any other part of the United Kingdom, why is the GDP gap widening? Will the target to reach the UK growth rate be met by 2011?

**John Swinney:** Obviously, the Government is putting its focus and energy into achieving that target. That has been the Government's position since we came into office in 2007, and I assure Mr Purvis that it will remain so for the duration of this parliamentary session.

Scotland's position broadly matches that of the UK in terms of the scale of decline in GDP. We have gone through a very unusual period of economic volatility in the past 18 months. The Government will retain its focus on ensuring that we increase GDP in Scotland in order to create the wealth and opportunities that will enable the people of Scotland to enjoy the quality of life to which they are entitled.

### **Anticoagulation Services**

**8. Stewart Maxwell (West of Scotland) (SNP):** To ask the Scottish Government which national health service boards have removed the monitoring of anticoagulation services from general practitioners and set up special anticoagulation clinics. (S3O-9240)

**The Minister for Public Health and Sport (Shona Robison):** I understand that only NHS Greater Glasgow and Clyde has done so to date, although some other board areas offer hospital-based clinics for patients who have specialist

problems or requirements or for reasons of easy access for patients.

**Stewart Maxwell:** As the minister will be aware, I have written to the Cabinet Secretary for Health and Wellbeing about the problems faced by a constituent who attends an anticoagulation clinic that is run by NHS Greater Glasgow and Clyde. After my constituent was prescribed medication by his GP that apparently interfered with his anticoagulation treatment, he became ill. On phoning the anticoagulation clinic to seek help, he was asked no questions about any other medication that he might be taking. Will the minister investigate what systems are in place for dealing with calls to anticoagulation clinics and whether there is a case for staff routinely to inquire of callers whether they are taking any new medications that might have an adverse impact on the patient's health?

**Shona Robison:** Of course patient safety is of paramount importance. We expect all boards to have in place robust procedures that are consistent with national guidelines and protocols. That includes the timely and effective exchange of relevant information between practitioners and with patients, including information on any new medication.

I am grateful to Stewart Maxwell for bringing this case to our attention. I know that he has also written to Greater Glasgow and Clyde NHS Board, which is preparing a detailed response to him. I have also asked my officials to review the health board's response, so I assure Stewart Maxwell that any learning points will be shared with other boards where appropriate. I will be happy to get back to him with the detail of that.

### **Economic Inequality (Health)**

**9. Bill Wilson (West of Scotland) (SNP):** To ask the Scottish Government what its position is on the comments on the damaging effects of economic inequality on health in "An Unequal Struggle for Health: Report of the Director of Public Health into the health of the Population of Greater Glasgow and Clyde". (S3O-9251)

**The Minister for Public Health and Sport (Shona Robison):** We recognise the role that economic inequality plays in driving health inequality and we welcome the focus of Dr de Caestecker's report, "An Unequal Struggle for Health". The Scottish Government sees it as a priority to address the interlinked problems of poverty, health inequalities and children's early years. That is why the implementation of "Equally Well: Report of the Ministerial Task Force on Health Inequalities" is being taken forward alongside that of "The Early Years Framework", which is the Government's strategy for ensuring that our children have the best possible start in

life, and that of our anti-poverty strategy, “Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland”.

**Bill Wilson:** Given that Dr Linda de Caestecker draws attention in her report to calls on the medical profession to limit the pay of its highest earners, will the Scottish Government consider setting maximum wage ratios in Scotland’s national health service such that the best-paid NHS employees could earn only up to a certain multiple of the worst paid? Will the Government consider phasing that in as existing contracts expire?

**Shona Robison:** John Swinney, the Cabinet Secretary for Finance and Sustainable Growth, has already made clear our policy on public sector pay—that was discussed at length yesterday. In addition, the Cabinet Secretary for Health and Wellbeing has made it clear that there will be a freeze in the budget for the distinction awards for the coming year.

We take extremely seriously the concerns that the member raises. We are talking about highly complex problems. Dealing with inequality is extremely complex, but we feel that we have the solutions in the strategies that I mentioned. Implementing those solutions will not happen overnight but will take time. We certainly welcome the member’s support for our work.

## First Minister’s Question Time

12:00

### Engagements

**1. Iain Gray (East Lothian) (Lab):** To ask the First Minister what engagements he has planned for the rest of the day. (S3F-2147)

**The First Minister (Alex Salmond):** Later today, I will take forward the Government’s programme for Scotland.

**Iain Gray:** The Home Office and the police told Roseanna Cunningham not to include two footpaths near the Balmoral estate in a core path network because it would increase the security risk to the Queen. Roseanna Cunningham’s astonishing reply was:

“I am not persuaded that this amounts to sufficient reason for excluding these two paths from the core paths plan.”

Does the First Minister agree that the safety of the Queen and her family is a sufficient reason to keep two paths off a map?

**The First Minister:** Even by Iain Gray’s standards, that was an absurd way to introduce the subject—it was almost as embarrassing as his interview on Radio Scotland this morning, which I had the misfortune to hear and which we will no doubt come to later, because I want the whole chamber to appreciate the full bouquet of his patent absurdity on the issue.

I have examined the issue because of its seriousness. Every correct procedure was followed throughout. The Cairngorms National Park Authority wanted to have the paths designated, an objection was lodged by the factor of the Balmoral estate, and the matter went to the official reporter, following due process. The official reporter said that the paths should be designated, subject to security concerns. Roseanna Cunningham wrote to the minister in the Home Office on 10 December to ask for the security information, which she said she should have before she reached a decision. She got it last week, on Thursday 14 January. The same day, she instructed her officials to say to the Cairngorms national park that, under the circumstances, the paths could not be designated. The park authority was informed of that last Monday. Everything that this Government has done on the issue has been carried out in accordance with due process.

Now that Iain Gray at last has the facts, would he like to retreat from the totally ridiculous absurdity of his position?

**Iain Gray:** The true facts are—[*Interruption.*]

**The Presiding Officer (Alex Fergusson):** Order.

**Iain Gray:**—that the advice was known in 2007, in 2008 and in 2009, and that it was reiterated in the letter that finally resulted in the right thing being done, as the letter makes clear. The truth is that Roseanna Cunningham rejected the advice of the police and the Home Office. She had to be forced to do the right thing by a Home Office threat—[*Interruption.*]

**The Presiding Officer:** Order.

**Iain Gray:**—to overrule her, because what she proposed to do was such

“a security risk to the Queen and her immediate family.”

In these days, when everyone knows that terrorism is a real threat, will the First Minister admit that Roseanna Cunningham was wrong to try to ignore security advice?

**The First Minister:** When Iain Gray is in a giant hole, he should stop digging; instead, he is digging himself in even further. I will quote what Roseanna Cunningham said in her letter to the Home Office so that the whole chamber can appreciate it. She wrote:

“Before reaching a decision on the Cairngorm National Park (CNPA) Core Paths Plan following a public local inquiry I am writing to establish whether there is any additional information about security considerations affecting the Balmoral Estate which you would wish me to take into account.”

Before reaching a decision, she asked for the security information. She got the security information and she made a decision that was communicated to the Cairngorms national park.

There is one aspect of Iain Gray's question that I hope everyone agrees with, which is that security issues concerning the royal family are serious. I hope that he agrees that it would be a serious matter if it were to be found that someone had maliciously leaked the information that we are discussing to certain newspapers. We have therefore asked the Home Office today to institute a leak inquiry to see whether we can establish where the information came from. Given the seriousness with which Iain Gray takes the issue, I know that he will join me in welcoming that step taken by the Scottish Government.

**Iain Gray:** There was a request from Roseanna Cunningham for additional information in order to change her mind. The only additional information that was provided was that, if she proceeded in the way that she proposed to do, she would have to be overruled by the Home Office for security considerations. It is good that the right decision has finally been reached, but will the First Minister simply admit that that threat should not have been required in order to reach that correct decision?

**The First Minister:** I have already read verbatim from Roseanna Cunningham's letter, and I think that members and the record will validate that position.

I promised members that they would be able to appreciate the full bouquet of the absurdity of Iain Gray's position. I have a transcript of what was said on Radio Scotland this morning. Iain Gray said:

“I think the truth is she decided these two paths should not be included when the Scottish Government realised that a story was going to run in a newspaper today. That's not the proper reason for taking what is, in the end, the proper decision.”

Even Aileen Clarke of the BBC was moved to say:

“Well, apparently, the parks authority was advised of this at the beginning of the week, not just this morning or late last night”.

Roseanna Cunningham took the decision on the day that she received the letter on security information from the Home Office. Now that Iain Gray realises that and does not contest it, will he revise the position that he took this morning?

**Iain Gray:** My position is straightforward. [*Interruption.*]

**The Presiding Officer:** Order.

**Iain Gray:** The security advice—

**The Minister for Housing and Communities (Alex Neil):** Bring back Jack!

**The Presiding Officer:** Order.

**Iain Gray:** I advise the First Minister to take security issues seriously. The security advice was known in 2007, 2008 and 2009 and was resisted until the threat was made that Roseanna Cunningham's decision would be overruled. The First Minister should be big enough to admit that an error of judgment was made and that the threat should never have been required.

**The First Minister:** I agree with Iain Gray on one matter, which was included in the letter from the Home Office minister, David Hanson. He said:

“The police would prefer to attract as little attention as possible to this path, given its location.”

I am not sure that Iain Gray has followed that advice over the past 24 hours, but I am sure that he will join me in welcoming the leak inquiry so that we can pinpoint which forces in society wanted to make a political issue of royal security.

As Iain Gray was stumbling through his final question, I heard the cry, “Bring back Jack!” The trouble for Iain Gray is that, when I looked round, Jack was nodding.

## Secretary of State for Scotland (Meetings)

### 2. Annabel Goldie (West of Scotland) (Con):

To ask the First Minister when he will next meet the Secretary of State for Scotland. (S3F-2148)

**The First Minister (Alex Salmond):** I have no plans to meet the secretary of state in the near future.

**Annabel Goldie:** Does the First Minister accept that the Scottish National Party Government has got its priorities on health all wrong? It puts political ideology before patient care and is more interested in populist policies, such as free prescriptions for people such as Alex Salmond who are on £160,000 a year, rather than in providing value for money. What we really need is less waste, more choice and more innovation.

In England, there are general practitioner walk-in treatment centres open during patient-friendly hours and at patient-friendly locations. Will the First Minister pilot such a facility in Scotland or will he deny patients in Scotland the benefits that patients in England enjoy?

**The First Minister:** I am glad that Annabel Goldie has asked that question, as it gives me the opportunity to deal with a serious matter.

One of the important statistics to come out this week was published in the Commonwealth Institute's review of public satisfaction with the health service. Annabel Goldie will have seen that the level of satisfaction with our health service in Scotland is the highest throughout these islands. I am sure that every member will welcome the confidence that the general public of Scotland have in our health service.

I take the opportunity to point out something that has not been widely reported yet. The Nuffield Foundation now admits that it made an error of overestimation of 27 per cent in the number of doctors that there were in Scotland. That affects a number of the criteria that it was judging. If a foundation has to publish information that is three years out of date when it is carefully making a study, it should not arithmetically miscount the number of doctors that there are in Scotland.

Given the level of public confidence that exists in the national health service, I appeal to the chamber to unite in thanking the doctors, the nurses, the ancillary staff and all those who work in our national health service, who do such a great job for the Scottish people.

**Annabel Goldie:** I am sure that some of that information is interesting to the chamber, but not one bit of it answered my question.

We all aspire to make public services better, and I defend our NHS. Our clinicians, our nurses and all the others who work within it do a tremendous

job. Nonetheless, I ask Mr Salmond whether it would not be wonderful if, here in Scotland, someone could see their GP within a quarter of an hour, without any appointment, on their way to work, and still be at their desk by 8 o'clock. People can do that in London, in Bristol and in Manchester, where it is a case of, "The patient will see you now, doctor."

Yet again, the First Minister has his head in the sand—blind to what the public need and want, and obsessed with his own top-down, Alex-Salmond-knows-best approach. Patients in Scotland deserve better, so I ask the question again. Why is the First Minister denying patients in Scotland the benefits of GP walk-in treatment centres that are enjoyed by patients in England? Why is he not standing up for patients in Scotland?

**The First Minister:** As Annabel Goldie knows, Nicola Sturgeon has extended the opening hours of GP surgeries in Scotland. That measure was taken because we are concerned about patients and consumers of the health service, who are our citizens and our voters. We are also proud of the improvements that have been made in the health service in recent years. Out-patient waiting times in Scotland are now the same as those south of the border, and fewer in-patients are waiting more than 12 weeks—only 190. In my opinion, that is still 190 too many, but it is 190 in Scotland compared with 50,000 in-patients waiting for more than 12 weeks south of the border.

I am delighted that Annabel Goldie has confidence in our health service and welcomes the performance of all those who work within it. In terms of the political debate, it is helpful to examine how further improvements can be made. Nevertheless, we should, above all, recognise the achievements of our national health service, which have been considerable over the years. We must not allow the debate to be dictated by information that has been proven to be deeply flawed in a significant area of investigation. I welcome the political consensus on the need to defend our health service and the congratulations to those who work within it.

## Cabinet (Meetings)

**3. Tavish Scott (Shetland) (LD):** To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S3F-2149)

**The First Minister (Alex Salmond):** Issues of importance to the people of Scotland.

**Tavish Scott:** Under the United Kingdom Labour Government and the Scottish National Party Government, the number of people who are out of work in Scotland rose by 61,000 over the past year to 202,000. Quango bosses, who we found out this morning have ignored the

Government and have refused to give up hundreds of thousands of pounds of bonuses, are utterly wrong. People who are looking for work in Scotland would support our Parliament and the Government if money from highly paid quango bosses could be used to support new opportunities for young people without jobs and businesses that are struggling to get through the recession. What steps will the First Minister take to make that happen?

**The First Minister:** I share Tavish Scott's concern about the unemployment figures in Scotland, which are far too high. However, I know that he will agree that it is a matter of at least some satisfaction in these difficult conditions that, for 31 successive months, the level of unemployment has been lower, employment has been higher and worker participation in the labour force has been higher in Scotland than elsewhere in these islands.

On quango bosses, Mr Scott knows that John Swinney has asked people to observe the pay freeze that has been introduced in the higher ranks of the civil service. I know that Mr Scott understands that it is difficult to cut across contracts that have been signed. Given that many of those contracts were signed when he was a Government minister, I think that he will appreciate fully the difficulty of trying to unsign contracts that he seemed to agree with at the time.

**Tavish Scott:** We certainly hope that the Liberal Democrats' budget proposals for pay cuts for top public service people will be accepted by the Government. Does the First Minister agree that what we have heard from the Conservatives represents the wrong approach on pay? Their proposed freeze on any salary of £18,000—below average earnings—tells us all that we need to know about the Tories. It would be a pay freeze for newly qualified Scottish teachers and nurses to pay for tax breaks for millionaires.

Did the First Minister also hear the Conservatives say yesterday in this chamber that their pay policy will apply to the armed forces? That means that a lance corporal coming home from Afghanistan would find that the Tories had cut his pay in real terms while he had been away.

When the First Minister decides his public pay policy, will he ensure that he has nothing to do with those unfair Tory proposals?

**The First Minister:** I feel an election of some kind coming on.

As Tavish Scott knows, I believe that those with the broadest shoulders should bear the heaviest burden—hence the initiatives that John Swinney has already taken on senior civil service pay.

The only cautionary note that I would add to Tavish Scott's proclamation, which I agree with, is that I am not certain how it is compatible with what Vince Cable has been saying at a UK level, which is where, unfortunately, so much of pay in the public sector is still set. As I understand his position, Vince Cable has suggested that there should be a five-year freeze in public sector pay across the country. That position might have been amended—and let us hope that it has been—but would it not involve punishing low-paid workers, which I deprecate, as well as asking for sacrifice from high-paid workers, which I support?

**The Presiding Officer:** We will take a supplementary question from Jackie Baillie.

**Jackie Baillie (Dumbarton) (Lab):** The First Minister will be aware of the new £20 million package that has been announced by the UK Government to assist thalidomide survivors in England, which was followed swiftly by an announcement that the Northern Ireland Assembly would make a contribution. However, the Cabinet Secretary for Health and Wellbeing has yet to respond.

I know from a constituent the physical hardship and severe challenges that thalidomide survivors face on a daily basis and the need for housing adaptations, wheelchairs and other services—needs that are currently not being met. Given that the First Minister signed an early-day motion in Westminster in November to support financial assistance for thalidomide survivors, will he today commit his Government in Scotland to doing just that?

**The First Minister:** Although, as we are all aware, this tragic episode occurred well before the establishment of the Scottish Parliament, we all wish to express our sympathy for the suffering that has been experienced by the affected children and their families and friends. I am delighted that the UK Government has agreed to provide funding of £20 million to the Thalidomide Trust for investment, adaptations and other interventions. I am happy to announce that the Scottish Government has agreed to make proportionate funding available to contribute to that package of assistance. We will take forward discussions with the Thalidomide Trust to discuss the best way in which to allocate those additional funds. I hope that that is welcomed by the entire chamber.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** The First Minister will be aware of the landslip at Bervie braes at the weekend, which caused considerable damage to the home of my constituent Richard Barnes, and that more rain is forecast for the north-east in the coming days.

I first raised this issue with the First Minister in August 2007, and Aberdeenshire Council has subsequently made a formal request for funding to stabilise the braes. Will the First Minister provide that funding, as he did for Pennan in his constituency?

**The First Minister:** On the substantive question, I know that the request is being considered by John Swinney, who is well aware of the seriousness of the situation.

Climate change has implications in a range of areas. Flooding and landslips will cause enormous issues for local government and national Government, as well as for individuals and householders. That matter has to be responded to. I know that John Swinney is considering the request and will inform the constituency MSP, the householders and Aberdeenshire Council as soon as he is able to make a decision.

### Alcohol Abuse

**4. Joe FitzPatrick (Dundee West) (SNP):** To ask the First Minister what steps the Scottish Government is taking to reduce the cost to the taxpayer of alcohol abuse, estimated at £3.56 billion a year. (S3F-2157)

**The First Minister (Alex Salmond):** Academics at the University of York have provided the fullest estimate yet of the costs of alcohol misuse to Scotland. They are estimated at between £2.48 billion and £4.64 billion, which gives a midpoint estimate of £3.56 billion. That burden falls across our society, our economy, our health and police services, and our families and communities. The financial cost has been calculated, but the social, family and human cost of alcohol misuse in Scotland has extraordinary consequences and runs throughout society.

That is why the Scottish Government believes that, in the Criminal Justice and Licensing (Scotland) Bill that we are taking forward, every possible measure should be taken to rebalance Scotland's relationship with alcohol. I hope that after due consideration, and given the way that the debate is moving north and south of the border, members in the chamber will feel able to give the bill their fullest support.

**Joe FitzPatrick:** Andrew Burnham, Labour Secretary of State for Health, recently said:

"There is no shortage of research that shows the link with price and people drinking harmful levels of alcohol—there is no debate about that."

The Liberal Democrat spokesperson, Chris Huhne, has stated that he supports expert advice that the best way to reduce alcohol abuse is to introduce minimum unit pricing.

Will the First Minister join me in calling on our Liberal and Labour colleagues in this chamber to follow the lead of their Westminster counterparts and put the welfare of the people of Scotland ahead of party politics by supporting the introduction of minimum pricing?

**The First Minister:** While Joe FitzPatrick was asking his question, I heard some members on the Labour benches saying, "What have these comments from south of the border got to do with us?" What they have to do with us is as follows.

England has a huge and serious problem with alcohol misuse, and Scotland has an even bigger problem. If action has been advocated by responsible politicians south of the border, responsible politicians north of the border should, if anything, seek further action in addition to what is being proposed south of the border.

We can argue the politics of that, but I prefer to consider the Health Select Committee conclusions. As members will know, House of Commons select committees operate, like committees of this Parliament, on an all-party basis and by consensus agreement.

Kevin Barron MP, the chairman of that committee, said:

"I agree with the chief medical officer that introducing unit pricing will reduce binge drinking. As the report points out, it will also help traditional pubs in their battle against cut price supermarket offers."

The facts about alcohol misuse are shocking. Successive governments have failed to tackle the problem and it is now time for bold government."

Yes, it is time for bold government—and it is also time for responsible opposition.

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** First, I welcome the First Minister's cautious comments about the York study. The human cost was originally included in his Government's press release as a taxpayer cost, but he has now rolled that back.

Secondly, no one disputes the fact that price and availability are major drivers of alcohol consumption. The dispute is purely over the evidence on minimum pricing—a policy that will result in at least £86.7 million being handed to retailers of alcohol.

**The Presiding Officer:** A question, please, Dr Simpson.

**Dr Simpson:** The question is this: will the First Minister, in the meantime, take two steps that he can take? First, he can roll back the abolition of the national licensing forum, which was supporting the new policies. Secondly, he can prevent the closure of Beechwood home in Inverness, which deals with drunk and incapable people. He can

take those measures now without waiting for further debate.

**The First Minister:** As anybody will accept, we have significantly improved prevention and treatment services, and that is backed up by the record investment of £120 million from 2008 to 2011 in tackling alcohol misuse.

I ask Richard Simpson, in all sense of responsibility, to believe, given the economic, financial and human cost of alcohol misuse, that this Government's investment of even substantially expanded sums in tackling alcohol misuse is dwarfed by the sums that alcohol costs our society.

It seemed to me that, after an agonised internal debate, it was for political reasons that the Labour Party decided to set its face against minimum pricing north of the border. Even at this stage, will Richard Simpson—given the overwhelming evidence and movement of opinion, coming from south of the border, and given his personal background—try to revise his position? When Labour does revise its position, it will find that this Government is prepared to move forward on the issue in a consensual fashion.

**Mary Scanlon (Highlands and Islands) (Con):** In order to reduce the long-term cost to the taxpayer of alcohol abuse, will the First Minister ensure that those who seek help to address their alcohol consumption get that help when they need it, rather than being placed on a waiting list? Will he ensure that more priority is given to underlying mental health conditions, given that some people resort to alcohol as a form of self-medication?

**The First Minister:** Yes. No one in the chamber could disagree with the onus of Mary Scanlon's question. I point to the Government's increased investment for tackling alcohol misuse and to the obvious fact that £120 million over those years is a substantially increased and well-justified investment. However, no amount of public investment will enable us to tackle an issue of the scale of alcohol misuse in Scotland unless we tackle it at source by reducing Scotland's overconsumption of alcohol.

**Christine Grahame (South of Scotland) (SNP):** I ask the First Minister to have regard to the Health and Sport Committee's report, to be published in the coming weeks, following a cross-party fact-finding visit to Finland and France on minimum pricing and other measures to combat those countries' increasing concerns about alcohol consumption and the impact on the health and wellbeing of their nations.

**The First Minister:** The international comparisons are important for informing the debate in Scotland, not just because of the variety of measures that other countries are taking to

address the problem but in order to help us to understand how the scale of Scotland's problem has increased over the past two generations in comparison not only with south of the border but with just about every other country in the European continent.

Some people believe that Scotland has always had a problem—that alcohol has always been part of the Scottish psyche and reputation. The statistics do not bear that out. In the past two generations, there has been a huge divergence between the experience of Scotland and that of most other countries. Therefore, I agree with the member that the international evidence in the committee's report should inform our debate and ever more alert the necessity for action.

**Robert Brown (Glasgow) (LD):** Does the First Minister accept the view that the strategy and the number 1 target must be to change the culture of toleration of drunkenness and alcohol abuse and, especially, to get rid of the insidious use by supermarkets of volume discounts and below-cost offers in the off-trade, building on the underreported success of the Licensing (Scotland) Act 2005 in banning happy hours and special offers in pubs and clubs? Is he satisfied that the Government's proposals on irresponsible promotions, with the exemptions suggested, are as watertight as they can possibly be?

**The First Minister:** Parliament will debate those proposals but, as the member knows, as part of them there is the move against deep discounting in supermarkets. That is part of the panoply of measures that we propose. However, I support the views of Don Foster, the Liberal Democrats' shadow culture spokesperson, when he said on 12 November:

"I truly believe the time has now come to be looking at a scheme for minimum pricing."

If, as I said a few seconds ago, politicians in England are starting to address the issue, surely we, with a greater problem even than the huge problem south of the border, should be equally capable of moving down what is, I accept, the courageous road that will be necessary if we are to provide the public and political lead to deploy every possible weapon in Scotland's battle to redress our relationship with alcohol.

### **Open Prisons (Transfer of Prisoners)**

**5. Richard Baker (North East Scotland) (Lab):** To ask the First Minister what progress has been made on implementing the recommendations in Professor Alec Spencer's report regarding the transfer of prisoners to the open prison estate, "Balancing Risk and Need". (S3F-2163)

**The First Minister (Alex Salmond):** The Scottish Government published the response to



Professor Spencer's report into the open estate on 8 January. Six of the report's recommendations have already been implemented, and delivery of another is being taken forward in discussion with the Association of Chief Police Officers in Scotland.

As the member will know, Tayside Police released a statement this morning saying that Mr Duff had been apprehended. I understand that he will appear at Perth sheriff court today.

**Richard Baker:** Does the First Minister agree that, although police efforts in capturing Peter Duff are to be applauded, given the serious concerns about security in the open prison estate raised previously it is unacceptable that he was in Castle Huntly in the first place, as a violent offender only two years into a nine-year jail term with a record of absconding? Will the First Minister now do what his cabinet secretary has failed to do and agree that the Spencer report recommendations should now be implemented in full for the sake of community safety?

**The First Minister:** I regret the way in which Richard Baker addresses the issue, and I am sure that he is about to regret it too because I have been doing a survey of the record of abscondee from the open estate in Scotland. It is important to consider such matters when looking at recommendations. We are now in a position where the total number of abscondee this year is, at nine, one fifth of the level that the current Cabinet Secretary for Justice inherited in 2006-07 and one sixth of the level under the Tories.

Mr Baker asks why we are reviewing the Spencer recommendation on changing the two-year rule to a one-year rule. We are reviewing it because that two-year rule was introduced by a Labour Administration in 2004 when it moved from a one-year rule, which in many respects had been in operation before then.

I have been looking closely at the statistics. Not only is it true that the number of abscondee in Scotland has declined dramatically under the current justice secretary and Government, there have been fewer abscondee from the open estate in Scotland this year than there were in some years from the closed estate under the Labour Party.

As for Richard Baker's bona fides on the matter, when a flood of abscondee was emerging from the open estate under the Labour-Liberal Administration, there was not one question or speech from Richard Baker in that entire time of office. Why has his interest in the issue suddenly been exercised just at the time when we have a record low in the number of abscondee in the history of the Scottish open estate?

**The Presiding Officer:** I hope that members will forgive me if we indulge in a little overtime. I felt that it was important that all sides of the debate should be heard on question 4. Question 6 is from Elizabeth Smith.

### **Class Size Reductions**

**6. Elizabeth Smith (Mid Scotland and Fife) (Con):** To ask the First Minister what the Scottish Government's position is on the reduction of class sizes for primary 1 to primary 3. (S3F-2150)

**The First Minister (Alex Salmond):** We are in favour of it.

**Elizabeth Smith:** Last week, directors of education said that the Scottish Government was wrong to set a specific target of 18 or fewer pupils in all primary 1 to 3 classes since that artificial numerical target does not reflect the quality of teaching or the different needs of individual schools.

Does the First Minister accept that the quality of teaching and the different needs of individual schools are paramount and that it should be entirely a matter for a headteacher to determine the class sizes that will best deliver good education in his or her school?

**The First Minister:** There is substantial international evidence that lower class sizes in primary 1 to 3 and early years are of tremendous assistance in educational achievement. I am sure that most people in Scotland will welcome the record low average primary class size of 23.1, which has been achieved under this Administration.

The Cabinet Secretary for Education and Lifelong Learning and I have no difficulty in addressing with the Convention of Scottish Local Authorities how we can expand the number of children in classes of 18 or fewer in primary 1 to 3 by 11,000 over the course of the current parliamentary session and reach a total of 20 per cent. That will be a dramatic year-by-year improvement on anything that has gone before.

I have considerably more difficulty with those who argue that the objective of reducing class size has no validity in educational terms, an argument that is not restricted to the Conservative party. Elizabeth Smith is wrong to argue that, and this Government will continue to pursue to the fullest possible extent the reduction of class sizes in primary 1 to 3.

12:34

*Meeting suspended until 14:15.*

14:15

*On resuming—*

## Question Time

### SCOTTISH EXECUTIVE

#### Justice and Law Officers

**The Presiding Officer (Alex Fergusson):** Good afternoon. The first item of business is themed question time, and the first set of questions is on justice and law officers. I call Michael Matheson to ask question 1.

The member is not here. That is not very impressive, if I may say so. I call Johann Lamont to ask question 2.

#### Sentencing Reform (Women's Organisations)

**2. Johann Lamont (Glasgow Pollok) (Lab):** To ask the Scottish Executive what discussions the Cabinet Secretary for Justice has had with women's organisations about the Scottish Government's proposals for sentencing reform. (S3O-9177)

**The Cabinet Secretary for Justice (Kenny MacAskill):** The Scottish Government consulted widely on its proposals for sentencing reform and a number of women's organisations participated in the consultation process. In preparation for the publication of the sentencing council consultation, my officials met representatives of Scottish Women's Aid, Rape Crisis Scotland and Victim Support Scotland to discuss our plans for the council and the work that it might do.

In implementing our proposals on the sentencing council, the community payback order and the presumption against sentences of six months or less in the Criminal Justice and Licensing (Scotland) Bill, we will take account of all the evidence that was submitted at stage 1 as well as the Justice Committee's report.

**Johann Lamont:** I remind the minister that consulting widely is not necessarily the same as making a point of ensuring that we hear particular voices on an issue of concern.

Is the minister aware that, in 2007-08, in only 39 of the 579 cases in which a person was convicted of an offence with a domestic aggravator was a custodial sentence of more than six months imposed? Will the minister confirm that he will not dismiss the concerns of women's organisations in that regard? Specifically, what advice did he seek from women's organisations on the impact that his proposals will have on women and their families who face domestic abuse? What advice did he seek from the equality unit and, more specifically,

the national group on violence against women in order to allay their fears that a presumption against sentences of six months or less will leave women and families vulnerable and perpetrators able further to abuse families?

**Kenny MacAskill:** All those organisations are key stakeholders. We speak to them on a variety of subjects and particularly on one that is so critical to them. I remind the member that the proposal is a presumption against sentences of six months or less. Why is it a presumption? Because we recognise that there are instances in which somebody should get a sentence of six months or less. Equally, there are some cases where people should get a significantly longer sentence. That will remain, correctly, a matter for the judiciary.

I have had discussions with those who operate in the domestic abuse court in Glasgow, such as fiscals, representatives of victims and police officers. In particular, Sheriff Raeburn has persuaded me of the merit that she sees in being able, in some instances, not to give somebody probation but to give them a short, sharp shock, which might be a sentence of less than six months, albeit that in many instances those who perpetrate domestic violence should get considerably longer sentences.

As I said, the reason why the proposal is a presumption is to give Sheriff Raeburn and her colleagues the flexibility to do what is right and take the appropriate action. That correctly remains the job of the judiciary.

**Nigel Don (North East Scotland) (SNP):** What discussions did the cabinet secretary have with the organisations that were mentioned about harassment and stalking? What does he propose to do to improve the law in that area?

**Kenny MacAskill:** It is clear from discussions that I have had with both the Crown and the police that individuals face a specific problem. Recent decisions in the High Court might well impact on the matter. The Government is looking favourably on the concept of lodging an amendment that contains some legislative provision on the matter. Clearly, we have to ensure that the small minority of people who carry out such acts, which are deeply frightening and concerning to the individuals concerned, can be brought to justice and dealt with appropriately.

#### Succession (Legislation)

**3. Rob Gibson (Highlands and Islands) (SNP):** To ask the Scottish Government what plans it has to legislate in relation to the Scottish Law Commission's "Report on Succession", published in April 2009. (S3O-9233)

**The Minister for Community Safety (Fergus Ewing):** The "Report on Succession" recommends

significant reforms to the law. I provided an initial response in July. Subsequently, in answer to a parliamentary question from Ian McKee, I confirmed that I had also met the commission's chairman. The Scottish Government is now having a dialogue with and consulting stakeholders to inform the way forward. Plans for legislation will be finalised in the light of that work, taking account of all relevant perspectives.

**Rob Gibson:** Succession was last legislated on in the 1960s, and indeed the Scottish Law Commission's 1990 review was not acted on in the Parliament's first eight years. I am delighted with the indicated timetable, which I presume means that an answer will emerge only after 2011. However, it is important that, as far as equality in family law is concerned, the interpretation of heritable property succession rights is legislated on as early as possible.

**Fergus Ewing:** Rob Gibson is entirely correct to say that the current law rests on the Succession (Scotland) Act 1964, which, although it has served Scotland well, now needs considerable updating. We hope to take that forward through consultation, and in that regard I am delighted that the Justice Committee has responded positively to my suggestion of meeting the commission informally to discuss the report. Given the complexity of the issues, not least the recommendation to abolish the distinction between heritable and movable property—something, indeed, that Rob Gibson raised in his member's bill in 2006—the widest consultation should be carried out to ensure that we maintain a consensual approach. With that in mind, it is more likely than not that legislation will emerge only after the end of this parliamentary session.

**Bill Aitken (Glasgow) (Con):** Like everything else that comes before the Justice Committee at the moment, the matter is complex. However, does the minister agree that a degree of urgency is needed, given that, apart from anything else, the 1964 act was predicated on the concept of the so-called nuclear family, which, of course, is quite different from the realities of modern life?

**Fergus Ewing:** I am sure that the convener of the Justice Committee bears up well under the heavy burdens that rest on his shoulders. I entirely agree with his sentiment that there be a degree of urgency. However, given the range of issues involved, the nature of the SLC's specific recommendations and issues arising from the different family background that the member correctly referred to, we advocate an approach based on the maxim "Festina lente".

**The Presiding Officer:** Which happens to be my family motto.

I call John Scott.

## Community Planning Partnerships

**4. John Scott (Ayr) (Con):** Hasten slowly, Presiding Officer, but I thank you for calling me.

To ask the Scottish Executive what plans it has to strengthen the role of community planning partnerships in dealing with crime and antisocial behaviour. (S3O-9199)

**The Minister for Community Safety (Fergus Ewing):** When I visited South Ayrshire in April 2008, I saw the excellent work being taken forward by the community planning partnership to engage communities in tackling crime and antisocial behaviour. I fully support the area's problem-solving approach and want to promote it nationally. Indeed, that is why in October last year I launched the safer communities programme, which provides direct support to community safety partnerships, local authorities and others to tackle issues that are important to our communities.

**John Scott:** The minister has very effectively answered what was to be my supplementary question. However, I would still like to know what further and specific measures he intends to take to promote nationally the very effective partnership working that he has seen for himself in South Ayrshire.

**Fergus Ewing:** First of all, we recognise the dramatic drop in reports of antisocial behaviour and youth disorder in South Ayrshire. Secondly, we have supported South Ayrshire—and, indeed, other parts of Scotland—with the partnership approach that we advocated in our safer streets programme. Finally, I recall from my visit to South Ayrshire and discussions with local elected councillors and council leaders that one of the most successful measures was the use of effective youth diversion schemes. Where possible, we want to divert young people from crime before there is any question of their going to jail or facing stronger sentences. We will be advocating that approach and, I hope, bringing forward measures to increase the use of effective youth diversion programmes in our country.

**James Kelly (Glasgow Rutherglen) (Lab):** There is no doubt that engaging with communities is vital in overcoming antisocial behaviour. What is being done to ensure that local councils work effectively with community planning partnerships to help community groups to work with young people and victims to defeat antisocial behaviour in their communities?

**Fergus Ewing:** It is essential that local authorities play their full part, and I am confident that that is exactly what they are doing. I chair the national community safety strategic group, which includes representatives of the Convention of Scottish Local Authorities. I pay tribute to Councillor Harry McGuigan of COSLA who, with

me, produced the approach that we have adopted to antisocial behaviour and took what I hope is a non-partisan approach to developing the various strands and policies that have, I believe, been deployed effectively throughout Scotland, as Mr Kelly knows.

### **Domestic Abuse (Protection of Victims)**

**5. Marlyn Glen (North East Scotland) (Lab):** To ask the Scottish Executive what action is being taken in the criminal justice system to protect victims of domestic abuse from perpetrators. (S3O-9170)

**The Cabinet Secretary for Justice (Kenny MacAskill):** The Scottish Government is clear that domestic abuse is never acceptable and we continue to work with our key partners to address its many forms. The police treat reports of domestic abuse as a matter of priority, and Strathclyde Police recently established a domestic abuse task force. The Crown Office and Procurator Fiscal Service provides specialist training for all legal staff, and it also has a dedicated specialist unit in Glasgow. Glasgow sheriff court has successfully piloted the concept of a domestic abuse court, the result of which has been the preparation of a domestic abuse toolkit, which has been shared with courts throughout Scotland.

**Marlyn Glen:** I welcome the progress that is being made. I am sure that the minister is aware of the detail of Rhoda Grant's proposed member's bill, the civil protection orders and access to justice (Scotland) bill. Will he give it his full support?

What is the minister's response to Scottish Women's Aid's call for support for the proposals to allow women to access justice without having to meet the cost themselves?

**Kenny MacAskill:** We are happy to look at those matters. Equally, we have to recognise that all public funding faces challenges, particularly the legal aid fund. Priorities clearly have to be dealt with, and victims of domestic abuse must be protected. However, we live in a world where those who are substantially well endowed might have to meet some costs themselves. We are more than happy to consider those challenges, but we must ensure that we take action to tackle the perpetrators and protect the victims. That is why I paid tribute to the police force in Strathclyde, where particular action was taken on the day of the old firm game, because we all know that when strong drink is taken when an old firm game or any other fixture is on, some people think that it is fair to go home and batter their wife or partner. That is entirely unacceptable, and we have to take steps to ensure that we nip it in the bud. In the world in which we live, we have to prioritise the protection

of the weakest and most vulnerable, and certainly those who do not have access to funds.

### **Domestic Abuse (Sentencing)**

**6. David McLetchie (Edinburgh Pentlands) (Con):** To ask the Scottish Executive in how many cases involving domestic abuse the convicted person was given a custodial sentence of six months or less over the last three years for which figures are available. (S3O-9154)

**The Cabinet Secretary for Justice (Kenny MacAskill):** The number of individuals given a custodial sentence of six months or less for a main offence with a domestic aggravator are as follows: 442 in 2005-06, 472 in 2006-07 and 540 in 2007-08.

**David McLetchie:** We know, of course, that the figures given by the cabinet secretary mean that only 12 per cent of persons who were convicted of an offence involving a domestic aggravation received a custodial sentence at all, and all but a tiny fraction of sentences were for six months or less. The cabinet secretary says that in his proposed legislation there is only a presumption against short sentences. Will he consider amending his Criminal Justice and Licensing (Scotland) Bill so that that presumption will not apply to cases involving domestic aggravation? I am sure that that would reassure victims of such abuse and the organisations that represent their interests.

**Kenny MacAskill:** No. Such matters are best left in the hands of the judiciary. One reason why the Government is persuaded that there should be such a presumption is the representations that have been received from the likes of Sheriff Raeburn, who does an excellent job in the domestic abuse court in Glasgow. She is quite clear that there are cases in which a sentence should be well in excess of six months, cases in which a custodial sentence is not applicable, and cases in which she wishes to give the perpetrator a short, sharp shock.

I pay great tribute to the domestic abuse court in Glasgow. It is doing a remarkably good job, which is why we are seeking to roll out its benefits elsewhere. I pay particular tribute to Sheriff Raeburn and her colleagues. We should give our full support to the shrieval bench in Scotland, whose members do a good job. We should trust their judgment as they continue to take steps to protect our communities, especially the victims of domestic abuse.

### **Reliance**

**7. Andy Kerr (East Kilbride) (Lab):** To ask the Scottish Executive what the current status is of the Reliance contract. (S3O-9176)

**The Cabinet Secretary for Justice (Kenny MacAskill):** The contract between the Scottish ministers and Reliance Secure Task Management Ltd for the provision of prisoner escort and court custody services in Scotland went fully live in February 2005 and expires in January 2012.

**Andy Kerr:** Is it fair to assume that the cabinet secretary intends to continue the contract with Reliance? Clearly, his previously held principles escape more easily than people who are under the care of Reliance. Is it safe to assume that he no longer agrees with his own assessment that the whole process of privatisation has been a disaster from start to finish?

**Kenny MacAskill:** We are where we are. In opposition, we made it clear that we opposed the situation; however, Reliance is now in charge of the contract. The contract will be retendered later this year and a new contract will be awarded in 2011. As Mr Kerr might expect, it would be entirely inappropriate for me to comment on specific commercial matters. Those will be dealt with by the Scottish Prison Service, which does an excellent job in difficult circumstances.

If that is Mr Kerr's view on privatisation, I wish that he would join my colleagues in thanking the Administration for taking steps to ensure that HMP Low Moss remains a public, not private, prison.

### Knife Crime

**8. Anne McLaughlin (Glasgow) (SNP):** To ask the Scottish Executive how many knife crime incidents have taken place since 2007. (S3O-9241)

**The Cabinet Secretary for Justice (Kenny MacAskill):** The number of recorded crimes for handling offensive weapons has dropped by 11 per cent since April 2007. Violent crime is also down 11 per cent since April 2007 and is now at its lowest level since 1986. That should come as no surprise, with a record number of police officers on the streets, record investment in activities for young people through cashback for communities and record investment in projects such as the community initiative to reduce violence, which is working with gangs in Glasgow to address the causes of violent offending.

**Anne McLaughlin:** I applaud the work that is being carried out in Glasgow, where the level of knife crime has decreased over the past year by up to 30 per cent in some areas. Does the cabinet secretary agree that there is indisputable evidence of the strong link between alcohol and knife crime? Will he join me in inviting Labour and Lib Dem members to join the burgeoning group of interested parties—including Labour's own Secretary of State for Health at Westminster—who agree that the time has come for tough measures,

including the minimum pricing of alcohol, to tackle alcohol abuse and the scourge of knife crime?

**Kenny MacAskill:** Absolutely. I also pay tribute to my predecessor, Cathy Jamieson, who, as the Minister for Justice, coined the phrase "booze and blade culture" to describe what we have in Scotland. It is well known that, as night follows day, strong drink is taken and violence follows, whether that involves someone battering their wife or partner or stabbing and indiscriminate violence. That is entirely unacceptable. There is a clear correlation in many instances between such violence and cheap strong drink. That is why, as well as ensuring that we have a visible police presence and tough laws, those who want to talk tough in the chamber should join the Administration in being tough on the causes of crime, which include the availability and pricing of strong drink. They should support the Government's proposal for minimum pricing of alcohol to tackle the scourge of alcohol abuse and the violence that follows.

**Cathie Craigie (Cumbernauld and Kilsyth) (Lab):** Despite his answer to the previous question, the cabinet secretary will agree that the level of knife crime is still too high and that too many young people are carrying knives. That view is held by the vast majority of Scots. He will also know that a well-known brand of alcohol has been shown to be responsible for more than 40 per cent of the crimes for which young offenders find themselves in HM Young Offenders Institution Polmont, having drunk that caffeinated alcohol and then carried out violent assaults. Will the cabinet secretary join the Labour Party in seeking to do something about that in order to protect our communities from the effects that cheap caffeinated alcohol has on them?

**Kenny MacAskill:** As I said earlier in the week, we have a vat of shame in Scotland that includes many strong drinks. Buckfast is up there, but a variety of cheap ciders, strong lagers and cheap vodkas all play their part in fuelling the violence. As I said in response to the earlier question, that cocktail is responsible for what my predecessor called our "booze and blade culture". We must take action to stop the abuse of alcohol and to promote responsible drinking. We must also ensure that we have responsible promotion of alcohol and responsible pricing. It is about time that we had fewer words of sympathy from Labour and more action to tackle cheap drink in our communities.

## Rural Affairs and the Environment

### Waste Reduction and Recycling Initiatives

**1. Bob Doris (Glasgow) (SNP):** To ask the Scottish Executive how it works in partnership with

local authorities to promote waste reduction and recycling initiatives. (S3O-9229)

**The Cabinet Secretary for Rural Affairs and the Environment (Richard Lochhead):** The Scottish Government recognises that local authorities have a key role to play in the delivery of the zero waste policy, and works closely with the Convention of Scottish Local Authorities, the Society of Local Authority Chief Executives and Senior Managers and local authorities—indeed, the zero waste fund is financing a post at COSLA. We also work with many other partners on a wide range of issues, including waste reduction and recycling initiatives.

In addition, the Scottish Government funds delivery bodies to work with local authorities to communicate best practice and provide training, guidance and communications expertise. The Scottish Government is providing local authorities with more than £80 million from the zero waste fund for the period 2008 to 2011 to help them meet targets in 2010 and beyond.

**Bob Doris:** As a regional MSP for Glasgow, I represent constituents in Glasgow and South Lanarkshire. I praise South Lanarkshire Council for recycling 37 per cent of waste, which places it seventh out of the 32 local authorities. However, I draw the cabinet secretary's attention to Glasgow, where the recycling rate is 20 per cent, which places it at the bottom of the 32 local authorities. There is a stark contrast for my constituents in neighbouring constituencies.

Has Glasgow advised the cabinet secretary how much it foresees its performance improving, and how does that contribute to the Scottish Government's ambitious national targets? Is there a place for poorer-performing local authorities to learn from best practice elsewhere, particularly when, as in the case of Glasgow and South Lanarkshire, the authorities are co-located?

**Richard Lochhead:** It is indeed the case that we require Glasgow to play its part in the effort to meet our national targets. That is why, over the past two years or so, the Scottish Government has had many conversations with that local authority. We are working with it to give it appropriate advice and find ways of improving its performance.

We commend Glasgow City Council on a number of plans that are now in place in the city. The council is confident that it can achieve a recycling rate of 23 per cent by the end of this year. More plans are in place to improve that rate in the next year or two beyond that.

If we are to achieve our 2010 targets, we need the support of Glasgow City Council, which needs to follow the example of the local authorities, such as the one that was mentioned by Bob Doris, that have achieved a good rate so far in 2010.

**Elaine Murray (Dumfries) (Lab):** The cabinet secretary is aware of the Audit Scotland report, "Protecting and improving Scotland's environment", which was published this month. The report said that national recycling targets for 2010 are at risk of not being met and stated:

"Collectively, councils' plans are not sufficient to meet landfill and recycling targets beyond 2010."

How does the cabinet secretary intend to address that?

**Richard Lochhead:** As I explained, a great deal of support is being given to local authorities across Scotland. We must not lose sight of the fact that, at this early stage, a number of local authorities have already achieved their 2010 target of recycling more than 40 per cent of waste. Further, Scotland as a whole achieved its landfill target some 18 months early. Progress is being made, although a number of challenges remain, and we need all local authorities in Scotland to do what they can to contribute towards the national targets. That is why we are giving significant resources to those local authorities.

#### **Wildlife and Natural Environment Bill (Proposals)**

**2. Irene Oldfather (Cunninghame South) (Lab):** To ask the Scottish Executive what discussions it has had with stakeholders regarding its proposals for the wildlife and natural environment bill. (S3O-9190)

**The Minister for Environment (Roseanna Cunningham):** I have held meetings with a wide range of stakeholders to ensure that their views are taken into account in developing the provisions of the wildlife and natural environment bill. Those discussions will continue until the bill has completed its parliamentary passage.

**Irene Oldfather:** Is the minister aware of the plethora of examples of legally set free-running snares that do not operate as intended and which, as a consequence, catch non-target species, including protected species such as badgers, and cause inordinate animal suffering? I draw to her attention a leaflet produced by Advocates for Animals, which graphically illustrates that point. Will the minister respond to public opinion, as expressed in the Government's consultation, and support an amendment banning snaring completely?

**Roseanna Cunningham:** I have, of course, consulted widely on that issue and on the other issues in the proposed bill. I have spoken to Advocates for Animals, the League Against Cruel Sports and the Scottish Society for the Prevention of Cruelty to Animals; I have also spoken to land management organisations, because there is a balance to be struck. As a Government minister, I

must take into account all sides of the argument. We are trying, through both the snares orders that have just been laid and the provisions in the wildlife and natural environment bill, to strike the right balance to increase the professionalisation of those who set snares and ensure that the snares are identifiable back to those who set them. Through that professionalisation, I believe that we can reduce the number of non-target species that are caught in snares.

**Nanette Milne (North East Scotland) (Con):** Following the question session on snaring in which the minister took part at the Public Petitions Committee last Tuesday, does she have any plans to encourage police forces to increase the number of wildlife crime officers across Scotland? I know that such officers are not present across the country. Perhaps she could consider the use of professional gamekeepers in the detection of wildlife crime, which is a serious problem.

**Roseanna Cunningham:** We are in the middle of continuing discussions on precisely those issues. Indeed, I met the Solicitor General last week to discuss the way in which the approach to wildlife crime is being developed. I want to encourage very strongly all police forces in Scotland to take the issue extremely seriously. Much of what is discovered is illegal snaring. Snaring is a legal activity, but the way in which it is done can be illegal and that, rightly, gets a great amount of publicity. We want to encourage a much stronger and more forceful attitude to wildlife crime across Scotland. That includes the police taking the issue as seriously as they can.

### Remediation

**3. Willie Coffey (Kilmarnock and Loudoun) (SNP):** To ask the Scottish Government whether an assessment has been carried out of the number of sites in need of remediation resulting from industrial plants that closed during the recession. (S3O-9226)

**The Minister for Environment (Roseanna Cunningham):** These data are not held centrally. If there are concerns about specific industrial sites, the relevant local authority and the Scottish Environment Protection Agency should be contacted.

**Willie Coffey:** As the minister knows, in many areas communities have been scarred by vacant industrial sites, too many of which have languished for years in a derelict state. Is the minister confident that any kind of framework can be put in place to prevent the owners of sites that fall vacant during the recession from leaving them derelict to the detriment of local communities? If not, will she consider introducing such proposals to strengthen the powers of local authorities to

secure remediation and possible reuse of the sites?

**Roseanna Cunningham:** There is, of course, a vacant and derelict land fund, which is targeted towards long-term vacancy and dereliction. The member's more immediate concerns should be addressed in the first instance through the appropriate local authority. Local authorities have a range of powers in that regard; I am happy to give the member chapter and verse if he wishes to tackle his local authority on the issue. We believe that local authorities' existing powers are wide ranging and we currently have no plans to extend them in connection with short-term vacancy and dereliction.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** Willie Coffey raises an important issue. The minister has responded to me on previous occasions in relation to the issue. I again ask the minister to examine closely the situation when individuals live in properties adjacent to derelict sites. I have had chapter and verse from the minister and I take her point about working with local authorities, but local authorities say that there is not the money to deal with the issue. Will she work with her colleagues to ensure that suitable funding is available?

**Roseanna Cunningham:** Specific instances would need to be brought before me. I very much hope that local authorities are using the powers that are available to them. There is little point in us legislating to allow local authorities powers if they are not going to be used. In respect of buildings, powers under section 87 of the Civic Government (Scotland) Act 1982 refer to the ability of a local authority to deal with, I think, the kind of situation to which the member refers. If there is a widespread view that local authorities are not using the appropriate powers, we may need to take up the issue with the Convention of Scottish Local Authorities, but I would need to have a great deal more information from across Scotland to do that.

**The Presiding Officer:** Question 4 was not lodged.

### New Entrant Farmers

**5. Richard Baker (North East Scotland) (Lab):** To ask the Scottish Executive how many new entrant farmers it has supported in North East Scotland since 2007. (S3O-9158)

**The Cabinet Secretary for Rural Affairs and the Environment (Richard Lochhead):** New entrants who meet the European Union definition of a new entrant to farming can apply for support under the setting up young farmers—interest rate relief measure within the Scotland rural development programme rural priorities scheme.

Since 2008, when the SRDP rural priorities scheme was first set up, 19 applications for support that included that measure have been approved throughout Scotland. Taking account of all the measures that were included in those applications, they amounted to support for those new entrants totalling about £4.5 million. Two of the applications, involving about £387,000, were from new entrants in Grampian and three of them, involving some £863,000, were from Tayside. The Scottish Government does not collect statistics on other new entrants or new entrants who do not apply for those specific measures. However, there is a wide range of support measures for which such new entrants can apply.

**Richard Baker:** What further work will the Scottish Government do to increase the number of new entrant farmers throughout Scotland and particularly in the north-east, given the figures there? Does he agree that the United Kingdom Government support for the appointment of an ombudsman to ensure fairness between producers and retailers is welcome and will help to encourage new entrant farmers into the industry as well as helping those who are already in the sector?

**Richard Lochhead:** Measures are being taken to attract even more applicants for the existing schemes. The issue is complex. A lack of capital and access to land are some of the obstacles to new entrants to farming. We have announced plans to take advantage of new flexibility in the rural development regulation to increase the level of support from €40,000 to €70,000, and within that we are adding a provision for an establishment grant of up to €30,000.

I welcome the UK Government's proposal for a supermarket ombudsman, but it is a great pity that, after 12 years in government, the UK Government has decided to support that only a few months before a UK election and after much pressure from the Scottish Government, the other devolved Administrations and primary producers and other parts of the supply chain. Ultimately, the member pinpoints an important issue, which is that a profitable and sustainable agriculture sector is the best way in which to attract new entrants to the industry.

**Maureen Watt (North East Scotland) (SNP):** Does the cabinet secretary believe that the tenant farming sector is an important route for new entrants into farming and that the changes to limited duration tenancies and short limited duration tenancies that the tenant farming forum recommended in August 2009 would help to encourage more new tenant farmers?

**Richard Lochhead:** The member is right that the tenant farming route is an extremely important one for new entrants. That is why, after coming to

office, we set up the tenant farming forum to consider some of the obstacles that are in the way of new entrants to the tenancy sector. Accessing a tenancy is very difficult and complex for many young farmers and new entrants. We hope that some of the measures that the forum has proposed will make a difference and will make it a lot easier for new entrants to get into the sector.

**John Scott (Ayr) (Con):** The minister will know that the interim report of the Pack inquiry, which is published today, recognises that not enough is being done to encourage new entrants. The Pack report looks to possible solutions beyond 2013, and the minister has acknowledged that only 19 new entrants have gone into farming since the scheme was introduced. I know that the conditions are enforced by the European Union, but can he tell us what representations he has made to EU commissioners to further relax the scheme to assist new entrants into farming?

**Richard Lochhead:** The member raises an important point about the inability of new entrants to access the single farm payment, which is of course crucial to making many farming operations in Scotland viable. As he rightly points out, the Pack review addresses that point. Basing the single farm payment on historical activity from 2000 to 2002 is not very helpful for new entrants who were not farming back then, which is why it is helpful that the Pack review refers to the issue.

On representation to the European Union, I mentioned in an answer to a previous question on the subject that we have secured changes that have allowed us to introduce more flexibility in the existing measures to help new entrants. We continue to make representations to the European Union on the future of the common agricultural policy. We will take guidance from the Pack review on that.

## Flooding

**6. Rhoda Grant (Highlands and Islands) (Lab):** To ask the Scottish Executive what plans it has to deal with potential flooding situations resulting from the current severe weather conditions. (S3O-9172)

**The Minister for Environment (Roseanna Cunningham):** As the big freeze turns to the slow thaw, authorities throughout the country are stepping up their efforts to ensure that any potential flood threats are tackled in a concerted and co-ordinated way.

Throughout the heavy snow and freezing conditions over the past month, the Scottish Government and its partners have been preparing for a change in weather conditions and the challenges that presents. A public awareness campaign has been launched and intensive co-



ordination is taking place between the Met Office, the Scottish Environment Protection Agency, local authorities, Scottish Water and Transport Scotland to ensure that work needed to keep drains and water systems clear and prevent flooding incidents is targeted in the areas of likely need.

**Rhoda Grant:** The minister is aware that alongside the continued thaw, there is a risk of heavy rain and that more snow is forecast. Will she reassure me that all steps are being taken by the Scottish Government and local authorities to ensure that all areas prone to flooding are fully protected? Will she consider having a central fund so that areas of most need are prioritised?

**Roseanna Cunningham:** Questions about the budget are better addressed to my colleague, the Cabinet Secretary for Finance and Sustainable Growth. However, as a member who represents a constituency that has a substantial history of flooding and continues to have flooding issues, I am well aware of the difficulties that flooding raises for people and the concerns that folk have when they see that it is a possibility.

There are current weather warnings in Highlands and Islands and Grampian. I checked with Traffic Scotland before I came here: two roads are closed because of flooding in Grampian and one road is closed in Highlands and Islands. At the moment, the situation seems to be well under control, but we will continue to monitor it regularly. We are ensuring that the basis for SEPA's new flood warning direct service will be targeted on a local scale for communities. That will be important in the future.

### Zero Waste Fund (Allocations)

**7. John Wilson (Central Scotland) (SNP):** To ask the Scottish Government how many organisations in the (a) North Lanarkshire, (b) South Lanarkshire, (c) East Ayrshire and (d) Falkirk Council areas have been allocated funding from the zero waste fund. (S3O-9252)

**The Cabinet Secretary for Rural Affairs and the Environment (Richard Lochhead):** Two organisations have been supported by moneys from the zero waste fund under the investment in community recycling and social enterprise III—or INCREASE III—community grants programme. They are Grangemouth Enterprises Ltd near Falkirk, which manages a project that recycles office furniture, and Active4All in Bellshill, North Lanarkshire, which runs a building materials reuse project. An anaerobic digestion plant that is being built by Scottish Water in North Lanarkshire is also in receipt of finance from the zero waste fund.

Other organisations might have been supported by zero waste fund moneys transferred from the

Scottish Government to local authorities, but that is a matter for the local authorities concerned.

**John Wilson:** Have any applications been made by the four local authority areas that I mentioned to access a share of the £5 million capital grant to develop plastics recycling facilities in those areas?

**Richard Lochhead:** There was a favoured bidder for the plastics recycling grant from the Scottish Government, but unfortunately the recession appears to have intervened in the process, which means that we will have to keep that fund open in the hope of attracting more applicants.

I do not believe that such companies are based in the four council areas that were mentioned by the member, but I am happy to clarify that later. I can confirm that one of the preferred bidders was a UK-based company. It is important that we set up such facilities in Scotland if at all possible so that we can recycle our plastics here. That is why it is important to keep that fund open over the next year or so to try to attract new companies to base themselves in this country.

### Grow-your-own Working Group

**8. Shirley-Anne Somerville (Lothians) (SNP):** To ask the Scottish Government what feedback has been received from the grow-your-own working group, which first met on 10 December 2009. (S3O-9246)

**The Minister for Environment (Roseanna Cunningham):** I am pleased to say that the feedback has been very positive and I look forward to hearing the outcome of the group's work. It will meet next on 11 March.

**Shirley-Anne Somerville:** The minister is well aware of the work that is being done throughout Scotland by individuals and community groups to increase the amount of land available for allotments and community gardens. I draw her attention to an example in Edinburgh—the North Edinburgh Trust. Groups such as that one sometimes struggle to identify land that can be used, even from within the public sector. Therefore, I ask the minister to encourage the grow-your-own working group to look into that issue, perhaps through an allotment summit, with a view to determining how we can take a strategic and more co-ordinated approach to developing underutilised land—often derelict pieces of land that could be well used for community spaces.

**Roseanna Cunningham:** Those are the very issues that the working group is dealing with. I am happy to say that there will be a summit later this year—that is definite. The scope of and agenda for the summit are currently being addressed. I will ensure that the member's personal interest is

flagged up to the working group. She can perhaps ask to attend it herself.

## **“Independent Review of Open Water and Flood Rescue in Scotland”**

**The Presiding Officer (Alex Fergusson):** The next item of business is a debate on motion S3M-5573, in the name of Fergus Ewing, on Scotland's water rescue review. I invite members who wish to speak in the debate to press their request-to-speak buttons now. It might be helpful if members who do not really wish to speak in the debate pressed their request-to-speak buttons too, because we have a little flexibility in time. I call Fergus Ewing to speak to and move the motion. I will tell you when to stop, minister.

14:56

**The Minister for Community Safety (Fergus Ewing):** This is a welcome opportunity for Parliament to debate the findings and recommendations presented by Paddy Tomkins in his “Independent Review of Open Water and Flood Rescue in Scotland”.

Over recent weeks, we have experienced some of the worst winter weather for 30 years. The Scottish Government and our partners have been working together to deal with the snow and to ensure that we were prepared for potential flooding as the thaw set in. I put on record Scottish Government ministers' thanks to all those who worked so hard to keep our services functioning and our communities safe. I am particularly heartened that many of the lessons from the flooding in the north-east and elsewhere during 2009 were applied in the past few weeks.

This weather is a reminder of the wider climate and flood prevention issues that we debated recently in the chamber and which are being progressed under the leadership of my environment colleagues.

Progress is being made. The Scottish Government was the first United Kingdom Administration to introduce into law the European Commission floods directive. We are supporting record levels of investment in flood protection by local authorities. We are providing funding for projects that are aimed at improving flood forecasting and warning, such as a joint forecasting study with the Met Office, the Scottish Environment Protection Agency's north-east Scotland flood warning scheme and a new national warning dissemination system.

We are also providing funding to fire and rescue services for specialist resilience equipment and training—an issue that is raised in the Labour Party's amendment, which we are happy to support—and we are working with the Convention

of Scottish Local Authorities to review arrangements under the Bellwin scheme. Taken together, those activities demonstrate the Scottish Government's commitment to tackling these real threats to our communities.

However, this debate is about the procedures and capabilities for the rescue of people from flooding and open water. Indeed, it is important that we recognise that such capability will always be needed because, in Scotland, we have more than 27,000 lochs, almost 12,000km of coastal water and more than 120,000km of rivers and streams, each of which presents a potential risk to those who use them. We also have 90 per cent of the standing volume of fresh water in the island of Great Britain.

The danger of inland water has been brought into focus by such tragic events as the loss of four fishermen on Loch Awe, the death of a man seeking to save his dog from the fast-moving River Garnock and the death of a teenager in a water-filled quarry in Kirkliston.

In Scotland, an average of 40 people lose their lives every year in inland waters alone. That number would be higher were it not for the skill and bravery of water rescue teams. When those responders raised with me their concerns about the clarity of existing arrangements, I had no hesitation in commissioning Paddy Tomkins, the former head of Her Majesty's inspectorate of constabulary for Scotland, to undertake a comprehensive review.

I am very grateful to Mr Tomkins and to those from the rescue community who assisted him in producing a valuable and wide-ranging document, whose findings the Scottish Government welcomes. He was the right person to lead the review, as it required someone with extensive operational experience to understand the procedures and challenges in this highly specialised field.

I requested that the review consider four main subjects: current resources and capabilities; the need for any change to operational arrangements; the need for any change in the law; and the level of public awareness of the risks that are associated with open water. I am pleased that the review concludes that neither new legislation nor wholesale change in current statutory arrangements is required. I share that view.

Mr Tomkins said:

"It is clear that Scotland already has a highly skilled and experienced water rescue capability. While the current multi-agency approach is robust, more can be done to ensure that the skills and resources of frontline responders ... are utilised in the most effective way".

**Robert Brown (Glasgow) (LD):** I have a question before the minister leaves entirely the

issue of statutory change. Our briefing from the Chief Fire Officers Association asks whether the leading role that fire and rescue authorities play might need to be underpinned by a statutory duty. I guess that, around the Parliament, support will be expressed for anything that the Government wants to do in that direction. Given the minister's more general statement, what does he think of the association's suggestion?

**Fergus Ewing:** I plan to tackle that issue in a little more detail, but since I gather that I am not too bound by time restrictions, I will answer now. Members will understand that, in law, the police have the primary responsibility in Scotland to deal with emergency situations. That applies to flood and acute water rescue. However, in general, the fire and rescue services have the operational capacity, the ability and the trained and equipped members to undertake the operational duties.

Of course, the operational duties involved in rescuing an individual are often accompanied by various other activities. In flooding, emergency relief aid often needs to be administered and traffic control might be needed. In flood or acute water rescue, a death might need to be investigated—it might be regarded as suspicious. The police might need to mark out and protect a scene in order to conduct investigations.

I have mentioned some circumstances in which it is plain that the police would be the appropriate emergency service to have the operational duty to perform such functions. However, we recognise that, by and large, it is the fire and rescue service—more specifically, firefighters—that does an excellent job in undertaking such work. In an operational capacity, it is generally firefighters who do the rescuing. In the same way, although the police have overall responsibility for mountain rescue activity, in general it is mountain rescue teams with the assistance of the Royal Air Force and occasionally others that rescue individuals. That is our broad approach; I will say more about that later.

Paddy Tomkins makes a series of 15 recommendations on how all the bodies that have a role in water rescue can further improve the collective response to flood and water rescue. I will concentrate on progress that has been made already and on our current areas of focus.

First, I acknowledge the review's commitment to existing multi-agency arrangements. I share the view that the arrangements are robust, with the police maintaining statutory responsibility for the overall co-ordination of responses, leaving those with the appropriate training, skills and resources to focus on the rescue itself. I find that my written speech pretty much matches what I said, at Mr Brown's invitation, in my extempore remarks.

That multi-agency approach is vital. Our overall water rescue capability relies extensively on the commitment of voluntary rescue teams such as those from the Red Cross and the Royal National Lifeboat Institution, and Scottish mountain rescue teams, without whom our capability would be diminished. That collective response is an essential element of our on-going capability. I support the closer integration and involvement of voluntary groups, with their local knowledge and specialist skills, in such a team-type framework.

I was encouraged to hear that representatives of the Association of Chief Police Officers in Scotland and the CFOA have already taken the initiative and are working together to clarify further their operational roles, responsibilities and procedures through the development of a new memorandum of understanding. That proactive and professional engagement underpins our existing legislative provisions and ensures that they remain fit for purpose.

I believe that each of the recommendations should be carefully considered and acted on in order to strengthen our overall approach. We are already considering responses from key stakeholders. Today's debate will help to inform our thinking further.

As an indication of my commitment, I will shortly establish a dedicated water rescue working group under the auspices of the resilience advisory board for Scotland. With representatives from national and local government, the blue-light services and the voluntary sector, the working group will be tasked with co-ordinating our response to the review's recommendations and providing me with quarterly updates.

I am pleased that the review highlights the key role that the strategic co-ordinating groups must play in developing many of the recommendations. The SCGs are critical to establishing a consistent Scotland-wide capability and a clearer understanding of the available resources. In support of that work, the on-going review of our "Preparing Scotland" guidance will develop further the doctrine, lessons learned and guidance around water rescue.

Progress has been made in the development of a UK-wide civil protection lexicon, which will be the main vehicle for establishing greater consistency in the terminology that is used in the field of water rescue. I expect it to be actively developed over the coming months.

The Scottish Government is committed to delivering the recommendations in the review. I believe that progress is being made. However, I stress that both the review and the future of Scotland's water rescue capability have to be considered in a much wider context. If we could

eliminate all risk and make Scotland completely safe without reducing our quality of life, that would be exceptional. The reality is that that is neither achievable nor desirable in a democracy in which there are competing demands for public funding and a huge diversity of activities that people undertake.

Our commitment to water rescue must therefore be proportionate. It must be considered against other risks to public safety and the sheer scale of Scotland's geography. That view is shared by Paddy Tomkins, who said:

"The professional responders I spoke with were firmly of the view that with over 27,000 lochs it would be simply unreasonable to expect that an emergency response will always be available. That is why I recommend a programme of education to ensure the public are aware of the potential dangers and take personal responsibility for their use of inland water".

**Jamie McGrigor (Highlands and Islands) (Con):** Do the potential dangers to which the minister refers include the hidden underwater hazards that are found in Scottish lochs? I refer to lochs that are navigable.

**Fergus Ewing:** Yes, they certainly do. Anyone who enters our lochs faces such hazards. The member makes a fair point that, no doubt, he will develop in his speech.

Governments can set out their agendas and related national frameworks, but personal safety is the responsibility of each and every one of us, as individuals. A person who falls into cold water, even if they are a strong swimmer, is faced with many dangers. In many circumstances, survival should be reckoned in minutes rather than hours. In this country, the water temperature seldom increases enough to be wholly safe, a fact that many members of the public perhaps underestimate. A programme of public education must be a cornerstone of any water rescue strategy. We will look at the options for working with our partners to deliver that essential work.

The Scottish Government welcomes the findings of Mr Tomkins's review, which confirms that Scotland's communities are already well served by a robust water rescue capability but highlights measures and informed recommendations that can further improve effectiveness.

I move,

That the Parliament welcomes the findings of Paddy Tomkins' *Independent Review of Open Water and Flood Rescue in Scotland*, which examined the arrangements and protocols for inland water rescue in Scotland, and believes that the report's recommendations should be carefully considered and acted on in order to strengthen multi-agency arrangements and ensure that an effective and proportionate response capability exists across Scotland.

15:10

**James Kelly (Glasgow Rutherglen) (Lab):** I welcome the opportunity to speak in this afternoon's debate, opening on behalf of the Labour Party and in support of the Labour Party amendment. Like the minister, I thank Paddy Tomkins and his team for their work on this comprehensive report, into which all the experts whom Paddy Tomkins pulled together have put a lot of work. It is an important document for Parliament to consider this afternoon. The minister will be able to examine carefully and take forward the report's recommendations. This afternoon he has indicated that he will set up a water rescue working group, which is a welcome development.

The report comes at an appropriate time, given the weather that we have had recently. Floods hit Scotland and other parts of the UK before Christmas. Recently we have had heavy snow and cold weather, followed by melting snow that has produced further floods. At rural affairs and environment question time, the Minister for Environment indicated that flood warnings are in operation in two parts of the Highlands. That shows that, even today, when the weather has become milder, there are flood issues that we must face as we debate Paddy Tomkins's report in Parliament.

I turn to the background to the report. I was surprised to find that there are 27,000 lochs in Scotland—that is an astonishing number. There are also 120,000km of rivers; clearly, there is a great deal of water surrounding and within the country. Although that presents many people with an opportunity for enjoyment, it also poses a potential threat when people get into difficulties and when waters flood.

When examining how to progress matters, the group looked at the "Preparing Scotland" guidance, which sets the scene on many issues and establishes that we expect increased river flows over the next 50 years. That is due partly to climate change. The events of the past couple of months, in which we have had heavy rains followed by extremely cold weather and heavy snow, have shown the effects of climate change.

The minister indicated that there are about 40 deaths a year due to people drowning in inland waters. We want to reduce that figure, and I hope that the group's work will contribute to doing so. It is important to put the issue in context—for example, each year there are 330 deaths as a result of road traffic collisions. Even so, the issue must be treated seriously.

As the minister said, the group has had to take a multi-agency approach, as different agencies—the police, the fire and rescue service, the Scottish Ambulance Service and voluntary groups—are

involved. When different groups are involved, there is potential for communication lines to become crossed and for an operation to become ineffective. We want to get the best out of the four excellent feeder services that I mentioned.

The approach that the group adopted—rightly—was to split flood rescue and acute rescue. Flood rescue is subject to longer-term planning, with certain areas of the country being more susceptible to flooding than others. Flood risk management and flood prevention plans can be put in place, as can emergency plans for floods and situations in which people get into difficulty. Acute rescue is for situations in which people unintentionally end up under water and require to be rescued by the emergency services.

The process for all that had to be examined to ensure that it was effective and efficient. The expert group sensibly considered previous reports in the area, including the Pitt report, which looked into the flooding of 55,000 homes in the north of England, during which 7,000 people were rescued and, unfortunately, 13 people died. That good body of work helped the group to form its opinions. A number of people fed their views into the group's consultations, so it was able to draw on their expertise and experience.

On the report's comments on the role of various agencies, it is clearly important, as the minister said, that the police continue to play their co-ordination role in the response to incidents. The fire and rescue service is clearly at the forefront of rescues, and 14 teams are involved in responding to incidents around the country. As the minister mentioned, consideration has been given to whether statutory changes are required, but the review concluded that no such changes are needed. A big factor is that flooding only accounts for 1 per cent of the incidents that the fire and rescue service attends.

The Scottish Ambulance Service also plays a key part in water rescue incidents. The swift-water training that has been undertaken has been helpful, although I emphasise again the key role of the fire and rescue service. I pay tribute, as the minister did, to the work that the fire and rescue service continues to do in attending difficult incidents, with staff putting their lives on the line on many occasions.

The voluntary sector also plays a key role, and we must pay tribute to those public-spirited individuals who, recognising potential dangers in their areas, have set up voluntary groups to assist when people get into difficulty. One useful observation in the report is that there has been no risk assessment of the work that the voluntary sector does. If that was to be done, we could get more out of the excellent contribution that the voluntary sector makes.

I turn to some of the report's key recommendations. We must ensure that data on incidents are recorded correctly. To learn and to make effective progress we need accurate data so that we can see where there are problems in flood and acute rescue. It is important that we have a proper asset register so that we can see what equipment the teams that tackle incidents have at their disposal. We can then identify potential shortfalls and ensure that the equipment is robust and adequate. We need an audit of that equipment. It is one thing to have some equipment, but it is also necessary to ensure that it works effectively and is ready for action in all the right places if incidents occur.

As the minister said, we should consider public awareness. We hear a lot about the importance of preventing fires, and rightly so. For example, there was a good advertising campaign on the issue before Christmas. Perhaps we need to do more to warn people about the dangers of water. If we doubt that, we need only consider the sad incidents of recent weeks, when people walked on frozen lakes, fell through the ice and got into difficulties, sometimes with tragic outcomes. Such incidents are a clarion call to us to increase public awareness by running appropriate campaigns.

The report's author made the point that we must get the most out of equipment and said that we should consider international best practice. He referred to the potential for use of the private sector, which is worth assessing. The Fire Brigades Union has criticised that option, but it is worth considering international experience and assessing all options that might help us.

I welcome the recommendation that the Scottish Government and COSLA work together on procurement of training services. In a time of challenging budgets, anything that can save money is welcome. Labour highlights the importance of training and equipment in its amendment, and there are recommendations that relate to the issue in the report, such as the recommendations that an asset register be compiled and that an audit of equipment be carried out, to identify deficiencies.

It is important that staff are properly trained. The FBU was critical of the training and equipment that staff had been given in the context of the difficult tasks that they had to take on in the north-east before Christmas. The issue should be borne in mind. I welcome the Government's support for the amendment and I hope that the water rescue working group will address training and equipment.

I welcome the recommendations in the report. It is important that we focus on the key recommendations, which, if they are implemented, can create a better working environment and save

lives throughout Scotland. I look forward to considering how the working group will take the issues forward.

I move amendment S3M-5573.1, to insert at end:

"that includes adequate equipment and training being made available to staff required to attend water and flood incidents."

15:22

**Bill Aitken (Glasgow) (Con):** I have heard little in the debate with which I can disagree. I think that all members would agree that Scotland is a particularly beautiful country. We have beaches, mountains and inland waters, all of which provide tremendous recreational facilities and stunning scenery, but also an element of danger, as was illustrated by the tragic loss of life in recent times at Loch Maree and Loch Awe.

Against that background, the Scottish Government was right to consider what, if anything, can and should be done. There is a contrast between what can be done in response to accidents and incidents that occur in the open sea and what can be done in response to incidents on our inland waters. I was astounded to learn during the debate that there are 27,000 lochs in Scotland. Many of those might more technically and properly be described as lochans, but the figure indicates the extent to which Scotland is blessed with open water. Because of the size and remoteness of a great number of our lochs, we must be realistic and accept that there cannot be a rescue facility on the spot to perform the work that is done so splendidly on the sea by Her Majesty's Coastguard, the Northern Lighthouse Board and other agencies, such as the RNLI. Mr Tomkins has been realistic in his report. He has recognised that because of the remoteness of lochs and the nature of the activities that take place on them, which by definition involve a degree of danger, it is inevitable that there will be difficulties.

One of the tragedies is the way in which danger can come out of nothing. Weather forecasting, as we all know to our cost, is an inexact science. People who go on a fishing expedition in benign weather on a gently flowing river can sometimes be confronted in a matter of minutes with a raging torrent. It is difficult to cope with the dangers that are associated with that from the public safety point of view. That being the case, one of the principal duties of Government in this respect is to highlight the possible dangers and how their onset can be sudden and dramatic. I acknowledge that progress has been made on that, but there is greater scope for examining the ways in which the public can be apprised of the dangers.

I come now to realism and practicality. One of the principal difficulties that can arise is that an individual, even a strong swimmer, who finds himself or herself saturated in water and struggling to get ashore can become exhausted, the temperature may drop and their body temperature will drop. As we all know, unless we get pretty quickly to a person who is suffering from hypothermia, not a lot can be done for that individual. We must recognise that there will not always be people on the spot. Sometimes, people want to go out on the hills on their own or wish to cross water as part of a recreational activity. We cannot be expected to cope with such situations, which underlines the point that I make about education.

The other point that has come out, although we were aware of it to some extent, is that despite the tremendous efforts of the acknowledged rescue agencies—which are led, as the minister said, by the police—there has not always been a tremendously coherent reaction when there have been difficulties. One of the report's recommendations deals with the need for cohesion and how agencies and, in particular, the voluntary sector can work together to provide a facility that can be used when the dramatic circumstances to which I have alluded occur.

There is also a recommendation that highlights the need to identify areas that are in general use and the need to identify areas where there is a particular danger, either because of the water course's topography or because it is used by a great many people, most of whom would be—like me—inexperienced in water sports, fishing and so on. Having identified those areas, we must ensure that sufficient equipment is on hand to be used by volunteers in an emergency. As the report says, the best that we can do

“is to mitigate risk through preventive measures and to focus on those bodies or stretches of water that can be identified as being high risk and amenable to an existing or potential rescue capability.”

There are many places where, despite the best intentions of all concerned, it will not be possible to reduce the amount of risk.

There has been a lot of good practice. My colleague Jamie McGrigor, who will speak later in the debate, has been involved in the reviews into the tragedy that happened on Loch Awe. Members will look forward with interest to what he, as someone who lives in an area where such problems have occurred in the past—on one occasion at least, with tragic consequences—has to say.

There must also be an inventory of available skills and equipment. That is another conclusion in the report from which no one in the Parliament will demur.

The Labour Party amendment is eminently sensible and is acceptable to us. We are in a position to make progress, but the matter will require much more thorough investigation and dialogue to see how far we can go.

Recommendation 2 commends itself to members. The appropriate working group can be established to see what has happened and what lessons can be learned from unfortunate events, and to consider how we can deal differently with incidents in the future. To be frank, there is a lack of information: the working group can pursue that.

At the conclusion of the debate, the Conservative party will support both the Government motion and the Labour Party amendment.

15:30

**John Farquhar Munro (Ross, Skye and Inverness West) (LD):** I am pleased to take part in this very interesting debate on a matter that affects every area of Scotland. I am also pleased to say that the Liberal Democrats welcome and support the “Independent Review of Open Water and Flood Rescue in Scotland” by Paddy Tomkins.

The review came about because of the tragic incident over in Loch Awe last year in which four men sadly lost their lives after trying to cross the loch during—

**The Deputy Presiding Officer (Trish Godman):** Mr Munro, can you move your microphone up? I do not think that we are catching the sound properly.

**John Farquhar Munro:** At the time of the rescue, a Strathclyde Fire and Rescue Service boat had to be dispatched by road from Renfrew—an hour away—to assist in the operation, as the rescuers were aware of no closer asset. I am sure that there must have been many boats around Loch Awe that local people could have launched—there might have been a different outcome in that case. In the aftermath of the event, it transpired that the Glencoe mountain rescue team could have had a boat in the water within 45 minutes, but it was unaware of the situation, because the operation was undertaken by Strathclyde Police, which was not in contact with its Highland colleagues.

The review mentions many agencies and many voluntary organisations that are capable of undertaking rescues on water or adjacent to water, but I do not see much talk in the review about local mountain rescue teams, although there are many of them. They are, I admit, voluntary organisations, but they have people who have a lot of skill and experience. If more support was given to the many mountain rescue teams in

remote parts of the country, I am sure that they would be happy to develop water rescue facilities.

The tragic Loch Awe accident serves to highlight the shortfalls in Scotland's water rescue systems that will need to be addressed in the wake of the Tomkins review, which examines the responses, capabilities and legal frameworks that are associated with inland water rescue in Scotland.

Up on Loch Ness in my constituency, we are very lucky because we have an RNLI station halfway along the loch at the Temple pier at Drumnadrochit, which is very welcome, given the number of boats on the loch. It has been called into service on many occasions. However, the RNLI is a charitable organisation that is self-funded and run by volunteers, so not everywhere can be as lucky as Loch Ness in that regard. However, the idea in the review of setting up a national assets register, whereby all vessels on a body of water that are suitable for rescue purposes will be registered with the local emergency services and used if a situation arises, is a good one that I believe would save lives if implemented. It would be especially important for the larger and more popular lochs.

People ask what sorts of vessels are capable of going on the water. There are many, and in this modern day of pumped-up boats and plastic boats, it is not difficult to find a suitable vessel—one that is light and easily manageable. In my view, far and away the most important recommendation in the report is to increase public education on the dangers of freshwater bodies of water. Unfortunately, inland water sites are the UK's most common locations for drowning incidents, with about 50 per cent of the total. That is quite a statistic given that, I imagine, many more people visit the coast and the seaside than visit inland lochs.

People who are familiar with water through swimming in their local swimming pool and in the sea on holiday are often unfamiliar with the great risks of inland waters. People are aware that the sea in the UK is cold and that there might be undertows and undercurrents, but inland waters can also be cold, which can have a detrimental effect on strength and stamina. Many drowning victims are competent swimmers who have overrated their abilities in riskier waters.

Inland waters are also deceptive and hide numerous dangers from the unsuspecting person. For instance, the water could be unexpectedly deep, which means that, although a loch might be warm around the shallow edges, it can become very cold quickly as the person swims away from the bank. The water might be polluted and a serious threat to health or it could just be difficult to get out of the water because of steep and slippery banks. We hear of many incidents in

which people who are just out for a stroll fall off the bank into a river in a deep gorge or a river with a banking, and it is almost impossible for them to get back on to hard ground.

Education about water safety and the correct responses in an emergency are vital in saving lives. It is better to prevent an accident than to deal with the aftermath. In the report, I found references to a number of water safety codes, but none to a central source of information on the wider aspects of safety and responsibility on the water. With increasing and more diverse uses of all waterways, and especially with the increased use of small boats, jet-skis and so on, a central resource for all users would be useful. I would be interested to hear the Scottish Government's thoughts on the creation of a national water safety code—rather like the green cross code—that it could use to promote safety. We certainly need much more information and education to be presented to the public at large so that they are aware of the dangers of the waters of our country. Also, as I mentioned earlier, much more use should be made of local volunteers, including mountain rescue teams.

The recommendations in the report are welcome, but it is now down to the Government to act to ensure that we have a streamlined and co-ordinated response to emergencies on inland waters and also, which is important, to increase public education on all aspects of water safety.

15:39

**Angela Constance (Livingston) (SNP):** In supporting the motion, I will concentrate on the parts of Paddy Tomkins's independent review that focus on flood rescue. As many members do, I have an interest in both flood prevention and flood rescue, primarily due to the devastation that was caused by extreme flooding in my constituency in August 2008, so I am pleased that in his motion and opening speech the minister stated quite clearly that the Government accepts the need to act on the recommendations of Scotland's water rescue review.

The review makes some eminently sensible and pragmatic suggestions that will, if fully implemented, improve responses for people who need to be rescued in the future. The recommendations also provide the building blocks for a more co-ordinated multidisciplinary service in which all the players are clear about their roles and duties, and in which it is clear who does what and, crucially, who is in charge.

I am all too aware of the fire and rescue services' crucial role in rescuing constituents of mine who were trapped and in severe danger as a result of the severe flooding in Broxburn. The



review estimates that each year throughout Scotland the services attend about 200 water incidents, resulting in five public fatalities, 16 public casualties and 30 public rescues.

Fire and rescue services have developed flood rescue capability, firefighters are among the most expert in this area and the services already have a statutory duty to rescue persons who are trapped by severe flooding, so it is entirely appropriate that they should lead in the execution of flood rescue. That expert role complements the more strategic role and function of the police, who in such incidents co-ordinate other agencies and resources.

A recommendation that, for me, sprang out of the report and which has not been missed by other members, is the need to compile a comprehensive list of rescue assets across all sectors. I do not want to be flippant about boys and their toys, but we need to know how many toys are in the cupboard and what they are. After all, in a small country such as Scotland, we have to learn to share in the interests of those who need to be rescued and, indeed, the taxpayer.

As James Kelly was, I was interested to note the suggestion that instead of public bodies purchasing hugely expensive equipment to deal with extreme situations, only for it to remain underutilised for most of the year, it might be appropriate to have contracts with the private sector. The caveat is that such equipment must be accessible quickly, easily, unconditionally and at a fair price—we cannot have public services being held to ransom. As always, of course, the devil will be in the detail.

Having heard the testimonies and accounts of elderly constituents who were rescued, I was pleased to read in the review that the Scottish Ambulance Service—for which I have enormous respect—is developing a water incident support capability. We cannot understate the dangers of, and trauma that is caused by flooding. Often, paramedics provide the initial post-rescue assessment, care and treatment. We certainly must not dismiss or diminish the experience of those who have been rescued from severe flooding by concluding that they are just a little wet and cold. Some constituents of mine who were affected were elderly, were vulnerable or had pre-existing medical conditions. They rightly feared for their lives as they saw their homes and a lifetime of possessions being destroyed. As we know, flooding also brings with it contamination, the spread of pollutants and all the health risks associated with such things. The Scottish Ambulance Service must be commended for attempting to develop the service and for seeking to improve medical care for not only people who are being rescued but emergency responders who

face the challenging and hazardous conditions that are caused by severe flooding.

I welcome the fact that Paddy Tomkins's review acknowledges the voluntary sector's role in flood rescue. After all, its resources range from the highly trained RNLI to more local organisations that rally round in response to events.

The right balance has been struck between the appreciation that local needs are best met with local plans and informed by local knowledge. We must also remember that local canoeists, anglers and suchlike can provide invaluable support in prolonged search and rescue operations. Nonetheless, the review was quite right to state that the collation of local plans must also amount to a coherent national strategy.

Like John Farquhar Munro, I think that there is a need to emphasise on-going public education and personal responsibility for water safety. Members will no doubt have seen the news a week or so ago, when it was revealed that a driver drove his car down the frozen Union canal in West Lothian—an act so stupid that it renders me almost speechless. I am pleased to note that that matter of extreme irresponsibility is being dealt with through the courts, as is entirely appropriate, given the potential risks that it presented to those who responded to it, particularly the emergency staff.

I am pleased to participate in the debate. I support the motion and will end my speech on that note.

15:46

**Peter Peacock (Highlands and Islands) (Lab):**

I am grateful for the chance to contribute to the debate. As Angela Constance did, I will concentrate on the issues that arise from flooding, which are a clear part of the report before us.

The report is very good: it is very clear and it sets out a variety of worthwhile recommendations that will improve the situation if they are implemented, as the minister has indicated he would like. The report also catalogues very well the current situation and what works well; there are many strengths in what currently happens. The report also helpfully highlights a number of weaknesses in current practice that require to be addressed.

My interest in the subject arises from the part that I played as a committee member when we scrutinised the Flood Risk Management (Scotland) Bill last year. During the passage of that bill, the Rural Affairs and Environment Committee received a lot of evidence from people who have been affected by flooding—as Angela Constance described—and who expressed their concern that

they are not clear about who is responsible and in charge in certain situations. What roles are people responsible for, what are they not responsible for, and when are they responsible? All those questions were asked in evidence.

The questions resulted in an amendment to the bill by John Scott from the Conservatives that sought to create a new responsibility for chief fire officers. As part of the debate on the amendment, which had cross-party support, there was an understanding that the report that the minister had commissioned, or was about to commission, would cover flooding quite fully. I am glad that that has happened.

As we all know, flooding can be a traumatic and life-changing event for the people who are affected by it. The number of incidents is going to increase because of climate change: rainfall and precipitation rates are increasing, and are more intense at certain times of the year, which will inevitably increase the amount of flooding in this country in the future. Getting the support services right is an important part of public policy and of how we improve the life chances of our fellow citizens. The report's recommendations would help us to get that right, which is why I support many of them.

The first point in the flooding section highlights ministers' accountability for proper arrangements across Scotland. The Tomkins report says that there is currently insufficient collection of data for local plans, so I will be interested to hear the minister's intentions in that respect when he sums up.

The report also highlights various weaknesses in current understanding of roles and responsibilities, and in the arrangements that currently exist. I will quote a few of the weaknesses to which Paddy Tomkins refers. He says that there is

"a variable understanding of the role, remit and authority of the SCG"

and that that

"goes to the heart of the 'who is in charge?' question".

He believes that that

"requires further discussion between the Scottish Resilience directorate of the Scottish Government and representatives of the authorities and agencies comprising the SCGs, principally COSLA, the Society of Local Authority Chief Executives (SOLACE), ACPOS and CFOAS."

I invite the minister, in summing up, to state what he is doing to facilitate the further discussion that has been recommended.

Paddy Tomkins records that only 14 local authorities responded during the consultation phase of his work. He notes that some of those 14 local authorities provided "detailed" and "helpful"

comments—the implication being that some did not. Indeed, he records that some

"had no comment to make at all".

He also records that there are widely varying types of staff dealing with the issues in local authorities and concludes that that

"does not convey a sense of consistency and shared understanding of the challenge"

among the local authorities. He goes on to state that

"for effective co-ordination to take place there must be established some clear executive authority."

Paddy Tomkins promotes the idea of a memorandum of understanding between the constituent authorities as one way of achieving effective co-ordination, and he refers to the Northern Constabulary's work around the Caledonian canal, to which John Farquhar Munro referred, and how a memorandum of understanding exists between agencies there that improves their ability—and that of the public—to comprehend who is responsible for what. I would be interested to know whether the minister thinks that that is a model for other parts of the country.

Given the degree of uncertainty that exists regarding the executive leadership that Paddy Tomkins talks about, his fourth recommendation is

"That a focus for these discussions"—

to which I have referred—

"should be the clarification, development and more effective promulgation of the 'Responding to Emergencies' section of *Preparing Scotland*",

which is the strategic report on our safety. All that discussion, he says, should be designed to meet

"a widely expressed need for a manual of doctrine and operations"

for the strategic co-ordinating groups. He makes it clear in the report that

"This should assist understanding, enhance operational effectiveness and"—

critically, in my view—"inform public understanding" of who is in charge of what, and when, during flooding incidents.

Paddy Tomkins also backs the idea that chief fire officers should play a lead role in co-ordinating water and flood rescue. Nevertheless, he makes it clear that that should happen within the strategic co-ordinating groups, and that that work should be led by the police, as is the current position. He highlights the need for

"further clarity as to respective organisational roles".

I hope that that will emerge as part of the process of explaining better to everybody what this is all about. He also fires a warning shot across the

bows of COSLA, ACPOS and the CFA, which are already revisiting co-ordination arrangements. He makes a plea that they should not create

“any shift from the current situation whereby the police receive and co-ordinate a response to calls for help”.

I would be grateful for the minister's observations on that point in his summing up.

All that points to the review having been very worth while. It picked up issues that were raised during consideration of the Flood Risk Management (Scotland) Bill, and highlights clear weaknesses and strengths as well as making recommendations for the way forward. I agree about the need for an asset register, as expressed by James Kelly and Angela Constance.

I draw members' attention to the bits of the report that are about training. Paddy Tomkins observes good practice in Lothian and Borders Fire and Rescue Service in relation to the Tweed. However, I know from previous debates that the Fire Brigades Union feels strongly that there is always a need to invest in training. No matter how good it is today, we must invest in better training for the future. I hope that the minister will pick that up in his summing up.

I welcome the report and look forward to hearing what the minister says in responding to the debate.

15:53

**Nigel Don (North East Scotland) (SNP):** I am grateful that other members have picked up the issues around organisation. They are important, but I do not want to spend my time on that. I will talk about chapter 6 of Paddy Tomkins's report, on public awareness and accident prevention. I will pick up points that other members have made about water being dangerous and consider how it is that we forget that.

A wise man once said to me that the best way to be safe in the mountains is to understand how dangerous they can be. A similar principle must apply in respect of water. The trouble is that, in our youth, we may be fooled. I suspect that our first contact with water is in the bath—which one hopes is warm. Thereafter, it is to be hoped that one learns to swim in the local swimming bath, where the water is nothing like as cold as it is in its natural state. If we ever get into the sea on our summer holidays, as I did as a lad, we find that the water can occasionally be warm, but we will be fooled by the fact that seawater is denser than fresh water and we float more easily in it. The net result of all of that is that, if we find ourselves in an inland body of open water, we will encounter something that is much colder than we expect it to be and does not have that density that helps us to float in the sea. In practice, we do not float in

inland water; we struggle hard and use a great deal of energy to tread water and, as others have mentioned, we get cold very quickly. It is not an environment in which we are safe, but I suspect that, as youngsters, we do not understand that, unless we have had an experience that has pointed it out to us.

In chapter 6, Paddy Tomkins talks about the use of signage. I am sure that there are many signs around our environment that are useful, but I fear that we might be getting to the point at which we expect there to be a sign, and we might be breeding a generation that thinks that, if there is no hazard warning sign, they must be safe. People can forget that they must use their brains. The recent experience of ice on our pavements has resulted in some people saying, “I slipped over, and it is somebody else's fault because the pavement had not been gritted,” rather than saying, “I slipped over because the pavement was icy and I did not take enough care.” If we are not careful, we might end up marking as hazardous—purely because all water can be dangerous—water that does not need to be marked. That might lead people to conclude incorrectly, when they come to one of our 27,000 bodies of water that does not have and never will have a sign, that they will be safe if they go in. We must ensure that we signpost only exceptional or unexpected risk and do not fool people into believing that everything will be marked.

We must acknowledge that people have a personal responsibility for their safety around water, and that parents also have responsibility. I have with me an aide-mémoire—a bobble hat that I will, with your indulgence, Presiding Officer, wear briefly. Members will note that it is a great deal brighter than the man who is wearing it. This hat was knitted for me by my mother when I went off sailing as a teenager. She recognised that sailing would probably be good. She also recognised that she could not stop me from falling into the water and that, if I was wearing the hat when that happened, I would be visible in a way that most other people who fall into the water are not. I never fell into the water, so the hat was never put to the test, but I am grateful to my late, lamented mother for thinking of that, and I have brought the hat along today as a visual aid to demonstrate that parents have a responsibility to ensure that their youngsters are sensibly kitted out.

I commend the efforts to educate that I have been able to find, and I am sure that there are many others. I found some colourful leaflets from Safe-Tay. I think that the theory is that leaflets that are generated by children, as these were, will be more beneficial to children who look at them. I am not sure that that is true, but I am sure that they are beneficial to the children who create them in the first place. I also found some beneficial

information from the Royal Society for the Prevention of Accidents, as one might expect. However, on page 44, Paddy Tomkins says:

“The consensus among those who were generous enough to share their views and expertise with me was that current efforts to educate and inform are praiseworthy but often too localised, specialised or otherwise fragmentary, and need to be brought under an over-arching national water safety communication strategy.”

I have no issue with the idea of a national communications strategy, which might very well be appropriate, but I must ask how we will get the message out. Of course, we will do so through schools—I entirely understand that—but I will leave the minister with a thought about story placement. I am told that a vast number of our fellow men and women spend a large amount of time watching programmes on television that, once upon a time, were called soap operas—I am not quite sure what they are now called; that might be a good enough title. I have always despaired of those things. I do not watch them; I could not be brought to watch them—not all the way through—but I am told that businesses get their products placed in such a way that they get some advertising out of it. That seems to me to be very sensible. I cannot help wondering whether Governments should do a little bit of story placement, not at a political level, because I am sure that people would rapidly see through that, but safety messages about messing about on water and falling into water could be got across to the public through appropriate storylines in such programmes. I do not know whether the Government has ever considered that and I do not know whether television producers would ever contemplate it, but I suspect that there is a mechanism there and I wonder whether we should try using it.

16:00

**Liam McArthur (Orkney) (LD):** Like other members, I thank Paddy Tomkins and his team for their work in pulling together the report.

The report is thorough and the recommendations appear to be comprehensive. I certainly hope that the Scottish ministers will take the proposals forward as a matter of urgency. The minister's opening remarks gave cause for optimism, and I welcome his comments on setting up a working party. Perhaps in his closing speech he can sketch out other timeframes.

In addition to Paddy Tomkins and his team, I acknowledge the efforts of my Liberal Democrat colleague Alan Reid. As the MP for Argyll and Bute, he has done more than most in recent times to highlight problems and deficiencies in the arrangements for inland water rescue. He was rightly responding to the tragic events on Loch

Awe, in his constituency, in March last year, which have been referred to by others, when four men lost their lives attempting to cross the loch late at night.

No one can tell for certain whether their lives might have been saved had circumstances been different, but it was abundantly clear in the immediate aftermath of the tragedy that there were serious shortcomings in the way that those responsible were able to respond. Although there was undoubtedly close co-operation between the police, fire and rescue and RAF personnel, under the control of Strathclyde Police, the failure on that occasion—to which my colleague John Farquhar Munro alluded—to involve Glencoe Mountain Rescue and, in particular, its rescue vessel, attracted valid criticism at the time. Although closer at hand, the mountain rescue team had the misfortune to be based in the Highland region rather than Strathclyde region. It is to be hoped that the Tomkins report, in particular the recommendations on the need for a national register of water rescue capability, will ensure that collaboration is not in any way inhibited by artificial or administrative boundaries. After all, as we would all expect, and as is set out in the Tomkins report, co-ordination of all agencies, as well as the many voluntary and private sector organisations that make such a valuable contribution in this area, is essential.

I am aware that at the time of the Loch Awe tragedy there was also criticism of the decision to remove the rescue boat that was previously based at Oban fire station, as it could have been at the scene within 20 minutes. Some of those criticisms were levelled by members of the minister's party. We must be careful here. Although every effort needs to be made to ensure that, as James Kelly's amendment suggests, we have the proper infrastructure in place—including suitable vessels and properly trained and supported personnel, as well as systems and procedures—we must be realistic.

Given the extent of our open waters—I share Bill Aitken's amazement at some of the figures that have been deployed in the debate with reference to the number of lochs, rivers, canals and other open waters—and the increasing prevalence and intensity of flooding activity, not to mention, as the minister did, the finite resources that we have to work with, it is inevitable, as Paddy Tomkins made clear, that we will not always be able to cover for every eventuality as we would like. The minister referred to a proportionate response and that is a sensible caveat.

**Fergus Ewing:** I agree with most of what the member said. It might be useful to say at this point, because both he and John Farquhar Munro have mentioned the Loch Awe incident, which

sadly led to loss of life, that the matter remains under the consideration of the procurator fiscal at Oban, who will report to the Crown Office in due course for the consideration of Crown counsel. Until such time as that work is completed, it would not be possible or appropriate for us—even if we wished to—to respond to any questions on the matter.

**Liam McArthur:** I appreciate the minister's point, as will every other member in the chamber.

As more and more people from Scotland and elsewhere in the UK and from overseas are encouraged to come and enjoy the wonderful natural resources that we have on our doorstep, including our lochs, rivers and other waterways, the pressure on our rescue services seems likely to increase.

Perhaps this is a little late in my speech, but I should declare an interest in the subject as, in my late teens, I came close to drowning on Loch Lomond while on a kayaking course one summer. The first part of my Eskimo roll was completed almost perfectly, but the second part was less textbook and my attempts to wriggle out from my upturned kayak were impeded by a combination of the McArthur family hips and my mounting sense of panic. Fortunately, help was at hand and no lasting damage was done, although I retain a healthy scepticism—indeed, a rational fear—of being upside down in deep water with a kayak on top of me.

The enduring and growing popularity of Loch Lomond is well documented, as are the problems that that creates in managing the competing and sometimes conflicting interests of those who go there. The popularity places additional demands on rescue services, as the Tomkins report makes clear. There are implications for training, supporting and equipping service personnel and attention must be paid to the need for public awareness-raising. John Farquhar Munro and Angela Constance made useful and considered points on that. I acknowledge that the process is not straightforward and I echo some of Nigel Don's reservations. I can well imagine the response of communities that are located in some of our more picturesque landscapes to suggestions that lochsides and riverbanks be cluttered with public information signage. Government-sponsored statements of the blitheringly obvious that tick a box but serve no purpose other than to despoil the countryside are to be resisted at all costs. However, good practice is already in place and it can and should be rolled out as widely as possible.

Personal responsibility remains critical and is perhaps all the more important in parts of the country that are unlike Loch Lomond and which are considerably more remote. In such areas, the

challenges for any rescue effort are greater, as will be the response times.

I will conclude with a few comments about flood rescue. As Peter Peacock said, the issue arose during the Rural Affairs and Environment Committee's consideration of the Flood Risk Management (Scotland) Bill last year. It was prompted by concerns that were raised by people in Elgin, who have suffered as much as anyone, and perhaps more than most, as a result of flooding in recent years. As well as voicing criticisms that more was not done to alert people to the risk of flooding, it was felt that no one was responsible for taking a lead role in the effort. It was argued that, once the waters are up to folks' waists, roles and responsibilities appear to be well established but, prior to that, there appears to be something of a vacuum. I accept that it was more appropriate to deal with those issues in the context of the Tomkins review and ministers' response to it, but the committee's endeavours served a useful purpose in focusing attention on the issue.

During a flooding incident or any water rescue, it is essential that certain procedures are followed in the interests of public safety and the safety of those who undertake the rescue. In that context, I fully accept the good reasons that were highlighted by Bill Aitken and John Farquhar Munro for restricting occasions on which emergency service personnel enter water. Nevertheless, in my constituency, where coastal rather than flood rescue is perhaps more common, those rules can present problems. A requirement to use a boat even in very shallow water can be more than inconvenient if the nearest rescue boat happens to be based in Inverness. Perhaps it was felt that a rescue vessel in Orkney was akin to bringing coals to Newcastle. However, I hope that some scope is left open for the expertise and judgment of trained staff on the ground to be fully deployed.

The Tomkins report and its recommendations serve a useful and important function. I urge ministers, as do the motion and amendment, to respond positively and swiftly. That is the very least that we owe to our emergency services as well as the volunteers and other professionals who do so much so well to underpin public safety.

16:08

**Stewart Maxwell (West of Scotland) (SNP):** As other members have done, I begin by welcoming the report, which is timely and helpful to us in making progress on the issue. It is clear that, throughout his investigation, Paddy Tomkins consulted a wide range of agencies, from the Royal National Lifeboat Institution to the Scottish Federation for Coarse Angling. Among the many excellent contributions, a particularly illustrative

one came from a member of a mountain rescue team, whom Mr Tomkins credits with saying:

"The mountains are perfectly safe as long as you remember how dangerous they are."

The same can be said for open water.

It might seem strange to quote advice from a mountain rescuer when discussing water rescue in Scotland, but parallels can be drawn and lessons can be learned. The remarks from that member of a mountain rescue team no doubt come from years of experience of rescuing people from dangerous situations and implementing preventive measures to keep them out of trouble in the first place.

Of course, it is important to underline the fact that there is a distinction between being injured on or needing to be rescued from a mountain and needing to be rescued from a body of water such as a loch or river. People who lose their way or get hurt on Scotland's mountains might be able to take shelter, thereby giving rescuers a decent window of time—perhaps many hours—in which to launch a rescue. Falling into a flowing river or a deep and icy loch does not give rescuers much time to rescue successfully an individual. We should not, therefore, overestimate our ability to rescue people in such situations.

Over the years, the Scottish mountain rescue service has become a good example of how a group of dedicated volunteers can keep climbers and visitors to Scotland's beautiful mountain ranges aware of how to stay safe, as well as offering an excellent rescue service should they get into trouble. Perhaps a similar approach could be looked at for Scotland's lochs and rivers. A good example of where that might apply is at Loch Lomond, in my West of Scotland region. At approximately 24 miles long, five miles wide and 663ft deep, Loch Lomond is the UK's largest expanse of fresh water. Its scenic beauty draws many visitors to the area, but its beauty can hide the risks that people face. The Loch Lomond rescue boat, an independent Scottish charity operated by a team of 20 dedicated volunteers, is situated on the west shore of the loch. That team of highly trained specialist volunteers ensures that a rescue service is provided for the public. It also encourages, promotes and teaches all aspects of safety in and around the waters of Loch Lomond, including the safety of people using boats, canoes, wind surfers, jet skis and other vessels on the loch. The boat currently in operation can reach the furthest end of the loch within 20 minutes. However, its running costs are not cheap—the annual cost is £12,000 and the initial purchase price was £150,000 in 2006. Not only must we weigh up the costs of existing and potential services, we must help to spread the responsibility of the various front-line services in this country.

As others have said, it is estimated that there are around 27,000 lochs in Scotland, which makes any permanent patrol of them impossible. Furthermore, if we compare the rates of water-related incidents with those of road traffic accidents, for example, we gain a better understanding of their relative demands on our emergency services and others. As James Kelly said earlier, each year in Scotland there are around 17,500 traffic accidents that result in around 300 fatalities. That does not include the thousands of injuries and enormous economic impact that follow. In contrast, thankfully, there are relatively few drownings each year. That is not to underestimate the enormous impact resulting from each one of those fatalities, particularly on family members. However, we must be aware of the difficulty that we face in eliminating the risk of drowning, given the amount of water that Scotland has.

A clear message from Mr Tomkins's review is that, although some regular users of Scotland's inland waters, for sport and recreational purposes, for example, are well aware of the significant dangers posed by lochs and rivers, the general public as a whole does not have a single level of awareness of the risks posed by Scotland's waters. Therefore, I agree with Mr Tomkins's recommendation that we should explore opportunities for implementing a countrywide communications strategy on water safety education. I was pleased to hear the minister's remarks about that.

The need for a national campaign about the dangers posed by Scotland's waterways has been well illustrated in recent weeks. The recent freezing weather conditions throughout Scotland brought with them numerous challenges, not least due to the number of incidents of people falling through the ice on frozen lochs and canals. The high-profile example that Angela Constance mentioned earlier of the two men who plunged into a canal in West Lothian after driving recklessly across the frozen water is perhaps one example of where better public knowledge of the risks would have been helpful; or, in the case of those gentlemen, perhaps not.

The *Lennox Herald* in Dumbarton reported last week that families with young children were "dicing with death" by venturing out onto a frozen patch of Loch Lomond. Children, apparently as young as four, were seen playing out on the ice. The paper also reported that people were riding bikes across it and even that someone was pushing an individual along the ice in a wheelchair. I agree that we do not want to discourage people from using Scotland's inland waters for enjoyment and recreational purposes, but a programme of public education would help to ensure that people are more informed of the potential risks, not only to

themselves, but to those who might need to rescue them.

I also want to raise an issue about the funding of training and equipment purchases. I would be concerned if, in an attempt to deal with the problem of water rescues, we were to reduce the flexibility that fire and rescue services currently have in their spending in this area. The kinds of equipment and training that Strathclyde Fire and Rescue wants to prioritise for its firefighters might be very different to those that are top priority for Highlands and Islands Fire and Rescue Service. Firefighters who work in central Glasgow, who perhaps deal with the M8 and road traffic accidents, incidents in high-rise buildings or tenements or even sewer rescues, will need certain types of specialist equipment and training, but firefighters who deal with problems in remote and rural communities will need very different equipment and training to deal with chimney fires and forest fires, for example. Whatever action follows the debate and the report, I suggest that we do not reduce the flexibility that individual fire and rescue authorities have to purchase the type of specialist equipment that they see as their top priority.

I welcome the report and support its sensible recommendations. However, although we must do what we can to reduce the risks to people who enjoy our open water, we must accept that it will be impossible to remove all risk without impinging on the freedoms that we all enjoy, which I do not think would be acceptable.

16:15

**Elaine Smith (Coatbridge and Chryston) (Lab):** Like others, I welcome the report and commend Paddy Tomkins for his hard work on the issue. The report is comprehensive, so there are a number of points that could be made—and indeed have been made—in the debate. However, I will concentrate mainly on fire and rescue service issues. Once again, I commend firefighters for the work that they do on our behalf on a daily basis in Scotland.

In recent months, we have had several debates on the fire service. In the one on 10 September, to which I contributed, the Minister for Community Safety said of the Tomkins review:

“It will be a key piece of work and, if the Parliament wishes to debate it after it has been published and perhaps after we have had an opportunity to consider it, it will be entirely appropriate that we do so.”—[*Official Report*, 10 September 2009; c 19484.]

The minister has kept that promise by bringing the issue to the chamber. I have no doubt that he is keen to hear members' views and consider them prior to responding officially to the report.

I note that, following the publication of the report, the minister said that he would work

“with partners in local government and the emergency services to apply the recommendations where appropriate.”

I trust that, before he makes up his mind about which recommendations to commit to implementing, how to implement them and what resources are required to deliver them, he will consider the responses from all the stakeholders, including, in particular, the FBU, and will work closely with them to iron out any areas of concern. On that point, will the FBU have a place on the water rescue working group? Perhaps the minister will answer that in his closing speech.

I want first to address a point that the FBU raised in its response on the register of water rescue capability. The union agrees that there should be such a register, but it states that if it is to be led by the fire and rescue service, it should come under the auspices of agreed structures, such as the ministerial advisory group, and should not be left to one organisation, such as the CFOA. That is not a criticism but a reflection that the CFOA represents six joint boards and two unitary authorities and therefore does not have the mechanisms to establish a national arrangement.

It is not surprising that the review has concluded that there is no requirement for new legislation or wholesale change in current statutory arrangements or protocols, or indeed that the minister agrees with that, because we already have a duty that refers to flooding. I agree with the union that it would be practically impossible to establish a fire and rescue service water rescue resource, given that we have thousands of freshwater lochs, rivers and canals, as others have said.

The minister might wish to consider the approach of informing water users where there is cover and where there is not, as happens with lifeguards on beaches, although we should take into consideration the point that Nigel Don made.

In this month's edition of *Firefighter*—the trade union magazine of the year—the FBU outlines its campaign to give the fire and rescue service a statutory duty and the required resources to deal with flooding in England, following the recommendation of the Pitt review. That is set out in an article entitled, “Why are we still waiting for the kit?”

In the magazine, the union commends the situation in Scotland, where the fire and rescue service has a statutory duty to deal with flooding, but it goes on to note the lack of protective personal equipment and the need for more flood training for Scottish fire crews. It uses the familiar example of last November's images of firefighters wading waist-deep in water dressed in kit

designed for fighting fires. A leaflet is being produced to outline that, too.

Firefighters and the union are frustrated because it is nearly five years since the Parliament passed the Fire (Additional Function) (Scotland) Order 2005, which gave the fire service the statutory duty to respond to serious flooding. Concern has been expressed that the development of water rescue capabilities in those five years has been piecemeal and disjointed. That takes us back to governance and the lack of direction from the centre, which I and others highlighted in the previous debate that I mentioned.

One of the union's main concerns has been firefighters being committed to water incidents without appropriate equipment and proper training. The union makes the point strongly that that practice is dangerous and breaches numerous health and safety guidelines. In the article in *Firefighter*, John Duffy, the FBU's Scottish regional secretary, says:

"we continue to see firefighters trying their best with little training, without the proper tools and wearing completely the wrong protective equipment. It does beg the question of how serious some managers are about our safety."

He was joined in his view by Roddy Robertson, the FBU's executive council member for Scotland, who said:

"It is only a matter of time before we pay the ultimate price, as happened in Greater Manchester a number of years ago when we lost a firefighter who was not fully trained and who had entered water to attempt a rescue. This is a foreseeable occurrence and not an accident. If the service wants firefighters to carry out water rescue then train them and stop playing Russian roulette with their lives."

The firefighter who lost his life was Paul Metcalf and I am sure that we all wish to express our condolences to his family.

In its response to the review, the FBU says:

"A simple rule of thumb for the observer is that a firefighter wearing structural firefighting kit has not been trained to carry out water rescue."

That means that firefighters are being put in danger, which the union views as not only unacceptable but untenable. The union says that it will have to take action to prevent that from occurring in the future. However, given the prospect that those concerns might finally be resolved satisfactorily with ministerial intervention following the review, the FBU is encouraged by most of the recommendations in the review and expects to be fully involved in progressing them. I would be grateful if the minister confirmed that involvement when he sums up.

Other members have mentioned training, which is covered by recommendation 13. There is little

doubt that national training would be of invaluable assistance in addressing some of the dangers of water rescue and is desperately needed. The Scottish Fire Services College is the obvious choice to co-ordinate water rescue training and, which is important, to act as a verifier for quality and assurance.

In the September debate, I made the point that, if the fire and rescue service is to take on additional work in water rescue, additional resources will be required. Labour's amendment deals with that and I am pleased that the minister has said that he will support it. I presume that he will address that point in a bit more detail when he sums up.

The minister will undoubtedly have to take an approach that is a mixture of education, individual responsibility and interagency co-operation, as others have said. It is particularly important to educate the public about water safety, as it is impracticable for the emergency services always to be available, given the thousands and thousands of pieces of water in Scotland.

I could talk about several other issues, but I do not think that I have time to mention them. Could I mention them briefly, Presiding Officer?

**The Deputy Presiding Officer (Alasdair Morgan)** *indicated agreement.*

**Elaine Smith:** Thank you.

I have reservations about recommendation 10, which proposes using the private sector to provide equipment. I am interested in the minister's comments on that. I am not averse to achieving value for money for the public purse, but equipment needs to be available when it is needed and I am not convinced that the private sector will be the right people to respond to the need. If the minister accepts that recommendation, I will read the options paper with interest.

Auditing equipment is important, as is not cutting fire resources to fund water rescue equipment—that would be unacceptable.

Recommendation 12 concerns using police vehicles. That idea seems reasonable, but has the police service agreed to it? I am keen to hear the minister's comments on that.

The Parliament has acted through legislation to address the flooding rescue issue, but we need to sort out problems that have accompanied that. I expect the minister to involve the interested parties in his discussions before he decides on the way forward. It is crucial that he works closely with the FBU, because the proposals affect its members' conditions of service and because firefighters are in the front line—they provide a rescue service and save the lives of numerous Scots who are caught in dangerous water



situations and they put themselves in mortal danger to do so.

We must all hope that the review will result in a fully funded, rational, structured, vigorous, safe and secure means of providing appropriate water rescue competence in Scotland. I am pleased to support Labour's amendment and the Government's motion.

16:25

**Dave Thompson (Highlands and Islands) (SNP):** I offer warm praise to all those who place themselves in the way of harm to help to save others who are at threat on open water, whether established waterways, lochs, rivers or unexpected torrents caused by flooding.

Staff around Scotland in the fire and rescue services, voluntary organisations, the Maritime and Coastguard Agency and the RNLI do a great job in some of the most arduous and testing circumstances. They deserve our support. I had a little experience of this when I was in charge of emergency planning as director of protective services at Highland Council, and I greatly appreciate their efforts.

I am pleased that the minister has accepted the Labour amendment, which is on an issue about which I have recently written to the Highlands and Islands Fire and Rescue Service. I believe firmly that adequate equipment and training are essential for the safety of fire and rescue service personnel. In recent years, changing patterns of rainfall have caused ever more rivers to burst their banks. All too often, the result has been that lives have been put at risk or even lost. That is why it is vital that the organisations that strive to maintain the safety of the public are offered the support that they need. They need to be well trained and equipped to carry out this demanding role on our behalf.

I recall the scenes that have greeted the people of Dingwall and other communities around the inner Moray Firth over the past decade following prolonged torrential rain showers. Dozens of residents have cause to be grateful to the RNLI, for example, after its volunteers rescued them from their homes as flood waters rose ever higher. Only last week, I was talking to a lady in Dingwall who suffered from the last flood. She still feels the effects and is constantly worried about a recurrence.

Each time such an incident happens, the emergency services are summoned to the area to offer assistance. In addition to their role in helping to evacuate people who are trapped in their homes by rising waters and rushing torrents, the team that lies behind this effort must assist the medical folk, gas engineers, electricians and other

emergency personnel to reach where they are needed to mitigate the effects of the flood water.

We are told that such incidents will become increasingly common as climate change brings more extreme weather to our shores and causes higher sea levels than have been seen within living memory. It is therefore vital that the country has enough people who are properly trained and equipped to safely offer assistance to those who need their aid on the country's 27,000 lochs and 120,000 miles of rivers and streams, which together make up 90 per cent of Britain's total volume of fresh water. I hope that the chamber will forgive me if I say that not only does Scotland have the oil, gas and renewables, it has most of the drinking water, too.

I represent the Highlands and Islands. Given that our huge geographical area is criss-crossed by a multitude of waterways, the challenge of providing a rescue service in our area is more difficult than it is in most other parts of the country. That poses particular problems for our fire and rescue service, which uses risk assessment to help it to identify and target the areas that are most likely to require assistance. In this, they are greatly assisted by the availability of the flood maps that the Scottish Environment Protection Agency prepares.

The policy of the Highlands and Islands Fire and Rescue Service is that its personnel should not place themselves at risk by entering the water. That policy leaves the Highlands to be served by a single water rescue team, which must be highly mobile if it is to cover an area the size of Belgium. Unfortunately, it is not possible to station a boat on every loch and river. Therefore, in addition to having access to a team of highly trained rescuers who are equipped with the tools to help others while keeping themselves and those in need of assistance safe, everything has to be ready to be rushed off at a moment's notice, sometimes over huge distances.

Although charity and voluntary groups play an immensely valuable role in providing rescue services at locations throughout the Highlands—notably the Red Cross at Kyle and the RNLI on Loch Ness—responsibility over most of the country is largely met by the fire and rescue service. Core funding for that is the responsibility of local authorities but, ultimately, it is funded by the Scottish Government through a grant to local authorities. Over the past year, total funding was £328 million. On top of that, the Scottish Government provides financial assistance to progress a number of initiatives that are aimed at improving flood forecasting and warning. Over the past two years, SEPA has been granted £1 million to establish a new north-east Scotland flood warning scheme, which it expects to open in

March. In addition, SEPA has been awarded £8.6 million over the 2008 to 2011 spending review period to establish a national flood warning dissemination system, to be in operation in March 2011.

Thanks are due to Paddy Tomkins, who, following his retirement from the post of Her Majesty's chief inspector of constabulary for Scotland, was asked to turn his analytical mind to the subject of how public safety can be ensured in these times of changing weather and ever tighter public spending. Among Mr Tomkins's recommendations are a requirement for all fire and rescue services to compile a list of flood rescue equipment and resources that are present in their area, an initiative to promote water safety education to the public and a national register of all water incidents, to allow a complete picture to be built up. I welcome his recommendations and ask members to support the motion.

16:30

**Robert Brown (Glasgow) (LD):** This has been an insightful, interesting debate, in which members have made knowledgeable contributions from, in many cases, their personal experience. Angela Constance and John Farquhar Munro made a number of interesting suggestions. I was struck by Elaine Smith's point that we sometimes take for granted the fact that members of the emergency services, whether public and statutory or voluntary, not infrequently lay their lives on the line and can suffer injury or worse in consequence of trying to rescue people, sometimes in situations where people have done silly things and should not have put themselves in the position of needing to be rescued. That important point underlies the debate.

A number of members spoke about their personal experience. I was struck by John Farquhar Munro's comments on polluted water. Bill Aitken will confirm that in Glasgow we had a slightly different attitude to such matters. We tended to turn our back to the rivers and other watercourses and to regard them not as places of leisure but as places of danger, into which people—especially children—might fall. If they did, the immediate risk was of poisoning, rather than drowning. Fortunately, the situation has improved and there is now a different attitude.

It is astonishing that in Scotland, of all places, with our profusion of lochs, rivers, canals, inland watercourses, water-flooded quarries—as has been mentioned—and puddles large and small, policy has not been as clear and responsibilities for safety and rescue on waterways have not been as defined as they might have been, but that is the case. As we know, it led last year to the significant

tragedy in Loch Awe that has been described and, perhaps, a number of others before that.

The Tomkins report that is the subject of today's debate is useful, but a report, however insightful, is not a substitute for action. Liberal Democrats welcome the Scottish Government's commitment to take forward the report's recommendations. Undoubtedly, the process must begin with an audit and the creation of an asset register of what we have, who has it, where it is and whether the water rescue asset in question is up to standard and capable of being operated safely and effectively in a rescue situation. It is not enough to rely on folk memory and personal but, perhaps, transient and outdated contacts.

Despite what Elaine Smith said, it is right that the register should take account of private assets as well as those held or owned by public agencies, again with the caveat that people should know how to operate them safely and how to access them. It is plain common sense to observe that the cost of holding underutilised public assets may not always be appropriate or proportional. Equally, the asset must be readily available in emergency situations because private owners, too, will not buy boats, equipment or other assets just to have them lie about idle.

**Elaine Smith:** I am not entirely convinced that the private sector will be able to respond in that way. However, I will look with interest at the options paper that recommendation 10 of the report seeks, if the minister decides to go down that road.

**Robert Brown:** I am grateful to the member for her intervention. There is a debate to be had about the issue that she raises. The central point is that, regardless of whether it covers public sector or private resources, the creation of an asset register will enable the Scottish Government, the emergency services and local authorities to consider across the board what provision is desirable, where the deficiencies are, how assets are best organised and what training or information cascade is required, so that key people understand what to do when the unexpected occurs. Peter Peacock and others made important points about training.

Clearly, different challenges are presented in different localities. I was struck by Angela Constance's point that, in a typical year, there are approximately 200 incidents. That means that there is an incident on one in every 14 lochs, which puts the issue into a slightly different perspective.

There are different situations in different localities; there are well-used places and more remote places. A flooding emergency, which is

increasingly common these days, is different from someone falling in a loch.

Some interesting risk assessment challenges arose from the desire of curlers to revive an event on the Lake of Menteith. There were debates in the press and there was some excitement about it. In such situations it will always be up to local agencies to examine and produce responses that are suitable to their own area but solidly based on good practice, nationwide experience and expertise in the background. That applies to water sports, at one extreme, and to more remote lochs and bodies of water at the other.

Information is clearly important in that connection and it must be used in a way that covers different situations. Nigel Don spoke about temperature. I did wonder when I saw people in the Serpentine at -6°. How much notice had they taken of Nigel Don's strictures? That is another matter, perhaps.

Another challenge is to have a clear understanding of who is in charge. One can readily understand the problems that can arise if well-intentioned people get in the way of the fire and rescue authorities or the police, who have a co-ordinating role. It was helpful to have the minister respond to my earlier intervention on that. Liam McArthur stressed proportionality, citing personal experience of a kayaking accident.

This has been a useful debate, and we look forward to swift action on what is needed. It is not an easy matter to resolve entirely. Not every debate in the chamber raises issues of life and death, but this one does, and we are fully behind the Scottish Government as it moves forward on the matter.

16:36

**Jamie McGrigor (Highlands and Islands) (Con):** Straight away I say that we must never take for granted the efforts of the very brave men and women who turn up to tackle floods and water emergencies throughout Scotland in order to save lives and property—the fire and rescue services, the police and water rescue teams. I believe that it is our duty in the Parliament to facilitate rescue.

I thank the minister, Fergus Ewing, for instructing the review. I pay tribute to Paddy Tomkins QPM, his advisory group and his support team for producing a sensible, thorough and practical report within a tight period of only five months. I was fortunate enough to have a very positive meeting with Mr Tomkins just before he formally started work on his report, and I recognise his professionalism and his commitment to improving matters.

The Scottish Government commissioned the review in part because of recent tragedies such as that on Loch Awe, where four anglers—William Carty, Craig Currie, Steven Carty and Thomas Douglas—lost their lives in March through drowning. That tragic incident showed up the difficulties involved in a rescue operation in a freshwater loch in wintry conditions at night and in thick fog. The minister will know that, on that terrible night, the local fireman who first responded heard voices shouting for help—but had no boat.

Since 1996, 12 people have drowned in Loch Awe, and anything that can be done to lessen the occurrence of such tragedies, there and elsewhere, will be welcomed by people who live on the loch and by the thousands of visitors who come to fish and for recreation. It is most vital that first responders have access to a boat, or to someone else who has a boat, in order to minimise the time that it takes to rescue people.

Cold, deep water has no mercy—it kills very quickly, so speed of rescue is paramount. Any multi-agency approach must be able to trigger a response to a situation at local level as quickly as possible. That would be a worthwhile outcome of the review, as would an identification of the body responsible for marking submerged reefs and other underwater hazards in freshwater lochs. My one disappointment about the report is that there seems to be no reference in it to the marking of underwater hazards in freshwater. I ask the minister to comment on that omission during future consultations.

The status quo has not proved adequate, and it needs improvement. As chairman of the Loch Awe Improvement Association since 1992, I have had real concerns for some time that, although we are very well served by the RNLI and the coastguard for coastal rescue services and by our excellent mountain rescue services in the mountains, there can be huge gaps in the system for inshore freshwater lochs.

Many people who live in rural areas want to help, by acting as watchers. People want to volunteer. Therefore, local safety organisations or companies should be given basic resources, such as binoculars and gridded maps, so that areas of water can be observed, and such organisations should be encouraged to have a network that can be called on by the police in an emergency. Ultimately, speed is the essence of rescue.

I am pleased to report that after the Loch Awe tragedy a fund was set up under the auspices of the *Oban Times & West Highland Times*, which has attracted significant support. I pay tribute to the families of the deceased, who have raised most of the money. One of the relatives said to me, "If our effort can save even one life it will have been worth while".

In addition, a committee, of which I am a member, has been set up to co-ordinate local efforts, and the Lochawe Safety Company has been established. I congratulate Councillor Donald Macdonald, of Argyll and Bute Council; Iain MacKinnon, senior environmental health officer; Michael Robertson, solicitor; and Donald Wilson of Loch Awe Boats on the progress that has quickly been achieved. A good code of practice has been agreed, which will be circulated widely. It is rightly pointed out in the code that even on the hottest days the loch is very cold, so anyone who ventures out on the water must always wear a correctly functioning and fitted life-jacket or buoyancy aid and anyone who fishes from the shore should consider doing so too. A boat that is used on the loch should be seaworthy and fit for purpose, its outboard engine should be in good working order and should be the right size for the boat, and oars or paddles should be carried. Means of summoning assistance in an emergency should also be carried.

Paddy Tomkins concluded that educating the public about what to do in emergencies is a vital part of prevention. I very much agree. As I said, the public should be informed if underwater reefs and hazards are not marked, because such hazards can be deadly. However, volunteer groups can be put off from marking such hazards because of a fear of litigation if all hazards are not marked. The minister must address the situation. I ask him to look into the problem, to see what can be done.

Last year, I was impressed by an excellent demonstration by the RNLI on the wearing and maintenance of life-jackets for people who use boats. I was horrified by some of the life-jackets that I was shown, some of which had corroded and useless gas canisters and some of which had no crutch straps, which are crucial to efficient life saving. It is vital that life-saving equipment should be in first-class condition.

**The Deputy Presiding Officer:** The member should wind up.

**Jamie McGrigor:** May I have a moment to make one more point, please?

**The Deputy Presiding Officer:** Be quick.

**Jamie McGrigor:** Paddy Tomkins said in his report:

“Perhaps of greatest concern to me in speaking to a wide range of people working on or having an interest in safety relating to Scotland’s waters was the degree to which the idea of ‘Health and Safety’ has entered the popular consciousness as a hindrance to, for example, making provision for a safety boat or modest rescue facility rather than as facilitating such public-spirited action. An erroneous belief seems to have developed that any well-intentioned provision or action could”—

**The Deputy Presiding Officer:** I am sorry. If you wanted to read at length like that, you really should have done it earlier in your speech. We must move on.

16:43

**Richard Baker (North East Scotland) (Lab):** We have had a good debate and there has been broad consensus on an issue of great importance. We had a colourful contribution from Nigel Don in his great hat, and we heard many well-informed speeches. As Jamie McGrigor said, we all owe our emergency services a huge debt of gratitude for the risk at which they put themselves to make us safe and to do their best in water rescue incidents. The Government was right to bring a debate on the report and is right to try to make progress on the issues.

In the debate on the fire and rescue framework in September, inshore water rescue was mentioned, in particular by Jamie McGrigor in relation to the tragic events on Loch Awe, to which John Farquhar Munro referred today. At that stage, we were looking forward to Paddy Tomkins’s report. Now we have the report, which is an excellent piece of work and provides the necessary framework for action. I join all the members who congratulated Paddy Tomkins and his team on their work.

The report highlights the need to ensure that we have properly co-ordinated responses to emergency situations over which we have largely no control, such as flooding emergencies, and other incidents on which we can make a real difference with more work to promote information to the public on how to ensure their safety in and near water.

On the first of those issues, the minister and others have reflected that the past years have regrettably seen a number of serious flooding incidents. With such events becoming more prevalent through climate change, which James Kelly addressed in his speech, it is vital that our emergency services be best placed to respond.

Stonehaven in my region, North East Scotland, fell victim to flooding at the end of last year. Although there were concerns about the overall preparedness for that emergency situation, the response from the emergency services was widely praised. That was certainly true for the firefighters who responded to the event. When I talked to some of the people who were affected by the floods about their traumatic experiences, the contribution of firefighters was picked out. However, the Fire Brigades Union in particular has raised concerns about the availability of appropriate equipment to firefighters in such incidents. It has raised those concerns for a

considerable time, and I agree with Elaine Smith's comments that the union must be given a key role in implementing the strategy.

I also welcome the review's recommendation for an audit of fire and rescue equipment to establish a baseline for what is available. I also hope that it will ensure that appropriate investment is made so that the right equipment is readily available in the future. Those sentiments motivate our amendment.

The review also picks out the crucial role that fire and rescue services have in responding to incidents. The emphasis in the report is on having, throughout Scotland, a teamwork approach from our emergency services and other relevant organisations. Of course, there is also a need for a national overview, and the argument has been well made for the water rescue working group and the water safety working group, but the crucial aspect that has been highlighted a number of times in the debate and is highlighted in the report is the need for a co-ordinated response at the local level.

The work of the strategic co-ordinating groups is fundamental to the successful implementation of the report. That comes through again and again. The report rightly identifies the police as playing the co-ordinating role to ensure that the right people from all the agencies involved—fire and rescue, the ambulance services, the RNLI and other organisations that can play a role—respond in an emergency. It flags up particular successes in that "Team Type approach", as it describes it, but it is right that we provide greater consistency in such arrangements. It is also important that, in drawing up the register of assets for responding to emergencies, we take account of capacity not only in our emergency services but in the voluntary sector and ensure that voluntary organisations have the right training.

The report also points out that there are already examples that can be followed in implementing models of team working. It highlights, for example, the multi-agency flood response exercise that was held in Tayside at the end of September. It is to be hoped that such exercises will be replicated in other parts of the country. However, beyond such individual exercises, the right training must be available for the members of the emergency services who may be called on in the event of water rescue operations. The report picks out existing success in that area in the fire and rescue services and mentions the work of the Scottish Fire Services College at Gullane, which Elaine Smith flagged up. However, we must ensure that there is appropriate training for everyone who is involved in water rescue. Peter Peacock also made important points about training, which others picked up; the theme has come up repeatedly.

The other aspect of the report on which I will focus is public awareness and accident prevention. The importance of preventing unnecessary deaths, accidents and rescue operations through public awareness was highlighted to me recently in the north-east when I met members of the Maritime and Coastguard Agency and the police to discuss tombstoning. That is the potentially lethal practice of jumping into bodies of water—often the sea, but also rivers and lochs—from a cliff or other high point.

Sadly, tombstoning has cost lives in the north-east and in other parts of the country. It was an unfortunate feature of last summer at a number of points along the River Dee. It was very worrying to see the emergence of websites and videos online promoting the activity and often giving a false impression that tombstoning is risk free, which leads to copycat behaviour. However, tombstoning, like many other activities in and around water, not only puts the lives of those directly involved at risk but takes up the emergency services' time and can, crucially, put emergency workers' lives at risk in a rescue situation. As Bill Aitken pointed out, what can seem like an innocent sporting activity at one point can quickly become, because of unknown factors, a desperate and life-threatening situation.

I was pleased to learn of the partnership approach in Arbroath to dealing with the tombstoning issue, which has resulted in local education campaigns in schools to warn of the dangers of tombstoning, a campaign leaflet focused on holidaymakers, and an appropriate enforcement strategy to penalise those involved. I note that the Tomkins report is sceptical about having new byelaws and further enforcement. The arguments on that are well made in the report, but I think that enforcement must play a role.

The Arbroath team is an excellent example of agencies working effectively together, which is the approach that the report advocates, but it must be rolled out across Scotland rather than restricted to individual communities or circumstances. There must be far more instances of that approach.

We are pleased that the minister has accepted our amendment and that there is consensus in the chamber on how to provide a better lead for water rescue services in Scotland, which we require. That will be achieved by pursuing the recommendations in the report, which we all commend.

16:51

**Fergus Ewing:** This has been a very useful and wide-ranging debate in which many interesting points have been made across the chamber. I thank the CFOA and the FBU for their useful

briefings, on which members have drawn. I see members of the FBU in the public gallery, and I thank them for their attendance.

I think that, further back, I also see the convener of Lothian and Borders fire and rescue board and the chief fire officer of Lothian and Borders Fire and Rescue Service, and I thank them for their input. I know that Paddy Tomkins joined Lothian and Borders water rescue teams for a demonstration on the River Tweed. He speaks highly of that in his review. On the spring tour that I undertook last year, I met Lothian and Borders water rescue teams, and I also had the opportunity to see a water rescue training exercise in action on the River Nith in Dumfries. I thank David Wynne and his firefighters for that work.

The debate has been consensual. We acknowledge that the review led by Paddy Tomkins was independent. The report confirms that Scotland has robust water rescue arrangements and protocols in place, but we cannot be complacent, because there is much more work to be done. The report acknowledges that there is no need to change existing legislation—I will come on to address that—and it makes 15 recommendations to strengthen our partnership arrangements and to ensure an effective and proportionate response capability across Scotland. I listened carefully to all members' comments on the recommendations, which were broadly welcomed. The starting point is to set up, as I already stated we will do, a water rescue working group to take all the issues forward.

I want to respond first to Elaine Smith's closely argued and thorough speech, which was made on behalf of the FBU. I am delighted to confirm to her that I think that it is important that the FBU is represented on the working group. As long as I have been a minister, I have argued that it is essential that we hear from workforce representatives, because they often do the job at first hand. Were we not to hear directly from them or have their involvement on important national groups such as the water rescue working group, we would miss that expertise and make a mistake.

Workforce representatives will be on the working group. Obviously, I have not yet had advice about the composition of that group, but it seems sensible that we take as a starting point the composition of the advisory group that assisted Paddy Tomkins, the broad membership of which is set out on page 1 of the report. It is important that all members of the fire family including the chiefs, workforce representatives and the conveners have their voices heard when we consider matters for which they are responsible.

Some members referred to the comparison between mountain rescue and water rescue.

Paddy Tomkins was struck by—and quotes in his report—a remark that was made by one of the mountain rescue team members to whom he spoke:

"The mountains are perfectly safe as long as you remember how dangerous they are."

We heard relevant evidence from many members today. Liam McArthur recounted his escape from death in his kayak on Loch Lomond. We are grateful that he did not depart before he arrived here, as it were.

We heard from Nigel Don a rather long description, I thought, about the temperature of water, but it was nonetheless an interesting one. It underscored the fact that those who end up immersed in our lochs and rivers face death in a matter of minutes and not hours. One can be a casualty in the Lairig Ghru, for example, and survive for several hours, but the challenge in acute water rescue situations is such that, as Jamie McGrigor argued, an immediate response is essential. Speed is of the essence. That differentiates water rescue from mountain rescue.

**Jamie McGrigor:** Nigel Don mentioned swimming pools. Does the minister agree that, for people immersed in water, one of the most important things is being able to swim? Will he stress the importance of teaching our children to swim in swimming pools throughout Scotland?

**Fergus Ewing:** That is an important point. As the member raises it, I take the opportunity to say that many members mentioned the general issue of and the recommendations about the need to advise and educate the public and improve public awareness of the risks of water. Recommendation 14 specifically covers that. The safe Tay initiative, which is covered on page 40 of the report, was remarked on, but by a strange omission no one touched on the section on public notices on page 42. No doubt that will happen in the next debate.

Plainly, all members agree that there is a lack of general appreciation among many members of the public of just how dangerous immersion in our lochs and rivers is and how likely it is that those who accidentally end up there will not survive. That is a serious and sobering thought.

I want to respond to Peter Peacock, who made a typically cogent and closely argued speech including seven or eight specific requests for me to respond—he was rightly putting the minister on the spot. I am pleased that, even before this afternoon's debate, ACPOS and CFOA had already met to decide how to take forward the responsibilities for carrying out acute water rescue and flood rescue. They are developing a memorandum of understanding, which will cover the response to emergency calls. As Paddy Tomkins describes in his report, that is already

carried out in an exemplary fashion. He pays tribute to the telephone operators in emergency services throughout Scotland and to those who are responsible for the control and tasking of water rescue assets.

**The Presiding Officer (Alex Fergusson):** Order. There is far too much background noise.

**Fergus Ewing:** I also refer Peter Peacock to pages 28, 34 and 35 of the report, which make it clear why Paddy Tomkins reached the conclusions that he did about the lack of a need to legislate on the matter. He recognises that the existing statutory arrangement appears to be working well but suggests, as many members have pointed out, that we should be aiming for better practical co-ordination and for clarification not only of specific roles, which is what is happening between ACPOS and CFA, but of the role of the strategic co-ordinating groups.

I thank members for their speeches. We have already learned a lot from them but will certainly study them closely.

## Points of Order

17:00

**David McLetchie (Edinburgh Pentlands) (Con):** On a point of order, Presiding Officer. I wonder whether you have received a request from the First Minister to correct some erroneous statements that I believe he made at First Minister's question time in relation to the study conducted by the Nuffield trust into the relative performance of the health service in Scotland and other parts of the United Kingdom.

At First Minister's questions, the First Minister said:

"it"—

that is, the Nuffield trust—

"should not arithmetically"

miscalculate

"the number of doctors that there are in Scotland."

The fact is that the Nuffield trust did not arithmetically miscalculate the number of doctors in Scotland. It has issued a statement that says:

"This figure was obtained by the authors of the research from the Office for National Statistics using data provided by Scotland, and was subsequently published as the official figure for Scotland in 2006/07 ... the validity of this statistic was not questioned as it was officially published by the ONS and it has not been disputed while it has been in the public domain for the past three years."

In other words, the source of any arithmetical miscalculation is the statistics published and authorised by the Government; it is not an error by the Nuffield trust.

The First Minister went on say that "the error"—that is, the Government's error—

"affects a number of the criteria"

that the Nuffield trust

"was judging."

In fact, the Nuffield trust has told us that it does not substantially affect the conclusions that it reached in its research project on the productivity of the NHS in Scotland relative to other parts of the UK. Is the First Minister prepared to apologise to the Nuffield trust for calling into question the integrity and methods of this well-respected international research foundation?

**The Presiding Officer (Alex Fergusson):** I am not convinced that that is a point of order. *[Interruption.]* Order.

This is quite unusual procedure. I have offered the First Minister the opportunity to comment, but he has asked whether the Cabinet Secretary for Health and Wellbeing can do so. As long as—

[*Interruption.*] Order. As long as it is purely a point of clarification, I am happy to let the cabinet secretary respond.

**Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD):** On a point of order, Presiding Officer.

**The Presiding Officer:** I will take your point of order after the cabinet secretary has responded, Mr Purvis.

**The Deputy First Minister and Cabinet Secretary for Health and Wellbeing (Nicola Sturgeon):** Presiding Officer, I am grateful to you for giving me the opportunity to clarify what is, in essence, an extremely simple matter. The comments that were made by the First Minister during First Minister's question time reflect telephone conversations yesterday between the Nuffield trust and my officials and the contents of an e-mail in which the Nuffield trust quite clearly recognises the inaccuracy of some of the figures contained in the report.

What is not at issue is that there is an error—a mistake—in the Nuffield report. The fact is that the figures used for doctor numbers in Scotland included dentists; the figures in the other parts of the UK did not. It is therefore not reasonable to compare the figures for Scotland with the figures for other parts of the UK. It is not comparing like for like. That is the fact of the matter.

I ask members to reflect on one final point, Presiding Officer. What motivation would this Scottish Government have to try to correct figures from 2006 if we did not feel strongly that the figures were inaccurate? We were not in office in 2006; Labour and the Liberals were. [*Interruption.*]

**The Presiding Officer:** Order.

**Nicola Sturgeon:** I believe that when people falsely talk down Scotland's national health service it is my duty—our duty—to stand up for our NHS's reputation.

**David McLetchie:** On a point of order, Presiding Officer.

**Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** On a point of order, Presiding Officer.

**The Presiding Officer:** I have other points of order to take, Mr Rumbles. I will take Mr McLetchie's point of order, although I make it clear that I am not prepared to have another debate on this subject.

**David McLetchie:** Presiding Officer, in relation to my point of order, you asked the cabinet secretary to provide clarification. The fundamental point is that the figure in question was provided by the Scottish Government. It matters not that that figure might emanate from the period when the

other side formed the Administration. The fact is that it is an official statistic that the researchers used in good faith. The integrity of that research is now being called into question by the Government that was responsible for the error in the first place.

**The Presiding Officer:** The bottom line is that that is a question of the veracity—

**Mike Rumbles:** On a point of order, Presiding Officer.

**The Presiding Officer:** I will come to you in due course, Mr Rumbles.

The bottom line is that that is a matter of the veracity of answers, and members know perfectly well that that is not a matter for Presiding Officers to deal with. The specifics of the issue should be taken up with the First Minister if members wish to do so.

The next point of order is from Jackie Baillie.

**Jackie Baillie (Dumbarton) (Lab):** David McLetchie's point of order and my point of order relate to comments that were made by the First Minister, not the cabinet secretary. It is important that the First Minister, who appears to have inadvertently misled the chamber, answers for that.

We have already heard that the Nuffield trust has been absolutely clear that the figures were compiled using data that was provided by the Government of Scotland to the Office of National Statistics. The implication is—

**The Presiding Officer:** Order. I would like to know what your point of order is.

**Jackie Baillie:** I will be very quick. The First Minister implied that the statistics are inaccurate. Is the figure of there being double the number of hospital managers per capita in Scotland that there are in England, which is a rise of 4.2 per cent to a record level on this Government's watch, equally inaccurate? The First Minister needs to answer to the chamber.

**The Presiding Officer:** That is simply not a point of order. Reference has been made to an unusual procedure; I undertook an unusual procedure—I have the right to do that. That is not a point of order, Ms Baillie; we are back to questions of veracity.

**Mike Rumbles:** My point of order relates to what David McLetchie said. It is not about veracity, and I do not want to get into an argument about whether something is true. David McLetchie's charge was quite clear: the First Minister misled the Parliament. I do not know whether the facts are right or wrong. Quite frankly, this is not the moment if the First Minister does not want to clarify that. My point is that there has been an



accusation of misleading the Parliament, and that needs to be dealt with.

**The Presiding Officer:** That should be dealt with through the ministerial code of conduct, if members want to take it any further.

**Nicola Sturgeon:** On a point of order, Presiding Officer. I believe that David McLetchie said that Nuffield acted on information provided by the Scottish Government. Can I clarify, Presiding Officer—

**The Presiding Officer:** No, but you can make a point of order.

**Nicola Sturgeon:** Is it in order for David McLetchie to suggest that the Scottish Government provided the information to Nuffield? Nuffield took the information from published sources. It did not check whether that information was comparable to the equivalent information for England, Wales and Northern Ireland—

**The Presiding Officer:** I am sorry, cabinet secretary, but I must ask you to take your seat. That is a continuation of the debate that I have said I am not prepared to have. I have made it quite plain that if members want to pursue a specific point from what the First Minister said today, they should do so with the First Minister.

## Decision Time

17:09

**The Presiding Officer (Alex Fergusson):** There are six questions to be put as a result of today's business. If members would come to order, please, I remind them that, in relation to this morning's debate, if the amendment in the name of Nicola Sturgeon is agreed to, the amendments in the name of Jackie Baillie and Ross Finnie will fall. If the amendment in the name of Jackie Baillie is agreed to, the amendment in the name of Ross Finnie will fall.

The first question is, that amendment S3M-5572.3, in the name of Nicola Sturgeon, which seeks to amend motion S3M-5572, in the name of Mary Scanlon, on prescription charges and NHS spending priorities with particular reference to health visitors, be agreed to. Are we agreed?

**Members:** No.

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

### FOR

Adam, Brian (Aberdeen North) (SNP)  
 Allan, Alasdair (Western Isles) (SNP)  
 Brown, Keith (Ochil) (SNP)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Kidd, Bill (Glasgow) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McMillan, Stuart (West of Scotland) (SNP)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Gil (West of Scotland) (SNP)  
 Robison, Shona (Dundee East) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)

Swinney, John (North Tayside) (SNP)  
 Thompson, Dave (Highlands and Islands) (SNP)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

#### AGAINST

Aitken, Bill (Glasgow) (Con)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brown, Robert (Glasgow) (LD)  
 Brownlee, Derek (South of Scotland) (Con)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Finnie, Ross (West of Scotland) (LD)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Goldie, Annabel (West of Scotland) (Con)  
 Hume, Jim (South of Scotland) (LD)  
 Johnstone, Alex (North East Scotland) (Con)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 McArthur, Liam (Orkney) (LD)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Tolson, Jim (Dunfermline West) (LD)

#### ABSTENTIONS

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Margaret (Glasgow Baillieston) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Glen, Marlyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)

McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Murray, Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)

**The Presiding Officer:** The result of the division is: For 49, Against 32, Abstentions 42.

*Amendment agreed to.*

**The Presiding Officer:** Amendment S3M-5572.1, in the name of Jackie Baillie, and amendment S3M-5572.2, in the name of Ross Finnie, are pre-empted. The next question is, that motion S3M-5572, in the name of Mary Scanlon, on prescription charges, as amended, be agreed to. Are we agreed?

**Members:** No.

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

#### FOR

Adam, Brian (Aberdeen North) (SNP)  
 Allan, Alasdair (Western Isles) (SNP)  
 Brown, Keith (Ochil) (SNP)  
 Campbell, Aileen (South of Scotland) (SNP)  
 Coffey, Willie (Kilmarnock and Loudoun) (SNP)  
 Constance, Angela (Livingston) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perth) (SNP)  
 Don, Nigel (North East Scotland) (SNP)  
 Doris, Bob (Glasgow) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 FitzPatrick, Joe (Dundee West) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gibson, Rob (Highlands and Islands) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Harper, Robin (Lothians) (Green)  
 Harvie, Christopher (Mid Scotland and Fife) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Hepburn, Jamie (Central Scotland) (SNP)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Adam (South of Scotland) (SNP)  
 Kidd, Bill (Glasgow) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacAskill, Kenny (Edinburgh East and Musselburgh) (SNP)  
 Marwick, Tricia (Central Fife) (SNP)  
 Mather, Jim (Argyll and Bute) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 Maxwell, Stewart (West of Scotland) (SNP)  
 McKee, Ian (Lothians) (SNP)  
 McKelvie, Christina (Central Scotland) (SNP)  
 McLaughlin, Anne (Glasgow) (SNP)  
 McMillan, Stuart (West of Scotland) (SNP)  
 Morgan, Alasdair (South of Scotland) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Gil (West of Scotland) (SNP)  
 Robison, Shona (Dundee East) (SNP)

Russell, Michael (South of Scotland) (SNP)  
 Salmond, Alex (Gordon) (SNP)  
 Somerville, Shirley-Anne (Lothians) (SNP)  
 Stevenson, Stewart (Banff and Buchan) (SNP)  
 Sturgeon, Nicola (Glasgow Govan) (SNP)  
 Swinney, John (North Tayside) (SNP)  
 Thompson, Dave (Highlands and Islands) (SNP)  
 Watt, Maureen (North East Scotland) (SNP)  
 Welsh, Andrew (Angus) (SNP)  
 White, Sandra (Glasgow) (SNP)  
 Wilson, Bill (West of Scotland) (SNP)  
 Wilson, John (Central Scotland) (SNP)

#### AGAINST

Aitken, Bill (Glasgow) (Con)  
 Brocklebank, Ted (Mid Scotland and Fife) (Con)  
 Brown, Gavin (Lothians) (Con)  
 Brown, Robert (Glasgow) (LD)  
 Brownlee, Derek (South of Scotland) (Con)  
 Carlaw, Jackson (West of Scotland) (Con)  
 Finnie, Ross (West of Scotland) (LD)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Goldie, Annabel (West of Scotland) (Con)  
 Hume, Jim (South of Scotland) (LD)  
 Johnstone, Alex (North East Scotland) (Con)  
 Lamont, John (Roxburgh and Berwickshire) (Con)  
 McArthur, Liam (Orkney) (LD)  
 McGrigor, Jamie (Highlands and Islands) (Con)  
 McInnes, Alison (North East Scotland) (LD)  
 McLetchie, David (Edinburgh Pentlands) (Con)  
 Milne, Nanette (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)  
 O'Donnell, Hugh (Central Scotland) (LD)  
 Pringle, Mike (Edinburgh South) (LD)  
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)  
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Smith, Elizabeth (Mid Scotland and Fife) (Con)  
 Smith, Iain (North East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Tolson, Jim (Dunfermline West) (LD)

#### ABSTENTIONS

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Baker, Richard (North East Scotland) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Butler, Bill (Glasgow Anniesland) (Lab)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Margaret (Glasgow Baillieston) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Glen, Marilyn (North East Scotland) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gordon, Charlie (Glasgow Cathcart) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Kelly, James (Glasgow Rutherglen) (Lab)  
 Kerr, Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)

Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Macintosh, Ken (Eastwood) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Tom (Hamilton South) (Lab)  
 McConnell, Jack (Motherwell and Wishaw) (Lab)  
 McMahon, Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Mulligan, Mary (Linlithgow) (Lab)  
 Murray, Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Park, John (Mid Scotland and Fife) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Peattie, Cathy (Falkirk East) (Lab)  
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)  
 Smith, Elaine (Coatbridge and Chryston) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Whitton, David (Strathkelvin and Bearsden) (Lab)

**The Presiding Officer:** The result of the division is: For 49, Against 32, Abstentions 42.

#### *Motion, as amended, agreed to,*

That the Parliament recognises that the progress towards abolishing prescription charges is already benefiting all those patients with long-term conditions and on low incomes who are not entitled to exemption and ensuring that fewer patients face having to choose between buying their prescriptions or paying for other necessities and that total abolition is the simplest and fairest way of ensuring that nobody in Scotland has to make such a choice and that healthcare is free at the point of use.

**The Presiding Officer:** The next question is, that amendment S3M-5573.1, in the name of James Kelly, which seeks to amend motion S3M-5573, in the name of Fergus Ewing, on Scotland's water rescue review, be agreed to.

#### *Amendment agreed to.*

**The Presiding Officer:** The final question is, that motion S3M-5573, in the name of Fergus Ewing, on Scotland's water rescue review, as amended, be agreed to.

#### *Motion, as amended, agreed to,*

That the Parliament welcomes the findings of Paddy Tomkins' *Independent Review of Open Water and Flood Rescue in Scotland*, which examined the arrangements and protocols for inland water rescue in Scotland, and believes that the report's recommendations should be carefully considered and acted on in order to strengthen multi-agency arrangements and ensure that an effective and proportionate response capability exists across Scotland that includes adequate equipment and training being made available to staff required to attend water and flood incidents.

## Childhood Cancer

**The Deputy Presiding Officer (Trish Godman):** The final item of business is a members' business debate on motion S3M-3441, in the name of Nanette Milne, on childhood cancer—"More Than My Illness". The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament highlights a survey by children's cancer charity CLIC Sargent that found that 97% of children and young people with cancer say that it is important for them to be able to return home during their treatment but that many parents in Scotland say that they do not get the support that they need when their child is at home; notes that children and young people say that living with cancer is about more than their illness; expresses concern at findings that about half of parents who want support with the education of their child with cancer, such as access to home tutoring, are not getting it or are finding that it is insufficient; recognises the need to help children and young people and their families in rural and urban areas across Scotland to keep up with their ordinary lives; welcomes CLIC Sargent's report, *More Than My Illness*, published on 13 February 2009, proposing innovative ways of reaching families of sick children across Scotland; notes the success of the Royal Aberdeen Children's Hospital and the CLIC Sargent nurse in helping to coordinate and plan aspects of care and support for children in Aberdeenshire; further welcomes the commitment to both specialist and local support made by the National Delivery Plan for Children and Young People's Specialist Services in Scotland, and highlights the need for key workers to better coordinate and plan all aspects of care and support for every child and young person with cancer.

17:13

**Nanette Milne (North East Scotland) (Con):** I am pleased that the motion that we are debating has received a great deal of cross-party support, because it is important that we get to grips with the issues that surround childhood cancer.

Although it is relatively rare, cancer remains the biggest killer disease in children who are more than a year old. Around 4,000 children and young people are diagnosed with it each year in the United Kingdom. They face many issues that are akin to those that are faced by their peers who have other complex health needs, and they and their families need co-ordinated community-based care and support to help them to navigate health and social care services, and to keep up their education. They also need help with their emotional needs, financial support and clinical support at home, particularly towards the end of their lives. Survivors need help to live with and beyond their cancer. Those who survive into adult life may be problem free, but others may experience late effects either of their initial illness or of the treatment that they received for it. The late effects of childhood cancer will be discussed next Wednesday in the cross-party group on

cancer, of which I am a co-convenor. I encourage any interested colleagues to come along to that meeting.

CLIC Sargent Cancer Care for Children is the United Kingdom's leading children's cancer charity. It provides care and support services to children, young people and their families throughout the UK. We should acknowledge its excellent work and pay heed to its recommendations for improving the cancer journey of all of those who are affected. Last February, CLIC Sargent published a report entitled, "*More Than My Illness*", which dealt with the needs of children with cancer. Soon, it will issue a report on how to support sufferers in the 16 to 24 age bracket. The recommendations in the report followed a survey that showed that 97 per cent of children and young people who have cancer feel that it is important to be able to return home during their treatment. It also showed that many parents felt that they are not getting the support that they need when their child is at home.

Children and young people clearly feel that living with cancer is about more than the illness itself. They want to live their lives as normally as possible, which means that they need to keep in touch with their friends and keep up with their school work. They need help to enable them to cope with normal life, wherever they live, whether that is in cities that are close to specialist treatment centres or in remote and rural parts of the country.

CLIC Sargent's research found that there is inequity of provision across the country—something that often comes up when we discuss health issues in the chamber. It identified a lack of children's nurses and social workers, which means that parents are not getting the level of support that they feel they need when their child is at home. That results in children spending more time in hospital, staying there longer before they go home, and ending up back in hospital for minor treatment that could easily take place in the community.

CLIC Sargent recommends a more co-ordinated approach in order to address the gaps in care provision. If safe and effective care is to be given as close to home as possible, each patient should have a key worker to co-ordinate care across all clinical and non-clinical services, who would act as the main family contact with health, social care, education and other services. That person should be a trained children's cancer nurse.

Each child's care needs should be carefully assessed, and a care plan should be put in place that should, as a minimum, take account of clinical, educational, social, emotional and financial needs. The services that are identified in the proposed care packages should then be

delivered by health, education and social care professionals working together—and with the family—as a fully integrated multidisciplinary team.

That holistic approach to caring for a child with cancer is the ideal, but it is not easy to achieve. However, progress is being made in Scotland, particularly in helping children and young people with their education. Paediatric outreach oncology nurses—POONs, for short—are now working in Glasgow, Edinburgh, Aberdeen, Dundee and Inverness. They are liaising with schools and are working on the development of individual education plans and continuing support plans for their young patients. They are visiting their schools at the start and at the end of treatment and are addressing issues as they crop up.

In the Grampian NHS Board area, a CLIC Sargent nurse who is based in the Royal Aberdeen children's hospital supports young patients in the northern isles as well as those in the less distant parts of the area. I have no doubt that other members will talk about the contribution of such specialist nurses in other parts of Scotland. I asked for some detail about what the Grampian nurse's work entails in practical terms and was given the example of a toddler from the islands who has been diagnosed with leukaemia, which is one of the more common forms of childhood cancer. From the time of the patient's impending discharge from hospital, with a Hickman line in place for the administration of chemotherapy, the nurse was involved in the detailed planning and co-ordination that is required to formulate a care plan for a youngster who is in the acute stages of cancer, at home on an island. Highly specialist education was required for the family and for a wide range of the local health care professionals, who had little experience of dealing with such a case.

Also included in the nurse's responsibilities were weekly blood counts and reporting the results to Aberdeen for titration of the chemotherapy dosing; arranging the supply and administration of monthly chemotherapy injections; arranging flights for follow-up visits to Aberdeen; maintaining regular contact with the family and advising and counselling them; overseeing clinical change and progress; interpreting blood results; and, on completion of the primary treatment, arranging monthly general practitioner follow-up visits and three-monthly specialist follow-up visits in Aberdeen. Obviously, a great deal of highly skilled and specialist work was involved to ensure that that child and his family from a remote community got the same high-quality care and treatment that they would get if they lived on the mainland.

**Liam McArthur (Orkney) (LD):** I do not know whether the case to which Nanette Milne refers was a constituent of mine, but I certainly echo

what she said about the high esteem in which the nurse in Aberdeen is held. My constituents draw very heavily on such support, which perhaps goes some way towards explaining the level of support for fundraising efforts for CLIC Sargent in Orkney, including the boxing day dip in Scapa Flow, which, in the light of the discussion that we had this afternoon about the perils of water rescue, and the perils of cold water in particular, is perhaps ill advised. Nevertheless, the funding challenges remain and are extremely acute.

**Nanette Milne:** I agree.

I have cited only one example, but it is clear that closely co-ordinated partnership working is essential to support children with cancer in the community throughout their treatment and—if, sadly, it is unsuccessful—throughout their end-of-life care, in order to ease as much as possible the stress on them and their families.

It is CLIC Sargent's view that the national delivery plan for children and young people's specialist services in Scotland is making good progress, and that that must continue until a key worker and a community multidisciplinary team are available for every child and young person who is diagnosed with cancer.

In respect of cancer among the young, we are looking at a work in progress. I commend CLIC Sargent for what it has done and for what it continues to do to improve the quality of holistic care for young patients on their journey with cancer, from diagnosis through to long-term survival or, sadly, in some cases to the end of their lives.

17:21

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

Thank you, Presiding Officer, for allowing me to speak second. Due to a derailment on the train track at Carrbridge, if I do not catch the 5.40 train, I get home well after midnight. After all the points of order, I think that it might still be well after midnight before I get home, but I thank you for your co-operation. I apologise to the other members in the chamber, as I will leave after my speech.

I congratulate Nanette Milne on securing this debate on childhood cancer. She has a tremendous commitment not only to the issue but, in particular, to the cross-party group on cancer. She is very passionate about it and has made a tremendous contribution over the years.

There is a commonly used statistic that one in three people will suffer from cancer at some point in their life. We all acknowledge that treatments are improving—the advances in medical science truly have to be commended—but, although

treatments can save lives, or at least prolong them, they often come with considerable side effects. Those can be daunting for adults but even more so for children, and they can be very confusing for young children.

As Nanette Milne said, CLIC Sargent does tremendous work assisting young patients, their parents and their brothers and sisters. Although the cancer directly affects the child, there are obviously knock-on effects for the rest of the family.

In November last year, one of the newspapers in the Highlands ran a story about a three-year-old girl who had amazed many by getting the all-clear after treatment for a particularly aggressive form of cancer, neuroblastoma, of which there were only 90 cases throughout the UK. The young girl and her family live with the concern that there is a 50 per cent chance of the cancer returning, but—as Nanette Milne said with reference to the facilities in Aberdeen—they are also greatly indebted to CLIC Sargent for the support that they received at its treatment centre in Yorkhill.

While the girl was undergoing several courses of chemotherapy and almost 70 blood transfusions, the charity housed the family at Cruachan house, which is a short walk from Yorkhill hospital where the medical team was defying the odds to clear the cancer. Her brother and sister still talk about how enjoyable, helpful and supportive their time at Cruachan house was. Such a facility is very important for all families but, as Liam McArthur and others have said, it is even more important for families in remote and rural areas.

Although the incidence of cancer among adolescents and young adults between the ages of 15 and 24 is low in percentage terms—it accounts for approximately 0.7 per cent of all cancers in Scotland—the impact on the 160 young people affected, and their families, is considerable.

Although the opportunity to have accommodation close to where treatment is delivered is important and appreciated, as Nanette Milne's motion points out, 97 per cent of the children who were surveyed by CLIC Sargent said that it was also important for them to be able to return home during treatment. If we combine that with the high number of parents who stated that they do not get the support that they need to allow that to happen, it is clear that we must do more for young cancer patients. Of the young people surveyed, 93 per cent said that their diagnosis had affected their employment and 94 per cent said that it was important to maintain their social life and contact with friends, family and colleagues during treatment.

The issue is of huge importance. Some of the stories that we hear about young people and their

treatment are harrowing. I commend CLIC Sargent and congratulate it on its wonderful work, and I encourage patients and their families to speak out about how much they appreciate those services.

17:25

**Aileen Campbell (South of Scotland) (SNP):** I congratulate Nanette Milne on securing the debate and echo many of the sentiments that she expressed in her motion and her opening speech. I preface my remarks by declaring that I am a patron of the Youth Cancer Forum Scotland, which is a partnership venture between the cancer charities CLIC Sargent, Tak Tent and the Teenage Cancer Trust. I base my contribution on my experience of and involvement with the Youth Cancer Forum Scotland. Its work is relevant, as the forum was set up in recognition of the need to help young people throughout Scotland

“keep up with their ordinary lives”,

as the motion says.

The forum, which was the first of its kind in Scotland, aims to provide support for young cancer sufferers and their families. It was launched in Perth a year or so ago. At the launch, several of the aforementioned charities attended, as did the local MSP, Roseanna Cunningham, and other interested MSPs, including Mary Scanlon. More important, many of the young people who were to benefit from the scheme were present. It was good to hear from them their stories and their excitement about and enthusiasm for an online network that would allow them to connect with other young people who were going through similar experiences.

The young people's stories were incredibly moving. Young cancer survivors spoke about the difficulties that they faced, the physical and mental effects of treatment programmes, the loneliness and isolation that illness can cause and the social and educational impacts of missing school. One speaker, who had lost his young sister to the disease, told a deeply emotional story about the impact on him of her illness and death. That highlighted an issue about cancer in young people that I had not previously considered—the impact on the siblings. Mary Scanlon mentioned that, too. That young person spoke about how their education suffered and how they struggled to come to terms with the devastating impact that the disease had on his wee sister. It pained him to admit it, but he said that he was also a bit jealous of the focus on his wee sister and the attention that she got. He was very brave to be so candid and he showed that those helping and supporting a cancer sufferer should not forget that the brothers and sisters suffer, too.

Behind the tears and the tragic tales, there was an uplifting energy in the way in which the young people spoke at the forum's launch. They were absolutely committed to making a success of a youth-led network that provides peer support. It is that youth-led approach that makes the network so special. The young people who are behind the scheme want to help others and to provide a bit of normality for youngsters who are suffering from cancer, when otherwise they would be stuck in their bed and unable to go out or interact with other people their age, as Nanette Milne pointed out. Those youngsters know what it is like to have their lives limited by cancer and to be scared about what the future holds. They know how it feels physically when going through treatment. Instead of just thinking about it, they have used modern technology proactively so that other young sufferers can go online and find a ready-made support network.

I thank Nanette Milne for raising what is an incredibly important topic that is definitely worthy of debate and discussion. I hope that, like me, the minister congratulates the youngsters in the Youth Cancer Forum, who are doing what they can to support their peers, and the other organisations and groups that support youngsters and their families at what is a most difficult time.

17:29

**Dr Richard Simpson (Mid Scotland and Fife) (Lab):** I, too, congratulate Nanette Milne on securing the debate. Through you, Presiding Officer, I apologise to other members as I might have to leave early to catch a train to attend a meeting in Stirling. *[Interruption.]*

**The Deputy Presiding Officer:** I think that you might have your BlackBerry on.

**Dr Simpson:** Apologies, again, Presiding Officer. I find it difficult to get these things off.

**The Deputy Presiding Officer:** Just throw it up the back, then.

**Dr Simpson:** I will put it away from me.

Nanette Milne, Aileen Campbell and Mary Scanlon all laid out much of the material around the debate. It is true that, every day, 10 families are told that their child has cancer, which remains the most common cause of non-accidental death of children and young people in the UK.

We should not forget that advances in the treatment of childhood leukaemia in particular have been enormous. When I did my first house job in paediatrics at the Western general in Edinburgh, the survival rate was about two and a half years, whereas now many of the individuals affected live healthy lives at least until late middle age. I welcome the fact that the cross-party group

will look at that, because a recent paper in the *British Medical Journal* showed a heightened risk of numerous problems in middle age. We need to consider focused screening of that group at a later stage.

The treatment of such children is often successful now, but it can take them away from their homes, parents, siblings and friends for long periods. Those who are of school age often find it difficult to keep up to date with studies because, although a teacher might be provided on the hospital ward, the side effects of the illness and treatment can make the children very tired. There are also practical issues to consider, such as the emotional impact of cancer with which families have to deal, getting the child to and from hospital and caring for other siblings as well as other financial implications.

The report "More Than My Illness", by CLIC Sargent, is interesting and I will be interested to read the follow-up report when it is published. The report was compiled after speaking to children, parents and siblings about their experiences and it provides us with a valuable insight into the needs of young people with cancer and their families. I understand that 97 per cent of the children who were surveyed said that they wished to return home during their treatment. Unsurprisingly, children and young people who are diagnosed with cancer are anxious about being away from home so we should do our best to ensure that they can return home when it is safe and appropriate for them to do so.

It is appropriate that parents have the support that they need, not only to deal with the child's illness but to meet the child's educational and support needs. Part of that has to be the provision of chemotherapy in the spoke units under the hub-and-spoke arrangements that Labour was involved in setting up and which the current Government has continued. Those managed care networks with the hub-and-spoke arrangements have proved successful in allowing people to have chemotherapy much closer to their homes.

The report advocates a co-ordinated approach to community care and support services comprising a key worker care plan based on individual need and good information to support decision making. As Aileen Campbell illustrated eloquently, it is often the case that other children in the family are not recognised as needing support, but they are of considerable importance. I ended up treating such children as adults who had not come to terms with what had happened to their siblings when they were ill.

The organisation of such support is complex, but it is beginning to develop—I give the good example of the support network at Yorkhill hospital in Glasgow. The challenge for the Government will

be to make the services patient and family focused and to fully integrate them so that they work in support of these children and their families. I know that the minister wants as much as I do to make that work, but it is not an easy task, as we discussed in another context today. However, it is of great importance that we achieve that co-ordination. Once again, I thank Nanette Milne for bringing the motion to the chamber.

17:33

**The Minister for Public Health and Sport (Shona Robison):** I welcome the contributions to this afternoon's important debate and thank Nanette Milne for raising the subject.

The Scottish Government is committed to improving the wellbeing of children and young people in Scotland generally, as well as of those who have cancer. As has been said, cancer is a debilitating disease that affects every aspect of life. Some elements of it have not yet been conquered by medical science, but we can make a real difference in numerous areas, both clinical and non-clinical.

The CLIC Sargent report highlights that in many respects the care and support that we offer to children with cancer is among the best in the world. We should be proud of that achievement, which is a great credit to all the hard-working and dedicated health professionals and volunteers who treat and support young cancer sufferers and their families. However, more can undoubtedly be done, which is why our commitment to children and young people's health is on-going.

In March 2008, the Cabinet Secretary for Health and Wellbeing announced £32 million of funding to improve a wide spectrum of specialist health services for children and young people. Consultation and extensive service reviews led to the publication of a national delivery plan that set out how to use the money to maximum effect.

Children's cancer emerged as a top priority. The cabinet secretary confirmed that both the Royal hospital for sick children in Edinburgh and Yorkhill hospital in Glasgow would be supported to deliver the full range of cancer services while other hospitals would operate on a shared-care basis to ensure the best possible treatment for all cancer patients throughout the country.

To date, more than £1.3 million of national delivery plan money has been invested regionally in children's cancer and a further £337,000 has been put towards national elements. That has enabled expansion and improvement, which has allowed a more holistic service to be offered to patients, which aids their recovery and rehabilitation.

In 2010-11, additional investment is expected to be in the region of £1.5 million. As well as expanding the clinical teams within regions, money will go towards a number of national projects, such as a study into the long-term effects of having survived cancer as a child and the development of a strategic nationwide approach to palliative care. Perhaps that will help address the first point that Richard Simpson made about some of the evidence that is coming to light about survivors in middle age. It is intended that that approach will facilitate care closer to or in the patient's home.

We have also taken steps to establish a managed service network, which is fundamental to the delivery of shared care between specialist and local centres when that is safe and possible. That step should mark a significant shift in cancer service arrangements for children.

In addition, the living with cancer group is currently working through the children and teenagers Scottish cancer network to identify ways to engage more closely with children and young people affected by cancer to give them the opportunity to share their experiences and become involved in how services should be delivered in the future. Health care professionals and representatives of voluntary organisations, including CLIC Sargent, are also involved in that work.

**Liam McArthur:** The investment that the minister has laid out will be very welcome. CLIC Sargent representatives in my constituency have been impressing upon me the fact that the current difficult environment for raising funds is presenting real challenges for them. Is CLIC Sargent involved in the discussions about how the investment that the minister is talking about is being delivered and how the fundraising activities of CLIC Sargent can best be targeted to meet that common objective?

**Shona Robison:** Yes. I can confirm that CLIC Sargent is involved in those discussions.

On the role of the voluntary sector, we are extremely lucky in this country to have a strong and dedicated third sector that provides excellent support to children and young people with cancer and their families. I am sure that everyone here will want to commend the staff and volunteers of charities such as the Teenage Cancer Trust, the Youth Cancer Forum, which Aileen Campbell said is doing some fantastic work, Tak Tent, Maggie's centres and, of course, CLIC Sargent, as well as many other smaller organisations that provide a range of services for young people who are living with cancer. We continue to look at how we can support such groups.

Education is an important issue in the CLIC Sargent report. As the report highlights, children



and young people affected by cancer are likely to have their education disrupted by prolonged or repeated period of hospitalisation. Arrangements have to be made to ensure that that group of children and young people receive the educational support that they require to meet their full potential. In Scotland, education authorities have a duty to ensure that arrangements are in place for pupils who are unable to attend a suitable educational establishment as a result of their ill health to receive education elsewhere, such as at home or in hospital.

The Education (Additional Support for Learning) (Scotland) Act 2004 plays an important role by placing duties on education authorities to identify, meet and, importantly, keep under review the additional support needs of all pupils for whom they are responsible. The act also gives parents or carers of children with additional support needs the right to have more of a say about a pupil's educational provision.

Throughout children's services, getting it right for every child is the new approach that puts the child at the centre. It provides the foundation for all services for children and young people and requires services to take a co-ordinated approach. GIRFEC is the how—how we adapt and streamline systems and practices to improve the development of a common language and shared understanding between agencies as they work together to support children and young people.

Of course, families' views are central to the process. We have recently talked to parents throughout Scotland about their families' experiences. Among other things, parents commended approaches such as key working—that mirrors a central recommendation in the CLIC Sargent report. As a sponsor of Care Co-ordination Network UK, the Scottish Government already supports the ethos and practice of key working, and I was pleased to hear of the positive difference that key workers are already making in the lives of families with children and young people, including those with cancer.

I hope that I have made clear the number of initiatives that demonstrate the Scottish Government's commitment to supporting children and young people with cancer. We take that commitment seriously and will continue to strive to ensure that the best possible care is provided to children and young people with cancer in Scotland.

*Meeting closed at 17:41.*



Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

Members who wish to suggest corrections for the archive edition should mark them clearly in the report and send it to the Official Report, Scottish Parliament, Edinburgh EH99 1SP.

The deadline for corrections to this edition is:

**Thursday 28 January 2010**

#### PRICES AND SUBSCRIPTION RATES

##### OFFICIAL REPORT daily editions

*Single copies: £5.00*

*Meetings of the Parliament annual subscriptions: £350.00*

##### WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

*Single copies: £3.75*

*Annual subscriptions: £150.00*

Published in Edinburgh by RR Donnelley and available from:

#### **Blackwell's Bookshop**

**53 South Bridge  
Edinburgh EH1 1YS  
0131 622 8222**

#### **Blackwell's Bookshops:**

243-244 High Holborn  
London WC1 7DZ  
Tel 020 7831 9501

All trade orders for Scottish Parliament documents should be placed through Blackwell's Edinburgh.

And through other good booksellers

#### **Blackwell's Scottish Parliament Documentation**

**Helpline** may be able to assist with additional information on publications of or about the Scottish Parliament, their availability and cost:

#### **Telephone orders and inquiries**

**0131 622 8283 or  
0131 622 8258**

#### **Fax orders**

**0131 557 8149**

#### **E-mail orders, Subscriptions and standing orders**

**[business.edinburgh@blackwell.co.uk](mailto:business.edinburgh@blackwell.co.uk)**

#### **Scottish Parliament**

**All documents are available on the  
Scottish Parliament website at:**

**[www.scottish.parliament.co.uk](http://www.scottish.parliament.co.uk)**

For more information on the Parliament, or if you have an inquiry about information in languages other than English or in alternative formats (for example, Braille; large print or audio), please contact:

#### **Public Information Service**

The Scottish Parliament  
Edinburgh EH99 1SP

#### **Telephone: 0131 348 5000**

**Fòn: 0131 348 5395** (Gàidhlig)

**Textphone users** may contact us on  
**0800 092 7100**

We also welcome calls using the RNID  
Typetalk service.

**Fax: 0131 348 5601**

**E-mail: [sp.info@scottish.parliament.uk](mailto:sp.info@scottish.parliament.uk)**

We welcome written correspondence in any language.