



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Wednesday 26 January 2011

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HEALTH AND SPORT COMMITTEE

2nd Meeting 2011, Session 3

CONVENER

*Christine Grahame (South of Scotland) (SNP)

DEPUTY CONVENER

*Ross Finnie (West of Scotland) (LD)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

*Rhoda Grant (Highlands and Islands) (Lab)

*Michael Matheson (Falkirk West) (SNP)

*Ian McKee (Lothians) (SNP)

*Mary Scanlon (Highlands and Islands) (Con)

*Dr Richard Simpson (Mid Scotland and Fife) (Lab)

COMMITTEE SUBSTITUTES

Joe FitzPatrick (Dundee West) (SNP)

Mr Frank McAveety (Glasgow Shettleston) (Lab)

Nanette Milne (North East Scotland) (Con)

Jamie Stone (Caithness, Sutherland and Easter Ross) (LD)

*attended

CLERK TO THE COMMITTEE

Douglas Wands

LOCATION

Committee Room 2

Scottish Parliament

Health and Sport Committee

Wednesday 26 January 2011

[The Convener *opened the meeting at 11:32*]

Decision on Taking Business in Private

The Convener (Christine Grahame): Good morning. I welcome you all to the second meeting in 2011 of the Health and Sport Committee. I remind everyone to switch off mobile phones and other electronic equipment. No apologies have been received.

Do members agree to take agenda item 5, which is on the committee's work programme, in private?

Members *indicated agreement.*

Subordinate Legislation

Flavourings in Food (Scotland) Regulations 2010 (SSI 2010/439)

11:32

The Convener: Item 2 on the agenda is consideration of a negative instrument. Members have a cover note from the clerk setting out the purpose of the regulations, on which the Subordinate Legislation Committee made no comments. Do members have any comments?

Members: No.

The Convener: Are members content not to make any recommendation to the Parliament on the regulations?

Members *indicated agreement.*

European Union Legislative Proposals (Reporter)

11:33

The Convener: Item 3 is consideration of a paper from the clerk on the appointment by the committee of a European Union reporter, who will take part in the pilot of a new procedure for the consideration of EU legislative proposals. The role of the reporter in the pilot is to undertake the initial review of such proposals and accompanying explanatory memoranda with the convener. In the review, the reporter and the convener will prioritise legislative proposals that should be subject to further scrutiny by the committee and will identify those on which no further action should be taken.

The paper also provides an update on the European Commission's work programme for 2011 and an update on recent developments relating to the EU's cross-border health directive, and it invites the committee to incorporate its views into its legacy paper for session 3. Do members have any comments on the issues that are raised? The relevant paper is paper 2.

Helen Eadie (Dunfermline East) (Lab): I have just one observation to make. It does not seem to be mentioned in the paper on the Commission's work programme that the Belgian presidency of the EU has declared that musculoskeletal diseases and rheumatoid arthritis, in particular, will be a priority for the work that is done during its presidency. I draw that to the committee's attention, because I feel that it is important. As a nation, we need to do more and more work in that area.

The Convener: Are there any other comments?

Dr Richard Simpson (Mid Scotland and Fife) (Lab): On page 10 of paper 2, annex B deals with the cross-border health directive. It says at the bottom of that page:

"Rare diseases shall be defined as".

Can anyone enlighten me as to why the definition of rare diseases has been mentioned in the context of the brokerage of a deal? No explanation of that is given. Has specific agreement been reached on the movement of EU citizens to other countries for the treatment of rare diseases? Could we ask that?

The Convener: Yes. Your question is now on the record and we will get the answer to it for next week.

Dr Simpson: That is great—that is all that I wanted to know. Thank you.

Helen Eadie: I do not know the answer to that, and I would be interested to find out what it is.

I am pleased to note that it seems that the cross-border health directive will probably be ratified in March and that the Council of Ministers and the European Parliament have reached agreement on the matter. That is very much to be welcomed. I gather from speaking to Catherine Stihler on Saturday that prior approval and authority is the key part that has been incorporated into the proposed agreement. I am sure that that is to be welcomed by all the member states. The United Kingdom certainly pushed for that.

Mary Scanlon (Highlands and Islands) (Con): I refer to the recommendations in paragraph 20 on page 4 of paper 2. The committee has been vocal in gaining information about and participating in the work on the cross-border health directive. Although there are only around three and a half months until the election and none of us knows whether we will be back as MSPs, far less as members of this committee—

Ian McKee (Lothians) (SNP): I will not be.

The Convener: With the honourable exception of Ian McKee.

Mary Scanlon: You will not be back, Ian. I appreciate that. We should not, however, miss this opportunity. I nominate Helen Eadie to act as EU reporter for the time that we have left until the election and a new health committee is set up. She has taken an incredible interest in European matters and is well up to date on them. We should at least have a contact in the Parliament in case there are other issues before the election—Richard Simpson mentioned rare diseases. Obviously, the new health committee will consider who it wishes to appoint, but I would not like there to be no EU reporter for the next three months.

The Convener: I know that that nomination was made with very good intent, and that it has nothing to do with the fact that Mary Scanlon and Helen Eadie sit next to each other and that undue influence has not been exerted.

Mary Scanlon: I did ask Helen Eadie's permission.

Ian McKee: I am happy to second that nomination. Helen Eadie has shown tremendous interest in European matters, and she would be diligent in pursuing matters further.

The Convener: I think that Mary Scanlon and Ian McKee speak for us all. Helen Eadie has rightly been determined to bring to our attention the issue that has been raised.

Do members agree that Helen Eadie should act as the committee's EU reporter?

Members indicated agreement.

Ross Finnie (West of Scotland) (LD): We might need reports in two languages.

The Convener: That is wicked.

Helen Eadie: What did Ross Finnie say?

The Convener: He said sotto voce that you will be required to report in two languages. You can do so in broad Fife; that will count. You sort him out.

Helen Eadie: I thank members. I am fully conscious of the responsibility that I have been given, but I am also conscious of what Mary Scanlon said. I hope to be back, God and the electors willing.

Ross Finnie: Does God have a vote in Fife?

The Convener: Of course. Did you not know that Fife is heaven? Heavenly Fife.

Let us calm down. The meeting is disintegrating somewhat.

Ross Finnie: I will check the electoral register when I get home.

The Convener: I do not know what is in the tea and coffee today.

I am delighted that Helen Eadie has been nominated to act as the committee's EU reporter.

Do members agree to note the European officer's analysis of the Commission's work programme for the committee?

Members indicated agreement.

The Convener: Do members agree to incorporate the committee's views on the Commission's work programme into the forthcoming legacy paper?

Members indicated agreement.

The Convener: Do members agree to note the recent developments on the cross-border health directive?

Members indicated agreement.

The Convener: We have additional questions about that.

Do members agree to highlight the cross-border health directive in the forthcoming legacy paper?

Members indicated agreement.

Petition

Sleep Apnoea (PE953)

11:39

The Convener: Agenda item 4 is consideration of petition PE953, by Jean Gall, on behalf of the Scottish Association for Sleep Apnoea. Members have a copy of a paper that sets out the action that has been taken on the petition to date.

As members know, I have had an interest in the petition and the Scottish Association for Sleep Apnoea. I state that for the record. Jean Gall is also a constituent of mine.

The committee considered the petition in December 2009, after which we wrote to NHS Quality Improvement Scotland and the Scottish intercollegiate guidelines network to seek updates on guidance on the treatment of obstructive sleep apnoea in Scotland. We also wrote to the UK Department for Transport and the UK Medical Research Council to seek an update on the latest research on the issue. Responses from all those organisations were considered at our meeting on 2 June 2010 and copies of the responses were provided to the petitioner. At that meeting, the committee agreed to write back to the UK Department for Transport and the UK Medical Research Council, seeking more detailed information about the various research studies due to report in late 2010 and responses to those requests are before us today.

Do members have any comments?

Helen Eadie: I welcome the work that the variety of Government departments and other agencies mentioned in our papers have been carrying out on this matter, but I have to sound a note of disappointment. I cannot remember the precise year, but this issue was first raised 10 or 11 years ago in the first session of the Parliament. It has taken such a long time—some might say too long—to get a resolution to this problem. Notwithstanding all the good work that is on-going and the fact that people are willing to address this issue, there is a degree of frustration and I feel that we have to get some urgency into this.

Mary Scanlon: I agree. I actually spoke in Kenny Gibson's members' business debate on sleep apnoea when the Parliament was up the road. Although things have taken a long time, the approach had to be thorough and tremendous progress has been made. We should all thank Jean Gall for bringing the issue to our attention and for helping to move the issue along.

The Convener: I share Helen Eadie's view that a more vigorous approach could have been taken,

not in the Parliament, but across the UK in general to what is a very serious issue. More and more people are becoming aware of sleep apnoea and, indeed, other sleep disorders and the impact that they can have on not only individuals and family and work life, but workplace safety. The scariest thing that I heard related to someone suffering from sleep apnoea who worked in air traffic control. It quite took my breath away to think that they might have dropped off unawares with planes flying around.

Although I invite the committee to close the petition, I understand that it will be open to someone in the next parliamentary session to come back and raise the issue. I certainly hope that that will happen.

Rhoda Grant (Highlands and Islands) (Lab): Perhaps if our legacy paper flagged up the fact that the report will be published in 2013 our successor committee would be able to look at the issue again.

Dr Simpson: That was the first half of my suggestion.

The Convener: You are a team. What is the second half?

Dr Simpson: Although this has all taken a long time, there is no doubt that the level of awareness of the condition has increased enormously. I was not a member in the second session of the Parliament, but I certainly think—and welcome the fact—that the Parliament and its committees in the third session have assisted in the process.

The downside of that increased awareness, however, is the substantial length of waiting lists for treatment in Glasgow and Edinburgh. We should point out in our legacy paper that one of the consequences of the Parliament's awareness raising as a result of Jean Gall's petition is that resources are under considerable pressure. The issue will certainly need to be examined in the next session.

The Convener: The resources at the sleep centre at Edinburgh royal infirmary have always been under pressure.

I hope that Jean Gall, the petitioner, is not disappointed. After all, the Parliament is certainly aware of the issue and things seem to be moving. Moreover, it just shows what an individual can achieve through our petitions system, and that is greatly to be welcomed. No doubt the Public Petitions Committee will be informed of our position.

Do members agree to close the petition just now, but to keep a watching brief on the matter?

Members *indicated agreement.*

The Convener: As previously agreed, we move into private session.

11:44

Meeting continued in private until 12:24.

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