The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 15 November 2011

Session 4

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PUBLIC PETITIONS COMMITTEE

7th Meeting 2011, Session 4

CONVENER

*David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Sandra White (Glasgow Kelvin) (SNP)

COMMITTEE MEMBERS

*Neil Bibby (West Scotland) (Lab)
*Mark McDonald (North East Scotland) (SNP)
*Nanette Milne (North East Scotland) (Con)
Bill Walker (Dunfermline) (SNP)
*John Wilson (Central Scotland) (SNP)

COMMITTEE SUBSTITUTES

*Malcolm Chisholm (Edinburgh Northern and Leith) (Lab)
*Kevin Stewart (Aberdeen Central) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Graeme Dey (Angus South) (SNP)
Martyn Hooper (Pernicious Anaemia Society)
Mrs Andrea MacArthur
James Walker
Jamie Walker

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Committee Room 2

Scottish Parliament

Public Petitions Committee

Tuesday 15 November 2011

[The Convener *opened the meeting at 14:01*]

New Petitions

Scottish Cancer Drug Fund (PE1407)

The Convener (David Stewart): Good afternoon, ladies and gentlemen. I welcome you to the seventh meeting in 2011 of the Public Petitions Committee. We have received apologies for absence from Bill Walker. I remind members and those who are watching events from the public gallery to switch off their mobile phones and electronic devices.

Item 1 is consideration of four new petitions. PE1407 is on a proposal for a Scottish cancer drug fund. Members have a note from the clerk, a Scottish Parliament information centre briefing and the petition. I welcome the petitioner, Jamie Walker, and James Walker. I invite Jamie Walker to make a short presentation of around five minutes, after which we will ask questions.

Jamie Walker: Thank you very much for having me here to speak on a sensitive issue, but one that is close to my heart. I lodged my petition, first, because Scotland has a serious cancer problem. I mention some figures in the petition, but I will run through them quickly again. In Scotland, 48 per cent of women and only 42 per cent of men survive cancer after diagnosis, compared with survival rates in England and Ireland of 52.7 per cent and 51.9 per cent. That is clearly bad. Research by the Rarer Cancers Foundation has found that, since the cancer drugs fund was set up in England, 23 new treatments have been made available in England but not in Scotland. Also, Scots are now three times less likely to get cancer drugs than people in England, which I find very worrying indeed. Something must be done, and I hope that my petition will achieve that.

My second reason for lodging the petition is that I know that chemotherapy, radiotherapy and surgery do not normally work. My mother had cancer and died. She had those treatments and they did not work as well as we hoped they would. Clearly, drugs need to be taken more seriously as a method of preventing and defeating cancer.

The Convener: Thank you for your excellent, detailed presentation, Mr Walker. I have a couple of quick questions.

I am interested in the research that has been carried out by the Rarer Cancers Foundation. As I understand it, the research says that there is a postcode lottery between Scotland and England. Do you agree with what the research says on that?

Jamie Walker: Very much so. It is very worrying. As part of a united country, we should be treated the same when it comes to healthcare and accessing drugs. It is appalling that we are now three times less likely to get the drugs when we have a cancer problem. We need to do something about that.

The Convener: The briefing suggests that not all health boards in Scotland have written policies on their cancer drug treatment regimes. Could you say more about that?

Jamie Walker: They normally do not. If this proposal gets implemented, it will have to be written in to reflect regional and national standards, but it has to be a patient and doctor-driven thing.

The Convener: In summary, there seem to be quite severe differences between Scotland and England, but also between health boards within Scotland, because of the different approaches that they take. That is certainly a theme that we have picked up from other petitioners in other areas in the past few months. Thank you for answering my questions. I will now throw it open to my colleagues.

Sandra White (Glasgow Kelvin) (SNP): Thank you for coming. I want to pick up on the differences between England and Scotland. I do not know how many strategic health authorities there are in England—it would be helpful if we could find out exactly how many there are, because the £200 million that is available in the first year will be spread among them. The strategic health authorities get a share of this £200 million, but it is still up to each one to determine which drugs it will be prepared to fund. That is a question as well. It is still incumbent on the strategic health authorities to say which drugs they will buy, so there is still a postcode lottery, whatever you may think.

The difference between English and Scottish authorities is that here it is the Scottish Medicines Consortium that recommends medicines for use, which is dissimilar to what happens in England. That is another anomaly that we need to look at.

If you have any of those figures, what do you think about them? In her response to the Rarer Cancer Foundation’s research, the Cabinet Secretary for Health, Wellbeing and Cities Strategy mentioned that there are a number of errors in the report—double counting and that kind of thing. Could you reply to that point, so that I can get a picture of exactly what is happening?

Jamie Walker: I read the cabinet secretary's response and followed the debate in Parliament very closely. She talked about equity in drug treatment and said that we should not have a drug fund that focuses just on cancer drugs. However, as I mentioned, we have a big problem with cancer, which we need to tackle. That is why I lodged the petition. I think that we need to set up a Scottish cancer drug fund, but it would cost only around £5 million, rising, possibly, to £19 million, which is a small amount relative to the total health budget. I am sure that you could find ways to set up many other funds to pay for drug treatments for diseases such as heart disease and Alzheimer's.

Sandra White: I am not disagreeing with you. I just want to open it up in order to see the merits of a drug fund. Obviously, this is the petition before us, but I am asking how much of the £200 million will be spread across England. The drugs fund in England was started only in April 2011 and we do not have any evidence to back up how effective such a fund would be if we implemented it in Scotland. Is having a separate drug fund the best way to fund cancer drugs? That is what I was getting at when I mentioned the comments of the cabinet secretary and the lack of evidence about the fund in England. I may come back with some questions. Thank you.

Mark McDonald (North East Scotland) (SNP): Thank you very much for your petition and your presentation. I spoke in the debate on the cancer drug fund and I have two questions. I did a lot of background research and read many articles. The convener spoke about a postcode lottery between Scotland and England, but an article that I read in *The Lancet Oncology* said that the cancer drug fund in England has by all accounts established a postcode lottery there, as certain health boards are not getting access to the funding that other health boards are. Do you have any evidence about how the fund has been operating south of the border?

Secondly, although I understand the principle of greater access to drugs, I think that, if we want to defeat cancer or tackle it more effectively, we should focus on the early detection and preventative approach that is now being taken, because most of the drugs that would be made available through the cancer drug fund would be for the treatment of cancer in a palliative sense rather than to fight cancer and defeat it, whereas, from the evidence that I have read, early detection is much more effective in defeating it. What are your thoughts on that?

Jamie Walker: I do not have any evidence on how the cancer drug fund has been set up south of the border but, if it was to be set up in Scotland, I think that an equal grant would have to be given to every health board so that the boards could reflect their own regional differences and help patients in their area.

Sorry, what was your second point?

Mark McDonald: It was about the emphasis on the early detection of cancer.

Jamie Walker: Sure, that is great. Anything that can help in the early detection of cancer is fine and we must concentrate on that, but we must also move towards proper treatment of cancer. Drugs will have to be taken more seriously.

Nanette Milne (North East Scotland) (Con): I sadly missed the debate in September, because I was off sick. I have a lot of sympathy with the petition. You may or may not realise that my party has a commitment to a cancer drug fund for Scotland. That commitment was in our manifesto, so I agree with a lot of what you say. I notice that the English scheme is time limited to three years. Do you envisage that, if there was to be a Scottish scheme, it would follow the same path?

Jamie Walker: Yes. I think that the cabinet secretary might be prepared to move towards a value-based pricing scheme for drugs, so we could set up the same sort of scheme.

Nanette Milne: That is likely to happen. I hope that value-based pricing would make such drugs more generally available, so that there would be more equity across health boards. I would also look forward to that.

I do not have any more questions, but I want to voice my support for the petition.

James Walker: I should not really intervene, because this is my son's petition, but that is an excellent point about the price that is placed on the drugs in all our hospitals. Who calculates what the health board pays for the drugs and effectively decides how much of the health budget is sucked into paying drug companies for drugs that are currently readily available? Perhaps a saving from the drugs budget could be directed towards what my son seeks. I am sorry, as I did not intend to intervene, but you raise a very good point. How do they work out how much we pay for the drugs?

The Convener: Mr Walker is welcome to intervene as he is also a witness.

Neil Bibby (West Scotland) (Lab): Thank you for coming and for lodging the petition. You mentioned the different rates of success for cancer treatment in England and Scotland. I know that the cancer drug fund is a relatively new fund. Is there any evidence that the prescription rate necessarily equates to rates of success in England?

Jamie Walker: Yes, I read this morning that the figures from the health boards indicated that we were down in the 800s and England was up in the 16,000s, when it came to getting drugs that were not available.

Neil Bibby: In the wider context of petitions that we receive and pressure that is put on us about the provision of money for new drugs, Scotland also has high levels of multiple sclerosis, heart disease and Alzheimer's. Should those diseases also be considered for emergency funds?

Jamie Walker: Yes. My dad has MS, so I am used to the research behind that. I am interested in medical research into MS because, if he gets better, that makes me better. The sum of £5 million is a small amount. We spend billions of pounds a year on the health budget and on other things, so surely we could find some form of funding to set up a number of funds for various drugs for combating other diseases.

14:15

The Convener: I will just make a general point rather than asking for answers. Generally, the issue is that health spending is huge, as you have heard from the Scottish Government. There is a wider issue to do with the prescribing of generic drugs, because drugs can be extremely expensive. Things may have changed now but, in my early days with the Highland Health Board, it was buying drugs in its own right rather than through a buying group, whereas, in any business, large organisations would normally get together to achieve savings. I do not know whether you have any bigger-issue answers to the question of how we can be more efficient in health spending to allow £5 million to be available for a cancer drug fund.

Jamie Walker: That comes about through looking at the national health service and what it spends, and carrying out a spending review to ensure that enough money is being spent on patient care and not on waste. It should also involve a review of the SMC which, as far as I am aware, allocates drugs based on their cost effectiveness rather than on clinical care needs.

The Convener: I think that there is also a role for Procurement Scotland, which is very important in getting good value in health spending for the Scottish taxpayer.

Does either of the Mr Walkers want to add any extra evidence? Does any of my colleagues wish to ask further questions?

James Walker: I will just add—although as I keep saying, it is not really my place; I am supposed to be leaving it all to my son—that we are all acutely aware of the demands on all aspects of the health service, whether they involve drugs or personnel. We all read in the newspapers almost every week about drug companies that claw back their research and development costs by charging health boards or the health service an astronomical amount of money for drugs. I am thinking about paracetamol, as there was a report a couple of weeks back that said that some health boards were paying a fortune for 20 paracetamol tablets, which you can get for 20p at the corner shop. There must be a way of holding to account the people who are signing the cheques for the drugs that go to the NHS.

The Convener: I thank you both for your evidence, which has been very interesting. I will ask my colleagues to consider the next steps.

We have heard evidence from both Mr Walkers, and we have asked some pertinent questions. We must now consider what action the committee wants to carry out. Do committee members have any recommendations?

Sandra White: I am interested in continuing the petition, and in getting some information from England on how many SHAs there are and how much of the £200 million they get. That scheme has just started, so it would be interesting to see what is happening there.

I would also like to get some evidence on another point. The clerk's note mentions that the key organisations Breakthrough Breast Cancer, Macmillan Cancer Support and Myeloma UK prepared a briefing in which they raised issues with the adoption of a cancer drug fund strategy. I would like to get a copy of that report if possible to see exactly what they have said, because I do not have the evidence here.

Nanette Milne: I would add to that list the Rarer Cancers Foundation, which has had significant difficulties with the availability of orphan drugs in particular.

Mark McDonald: I think that there would be merit in writing to a selection of health authorities in England to ascertain their views on how the cancer drug fund has operated. We should also consider writing to the royal societies for oncologists and radiographers—I am not sure of the exact titles—for their particular views, because they have publicly expressed views on a cancer drug fund in the past. If we are going to get views, we might as well go to the experts as well as to the people at the managerial level.

Nanette Milne: That would be radiologists rather than radiographers.

Mark McDonald: I defer to my colleague's expertise.

Neil Bibby: The Rarer Cancers Foundation's research showed that there is a delay in the approval process for non-standard treatments for cancer and that on average it takes a lot longer in

Scotland than in England. I think that we need to ask questions about that.

The Convener: Do members want to mention any other areas that we should concentrate on? Are members agreeable to the question that has been raised, and to the suggestion in the clerk's note that we write to the Scottish Government to seek its views on the issues that are raised in the petition and on the quote from the cabinet secretary? I suggest that we write to Procurement Scotland and ask whether it has any role in relation to the efficiency of spending on cancer drugs. I am not quite clear on that, and it would be useful to find out what its particular role is.

Nanette Milne: I wonder whether the Royal Pharmaceutical Society would have any input into the issue.

The Convener: Do members agree to continue with the petition with regard to the points that have been raised?

Members *indicated agreement.*

The Convener: I thank Jamie and James Walker for attending. You gave excellent evidence, and I thank you for answering the questions so fully. Thank you again for coming.

14:21

Meeting suspended.

14:22

On resuming—

Pernicious Anaemia and Vitamin B12 Deficiency (Understanding and Treatment) (PE1408)

The Convener: Our second petition is PE1408, on the understanding and treatment of pernicious anaemia and vitamin B12 deficiency. Members have a note by the clerk, a SPICe briefing and the petition.

I welcome the petitioner, Andrea MacArthur, and Martyn Hooper, who is executive chair of the Pernicious Anaemia Society, and thank them for coming along today. I invite Andrea MacArthur to make a brief presentation of about five minutes.

Mrs Andrea MacArthur: I lodged the petition after my experiences of the realities of trying to get an effective level of treatment for a suspected vitamin B12 deficiency. Although my reason for requiring B12 is not the most common one, it nevertheless drew my attention to the major failings in the diagnosis and treatment of the condition. You can see from the petition that, solely due to the doctors that I have, I fared well. However, I was always aware that I was the exception. It is for that reason that I fight on behalf of others who struggle to be taken seriously.

The term "pernicious anaemia" seems to conjure up an old-fashioned notion of a trivial vitamin deficiency in old people that is easily resolved by eating well. Sadly, for the vast majority of sufferers, it is anything but trivial and, indeed, the word "pernicious" means fatal or deadly. It almost proved fatal for me and I am here today only because I was able to obtain a level of treatment that almost no one else is receiving.

Patients ranging from children to pensioners are dismissed or treated as being hypochondriac, neurotic or depressed. They are regularly humiliated, often being told off for turning up a few days early for a much-needed injection, as if they were a drug addict trying to get their next fix. Very few people willingly subject themselves to repeated injections. Surely that should indicate to the medical profession that people have a genuine clinical need, even if it cannot be proven why.

Martyn Hooper and I speak to people with the condition every day, many of whom have just been diagnosed. Treatment of the condition is so consistently bad that to hear of someone who has managed to get their doctor's co-operation to treat them more effectively is a most surprising and rare event. I hope that the committee will listen to what we say and finally start a process that leads to the treatment of the condition being overhauled and tailored to the individual patient's need, rather than the one-size-fits-all policy that is in place, which is failing so many people.

The Convener: Thank you very much for your evidence.

I will ask one question before opening the floor to my colleagues. The briefing on your evidence that we received for the debate states:

> "No work on pernicious anaemia ... has been conducted by the Scottish Parliament or its Committees, nor has it been the subject of any debates."

I was kind of shocked by that. It seems to me that the condition can perhaps be described as forgotten. Is that a fair assessment?

Mrs MacArthur: A doctor in County Durham has a good understanding of the condition and treats it appropriately, but he is about the only one in the United Kingdom. That is exactly how he describes the illness: forgotten.

John Wilson (Central Scotland) (SNP): I am glad that Andrea MacArthur lodged the petition. I declare a particular interest, in that my wife has MS and pernicious anaemia. She has been diagnosed with MS for almost 25 years and as having pernicious anaemia for the past seven years, I think.

Andrea MacArthur mentioned general practitioners' varied treatment of people with pernicious anaemia. My wife knows when she needs her injections. The neurological impact of the vitamin B12 condition produces symptoms that mean that she needs the injections more regularly than the guidelines from the Scottish intercollegiate guidelines network say. Fortunately for her, there are two GPs in her practice who are quite willing to treat her as an individual, not as per the SIGN guidelines, but that causes problems for her treatment when she goes to another GP in the practice or to the practice nurse. I know that that has caused problems between the practice nurse and a GP. The practice nurse will cite the SIGN guidelines and the GP will say that he is the practitioner and will treat the patient as he sees fit. That is part of the difficulty.

Andrea MacArthur has hit the nail on the head. We must look at the condition of each individual, because we know that people react differently to medical treatments and can benefit differently from treatments that they receive. Andrea has highlighted the fact that a review is needed. Like her, I have had the opportunity to speak to a number of people from the MS Society in Lanarkshire. The number of people in the society who have pernicious anaemia as well as MS, and the variety of treatment that they get from their various GPs or other medical practitioners, is surprising.

How can we influence the SIGN guidelines to ensure that GPs are more aware of the issues relating to pernicious anaemia and get the message out to the wider medical community? I am talking about not just GPs, but neurologists and other people who treat conditions that can have the same indicators as pernicious anaemia and MS.

Mrs MacArthur: That will certainly be a very difficult task.

I want to pick up on your point about MS. We speak to many people in the Pernicious Anaemia Society who have MS as well. There seems to be some blurring of the lines between MS and pernicious anaemia. Indeed, some people are falsely told that they have MS when they have a poorly treated vitamin B12 deficiency, which will go on to produce damage that is similar to that from MS, such as the demyelination of the spinal cord. If they were correctly diagnosed, quite a few people would have hope of being treated and even cured, but that is another matter.

Doctors have very little knowledge of the condition, so they stick rigidly to the little guidance on treatment that they are given. The guidance itself is incomplete. I can go only by what my own doctor has done. When I read the "British National Formulary" guidelines, I discovered that they make provision for people to have more frequent injections, but I have yet to meet one person who has been offered them as a matter of course.

Martyn Hooper (Pernicious Anaemia Society): John Wilson's wife should be given an injection every other day until no further improvement occurs. The injection that she gets is of hydroxocobalamin. A form of B12 called methylcobalamin repairs the myelin sheath. There are pages and pages of research on that.

14:30

John Wilson: After the initial diagnosis of vitamin B12 deficiency, the treatment was regular. Under the SIGN guidelines, the injection should be three-monthly but, as I said, my wife's GP—who has treated her for MS symptoms as well as pernicious anaemia—has decided to give the injections more regularly. That was his decision.

That raises one issue. Mr Hooper talked about the regularity with which people should receive injections. We must try to influence and change the guidelines. How do we do that? How do we get the message over and to whom, so that the guidelines are changed? I hope that the petition will start us down the road of that process. Who would be best to get the message over to?

Martyn Hooper: The society is poor and has no money at all. We held a conference in June down in south Wales at which we had professors from the University of Oxford, the University of Cambridge and Trinity College Dublin and various GPs who are all concerned about the issue. When I invited along the Royal College of Pathologists' president, he told me that I was in a unique position to restart the debate. The rather vulgar issue of money was not discussed.

We need to get into the royal colleges. To do that, we must have on our side medical professionals who will take us seriously. Thankfully, we are making progress on that. We have established links with a team down in the University of Oxford that has pulled together a number of research papers that address the issue. The problem is that, although people can write as many research papers as they want, we cannot ensure that people read those papers.

The society has conducted a survey of our members' experiences. I have had a quick look at the results so far—the survey will be published in the spring. About 850 people have responded and the two doctors who created the survey are waiting until the number reaches 1,000 before publishing.

Of our members, 51 per cent waited more than two years to receive a diagnosis. Two years are a long time when someone is ill and when someone has pernicious anaemia. It leads to subacute combined degeneration of the spinal cord secondary to pernicious anaemia, which means that a person has MS-type symptoms. Twenty-two per cent of respondents waited more than 10 years to receive a diagnosis. They can end up sitting in a wheelchair because of nerve damage.

The test relies on the level of B12 in blood. We will talk about a level of 200 as the cut-off—different machines have different cut-offs. If a person's level is between 200 and 500—as it will be for many people in this room—their brain is shrinking twice as quickly as that of somebody with a level that is over 500. That is the sort of problem that people face.

That research is everywhere on the internet, but we need somebody to look at and review it, as John Wilson said. I think that the committee could help with that. That is what we want—the research is out there and just needs to be reviewed.

Nanette Milne: The petition was extremely interesting to read. I have a medical degree, but I was not aware of a lot of information in the petition, particularly on the active B12 test, which measures the useful level that is circulating.

John Wilson has to an extent dealt with the SIGN guidelines. When were the guidelines last updated? Have moves been made recently to change them if necessary?

Mrs MacArthur: It has been a long, long time. People used to be given a maintenance injection once a month of exactly the same medicine as they get now. For some reason that is not recorded, that was changed. Was it in the 1970s?

Martyn Hooper: It was 1974.

Mrs MacArthur: It was changed to every two months. In the 1980s, it was changed to every three months. The medicine did not change in any way and no explanation was given for why the period was extended to three months. In France, you can freely go into any pharmacy and buy the same stuff in the same strength. The literature that comes with it tells you to take it monthly. People in France are on three times as much treatment as people in the UK for the same thing and we do not know why. We do not understand it either.

Nanette Milne: When I was active in clinical medicine, the injection was monthly. I was not aware that that had changed as the years had gone on, but I am out of touch with clinical practice.

This will probably be dealt with when we decide what to do with the petition, but, as the convener said, if the Parliament has not dealt with this issue at all, the very least that we should be looking at is something like a members' business debate to raise it in the chamber, get input from people such as yourselves and get a minister to respond. That would at least flag up the issue. We can decide that as a committee.

The Convener: Thank you. Nanette Milne is right that we could go down the route of having individual members' business debates, but it is also competent for this committee to go for a committee debate. Does any other member wish to ask a question or make a point?

Sandra White: I echo what has been said. I have a friend who has the same condition and I am sure that she is not even aware of what is in the papers. I will certainly let her see them.

I am very impressed by your evidence and the written evidence also. Like the convener, I am amazed that this issue has not been looked at in more detail. I think that we will continue the petition, but I will leave it up to others to say.

The Convener: Thank you. Do any other members wish to contribute? Does either witness wish to add any points at this stage?

Martyn Hooper: A senior medical professional asked me to point this out. The test for pernicious anaemia is about 50 per cent accurate, but vitamin B12 deficiency is current in about one in 10 of the population. The symptoms are so insidious—they creep up on you gradually—that the patient often ignores them until it is too late. It is more prevalent in the elderly population, so about one in five have it. Given Scotland's ageing population—along with the western world's ageing population—it will become even more of a problem. Somebody needs to take a good look at it.

The Convener: Thank you very much for your evidence. If you will bear with us for a couple of minutes, I will hand over to the committee to decide on the next steps.

Nanette Milne: Convener, you suggested a committee debate, which would be better and more effective than a members' business debate, which I suggested. If it is competent for us to do so, I support trying to get a committee debate on the subject.

John Wilson: I agree with Nanette Milne. If we can get a committee debate in the chamber I would welcome the opportunity to raise the issue more widely. I hope that, after today's presentation, there will be some media coverage of the issue. We might be able to get the message out more widely. The evidence that we got when the petition was lodged opened a few people's eyes. For example, my wife did not know about the Pernicious Anaemia Society. She has now been able to speak to other people about the issue and make them aware of the society and, I hope, get them signed up to it.

I suggest that while we are waiting for a committee debate, we write to the Scottish Government asking it for its understanding of the current guidelines relating to pernicious anaemia in terms of both diagnosis and treatment. I suggest that we write also to a selection of health boards to find out what guidance they are giving general practitioners and hospital consultants on how they diagnose and treat the condition.

I think that there is a tie-up here, convener. I cited the example of MS because, as the witnesses pointed out, some of the symptoms resemble each other and, in some cases, the condition can be misdiagnosed. We need to get across to neurologists the message that, when they diagnose MS, they must ensure that it is actually MS and not pernicious anaemia. It would certainly be useful to write to a selection of health boards to find out their current guidance for hospitals and GPs.

Nanette Milne: We could also write to the Royal College of General Practitioners, asking about the training that GPs get—or should get—to deal with pernicious anaemia.

Neil Bibby: I am not a medical expert but I feel that the petition contains strong evidence to back up the treatments that are being advocated. I agree with John Wilson that we should approach the Scottish Government; indeed, I suggest that it consider conducting, perhaps with UK health ministers, a review of the available treatments. Until such time as that review reports, we should make GPs aware of non-serum testing.

Sandra White: I think that the clerks picked up the point, but I note that Mr Hooper mentioned work by Oxford university. Would it be possible to get that report?

Martyn Hooper: I approached two professors from Oxford and a professor who is at Cranfield University and Cambridge and asked them whether I could give their names to the committee. The three of them agreed and, indeed, are very anxious to get involved and provide information. I can give you their names if you wish.

The Convener: We appear to be making our first bid for a committee debate. The procedure now is to apply to the Parliamentary Bureau for a slot in due course. We will also take up John Wilson's point about pursuing the Scottish Government to answer some of the questions raised in the petition and the clerks will follow up the other points that members have made.

This is a very important debate. Clearly, there is a lack of awareness of the issues that the petitioners have raised and although, as I said earlier, the subject has never before been debated in the Parliament I hope that, with our decision to have a major committee debate, we have remedied that situation.

We will continue the petition and I hope that the petitioners will come back for the committee debate in the Parliament, if not before.

Martyn Hooper: In order to put the issue into perspective, we made a documentary about the problems. The DVDs are sitting in the boot of my car but I can distribute them to members if they so wish.

The Convener: Thank you very much for that offer. I am sure that the committee will want to watch that at a future meeting.

I thank the petitioners for their evidence. We will see you again when we have the committee debate. I suspend the meeting for a moment.

14:43

Meeting suspended.

14:44

On resuming—

Scottish Public Services Ombudsman (Review) (PE1405)

The Convener: PE1405, in the name of Andrew Muir, calls for a review of the Scottish Public Services Ombudsman. I invite the committee to consider the petition and the SPICe briefing and to discuss the action that we should take.

Sandra White: I note that the Local Government and Regeneration Committee is considering the SPSO's annual report for 2010-11 tomorrow. Would we be able to close the petition and refer it to that committee?

The Convener: Do members agree with that recommendation?

Members *indicated agreement.*

The Convener: It seems only sensible to refer the petition to that committee, which is actively considering the issue, although we cannot guarantee that it will be able to consider the petition tomorrow. Are members agreed?

Members *indicated agreement.*

The Convener: Technically, we are referring the petition to the Local Government and Regeneration Committee under rule 15.6.2.

Overseas Aid and Donations (Suspension) (PE1406)

The Convener: PE1406, in the name of Ronald Hunter, calls for the immediate suspension of foreign aid. Paper PPC/S4/11/7/4 refers. I invite the committee to consider the petition and the SPICe briefing and to suggest next steps.

Sandra White: I suggest that the petition, which has been submitted a second time and relates to £9 million from the Scottish Government budget that is being allocated to areas of great deprivation, be closed on the ground that we agree with the Scottish Government that providing international aid is a very worthwhile use of Government money.

John Wilson: I am not keen on closing petitions when they are first presented to the committee. I am not saying that I support this petition, but I think that we owe it to the petitioner to ask for evidence from organisations, including—as Sandra White correctly pointed out—the Scottish Government, to justify the use of international aid, explain how that aid is being used and highlight the benefits of the Parliament and Government's international commitments. When we get that initial evidence, we can discuss where we will go from there.

Sandra White: As I have already pointed out, this is not the first petition on the issue from this person. In September 2009, a similar petition was lodged and, at that time, the reasons for spending money on international aid were set out. This is the second petition from the same source.

In response to John Wilson's comments, I simply point out that the money goes to grass-roots projects in Malawi, not to the Malawian Government—indeed, I have seen first hand how that money has been spent. It also goes to Rwanda, to African development programmes and to humanitarian assistance. As a member of the European and External Relations Committee when it examined the use of international aid, I believe that the money is spent very wisely on grass-roots projects and is monitored. Given that the gentleman already got a response to the petition that he submitted in 2009, I do not think that there is any need to continue PE1406 and suggest that it be closed.

Neil Bibby: I fully agree with Sandra White. I note that the petition calls for the money in question to be spent on tackling

"poverty, unemployment and hardship in Scotland".

Although I do not disagree that such issues should be dealt with, I do not think that that should happen at the expense of the poor people in some of the world's poorest countries who are being helped. Moreover, the organisations and charities that are carrying out great work in the developing world have regularly justified the expenditure and, as Sandra White has pointed out, have done so to the committee. I, too, think that we should close the petition.

The Convener: Just to clarify, I do not think that John Wilson was making a judgment for or against the petition, in terms of its merits. He was merely making the point that, although the subject of the petition has been before the committee in another guise, this is, technically, a new petition. There is a general issue about whether it is in order to close a new petition without doing anything at all.

Mark McDonald: I think that your understanding is correct, and I fully understand where John Wilson is coming from. However, it is a value judgment that we must make on a petition-by-petition basis. I do not think that the petition is asking anything particularly new, when we compare it with the petition that was lodged previously. PE1406 does not seem to have moved forward with regard to the discussion and argument around the issue—what there is of it. The petition appears simply to be a repeat request. I do not think that it would be productive for the committee to waste officials' time by asking for a rehash of evidence that has already been provided.

I do not agree to any extent with the thrust of the petition. I am pretty sure that I speak for everyone on the committee in that regard. Given that the petition was lodged previously, albeit in a different form, and received an answer that is probably the same answer as it would receive this time, I do not see why we should take up people's time unnecessarily by pursuing it. I support the closure of the petition.

Nanette Milne: I think that this country—at UK and Scottish levels—has a proud record of trying to help countries that need help. In some cases, there is an issue about whether money is correctly spent, but Sandra White is right to say that money is going to projects where it is well used and is not going to support corrupt Governments. I agree with those who believe that the petition should be closed that there is not a great deal to be gained by going further with the petition, new though it is.

The Convener: The committee is fairly clear that its next step will be to close the petition. However, it is worth noting the general principle that John Wilson raised.

Do we agree to close the petition under rule 15.7, on the basis that the subject of the petition has already been considered, in a previous session, and the Scottish Government has made its view extremely clear on the matter, which means that there is no value in writing again to the Scottish Government, as there is no doubt that it would reject the petition?

Members *indicated agreement.*

Current Petitions

High-voltage Transmission Lines (Potential Health Hazards) (PE812)

14:54

The Convener: Agenda item 2 is our consideration of current petitions. The first current petition, by Caroline Paterson on behalf of Stirling Before Pylons, is on the potential health hazards of high-voltage transmission lines.

Sandra White: The petition has had a good hearing and lots of evidence has been gathered. I think that we should close the petition as the Government has confirmed that, in light of the report of the Beauly to Denny power line inquiry and the conclusion of the technical assessor, it does not consider that a specific review of planning policies is necessary. Further, the petitioner has participated in the UK stakeholder advisory group and the Health Protection Agency has been asked to keep the issue of potential health impacts under review.

Nanette Milne: I find this a very difficult petition to make a final decision about. It has been on the go for quite a long time. John Wilson and I have sat around the table and heard many people—including some MSPs—speak in support of it. We have also heard changing evidence on the risks from the low-grade emissions. We get clear responses every time that there is no proven risk at this time, but the fact that the Health Protection Agency has been asked to keep the issue of potential health impacts under review is important and should be stressed if we close the petition. Nevertheless, I do not believe that the committee can do an awful lot more. We have gone over the same ground on a number of occasions.

The Convener: Members of the previous Public Petitions Committee will know—the brief tells me this—that the petition has been considered on 16 previous occasions. It has been detailed and well-argued consideration.

John Wilson: Like Nanette Milne, I am reluctant to close the petition, but I think that the committee has taken it as far as we can. I agree with her comments about the consistent, updated evidence from various other countries in Europe on the hazards or health effects for residents and workers of being near electromagnetic fields. The Parliament must treat seriously that evidence and the actions that are being taken by other European countries and must recognise that the scientific evidence is changing. The other issue that the committee must be aware of is that the petition is linked to the mitigation measures that were supposed to be implemented in the Stirling area along with the Beauly to Denny line.

I am reluctant to close the petition, but until the Parliament has conclusive evidence that we need to review the current guidelines that have been adopted by the UK Government, we have no other option than to close the petition.

The Convener: It is clear that the committee wants to close the petition under rule 15.7.2, in line with the points that Sandra White has identified and the points that are raised in the clerk's note. I flag up the fact that the petitioner has participated in the UK stakeholder advisory group, so she has taken a positive and active role in the matter.

Is it agreed that we close the petition in the terms that I have identified?

Members *indicated agreement.*

The Convener: Do members agree to put PE1175 slightly further down the agenda? Claire Baker MSP is very keen to speak to that petition, but she is at another committee at present. Is that agreed?

Members *indicated agreement.*

NHS 24 (Free Calls from Mobile Phones) (PE1285)

The Convener: The next petition is PE1285, from Caroline Mockford, calling for free calls from mobile phones to NHS 24. Members have a note from the clerk, PPC/S4/11/7/7. I invite comments from members.

Sandra White: I would like to continue the petition and seek updated information. We could write to the Scottish Government, asking how the NHS 24 call-back facility is being publicised and whether the feasibility of call-backs on the basis of texts is being investigated. We could also ask for an update from the Government once the University of Sheffield's evaluation is available.

The Convener: Is it agreed that we will keep the petition open and seek that further information from the Scottish Government and the University of Sheffield?

Members *indicated agreement.*

Child Sexual Exploitation (PE1393)

15:00

The Convener: The next petition is PE1393, from Martin Crewe on behalf of Barnardo's Scotland, on tackling child exploitation in Scotland. Members have a note—paper PPC/S4/11/7/8—by the clerk. I invite contributions from members.

Neil Bibby: At our previous meeting there was discussion about the role of local authorities in following the guidelines that are set out for tackling and preventing child sexual exploitation. I note that we have received one response from Glasgow City Council, which is already following good practice in that area. It is slightly concerning that the other local authorities to which we have written have not responded, particularly given the issues that have been raised about the role of local authorities. I suggest that we continue the petition and ask again for written evidence from the local authorities.

I also note that we have not received a formal response from the national health service. I think we should ask for one as well as contacting the health boards.

Sandra White: I agree with Neil Bibby.

The Convener: The clerk has suggested that we could invite the Minister for Children and Young People to respond in an oral evidence session to points that have been raised by the petitioner. Do members agree to that and is it agreed that we continue the petition in the light of Neil Bibby's comments?

Members *indicated agreement.*

Lochboisdale-Mallaig Ferry Service (Reintroduction) (PE1394)

The Convener: I move quickly to our next petition, from Huw Francis, on the reintroduction of Lochboisdale to Mallaig ferry services. Members have a note by the clerk—PPC/S4/11/7/9. I invite views from members.

I suggest that although in the past we have referred ferry and transport inquiries to the Infrastructure and Capital Investment Committee—as, I think, John Wilson mentioned two weeks ago—this case is slightly different because there is a practical suggestion from the petitioners on reorganisation of vessels, that the MV Isle of Arran could be used. I suggest that we write to the Scottish Government about that good suggestion for reintroducing that route before we refer the petition to another committee, if we do that. Is it agreed that we will seek further information from the Scottish Government?

Members *indicated agreement.*

Staffordshire Bull Terriers (PE1396)

The Convener: The next petition is PE1396, from Ian Robb on behalf of Help for Abandoned Animals, Arbroath, on overbreeding and abandonment of Staffordshire bull terriers. Members have a note by the clerk, paper PPC/S4/11/7/10.

I think Graeme Dey wants to speak to the petition. With the permission of the committee, I will bring him in before I invite committee members to speak. Thank you for coming, Mr Dey. Do you wish to say anything?

Graeme Dey (Angus South) (SNP): I do not, particularly, but I thank you for giving me the opportunity. As you know, I am broadly supportive of the petition and I commend the respondents. I think there has been a fantastic and constructive response from a variety of sources.

Mark McDonald: Overbreeding of certain breeds of dogs is a problem about which I have had concerns since before I was elected as an MSP. I note that PE1396 deals with Staffordshire bull terriers; issues with greyhounds and whippets have been raised in the past by many dog charities. There is a real problem in that although the dogs need to be bred, a number are abandoned, put into homes and often, regrettably, have to be destroyed because people are not going to the homes but to breeders to access such breeds. The petition should be kept open and the clerk's note makes some interesting points about seeking further evidence.

The petition predates my arrival on the committee. If we wrote to the Dogs Trust and the Scottish Society for the Prevention of Cruelty to Animals, as two of the organisations previously—

The Convener: We did.

Mark McDonald: Okay. We should take the steps that have been highlighted by the clerk and continue the petition.

John Wilson: This has been a useful exercise because of the interesting information that we have received from various organisations. We should put the petitioner's letter on the desk of the Scottish Government and ask it how it wishes to respond.

According to the clerk's note, other information has come to light, for example the solutions that Angus Council is considering. It would be interesting to find out from the council what progress it is making with those initiatives and to consider whether they could be rolled out throughout Scotland. This will come down to how local authorities will progress the issue.

We received useful information from the National Dog Warden Association Scotland, which says that Clackmannanshire Council had a pilot up and running. We could write to it to find out how the pilot went and what the council's conclusions are in relation to dealing with the issues identified by the petitioner.

The Convener: Just to clarify, we will continue the petition and write to the Scottish Government asking for its views on the National Dog Warden

Association’s suggestion regarding the introduction of a scheme to provide free or reduced cost neutering/spaying of dogs. We will also ask the Scottish Government how it will respond—or support others to respond—to the other six points that are made by the petitioner in the conclusion to his letter. Is that agreed?

Members *indicated agreement.*

The Convener: I thank Mr Dey for coming along.

A92 Upgrade (PE1175)

The Convener: The final petition is the one that I deferred earlier. Unfortunately Claire Baker does not appear to be able to attend the meeting. PE1175 is by Dr Robert Grant, on behalf of the Glenrothes Area Futures Group, and calls for upgrading of the A92. Members have the clerk’s note and the submissions.

Neil Bibby: I am not sure whether it is normal practice, but given that a local member wanted to speak to the petition today, would it be worth continuing the petition to allow that to happen?

John Wilson: I agree; I welcome input on petitions from local members. However, rather than defer the petition to a future meeting, there is action that we can take in the meantime. The petitioner has raised further points, which it would be useful to present to Transport Scotland. That would allow the petition to move forward. Hopefully, Claire Baker can contribute to the discussion once we have the information from Transport Scotland.

The Convener: Mr Bibby, are you happy with John Wilson’s suggestion?

Neil Bibby: Yes—if there are things that we can do in the meantime.

Sandra White: I know that action has been taken, albeit that it has been patchy. I agree that we should listen to the local member.

The Glenrothes Area Futures Group has participated in the consultation process. Could we get an update from the group while we are waiting for Transport Scotland’s views?

The Convener: Yes. That is in the note from the clerk. Claire Baker will have an opportunity to contribute when the petition comes back to the committee.

We will continue the petition and write to Transport Scotland to ask for its views on the points that have been raised by the petitioner in the letter of 7 November 2011, following the meeting with the Minister for Housing and Transport and officials. Is that agreed?

Members *indicated agreement.*

The Convener: I thank members for their contributions.

Meeting closed at 15:09.

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