



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

HEALTH AND SPORT COMMITTEE

Tuesday 6 December 2011

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HEALTH AND SPORT COMMITTEE

17th Meeting 2011, Session 4

CONVENER

*Duncan McNeil (Greenock and Inverclyde) (Lab)

DEPUTY CONVENER

*Bob Doris (Glasgow) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

*Jim Eadie (Edinburgh Southern) (SNP)

*Mary Fee (West Scotland) (Lab)

*Richard Lyle (Central Scotland) (SNP)

*Fiona McLeod (Strathkelvin and Bearsden) (SNP)

*Gil Paterson (Clydebank and Milngavie) (SNP)

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

*attended

CLERK TO THE COMMITTEE

Douglas Wands

LOCATION

Committee Room 1

Scottish Parliament

Health and Sport Committee

Tuesday 6 December 2011

[The Convener *opened the meeting at 10:01*]

Subordinate Legislation

National Health Service (Primary Medical Services Performers Lists) (Scotland) Amendment Regulations 2011 (SSI 2011/392)

The Convener (Duncan McNeil): Good morning and welcome to the 17th meeting of the Health and Sport Committee in the fourth session of the Scottish Parliament. I remind all those present that mobile phones and BlackBerrys should be turned off as they can interfere with the sound system.

Agenda item 1 is consideration of a Scottish statutory instrument. The Subordinate Legislation Committee has made no comments on the instrument. If members have no comments, does the committee agree to make no recommendations to the Parliament on the instrument?

Members *indicated agreement.*

Petition

Deep Vein Thrombosis (PE1056)

10:02

The Convener: As members may recall, at our meeting on 13 September 2011 we agreed to write to the Scottish Government for further information. A response has been received.

Yesterday we had further correspondence from the petitioner, who suggests that the comment in the committee papers that the Lifeblood: The Thrombosis Charity information leaflets are now contained in the appendices to Scottish intercollegiate guidelines network guideline 122

“does not reflect the actual content of the Guideline.”

He goes on to say:

“The guideline is still being worked on and in fact the next meeting is 27th January 2012”.

I welcome comments from members.

Jackson Carlaw (West Scotland) (Con): I am trying to understand where we are with this, not having been a member of the committee at the time of the earlier meeting, although I participated in last session's debate on Mr McPherson's original concern.

Has something been progressed since the Cabinet Secretary for Health, Wellbeing and Cities Strategy wrote to us? It is not clear to me whether further developments may be taking place than the cabinet secretary was aware of or intending in her letter to us.

The Convener: No, there have been no further developments, other than the letter from the cabinet secretary.

Jackson Carlaw: Okay. Thank you.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): One of the issues that the petitioner raises is general screening for factor V Leiden, which is one of the factors associated with an increased risk of deep-venous thrombosis. I was interested to see that the letter from the cabinet secretary states:

“The issue of neonatal screening for Factor V Leiden has not been discussed by the National Screening Committee”.

It seems to me that, whatever else happens, the issue should at least be discussed, so I am quite surprised that that has not happened. The national screening committee has to come to a conclusion as to whether screening for factor V Leiden is cost effective and practical. We should encourage the Government to press the national screening committee to look at that more closely.

Bob Doris (Glasgow) (SNP): The two issues that seem to be outstanding are whether a discussion on that topic has taken place and the petitioner's concerns about the leaflet that has been produced. How can we progress this in a meaningful way? If we were to close the petition, could we still make the Government aware of the petitioner's concerns and of the point that Dr Simpson made about the discussions not having been held in what the petitioner would see as the relevant forum? I would not want to close the petition if we were then unable to action those two things, but we might be able to perform a balancing act by doing both.

The Convener: I understand that we can close the petition and communicate the points that members have highlighted.

Fiona McLeod (Strathkelvin and Bearsden) (SNP): If you look at one of the paragraphs in the information before us, it is quite clear that factor V Leiden genetic testing is not considered good practice. I do not really see the point of asking the national screening committee to discuss it because it is a matter that it would probably not consider.

I notice that the petitioner had an input into drawing up the leaflet, which I was delighted to see. Leaflets—especially those aimed at patients—are always much better if there is patient input into them.

With my former health librarian hat on, I would say that the cabinet secretary's letter shows the really good and imaginative work that we have been doing—by producing the leaflet on a SIGN guideline, sending it to general practitioners twice, and more important, making it electronically accessible—to make sure that the information gets out to the relevant professionals so that they can signpost their patients to it as necessary. I thought that the cabinet secretary's letter answered all the points raised, so I recommend closing the petition.

The Convener: The petitioner raised an issue regarding the up-to-date guideline and the further meeting on 27 January. Something additional might come out of that. He did not raise any other issue arising from the cabinet secretary's letter. As Fiona McLeod points out, he was involved in the process.

Do we agree to close the petition and to seek updates on the guideline if the position changes so that the good practice that Fiona McLeod pointed out continues?

Members *indicated agreement.*

The Convener: As previously agreed, item 3, on the United Kingdom Welfare Reform Bill, will be in private.

10:09

Meeting continued in private until 12:51.

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