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Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Tuesday 25 March 2014

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Tuesday 25 March 2014

CONTENTS

	Col.
TIME FOR REFLECTION	29293
TOPICAL QUESTION TIME	29295
Stop and Search	29295
Independence (Currency Union)	29298
YOUNG AND NOVICE DRIVERS AND GRADUATED DRIVER LICENSING	29301
<i>Motion moved—[Keith Brown].</i>	
<i>Amendment moved—[Mark Griffin].</i>	
<i>Amendment moved—[Alex Johnstone].</i>	
The Minister for Transport and Veterans (Keith Brown)	29301
Mark Griffin (Central Scotland) (Lab)	29305
Alex Johnstone (North East Scotland) (Con)	29308
Stewart Stevenson (Banffshire and Buchan Coast) (SNP)	29310
Graeme Pearson (South Scotland) (Lab)	29311
Clare Adamson (Central Scotland) (SNP)	29313
Tavish Scott (Shetland Islands) (LD)	29315
Gil Paterson (Clydebank and Milngavie) (SNP)	29317
David Stewart (Highlands and Islands) (Lab)	29318
Graeme Dey (Angus South) (SNP)	29320
Alex Johnstone	29322
James Kelly (Rutherglen) (Lab)	29324
Keith Brown	29326
IMMUNISATION PROGRAMME	29330
<i>Motion moved—[Michael Matheson].</i>	
<i>Amendment moved—[Dr Richard Simpson].</i>	
<i>Amendment moved—[Nanette Milne].</i>	
The Minister for Public Health (Michael Matheson)	29330
Dr Richard Simpson (Mid Scotland and Fife) (Lab)	29334
Nanette Milne (North East Scotland) (Con)	29336
Aileen McLeod (South Scotland) (SNP)	29339
Graeme Pearson (South Scotland) (Lab)	29340
Joan McAlpine (South Scotland) (SNP)	29341
Rhoda Grant (Highlands and Islands) (Lab)	29343
Jim Eadie (Edinburgh Southern) (SNP)	29345
Jamie McGrigor (Highlands and Islands) (Con)	29346
Colin Keir (Edinburgh Western) (SNP)	29348
Jackson Carlaw (West Scotland) (Con)	29349
Dr Simpson	29351
Michael Matheson	29353
DECISION TIME	29356
ASDA KIRKCALDY COMMUNITY LIFE PROGRAMME	29361
<i>Motion debated—[David Torrance].</i>	
David Torrance (Kirkcaldy) (SNP)	29361
Claire Baker (Mid Scotland and Fife) (Lab)	29364
Murdo Fraser (Mid Scotland and Fife) (Con)	29365
Roderick Campbell (North East Fife) (SNP)	29367
The Minister for Housing and Welfare (Margaret Burgess)	29369
CORRECTION	29372

Scottish Parliament

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[The Presiding Officer *opened the meeting at 14:00*]

Time for Reflection

The Presiding Officer (Tricia Marwick): Good afternoon. The first item of business this afternoon is time for reflection. Our time for reflection leader today is Father Paul Lee, of the parish of St Andrew's in Craigshill, Livingston.

Father Paul Lee (St Andrew's RC Church, Livingston): Presiding Officer, thank you for the opportunity to address you this afternoon.

Today is the feast of the annunciation, a day when many Christians around the world reflect on the appearance of the angel Gabriel to the Virgin Mary, foretelling the coming of a saviour who was to be born into our world. A saviour who was to be the ultimate example of goodness. A saviour who was to be crowned the prince of peace. A saviour who was to give the highest example of sacrifice by shedding his blood for our benefit. Jesus came into this world to fulfil the written Jewish law of his day, by writing a law of virtue in the hearts of those who listened to his message and who were sent forth to proclaim it throughout the world.

I suspect that one of the reasons that Christianity has endured for so many centuries in our land is that it aspires to teach effectively how living a life steeped in virtue can lead us to happiness and fulfilment, contributing to the common good of our society. Instilling that quality of sound virtue is the challenge that the families of every generation face, and it is a challenge that the leaders of our communities are faced with as well.

Our lawmakers, the custodians of this Parliament, each and every day are faced with issues of debate that have the common aim of creating an environment in which our citizens have a firm disposition to do what is good and right, to provide the platform whereby our kids can learn not only to perform good acts but to be the best they can be, and to give the best of themselves.

We all seek to set an appropriate example by how we conduct ourselves, irrespective of what role in society we play. As we are in the midst of one of the most important periods in our political history, my thoughts and prayers are offered for all of you. In particular, I pray that the pivotal virtues of prudence, justice, fortitude and temperance will be evident among you in the midst of the debate and in the lead-up to the autumn.

May your conduct be an example to those who bear witness to you.

Amen.

Topical Question Time

14:02

Stop and Search

1. Graeme Pearson (South Scotland) (Lab):

To ask the Scottish Government what its position is on the admission by the chief constable that some stop and searches are “made up”. (S4T-00646)

The Cabinet Secretary for Justice (Kenny MacAskill): The proportionate use of stop and search is an important element of local policing and keeping our streets safe, and I fully support the continuing ability of the police to undertake stop and searches in order to protect the public and prevent criminality.

Stop and search has contributed to the significant fall in crime in Scotland, including the 60 per cent drop since 2006-07 in crimes of handling an offensive weapon. The police carry out this task with professionalism and integrity. Police Scotland figures show that less than 0.01 per cent of all stop and searches have resulted in a complaint since last April. Of course, it is regrettable if there are occasions when police officers are not carrying out stop and searches to the usual high standards of the police. That is an operational matter for the police, but I will support the chief constable in the actions that he is taking.

As part of its on-going work, the Scottish Police Authority is undertaking a detailed review of stop and search, and Her Majesty's inspector of constabulary in Scotland has indicated that he will also be examining stop and search as part of his 2014-15 scrutiny programme.

Graeme Pearson: The chief constable's admission is corroborated by Calum Steele, from the Scottish Police Federation, who said:

“Because we have this bizarre approach in terms of stopping and searching, we have police officers that are making numbers up.”

Will the cabinet secretary join me in demanding an Audit Scotland review of this subject area in the interests of public confidence, accountability and transparency?

Kenny MacAskill: No, I will not. We are seeing outstanding results and I think that the chief constable's words have been taken out of context. However, there will clearly be an examination to ensure that appropriate standards are being adhered to. The appropriate bodies for that are the Scottish Police Authority and Her Majesty's inspectorate of constabulary in Scotland. We should trust in them and recognise the benefits

that stop and search brings in keeping our communities safe.

Graeme Pearson: A board member of the Scottish Police Authority recently responded on BBC Scotland to my concerns regarding Police Scotland's policy by saying that I was merely a politician doing politics. Does that not have any impact on the cabinet secretary's response?

Kenny MacAskill: Not really. I do not know which member Mr Pearson is referring to, and I cannot possibly comment on that. However, the SPA is clearly the authority to which the chief constable is ultimately responsible. The SPA is charged by an act passed by the Scottish Parliament to hold the chief constable to account. However, I have the highest regard for the chief constable and, indeed, for the police service. As I indicated in my first answer, 0.01 per cent of stop and searches have resulted in a complaint. Equally, it is clear that Scotland is a safer place because drugs, alcohol—including alcohol held by youngsters—and firearms have been removed from the streets, not just for the community's safety but for the safety of those who had them.

Sandra White (Glasgow Kelvin) (SNP): Does the cabinet secretary agree with me and with members of the public in general that stop and search is an essential part of detecting crime? However, what is the cabinet secretary's response to concerns that have been raised about stop and search infringing people's human rights?

Kenny MacAskill: I think that these things are always a matter of balance. The member is right to raise the concerns, but I believe that the searches are proportionate. We also see from the statistics that they are remarkably successful, because some 37 per cent of searches that were targeted at detecting firearms yielded a positive response and almost 30 per cent of alcohol-related searches were positive. I think that that shows that the searches have been based on intelligence and the clear skills and criteria that the police have developed; that they are being used appropriately; and that Scotland is a safer place because of our police officers' actions.

Alison McInnes (North East Scotland) (LD): The Scottish Human Rights Commission has said that stop and search is “largely unregulated and unaccountable”. The latest reports suggest that the system is open to all sorts of abuse, from harassment to falsifying the figures. Hundreds and thousands of searches are being carried out each year, and the majority of them are done without any statutory underpinning. The subjects of searches are told little or nothing about their rights. The justice secretary has regularly defended stop and search by citing offensive weapons—he has done so again today—but we know little about what constitutes the positive searches that he

uses to justify stop and search. There is a real risk that the detection rates are being manipulated. Does the cabinet secretary agree that it is vital that such shortcomings are adequately addressed to ensure that the use of the stop and search tactic is transparent, fair and evidence led?

Kenny MacAskill: I do not recognise the world that Ms McInnes paints. It seems to me that the clear outcome of a positive search is where a firearm is discovered. The figure for that is 37 per cent, and the figure for alcohol being taken off youngsters is 37 per cent. The searches have made significant progress and have been successful in making Scotland a safer place in relation to issues that have blighted so much of our country, such as the carrying of offensive weapons. The organisations that are charged with ensuring that the chief constable and those who act under him are held to account are the Scottish Police Authority and HMICS, which are there to provide assistance and guidance. It seems to me that the police have the correct balance, because Scotland is a safer place. Equally, the police appropriately record incidents so that they can be checked as successful or unsuccessful.

However, the proof of the pudding is in the eating, and in that regard two things are quite clear: first, the proportion of stop and searches that have resulted in a complaint is 0.01 per cent, which is a small number indeed; and, secondly, Scotland is a safer place, because results show that stop and search is bearing fruit and that weapons, drugs and alcohol are being taken off individuals. Scotland is a safer place for that.

Alex Rowley (Cowdenbeath) (Lab): Does the cabinet secretary not agree that there has to be a balance between driving to achieve targets and good community policing, as was pioneered over many years in Fife? The danger is that the more the police chase the targets, the fewer police are on the beat, which is what brought crime down in Fife and elsewhere.

Kenny MacAskill: I believe that targets have to be appropriate, but let me be clear: the only target that the chief constable has for stop and searches is the percentage that are to be positive and successful. He has set a high standard of 25 per cent. At present, it is only 20 per cent. *[Kenny MacAskill has corrected this contribution. See end of report.]*

I think that an appropriate balance is being struck. It is not the number of stop and searches per se that matters but the level of success. The target that the chief constable has set shows that he is keen and eager to ensure that stop and searches are carried out only on the basis of intelligence or of some instinct, and that they are used proportionately.

Independence (Currency Union)

2. Kenneth Gibson (Cunninghame North) (SNP): To ask the Scottish Government what its position is on the report by Professor Leslie Young on a currency union with the rest of the United Kingdom. (S4T-00648)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): Professor Young's analysis states that many of the UK Government's arguments against a currency union are "unsubstantiated" and subject to "errors of logic".

The fiscal commission working group also looked at the material from the Treasury. Earlier this month, it set out its view that the UK Government's public stance is to underplay the benefits of a monetary union while overplaying the risks.

Kenneth Gibson: Does the cabinet secretary agree that, regardless of the currency options that the Scottish Government had put forward for an independent Scotland, the no campaign would have rubbished them, and that, as the polls draw closer, it is high time that the no campaign tells us what currency it would prefer when Scotland votes for independence? So far, the silence has been deafening.

John Swinney: The point that I would make to Mr Gibson and to Parliament is that the Scottish Government has gone through a clear, detailed and evidence-driven process. We invited the fiscal commission working group to consider the most appropriate way to deal with the issue of a currency for an independent Scotland and it has reported in detail and with authority.

When one considers the contents of the fiscal commission's report and looks at the tests that were established by the governor of the Bank of England recently, when he set out the arguments on a monetary union to an audience in Edinburgh, one is struck by the degree to which the issues that the fiscal commission had considered were the key issues that he addressed in what I thought was a substantive and authoritative contribution. Professor Young's reflection on the debate has rather sharpened the focus on the fact that the fiscal commission's analysis was robust and came to the correct conclusions.

The Presiding Officer (Tricia Marwick): Mr Gibson, if you would like to ask another supplementary, can you keep it to issues for which the cabinet secretary is responsible? He is responsible for neither the yes campaign nor the no campaign.

Kenneth Gibson: Indeed. Thank you, Presiding Officer.

It has been claimed that a currency union would restrict the economic policy of Scotland. That would be news to the Netherlands and Finland, which manage their economies within a currency union. What additional economic powers would be available to Scotland with independence and a currency union?

John Swinney: In its response to the fiscal commission's report, the Government stated that an essential characteristic of a currency union would be the acceptance by an independent Scotland of some agreed elements of constraint around the fiscal framework that we would have in place. I have set out that the detail of those would relate to the level of debt that we could incur and the level of borrowing to which we could commit ourselves. Once that framework for fiscal stability had been agreed, an independent Scotland would attract responsibility for a range of economic activities, which would include the setting of corporation and income tax rates and the making of provisions on oil and gas taxation, capital gains tax and valued added tax. We would have flexibility in relation to tax credits and allowances, and opportunities would exist for us to take a different approach on air passenger duty, excise duty and national insurance contributions. We would have responsibility for competition policy, consumer protection, industry regulation, energy markets, company law, welfare issues and a variety of other matters.

Independence offers the people of Scotland the opportunity to exercise a significant amount of choice. In the economic levers paper that was published a week or so before the publication of the white paper in November, the Government set out in some detail how those levers could be used effectively in the interests of stimulating the Scottish economy and improving the economic opportunities of the people of Scotland.

Iain Gray (East Lothian) (Lab): This report says categorically that the First Minister has a duty to tell us his currency plan B. It tells us twice that an independent Scotland could not have bailed out the Scottish banks. It also advises us all to open accounts with London-based banks, so that we can get our money out of Scottish banks quickly after a yes vote. If the cabinet secretary seriously believes that the report constitutes support for his case, has he not lost the argument completely?

John Swinney: For Mr Gray's benefit, I will run through the points that emerge from Professor Young's document. It says:

"The Treasury letter therefore invites scrutiny, but this it cannot withstand ... It does not even address the question that it purports to answer ... Its references to the Eurozone are misleading as guides to the prospects of a currency union with an independent Scotland ... Its claim that Scotland would be an unreliable partner in a currency union is unsubstantiated ... Its claim that Scotland's financial

system is 'far too big', and would therefore expose UK taxpayers to heavy burdens, is unsubstantiated ... Its claim that the 'asymmetry' between the economies of"

the rest of the UK

"and Scotland makes the exposure of UK taxpayers to 'Scotland's financial system and sovereign' especially inequitable is not merely unsubstantiated: it is the reverse of the truth."

I do not know what on earth Mr Gray has been reading, but this is not the first time that he has come to the chamber to try to insinuate an argument that is not based on the substance of the points that are put forward—in this case, by Professor Young.

Iain Gray: One thing that I have been reading is on page 2 of the report, which says:

"First Minister Alex Salmond has been thrown on the defensive by the question: 'What is your Plan B for Scotland's currency' ... He has a duty to Scotland's citizens to answer that question in detail."

When will that duty be discharged?

John Swinney: Mr Gray has heard me deal with that point before. We invited the fiscal commission to explore on an evidence-led basis the appropriate approach to take in designing a currency arrangement for an independent Scotland. We received that report, which looked at five options. The group concluded that the best option was to establish a currency union with the rest of the UK. That was the recommended option, which the Government accepted.

We put that option forward and Treasury ministers said what they have said. They have been propped up by their allies in the Labour Party's Treasury team—they are all clubbing together as happy-clappy, austerity-wielding politicians who support the same line of argument. Those politicians have not addressed the issue that Professor Young raised, which is that Her Majesty's Treasury has not evidenced the substance of the arguments against our proposition.

Before Mr Gray gets all excited about the question, he should accept that we have a clear and definitive proposition. The people who should set out a responsible and clear approach to the handling of the issue are Mr Gray's colleague Ed Balls and his two allies in the Tory Treasury.

Young and Novice Drivers and Graduated Driver Licensing

The Presiding Officer (Tricia Marwick): The next item of business is a debate on motion S4M-09447, in the name of Keith Brown, on young and novice drivers and graduated driver licensing. I will allow a few moments for the front benchers to arrange themselves.

14:19

The Minister for Transport and Veterans (Keith Brown): When the Government published Scotland's road safety framework, one of the priorities that we set out concerned young drivers who are aged 17 to 25. Young people who are aged 17 to 25 make up 10 per cent of licence holders, yet they account for 23 per cent of the drivers who have been involved in injury road accidents in the past five years in Scotland.

I am delighted that a number of young people are in the public gallery and I hope that they can stay for as much of the debate as possible. As young people are a priority group, a substantial amount of our road safety resource in Transport Scotland, and Road Safety Scotland in particular, focuses on interventions for young and inexperienced drivers.

In 2007, we undertook a world first when Road Safety Scotland used Xbox Live to deliver drink-drive and then country road messages to young Scots who use that online gaming platform. My road safety team has told me that the second person to use that platform was Barack Obama in his first presidential campaign.

Although in recent years the casualty numbers for 17 to 25-year-olds have fallen slightly, they are still disproportionate to those for other age groups. That is a clear indication that other measures need to be considered. A number of members will have spoken directly to parents who have lost children in that age group, and will know how heartbreaking the death of a loved one is for them.

Today's debate is the latest stage in a long process in which the Scottish Government has listened, gathered evidence and advocated an approach to road safety for young, inexperienced drivers that includes some form of graduated driver licensing. Crucially, that process includes debate with young people. It is frustrating that that is as far as we can go currently, as GDL is a reserved issue. Despite our repeated attempts to engage and encourage the United Kingdom Government to take action on the issue, we still do not even have the promised green paper that sets out the UK Government's intentions. On 18 December 2013, Stephen Hammond announced

via a written answer in the UK Parliament the postponement of the publication of that green paper, and we now understand that it has been postponed indefinitely. That announcement was met with widespread condemnation from the road safety community in the UK and was the subject of an early day motion that deplored the decision.

There is a long timeline of our constant intercession on the matter with the UK Government. It began with our response to the Driving Standards Agency's consultation on learning to drive in 2008, in which we indicated our broad support for GDL. Since then, I have written several times to the UK Government, including in my latest letter in January this year, which I have tabled. That letter urged the UK Government to either take action or consider the powers that the Scottish Government would require to take action in Scotland.

The Scottish Parliament previously debated young driver safety on 7 September 2011 and supported the view that, if a graduated driver licensing scheme was introduced in Scotland, up to 19 lives per year could be saved.

David Stewart (Highlands and Islands) (Lab):

I know that the minister is familiar with the research from Dr Sarah Jones of Cardiff University, which is mentioned in the Labour amendment, but the evidence that she looked at said that a graduated driver licensing scheme in the UK would save 114 lives and 872 serious casualties each year. I would be happy to put the reference in the Scottish Parliament information centre, but I am sure that the minister is familiar with it.

Keith Brown: I am indeed familiar with it, and I am happy to support the Labour Party amendment, but the latest figure that we have from Sarah Jones is 19. Obviously, that is a more recent figure than the one that is quoted in the amendment. Our understanding is that around 19 lives per year could be saved in Scotland, recognising the figure for the UK that has been mentioned.

Aside from the tragedy of the individual fatalities, we should not forget that we end up paying around £2 million per fatality in Scotland. Another figure that Sarah Jones mentioned was around £80 million in savings, I think, based on the 22 fatalities that were mentioned. That assertion is based on her research in 2010. She presented that evidence to me and road safety partners in March 2011. She also presented to the annual Road Safety Scotland seminar in October 2011. The whole seminar was built around the theme of young driver safety, with a focus on GDL.

The evidence base shows that GDL remains the only young driver intervention for which there is

clear and unambiguous evidence to show that it reduces the crash rate for new and young drivers.

Tavish Scott (Shetland Islands) (LD): Can the minister tell members exactly what he defines as GDL?

Keith Brown: I was just going to talk about the different GDL systems around the world, which have different characteristics. If the UK Government does not want to take the issue forward and we get the power to do so, we want to consult on those different aspects.

I think that there are around 12 different characteristics in the GDL system that has been proposed in Northern Ireland. It has ruled out an inhibition on night-time driving, for example, which could be looked at. Crucially, most systems have at their root the idea that there should be a longer period in which to gain experience in driving before a person is fully licensed, but the exact characteristics of a GDL scheme should, of course, be subject to consultation. Various forms of GDL are well established in other countries around the world, including the US, Australia and New Zealand.

The Department for Transport's evidence review, which was carried out last year by the Transport Research Laboratory, concluded—these are the conclusions of the UK Government's own department—that the potential public health benefits of a GDL system for new drivers are indisputable. The UK Government subsequently said that the TRL research was based mainly on countries that it does not think have road safety records to match those of the UK and that a balance must be struck between driver safety and the freedoms of young people. I assert that Sweden, which is included in the TRL study and has one of the best road safety records in the world, might disagree with that statement. However, I agree that we must look at that balance and I will discuss that issue shortly.

We know from the evidence that young drivers are more at risk at night and when other young people are in the car. An analysis of UK road crash data collected from 2000 to 2009 found that 25.1 per cent of young driver crashes occurred between 9 pm and 6 am. The impairment effect of drinking alcohol on driving is also greater in young people. The purpose of a GDL system is to reduce exposure to high-risk situations for young inexperienced drivers, allowing them to build up skill through practice.

To return to Tavish Scott's point, most countries have a pre-test element to a GDL, where a minimum learning period is set with a number of conditions, including driving in different weather and times of day, with a logbook to evidence compliance. The TRL report, which is a UK

Government report, recommends a gold standard GDL system that includes components such as limitations on night-time driving or on passengers under 25. It also suggests a lower maximum blood-alcohol level. The gold standard GDL system is not often in place at the outset, but once GDL is in place, many jurisdictions—this was the case in Australia—have gone on to strengthen that system.

Transport Scotland officials, along with partners, including the road safety strategic partnership board, have been working towards developing a set of proposals and options for possible forms of GDL in Great Britain, initially with a view to submitting a response to the now postponed green paper. I say "Great Britain" because Northern Ireland has, as I mentioned, a form of GDL that it is looking to strengthen through legislation in the near future. As I also mentioned, young people's freedoms and needs need to be balanced with their safety.

It has been suggested that GDL might hinder education or employment opportunities. However, a study in New Zealand found little evidence that GDL caused any practical difficulties to travel for academic or work purposes. Even if one considers the fact that around 25 per cent of young people in the UK have a licence, it cannot be the case that the remaining 75 per cent are disadvantaged in that way. However, we need to ensure that any proposed GDL scheme supports young and novice drivers as regards safety and in reduced insurance premiums.

That crucial point must be realised. Most members will have had representations from people who say that it is very difficult for young people to get insurance to allow them to drive at the very start of their driving career. A GDL system can help that situation. We know that the affordability of car insurance for young drivers is a barrier to them driving. A report in October 2012 from the Association of British Insurers recommended the introduction of GDL, and stated:

"If the number of crashes involving young drivers decreases, the financial risk they pose to an insurer will decrease, and insurance premiums for young drivers will follow."

The risk is real; it has not been invented by this Government, but it is recognised by different Governments across the world. The statistics for young drivers prove that beyond doubt, and the evidence for GDL is compelling. The DFT's evidence review last year confirmed that. I do not doubt that much discussion would need to be had, as Tavish Scott hinted, about what system we could implement, not least with young people themselves. That is why, at an earlier stage, we had our national debate with young people about their views on different aspects of the system.

They were supportive of some aspects and less supportive of other aspects. We need to discuss that now, so the refusal by the UK Government to do that, especially given its previous statements, is absolutely bewildering. That is why I lay this motion before members, and call on UK ministers to develop proposals on GDL without further delay or to grant Scottish ministers the power to do so in Scotland.

I move,

That the Parliament notes with concern that young people aged 17 to 25 make up 10% of licence holders yet they account for 23% of drivers involved in injury road accidents over the last five years; further notes that evaluations of Graduated Driver Licensing (GDL) have shown that it is the only intervention for which there is clear and unambiguous evidence to show that it reduces the crash rate for young drivers; acknowledges that various forms of the GDL system are currently well established in other countries around the world; further acknowledges that the flexibility of this system allows individual nations to adapt it to meet their specific needs; regrets the decision of the Secretary of State for Transport to delay publication of the Department for Transport's proposed green paper on young driver safety, and calls on UK ministers to develop and take forward proposals on GDL without further delay.

14:29

Mark Griffin (Central Scotland) (Lab): I welcome the opportunity to speak in the debate, which is primarily about road safety and reducing the number of injuries and fatalities on roads across Scotland. We might argue this afternoon about how we should do that, but one thing that we will not disagree on is the devastating impact that it can have on a person's life if they are injured in a car accident or if they have caused injury or even loss of life in an accident. Neither will we disagree on the impact on the lives of the friends and families of people who have died in car crashes, the impact on emergency service staff of the mental trauma of dealing with such accidents or the financial impact on the emergency services.

Young people who are aged 17 to 25 make up 23 per cent of the drivers who are involved in injury road accidents despite making up only 10 per cent of those who hold a licence, as the minister highlighted. Young drivers drive only around 5 per cent of the road miles that are driven but are involved in 22 per cent of all crashes. Therefore, it is right that we have a particular focus on this area. Road traffic accidents remain the number 1 threat to young people's safety, and we will support the Government's motion tonight.

The Labour Party across the UK has been calling for the Government to produce the green paper on young driver safety and has called for the inclusion of a graduated licence scheme in the paper for discussion and consultation. Dave Stewart MSP was awarded the parliamentarian of the year award by the road safety campaign group

Brake for his campaign on a graduated driver licensing scheme. We recognise the contribution that has been made, over the past 10 years, to research by Dr Sarah Jones of Cardiff University on the potential impact of a GDL scheme in Scotland. I take on board the minister's point that the research has been updated to reflect a new—but still substantial—figure for the number of lives that could be saved each year.

Graduated driver licensing has a proven evidence base and requires serious consideration. The licensing system would enable young and novice drivers to build up ability and experience through a structured and phased approach. Graduated driver licensing exists in various forms in many countries, including the UK, but its exact components differ. Common elements of graduated driver licensing include a minimum learning period, minimum required amounts of on-road supervised practice and a minimum age at which novice drivers can graduate to the intermediate stage. The intermediate stage then places additional restrictions on young and novice drivers such as restrictions on sole or night-time driving for all novice drivers and restrictions on carrying passengers. Other components include a lower alcohol limit and a ban on hands-free mobile phone use while driving.

Those are all worthy suggestions that should be investigated further to see whether they can be implemented in such a way that they reduce the number of road accidents as well as the insurance premiums of young drivers who struggle to pay the costs of insurance because of the statistics that show that young drivers are more likely to be involved in accidents. Crucially, we must also know whether those measures would impact on a young person's ability to travel for work.

This is not just about the UK Government. The Scottish Government also needs to produce proposals on road safety, particularly for young drivers. In 2011, Transport Scotland made a number of recommendations to improve safety and limit the risk of traffic-related collisions and accidents involving young drivers. It recommended:

"Continue to encourage a life-long approach to learning in all schools, as part of the Curriculum for Excellence through the provision of free resources and support, to help ensure that all pupils are taught about road safety issues as pedestrians and cyclists, as car passengers, and as future drivers."

I wonder how many local authorities, schools and pupils have been able to benefit from those free resources.

Keith Brown: Mark Griffin says that more can be done. Of course, more can always be done. However, I hope that he recognises that the number of young drivers who are killed in road

accidents has fallen by two thirds since the Road Safety Foundation baseline period of 2004 to 2008. A two-thirds drop is a pretty significant improvement.

I will come back to the schools issue in my closing speech.

Mark Griffin: We acknowledge the drop. I simply flag up the recommendations that were made in the 2011 report, and I ask for a progress update.

A further recommendation in that report was to

“Ensure police enforcement continues to be a priority and is undertaken in a strategic and targeted manner, focusing on those young drivers most at risk.”

Will the minister update the Parliament on what Police Scotland is doing to focus on young drivers, particularly those who have recently passed their test?

What is the Scottish Prison Service doing to rehabilitate young drivers who have been given prison sentences for driving offences? What potential is there, as part of that rehab process, for those who are serving sentences to help educate young people? If people were able to share their experiences with younger people, it would contribute towards their own rehabilitation, in the knowledge that they were helping to reduce the problem.

I say that having gone to school with a man who was convicted of causing death by dangerous driving when he was a teenager. He has had to live with the consequences of that throughout his life. The impact on that man is not as much as the impact on the family of the young person who died, but it is still something that he must continue to live with. He would have liked to be able to contribute towards the education of young people, so as to help prevent the same thing from happening in the future.

I do not want to be accused of ageism in focusing my remarks on young drivers, but the statistics speak for themselves. I repeat what I said earlier: road accidents are the biggest threat to the lives of young people today.

We support the motion that is before us in the minister's name. I repeat the calls for the UK Government to bring forward its green paper on young driver safety. I ask the minister what action the Government is taking right now. I also ask members to support the amendment in my name.

I move amendment S4M-09447.2, after “crash rate for young drivers;” to insert:

“acknowledges the research carried out in Scotland over the last 10 years by Dr Sarah Jones of Cardiff University, which states that a GDL system could save 22 lives and £80 million per year; further”.

14:36

Alex Johnstone (North East Scotland) (Con):

One of the great things about the Parliament is that we have a diversity of members. Although we might look the same and have similar experiences in some areas, some of us bring very different experiences to the Parliament. When it comes to driving, my experience was very different. I come from a family and a community where driving is not something that happens when someone is 17 or whatever; people begin to do it as soon as their feet reach the pedals. Away from the public roads, young people in a rural community very quickly become familiar with the driving techniques that they will use later in life. It is possible to be licensed to drive some very heavy and potentially dangerous agricultural machinery on the public road as early as the age of 16. Many people who grow up in an agricultural community will have been operating that same machinery in an off-road environment for a very long time before they pass a test.

I mention that because there is plenty of evidence to suggest that age is a misleading guide to ability on the road, and evidence that it is not necessarily an accurate one. There is also evidence to suggest that inexperienced drivers are among the most likely to become involved in accidents. In the north-east in particular, where Aberdeenshire is criss-crossed by a web of A-class roads, we have become used to the problem of young men especially—I am not being sexist—getting into powerful cars and doing excessive speeds, eventually injuring or killing themselves or their friends.

At the same time, we have lost our place as far as policing is concerned.

David Stewart: Does the member acknowledge the statistic that one in five newly qualified drivers crashes within six months, and that they tend to be men aged under 25 on rural roads?

Alex Johnstone: Indeed I do. There are a number of reasons for that, not least the fact that many young men are overconfident. They are perfectly able to drive sensibly when they wish to; the problem is that they pass their test too easily, the system does not identify them and they go ahead and have accidents.

We have made mistakes when it comes to policing our roads and enforcing the rules on safety. I have been accused of being an opponent of speed cameras; let me clarify that I am not necessarily opposed to speed cameras but think that overreliance on them as the only way to police our roads is an abdication of responsibility, in many cases. The presence of cameras does not necessarily improve safety. A great deal more can be done to improve the safety of our roads.

That is why I am concerned about the route that we might be choosing to take. I do not entirely agree that legislation in itself can improve safety. After all, a problem with people exceeding the speed limit is unlikely to be solved by our reducing the speed limit. The behaviour that leads to the terrible accidents that we all want to stop is, in itself, outside the law, and if changes in the law are not met with significant and well-advised changes in policing, they will achieve little or nothing.

We need to consider the impact of legislation. The arguments have been rehearsed, but I will go over them so that my views can be taken into account. In Scotland, there are times of the year when it is dark as late as 10 am and dark again not long after 3 pm, so a curfew that applied in the hours of darkness would not work. Over large areas of Scotland, not least the Highlands and Islands, individuals choose to drive exceptionally long distances to attend education or employment, so it is difficult to see how legislation would not impact on the employment opportunities of young people who are willing to travel to work.

Issues to do with alcohol consumption give me additional cause for concern. If we tried to enforce a different limit for young drivers, it might be difficult to identify people who are likely to have exceeded the lower limit, and the police might have no alternative but to stop drivers at random to check that the combination of circumstances was not such that the law had been breached. I am concerned about anything that would lead to the police stopping cars randomly on our roads.

On tuition, the Association of British Insurers has come up with a good idea. People younger than 17 should not be able to sit their driving test, but I see no harm in its suggestion of allowing people to drive earlier, while under instruction. The ABI suggests that that could happen from the age of 16.5; I would go further and allow young people to drive from 16 on a provisional licence, while under instruction. That would give our young drivers the opportunity to have a full year of instruction before sitting their test.

There are opportunities for the insurance industry to do much more to control the behaviour of young drivers. Much more could be done on the installation of in-car devices that can assess an individual's driving, with the insurance adjusted accordingly. If we used devices that gauge a driver's speed and performance, it would be easy to identify problem drivers.

I am not against the principles in the Government's motion, but I will continue to explore and seek answers to the concerns that I have expressed.

I move amendment S4M-09447.1, to leave out from "further notes" to end and insert:

"recognises the enviable road safety record of the UK; believes that Graduated Driver Licensing (GDL) would be impossible to regulate and could have a negative impact on young drivers in rural areas who require to drive during the curfew; considers that other options, such as more severe penalties for infractions, could be applied to young drivers, and believes that GDL would penalise safe novice drivers, irrespective of ability".

14:44

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I declare an interest: I am a member of the Institute of Advanced Motorists. I first took my IAM test in 1972, and I took it again more recently, in 2008.

The IAM's credo is:

"We passionately believe that our roads can be made a safer place by improving the standards of the people who are using them."

That is a good place for this debate to be and every contributor so far has sought to take us there. I am delighted that David Stewart is here to take part in the debate. I know that he is passionately in favour of improving standards on our roads and I admire everything that he has done in this area.

Let us have a look at the context. When I first passed my test in a car, 51 years ago in 1963, a Mini Cooper S cost £777 and it had 70 brake horsepower and a top speed of 95mph. Today, a Mini Cooper S costs £21,000—which is almost exactly the same amount relative to average earnings—but it now has 184bhp and is capable of 143mph. So, the simple and straightforward test that I passed in 1963 is not necessarily the test that I should pass to drive the much more powerful and potentially much more dangerous cars that we have today.

The first car that I owned a share in was a 1928 Austin 7, with a top speed of 28mph—it could not even break the town's speed limit. It cost £5, by the way, and came complete with a spare engine. Like Alex Johnstone, I drove that car around unlicensed and uninsured and off the public road—or at least that is what I am telling you here. I started driving as a 12-year-old and acquired the skills very rapidly, but I did not have the experience to allow me to engage with what goes on on the public highway.

The Transport Research Laboratory, which works with over 100 countries, suggests that there could be quite a wide range of savings from GDL—from as few as 2,200 casualties to as high as nearly 9,000, so more work needs to be done. It suggests 100 hours of supervised learning over 12 months.

Let me compare flying with driving. As a private pilot, I went solo after 12 hours of instruction, and 40 hours of instruction was necessary to get my licence. That did not allow me to fly at night or out of sight of the ground, and one has to do training for complex equipment. One needs five hours for a night rating, 15 hours for an instrument rating and a further five hours for a multi-engine rating. There is graduated experience and training. I am not allowed to carry passengers unless I have done three landings and take-offs in the past 90 days, and I have a medical every year and an electrocardiogram every two years. It is tightly regulated. I do not think that people would want to fly with a pilot who did not perform to such standards. By the way, one can start flying as a 12-year-old, so I think that Alex Johnstone's point about starting to drive at an earlier age has some merit.

It is worth considering, however, what kind of risks one is exposed to when flying. One will very rarely bump into another aircraft—there are not all that many of them. In the UK, it would be an unusual occurrence for there to be more than 600 aircraft in the air at any one time. On the roads, if one travels at 70mph on the dual carriageway, one passes within feet—at a closing speed of 140mph—of other drivers, and one wants them to be well trained and well equipped to deal with conditions on the roads.

For flying, the blood alcohol limit is one quarter of what it is on the roads. In addition, one is not allowed to fly until eight hours after one's last drink. There are measures that we could look at in relation to driving.

I close by quoting Marilyn Monroe, who said:

"If you can't handle me at my worst then you don't deserve me at my best."

That leads me to something for this debate. The issue is not about raising the standards that our best drivers can achieve; it is about raising the floor below which our least proficient drivers never fall.

14:49

Graeme Pearson (South Scotland) (Lab): I am grateful to have been given the chance to contribute to the debate and I rise to support the Government motion and Mark Griffin's amendment.

I am fairly unique in this debate as, when I was a young man in my teenage years, I was a statistic: I had the success of crashing my parents' car in darkness on a country road, which nearly saw the end of me. Probably many people wished that that outcome had been delivered, but I am very grateful to have survived, thanks to the

support of the police and the accident and emergency unit on the night.

When examining the balance to be struck between the freedom of the individual and the safety of young drivers, we do well to remember the statistics. The Organisation for Economic Co-operation and Development has reported that road traffic accidents are the biggest killer of 15 to 24-year-olds in industrial countries. It has said:

"Driving age young people under 25 make up around one-tenth of the population in OECD countries, but represent more than a quarter of car drivers killed on the road."

A clear-cut conclusion can be drawn from that: young people are overrepresented in single car and loss-of-control crashes and crashes in which drivers turn across oncoming traffic.

There is a duty on us to protect young drivers from their own inexperience and—as Alex Johnstone said—overconfidence in their ability to drive. In 1998, 17 to 21-year-olds accounted for 7 per cent of the total driving population here, but they comprised 13 per cent of drivers involved in collisions. That statistic reflects the tremendous angst caused to families through not only death but serious injury on the roads, the loss of young people's talents and futures and the tremendous heartache that families experience over years, decades and probably lifetimes.

In my case, it took more than a year to recover fully from my accident, and I was very fortunate. Other families that I grew up with were less fortunate: in those circumstances, parents and siblings carried the burden of those experiences thereafter.

In 2011, Transport Scotland made a number of recommendations that go alongside the issues that we are debating today. The curriculum for excellence can ensure that there are learning opportunities in school and is an important resource that we should commend to those in schools. They should bear in mind road accidents' effects on not only young drivers, but pedestrians, cyclists and, indeed, car passengers. There is no doubt that passengers in vehicles with young drivers add to the compound that encourages the kind of behaviour that unfortunately results in accidents. We should encourage better governance and evaluation of interventions so that we know what road safety education works with young people and invest in worthwhile interventions.

It would be churlish not to acknowledge the fall in the number of road accidents and deaths and injuries in the past five years, but I am heartened that the minister shows no evidence of complacency.

As was mentioned earlier, the Association of British Insurers has offered recommendations. Its suggested minimum 12-month learning period seems a sensible way forward, and lowering the driving age from 17 to 16.5 years, perhaps to please young people and assure them that they are being not deprived of driving but encouraged to drive well, would be a good thing. The lowering of the blood alcohol limit is important, too, although the ABI makes no mention of the impact of drugs and their effects on young drivers, particularly at night. In a modern world, unfortunately we need to think about that.

Alex Johnstone mentioned potential difficulties with having different alcohol limits, but I do not think that such a policy would have the practical impact that he suggests. A police officer should not think of doing a blood or breath analysis at the roadside unless there is a genuine suspicion that alcohol is involved.

The Deputy Presiding Officer (Elaine Smith): I ask the member to draw to a close, please.

Graeme Pearson: I leave other members to add to the debate, but the issue is important, and we should keep it in mind.

14:55

Clare Adamson (Central Scotland) (SNP): As the convener of the cross-party group on accident prevention and safety awareness, I am particularly pleased to speak in this important debate.

The cross-party group held a meeting in November on road safety, at which we heard excellent presentations from a number of contributors. George Cairns from Glasgow City Council spoke about the drive safe Scotland and go safe Scotland initiatives, which emphasise that all communities, and all of us, are responsible for road safety. Robert Atkinson from the Scottish centre for healthy working lives and the Scottish occupational road safety alliance spoke about the issue of occupational dangers, which members have mentioned in today's debate; we know that 20 road deaths each year involve people at work.

Paul Richardson from Scottish Borders Council gave a presentation from a practitioner's point of view. Scottish Borders Council, like councils in the north-east and in some other areas, has particular problems because of the rural nature of the roads and the fact that there are tourists driving on those roads, and it understands very well the problems that are associated with young drivers.

Although I understand the Government's frustration at Westminster's lack of progress towards a GDL scheme, Scotland has not stood still on the issue—far from it. I was delighted to hear last week that Scottish Borders Council is

funding a two-year programme that will allow 17 to 25-year-olds in the area that it covers to get free advanced driver training, which is very positive.

I will focus primarily on the presentation from Kevin Clinton, who is head of road safety with the Royal Society for the Prevention of Accidents. He spoke about the use of black-box technology, which could be quite revolutionary in the context of a GDL scheme. It is an innovative way to increase young drivers' awareness, helps parents and carers to understand the driving practices of young people, and encourages young drivers to continually learn and constantly monitor their progress and driving abilities. Its use has also raised public awareness about the type of driver technology that is available.

The telematics are quite advanced; I did not understand until I saw the ROSPA presentation how sophisticated black-box technology is and the opportunities that exist for its use. It enables personal risk taking to be calculated for every driver, and it highlights aspects of driving that could be improved. It also enables an accurate analysis of the driver's behaviour and can incentivise people to improve through giving constant feedback on their driving. For young drivers, those aspects can significantly reduce risky driving behaviours, especially among high-risk young drivers.

The Scottish Government has published the Transport Scotland document, "National Debate on Young Drivers' Safety: Final Report", which asked young people about their attitudes to placing physical restrictions under a GDL scheme and about the use of technology. Although physical restrictions on driving at night and on the number of people in new vehicles was resisted by the young people—especially the males—who took part in the survey, there was quite a positive reaction to the use of technology. Although driving is still a high-risk activity, the monitoring may have a significant impact on young people's behaviour.

I was delighted that the Scottish Government has undertaken the young drivers at work black-box project with ROSPA, which looks specifically at young drivers in work. It is unfortunate that the results of that project are due to be published on Friday, as they might have been helpful for the debate, but I am looking forward to their publication.

The project approached companies that are already involved in driver safety and the management of occupational road risk with the Health and Safety Executive to ask them to take part in the pilot. They found that the driver safety scores, the trip scores and the constant feedback that they received improved the drivers' performance.

Technology can tell us about the pace, calmness, smoothness and anticipation skills of a driver—really significant bits of information that are useful to employers and young people. I hope that black-box technology will be considered under the GDL.

15:00

Tavish Scott (Shetland Islands) (LD): Like Alex Johnstone and Stewart Stevenson, I learnt to drive at a young age off the public road. In my case, it was on a farm. I agree with a lot of the analysis that those members offered about the difference between the test that we sat and the one that my daughter passed two months ago.

If there is anything about the modern test that needs to be changed, it is the fact that we do not do enough analysis and real training in different driving conditions. For example, we should put youngsters on skid pans that have water all over them, because the first time that many young drivers or people who have just passed their test hit ice or really wet conditions, their instinct is to slam on the brakes really hard, which is a pretty scary experience for a driver who has never done it before. Parts of the existing driving test need a lot of work if it is to equip the next generation with the ability to cope with a modern vehicle in the way in which colleagues have described.

I do not doubt that I am like many members in that I have had the most awful experience of going to a funeral of a young boy who lived on my island and was killed in a motor accident. I was still an elected council member at the time. I will never forget the look of his parents on that dark day in Bressay when he was buried. That should give all of us in all parties the clear objective of tackling the number of deaths that the minister and other members have highlighted this afternoon, not just across Scotland but across the UK.

I want to see practical proposals. It is all very well to set up an argument with Westminster, and I understand the political need for the minister to do that. After all, no debate at the moment is complete without an attack on Westminster—sadly. However, it is one thing for someone to say that they want something to happen and for them to demand a change in an approach, but it is another thing for them to propose what they want. I must say that that also applies to the Labour Party, especially if it is just going to support this motion.

The last line of the motion recommends that UK ministers

“develop and take forward proposals on GDL without further delay.”

We have to explain what that means. The TRL research findings that were produced last year state:

“Overall effectiveness of a GDL system is dependent on the number of components implemented, the strength (strictness) of those components, and the conviction with which the system is implemented by authorities.”

I would have thought that that was a self-evident given. For ministers or Opposition members to stand up and say, “We demand that this GDL is implemented” without saying what measures they want to see in it is pretty easy to do, but it is not fair to many people, including all those in the campaigning organisations who make entirely reasonable observations about the need to see something better.

For example, I would be concerned by a complete ban on night-time driving—the minister cited Ireland in that context—or a zero-tolerance policy on alcohol affecting a certain category of driver. I take Graeme Pearson’s point about police officers, but if we are going to have a zero-tolerance policy on alcohol, it has to apply to all drivers.

We might as well lump mobile phones in with that. This morning, I got the airport bus into Edinburgh and I saw a large number of white van drivers with their mobile phones at their ears. On each occasion, he—dare I say “he”?—was steering with one hand. We might have passed legislation on that, but it has not made a blind bit of difference to most drivers’ behaviour. We need to be very clear about what we are trying to achieve and say it in a debate rather than just doing the usual thing of blaming everyone else.

Alex Johnstone rightly picked up on a point that the minister’s motion does not mention. In most of rural Scotland, there is limited or no public transport, so a huge number of people could be caught by whatever measures the minister considers to be appropriate. I will just take nurses as an example. I found the Government’s figures on nurses and midwives who are under the age of 25 and could therefore be caught by a restriction. There are 17 in Shetland, 75 in Dumfries and Galloway, 17 in Orkney, 105 in Ayrshire and Arran, 100 in Highland, and 400 in Grampian. They are all nurses and midwives on whom we depend every day in our hospitals and health services, and they would be caught if the measures that have already been described in the debate were simply implemented without any thought being given to how such essential public servants get to work.

Finally, Clare Adamson made a good point about black-box technology. After all, all young people now carry mobile phones that are probably a heck of a lot cleverer than the one that I carry. The phones always have the location switched on,

and young people are comfortable with that. I therefore think that Clare Adamson made a good point about the reality of young people's attitude to such technologies and how that could be part of the solution, rather than just airy ideas that have no detail behind them.

15:05

Gil Paterson (Clydebank and Milngavie) (SNP): I declare an interest, in that the business that I own, which is now run by my son, is a supplier to the accident damage industry. We supply throughout Scotland to workshops and body shops that repair vehicles.

I am afraid to say that that gives me, in this young body, more than 40 years of experience in the area. When I worked in the industry, I had to make daily calls to body shops and repair shops. No matter how many times I did that, it did not minimise the feeling when I saw a car that had been damaged in an accident involving a young person.

My experience tells me that, for the most part, young people take great pride in their vehicles. By and large, their vehicles are well maintained and they have great paint jobs. They are maybe a wee bit gaudy for my tastes—although, given the ties that I wear, some would probably say that that is the pot calling the kettle black. However, they use extremely flashy colours and they have terrific wheels. I spend a lot of time looking at wheels—not just legs, I have to say—and I see that young people clearly take great pride in what they have. It is a great achievement to own and drive a car, and it is a milestone in young people's lives.

From my experience, when seeing a vehicle in a workshop that is completely wrecked, it is sometimes hard to understand how people could have walked out of it alive, whereas another car can have very little damage but turn out to have been involved in a fatality. That applies not just to young people but in general. How does that happen? The reason is that the car stops swiftly—it maybe crashes into something, although it might not be a big bump—and the people inside the car collide with each other and suffer head damage, which results in fatalities. From looking at a car that has been in an accident, we can never tell what we are really looking at. People always ask about that—I assure members that, when I walked into the workshop, I always got the bad story, particularly if the crash involved a woman or young person.

The statistics speak for themselves. As members have said, young people aged between 17 and 25 make up 10 per cent of licence holders but 23 per cent of drivers who are involved in accidents, more than one in five of drivers who are

involved in injury accidents and 24 per cent of drivers who are involved in fatal accidents. That is a rather sad statistic.

Members have mentioned the idea from the Association of British Insurers of a 12-month learning period. I like that, because the learning period and gaining experience are key factors. However, we should take young people with us on that, and we should not give the idea that a penalty is involved. We could offset that in some way by reducing the age at which people can begin driving from 17 to 16 and a half. That would be a clear message that we are not introducing a penalty but trying to engage with young people to give them the confidence and experience that they need to keep safe. I am sure that young people would buy into that.

Another measure that is used extensively by insurance companies is the black box that monitors behaviours such as speed, turning and time in the car. It also highlights good and bad habits. It is just like having your mum sitting on the back seat, except it disnae talk back. It certainly reduces accidents and insurance costs. It encourages concentration 24/7 and safe driving. It is possible and practical to introduce it for young drivers across the board, if we can come up with the technology—actually, we have the technology; the issue is the cost of installing it. That approach would be more palatable for young people.

The young people I am talking about are mainly males. Girls and women are far better when they are young and old. I know, because we employ a lot of people who drive vehicles. The women are by far the most careful drivers. They get into far fewer accidents and get on with the job much better. We are really talking about young males, and we owe it to them to consider the matter carefully.

The Deputy Presiding Officer: I am afraid that you must conclude.

Gil Paterson: Whatever we come up with, before we make a final judgment on it we must take into consideration the fact that, in rural settings, driving a car can mean having a job. However, if we do some of the things that have been suggested, we will be doing one thing: helping young people to stay safe.

The Deputy Presiding Officer: I am afraid that I have to tell the next two speakers that they have only up to five minutes.

15:11

David Stewart (Highlands and Islands) (Lab): I have been an advocate for the introduction of a form of graduated driving licence for young and new drivers since early 2010 because, after a

double fatal road collision in the city of Inverness, I was contacted by bereaved parents who pleaded with me to do whatever I could to address the carnage.

In response, I set up the sensible driving, always arriving campaign, which was supported by many local businesses in the Highlands and Islands. They sponsored a series of professionally developed DVDs that we put around every school in the Highlands and Islands. We ran ads on the back of buses. Through Macrae & Dick—a local garage—we managed to have a sports car in new livery advertising driver safety. We also visited schools and communities throughout the area.

The key philosophy in our campaign was the work of Dr Sarah Jones, who has been referred to many times in the debate. I appreciate that the statistics have changed but, at the time, her stats showed that 22 young lives could be saved and £80 million saved to the Scottish economy every year.

For me, it was a no-brainer. It is a truism not depleted by repetition that there is no greater tragedy, no greater sorrow and no greater loss for any parent that the death of a young son or daughter.

I will tell members in more detail why I am speaking in the debate. In early spring 2010, when I was approached by constituents to do something about road safety in Inverness, I met the Matheson family from the city. They had just lost their son Callum, who was 17, along with his friend, who was also 17. Both were killed in a road collision in the city.

The accident statistics that I quoted earlier to Alex Johnstone are stark. One newly qualified driver in five crashes within six months of obtaining their licence. A US study showed that young people under 25 who have more than three passengers and who are driving at the weekend are five times more likely to be involved in a crash. Also, four people are killed or seriously injured in road collisions involving young drivers each day in the UK.

As Alex Johnstone suggested, there is also a rural component: rural roads throughout Scotland are more likely to be the scene of a fatal or injury road collision than urban motorways or dual carriageways.

The Institute of Advanced Motorists lists four reasons why young male drivers are more likely to be involved in accidents. As we would expect, one is inexperience and poor judgment in more difficult driving conditions.

The second reason is inadequate control of the car, resulting in single-vehicle accidents, skidding, overturning or leaving the road. More than half of

accidents involving drivers aged between 17 and 25 in Scotland occur when the drivers are making general progress along the road rather than performing particular manoeuvres, such as turning, changing lane or overtaking. However, a third of collisions in rural areas occur when they are manoeuvring around bends.

There are also issues with lifestyle and attitudes. Alcohol, drugs and peer pressure are particularly important, especially in the context of social driving at night and weekends.

The other factor is economic. Young drivers are more likely to have cheaper, older cars, which offer them less protection from injury than newer vehicles and are less likely to be fitted with technology that reduces the risk of crashes occurring, such as differential braking, which reduces the loss of control at bends.

On 26 October 2010, I wrote to Stewart Stevenson, who was then the Minister for Transport, Infrastructure and Climate Change, and whom I thank for his kind comments earlier. In answer to my question, he said:

“The legislation for Graduated Licensing is a reserved matter, but in reply to the Driving Standards Agency ... consultation, we highlighted that there is strong support for regulated driving for young drivers amongst the road safety community.”

In his winding-up speech, perhaps the minister could confirm that he would support a pilot GDL in Scotland and indicate that he will write to the Department for Transport in support of that idea. If he is looking for areas for such a pilot, I suggest that the Highlands and Islands might be suitable.

I believe that GDL is an innovative idea whose time has come. Tom Paine, an American revolutionary author, said:

“We have it in our power to begin the world all over again.”

Unfortunately, we cannot turn the clock back for families who have lost loved ones. We can, however, adopt a new, safer, proven driving regime that is aimed at slashing the carnage on our roads and preventing the deaths and injuries of young drivers.

15:15

Graeme Dey (Angus South) (SNP): The Parliament has, undoubtedly, debated matters of greater significance than this one, and I suspect that we will be lucky if this part of today's business secures more than a few paragraphs in our written press tomorrow. However, especially for those of us with children who are of an age when they are getting behind the wheels of cars, young driver safety is hugely significant and important.

My son has not yet passed his driving test, but every time, almost without exception, he goes out in a mate's car, he leaves the house with a warning to take care ringing in his ears. It is not that his pals are risky drivers—as far as I know, they are not—but we cannot help but worry when we recall the mistakes that we made as young drivers, simply through lack of experience. Stewart Stevenson was right to point out just how powerful modern cars have become.

Night-time driving, driving on rural roads and coping with winter conditions present different challenges—ones that can be met only through experience, which is also the only way people develop an instinct for how other road users behave.

However, we still have a situation in which, one minute, a person is not allowed behind a steering wheel without an instructor or examiner by their side and, the next, they have a piece of paper that says that they have passed their test, and off they go. Is it any wonder that, as has been mentioned, Department for Transport statistics say that one in five new drivers crashes within six months of receiving their full licence?

The truth is that, in this regard, we are selling our young people short: we are putting them at risk and, as parents, we are perhaps exposing ourselves to the most awful thing that could happen to us, which is the needless and avoidable loss of a child and the unimaginable anguish that it would cause. As David Stewart illustrated earlier, that pain does not go away. When the child's pals get engaged, marry and have kids of their own, it just serves to remind the surviving family of what might and should have been.

As we have heard, the consequences of such tragic accidents are not confined to fatalities; serious injury can also have long-term consequences and we see that those who have caused fatalities by their driving may pay the price for years to come, as Mark Griffin highlighted.

A few weeks ago, a family friend got the call that all parents of young people dread. The police were on the phone advising that her youngest son had been involved in an accident. She arrived at the scene to find that he had, thankfully, survived a horrific barrel-rolling crash with just cuts and bruises. I understand that, ironically, he had survived because the vehicle in which he had been a passenger lacked a front seatbelt, and he had been thrown from it. They are a very lucky young man and a mightily relieved mother. That reminds us that not only are young drivers at risk as a result of their inexperience; their passengers are, too—not to mention other road users.

It is estimated that introducing a GDL system for 17 to 19-year-olds across the UK could prevent

almost 4,500 casualties annually. A Cardiff University study based on accident figures between 2000 and 2008 suggests that introducing even a limited form of GDL that would restrict driving between 10 pm and 5 am, that would restrict to just one passenger 15 to 24-year-old drivers, and which secured even 50 per cent compliance, could prevent six deaths, 51 serious injuries and 250 minor injuries in Scotland. We have heard today that the latest figure for the lives that could be saved through such a measure could be as high as 19. Statistics show that a young driver with three or more passengers in the car is four times more likely to be involved in a crash. The proposal, therefore, surely has to be worth looking at.

I note some of the points that were made by Alex Johnstone regarding travel to education or work in remote and rural areas, and I acknowledge that setting up such a system would not be without challenges. Commonsense exemptions would have to be considered to allow for work situations and, perhaps, for giving lifts to family members. However, the principle is undoubtedly sound and is reflective of practice in a number of countries around the globe. I also note the suggestion from the Association of British Insurers that introducing GDL—albeit a strict version of it—could lead to a 15 per cent to 20 per cent drop in premiums for young drivers. To my mind, that makes GDL a win-win that would not only save lives and prevent devastation in families, but would reward young drivers financially.

I urge Parliament to support the motion and the Labour amendment.

The Deputy Presiding Officer: We turn to the closing speeches. I call Alex Johnstone, who has up to five minutes.

15:20

Alex Johnstone: It has been an extremely interesting and high-quality debate in which we have heard a range of ideas, including some quite original ones. However, the key problem at the heart of the issue remains. As I was making notes for my closing remarks, I found that I had a very clear idea in my head. I hope that members will come with me on it.

In this year in which we celebrate the 100th anniversary of the start of the first world war, we have seen a lot of television programmes looking at the history of that period. One hundred years on, we find it very difficult to understand how such huge numbers of our young men would volunteer to go to off to war with guns over their shoulders. Their reason for doing it was a simple one that we all know: young men believe deep down that nothing can harm them. They believe that they can

do anything and that they will survive, but we know only too well that that is not the case. Although our young men no longer go off to war in the same way, when they get behind the wheel of a car, it is quite often that same deep-seated emotion that takes control of them.

We do mean young men, because so often it is a young man who has the steering wheel in his hands when an accident happens. However, it is also about young women; so often, in the cars are young women who are injured or killed as a result of such accidents. The problem is no respecter of gender.

Tavish Scott gave a very good speech with which I agreed almost 100 per cent, but there is one issue on which my view varies slightly from his. That issue is the potential for introducing more significantly difficult levels of testing. I believe that we should test our young drivers to ensure that they are absolutely at their best, but the problem that I perceive is that no level of testing will ever identify those who are at greatest risk, because those who are at greatest risk are those who are most confident and able, and who are most likely to pass any test that we put before them.

Stewart Stevenson: Would Alex Johnstone consider the suggestion that people should be unable to take their test until their instructor says that they are sufficiently trained to do so? That is certainly the case in aviation, and it seems to work there.

Alex Johnstone: I believe that that would be an appropriate way to go forward. Again, however, I emphasise that the testing process appears to be incapable of identifying the young drivers who are at most risk of getting involved in serious accidents. It is those who are most confident and who have the greatest ability to pass any test that we put in front of them who will eventually overstretch themselves and find themselves involved in such accidents.

That is why education must always have a place. We can start that education early with our young people—long before we even begin the driver training process. It is disappointing that the joint efforts by the councils and the police force in the north-east over recent years appear not to have found favour with Scotland's national police force after reorganisation. The work that was done between the councils and the police force in schools in the north-east went a long way in explaining to individuals the risks that they would face as young drivers, particularly in the peculiar north-east environment, where it appears that the roads invite young drivers to exceed the speed limit and then throw them off at the first corner.

Another issue that has been raised frequently in the debate is that of driver training and young

driver assessment, on which we have found a significant degree of agreement. I think that the idea of allowing young drivers to begin their training before the age of 17 has found favour in every corner of the chamber. It is vital that we ensure that long periods of training take place. If we are going to allow our young drivers to drive at 17, they should have a significant level of, and time in, training behind them before then. I believe that the idea of allowing young drivers to drive under instruction on the public roads when they are 16 and a half or even 16 will find a great deal of favour.

When I spoke earlier in the debate, I mentioned what I described as in-car devices, which other members described during the debate as black boxes—I think that it was Clare Adamson who first used that term in the debate. However, there is a level of technology that will allow us to assess a young driver's performance and that will demonstrate whether they take any risks. One member pointed out that such technology also provides the opportunity for those who can demonstrate their ability to reduce their insurance costs.

It has been a constructive debate that has contained much that I can support, so I look forward to decision time.

15:25

James Kelly (Rutherglen) (Lab): In closing the debate for Labour, I am pleased to support the Labour amendment and the Government motion, but we will not support the Conservative amendment. I am sorry to disappoint Alex Johnstone.

It has been a high-quality debate in which we have heard about a lot of good experiences. The fact that members such as Gil Paterson have brought to it their experience, not just as drivers but in a professional capacity, has helped to make it highly informative.

Many members cited statistics on young drivers, which I think provide the starting point for the debate. Although young drivers make up only 10 per cent of the driving population, they account for 20 per cent of accidents. As has been pointed out, 27 per cent of young drivers are involved in accidents in their first six months of driving, so it is clear that there is a real problem.

As David Stewart and Graeme Dey eloquently pointed out, behind the statistics are human stories and human tragedies. Families have lost young men and, in some cases, young women who were passengers in the car that crashed. Lives have been lost and people have been badly injured; their lives are never the same again. That paints the picture of the challenge that we face.

As politicians, we need to decide what we can do about the problem. In that regard, a GDL is worth looking at. As the Sarah Jones research shows, there is no doubt that a GDL would save lives and money across the budget lines of the Scottish and UK Governments. As a result of not being involved in accidents, people would be more capable of contributing to the economy and would not be such a strain on the health service.

There are different issues that must be assessed. I say to Tavish Scott that we are disappointed that the Government has not published the green paper, which represents an opportunity to develop proposals and to consider ideas including reducing the blood-alcohol maximum, restricting use of mobile phone hands-free sets while driving, and others that have been raised in the debate. The green paper would provide an opportunity for proposals to be developed and arguments to be tested, following which evidence could be examined. Ultimately, it is evidence that drives and informs proposals.

We are not in a position to do nothing; we need action from not just the UK Government but—in areas in which it has responsibility—the Scottish Government. Mark Griffin mentioned education, which the minister said he will touch on when he sums up. As a number of members have said, we also need to make the best use of police resources, so we must target policing of the problem appropriately.

More can be done on discussions between the Scottish Government and councils. Clare Adamson said that Scottish Borders Council provides free advanced driving lessons for young drivers. The Scottish Government could work with councils on such examples of good practice.

A number of interesting speeches have been made. Stewart Stevenson was correct to point out that we must ensure that our young drivers are more capable, and Tavish Scott's point about the driving test relates to that. I remember that, after I passed my driving test, there was a big difference between going round with the driving instructor, who tells people to go from A to B, and sitting all of a sudden in the car on my own. I drove to Kilmarnock for a football match and I thought, "What do I do now?" Sadly, a lot of young drivers find that experience overwhelming, which is why we see the number of accidents that we see. That ties in to the point that Gil Paterson and others made about lengthening the time for which young drivers should learn. If we were to reduce the age limit to 16 and a half and say that young drivers must learn for 12 months, they would—as Stewart Stevenson pointed out—be much more capable by the time they passed their test and emerged on to the roads.

The debate has been constructive. Members have made their speeches constructively, even although we have not always agreed. There are important issues for the UK Government to consider in relation to the green paper, and the Scottish Government can take practical measures through working with councils. I look forward to the minister's response.

15:32

Keith Brown: I agree with James Kelly that, in general, the debate has been constructive and that speeches have been high quality. I will try to refer to those speeches.

Mark Griffin raised a number of education issues. We have a number of education campaigns, one of which is called kids in the car. Whenever we launch public marketing campaigns, we leave ourselves open to a bit of fun being poked at us. The idea behind the campaign was that, as Alex Johnstone said, people start to learn about driving from an early age—from the minute they get into a car at whatever age—and they take on board some of their parents' habits.

We have a safe road-user award, which is available in the Scottish Qualifications Authority suite of courses and can be accessed by approved centres. We also have young driver initiatives—for example, cut it out in Strathclyde, and driving ambition in Grampian. We also heard about Dave Stewart's initiative; as Stewart Stevenson did, I acknowledge the work that he has done on the issue over a number of years. We also have a number of other initiatives, such as crash magnets, which is a road safety education resource that is designed for use by 14 to 17-year-olds in secondaries 3 to 6.

Mark Griffin asked about Police Scotland. Whatever has been said about Police Scotland—Alex Johnstone made fairly strong remarks about road policing—I think that the trunk roads policing unit is an extremely good resource. Focus is being brought to bear on the issues, and it is certainly not in any instance left to cameras to do the work for the police, although cameras are a form of policing in their own right.

Campaigns are going on. Mark Griffin made a good and interesting point about rehabilitation, which I will go away and consider, if he does not mind. I do not think that the Scottish Prison Service has an initiative on the offences that were referred to, although some courses can be done after a custodial sentence.

Stewart Stevenson mentioned his Austin 7, which had a top speed of 28mph, and Marilyn Monroe. The only thing that he has in common with her is his alliterative name.

My first car was a Wolseley 16/60. I am not that old, but it might surprise people of Mark Griffin's age that that car had a starting handle at the front. I did not have to use it, but it could be used if the car did not start with the key. I can honestly say that I never crashed that car, but that is because it took a year and half to get from nought to 60mph. That underlines the point that Stewart Stevenson made about the way in which technology has developed and cars have become much more powerful.

Clare Adamson mentioned—as a number of members did—black-box technology, or telematics, as it is often called. There is a great deal of merit in that idea, but it tends to be more relevant if the young person owns the vehicle. Things are sometimes much more difficult if the vehicle is owned by somebody else, as can be the case.

Members have mentioned that there has been some resistance to GDL scheme proposals, but there is also resistance to the idea of mentoring or monitoring young people. However, we believe that that is an interesting initiative that has been brought up by motoring organisations and insurance providers. We are keeping an eye on it, because we think that it has real potential.

Tavish Scott's speech was perhaps the most discordant today; in fact, he got increasingly angry as he went on. One point that he made was that the debate has been a device to try to further the constitutional argument and to have a go at Westminster. We did not start from that position; we started in broad agreement with the Westminster Government. We corresponded with it—which we did not make a big issue of—and it eventually agreed to go ahead with its green paper, but then it changed its position. All that we are doing is highlighting that fact and saying that, if it does not want to go ahead with that or to do something itself, we think that the matter is worth considering further, and we want to take it further through the Westminster Government's passing the powers to us. That is a perfectly reasonable thing to say. Perhaps it was the poverty of Tavish Scott's other arguments that led him to try to use the constitutional debate to hide that fact. I hope that we will take away the crutch of that constitutional debate on 19 September and thereafter concentrate on the merits of the arguments.

James Kelly dealt very well with another point that was made. Tavish Scott said that we should have proposals that we should then discuss. That is the point of the green paper—to consider, consult and then commit. That is the proper way to do such things.

Tavish Scott: I am very grateful for the constructive way that the minister is behaving.

Why did not his white paper, which the taxpayer paid for, include all the measures that he is talking about?

Keith Brown: If Tavish Scott had been following the debate, he would realise that, when we published the white paper, we had an agreement with the UK Government that it would go ahead with its green paper. [*Interruption.*]

The Deputy Presiding Officer: Order, please.

Keith Brown: The UK Government did not go ahead with the green paper. Circumstances have changed.

Every contribution to the debate has been relatively constructive, apart from the examples that I have mentioned.

As some people have said, we have to consider not only drivers, but other people in cars. A number of people have mentioned their offspring and have said, for example, that it is not just that they have two sons of 17 and 19 who drive, but that they have a daughter who goes out in cars with other people. Parents tend to have that concern. Is the person who will drive the car another young person who will be susceptible to peer pressure or other pressures? Will their child be vulnerable in that car? That is a legitimate concern, and it points us to some of the things that might feature in graduated driver licensing.

Dave Stewart mentioned the idea of a pilot. As things currently stand, we would need permission to undertake that pilot, of course, and off the top of my head, I think that there could be logistical issues with constraining it within one geographical area. However, I undertake to consider that idea and to see whether there is a possibility there. As things stand, it would be the UK Government's responsibility through the Driver and Vehicle Licensing Agency to allow us to do that. If that changes in September, perhaps we could do it with the DVLA changes that we propose. Perhaps there is an idea there. It might be defeated by the logistics, but let us take it away.

It is interesting that Dave Stewart also mentioned Tom Paine, whose most famous book is perhaps the "Rights of Man". Some of this inevitably comes down to the rights of individuals and whether it is right to constrain those rights not just to protect people from themselves—constraining a person's rights to protect them from themselves is a dangerous area to get into—but to protect passengers and other road users. We have a legitimate point to make, which I have tried to make in relation to passengers and other road users. If a person does not treat the car as it should be treated, he or she can very easily cause another person's death or injury. That means that there is a legitimate role for the Government in trying to mitigate what members have called

“tragic” and “heart-rending” circumstances, when the parents of a child who has been involved in a car accident are informed of that.

The way to progress the matter is to use the evidence, and the evidence clearly shows that graduated driver licensing represents a strong opportunity to make a genuine difference to road safety for young and novice drivers.

As I explained, I have pressed UK ministers to consider developing proposals on GDL and have offered to work constructively with them to achieve that. Unfortunately, it appears not only that the green paper has been postponed, but that there is no prospect of positive action on the issue from the UK Secretary of State for Transport in the foreseeable future. It is the UK Government's right to take that approach, but if it does not want to act, I ask it to allow us the powers so that we can begin a consultative process to find out what kind of scheme would be beneficial for Scotland. Set against a background of avoidable road casualties, coupled with an overwhelming supporting evidence base in favour of GDL, the situation that we are in is very frustrating, which is why I sought the debate.

I thank members for their speeches. I offer a further reference from the recent evidence review that was commissioned by the DFT. The review estimated—the figure has been mentioned, but it is worth repeating—that a GDL system in the UK would result in annual savings of 4,471 casualties and £224 million. Neither the human cost and suffering nor the economics add up to any reason to ignore the possibilities that a GDL would bring. I urge members to support the motion.

Immunisation Programme

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-09446, in the name of Michael Matheson, on Scotland's immunisation programme.

15:41

The Minister for Public Health (Michael Matheson): I am pleased to open the debate.

The World Health Organization has stated that the two public health interventions that have had the greatest impact on the world's health are clean water and vaccines. Immunisation is one of the most effective ways of protecting the public against and reducing the spread of serious diseases.

The development of effective vaccines in the past few decades has led to a huge decline in the number of deaths from various diseases, particularly in childhood. Before the introduction of the national vaccination programme, Scottish children were extremely vulnerable to diseases such as whooping cough, polio and measles.

The Scottish routine childhood immunisation programme is one of the cornerstones of our efforts to improve and protect public health. Infants are vaccinated against a wide range of diseases that once posed a serious danger to life but are now condemned to the past. The programme has also dramatically reduced the incidence of once common diseases, such as tetanus, whooping cough, measles, mumps and rubella.

The immunisation programme's value is very clear. For example, vaccination against measles was introduced in 1968. In 1970, more than 25,000 cases of measles were confirmed in Scotland. By 1994, the figure had fallen to 536 confirmed cases and, by 2012, that figure had declined further to just 28 confirmed cases.

Through the immunisation programme, we also offer important protection against conditions such as meningitis. Since 1999, children have been vaccinated against meningitis C as part of the routine childhood immunisation programme. When the vaccine was introduced, there were 95 cases of meningitis C; between 2008 and 2012 there were only 2 cases.

We have seen the effects of immunising our children against meningitis C, but meningitis B remains a greater threat. A vaccine against meningitis B became licensed for use last year, and the Joint Committee on Vaccination and Immunisation has just recommended its introduction in Scotland and across the rest of the United Kingdom. That is a major step forward in our ability to protect children from the threat of

meningitis. I am sure that all members will welcome the decision to introduce the vaccination in the near future.

The importance of childhood immunisation programmes is recognised by the public, and Scotland has an enviable high uptake rate. For the past decade, Scotland has had uptake rates of between 96 per cent and 98 per cent for children completing the vaccination courses for diphtheria, tetanus, whooping cough, polio, meningococcal group C bacteria and pneumococcus by 24 months of age. That is consistently above the 95 per cent target that has been set by the World Health Organization. Uptake figures for other vaccination schedules, including the measles, mumps and rubella vaccination and the pneumococcal conjugate vaccine booster, are continuing to rise, too. The uptake rate for both of those is well above 90 per cent, and this year the uptake rate for the MMR vaccination reached the 95 per cent target.

Nevertheless, we cannot afford to be complacent. In 2013, Wales and England experienced a large outbreak of measles—a disease that has been targeted by the WHO for elimination in Europe by 2015. Unfortunately, MMR vaccine uptake declined to less than 80 per cent in Wales and England after the now-discredited Wakefield study, which resulted in an increased population susceptibility to measles. In Scotland, uptake of the MMR vaccine dropped to 87 per cent in 2003. The Scottish public health effort in response to that decline aimed to maximise uptake of MMR1 by the age of two, ensuring at least 95 per cent uptake of one dose of the MMR vaccine among children before they started school at the age of five. It then aimed to maximise uptake of the second dose of the MMR vaccine among children by the age of six.

The most recent uptake rate of the MMR vaccine in Scotland, for December 2013, was 96 per cent, and the uptake rate for MMR2 was almost 92 per cent. Overall, measles has been well controlled in Scotland, with only a small number of cases occurring sporadically across the country during 2013. Because uptake rates did not fall as sharply in Scotland as they did elsewhere in the UK following the Wakefield study, the effect of last year's outbreak in Scotland was not as severe as the effect of the outbreak in England and Wales. Nevertheless, the children who were most vulnerable to that outbreak were those who would have been vaccinated in the late 1990s. For that reason, a short MMR vaccination catch-up programme was put in place to protect those children who were not vaccinated originally. The outbreak was an important reminder of the value of vaccination programmes and the speed with which a disease can spread if we do not remain vigilant.

Another long-running childhood immunisation programme that is delivering positive public health benefits is the human papillomavirus vaccination that is offered to girls in secondary 2. The programme protects girls against the two types of HPV that cause approximately 70 per cent of cervical cancer and two other types of HPV that cause 90 per cent of cases of genital warts. Since the introduction of the vaccination programme in September 2008, we have seen a consistently high uptake. Although we are only now seeing the results of the programme, research that will be published soon in the *British Journal of Cancer* will show that the high uptake rates have already led to a reduction in the prevalence of those types of HPV in young women.

Patrick Harvie (Glasgow) (Green): There are indeed high uptake rates and we can be confident that there will be success in preventing instances of cervical cancer. HPV is implicated in a number of other cancers—oropharyngeal, penile and anal cancers. In particular, young men who have sex with men do not benefit from the herd immunity that young heterosexual men would benefit from. Is the Government actively considering the extension of the HPV vaccine to boys and young men? When can we expect to hear about some progress on that?

Michael Matheson: The member may be aware that the advice that Governments receive on the use of vaccination programmes comes from the Joint Committee on Vaccination and Immunisation. It is an issue to which the committee has given some consideration. Given some of the emerging data and information on the matter, the JCVI has set up a specialist sub-group to explore the issue further. Once that sub-group has reported to the committee and its report has been submitted to Government, we will be in a position to make an informed decision on the matter. At this point, we should allow that expert group to consider the existing body of evidence and then to evaluate how to take the matter forward effectively if the recommendation is that there should be changes to the HPV vaccination programme.

I do not have a timeframe that I can give the member, but I assure him that the process for carrying out the evaluation to which he refers is already in place.

It is not only in childhood that we have seen the value of immunisation. Since 2001, the seasonal influenza vaccination programme has offered protection to over-65s and those in at-risk groups. Consistently strong uptake rates since the introduction of the programme have meant that the number of deaths attributable to flu has almost halved; 2,000 fewer annual hospitalisations are

caused by flu; and the number of consultations with general practitioners has fallen by a quarter.

Building on the success of the seasonal influenza programme, we have embarked on one of the most ambitious extensions to the immunisation programme. We know that children are vulnerable to the flu so, by extending the influenza programme to all children between the ages of two and 17, we will be able to offer important protection to those who are vaccinated. That is a significant undertaking, and the programme will be phased in over a number of years.

As well as protecting the children who are immunised, the benefits of the programme will extend into the population more generally, with yet further reductions in the number of deaths caused by influenza each year and in the number of hospitalisations and GP consultations that take place.

Last year, there was unprecedented expansion of the immunisation programme—there have been three new programmes over the past year alone. We have successfully implemented a vaccination programme against rotavirus, a disease that causes around 1,200 babies to be hospitalised each year. That comes alongside the introduction of the shingles vaccine and the childhood flu vaccination programme. Those programmes have been introduced in a way that allows the public to be assured about the ability to deliver major immunisation programmes in Scotland.

On the shingles vaccination programme, around 7,000 cases of shingles are recorded each year among people who are 70 years old. Since September 2013, people aged 70 have been offered vaccination against shingles, protecting them against what can be a long-term condition resulting in pain and discomfort.

The benefits of the immunisation programme that I have outlined are a reflection of the professionalism and expertise within the national health service in Scotland. None of it could have happened without the contribution of general practices, school nurses, NHS boards, Health Protection Scotland and other public agencies throughout the country, working together to ensure that Scotland's vaccination programme functions successfully.

I move,

That the Parliament acknowledges the clear benefits and central importance of immunisation programmes to Scotland's public health; commends Scotland's high uptake rates for the adult and childhood programmes and, in particular, the average uptake rates of around 97% annually for routine childhood vaccinations, and supports the Scottish Government, Health Protection Scotland and other national agencies, NHS boards and GP practices in their commitment to these programmes.

15:54

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Fourteen routine vaccines are given to people throughout their lives, from two months old to over 70—and the meningitis B vaccine is coming along. Despite periodic concerns about safety, immunisation, whether it is routine or additional, for travel, is one of medicine's greatest success stories.

Recent additions, such as the shingles and rotavirus vaccines, are quickly finding their place. Rotavirus kills more than 600,000 children worldwide each year. In the UK, our wealth allows us to vaccinate more to prevent admissions than to prevent death, but in sub-Saharan Africa, rotavirus can be fatal when it is combined with bad water and poor sanitation.

All new vaccines, such as the human papillomavirus vaccine, have their critics. New vaccines should be carefully monitored as they enter the mass market.

Smallpox has been eradicated internationally. That is the effect of the first-ever vaccine, which was introduced by Jenner in 1796. Polio has been reduced to a few areas, but health workers who deliver the vaccine in north Pakistan have been murdered, through ignorance and prejudice. We should use this debate to send a message from our Parliament to support and encourage courageous health workers who risk their lives on a daily basis.

Measles cases have been reduced by 74 per cent worldwide. The global vaccine action plan, or GVAP, to which 200 countries have signed up, is a road map for extending the delivery of a basic package of vaccines.

It is estimated that 1.5 million children die each year—one every 20 seconds—from vaccine-preventable diseases. The challenge is to extend vaccines to the poorest countries. Big pharmaceutical companies are beginning to address the issue, through novel funding approaches and research into vaccines for diseases that are prevalent internationally. For example, a vaccine is in development for malaria, which is thought to cause between 1 million and 3 million deaths annually. Incidence of the disease had been reducing, and it is to be hoped that a vaccine will curb its re-emergence.

The biggest vaccine story in the United Kingdom and the western developed world at the end of the previous century and the beginning of this one was the MMR vaccine, to which the minister referred. The consequences should not be lost on politicians who supported the Wakefield fraud. It would have been bad enough if that had been the first time that a single scientist had created a storm around a vaccine, but it was not. In the

1980s, Dr Macfarlane raised concerns about the whooping cough vaccine, and the resultant drop in uptake, which was encouraged by the media, caused a re-emergence of whooping cough and young children were damaged. No proof of a problem with the pertussis vaccine was ever established and the campaign petered out.

The autism link story, which was created out of bad, unethical research, cruelly misled parents into abandoning the MMR. Opposition politicians supported the single vaccine, despite expert opinion and evidence from Japan that single vaccines were not effective. I was personally vilified in this chamber and in the press over my firm support for the triple vaccine, and some politicians berated the Labour Government for following the advice of all the royal colleges.

The result of the scandal was shown in last year's outbreaks of measles in France and Wales. The Scottish response to the outbreak in Wales, which came on top of a significant outbreak in France and led to a call from the European Union for a significant programme of catch-up, was complacent and slow. There was no national urgency and no national campaign to update people who had missed out on the MMR vaccination. Although letters were sent to parents of children to whom the vaccine had not been administered, without a national campaign we are still at risk. There was no campaign directed at colleges and universities, where there has been an increase in the incidence of mumps as a result of the MMR scandal.

There are to be two new vaccines: the meningitis B vaccine, which is to be made available following last week's announcement by the Joint Committee on Vaccination and Immunisation; and the HPV vaccine, in its new nine-valent form, which might be made available to boys. Patrick Harvie talked about that.

The influenza vaccine will be administered intranasally to young children. Along with the shingles and rotavirus vaccines, the influenza vaccine should be monitored to see what happens when it is put into the mass market.

Flu immunisation is very important. We made good preparation for the pandemic, and I made my own contribution to that with my report in 2001. I recommended at the time that we should stockpile Tamiflu, but I have to say to the minister that there has subsequently been much debate about how effective Tamiflu is, partly because of the failure by Roche to publish all the research timeously.

There is a big increase in the immunisation budget next year, which I assume is partly due to the new immunisations that are coming in. In reviewing the swine flu pandemic, which was fortunately not very serious, I hope that we will

consider again the pandemic programme for the future and make some decisions about whether we should restock with Tamiflu.

The evidence of pressures, which we mention in our amendment, is important. It is based on the NHS Scotland staff survey, which revealed that only a third of nurses and midwives said that they could meet all the conflicting demands on their time at work and only a quarter think that there is enough staff for them to do their job properly.

I have been told that midwives have refused to administer vaccines recommended for pregnant women. Such opportunistic vaccine is important, so midwives should be required to administer whooping cough vaccine in pregnancy and MMR before women leave hospital in particular. Are such practices even being monitored?

New vaccines are being introduced, with new pressures on staff. Health visitors play an important role in supporting parents—if not administering the vaccine—through an increasingly complex child vaccine programme, but the number of health visitors is determined by individual health boards. Our recent freedom of information inquiry showed that to be inadequate.

The combination of new vaccines and the demands of family-nurse partnerships and having a named person for every child means that when the Government publishes its workforce plans in June, it will have to display a degree of leadership on health visitors. Scotland has done very well with our immunisation programme.

I move amendment S4M-09446.1, to insert at end:

“; welcomes the recent additions of rotavirus and shingles vaccines and the announcement of adding meningitis B vaccine, but recognises the pressures that administering these additional vaccines and the need for the catch-up programme for the MMR vaccine place on staff”.

16:02

Nanette Milne (North East Scotland) (Con):

This is a welcome and timely debate as it comes just a month before this year's world immunisation week and a few days after the recommendation by the Joint Committee on Vaccination and Immunisation that the meningitis B vaccine be introduced into the childhood immunisation programme.

I think we sometimes forget just how valuable immunisation has been throughout the world in eradicating or significantly reducing the incidence of what used to be commonplace diseases that led to people right across the globe developing complications and dying. We no longer fear smallpox and we can travel safely in places in which tropical diseases are rife, thanks to the

many vaccines that have been developed over the years to give protection from those diseases.

I well remember a student visit that I made to Yugoslavia in the 1960s as part of a public health tour, when I saw several cases of tetanus in which the virus had entered the body through roughened skin on heels that had been in contact with earth tracks. At the time, I had a few painful hacks on my own heels and I was very thankful for the tetanus vaccination that I had had prior to setting out on my travels, because tetanus is not a pleasant disease.

I also recall that I had to have a typhoid vaccination before entering Yugoslavia, to ensure that I was not a carrier, because we had just had a significant outbreak of the disease in Aberdeen as the result of a contaminated batch of corned beef.

Closer to home, I still vividly recall the very painful photophobia I experienced while suffering from measles as a child. My husband had an iron lung on standby for him when he contracted polio during the UK outbreak shortly after the end of the second world war. Fortunately, he experienced no lasting effects of the disease, nor did I suffer the serious complications of measles. However, we were lucky. It concerns me that there have been several cases of measles in Scotland recently, as well as outbreaks of whooping cough, which indicate the continuing need to maintain high levels of immunisation in childhood that, unfortunately, were adversely affected by the MMR scare a few years ago.

To be able to protect the population from the damage caused by common infections such as rubella and the long-term effects of HPV, leading to cervical cancer and increasingly recognised as a causative factor in other malignancies such as oropharyngeal and other cancers, is an enormous benefit resulting from many years of valuable research. Each year we hear of further vaccines being developed that could, in due course, eliminate many of the scourges of modern-day society.

The introduction of the meningitis B vaccine into the childhood immunisation programme, which the Joint Committee on Vaccination and Immunisation recommends, is a case in point, because meningitis B is now the commonest form of meningitis in the UK and accounts for 90 per cent of meningococcal infections. That follows the success of the meningitis C vaccination campaign in all but eliminating that form of the disease, with only two cases of serogroup C reported in Scotland since 2007.

Meningitis B is a devastating illness; babies under a year old are particularly at risk. It can kill within 24 hours of initial symptoms and, indeed, does kill 10 per cent of those infected, while a third

of survivors suffer lifelong consequences. The recommendation to include the meningitis B vaccine in the immunisation programme for babies is very much to be welcomed, as is the Scottish Government's stated intention to work with health departments across the UK to ensure its speedy inclusion in the immunisation programme.

We all know the benefits of the influenza vaccine in keeping vulnerable people safe from influenza's complications, such as pneumonia and respiratory failure. Many elderly and immunosuppressed people are alive today as a result of the annual vaccination programme in Scotland, while many have also benefited from the pneumococcal vaccine, one application of which gives lifelong protection from the pneumonia caused by the organism.

The extension of the flu vaccination to children is an important development, as is the vaccination against rotavirus. I also very much welcome the herpes zoster vaccine that Labour's amendment refers to, as I have seen the painful and debilitating effect of the herpes zoster virus, particularly in susceptible elderly people. Shingles was the trigger that led to my mother's death in her 80s. She lived for a year after developing the illness, but it led to her steady decline, both physically and mentally, and she never regained the quality of life that she had had before she was hit by the virus.

There are many other vaccines that we could discuss, both those available today and those in the pipeline, but time does not allow for that in a short debate. Suffice it to say that I wholeheartedly support the motion, which articulates the clear benefits and crucial importance of immunisation programmes to our public health, and I am encouraged that the annual uptake of childhood vaccination is as high as 97 per cent.

We cannot be complacent, however, because it is extremely important that the high level of uptake is maintained to protect the community. It follows that we must support health boards, and primary care staff in particular, to maintain their commitment to immunisation, despite the pressures that that will put on their workforce, as Richard Simpson's amendment highlights. We will undoubtedly see more and more life-saving vaccines coming on stream as a result of cutting-edge research being carried out in the UK and elsewhere.

I move amendment S4M-09446.2, to insert at end:

"; welcomes the announcement by the Joint Committee on Vaccination and Immunisation that the meningitis B vaccine is to be introduced into the routine childhood immunisation programme at two, four and 12 months of age, and looks forward to the Scottish Government implementing this programme as soon as possible".

The Deputy Presiding Officer (John Scott):
We move to the open debate.

16:07

Aileen McLeod (South Scotland) (SNP): I am delighted to speak in this debate on the Scottish immunisation programme. I echo the minister's remarks that vaccination is one of the most effective and valuable public health interventions that we can deploy to protect people against serious diseases and to prevent the spread of disease.

In the short time that I have I will focus on some of the newer developments in Scotland's vaccination programmes and the contribution that they will make to improving and protecting the country's public health. We know that the comparatively recent vaccine against meningitis C has shown significant benefits, so I very much welcome the Joint Committee on Vaccination and Immunisation's decision last Friday to recommend the introduction of a vaccine against meningitis B for children at two, four and 12 months of age, and the Scottish Government's commitment to work with the health department to ensure that the vaccine can be introduced as quickly as possible into Scotland's routine childhood immunisation programme.

I was approached some time ago by a constituent in Dumfries and Galloway whose teenage son has a rare immune system disorder called mannose-binding lectin deficiency, one of the characteristics of which is an extreme susceptibility to a range of serious diseases including pneumonia and meningitis. The joint committee's decision on a meningitis B vaccine was of vital importance to my constituent and her son and, as members can imagine, is very welcome for not just this family in particular but, I am sure, other families across Scotland.

The HPV vaccination programme was introduced back in August 2008 under the previous health secretary, Nicola Sturgeon, for 12 to 13-year-old girls in S2. It protects them from two types of human papilloma virus that can cause 70 per cent of instances of cervical cancer. Since its introduction, uptake in Scotland has exceeded 90 per cent and we now see significant decreases in the prevalence of HPV among young women as a result.

The public health benefits that the vaccine is delivering are worth highlighting. Last year, I met members of NHS Dumfries and Galloway's research and development team at the Dumfries and Galloway royal infirmary, who have been working on a programme to tackle the problem of cervical smear test defaulters. The national audit of invasive cervical cancer found that

approximately 71 per cent of women who developed cervical cancer had not had a smear test in the preceding three years. In March 2012, the number of women in Dumfries and Galloway who were unscreened or underscreened stood at 6,100.

The team tackled the problem using a variety of approaches, including sending out self-sampling kits to women who regularly failed to attend smear test appointments. The overwhelming majority of women who undertook self-testing said that they would participate regularly in the screening programme if they could use that method in future.

Cervical cancer is the only form of cancer against which we can effectively vaccinate and we know through the work of various health boards—including NHS Dumfries and Galloway—that many women are not being regularly screened. As with all cancers, early detection is crucial, but prevention is far better than cure, which is why the HPV vaccine is such a significant step forward.

The Scottish Government immunisation programme makes a vital contribution to the promotion of good public health in Scotland. Ultimately, we owe our thanks to the NHS staff who promote and deliver the vaccination programmes, as their efforts have kept vaccination uptake levels in Scotland very high indeed. Although we cannot be complacent, I put on record my thanks to those staff for helping us to keep the killer diseases of the past at bay and making us a healthier country for the future.

16:11

Graeme Pearson (South Scotland) (Lab): I am grateful for the chance to contribute to the debate and I support the motion as amended by my colleague Richard Simpson.

The vaccination immunisation programme was first introduced to the United Kingdom in the 18th century from Turkey, and Louis Pasteur's work on cholera, anthrax and rabies no doubt went a long way towards establishing immunisation and vaccination as important principles in health. Indeed, vaccination has been described as one of the great health achievements of the 20th century.

In that context, it is excellent news that the current Government is achieving a 97 per cent average annual take-up rate, and we should be happy to applaud it. That achievement presents Governments of all hues with the giant challenge of not only maintaining a 97 per cent take-up rate annually, but improving on that figure. At the same time, the introduction of new vaccines for rotavirus, shingles and meningitis adds to the pressure on Government to respond by ensuring that high levels of immunisation are maintained.

Three elements need particular attention if we are to continue our progress. One issue, which has been mentioned, is the workload that staff face. Staff reported workload concerns through NHS Scotland staff surveys last year. A third of nurses and midwives say that conflicting demands make it difficult for them to meet the challenges that they face, and a quarter say that there are not enough staff to enable them to do their job properly. It would be worth while for the minister to comment on that in summing up.

The second element, which was also touched on earlier, is fear. There is no doubt that the controversy over the MMR vaccine resulted in a huge drop in uptake and it has taken officials a great deal of time to try to repair the damage. However, in the context of the 97 per cent take-up rate, a relatively high proportion of 10 to 17-year-olds in Scotland, some of whom are about to enter university, need to be immunised in the Government's catch-up programmes.

The third challenge that Government in Scotland faces is population movement, to which we need to become attuned. People are moving around the world for economic and social reasons and there is no doubt that other places do not have the luxury that we enjoy here in Scotland in our access to immunisation on an on-going basis.

The draft budget reports indicate a see-sawing of year-on-year figures. For example, £8.8 million will be spent in 2013-14, rising to £16.3 million in 2014-15, but thereafter there will be a fall in some elements, such as immunisation for pandemic flu. I understand that that see-sawing is about the rolling programme of purchasing the necessary medicines that are required, but it would be good to hear from the minister that, in spite of the rises and falls in the budgets, the same numbers of targets are achieved every year and will not be affected.

My final comment is about the shingles vaccine. I have received approaches from a number of constituents who seem to think that if they are not in the 79 or over age group, they cannot access a vaccination. In a number of cases, the constituents were 71 or 72 years of age and felt that they would be exempted for a serious number of years. It would be nice to have clarification on that point.

16:16

Joan McAlpine (South Scotland) (SNP): I begin by thanking the minister for his letter of 21 March, informing me of the JCVI decision to recommend the introduction of meningitis B vaccine. I have raised the issue with him on behalf of constituents on a number of occasions.

I immediately forwarded Mr Matheson's letter to my constituent, Mr Michael Pattie, who has been

campaigning and fundraising on the issue since he lost his 13-year-old son, David, to that terrible disease in 1999. I first encountered Mr Pattie last July, when he wrote to me to express his bitter disappointment when the JCVI failed to recommend the introduction of the vaccine because it was not cost effective. In that letter, he wrote:

"After years of efforts, campaigning and fundraising we finally have the Holy Grail, a vaccine for the B strain of the disease which was passed by the European Health Governing Body as safe and effective earlier this year and I personally am devastated that this decision by JCVI not to implement has been taken in the UK."

I am very pleased that that decision that has now been reversed.

The meningitis B vaccine will give a 73 per cent protection level, but the catch 22 is that cost effectiveness cannot be ascertained unless it is implemented. However, the B strain, which accounts for half of all meningitis deaths, can lead to lifelong disability and we cannot put a price on a life, particularly that of a child. It is surely significant and persuasive that the estimated lifetime cost of looking after someone who is severely disabled by meningitis is £3 million.

Today we have heard about the increase in the immunisation budget of a considerable 85.2 per cent in a year. That will increase further in 2015-16 to almost £21 million, which will be a cumulative increase of 137.5 per cent in just three years. Even by the standards of NHS inflation, that is a considerable rise, but it is very clear from what we have learned during the debate so far that, in the long run, much more money will be saved.

Given the Government's preventative agenda, I would be interested to know if any work is being done to quantify how much money is being saved, particularly through the most recent immunisations. It has already been mentioned that, from May last year, all babies born in Scotland were offered a rotavirus vaccine for the first time. That will protect thousands of children and reduce costly hospital admissions.

Until recently, I was not aware of the term "rotavirus", but as a mother of two, I certainly had plenty experience of it. My children are now aged 16 and 24, so they did not receive that protection, and I remember how frightening severe vomiting and diarrhoea in babies and young children can be. I remember several GP calls and waits in Yorkhill. On one occasion, my daughter became severely dehydrated and had a hospital stay of several days. Apart from the parental distress, the time that it takes clinical staff to deal with that must cost a fortune. As has been said, every year 1,200 babies have to go to hospital because of the symptoms of rotavirus, and it is estimated that all children will become infected at least once before

the age of five, although I should perhaps put that in the past tense. That is a huge amount of staff time and NHS money that is being saved.

One could say exactly the same thing about the other vaccines that we have heard about that have been more recently introduced, such as the HPV vaccine, which protects against 70 per cent of cervical cancer cases. Although it has only been in place since 2008, we are already seeing evidence of its effectiveness. One cannot put a price on that. It must be extremely expensive to treat a young mother with cervical cancer, but there is also the human cost and the cost to society more generally. The programmes that the minister mentioned, such as the shingles and influenza programmes, tell us a lot about how much money we could save through the immunisation programme.

I will finish with the words of my constituent Michael Pattie, who has said that, although he does not see an immediate end to meningitis B, the vaccine is

“a massive and significant step.”

In 1999, when he lost his son, he vowed that he would do all that he could to prevent other families from going through what he went through. Needless to say, he says that he feels “delighted” at the news. That is a positive note to end on.

16:21

Rhoda Grant (Highlands and Islands) (Lab): I welcome the debate. As we have heard, immunisation can be life-saving. Members have talked about the devastation that can be caused by the implications of diseases that we can now vaccinate against. Richard Simpson talked about 14 vaccinations, not including the recently announced one for meningitis B. Most immunisations are accepted and welcomed and people take them up, but we have seen issues in the past. Richard Simpson also mentioned that smallpox has been eradicated because of immunisation, and we could perhaps achieve that with many other diseases, such as polio.

We have had scares about immunisations such as the whooping cough vaccine, but the worst was the MMR scare. We should not forget the impact of measles, mumps and rubella. Measles can have really dangerous complications—it can cause brain damage or death and, in some cases, a fatal degenerative brain condition can develop after the infection, which is a worrying symptom. We are well aware of the problems that are caused by mumps, which can cause deafness and infertility in men and miscarriage in pregnant women. Similarly, we are well aware of the problems that are caused by rubella. It is at its worst when a woman catches it in early

pregnancy, which can result in devastating impacts on the baby. That is why people cannot receive the MMR vaccine when they are pregnant or planning to get pregnant.

Before the MMR vaccine was introduced, meningitis that was caused through mumps was one of the biggest killers of children. The fall in uptake of the vaccine that resulted from Andrew Wakefield's discredited paper on MMR safety decreased herd immunity, and that is still the case among certain age groups. That puts babies at risk. As we saw in the Welsh outbreak, early immunisation is not possible. Therefore, although babies were immunised as early as possible, it could not be done for those who were under six months, so they were in danger.

Teenagers going to university are also in danger. The fewest children were immunised between 1998 and 2002, and those groups are now going to university, where they will come into contact with other young people. The diseases are highly contagious so, if one is contracted, the chances are that it will spread quickly through a university. Given that the symptoms are very much like a cold, the diseases can be passed on before they are identified as dangerous.

We see the impact. In 1998, there were 56 confirmed cases of measles in the UK. By 2006, that was 13 times greater, and we had the first death since 1992. In Ireland, the same thing happened, with 1,500 cases reported because of the decreased vaccination rates following the MMR scare.

It is really important that we have herd immunity and work to improve on the figures for those who missed out on immunisation because of the MMR scare. We need to consider those age groups, so I would be pleased to hear what the Scottish Government is doing to contact and immunise those groups who were missed because of the scare.

We must also learn lessons from the scare. Specialists kept trying to reassure the public regarding the safety of the MMR vaccine. Dr Richard Simpson was quite right to say that he was vilified. Anyone who tried to persuade people that there were real dangers to falling MMR immunisation was vilified. The matter became hugely politicised and a real difficulty within our system.

I ask the Government to determine how it can ensure that the health service is open and transparent about Government advice. That is paramount to people trusting it. We need to build trust in immunisation—especially MMR—to ensure that the same does not happen again.

16:26

Jim Eadie (Edinburgh Southern) (SNP): As previous speakers outlined, immunisation has played, and continues to play, a vital role in protecting and improving the health of the people of Scotland.

Richard Simpson put the debate into its proper international context. Globally, according to the World Health Organization, immunisation prevents an estimated 2 million to 3 million deaths from diseases such as diphtheria, polio, tetanus, whooping cough and measles every year. The Minister for Public Health reminded us that, in Scotland, those diseases are now largely confined to the past. That is the extent of the contribution that vaccination and immunisation programmes make to public health at home and abroad.

It is to be welcomed that the Scottish Government has introduced a number of additions to Scotland's immunisation programme over the past year and has committed significant additional resources to implementing those changes. Notwithstanding the questions that Graeme Pearson posed in his speech, the fact remains that the immunisation budget will have increased by 85 per cent—almost 82 per cent in real terms—in the past year from £8.8 million to £16.3 million.

The additions to Scotland's immunisation programme include: the introduction of the rotavirus vaccine; changes to the meningitis C vaccine; the introduction of a shingles vaccine for people aged 70 and a phased catch-up for those aged between 71 and 79; and a phased roll-out of the childhood flu programme. In all those areas, the Scottish Government has acted to strengthen further the immunisation programme and deliver benefits of public health.

Implementing those new additions to the programme still presents a challenge to the NHS. It will be necessary to ensure that Health Protection Scotland, the Scottish Government and NHS boards work together to implement the changes—a point that is made in the Labour amendment and, I think, accepted by the Scottish Government. Without the willingness to work together, we will not be able to take forward the additions to the programme without impacting on existing vaccination programmes. We must also recognise the challenges that the additional duties place on NHS staff.

In addition, the Scottish Government has made a clear commitment that it will ensure that the meningitis B vaccine will be introduced as quickly as possible in line with the recommendations of the Joint Committee on Vaccination and Immunisation—a point that is welcomed in the Conservative amendment.

Since the mid-1990s, rates for routine childhood vaccinations at two years of age have consistently stood at around 97 per cent annually. The childhood immunisation statistics for 2012 acknowledge that overall rates of childhood immunisation in Scotland are high and exceed the 95 per cent target rate. However, there is a social gradient whereby rates are lowest among children in the most deprived areas and highest in the least deprived areas, as measured by the Scottish index of multiple deprivation.

That important finding from the childhood immunisation statistics underlines the important point that, with the right approach and focused effort, it is surely possible to narrow and overcome the inequalities that are associated with deprivation in childhood immunisation. More needs to be done to close the health inequalities gap, so I urge the minister and his officials to explore what further work needs to be undertaken by the Government and the NHS to identify what more can be done on immunisation.

From May last year, for the first time, all babies in Scotland were offered the rotavirus vaccine, protecting tens of thousands of children from its effects and reducing costly hospital admissions—a point that was effectively made by my colleague, Joan McAlpine. That example brings together a number of important factors, such as timely and cost-effective intervention, preventative spending and an early-years approach, all of which will deliver tangible benefits to the children and families who are affected.

Patrick Harvie talked about gender-neutral human papillomavirus vaccination. Last year, the Public Petitions Committee heard compelling evidence on that issue from Jamie Rae, of the Throat Cancer Foundation, who made the point that there is no protection at all for men who have sex with men, which is discriminatory. The issue is worthy of further consideration by the Joint Committee on Vaccination and Immunisation.

The development and implementation of national programmes and multi-agency working, with appropriate action plans, are key to success in public health. The extended immunisation programme is a clear, cost-effective and efficacious exemplar of this approach, and the Scottish Government is to be commended for it.

16:30

Jamie McGrigor (Highlands and Islands) (Con): I am pleased to take part in today's debate. As a father of six children, four of whom are still at school, I am very aware of the immunisations that our young people receive to protect them from illness and infection.

I should also declare an interest, in that I had a number of childhood illnesses, including whooping cough—which I contracted again as an adult—measles and German measles, which children are now routinely vaccinated against. As a sufferer from some respiratory problems now, I also take advantage of the yearly flu jab, which is important for many of our elderly and vulnerable constituents.

All of us today would wish to pay tribute to all the Scottish NHS staff who are involved in delivering our immunisation programme, which is, without doubt, one of the biggest health successes of the past 100 years. We should also today express our gratitude to the scientists whose research has allowed us to have the vaccinations that we often take for granted. We are fortunate to live in the modern world, in which, thanks to immunisation, smallpox and polio, which were formerly so common and did so much damage, are no longer things to be feared. Indeed, the World Health Organization declared smallpox wiped out in December 1979, and Europe was declared free from polio in 2002.

We must never be complacent. We know that it is vital that, in order to maintain progress, uptake rates remain as high as possible. It is reassuring that, for the past decade, uptake rates in children under 24 months for primary courses of immunisation against diphtheria, tetanus, whooping cough, polio, *Haemophilus influenzae* type B and meningitis C, and for PCV, have exceeded the 95 per cent target. Let us hope that that continues and, indeed, let us aim for the highest possible uptakes.

Having said that, I have sympathy with parents who may be concerned that a small percentage of children might be severely affected by types of immunisation, such as that for whooping cough. That concern was brought about by a lot of speculation in the press about MMR and whooping cough vaccines. However, it is important to make the case that some sacrifice must be made, sometimes, for the benefit of the huge majority. Of course, that sacrifice should be kept to an absolute minimum and, if possible, eliminated altogether.

As medical technology becomes ever more advanced, and as new health challenges emerge, it is right and proper that health experts consider what additional immunisations might benefit our people. Therefore, as other members have done, I welcome the recent news that the meningitis B vaccine that is mentioned in Nanette Milne's amendment is to be introduced into the routine childhood immunisation programme at two, four and 12 months of age. Meningitis B occurs mostly in infants and children under five and is fatal in around 10 per cent of cases, with one in eight

cases experiencing serious long-term health problems such as amputation, deafness or epilepsy. It is a real boost to parents' confidence that children will be protected in future from that terrible disease.

As a farmer, I would like to say a word about the immunisations in the agriculture industry, which have made a great difference with regard to the loss of animals. That is an important measure, and it should be remembered.

16:34

Colin Keir (Edinburgh Western) (SNP): I am delighted to speak in the debate. I was unaware until I joined the Health and Sport Committee, which I did just before Christmas, of how effective the immunisation programme is, as the minister and Richard Simpson pointed out.

I am delighted also to hear that, given the programme's record of success, the Scottish Government has identified a need to increase the funding for the immunisation budget. As Jim Eadie said, it rose last year from £8.8 million to £16.3 million. In addition, there are welcome proposals for future rises in the budget.

As I was listening to other members' speeches, it crossed my mind that we are commemorating the great war this year and that many of those who fought in the terrible conditions of the trenches and thought that they had survived were unfortunately afflicted after the war by a particularly virulent type of flu that ravaged worldwide between 20 million and 40 million people. It was a particularly bad kick in the teeth. However, that demonstrates the type of fight that we have against such viruses.

The improved set-up that we have for virus protection is absolutely important. Some of the very fine speeches during the debate have shown how important it is. I suspect that not many in the chamber have seen the effects of full-blown flu. It is not the sort of flu that people phone into work about; it is very close to having pneumonia. It is not the sort of thing that people live with and get through very quickly before heading back to work. I was therefore delighted that in 2013 the flu vaccine was offered for the first time to children between two and 17, as well as to those who are vulnerable and at risk of suffering serious consequences from flu.

The childhood flu programme is offered to 120,000 two and three-year-olds, and to around 100,000 primary school-aged children. That might help the fight against one of the constant scourges of young children's health. My father used to refer to children as walking Petri dishes, because everybody in the family got an infection from them when the schools returned after a break and all

the kids infected each other. My father could be a little bit sarcastic like that.

For me, the remarkable finding in the recent research to which members have referred is the level of uptake in the Scottish childhood immunisation programme. As has been said, 97 per cent is a phenomenal level of uptake. For those of us who are not up to speed on the research, it would be interesting to know why the other 3 per cent do not take up the immunisation. I know that there are bound to be reasons to do with health, for example.

I welcome the changes that have occurred in the programme over the past year and which have been mentioned in the debate: the introduction of the rotavirus vaccine in May 2013, the changes to the meningitis C vaccine last June and the introduction of the shingles vaccine for those between 70 and 79. I also welcome the speedy introduction of the meningitis B vaccine, which has also been mentioned. I remember the worry that my parents had when a member of my family was diagnosed with meningitis back in the 1960s, when less was known about it. There can be serious consequences for anyone contracting it.

I am aware that I am running out of time. I would love to say more, but I can honestly say that, having researched the subject of immunisation, probably one of the most important things that the Parliament and Government can do is to keep the research going and try to find the answers to some of these horrible problems.

16:38

Jackson Carlaw (West Scotland) (Con): It has been a short but well-informed debate. I do not mean to sound patronising when I say that it was clear to me that nearly every contributor to the debate was contributing because they wished to contribute rather than because they had been asked to contribute and did not necessarily volunteer to do so, which is the impression that we sometimes get from one or two speakers in a debate. It was therefore no surprise that there was no disagreement among members on the issue. However, we heard a collection of anecdotes about different experiences, all of which underpinned the importance of the vaccination and immunisation programme.

I thought that the three principal speeches—those by the minister, in which he detailed the public health benefits of the various immunisation programmes and Scotland's record on all the key vaccines, by Richard Simpson and by Nanette Milne—gave a rounded picture of the history of immunisation and the success that Scotland has had in it.

Without repeating what has already been said, it seems to me as someone who is not a doctor—several doctors have taken part in the debate—that the key thing is that politicians are not generally experts and that, although public scepticism towards experts has been a growing modern phenomenon, given the rather curious specialisms in which people can claim to be experts, we must mount a vigorous campaign to ensure that the public suspend any scepticism towards clinical and pharmaceutical experts, because we must trust their judgment on the introduction, the sustainment or the withdrawal of individual vaccination programmes.

The minister and others were right to highlight just how quickly a disease can take root. The MMR crisis of a few years ago gave us a sharp reminder of what can happen if we allow those who are sceptical about the advice that we receive and act on to enable that scepticism to take root in operational practice.

The human papilloma virus has been mentioned several times. The vaccination for HPV, which was introduced relatively recently, is an extremely important one. In some detail and at some length, Aileen McLeod spelled out just what its benefits are and how successful it has been. However, several members will have attended meetings at which representations have been made and concerns have been expressed to them about the vaccine's introduction. Even today, some of us have been emailed with evidence from Japan on the issue.

The important point that I make to them echoes the comments with which I opened my speech. It is the duty and the responsibility of Parliament not to react to that, but to trust the judgment of those who give ministers the evidence and advice on which they must act, and to exemplify—as Aileen McLeod did—the benefits and advantages that the introduction of such vaccines has brought.

I listened to Patrick Harvie's intervention on the extension of the provision of the HPV vaccination to young men; Jim Eadie touched on that, too. As a member of the Public Petitions Committee, I heard representations on that issue, and I hope that evidence is gathered and advice is given that allows a fresh recommendation to follow.

Richard Simpson mentioned that 14 vaccines are given to people throughout their lives. He also introduced the subject of smallpox. I commend the recent BBC 4 series that showed just how astonishing the progress has been in eliminating that disease, which ravaged various parts of the world recently enough for the contemporary footage to be in graphic colour. Watching the programme, I realised that, although I might have seen one or two sensationalised photographs, to see not those in this country, to whom we have

paid tribute, but those who in the 1960s and 1970s volunteered to go and eradicate that disease in other parts of the world, and to recognise just how unassuming and ordinary the individuals who made that commitment and achieved that success were, is—given how devastating and damaging smallpox had been—to be confronted with a redefinition of the concept of heroism.

The big challenge will be not just the current situations but the enormous clinical, surgical and pharmaceutical progress that we are seeing—to which I have referred in other debates—and the challenges that we will face in keeping pace with the opportunities that future vaccinations will provide. That is the challenge that the Government must address in the future, but I think that we all support and commend it for the work that it has done to date and the response that it has made to the challenges that exist.

16:44

Dr Simpson: I commend Jackson Carlaw for his speech, which identified some of the political issues in an exemplary way.

The greatest public health achievements have been the provision of clean water and sanitation and cleaner air, and the recognition—only four centuries after James VI of Scotland and I of England recognised it—of tobacco as a hazard. However, as the minister, Graeme Pearson and many others said, vaccines are one of the greatest of all the achievements, and there is no doubt that there is more to come. Jamie McGrigor was right to praise our scientists for their innovation in not only human vaccines but in veterinary science, where vaccines are also important.

Successive Governments have delivered a world-class vaccination programme and lives have been saved. We can prevent cervical cancer with the HPV vaccine rather than rely solely on cervical screening, with its shortcomings, as illustrated by Aileen McLeod. The new rotavirus vaccines, the phasing in of the intranasal influenza vaccine for children and the shingles vaccine for the over-70s will all further enhance the quality of many lives. They are worthwhile investments, as will be the meningitis B vaccine.

Patrick Harvie referred to the potential to extend the HPV vaccine to boys to achieve herd immunity. That would mirror the switch from giving the rubella vaccine only to girls—that was a difficult programme to try to eliminate rubella and prevent problems in pregnancy, as Rhoda Grant said—to having the MMR vaccine for all.

We should not forget that the international picture is different. The success in eradicating smallpox, which Jackson Carlaw referred to; the near eradication of polio; the substantial reduction

in measles; the progress on addressing yellow fever; the prospect of a useful vaccine to tackle a resurgent malaria—all are welcome. As Jim Eadie said, the international programmes might be saving 2 million to 3 million lives a year.

Colin Keir was right to remind us of the deaths from Spanish flu after the first world war. Further pandemics are inevitable and we need to be prepared for them. I hope that their effect will be as soft as that of the swine flu pandemic was.

If it is validated, the new tuberculosis vaccine that is being developed in India to replace or add to the BCG will be welcome. In the meantime, we need to scrutinise our TB detection programme in at-risk groups. The rates of TB and resistant TB have risen significantly, and I am not convinced that our detection programmes are adequate.

At home, we have had the measles outbreak, although it was at nothing like the levels of the 1960s, as the minister and Nanette Milne graphically reminded us. Mumps rates have also increased because of the MMR problem, although—fortunately—not in Scotland. That suggests that the decline in uptake left by the MMR debacle has not been fully repaired.

Along with my colleague Rhoda Grant, I still have concerns that the decision not to have a national advertising campaign on MMR may yet expose some older children to all three diseases. I hope that I am wrong.

I ask for the media failures in the 1980s on pertussis and in the 1990s on MMR to be taught in college journalism courses—Joan McAlpine might be able to help us with that.

General uptake of all vaccines is good, but the degree to which uptake differs among socioeconomic groups is unclear from the routinely published data, and we should look at that as part of standard publications. Jim Eadie made a plea for us to look closely at health inequalities. The vaccines for which uptake does not meet the required percentages need to be looked at carefully to understand why that is happening, what the barriers are and whether we can improve the figures. The vaccination programme is otherwise excellent.

Like me, Graeme Pearson referred to pressures on staff, which we mention in our motion. As he said, those pressures are significant. The efforts of our staff should be applauded again—they do a fantastic job—but we need to acknowledge the pressures. I hope that midwives' input during and post-pregnancy will be monitored, because their involvement in the vaccination programme through not only giving advice but giving vaccines merits attention.

UK's Joint Committee on Vaccination and Immunisation may recommend more new vaccines, such as the most recent meningitis B vaccine. Joan McAlpine was right to remind us of the excellent campaign that has been run. We often rely on individuals who have suffered from our regimes' failures to bring fully to our attention the need to undertake new measures. The recent campaign has been successful and helped the joint committee to take the step of introducing the meningitis B vaccine. Joan McAlpine also reminded us of not only the costs but the benefits from prevention in children and from reduced hospital costs and reduced time spent in hospital.

I recognise that the debate has been consensual, as it should be. We will support the Government motion and its immunisation programmes, but continue to be critical where that is appropriate.

My one concern is that we have managed to get through the whole debate without mentioning the referendum in September. The JCVI has served us well, and I wonder what our approach would be after 18 September, were we to be independent. Would we accept JCVI determinations without any Scottish representation—Scottish representatives have made a huge input—or set up our own vaccination and immunisation advisory committee, as Eire has done with its national immunisation advisory committee? What plans does the Government have in the—I hope—unlikely event of its winning that referendum?

16:50

Michael Matheson: The debate has been very useful, and I am happy to say that we are happy to accept both the Labour and the Conservative Party amendments. The debate has been very helpful for the reasons that Nanette Milne outlined in her speech. Our national vaccination programmes are largely taken for granted, in that they happen and are very effective. They are programmes in which, if one element ever went wrong, that would very quickly become a major public health challenge and concern. That staff, particularly in our public health sector and primary care sector, have managed our vaccination programmes so successfully over many years is to their tremendous credit. We can rightfully be very proud of that.

As members have highlighted, the vaccination programmes extend from newborn babies right through to older members of our community. However, as a number of members said, they do not stand still. As a result of national and global vaccination programmes, we have seen the effective eradication of some conditions, such as smallpox, to which Richard Simpson referred, and polio, which has been eradicated in Europe since

2002. All those things are the result of good, effective immunisation and vaccination programmes. We are very lucky to have very safe and reliable vaccination programmes in Scotland that ensure that we can have confidence in how the process operates.

I want to pick up in particular the issue that Richard Simpson and Graeme Pearson highlighted: the concern about pressure on staff and the demands that the vaccination programmes place on them. I am acutely aware of the pressure that our staff are under in delivering the vaccination programmes, because I am extremely conscious that, in order to maintain public confidence in our immunisation programmes, we need to ensure that those programmes are robust and that they apply effectively the science for which they have been developed right across the country.

I will give members an illustration of the nature of some of the challenges that we face. An ever-increasing number of vaccinations have been introduced. A significant number of those vaccinations and immunisations are one-offs, or perhaps one, two or three immunisations are required at given times in a young person's or older person's life, but the flu vaccination programme must take place every single year. The introduction and extension of that programme to those between the ages of two and 17 almost overnight doubles the numbers in our childhood immunisation programme. That is a significant logistical challenge.

In order to deal with that challenge, in the first year we have used a number of different pilots in different health board areas to test out different approaches and to get staff feedback on which is the most appropriate. The pilots cover different age groups to find out what is the best approach for particular groups. For example, older kids can, under supervision, self-immunise in class. Other approaches are being taken with different age groups in primary schools, too. We are working with staff to identify the best way to proceed.

Another challenge is that we very often require the staff to undertake immunisation and vaccination programmes only for a short time over a given period during the year and not throughout the year. We will therefore introduce the programmes over a number of years. I know that some people want that to happen much quicker, but we should take our time to get it right and to work with the staff to ensure that we have a robust system and that the public can have confidence in the processes that we have in place.

Jackson Carlaw made an extremely important point. The approaches that we often take to different immunisation programmes are not a consequence of Government choice; rather, they

are led by expert advice that is presented to Government. We react and respond to the expert advice that we receive, whether from the Joint Committee on Vaccination and Immunisation or from Health Protection Scotland. I am certainly not an expert in any shape or form, and in this area we are very much led by experts.

Richard Simpson mentioned a catch-up programme for kids who may have lost out by not having the MMR vaccine in the 1990s. Our approach is based on expert advice provided to ministers by Health Protection Scotland. If Health Protection Scotland believed that a different approach should be taken, I would be more than happy to take that approach. I reassure members that no complacency exists whatsoever. We are led by experts on the issue, and if the advice changes we will respond to that positively, for the very good reason that that is what we should do.

Graeme Pearson mentioned the shingles vaccination and the concerns expressed by some older people about whether they are entitled to that vaccination because of their age, and when they will be vaccinated. The introduction of that vaccination programme is based on JCVI advice. We will start off with people who have turned 70 and those who are 79, to catch them before they turn 80. Over the next three to four years, we will run a catch-up programme for those in between. I recognise that people may be concerned that they have not been vaccinated yet, but we are taking what the experts have recommended to us as the most robust approach. It is fair to say that there is limited availability of the shingles vaccine because only one manufacturer makes the vaccine. That is part of the reason for our roll-out programme.

I am also conscious that our vaccination programmes must be placed in the context of the international health agenda. Some members may be aware that the wild poliovirus was identified recently in Syria, which immediately resulted in advice from the World Health Organization: if a single case is identified in Europe, where polio has been eradicated, that will result in the release of oral polio vaccination stockpiles in Scotland.

We must take forward our vaccination and immunisation programmes in that global context. We must ensure that we have a robust system in place, so that can respond—in a safe and informed way—when new vaccines come along.

All members who spoke in the debate recognise that Scotland is well placed to build on the success of its vaccination programmes over recent years. This Government intends to build on that success, so that we gain the public health benefits that have come from having vaccination programmes in Scotland over the past several decades.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are six questions to be put as a result of today's business. The first question is, that amendment S4M-09447.2, in the name of Mark Griffin, which seeks to amend motion S4M-09447, in the name of Keith Brown, on young and novice drivers and graduated driver licensing, be agreed to.

Amendment agreed to.

The Presiding Officer: The second question is, that amendment S4M-09447.1, in the name of Alex Johnstone, which seeks to amend motion S4M-09447, in the name of Keith Brown, on young and novice drivers and graduated driver licensing, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McGrigor, Jamie (Highlands and Islands) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Liz (Mid Scotland and Fife) (Con)

Against

Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)

Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robison, Shona (Dundee City East) (SNP)
 Rowley, Alex (Cowdenbeath) (Lab)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)

Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 17, Against 94, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The third question is, that motion S4M-09447, in the name of Keith Brown, on young and novice drivers and graduated driver licensing, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dugdale, Kezia (Lothian) (Lab)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Keir, Colin (Edinburgh Western) (SNP)
 Kelly, James (Rutherglen) (Lab)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)

MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McDougall, Margaret (West Scotland) (Lab)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMahan, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McNeil, Duncan (Greenock and Inverclyde) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Murray, Elaine (Dumfriesshire) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robison, Shona (Dundee City East) (SNP)
 Rowley, Alex (Cowdenbeath) (Lab)
 Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McGrigor, Jamie (Highlands and Islands) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 94, Against 17, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes with concern that young people aged 17 to 25 make up 10% of licence holders yet they account for 23% of drivers involved in injury road

accidents over the last five years; further notes that evaluations of Graduated Driver Licensing (GDL) have shown that it is the only intervention for which there is clear and unambiguous evidence to show that it reduces the crash rate for young drivers; acknowledges the research carried out in Scotland over the last 10 years by Dr Sarah Jones of Cardiff University, which states that a GDL system could save 22 lives and £80 million per year; further acknowledges that various forms of the GDL system are currently well established in other countries around the world; further acknowledges that the flexibility of this system allows individual nations to adapt it to meet their specific needs; regrets the decision of the Secretary of State for Transport to delay publication of the Department for Transport's proposed green paper on young driver safety, and calls on UK ministers to develop and take forward proposals on GDL without further delay.

The Presiding Officer: The fourth question is, that amendment S4M-09446.1, in the name of Richard Simpson, which seeks to amend motion S4M-09446, in the name of Michael Matheson, on the immunisation programme, be agreed to.

Amendment agreed to.

The Presiding Officer: The fifth question is, that amendment S4M-09446.2, in the name of Nanette Milne, which seeks to amend motion S4M-09446, in the name of Michael Matheson, on the immunisation programme, be agreed to.

Amendment agreed to.

The Presiding Officer: The sixth question is, that motion S4M-09446, in the name of Michael Matheson, on the immunisation programme, as amended, be agreed to.

Motion, as amended, agreed to,

That the Parliament acknowledges the clear benefits and central importance of immunisation programmes to Scotland's public health; commends Scotland's high uptake rates for the adult and childhood programmes and, in particular, the average uptake rates of around 97% annually for routine childhood vaccinations; supports the Scottish Government, Health Protection Scotland and other national agencies, NHS boards and GP practices in their commitment to these programmes; welcomes the recent additions of rotavirus and shingles vaccines and the announcement of adding meningitis B vaccine, but recognises the pressures that administering these additional vaccines and the need for the catch-up programme for the MMR vaccine place on staff; further welcomes the announcement by the Joint Committee on Vaccination and Immunisation that the meningitis B vaccine is to be introduced into the routine childhood immunisation programme at two, four and 12 months of age, and looks forward to the Scottish Government implementing this programme as soon as possible.

Asda Kirkcaldy Community Life Programme

The Deputy Presiding Officer (Elaine Smith):

The final item of business today is a members' business debate on motion S4M-08899, in the name of David Torrance, on Asda Kirkcaldy's community life programme.

Motion debated,

That the Parliament congratulates Asda Kirkcaldy on its community life programme; considers that, since its inception in 2012, the initiative has had an impact in many different areas of the community that it serves; believes that the efforts and money raised through its schemes, such as Chosen by You Given by Us, makes a significant difference to many local good causes and organisations, including the Linton Lane Centre's Grey Panthers, Frontline Fife Homelessness Services and Gingerbread; commends the community life champions, who lead the programme, and everyone who participates through fundraising and volunteering for what it sees as their interaction, involvement with and commitment to the community, and wishes the community life programme continued success.

17:05

David Torrance (Kirkcaldy) (SNP): I am delighted to welcome to the gallery Stephen Gallagher, who is store manager of Asda Kirkcaldy, and Jean Ritchie, who is Asda Kirkcaldy's community life champion. It is my pleasure to have the opportunity today to speak about the Asda community life programme—especially the community life programme in my constituency, which is Kirkcaldy. I have had a particular interest in the project since its inception in 2012, as it offers support to a wide range of community-centred third sector organisations in my constituency.

Despite being part of a multinational corporation, Asda has shown great interest in actively contributing to local community life. For several years now, Asda has played a vital role in supporting the vast number of voluntary organisations that operate in Scotland—organisations that aim to enhance social cohesion among citizens—as well as strengthening local participation in local charities.

According to the Office of the Scottish Charity Regulator, there are about 45,000 voluntary organisations in Scotland, half of which are registered charities. It is crucial that we understand that a vast number of those organisations are small community-based initiatives that often lack the necessary framework to promote their good cause.

Inspired to provide assistance for such local organisations, Asda established the community life programme. At the outset, the overarching goal of the programme was to combine several smaller

support measures that were taking place in each store. To achieve that, a community life champion was introduced to every Asda supermarket. Their main task is to regulate all charitable work in their local store. Community life champions work in partnership with voluntary and charity groups to help them to develop fundraising strategies.

In addition, Asda provides the third sector organisations with access to meeting rooms, foyers, training rooms, cafes and car parks at their local stores. Not surprisingly, many voluntary groups welcome the opportunity to make use of Asda's facilities to hold fundraising events and to inform the public about their work.

Fundraising events in Asda stores are dedicated to numerous good causes, ranging from renovating care homes and nurseries to helping local community groups to grow their own fruit and vegetables. More than 100,000 students from Scottish primary schools have visited Asda stores to learn about environmentally friendly living and healthy nutrition. Such generous help provides many organisations with access to facilities that they would otherwise lack.

The community life programme is a huge success. Statistics indicate that since 2012 stores across Scotland have raised about £2.6 million. Asda's community life champions have participated in more than 36,000 hours of volunteering, and voluntary groups have used Asda stores 3,627 times as community centres.

In 2013, Asda's efforts for the community were honoured when the company was awarded the large company of the year award, the building stronger communities local impact award and the volunteer of the year award at the Scottish Business in the Community awards.

The Asda superstore in my constituency of Kirkcaldy has certainly contributed to those remarkable achievements. The vigorous commitment of the store's manager, Stephen Gallagher, and community life champion, Jean Ritchie, has made it possible to have raised more than £27,000 for local good causes last year. Therefore, I extend particular gratitude to both of them, as well as to their colleagues, for their strong dedication to Kirkcaldy's community life.

The list of voluntary organisations and charities in Kirkcaldy that have benefited from the community life programme is long. I wish to highlight several projects with which I am particularly affiliated. One of them is the Linton Lane Centre. That organisation supports the needs of local residents of all age groups by offering activities for enjoyment and education, including children's programmes, youth clubs, dance classes, family support groups, sports training courses and senior citizens clubs.

In 2012, Asda played a key role in fundraising £17,376 for the Linton Lane Centre, which enabled it to expand its service spectrum. Part of the Linton Lane Centre is the grey panthers club, which is a voluntary initiative that is dedicated to setting up events for active senior citizens. Grey panthers has been working in partnership with Asda's community life programme in organising tea dances. Asda regularly donates a selection of cakes and scones for the dances, and has been extremely supportive in preparing the hall for the event.

Asda not only offers facilities to local non-profit organisations, but supports them financially through funds that are made available by the Asda Foundation. Each year £100,000 is reserved for voluntary organisations, which customers nominate and vote for. On a regular basis, customers choose three charitable organisations or local community groups that they think are worthy of a donation. The initiative—called “chosen by you, given by us”—has attracted significant attention from the public and is highly popular in my constituency. In January it was my pleasure to hand over cheques for the three winners of the “chosen by you, given by us” scheme in Kirkcaldy. The winning organisation—Cash for Kids—was selected by local customers in November and December and received a total of £202.55 from the Asda Foundation.

I want to draw members' attention to Asda's tickled pink campaign, which raises money for two breast cancer charities: Breast Cancer Care and Breast Cancer Campaign. Tickled pink was launched 18 years ago and has collected about £38 million. It is an amazing initiative that I have been supporting for several years. In September, I assisted the 5th Fife scout group in bag packing at Asda in Kirkcaldy. It was wonderful to see how excited the scouts were about fundraising. In four hours of bag packing, £447.93 was collected for breast cancer prevention, treatment and research.

Later in the same month I joined Jean Ritchie, Asda Kirkcaldy's community life champion, and Fiona Lockett, who is a health promotion officer at NHS Fife, to sell raffle tickets for a tombola to raise money for tickled pink. The day was a huge success and £339.33 was raised. Fiona Lockett said:

“Asda are always so community focused and enthusiastic that working in partnership with them is always fun. I was pleased to be given the opportunity to highlight this issue in the store on ‘Tickled Pink Day’ and to bring it to the attention of the members of the public.”

Ms Lockett's comment provides an excellent summary of Asda Kirkcaldy's dedication to strengthening and interacting with local community life. It is not a matter of course that such a big company cares about its customers in the way that

Asda does, so Asda deserves our gratitude and support for offering its facilities to voluntary non-profit organisations.

I thank Stephen Gallagher and Jean Ritchie again. I wish them and their team the best of luck for a successful continuation of the community life programme.

17:12

Claire Baker (Mid Scotland and Fife) (Lab): I congratulate David Torrance on providing this opportunity to debate Asda's community life programme. I take the opportunity to welcome Jean Ritchie and Stephen Gallagher to the gallery and commend the work that they and staff in the Kirkcaldy store have done to ensure the programme's success in the area over the past two years—thank you very much.

MSPs sometimes feel as though there are not enough hours in a day, as we run from debate to meeting to event, so Jean Ritchie is certainly to be admired for spending 359 hours last year volunteering in her local community. It is the hard work and commitment of people such as Jean, as well as the backing and support that managers like Stephen Gallagher offer to enable community life champions to do the work that they do, that makes such initiatives a success.

Asda is a significant company in the United Kingdom and can demonstrate corporate social responsibility in many ways. Supermarkets are a part of modern life, and their influence and dominance in the retail sector is a feature of many policy debates. I have spoken recently about food poverty, labelling, healthy diets and supply chains.

Tonight's debate is about the contribution that Asda makes to community volunteering and fundraising. When I meet community organisations in Fife, Asda often comes up as a supporter. Groups such as Fife Women's Aid, Kirkcaldy Foodbank, Frontline Fife Homelessness Services and Cottage Family Centre often speak of Jean Ritchie's warm welcome and support.

Across my region, Mid Scotland and Fife, there are eight community life champions, who together have volunteered for more than 2,000 hours, raised just under £200,000 and opened their stores to 616 local groups. Creating community space is a good thing and there should be diverse options in that regard.

Asda's community activity is very local, and stores have the autonomy to choose the causes that they want to support. The “chosen by you, given by us” scheme offers customers the opportunity to nominate a good cause for fundraising and then vote for it. At Asda Kirkcaldy, the scheme has benefited local charities from

Kirkcaldy, East Wemyss and Dysart—and £32,000 is a substantial sum to raise in a year and can go a long way towards boosting a local organisation's income.

That bit of extra funding can help organisations such as Arden house in Leven improve the service that they offer. Arden house works with older people in particular, many of whom are at risk of social isolation due to complex health problems. The Asda Foundation was able to provide the centre with more than £8,000 to put towards a new kitchen, which allowed it to continue to offer its visitors hot meals.

It is easy to think that the community life programme is just about fundraising for local charities through bag packing or customer generosity, but the reality is that it goes beyond that. It is often the imagination and commitment of the community champion who makes that happen. Environmental causes are popular—there are litter pick-ups. I recently took part in a litter pick-up in Kirkcaldy with St Andrew's high school and Asda. Such events can provide a positive initial experience for some young people who perhaps have never volunteered before.

I know that as a community life champion Jean Ritchie supports regular health events that are run with NHS Fife. I first met Jean at Templehall community gala on a healthy eating stall making up fruit kebabs. Supermarkets are often the focus of the debate around healthy or unhealthy eating. We can all do more to improve labelling, ingredients and promotions, but I recognise the commitment to the partnership with NHS Fife, which shows that supermarkets can play a positive role in this debate.

I was pleased to see that in the year ahead there is an arrangement with Citizens Advice Scotland to offer in-store advice sessions on welfare changes and money management in Kirkcaldy. The supermarket location makes it easy for some people to access the service; it can help to reduce the stigma attached to accessing some services; and it can make getting money advice seem more mainstream and perhaps less intimidating for some customers.

I recognise the hard work of the volunteers at Asda and the hard-working contribution of all the organisations in the Kirkcaldy area that they have been able to support over the past two years.

17:16

Murdo Fraser (Mid Scotland and Fife) (Con): I start by congratulating David Torrance on securing the debate and on his motion.

The buying habits of shoppers have changed dramatically over the past 20 years. Large retailers

such as Asda have become a one-stop shop for many domestic purchases. As a result, family and community life is increasingly centred around a trip to the supermarket. It is pleasing to see Asda embrace its role and give something back to the community, other than just good prices for groceries.

Such is the importance of Asda in some families that it is even usurping the role of mum and dad. A recent article on the Asda website featured a couple whose baby girl had said her very first word, which was "Asda". That is an effective marketing tool if ever I have heard one.

In 2012, Asda created its community life initiative—a bold strategic plan aimed at directing profits back into the communities in which they are generated. Every year, community life spends £8 million making Scottish communities a better place in which to live, work and play.

Asda is even happy to open its doors to politicians. I frequently hold surgeries in the Asda store in Perth. From a personal perspective, that is a great opportunity to meet more of the people I serve, including people who are often disengaged from the political process.

Perhaps the most visible aspect of the community life initiative is the "chosen by you, given by us" programme, which David Torrance mentioned. The little green counters that customers get at the check-out have substantial implications for the local community. Asda lets customers choose which charities to support. That gives ordinary shoppers a stake in their community, which is invaluable for fostering community spirit.

As a Conservative, I believe in always devolving as much decision-making power to local people as possible. In no small way, Asda is doing that for communities across Scotland.

I join others who have spoken in congratulating Asda's community champions on their hard work. Champions across the Mid Scotland and Fife region have volunteered an incredible 2,300 hours of community work and have raised nearly £200,000.

David Torrance and Claire Baker have both commended the great work done by community life in Kirkcaldy. I want to say a little bit about the similar work being done by Asda in Perth, where the community champion, Fi Penman, has volunteered a fantastic 328 hours of service to the community and every week donates her time to the active monkeys youth group. Last year the store held a community in the car park fun day, at which local charities, groups and organisations came together to meet customers. Such events help to raise awareness of community initiatives

and show residents how to get more involved—a process that is very important.

David Torrance's motion welcomes Asda's work with the Fife Gingerbread charity. Fife Gingerbread has been the subject of previous members' business debates, but it is worth mentioning again its invaluable service to single-parent families in the region. From the establishment of the Fife Federation of Gingerbread in 1987 to the organisation today, the guiding purpose has been not just to provide information to lone parents but to ensure that they have someone to turn to. That is a much needed and much valued service.

We must accept that many people need to seek the support of Fife Gingerbread services, whether due to difficult circumstances of poverty, a low income base or because of family breakdown or substance abuse. That is a very real situation, which needs to be addressed. I note from Fife Gingerbread's website that there are about 10,500 lone parents in Fife alone, which demonstrates the clear need for the charity's work. Thankfully, through the support of Asda, it will be able to continue to offer its vital services.

I join David Torrance in congratulating Asda in Kirkcaldy on its impressive community life programme and I also congratulate community life initiatives throughout the Mid Scotland and Fife region. Community champions are working hard to secure a better future for their areas and in doing so are giving up their valuable time. We should acknowledge their work and I am very happy to support the motion.

17:20

Roderick Campbell (North East Fife) (SNP): I congratulate David Torrance on bringing the debate to Parliament, and like other members I welcome Stephen Gallagher and Jean Ritchie to the public gallery.

The debate highlights the work undertaken by Asda's community life champions. I am sure that we are all aware of Asda's work to support local communities in Kirkcaldy and elsewhere—and if members were not aware before, they certainly will be now. The community life programme is an excellent example of how a company such as Asda should meaningfully engage with local communities and not take their custom for granted. It is giving back to communities such as Kirkcaldy that have offered loyal customer bases for years.

I am sure that anyone who has stepped into an Asda store is well aware of the community life champions and is also well aware of their "chosen by you, given by us" scheme, which donates more than £100,000 a year to local good causes that

are selected by customers. Some of my constituents are increasingly choosing to shop out of town and use the Asda store in Glenrothes and would have been among the many who selected Age Concern in the most recent vote.

As we know, every Asda store and depot across the country has a community life champion who is dedicated to supporting their local communities through volunteering, fundraising, building relationships and, most importantly, giving their time. That can be seen in the amount of time its champions spent volunteering since the scheme launched in 2012. As David Torrance mentioned, collectively they have spent 36,000 hours volunteering and raised more than £2.6 million. In the last year alone, champions have spent nearly 17,000 hours volunteering in their community: from helping local schools to grow their own vegetables to working with the police to tackle anti-social behaviour.

The community life programme will be extended in 2014 as Asda works with Citizens Advice Scotland to host regular in-store advice sessions on welfare changes and money management. The partnership will benefit both local communities across Scotland and Citizens Advice Scotland, as it will help CAS reach out to those who need its help and advice.

It is not just time and money that Asda gives up. It has also opened up its stores, including the foyers, cafes and car parks, to local communities, which can use them to come together. In 2013, local groups used the stores more than 3,800 times—that shows the size of it—which allowed those groups to save money to invest in their vital services.

Asda does not just help charities and local organisations with space. It works in partnership with FareShare to provide around 770,000 meals to charities in Scotland each year, which allows charities to invest in essential services. Asda also works with local schools to help pupils learn about healthy eating, and it welcomed more than 12,000 primary school pupils to their stores in 2013 so that they could learn more about healthy eating and where their food comes from.

This year, Asda has launched a healthy eating toolkit for schools, which can be used to teach children about nutrition, healthy recipes and basic cooking skills. By investing in children, Asda will help to make a long-term difference to communities.

Some people listening today might be aware of the Asda Foundation, which provides grants to large-scale projects that make a real, long-term difference to communities across Scotland. Claire Baker mentioned one such project in Fife: Arden House, which was awarded more than £8,000 by

the foundation, which will help build a new kitchen for the day centre for older people. That is a substantial, good use of money.

All across the country, Asda employees have been working at local levels for excellent causes to help people improve the way that they eat, work and live. Asda's example of reinvestment in communities is one that I strongly believe should be followed by other organisations.

I wish the community life programme well. I hope that it continues to be a massive success and that it is able to build on past success. I look forward to attending the parliamentary reception on 1 April so that we can again celebrate community life champions.

17:25

The Minister for Housing and Welfare (Margaret Burgess): I also congratulate David Torrance on bringing the debate to the chamber and highlighting for us the success of Asda Kirkcaldy's community life programme, a relatively new initiative that has such a positive impact on the communities it serves.

I want to say how impressed I am by Asda's national community life programme, which, as we heard earlier, was launched in 2012. Last year alone, champions raised more than £1.3 million for local charities in Scotland and spent nearly 17,000 hours volunteering.

We have heard from members about the range of causes that have been supported by Asda Kirkcaldy's community life champions. Fife Gingerbread was mentioned, as were some others, and I understand that the champions have raised funds for the British Heart Foundation at the same time as providing information on heart disease to customers. The programme has supported Frontline Fife Homelessness Services. Through the "chosen by you, given by us" initiative, funds have been raised for local groups, swimming clubs and high school projects.

A number of members have mentioned the use of the facilities because that is every bit as important in many areas as raising money. Community groups need somewhere that they can use, and I was interested to hear about the citizens advice surgeries. Member will know about my penchant for the citizens advice bureaux services, and it is a great idea to have them in a supermarket as—as Murdo Fraser mentioned—they can reach people who we might not be able to reach otherwise. That is another very positive step to take.

We have talked a bit about volunteers, and we should never underestimate the tremendous amount of effort and motivation that goes into

volunteering. The volunteer workforce in Scotland makes an enormous contribution and a real difference to people's lives, and I am always impressed and immensely grateful for their hard work.

Scotland is a nation of helpers, as we will see this summer at the 20th Commonwealth games in Glasgow. There were more than 50,000 volunteer applications for the games, which is a record for the event, being higher than volunteer applications for the Melbourne and Manchester games.

Our local people are a great resource with the skills and knowledge that we should respect, nourish and unlock to help to deliver shared outcomes. The Government recognises that, to achieve the vision, we must empower our communities and give them the capacity to help to deliver change at the local level. That is why the proposed community empowerment bill is so important. It will provide the tools and break down barriers, empowering communities to work in partnership with local service providers, including the public, private and third sectors. Parliament will get the opportunity to scrutinise the bill when it is introduced in June this year.

The Scottish Government supports community action and community-led regeneration. We put people at the heart of the regeneration strategy. We recognise that, by empowering local people to respond to the needs and opportunities within their communities, real change can be delivered. Communities become more resilient and sustainable when people work collectively to deliver social, economic and environmental action that can make a direct difference to people's lives.

We provide £7.9 million per year through our people in communities fund to deliver community-led regeneration. Through that fund, Government has funded 131 projects, committing around £15 million to deliver change at a local level by providing support to community anchor organisations to deliver employability and preventative action projects. When I visit those projects, I am always struck by the impact that they make within their communities.

Projects such as the ones we have heard about in Fife that are supported by Asda tackle deep-rooted issues and deliver offers such as youth diversionary activities, employment opportunities, health benefits or confidence-building in local areas. Those projects are often led by local people who work tirelessly to deliver change in their community. When I talk to volunteers, wherever they are I am always impressed by their enthusiasm for what they do. That deserves our recognition.

I commend Asda for its clear community ethos. The support that is provided by a national retailer

to deliver local projects, volunteering and community activities is encouraging. Our town centre action plan calls on the private sector to work with national Government and the wider public sector to help revitalise our town centres and to make them vibrant places where local people want to live, work and do business. Asda's community approach is an example of the good work that can be achieved when working with the private sector, and I will be encouraging other retailers to follow the example.

Like Rod Campbell and other members, next week I will attend an evening reception in the Parliament's garden lobby that is to be hosted by Asda and Scottish Business in the Community to celebrate all of Asda's community life champions. The programme's volunteers have spent 36,000 hours volunteering and, as has been said, have raised £2 million for good causes across Scotland. I will be honoured to meet those volunteers and staff to hear more about their work.

All of those who visit Asda supermarkets will know that the scheme is not just about the work that Asda does locally and the groups that it supports; as members have mentioned, it is about how the community can come together and how we can involve everyone in it.

Murdo Fraser talked about the green tokens. I have watched a mother explaining to her wee girl in the shop what the tokens are for and how she could choose which project she wanted to help. The mother explained what each project was, and there were pictures on the wall. I was impressed, because the girl, who was just a wee tot, said, "I want to help them all," so she divided her tokens equally between the three. The scheme gives people the opportunity to know what is happening in the community and what the community wants to do, and it encourages people to be involved from an early age.

I commend Asda's community life champions, and in particular Asda Kirkcaldy, for their efforts. I wish Stephen Gallagher and Jean Ritchie all the best. They have our recognition, praise and encouragement for their work, which I am sure will continue.

Meeting closed at 17:32.

Correction

Kenny MacAskill has identified an error in his contribution and provided the following correction.

At col 29297, paragraph 4—

Original text—

Kenny MacAskill: I believe that targets have to be appropriate, but let me be clear: the only target that the chief constable has for stop and searches is the percentage that are to be positive and successful. He has set a high standard of 25 per cent. At present, it is only 20 per cent.

Corrected text—

Kenny MacAskill: I believe that targets have to be appropriate, but let me be clear: the only target that the chief constable has for stop and searches is the percentage that are to be positive and successful. He has set a target of 15 per cent. At present, it is reaching almost 20 per cent.

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