



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Thursday 8 May 2014

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Scottish Parliament

Thursday 8 May 2014

[The Presiding Officer *opened the meeting at 11:40*]

General Question Time

Planning (Falkirk Council)

1. Angus MacDonald (Falkirk East) (SNP): To ask the Scottish Government when it will approve the Falkirk Council development plan scheme 2014. (S4O-03196)

The Minister for Local Government and Planning (Derek Mackay): The “Falkirk Local Development Plan” was submitted to the directorate for planning and environmental appeals on 20 February. On 21 February, reporters from the directorate for planning and environmental appeals were appointed to carry out an examination of unresolved representations to the plan. Following completion of that examination, an examination report will be sent to Falkirk Council. Recommendations contained within the examination report are largely binding on the council. Scottish ministers expect the process from appointment to reporting normally to take around six months and rarely to exceed nine months.

Angus MacDonald: One of the most contentious planning issues in the Falkirk area is the application for unconventional gas extraction, which has resulted in a public local inquiry. I recognise that the minister cannot comment on live applications, but it is clear that the Scottish Government's commitment in the new Scottish planning policy to introducing buffer zones between unconventional gas developments and communities is very welcome for communities that would be affected. However, can the minister confirm that local authorities will be able to take action retrospectively in respect of buffer zones for applications that have been received during the existing SPP?

Derek Mackay: Decisions on planning applications and appeals are required to be made in accordance with the development plan, unless material considerations indicate otherwise at the time when the decision is made. The new Scottish planning policy and all other evidence to be submitted are material considerations that will be taken into account when applications and appeals are decided. The reporters from the DPEA who are dealing with the two appeals for coal-bed methane extraction in the Falkirk Council and Stirling Council areas have held inquiry and hearing sessions, and have accompanied site inspections in March and April this year.

The reporters have also decided to take additional evidence from parties, once the new Scottish planning policy is adopted. That is targeted for June. An additional inquiry session will be held for that evidence; the reporters who are dealing with the appeals will therefore take the new Scottish planning policy into account when they make their decisions on those appeals.

Policing (Dumfries and Galloway)

2. Alex Fergusson (Galloway and West Dumfries) (Con): To ask the Scottish Government what impact it considers that Police Scotland has had on policing in Dumfries and Galloway. (S4O-03197)

The Cabinet Secretary for Justice (Kenny MacAskill): Thirteen months on from the successful transition to the new policing arrangements, policing in Scotland continues to perform excellently. There are 1,000 more police officers on our streets than in 2007, and confidence in and satisfaction with the police are high.

Dumfries and Galloway now has access to specialist equipment and expertise whenever and wherever it is needed. Those include a human trafficking unit, a national rape investigation unit and an air support unit. There is also increased flexibility for police officers to work in Dumfries and Galloway when needed.

Alex Fergusson: One of the great successes of the then Dumfries and Galloway Constabulary was the impact of community policing, which has resulted in the lowest rates of juvenile crime on record. With the advent of Police Scotland, overtime for working on public holidays has been removed and replaced with an extra nine days' holiday a year. That has left each policeman and policewoman £1,000 worse off a year. More important perhaps is that it has left the community police service as a whole with a consequential reduction in manpower. How will that reduction of effort in community policing help to keep juvenile crime at its current level? Is this not just a typical example of a one-size-fits-all policy being pursued by Police Scotland in a rural environment where that policy simply does not work?

Kenny MacAskill: There are two issues there. First, the change in terms and conditions was negotiated by the Scottish Police Federation with the police senior management team. It was wanted by the Scottish Police Federation and it has been done with the federation's support and approval. If Mr Fergusson disagrees with that, he can raise it with federation representatives, who are elected by rank-and-file members.

Secondly, policing in the community remains strong because of this Government's commitment

to providing 1,000 additional officers. South of the border, where Mr Fergusson's party is the lead in the coalition Government, we have seen a drop of 15 per cent in police numbers in Northumbria. Dumfries and Galloway is well served and the SPF welcomes the changes that have taken place.

Commonwealth Games (Rail Services)

3. John Wilson (Central Scotland) (SNP): To ask the Scottish Government what discussions the Cabinet Secretary for Commonwealth Games, Sport, Equalities and Pensioners' Rights has had regarding the provision of late night or overnight commuter rail services during the Commonwealth games. (S4O-03198)

The Cabinet Secretary for Commonwealth Games, Sport, Equalities and Pensioners' Rights (Shona Robison): I can advise John Wilson that officials from Transport Scotland have worked closely with ScotRail and Network Rail to provide train services that will be scheduled to depart from Glasgow later than ever before during the period of the Commonwealth games. Those will include late-night services connecting to Edinburgh, Perth and Stirling, and to stations in Lanarkshire, Ayrshire, Renfrewshire and Inverclyde. That will help to ensure that spectators can enjoy the sporting and live events that are taking place throughout the city and travel home by train.

John Wilson: Since the Commonwealth games is to be a car-free event, particularly given the proposed road restrictions and closures, how will transport providers get the message out to residents throughout central Scotland that easy transport links will be provided by bus and rail to ensure that people who wish to attend the games have the opportunity to do so?

Shona Robison: The additional capacity in late-night services throughout central Scotland will be important in diverting people off the roads and out of their cars. Passengers on the Airdrie to Bathgate line will be able to take advantage of late-night departures to stations serving North Lanarkshire.

As John Wilson highlights, our communications strategy is important in ensuring that the public are aware of the public transport options. I am happy to write to him with more detail on it.

Duncan McNeil (Greenock and Inverclyde) (Lab): Last week it was announced that an additional 100,000 tickets for all the events in the opening and closing ceremonies would be available to the public. How will the cabinet secretary ensure that those additional tickets are directed to sports clubs and the people who participate in them, given that they are currently

being asked to share only 1,000 tickets? Can we do more?

The Presiding Officer (Tricia Marwick): That question is wide of the mark—we are talking about rail services—but if the cabinet secretary wishes to answer it she can go ahead.

Shona Robison: I am happy to answer the question. We always want to do more, and we have identified those who give to sport day in, day out as volunteers in local community groups and sports organisations as being one of the key groups to which we want to promote the legacy tickets. SportsScotland is one of the agencies through which the legacy tickets will be distributed. I am happy to write to Duncan McNeil with more details on that, and if we can go further, we will.

"Review of Fatal Accident Inquiry Legislation"

4. Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): To ask the Scottish Government when it will implement the recommendations of Lord Cullen's "Review of Fatal Accident Inquiry Legislation". (S4O-03199)

The Cabinet Secretary for Justice (Kenny MacAskill): The Government is committed to introducing a bill to implement the recommendations in Lord Cullen's 2009 "Review of Fatal Accident Inquiry Legislation" report in the current session of Parliament.

Some of Lord Cullen's recommendations were addressed to the Crown Office and Procurator Fiscal Service and have already been implemented, including the establishment of a Scottish fatalities investigation unit.

Patricia Ferguson: I am sure that the cabinet secretary will join me in marking the fact that the families of those who lost their lives in the Stockline explosion are preparing to commemorate the 10th anniversary of the disaster on Sunday. Does he not think that we owe it to families who have been bereaved by workplace accidents to have in place the best possible fatal accident inquiry system? Will the Scottish Government, if it has no immediate plans of its own to legislate in that area, back—at least in principle—the members' bill that I will shortly introduce to Parliament?

Kenny MacAskill: I pay tribute to all those who lost their lives in the Stockline tragedy, and to all those who have worked hard since to try to find out what happened so that we can learn lessons with regard to fatal accidents and the existing problems and issues that the then Lord President raised in presiding over the inquiry.

We are intent on taking action, which is why we instructed Lord Cullen. There are challenges, given the parliamentary timetable, but we are

committed to acting as expeditiously as possible. We have, as I said, ensured that the matters that can be addressed without primary legislation, such as those that fall within the domain of the COPFS, are dealt with. We communicated with Lord Cullen to ask whether he wished to update his review in any respect, but he is satisfied with where matters stand.

I assure Patricia Ferguson that we want to get the best possible legislation, and we will do so during our term of office.

Opencast Mines (South Scotland)

5. Graeme Pearson (South Scotland) (Lab): To ask the Scottish Government whether it will provide an update on the issues associated with opencast mines in south Scotland. (S4O-03200)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): The liquidation of the Scottish Resources Group and ATH Resources in 2013 led to 726 redundancies in Scotland's coal industry and left many sites in an unrestored state. In response, Fergus Ewing established a cross-party task force to address the situation and created the Scottish Mines Restoration Trust to assist local authorities in restoring the sites. Since the initiation of the task force in April 2013, a total of 450 jobs have been created in the sector, and that is forecast to increase to 550 jobs by the end of this year. As an action of the task force, the Scottish Government launched a formal planning consultation on opencast coal restoration and effective regulation, inviting views on revisions to planning policy and advice.

Graeme Pearson: I am very grateful to the cabinet secretary for that reply and his interest in the matter. Does he acknowledge the environmental damage that has been wreaked by opencast mining companies that are no longer trading, in particular in East Ayrshire? Communities there feel that they have been abandoned to suffer the impact of the devastated landscape with no sign of its being restored. Has the task force decided on a plan to deal with that particular issue and a timescale to deliver?

John Swinney: I quite appreciate the concerns that Mr Pearson has raised on behalf of constituents in East Ayrshire. The current situation is a very difficult one that has arisen from the collapse of companies, and it has had serious implications for local residents around particular sites. It is an urgent and on-going priority of the task force to address the very issue that Mr Pearson has raised, and to find a way to make restoration work possible. I give Mr Pearson the assurance that as soon as there is a clear plan of action that can address and make progress on

many of the issues, it will be fully reported to Parliament by Mr Ewing.

Living Wage (Government Contracts)

6. James Kelly (Rutherglen) (Lab): To ask the Scottish Government what action it is taking to ensure that all staff working on Scottish Government contracts are paid the living wage. (S4O-03201)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): We are committed to supporting the Scottish living wage and have done so in our pay policy for the duration of this session of Parliament.

We are, through the normal work of procurement, trying to ensure that all possible steps are taken to ensure that staff working on Scottish Government contracts are paid at least the living wage. We cannot make payment of the living wage a mandatory requirement of our public contracts, but we are seeking urgent clarification from the European Commission of what more can be done within European Union law to ensure that we and public bodies can lawfully encourage contractors to pay the staff who deliver their contracts a living wage.

James Kelly: I previously asked the cabinet secretary to conduct a review of the low-pay loophole in order to ascertain how many staff who are contracted by public sector bodies are being denied the living wage. I believe that the moral achievement of the living wage is undermined if civil servants are on salary scales that are far above it but cleaning and catering staff are not paid the living wage. Recent YouGov research shows that—

The Presiding Officer: Can we just get a question, Mr Kelly?

James Kelly: Sure. The YouGov research shows that 78 per cent of people believe that employers should reveal how many of their staff are paid the living wage. With that in mind—

The Presiding Officer: Question, Mr Kelly.

James Kelly: Can the cabinet secretary confirm whether the review of the low-pay loophole has begun and whether it will report before next Tuesday's stage 3 debate on the Procurement Reform (Scotland) Bill?

John Swinney: The position on the ability to make the living wage mandatory in public sector contracts has been pretty well discussed in Parliament already and, of course, it will be the subject of discussion at the stage 3 proceedings of the Procurement Reform (Scotland) Bill.

However, the Government takes its commitments on the Scottish living wage very seriously. We are taking active steps, in relation to contracts that are going forward for renewal in the Scottish Government, to take every possible opportunity, through contracting processes, to encourage contractors to pay staff who deliver the contracts the living wage. That is practical action that we are taking in advancing the letting of future Government contracts for services. Of course, we will advise Parliament of progress that is made on those questions as the contracts are concluded.

Genetically Modified Crops

7. Rob Gibson (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government what its position is on reports that, at a recent European Union environment council meeting, the Secretary of State for Environment, Food and Rural Affairs breached an agreement to raise Scotland's position on genetically modified crops. (S4O-03202)

The Minister for Environment and Climate Change (Paul Wheelhouse): It is indeed the case that Owen Paterson had agreed to raise at the March environment council the need for any EU agreement allowing member states to make their own decisions about growing GM crops, to permit Scotland and other devolved Governments to take our own decisions and not to be bound by United Kingdom Government views. However, he failed to do so.

I wrote to Mr Paterson on 13 March to express my disappointment at that omission and to seek assurances that the UK Government will work to correct the failure to speak on behalf of Scotland's interests, and ensure that any EU agreement allows for devolved Governments to uphold a ban on GM crops, should we wish to do so. I also sought a commitment from Mr Paterson that, following any deal on Europe, the UK Government would work with Scotland and the other devolved Administrations to ensure that regional bans become a reality in the UK. I have yet to receive a reply from Mr Paterson on those points.

Rob Gibson: I note the minister's detailed answer.

Scottish policy opposes GM crops, so any regionalisation of decision making that allows Westminster to bring in approved GM crops in England would need to be legally watertight. Does the Scottish Government agree that a decision on the matter should be delayed until the new European Parliament and Commission are confirmed?

Paul Wheelhouse: It is up to Brussels to work out the timetable for the agreement. In fact, it is not possible now for legislation to be passed until

after the new European Parliament is in place. I agree with Rob Gibson's point: it is essential that the legislation "be legally watertight". The Government would welcome the ability to have a ban on GM cultivation enshrined in EU law, but it is essential that it is safe from legal challenge.

Repeat Prescriptions

8. Chic Brodie (South Scotland) (SNP): To ask the Scottish Government what progress it has made in reducing the financing of repeat prescriptions. (S4O-03203)

The Cabinet Secretary for Health and Wellbeing (Alex Neil): The significant proportion of spend on drugs is in supporting patients with complex, severe and enduring conditions, which necessarily involves repeat prescribing. That will continue in the context of an ageing population and the increasing prevalence of long-term conditions. It is extremely important to ensure that that does not lead to unnecessary waste through overprescribing.

That is why we are developing the Scottish therapeutics utility, which is currently being piloted in four national health service board areas. It will help general practitioner practices to identify areas of potential medicines waste within their repeat prescribing systems. We aim to roll out that software to all boards during the current financial year.

Chic Brodie: I thank the cabinet secretary for his answer. Two years ago, in an answer to a similar question, the cabinet secretary advised that an estimated cost of £30 million was attributed to some pharmacies not following the process strictures on repeat prescriptions, as required. Will the cabinet secretary now reinforce the message to all pharmacists and GPs that the process must be followed? Will he seek the equivalent of an amnesty on medicines and ask patients to return all overprescribed medicines to pharmacists, and will he determine where the health boards might seek recovery of appropriate costs?

Alex Neil: The schemes to which Chic Brodie has referred are not actually NHS pharmacy services. He will be aware that officials wrote to all NHS boards and contractors about the negative impact that the schemes can have. I will absolutely reinforce that point again. In addition, we will continue to discuss the issue with Community Pharmacy Scotland, which is the national pharmacy contractors body.

I understand the point that Chic Brodie makes about an amnesty. However, I do not believe that it would achieve the outcomes that he expects. NHS boards have a responsibility to take control of prescribing in their areas in order to ensure that prescribers prescribe according to patient need,

and that medicines are not given to patients when they are not needed. Patients have a responsibility themselves to order the medicines that they need. The strategies that I mentioned earlier will go some way towards achieving that, together with GP and pharmacists medicines reviews and reviews of repeat prescribing.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): Is the cabinet secretary aware that almost all unused medicines—which Mr Brodie mentioned and which result mainly from repeat prescribing—are returned to pharmacists and then incinerated? However, if they are returned to one of the 60 general practices that are linked to a charity called Inter Care, those medicines will, if appropriate, be used in sub-Saharan Africa on order. Will he meet me to discuss how we can promote that alternative to burning millions of pounds' worth of perfectly usable medicines?

Alex Neil: I am aware of that scheme. I am happy to meet Richard Simpson to discuss that, because, like him, I would like to see whether we can recycle some of the drugs—provided that safety is not compromised—to Africa and elsewhere.

The Presiding Officer: Before we move to the next item of business, members will wish to join me in welcoming to the gallery Mr Raffaele Cattaneo, who is President of the Regional Council of Lombardy. *[Applause.]*

First Minister's Question Time

12:00

Engagements

1. Johann Lamont (Glasgow Pollok) (Lab): To ask the First Minister what engagements he has planned for the rest of the day. (S4F-02074)

The First Minister (Alex Salmond): Engagements to take forward the Government's programme for Scotland.

Johann Lamont: Last year, the Scottish Government again missed its accident and emergency target, meaning that thousands of Scots had to wait more than four hours for treatment. The First Minister's response was to lower the target. According to Audit Scotland this week, the Scottish Government is not just missing the original target; it is now missing the new, easier-to-reach target as well. More patients are suffering.

Last year, the First Minister promised action. This year, we learn that the number of those who are waiting more than four hours for treatment has tripled on his watch. When will his actions start to prove effective?

The First Minister: Of course, Audit Scotland was referring to the statistics for 2012-13, which is also the year that Johann Lamont is talking about. Let me first say what we are doing about the situation, because that is the real issue.

I do not know whether Johann Lamont heard Dr Martin McKechnie, the vice-chair of the Scottish board of the College of Emergency Medicine, on the radio this morning. Dr McKechnie said:

"We have had a lot of support and investment in the last 18 months from the Government and we are beginning, I hope, to feel and to see the effects of some of these changes."

The year 2012-13 was a hugely tough one for the emergency services of the national health service in Scotland. We had a substantial number of ward closures because of norovirus. However, the emergency action plan that was announced by the Cabinet Secretary for Health and Wellbeing has been welcomed by the profession, as indeed has the substantial increase in the number of consultants, staff and facilities around Scotland. Working together, we will bring about the improvement that Scotland requires and which the patients of Scotland deserve. That improvement is happening in the statistics already and, if Johann Lamont was fair about it, she would note that Audit Scotland remarked on the substantial improvement since the yearly statistics to the end of financial year 2012-13.

Johann Lamont: Yes, but Audit Scotland pointed out that the improvement was against the worst ever statistics in this area.

I know that the First Minister will have plenty of facts and figures to prove that there is not really a problem, but we know that there is a problem in our hospitals because healthcare workers are telling us so. Let us hear what patients think. Margaret Watt, chairwoman of the Scottish Patients Association, said:

"People have died as they couldn't get into hospital because they were kept waiting in A&E. The distress it causes patients and families is huge but the situation seems to get worse year on year. I have never known it as bad as this and our national treasure, the NHS, is becoming a nightmare for patients."

Last year alone, more than 100,000 people had to wait for more than four hours—that is more than half a working day. Nearly 1,500 people waited more than 12 hours for treatment. The First Minister has been in office for seven years—why have waiting times trebled on his watch?

The First Minister: I do not know how familiar Johann Lamont is with the statistics but, as she said that the waiting times were the worst ever in A and E, I will just correct her. I will give her the exact statistics and then I hope that she will be able to admit how wrong she was.

Johann Lamont was right in quoting the statistics for 2012-13: 103,782 people waited more than four hours. That is exactly the situation that we are trying to tackle. That is out of total attendances at A and E of 1,618,610. We are seeking to tackle those figures and bring them down to what we believe are more acceptable levels.

However, Johann Lamont said that those were the worst figures ever. I will give her the figures for 2006-07, when she was a minister. In that year, there were 1,342,737 attendances—some 300,000 fewer than there were in 2012-13—and the number of people waiting more than four hours was 125,753.

Now that Johann Lamont has heard those figures, will she withdraw the suggestion that 2012-13 was the worst ever year, as clearly it was not? Will she acknowledge that, although we are trying to improve performance, it is substantially better than it was when she was a minister? Will she agree to concentrate on the action plan that will serve the people and patients of our community in the best possible way?

Johann Lamont: The degree of complacency in that response is staggering—let us go back to our comfort zone in which a politician makes a debating point, rather than responding to what patients, staff and Audit Scotland are saying. The

reality is that the First Minister does not seem to understand or care about the problem.

We have a social care crisis, which is fuelling an A and E crisis. People attending A and E need beds, but they cannot get them because patients are being parked in inappropriate wards, waiting to be discharged but with nowhere to go. Hard-working nurses and doctors are not to blame; they are doing their best. Is the First Minister going to get serious about the crisis, or is he just going to fiddle with the target again?

The First Minister: Johann Lamont should accept that it is rather more than a debating point to point out that she is fundamentally mistaken in her claim that 2012-13 was the worst year ever. I am afraid that 125,753 is a much bigger figure than the one that she cited.

Johann Lamont accuses me of complacency, but I reject that totally. The health secretary has set out the action plan, which has been widely welcomed by health professionals. This Government, unlike the Labour Government, pledged to protect real spending in the national health service and we have done so.

The figure for patients seen within four hours increased last December, in the heart of winter, to 93 per cent. We want to get that figure higher, to the interim target of 95 per cent and then on to 98 per cent. If Johann Lamont wants to hear about complacency, perhaps she should recall that, when she was a minister and Andy Kerr was health minister—it is quite recent history—the figure was 87.5 per cent.

Neil Findlay (Lothian) (Lab): Take some responsibility.

The Presiding Officer (Tricia Marwick): Mr Findlay!

The First Minister: The figure of 87.5 per cent was hailed by Andy Kerr as showing

"that the vast majority of A & E departments are meeting the four hour target ... Investment ... in the NHS is paying off".

For her party's credibility and her own, Johann Lamont should explain why, if 87.5 per cent was wonderful when she was a minister, 93 per cent under the current Government is such a disaster. Will she accept that, thanks to the hard-working professionals in the national health service, there is an improvement, which we intend to drive up further, thanks to the investment plan? Will she acknowledge that, when she comes to the chamber and makes up figures because she cannot substantiate her points, she and her party are fundamentally lacking in any credibility on the national health service? [Applause.]

Johann Lamont: The fact that the Scottish National Party back benchers respond so warmly to that answer tells us everything about the problem that we face. Dr Nikki Thompson, chair of the British Medical Association Scottish consultants committee, said:

“medical staff are working under considerable strain to try to maintain high quality care in an overstretched system; clearly this is not sustainable.”

However, with an unsustainable NHS, what we get is a First Minister coming up with unsustainable answers.

Let us be honest about what is happening here and what the Scottish Government's approach is. It is revealed in the following line in the Audit Scotland report:

“The Scottish Government has indicated it will review the 95 per cent interim target after September 2014.”

What could possibly be happening in September 2014 that matters more? We are not prepared to wait for his referendum before we make sure that the ill and the injured do not have to wait for treatment. Is it not the case that the First Minister cares more about the constitution of our country than the health of our people?

The First Minister: In dealing with the situation, we have announced the £50 million emergency care plan, and we are reviewing the 95 per cent figure towards the end of the year because we want to drive it upwards towards 98 per cent.

I have been critical of the Labour Party on the health service because neither in 2007 nor in the run-up to the 2011 elections would it commit to protecting the health service budget in real terms. I remember Lord McConnell saying that every other service, including the health service, would have to cut its cloth because he was going to put all the consequentials into education.

Another Administration in these islands—a Labour Administration—decided, because of the pressure of spending cuts from Westminster, that it could not protect the health service in real terms. I have the figures for emergency care in Wales. Not on a single occasion over the past few months has even 90 per cent been reached there, never mind 93 per cent. Labour has failed every time.

In contrast, we have a rising number of staff in the national health service in Scotland. We had 127,000 in September 2006, before we took office, and we had 135,000 at the end of 2013. We have a rising number of medical staff—the number has gone up from 9,600 to 11,438. We have rising numbers of staff in nursing and midwifery. That has all been made possible because we have protected the health service in real terms. If the Labour record in office in this place was so lamentable, and if its current record in Wales is so

much worse than that of this Administration, how on earth can Labour have any credibility on the national health service?

Why not welcome the investment that has been put in to drive up the figures for emergency care? That has been welcomed by the health professionals. Labour should get behind the action plan and it should stop trying to rewrite the dismal history of its Administration or the present practice in Wales.

Prime Minister (Meetings)

2. Ruth Davidson (Glasgow) (Con): To ask the First Minister when he will next meet the Prime Minister. (S4F-02072)

The First Minister (Alex Salmond): I have no plans to meet the Prime Minister in the near future.

At First Minister's questions on 27 March, Ruth Davidson asked me about the implementation of a Scottish Clare's law, which involves information being provided on issues of domestic abuse. I can tell the Parliament that the Scottish Government is carefully considering this morning's proposals from the Solicitor General for a new offence of domestic abuse. Ruth Davidson and the Parliament will also wish to note that the chief constable has today proposed a multi-agency group to set up and develop a pilot on a Clare's law disclosure scheme in Scotland. I know that Ruth Davidson will welcome those initiatives, and I can assure her that they will be carefully considered as they unfold.

Ruth Davidson: I thank the First Minister and welcome the pilot of Clare's law, a matter that I indeed raised with the First Minister on 27 March. While the First Minister is in a listening mood, I ask him to reconsider my repeated calls for a full public inquiry into the baby ashes scandal.

The First Minister seemed awfully keen a few moments ago to talk about Wales, but slightly less keen to talk about his own record in Scotland. We have heard an awful lot of statistics today. The First Minister cannot get away from the facts. He missed his target for treating people in accident and emergency, so he lowered his target. Then, he missed it again. This is not just about the thousands of people waiting for more than four hours in A and E, and it is not just about the 1,000 people waiting for more than 12 hours; it is about everybody expecting to wait almost half an hour longer than they did just five years ago.

The First Minister likes to blame almost anyone else when things go wrong, but is it not the case that the Scottish National Party Government has overseen the national health service in Scotland for the past seven years? Does not this failure land squarely on the First Minister's desk? Will he start to take some responsibility for it?

The First Minister: The responsibility that we have taken for it was to announce the emergency healthcare action plan. That £50 million is making a substantial difference. I have already read out this morning's quotation from Martin McKechnie, the vice-chair of the Scottish board of the College of Emergency Medicine. He welcomes the action plan that is being unveiled across Scotland and the close working relationship with the Cabinet Secretary for Health and Wellbeing. Furthermore, there are proposals in the Audit Scotland report that the Government will adopt and implement, as they are entirely sensible. The matter is being treated with the utmost seriousness.

It is reasonable to put forward the situation as it was when we took office. It is reasonable to put forward the position that there are more staff, more nurses and more doctors in the national health service. The number of consultants who are working in accident and emergency units is more than double the number that there was when we took office, and far more people are being treated in A and E. It is entirely reasonable to put forward those points because all of them are true.

When the Government announces its action plan, which is welcomed across the national health service, and there are already signs—as detailed in the Audit Scotland report—of an improved position, that is a Government that is looking at an issue and a serious problem for many patients across Scotland and taking affirmative action to do something about it.

Ruth Davidson: We know that more people are being treated, and we know that the NHS is under pressure. That is why the Conservatives are committed to delivering an extra 1,000 nurses for Scotland. However, that does not get us away from the record that the SNP Government is creating. A and E targets are being missed, nursing numbers are down from their peak and bed numbers have been slashed by more than 20 per cent in one of the fastest declines in hospital beds anywhere in the western world. Last week, the Cabinet Secretary for Finance, Employment and Sustainable Growth, John Swinney, said that the Government had absolute control over the NHS. He said:

“we have control to decide what type of national health service we want, what direction we want it to take and what reforms we want it to undertake.”—[*Official Report*, 30 April 2014; c 30343.]

Given that complete control over the NHS, are all the cuts by SNP design or has the First Minister been so busy with the referendum that they have just happened by accident?

The First Minister: The health service budget has been protected in real terms. That was the right decision to make, and I will defend that decision to anyone at any time. That has not been

easy to do because of the cutbacks at Westminster, as Ruth Davidson well knows. Nonetheless, the health service budget has been protected. It is entirely reasonable to point out that the fact that the staff numbers in the NHS are higher than when we came to office, as I mentioned, is a virtue of that investment. It is also true to say that the non-profit-distributing programme that exists across the national health service is producing great results and we look forward to direct investment in the new south Glasgow hospitals. Those things are improving healthcare radically across Scotland, which is a substantial achievement given the cutbacks elsewhere.

I do not like to talk about Wales, although the Prime Minister talks about little else when he speaks of the national health service at Westminster. Although we face a major challenge in accident and emergency services in some of our health boards in Scotland, which we are meeting, none of our health boards anywhere in Scotland is registering the figures of 81.7 per cent, 85.6 per cent and 86 per cent—which is the figure in Southend—that are being registered by health boards that are under pressure south of the border.

One of the reasons why people have confidence in the health service in Scotland is the unbending commitment of this Government to fund it in real terms. We are also committed not to fragment and privatise it, as has happened south of the border. That a Tory politician can come to this or any other chamber and ignore the dismay that has been caused in the health service across England by the policies of their Government almost beggars belief. Our health service will be kept in public hands. We will respond to crisis by investing more and we will meet challenges as they come, but it will be a public national health service for the people of Scotland.

The Presiding Officer: Tavish Scott has a constituency question.

Tavish Scott (Shetland Islands) (LD): The First Minister will know that European structural funds for the Highlands and Islands are important for the delivery of economic growth. Can he confirm that the £172 million from the new structural fund will all be spent in the Highlands and Islands and that decisions on which projects are to be supported will be made locally instead of that function being removed to Edinburgh, which is what Shetland Islands Council and others fear will happen?

The First Minister: Those matters are under discussion. I am sure that Tavish Scott will look carefully at some of the recent substantial investments that have been made in Shetland, not least in the airport and other things that I could list.

He will know of the Government's substantial commitment to Shetland and the other island communities. The decisions are under discussion at the moment.

Cabinet (Meetings)

3. Willie Rennie (Mid Scotland and Fife) (LD):

To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S4F-02068)

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

Willie Rennie: Audit Scotland has reported that a lack of hospital beds is a major problem for accident and emergency. The number of hospital beds is at a record low, but last week the Cabinet Secretary for Health and Wellbeing said that there is not a strategic shortage of beds. Is it not the case that the Government woke up to the problem only two years ago? The First Minister mentioned Dr Martin McKechnie from the College of Emergency Medicine, and that is exactly what he said this morning. Does the First Minister not think that we are in this position because he failed to act early enough?

The First Minister: We are in a position where accident and emergency waiting times are improving; our accident and emergency staff all over the country are treating more patients than ever before; we are implementing lessons where best practice is ensuring very substantial results, as is the case in Tayside and elsewhere; and we are seeking changes to the health service's infrastructure to bring about facilities such as the emergency care centre in Aberdeen, which is managing patient flow superbly. All those things are happening.

The new facilities have not been planned over the past 18 months; rather, there has been a continuing investment in the national health service over the past few years. It is absolutely right that the Cabinet Secretary for Health and Wellbeing, together with health professionals, put together the action plan to deal with the pressures on the national health service. However, there should be some acknowledgement that the national health service is treating more patients than ever before, and that the public have fantastic confidence in our national health service and nothing but admiration for the staff, the doctors and the nurses who are performing to such an exceptional level.

Willie Rennie: The First Minister mentioned keeping the NHS in public hands. That is exactly the point that I want to tackle him on—charging people for continuing care. Last Friday, the Government announced that it was ending the principle that people who need continuing care

can get it free in their community. The only way that people can avoid hundreds of pounds of charges is to stay in hospital. Will that not increase the pressure on bed numbers and make the waiting times problem worse?

The First Minister has one half of his Government trying to get people out of hospital, while the other half is giving them all the financial incentives to stay in hospital. That does not make sense, does it?

The First Minister: The Cabinet Secretary for Health and Wellbeing will make a statement on continuing care in which he will explain the exact proposals and not the version that Willie Rennie presented. I am sure that Mr Rennie will want to participate in that discussion.

We are committed to the success of free personal and nursing care. That would have been enhanced substantially if the then Labour Westminster Government had not withheld the attendance allowance, which would have been an extraordinary help financially.

One of the most significant and continuing financial pressures on the national health service, which we cannot unfortunately do anything about, is the disaster of the private finance initiative. In key hospitals and hospital boards, that is resulting in continuing payments of eight to 10 times the cost of hospitals because of the disastrous contracts that Willie Rennie and his colleagues signed when they were in government. Our commitment to a public national health service is not just to protect the funding, but to have a public health service not paying over the odds to private contractors.

Population Increase

4. John Mason (Glasgow Shettleston) (SNP):

To ask the First Minister what the Scottish Government's position is on the increase in Scotland's population. (S4F-02076)

The First Minister (Alex Salmond): We are very pleased that Scotland's population is at its highest ever level. Healthy population growth is vital to future economic growth, and the continuing increase in our population is welcome news.

John Mason: It is very encouraging that our population is at its highest ever level but, like other countries, Scotland faces demographic challenges. Does the First Minister share my regret that Westminster's United Kingdom Independence Party-driven agenda completely ignores Scotland's needs and that only the powers offered by a yes vote will enable us to optimise our population and build a fairer and more prosperous society?

The First Minister: I agree. One of the signs—not just over only a few years but over a century—of the failure of Westminster control of the Scottish economy was the lack of population growth in Scotland. Over 100 years, the 10 per cent population growth in Scotland compared with around 60 per cent growth in England. Thankfully, since the advent of this Parliament and particularly over the past few years, those trends are reversing and they will reverse even further in an independent Scotland.

I cannot think of anything dafter as a policy, whether UKIP driven or not, than to educate students up to a high degree of human capital in our fine universities and then to deprive them of the opportunity to work and contribute to our economy. What could be a dafter policy than the one that the Liberal-Tory Administration at Westminster is pursuing?

We should welcome the fact that the new statistics show a substantial increase in population. In the space of one year, that increase seems to be substantially higher than the estimates used in November 2013 by the Institute for Fiscal Studies. We should accept that, if we pursue the right policies, we can get a population growth that is beneficial to economic growth in Scotland.

Free Personal Care

5. Sarah Boyack (Lothian) (Lab): To ask the First Minister, in light of the reported 162 per cent increase since 2004 in the cost of providing free personal care, what action the Scottish Government is taking to ensure that local authority social work budgets can meet demand. (S4F-02071)

The First Minister (Alex Salmond): The Scottish Government is proud of the fact that free personal care improves the lives of more than 77,000 older people in Scotland. We are fully committed to the policy and I hope that, when the Labour cuts review eventually sees the light of day, Sarah Boyack will have been successful in defending free personal care from the cuts commission set up by Johann Lamont.

As Sarah Boyack will be aware, we protected the local government budget in relative terms and, in 2015-16, it will stand at £10.6 billion. In addition, since 2008, payments for free personal and nursing care have risen in line with inflation. The Scottish Government is also providing an additional £5 million to local authorities in 2014-15 for care of older people.

Sarah Boyack: Given the view of the Convention of Scottish Local Authorities spokesperson Scottish National Party councillor Peter Johnston that

“Councils’ social work budgets are under huge pressure, with some ... nearly at breaking point”,

what will the Scottish Government do to address the fact that local government revenue spending has had a real-terms cut of 1.2 per cent while costs have risen 10 per cent since 2007? With demand for care services growing and more older people living longer, is it not time for the Scottish Government to sort out the squeeze in local government funding?

The First Minister: I do not know whether Sarah Boyack has woken up to the fact that there is a squeeze on public spending in Scotland because of the squeeze being administered by the Westminster Government. That is the reality.

Various aspects of public spending are being protected. The chief one to be protected has been the health service for the reasons that we have already specified. Labour, of course, did not commit to that.

Second only to the health service in the protection of public spending has been local government. In 2006-07, when the Labour Party was in office and Johann Lamont and others were ministers in the Administration, as a percentage local government funding was 34.7 per cent; in 2014-15, it is 36.7 per cent.

Yes, times are tough. How could they be otherwise as a result of the financial crisis induced by Alistair Darling and the Labour Government and the austerity policies that the Tory Government has pursued? However, local government spending has risen since the Labour Party was in power so, whatever the squeeze and difficulty, we know that it would have been a lot worse if Sarah Boyack and her colleagues had continued in office.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): As the First Minister alluded to earlier, Westminster retained attendance allowance when we introduced free personal care. To date, that amounts to around £300 million. Surely the whole Parliament would agree that that should be returned to Scotland.

The Presiding Officer: Do you have a question, Ms Grahame?

Christine Grahame: Even the Labour Party, when in power here, asked the Labour Government at Westminster for that and was refused. It should surely be returned now to help with our elderly.

The First Minister: The withdrawal of attendance allowance is a hugely important issue. If I remember rightly, Henry McLeish, as First Minister, said that it was unfair that, as a result of a Scottish Government policy, attendance allowance should be withdrawn from Scotland. I

think that I am right in saying that it was Jim Murphy who, as the Westminster minister, said, “No, we’re going to keep the attendance allowance money.” Over the years since, it amounts to more than £300 million.

That tells us two things. First, would it not be a grand idea if we considered and controlled all aspects of policy—not only spending but revenue and social security? Secondly, how useful would that £300 million now be in helping to fund the things that the Labour Party says it cares about but for which, when in office, it withdrew funding from Scotland?

Alcohol Minimum Pricing

6. Jim Eadie (Edinburgh Southern) (SNP): To ask the First Minister what the Scottish Government’s position is on the minimum pricing plan for alcohol being referred to the European Court of Justice. (S4F-02077)

The First Minister (Alex Salmond): We look forward to making the case before the European Court of Justice for that vital public health tool, which will help to rebalance Scotland’s relationship with alcohol.

Each week, on average, alcohol misuse is responsible for more than 20 deaths and almost 700 hospital admissions in Scotland. Minimum pricing would save lives within months of its introduction. The Scottish Government remains committed to implementing it as part of the concerted package of measures that has already been rolled out to reduce alcohol-related harm.

Scotland is leading the way on the issue: I understand that the Governments of Ireland and Estonia have outlined that they would like to move to their own minimum unit pricing systems.

Jim Eadie: Does the First Minister recall the wise words of the European Commissioner for Health, Tonio Borg, who said that he was in favour of minimum pricing in principle? Along with the empirical evidence from Canada, and the support of each of the United Kingdom’s chief medical officers, does that not further demonstrate that minimum pricing is essential if we are to reduce alcohol-related harm, cut violent crime and save lives in Scotland?

The First Minister: We welcome the commissioner’s backing in principle for minimum unit pricing. As the member points out, that adds to the substantial weight of support for the policy, particularly from those who work daily with the effects of alcohol misuse and abuse.

Minimum unit pricing was introduced in Canada and has resulted in reductions in alcohol-related harm. A 10 per cent increase in minimum price

has led to an estimated 32 per cent reduction in wholly alcohol-attributable deaths.

As I said, I welcome the referral to the European Court. I look forward to implementing minimum unit pricing—a policy that, the evidence shows, will save lives.

Skin Cancer

The Deputy Presiding Officer (Elaine Smith):

I remind guests who are leaving the public gallery that the Parliament is still in session and that they should leave as quietly as possible.

The next item of business is a members' business debate on motion S4M-09392, in the name of Fiona McLeod, on ultraviolet radiation awareness to prevent melanoma and non-melanoma skin cancer. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the increase in the prevalence of skin cancers between 1987 and 2011 as published in the NHS Information Services Division report, *Cancer Incidence in Scotland (2011)*; notes that the report highlights morbidity and mortality from UV radiation induced cancers; is concerned that there is a continuing increase in the number of people with melanoma in the 15 to 34 age range, including in Strathkelvin and Bearsden; notes the potentially significant human, personal, financial and societal costs of what it understands is Scotland's most common form of cancer, and believes that sun protection is an important part of decreasing the prevalence of skin cancers.

12:32

Fiona McLeod (Strathkelvin and Bearsden) (SNP): I begin by thanking members across the parties who signed my motion so that we could debate it today, and the members who I know want to speak in this important debate.

I also thank Melanoma Action and Support Scotland for the briefing that it gave me and other members. I welcome its representatives to the gallery—I hope that they are there and not standing in a queue, waiting to get in.

Last week, I attempted to complete *The Herald's* crossword. It had a clue for a three-letter word. The clue was "sunburn" and the answer was "tan". I thought that that was quite helpful, because many of us still think that to have a tan is a good thing, but we recognise that sunburn is a bad thing. That clue put the issue into perspective: sunburn and a tan are the same thing; and sunburn can cause malignant melanoma.

Every year in Scotland, about 1,200 people are diagnosed with malignant melanoma. The main cause of that is UV light damaging the DNA in their skin cells—that is, sunburn. We can get sunburn from the sun and from sunbeds. From that, it is clear that this is an almost entirely preventable cancer.

Sadly, over at least the past four decades, the number of people who are diagnosed with malignant melanoma has been rising. In April 2014, we learned from Information Services

Division figures that, in the past 10 years, the number of malignant melanoma diagnoses in Scotland has gone up by 43 per cent for men and 30 per cent for women. Given the rise in the figures and given the understanding that the cancer is almost entirely preventable, what can be done? I suggest that we should look at three areas: education, advice and behaviour change; early diagnosis and treatment; and research.

Education, advice and behaviour change should involve lifelong education. Nowadays, most parents of very small toddlers get the Australian message of slip, slop, slap. We would not think of letting our toddlers out into the sunlight without cream, a T-shirt and a hat on.

In our nursery schools, we spend a lot of time talking to three and four-year-olds and taking care of their skin when we take them out. However, the education process must become lifelong. When our primary school and secondary school pupils go outside to do physical education or take part in outdoor education trips, talking to all of them about putting on sunscreen and hats should be standard practice. If we have lifelong education, it will become routine for all of us to take care of our skin when we are out in the sun.

We know that the lifelong education approach works and we know that it produces behaviour change. We just need to look at the smoking cessation figures. Over the same 40-year period during which the rate of melanoma cancers has gone up, we have been stopping smoking and the percentage of lung cancers has gone down. That has been so much about education and behaviour change.

As the result of a grant from the Ian Sunter Charitable Trust, MASScot went into 28 schools across greater Glasgow last year and spoke to 8,000 pupils. We need to support such initiatives. I am delighted that MASScot will go into schools in my constituency this year—in Bishopbriggs, I think. We must support organisations in providing lifelong education.

For early diagnosis and treatment, we need to look at self-examination, so that we are more aware of our skin. Through the Health and Social Care Alliance Scotland, MASScot has produced a self-examination pack that includes a DVD that teaches us how to do self-examination. If we do self-examination, we will present to our general practitioners earlier. I suggest that GPs need to be more aware, but perhaps we could also go to community pharmacies with concerns, if community pharmacists got the relevant training.

Early diagnosis of malignant melanoma is important because it is one of the best ways of treating and curing the cancer. If malignant melanoma is caught early, the five-year survival

rate can be 100 per cent but, if it is caught late, the rate is 8 per cent. We must think about that, get self-examination and get our professionals prepared.

My last point is that we need to do more research. The research is probably a bit too difficult for me to explain. When my husband did his PhD way back in 1976, he looked at the function of ribosomal protein S6. I will have to read out the next bit carefully. He looked specifically at a protein complex called mTOR which is implicated in rapidly developing cancers such as melanoma. When my husband did the research way back in 1976, the hypothesis was that, if we could turn down mTOR activity, perhaps we could slow down the cancer. Thirty-eight years on from that research, two conferences in Europe this year will look at exactly that hypothesis and see whether we can take it further. That is a wee plug for my husband's PhD from all those years ago. If we start small, we can perhaps get somewhere.

I wanted to have the debate to increase public understanding that a tan is not a good thing. We must take care of our skin. I also wanted the debate to be part of the process to change behaviour and change attitudes. I thank MASScot for the work that it does for many people in many ways by providing education, supporting research and helping people one to one after they have been diagnosed.

The Deputy Presiding Officer: A number of members would like to contribute to the debate, so I ask members to keep to their four minutes, please.

12:40

Ken Macintosh (Eastwood) (Lab): I thank Fiona McLeod for lodging this motion for debate on skin cancer. The motion is particularly timely as we head towards the summer months. Many Scots will rush to welcome the sun rather than treating it with the respect that it deserves.

Just last week, we were given the clearest evidence on why fair-skinned Scots, of all people, need to be careful. There has been a 40 per cent increase in skin cancer in this country in just one decade. We should make no mistake: that is an epidemic, and we need to respond appropriately.

There have been many advances in the treatment and earlier detection of melanoma, but it is one of the most preventable of cancers. The 40 per cent rise in the number of people who are affected is almost entirely down to our sun-seeking behaviour. The long-term answer has to lie in changing that behaviour.

I, too, thank Leigh Smith and her colleagues at MASScot for all their work to raise awareness.

That is exemplified by the first-class briefing that was circulated in advance of today's discussion. Many of our MSP colleagues who will not be able to take part in the debate will have read that document, and I doubt that any of them will not have been struck by the case to take action. The stories are too moving. The cancer strikes down young lives and leaves others scarred and damaged, and far too many saying, "If only I'd known."

Now we know, and I am pleased that we took action on sunbeds in Scotland. However, that was only ever supposed to be the start, not the end point. Sunbeds are only one small part of the problem; the sun and tanning are the main issue. It is not enough to protect our children and warn adults about the dangers of sunbeds; we have to educate people to cover up in the sun.

The good news is that we know that that can be done. Fair-skinned Australians have shown us the way. Despite their far hotter climate, they have a better record on prevention, early detection and treatment. The slip, slop, slap campaign, which was led by their cricketers and other sporting stars and which Fiona referred to earlier, was hugely influential. Why have we not used the Commonwealth games to send out a similar message? I know that MASScot suggested a uniform for the volunteers at the games that could have highlighted the advice to cover up with long sleeves and a wide-brimmed or kepi hat. Would that not have been one of the best legacies to give the people of Scotland from the games?

It is certainly not too late to promote that message in our schools. On the whole, nurseries tend to have very good, clear sun protection policies, but the same cannot be said of primary or secondary schools. It is not just fair skin that is the most vulnerable; it is young skin. Again, I praise MASScot's work in raising awareness among pupils, and I urge the minister to do more to work with it and other charities, such as Cancer Research UK, on effective health protection.

There are so many issues to raise, but as there is simply not enough time to raise them, I return to the issue of sunbeds. Ministers promised a review of the sunbed legislation if it was not enough. We know that children and young people are still accessing those machines; indeed, I reported one just last month in my own area, and we know of others in Airdrie and Glasgow. One salon chain recently offered free sessions on a Saturday—I was shocked to see it advertising on television. Is it time for a licensing regime? The minister should perhaps be asking that question.

I remember one of my MSP colleagues in the Scottish Socialist Party being mocked a few years ago for asking for free sun protection cream. Should that not at least be available on

prescription? It is available for vitiligo patients to prevent skin cancers, but is not available to those with skin cancer.

The good news is that a number of breakthrough treatments have been developed recently that offer huge hope for saving lives and improving quality of life. Advances in radiotherapy, for example, have made a major difference to patient outcomes, and immunotherapy and immuno-oncology in particular are very exciting research and new treatment areas. The first of the new drugs is now available to Scottish patients, but only as a second-stage intervention. Does the minister accept not only that such new drugs hold out hope that we can turn cancer into a chronic condition rather than a life-limiting one, but that they also pose challenges for us in their costs and the balance between treatment and prevention?

There is not enough time to raise all the issues. There are dermatology issues that we should look at. It costs three times as much as normal to employ a consultant to work in a waiting time initiative clinic. Would it not be better to staff the clinics properly?

I thank Fiona McLeod and MASScot for their work. There is much that we can do not just in treatment but in moving the emphasis to prevention.

The Deputy Presiding Officer: I remind members to use full names. Doing so is a matter of accessibility and is also for the *Official Report*.

12:44

Aileen McLeod (South Scotland) (SNP): I begin by congratulating my friend and colleague Fiona McLeod on securing the debate on skin cancer, which, as we have heard, is one of the most preventable forms of cancer.

Malignant melanomas are now the most common cancers in teenagers and young adults in Scotland. They account for 24 per cent of all new diagnoses. Of course, we should not forget that more people are surviving cancer, but education and awareness are key. Common signs of malignant melanoma include a growth or sore that will not heal or which itches and hurts or changes into a mole. Although those signs are becoming more widely known, we still need to get that early diagnosis. It is vital that our young people are aware of the risk of melanoma, that they are encouraged to develop healthy sun behaviours, and that they are confident in seeking help.

The *BMJ* has published a recent study by the University of Stirling in partnership with the Teenage Cancer Trust, which concluded that

“Scottish adolescents had poor sun protection practice and low skin cancer awareness”

and that

“Girls”

in particular

“adopted riskier sun-related behaviour despite greater awareness of skin cancer-related risk.”

The research recommended that

“Urgent action is required to promote positive sun-related behaviour and increase skin cancer awareness among Scottish adolescents.”

In its helpful briefing, MASScot mentioned how it delivered sun awareness information to 8,000 pupils in 26 primary schools across Glasgow last year. It will continue with that work this year as part of the 2014 legacy.

Similarly, the Teenage Cancer Trust, through its education programme, also runs an annual summer safety campaign called shunburn. That joint media and education campaign encourages young people to love the sun and respect their skin by taking simple steps to reduce the risk of skin cancer. It includes lesson plans for teachers and guidance for schools on developing their own sun safety policy.

Those are important and complementary tools that give our young people the information that they need to look after themselves and enjoy, without putting themselves at risk, the sunshine that we often feel we see so little.

Information and education on sun safety and skin cancer for our young people will be absolutely vital in addressing the increasing incidence of this cancer in Scotland. If we educate young people about their health, that stays with them throughout their lives. Melanoma is not entirely preventable, but recognising the risks of overexposure to the sun and acting accordingly will certainly reduce the risk. I hope that, in time, we will see a reduction in the figures as the messages about the importance of sun safety reach a wider audience. That is a practical and constructive way of tackling the problem that Fiona McLeod rightly identified and brought to the chamber this afternoon. I look forward to hearing the minister's response.

12:48

Jackson Carlaw (West Scotland) (Con): I, too, congratulate Fiona McLeod. This is the second worthwhile debate that she has brought to the chamber recently. I also congratulate MASScot, which in advance of today's debate and throughout the current parliamentary session has brought important education to members.

I am afraid to say that I am a walking disaster in this area. I am red haired—albeit that my hair is somewhat less lustrous than it once was—blue eyed and fair skinned, and I have mild vitiligo. I

learned as a teenager that it does not need to be sunny for us to get sunburned. Ultraviolet rays penetrate clouds, as I discovered to my cost when I was abroad.

At the risk of creating the headline “Tory MSP Confesses to Wearing Make-up”, I will say that I wear a Clinique moisturiser for men—other brands are available on request—which has factor 21 at its core. I wear it all the time. One of the lessons that we should be promoting in education is that we cannot anticipate the weather or the strength of the UV rays that penetrate the clouds. A far better thing for young people, particularly children, would be for families simply to get into the habit of getting their children to put on a layer of sun cream, or a sun protection factor cream, as a matter of course, particularly during the summer months, when the risks are at their highest.

It is not the case that people are at risk only on a hot, sunny day; they can be at risk in all sorts of less obvious weather. I need only walk along a windy beach to get sunburned, so I have to be pretty well lathered up with stuff. If there is to be meaningful change for people who have the typical west of Scotland or Scottish complexion, getting into the habit of wearing sun protection cream is an important lesson for us to learn.

I want to talk about the on-going availability of ipilimumab, which I think is the first treatment that genuinely offers hope to skin cancer sufferers. Ipilimumab has been available to patients in England, through the cancer drugs fund and the National Institute for Health and Care Excellence, and the Scottish Medicines Consortium has made it available as a secondary course of treatment in Scotland. I think that it will be the first drug to go through the new approvals process, as a result of efforts to allow it to be used as a first course of treatment for skin cancer. I know that it is not the minister's responsibility to deliver on this, but I very much hope that the SMC is persuaded of the case. We need only consider the benefit that it has given, particularly to young people who suffer from skin cancer, who have experienced a meaningful improvement in their quality and length of life as a result of having access to the drug.

I hope that the SMC will recommend that ipilimumab's use be extended to primary treatment of skin cancer, and I hope that the Government's information campaign will not just focus on hot, sunny days but make clear that UV rays are dangerous in all sorts of weather and that getting into the habit of wearing a sun protection factor cream would be of advantage to us all.

12:51

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I congratulate Fiona on bringing

this important and interesting debate to the Parliament.

It is worth looking at the science that underpins some of this. The ultraviolet rays that we have been talking about have a wavelength in the range of 100 to 400 nanometres, so quite a narrow range of light causes the problem, albeit that ultraviolet light is important and omnipresent. It is particularly interesting that the part of ultraviolet light that is most likely to reach us is in the most dangerous part of that narrow range.

Jackson Carlaw and other members have talked about their experiences. I was so badly sunburned as a 10-year-old, in 1956, that I had sunstroke and had to be hospitalised. My father, who was a general practitioner, did something important on the back of that experience: he counselled me to look at my skin critically for the rest of my life and he described some of the things to which I should pay close attention.

That is an important point, which I hope is made by everyone who advises people who have been burned, because checking one's skin is simple and cost free. People do not need to be particularly technical; they should just look for changes and not assume that they are trivial.

I have a particular reason for saying that. A good friend, Mitchell Burnett, who was a councillor of ours in Aberdeenshire, developed a tiny black spot on the top of his ear. When I say “tiny”, I am talking about something that was not the width of a pen—certainly less than 20mm across. It killed him. It took a while to do it—it was clipped out, but the cancer came back and went into his scalp. The start of skin cancer can be quite small and early action is needed.

Ken Macintosh: Dr Girish Gupta, a dermatologist at Monklands hospital, says that the advent of digital cameras makes checking one's skin easy, because a person can take a photograph of, for example, their own back, head and neck every year and compare the photos. That is a good way of detecting moles. Does Mr Stevenson agree that that is good advice?

Stewart Stevenson: I wonder whether my wife will allow me to upgrade my camera on the basis of that advice, which sounds like very good advice indeed.

Jackson Carlaw talked about walking under clouds. The science is quite interesting. Where the cloud is thin and high, the risk of UV impact is raised compared with the risk under totally clear skies. I think that people are relatively unaware of that.

This is an issue for the whole population, even if they never go in the sun, because climate change is changing the impact of UV. The increase in

temperature in the troposphere is matched by a decrease in temperature in the stratosphere—in other words, the upper bit—and, as that happens, it promotes the growth of a particular cloud type called polar stratospheric clouds, which increases the size of holes in the ozone layer and lets more UV through. There are issues for us all and we need to protect people who are particularly susceptible. I will go away and consider my personal make-up as a result of Jackson Carlaw's comment.

When I looked this morning at who had signed the motion, I noticed that no Tories or Liberals had signed it, though I am delighted to see Jackson Carlaw here. I have therefore concluded that for the Tories and Liberals, their time in the sun is over.

The Deputy Presiding Officer: Once again, I remind members to use full names and to appreciate that members of the public who are watching may not be as familiar with our colleagues as we are.

12:56

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I join others in congratulating Fiona McLeod on securing this timely and important debate. Fiona referred to the helpful briefing from Melanoma Action and Support Scotland, and it reminded me of issues that have concerned me over the years.

I start with education. Health and wellbeing education goes on in schools and I ask the minister to ask his education colleagues to ensure that it includes something for every child on the dangers of sun exposure and of using sunbeds. On that issue, I pay tribute to my colleague Ken Macintosh for his work on sunbeds, which has helped to increase awareness and make significant changes.

Will the minister consider whether the chief inspector of education could raise the issue as part of the assessment of nurseries and schools? We are trying to encourage children at nursery to play outside more, which is great, but unless they are properly protected, there is a problem. The education inspectorate could ask nursery schools whether they have a policy in place and check whether that policy is adequate.

Other members have mentioned the Commonwealth games. An important part of Scotland's promotion of the games is ensuring that there is awareness of the dangers of sun at them. Let us hope that it is sunny, although, as others have pointed out, even when it is cloudy there might be problems.

As other members have said, early diagnosis of skin cancer is critical. Survival rates are excellent if we diagnose early. Public awareness has already been discussed, so I will not go into it, except to say that it needs to be pursued.

The reduction in general practice training in dermatology since I trained is a bad move. I had a three-month attachment to dermatology as a student, in recognition of the fact that 40 per cent of us would end up as GPs and that the issue that we would see most would be skin problems. These days, GPs get five days of undergraduate training in skin problems. That is wrong. The training programmes need to be looked at, given the significant daily workload as a result of the increase in skin problems.

The pressure on dermatology departments is substantial and growing. As Ken Macintosh mentioned, we need constant waiting times initiatives to keep things under control. In two areas—Forth Valley and Lanarkshire—the redesign of services has cut the number of people who attend as out-patients by 25 per cent without in any way impairing patient safety. I ask the minister to consider whether redesign that has been shown to work in that way and which is safe should be rolled out to every board.

The minister will know that Labour has advocated a much stronger role for Healthcare Improvement Scotland in inspection and monitoring, partly to ensure that, where benchmarking shows variation, new approaches that work are rolled out rapidly to every board. The redesign that I have mentioned is a good example.

Immunotherapy, to which members have referred, involves a new class of drugs for treating cancer and its arrival is extremely welcome. It extends life significantly, and I hope that the SMC will, in applying the appropriate rules, regard the drugs as ones that can be used at an earlier stage in the treatment of skin cancer. Of course, we will wait and see, as it would be wrong for politicians to interfere in the new system that has been set up, to which all parties have subscribed.

13:01

Kevin Stewart (Aberdeen Central) (SNP): I, like colleagues, thank Fiona McLeod for bringing the debate to the chamber. I also thank MASScot for the pack that it has provided to members and for its on-going communication with parliamentarians, which has made us much more aware of melanoma. The pack informs us of the very serious scenario of a 36.7 per cent increase in cases over 10 years. That is absolutely huge, and it shows clearly that we need to do more than we are currently doing.

I will be a little bit flippant and mention something that one of my colleagues said to me last Tuesday, when it was quite bright and sunny. A certain French MSP, who likes to use the Doric quite a lot, said to me, “You’d better watch oot fur yer wee baldy heid the day.” With this wee baldy heid, I am quite prone to catching the sun.

If I was abroad, I would naturally cover myself in sunblock all the time, because I—like Mr Carlaw—have that fair complexion that can cause a huge amount of grief if it is burned. However, we do not have the same habits when we are at home. I have never been sunburned when I have been abroad, but I have in Scotland, on a number of occasions when I have forgotten to take a hat or to protect my head and face.

Habit is something that we need to change. I am pleased at the amount of education that MASScot has carried out; I know that Leigh Smith was doing some work in the north-east of Scotland and I hope that it will continue. However, education alone is not enough. We have to make sun protection a habit. There are certain things that we do in our day-to-day lives that just become the norm, and this should become the norm—just like the slip, slap, slop approach in Australia.

I have never been sunburned on a day when there has been—as my grandma would have said—a heat in the sun. It has always happened on overcast days, when I think to myself as I go out, “This will be fine,” and it is not. Stewart Stevenson outlined the scientific aspects of the situation, but not many of us will look at the science day and daily, so we must make sun protection the norm.

We have the ability to do so much through curriculum for excellence in schools. No pupil in the country right now will go through their school years without hearing about climate change. It would not be difficult to add education on the dangers of climate change and the real dangers of exposure to the sun. We need not reinvent the wheel in that regard, and no doubt the minister will talk to education colleagues about that.

I will finish on an extremely important point, on which I have lodged a motion previously after speaking to MASScot. It is ludicrous that there is VAT on sunscreens and sunblocks. We do not have the power to deal with the issue here, but those in another place must look at removing VAT from sunscreen and sunblock products. That is vital.

The Deputy Presiding Officer: I call Michael Matheson to respond to the debate. Minister, you have around seven minutes, please.

13:05

The Minister for Public Health (Michael Matheson): Thank you, Presiding Officer.

Like others, I congratulate Fiona McLeod on securing time for this debate and bringing the issue to the attention of Parliament. The debate is particularly timely, given that this is sun awareness week.

I have listened with real interest to the points and issues that members have raised in the debate. Several members referred to the statistics that ISD published last week on the extent of malignant melanoma in Scotland, instances of which rose by 43 per cent in men and 30 per cent in women between 2002 and 2012, which is an overall increase of almost 37 per cent in a decade. Ken Macintosh referred specifically to that.

Malignant melanoma is now the fifth most common cancer in women and the seventh most common cancer in men. What is most worrying is that over the past decade between three and five times as many young women aged between 15 and 29 have been diagnosed with skin cancer each year as men. There is clearly a growing level of occurrence.

There are some elements of good news.

Stewart Stevenson: Is the minister aware that in the United States one in five people can expect to get skin cancer at some point in their life?

Michael Matheson: I was not aware of that statistic, but it demonstrates the serious challenge across many countries in the developed world that we must address.

Some statistics show that there are grounds for optimism. For example, in 2012 there was the lowest number of malignant melanoma diagnoses in women between the ages of 15 and 29 in the past decade. I hope that that is a reflection of some of the messages starting to get through about the stark reality of the dangers that the sun can have for the development of skin cancer.

We have taken forward certain measures over recent years. Many members will be aware that Scotland led the United Kingdom with the legislative provisions that we put in place to help to protect citizens from skin cancer by regulating the use of sunbeds. It is only right that we put on record the tremendous amount of work that Ken Macintosh did in pursuing that agenda. I suspect that we would not have arrived at the Public Health etc (Scotland) Act 2008 had it not been for Ken Macintosh’s determination to pursue the issue. That ensured that we had the right, robust legislative framework in place to deal with issues such as sunbeds.

Ken Macintosh made particular reference to some of the on-going challenges in the area. He will be aware that the 2008 act does not provide for a licensing regime in itself, although it provides for regulation around the use of sunbeds. It might be of interest to members to know that eight councils have already put in place provisions for licensing sunbed operation, and we are in discussions with the Convention of Scottish Local Authorities about what we can do to encourage other local authorities to take up that approach. It will be of particular interest to Fiona McLeod to hear that East Dunbartonshire Council will introduce a licensing regime as of 1 July this year in order to regulate more fully.

Kevin Stewart: The firearms and licensing bill should be before this Parliament very shortly. Is there an opportunity there to extend the licensing regime?

Michael Matheson: There is already provision in the Civic Government (Scotland) Act 1982 for a licensing regime. We need to work with our local authorities to ensure that they put one in place. We are undertaking that work with them.

A number of members referred to education. I am sure that some members will recall the programme that we ran in October 2012 in partnership with Cancer Research UK—the R UV Ugly? campaign—which highlighted the dangers of 16 to 24-year-olds using sunbeds. The evaluation of the programme showed that it was very positive and demonstrated that there was increased knowledge and understanding of the risks associated with sunbeds.

A number of other members referred to public awareness and education programmes undertaken by MASScot and other third sector organisations, such as Cancer Research UK's sunsmart campaign and the Teenage Cancer Trust's shunburn campaign, which I will touch on later if I have time. It is important that we put on record our thanks to those organisations for the tremendous amount of work that they do in raising awareness.

Several members made specific reference to the Commonwealth games and the opportunity that they present. I am sure that we all hope that the weather will be bright and possibly sunny for the games. I understand that the issue has been raised with the games organisers and that they recognise the opportunity that the games present to get some public health messages across. We are working with them to drive home, particularly to young adults, our skin cancer awareness message by ensuring that everyone attending the games is aware of the importance of staying safe in the sun—even if the weather is not that great.

I am sure that members will be aware that the organising committee is also looking at the training that it can provide to its workers on health improvement measures, including reducing cancer risk factors, for example by using sun protection, eating well and stopping smoking. That is part of the work that we are doing.

I understand that the organising committee is also working with a third sector organisation to source sun cream for workers at the games, to ensure that everyone is involved in the sun protection programme. Alongside that, the organising committee is exploring the option of a games visitor kit for spectators, which could include helpful items such as sun cream and a poncho. The poncho is probably more likely to be required than the sun cream. Nevertheless, the committee is exploring that as a way of helping to articulate the risks.

I mentioned the work that is being undertaken by the Teenage Cancer Trust. The shunburn campaign is aimed at educating young people in the classroom about the risks of and harm from sun exposure and the use of sunbeds—a point that Richard Simpson raised. The campaign, which will be taken forward over the coming weeks and months, is specifically tailored to young people in schools. It is about educating youngsters not only to recognise the risks but to give anyone who might be at risk a helpful nudge to get advice and support. I am more than happy to share Richard Simpson's point about the inspection regime for our education establishments with our education ministers.

I am conscious of the time. Members raised a number of important points, including issues around access to treatment, on which we are taking forward some measures. I hope that members are reassured that we recognise the importance of the issue, will continue to take forward a range of measures in partnership with third sector colleagues and will look at what more action is necessary to ensure that we do all that we can to prevent any further increases in the level of skin cancer in Scotland.

13:14

Meeting suspended.

14:30

On resuming—

Care and Caring

The Deputy Presiding Officer (John Scott): Good afternoon, everyone. The first item of business this afternoon is a statement by the Cabinet Secretary for Health and Wellbeing, Alex Neil, on care and caring. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

The Cabinet Secretary for Health and Wellbeing (Alex Neil): One of the key functions of government is the care that it provides, funds, supports, encourages and regulates. Care and caring touch every family in our nation. Today, I will update the Parliament on the next steps in developing our longer-term strategy for care services and support in relation to integration, the national care standards, residential care, intermediate care and continuing care.

The Public Bodies (Joint Working) (Scotland) Act 2014 received royal assent last month. I am pleased to tell the Parliament that we will begin consultation on the first substantial set of accompanying regulations on 12 May and that consultation on the second set will begin before the end of May.

The regulations will underpin the operation of health and social care integration across Scotland, including the prescription of the integration scheme; the functions that local authorities must delegate; the functions that health boards may or must delegate; and the national health and wellbeing outcomes. I encourage everyone with an interest to respond to the consultations, which will run through to August.

However, it is not enough simply to improve the organisational and operational structure of care services; we must also continue to develop the standards of the care that is provided. The national care standards were created in 2002 to help people who benefit from care services to understand what to expect from services and to help service providers to understand the standards that they are expected to achieve.

In the 12 years since the standards were introduced, a great deal has changed in how care services are delivered, and there will be changes in the future—not least from the 2014 act. To keep pace with those changes, we will begin consulting on new national care standards at the end of May. We want not only to underpin the quality of care but to improve fairness. We want everyone in Scotland to receive a high level of care, no matter what service they use or where they live.

A robust inspection regime is key to improving standards. The Care Inspectorate is undertaking a wide-ranging review of its inspection methodology during 2014. The review will align closely with the review of the national care standards and will ensure that inspection focuses on assessing how well services respect the rights of people who use them and promote positive outcomes.

The Care Inspectorate and Healthcare Improvement Scotland are developing a new model for the inspection of integrated care for adults, beginning with older people. The new model, which looks at how well health and care systems work together to deliver improved outcomes, will include scrutiny of health board and local authority joint commissioning plans.

We have worked with our partners in the Convention of Scottish Local Authorities to examine the future of residential care. Our joint task force report on the subject was published earlier this year and it provides a useful foundation for developing that vital area of the care sector. The task force considered and made recommendations on a number of aspects of residential care, not least increasing personalisation; planning for the kinds of environment that we want to deliver care services in; and considering how we commission those services, how we align our workforce resources to deliver them and, of course, how we pay for them.

The report recommends further work on how the living wage could be applied across the care sector. We have already implemented the living wage for all Scottish Government and national health service staff and, with our partners in COSLA, for local government staff. We are looking for new ways to encourage and facilitate the adoption of the living wage across the entire care sector.

The Scottish Government accepts in principle the report's main recommendations. We will work in close partnership with COSLA and other key partners to take forward its recommendation to develop a strategy for the long-term transformation of residential care, supported housing, co-housing, and intermediate care.

Having worked constructively with the task force's members, we will also engage with those key stakeholders to look at personal care services that are provided to people under 65 who have complex needs and to examine whether those people are receiving effective support. That issue was most effectively highlighted to me by Mrs Amanda Kopel, the wife of the late Frank Kopel. I am committed to examining the current provision carefully.

Although there is clear understanding of the role of acute and primary care, more must be done to

develop intermediate care services across Scotland. Intermediate care provides a bridge between hospital and home. It helps people to move from illness and injury to recovery and independence. Those step-up, step-down services provide a period of intensive support and rehabilitation at home or in a community setting and give people the opportunity to fully recover, build confidence and independence, and, it is hoped, remain at or return home. Strengthening intermediate care, not least in the provision of rehabilitative care for elderly people as they leave hospital, is critical. That is just one of the ways to improve flow through hospitals, which is a key issue that is highlighted in the report on accident and emergency departments that was published today by Audit Scotland.

This week, I have written to all territorial health boards and local authorities to identify the areas in which further support is needed to enhance intermediate care services. That work will include informing the on-going development of the bed planning tool and long-term national health service care provision.

Last week, the expert “Independent Review of NHS Continuing Care” report was published. Before I move on to the review’s recommendations, I should say that we have been clear that, if anyone has been incorrectly charged under the current regime, they should be appropriately reimbursed. We want to ensure that no one ends up in that position. I understand that a small number of appeals to health boards are being processed. I encourage boards to bring them to a conclusion as quickly as possible.

The review, which was chaired by Dr Ian Anderson, who is a past president of the Royal College of Physicians and Surgeons of Glasgow, assessed the current guidance and its implementation across the country. I am grateful for Dr Anderson’s work and accept the group’s recommendations on the future of NHS continuing healthcare in Scotland, but there are two points that I wish to make clear in qualification.

First, patients who are being treated as part of the proposed continuing care programme will remain in hospital only for as long as that is clinically necessary. Any patient who does not require care in a hospital setting will be discharged from hospital into the community in line with our 2020 vision for treating people at home in the community in a homely setting. Patient safety and the quality of care will be the overriding concerns.

Secondly, any changes to the current policy will come into effect only when new guidance is consulted on and developed. We expect that that will be in April 2015. That means that the current guidance on continuing care remains in place and any patient who is clinically assessed as requiring

that form of care must receive it. Any patient who is currently in receipt of NHS continuing care in a care home or who is assessed as requiring continuing care before new guidance is put in place will continue to receive the same level of financial support that they would today. No patient will suffer financial loss resulting from the implementation of Dr Anderson’s recommendations.

Through Dr Anderson’s group’s recommendations, we will work with NHS boards and COSLA to develop new guidance for the operation of NHS continuing care that puts patient quality and safety to the fore. New guidance will be developed in parallel with on-going developments in intermediate care to inform how services are designed, and the particular challenges that face rural communities in that regard will be specifically addressed.

Through self-directed support, we are empowering disabled and older people to take control of their own care. Self-directed support is delivering transformational change to the social care sector and we will continue to support its implementation.

As well as the care that is provided by local authorities, the NHS and other public services, unpaid carers are another vital community who are key to the provision of care in this country. Those people care for the ones they love, sometimes to the detriment of their own health and wellbeing. They need our support and commitment. Since 2007, we have invested £113 million in vital support for unpaid carers and young carers in Scotland. Our programmes and initiatives cover a range of support, including short breaks, information and advice, advocacy, training, income maximisation services and education. We are supporting carers and young carers to continue to care for their families, friends and neighbours, and—most important—to have a life for themselves alongside their caring role.

However, we believe that there are still inconsistencies in how that support is provided. We intend to introduce legislation during this session to address that and ensure that all carers and young carers in Scotland receive the support that they need. Our consultation on that proposal closed last month. We aim to issue our formal response to the views expressed this autumn. Our aim is simply to enhance the support that is provided to carers and to address the whole carer journey.

The Parliament can be rightly proud of introducing free personal and nursing care for the elderly, and I reiterate the Government’s commitment to such a vital policy. The introduction of the policy highlighted that, when it comes to planning the care that we as a Parliament wish to

provide, a key part is outwith our control: the operation of the welfare system.

The people of Scotland are already disadvantaged by a Westminster Government that refuses to pay attendance allowance to Scots who are in receipt of free personal care. Scotland can make its resources work better for the people who live here by having a co-ordinated approach to the delivery of benefits and related services, such as health and social care, so that that type of loss does not happen. Having control over our welfare system will enable us to work with interested parties to make sure that the benefit system and the application of free personal and nursing care are properly integrated.

I firmly believe that a genuinely person-centred approach that sees care provided in the most appropriate setting, whether that be a community, primary, intermediate or acute setting, will ensure that everyone who provides or receives care or caring is provided with the respect and service that every person deserves.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in his statement. I intend to allow approximately 20 minutes for questions, after which we will move on to the next item of business.

Neil Findlay (Lothian) (Lab): Care and care-related issues are among the greatest challenges that face the health and social care sector. People continually tell me that the system is in crisis, and that that crisis ripples throughout the healthcare system.

Scottish Labour supports the moves to improve the inspection regime, standards, and the rights of and support provided for carers. We call on the Scottish Government to hold a debate in Government time so that we can debate in depth all those crucial matters. It would also allow us to pay appropriate tribute to Amanda Kopel for her fantastic campaign and her humanity and caring for others.

It is my understanding that the review report on NHS continuing healthcare has been sitting on the cabinet secretary's desk for months, only to be sneaked out quietly at the start of the bank holiday weekend so that no one would notice. In his statement, he failed to mention the fundamental point that, if adopted, the change in policy will see patients being charged for their primary healthcare needs when that would previously have been paid for by the state. The cabinet secretary could not quite bring himself to tell members that this afternoon.

Patients who have conditions such as motor neurone disease, whose patient association was not consulted on the matter, have been told that

they will now have to pay for elements of their ongoing treatment when previously the state paid costs that can average more than £700 a week. Families are facing a perverse incentive to try to ensure that their loved ones remain in hospital to avoid crippling charges. All of that is happening within a system that, it is proposed, will have no national guidelines and no independent appeal process.

The recommendations in the report are a fundamental breach of the guiding principle of the NHS, which is that it should be free at the point of need. The report is flawed and, having taken advice, I believe that the proposals may be illegal. Has the cabinet secretary taken his own legal advice on his charging plans? What consultation has there been with patients and families? Does the cabinet secretary accept that, for those who are affected by the charges, the NHS will no longer be free at the point of need?

Alex Neil: I will concentrate on continuing care. Let me make this absolutely clear. Neil Findlay says that the recommendation of the report—and our policy—is to charge for primary healthcare needs. That is absolute bunkum of the first order. Every part of healthcare in Scotland will remain free even when the new guidelines are published. I said nothing in my statement that could be interpreted as saying that primary healthcare needs will be charged for. People who are living in nursing homes, receiving care at home or in hospital have any healthcare needs met free of charge in addition to their free nursing and personal care. The idea that we would charge for primary healthcare needs is totally absurd. That is not recommended in the Anderson report and it is certainly not the policy of this Government.

Furthermore, Neil Findlay says that there will be no national guidelines. I specifically said in the statement that we will consult on and develop national guidelines. How can he reach the conclusion that there will be no national guidelines? He also said that there will be no appeals system. Of course there will be an appeals system. The creation of such a system will form part of the consideration of the national guidelines. When questions are asked and interpretations are made, could Opposition spokespeople on the Labour side please stick to the facts instead of inventing pure nonsense?

Jackson Carlaw (West Scotland) (Con): I thank the cabinet secretary for advance sight of the statement.

The report deals with some fairly fundamental issues in considerable depth and there is considerable analysis—much of which we agree with. However, I think that there is ambiguity in public understanding of the recommendations in relation to continuing care, and I do not think that

those are wholly politically mendacious. A considerable number of organisations have contacted Parliament since the announcement was made and have concluded—as did Neil Findlay—that there is an intention to charge for non-hospitalised care.

I hear what the cabinet secretary has said, and I hope that there can be a debate in which the issues are properly teased out and discussed, but it would be very helpful for him to correct the ambiguity in the public mind and undertake to work with the other parties, because we want the widest possible consensus to underpin any regulations, conditions or appeals process that might subsequently follow.

Alex Neil: Jackson Carlaw, as always, makes a very reasonable point in a very reasonable tone. Let me reiterate that there is no proposal—there was no such proposal in the report and it certainly is not Government policy—to in any way charge for healthcare at all. I think that where people are getting confused is that, when people who are currently under the existing regime of complex continuing care are in an NHS bed in a care home, in addition to free personal care they have their accommodation costs paid. I think that the misinterpretation has been around accommodation costs.

I have made two things absolutely clear. First, in the meantime—pending the development of future guidelines and so on—those costs will continue to be met both for existing patients and for any patients coming into that system. I am more than happy to sit down with all the parties in the Parliament as part of the consultation process and, ideally, try to reach a consensus on the way forward. It is better if we can achieve consensus on these matters, because that means that in future there will be stability in the system and people can have confidence that they know what kind of support to expect, both financially and in other respects, and when to expect it.

Let me categorically make it clear that at no stage, either before or after 2015, will there be a system of charging for healthcare needs in Scotland, no matter whether somebody is being treated in hospital, at home or in a nursing home.

Mark McDonald (Aberdeen Donside) (SNP): The cabinet secretary might have seen that the number of hours of personal care that are being provided in Aberdeen city dropped in the past year, and that there has been an increase in delayed discharge in the city, as many people have been unable to access appropriate care packages that would enable them to return home. Indeed, the cabinet secretary heard some of the concerns when he visited the Danestone medical practice in my constituency.

Given that Aberdeen City Council has sought to externalise its care function to an arm's-length company, with minimal scrutiny from elected members, will the cabinet secretary advise me what steps he can take to ensure that the council is reminded of its responsibilities and obligations to our most vulnerable citizens?

Alex Neil: I am aware of those concerns. Problems are created by the establishment of an arm's-length executive organisation—Bon Accord Care in this case—to run the services, particularly at a time when the whole thrust of policy, as agreed by all members of this Parliament, is the integration of services. To semi-privatise services in the way that it looks like Aberdeen City Council is trying to do is about the disintegration, instead of the integration, of services.

I am very much aware of the delayed discharges issue. If we analyse Grampian NHS Board's delayed discharge figures, we find that there is no fundamental or major problem in rural Aberdeenshire and that the problem is very much confined to the city of Aberdeen. Much of that is because of the lack of social care provision in the city of Aberdeen, whether it is assessment provision or care home provision. Therefore, I am keen to work with the council, as is Grampian Health Board, to try to resolve those issues, because the people of the city of Aberdeen require it. However, at a time when we are integrating services, it was perhaps not the wisest thing to do to hand services out to an ALEO.

Rhoda Grant (Highlands and Islands) (Lab): The cabinet secretary says that he is looking for ways to adopt the living wage throughout the care sector. That is a key recommendation of the report, "The Future of Residential Care for Older People in Scotland". If he is serious about improving the quality of care provided to the most vulnerable in our society, he must value those who deliver that care. I ask him therefore whether he will back Labour's amendment to the Procurement Reform (Scotland) Bill next week to make that aspiration a reality.

Alex Neil: I am no longer in charge of the Procurement Reform (Scotland) Bill, which is now the responsibility of my colleague Nicola Sturgeon. Once I have seen the Labour amendment, I will take Nicola Sturgeon's advice on whether to back it. We operate as a team, with collective responsibility.

There is no doubt in my mind that the introduction of the living wage throughout the sector would be an extremely helpful part of the drive that we and COSLA are engaged in to improve the quality of social care in Scotland. We are engaged in an exercise with COSLA on how we take forward that proposal, and other

proposals, all of which are part of a package to revolutionise the quality of social care in Scotland.

Graeme Dey (Angus South) (SNP): The cabinet secretary referred in his statement to the case of my constituent Frank Kopel. I thank him for the way in which he engaged personally with Mr and Mrs Kopel, including visiting Frank in Kirriemuir a few weeks before, sadly, he passed away.

I very much welcome the cabinet secretary's commitment to examine the present provision of personal care services for under 65s with complex needs. Is he able to offer further detail on how that work will be progressed? Will he ensure that the real-life experience of people such as the Kopels will be at the centre of that consideration so that any changes that are ultimately forthcoming match the needs of those requiring support?

Alex Neil: Amanda Kopel has brought to the Parliament's notice, as well as to mine, the issue of dementia affecting people under 65. There are 3,000 dementia sufferers in Scotland who are under 65. They do not currently qualify for free personal care. There will be people with other ailments in a similar position.

When free personal care was introduced, it was for the elderly population. The rationale for that was that the welfare system—in particular, benefits such as the disability living allowance that we have now—was supposed to cover the costs associated with disability and therefore any additional costs that someone has. That is why, when free personal care was introduced by Henry McLeish, as First Minister, it did not apply to under 65s.

The issue that Mrs Kopel has raised is that some people, such as the late Frank Kopel and herself, fall between two stools. The Kopels did not receive benefits that would have covered any care home or other costs, and when Frank Kopel was diagnosed with Alzheimer's he was not old enough to qualify for free personal care. We have a duty to look at whether that is a major problem and, if it is a problem of scale, how we should address it. That is why I referred to the welfare system in my statement. In issues such as this, the interplay between the welfare and benefits system and the health service is crucial.

Jim Hume (South Scotland) (LD): The cabinet secretary has made it as clear as mud regarding whether continuing care is free and whether it covers accommodation.

That aside, is the cabinet secretary aware that there is a lot of dissatisfaction among carers about the discharge from hospital of those they care for and the lack of consultation that takes place with clinicians? That poor communication leads to poor discharge planning and can ultimately lead to

patients being readmitted when the necessary support in the community is not ready. What plans does the Scottish Government have to introduce a duty on health boards to inform carers fully of hospital admissions and discharges? Will he ensure that that forms a key part of carers legislation?

Alex Neil: Most of the delayed discharge issues that people write to me about concern the delay itself. There is very often no assessment and no care home facility available for the patient to go to, which is why the step-down facilities are so crucial.

I have never received any representations about a lack of consultation on the discharge process itself. If Jim Hume wants to provide me with the evidence that that is an issue, I will certainly take it up not only with the NHS but with the relevant royal colleges.

Aileen McLeod (South Scotland) (SNP): Can the cabinet secretary update members on the current state of development of the bed planning tool, which will help to ensure that our hospitals and communities have the necessary capacity with the right type and number of beds in the right specialities and in the right place for local populations, and say when the tool will be in full operation?

Alex Neil: Yes. The aim of the bed planning toolkit is to provide mandatory guidance on the key steps that all NHS boards should follow in planning bed capacity. The Scottish partnership forum, the national strategic group on joint commissioning and the unscheduled care programme board—we are not short of bodies in the national health service—are engaging with the Scottish Government on the development of the toolkit.

In developing the toolkit, we are considering current NHS Scotland bed planning practice as well as practice in other countries. We plan to engage widely over the summer, and the toolkit will be made available to all NHS boards by the end of the year.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I draw members' attention to my interest as a director of a small nursing home in England.

Does the cabinet secretary really support recommendations 2 and 7 in the report? I find them astonishing, and a recipe for future postcode problems. They return us to an era in which clinicians make decisions, with

"No ... eligibility criteria, or scoring system";

it is only the doctor and the team who decide whether someone requires hospital care.

Moreover, at recommendation 7 that is backed by an appeal system in which a single doctor decides—there is nothing about any consultation with patient representative groups. Those recommendations return us to a previous era from which I thought that we had moved away.

Furthermore, that undermines the cabinet secretary's earlier report on care homes, which stated that care homes should cope with:

"Tracheostomy Care; Percutaneous Endoscopic Gastrostomy (PEG) feeding; Delivery of IV Fluids and/or IV Antibiotics."

Those aspects are usually part of hospital care, and I am concerned that, without criteria, we will have a complete mess. The report is frankly very poor.

Alex Neil: I disagree with Dr Simpson's last point, but I fully accept that there is a need for guidance on all those issues. I said that I welcomed the report in principle and the general thrust of the recommendations, but there are consequences arising from those recommendations that require further consideration. I am happy to consult other parties on how we move forward on those issues, because I want to get this right. That is a very good example of where the devil is in the detail.

I would particularly welcome the expertise of Dr Simpson, who has lengthy experience of such matters. Before we decide on, develop and publish the resulting guidance, we will consult widely. We are not implementing anything before April 2015, because I want to be absolutely sure that we get it right.

I am open to concrete and positive suggestions from Dr Simpson—and even from Mr Findlay, although I have never heard any such suggestions from him—and from other members in the chamber. I look forward to that consultation.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I note that the Care Inspectorate is undertaking a review of its own methodology. I refer to my concerns about the current assessment methods in the context of the report that I am holding up, which is on St Ronans care home in Innerleithen.

The report states that:

"Quality of Care and Support"

for the residents is

"Weak".

At a meeting on Sunday of nine relatives at the care home, every single one made clear that the assessment in no way reflected their experience of the care that their elderly relatives had received. Does the cabinet secretary feel that it is sufficient

for the Care Inspectorate to review—or indeed inspect—itself?

Alex Neil: Without being able to comment on any individual case, I accept as a general principle that, where there is genuine, strongly held disagreement about a draft report, there is a need on certain occasions and using certain criteria to have a degree of arbitration, particularly where there is a challenge to the factual accuracy of a draft report by the Care Inspectorate.

I am already discussing the matters to which Christine Grahame referred with the board, the chair and the chief executive of the Care Inspectorate. We have a meeting coming up fairly soon to discuss the issue with residential care home owners and the Care Inspectorate to see whether we can reach an accommodation that is appropriate while ensuring that the integrity of the Care Inspectorate's inspections is in no way compromised. I am more than happy to invite Christine Grahame's constituent to that meeting.

Duncan McNeil (Greenock and Inverclyde) (Lab): I welcome the cabinet secretary's statement as it reflects much of the work that has exercised the Health and Sport Committee over the past years. I am pleased that we will finally consult on a new set of national care standards, although I have to express some disappointment that it has taken so long, given that the committee recommended such action in 2011 and that the cabinet secretary's predecessor said in the chamber in June 2012 that a consultation would begin in the summer. Given that disappointing delay, can we have a firm guarantee from the cabinet secretary that we will have a full public consultation and not a consultation on a consultation? Can he assure us that the Government will be in a position to announce a new set of national care standards by the end of this parliamentary session?

Alex Neil: First, I congratulate Duncan McNeil as convener of the Health and Sport Committee on the tremendous work that the committee has done in this area. As well as consulting other parties in the chamber, I will of course be very keen to consult the committee on how we take the agenda forward, as I know that the committee is very interested in that.

I give a very firm undertaking to Duncan McNeil that the consultation that we will launch will not be a consultation on a consultation but the only consultation. However, I think that delay in this case has been a benefit, because we now have legislation on integration. Of course, one of the challenges for the new integrated framework in the future will be to reconcile the needs of clinical guidance with the national care standards. In taking forward the consultation, I am very conscious that, as we are providing integrated

services, there needs to be an alignment between national care standards and clinical guidelines and, indeed, other protocols, too. I therefore think that the timing might, in fact, have been quite good, although I admit that that was not done by design.

Roderick Campbell (North East Fife) (SNP): I welcome the cabinet secretary's comments on the adoption of the living wage across the care sector. Can he confirm that, in any consideration of intermediate or continuing care, the special problems of rural Scotland will be taken into account?

Alex Neil: I specifically mentioned rural Scotland in my statement because I am very well aware of the issues facing remote and rural communities and, indeed, island communities. There are particular challenges in island communities that are not just about being remote and rural. When we are commissioning care services—this will be part of the commissioning plans that are being drafted as we speak and which will be consulted on by the shadow boards—it is very important for our rural, remote rural, and island communities that the commissioning plans fit well with the needs and aspirations of all those communities.

Obviously, there are particular challenges in the remoter and more difficult to access communities. The role of telehealth and telecare is extremely important in that regard. That is why we are working with the Scottish Centre for Telehealth and Telecare to develop and increase the use of techniques such as videoconferencing and remote monitoring and management of care. Indeed, we have earmarked £10 million for such projects, which will be of particular benefit to rural, remote rural and island communities.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): The reason why primary care needs were referred to is that that is the wording in the National Health Service (Scotland) Act 1978 and the National Health Service Act 1977. I am sure that the cabinet secretary realises that the judgment in England that someone with primary care needs in a nursing home should have all their costs met was in relation to the 1977 act. Has he taken legal advice on this? Given that there is a lack of clarity in his statement, will he confirm that anyone with primary care needs in a nursing home will have all their costs met, including their accommodation costs?

Alex Neil: I reiterate that it is the case today and it will remain the case that anyone with primary healthcare needs will have those needs met by the national health service, irrespective of whether that is in a hospital setting, a nursing residential setting, at home, in a hospice or in many other areas. That is our position today and it

will continue to be our position. Healthcare in Scotland is free at the point of use and it will remain free at the point of use.

Life Sciences

The Deputy Presiding Officer (John Scott):

The next item of business is a debate on motion S4M-09963, in the name of Dr Alasdair Allan, on life sciences. If you are ready, Dr Allan, I invite you to speak to and move the motion. You have 13 minutes.

15:06

The Minister for Learning, Science and Scotland's Languages (Dr Alasdair Allan):

As the minister for science, I am proud to lead this debate on Scotland's life sciences sector. As members will appreciate, the sector is extremely important to Scotland. It goes without saying—but I will say it anyway—that, as a nation, we have contributed significantly to the health sector, from penicillin to beta blockers.

Scotland's life sciences community not only provides employment for thousands of highly qualified individuals but contributes billions to the Scottish economy. It is worth reflecting that, in 2011, for example, turnover was estimated at around £3.2 billion, with gross value added at around £1.6 billion.

However, we want to improve on those numbers and that is why in 2011 the Scottish life sciences industry developed its strategy, "Creating Wealth, Promoting Health", which outlines its vision for the sector. A key aim of the strategy is to double the contribution that life sciences make to the Scottish economy by 2020. Achieving that will require a strong and co-ordinated effort from business, academia, the Government and the health sector, and it will depend in no small way on the talents and skills of those working in Scotland's life sciences community.

We therefore must build on Scotland's international reputation for excellence in life sciences by ensuring that our firms and universities have access to the best people with the best skills. We want to position Scotland as the destination of choice for talented individuals working and studying in life sciences. We want it to be a place where they can undertake globally important research and where they can work with companies at the leading edge of science developments. That is why we support life sciences skills through a range of mechanisms and initiatives that cover all ages and all educational levels and operate in our communities, our schools, our colleges and universities, and of course, in industry.

Last week, Skills Development Scotland launched its detailed skills investment plan for the sector. Created in full collaboration with the industry, through the life sciences industry

leadership group and the academic sector, the plan has four key aims: building graduate work readiness; improving attractiveness to new entrants; attracting and anchoring key skills; and building an accessible and responsible skills system. Each of those themes has a range of actions attached to it, which are designed to deliver maximum benefit both to individuals' careers and to businesses.

An example of all this is the lab skills programme, which Skills Development Scotland, in conjunction with the sector, will start to run next month. The programme is aimed at life sciences graduates and will provide them with hands-on support that will help them to secure a job in the life sciences community.

It involves a two-week training course delivered by Edinburgh Napier University at the state-of-the-art laboratories at BioCity Scotland and will focus on developing the strong technical laboratory skills and commercial awareness skills that life science companies need to compete in the highly competitive national and global marketplace.

Of course, when we talk about graduates, we should also talk about the importance of starting science education more broadly as early as possible. Support for biology and other sciences through the curriculum is perhaps the single most important element in encouraging young people to see a promising career for themselves in life sciences. However, we recognise that other factors can influence career choice, which is why, as well as providing support for teacher training and continuous professional development, and for school facilities and equipment, we fund a range of initiatives that bring science to life for young people, including science clubs, workshops and shows. Our support for science centres and science festivals across Scotland, which was worth a total of £2.8 million last year, makes all kinds of science accessible to more than 800,000 people of all ages.

The science centres work closely with teachers, Education Scotland and Skills Development Scotland to ensure that their work fits with the curriculum for excellence. One example is Glasgow science centre's BodyWorks exhibition, which has been seen by more than 300,000 people since opening a year ago and which gives people of all ages a chance to find out more about health, exercise and the human body. Scientists are on hand every weekend to explain the research and bring the science to life. A touring version of the exhibition will support the Queen's baton relay this summer and will visit schools and communities across Scotland. I am sure that it will contribute to a lasting Commonwealth games legacy of a healthier and more active Scotland.

In all this, the industry plays a key role in explaining the science and offering possible career paths. Scotland's world-leading life sciences sector depends on a continuing flow of new recruits at all levels. The industry is engaging with young people in innovative ways. For several years, LifeScan Scotland in Inverness has been involved in the bridge to employment programme, and the company has developed a long-term relationship with several local secondary schools. A new group of about 60 secondary 4 pupils will join the programme in June and will undertake a range of science-related activities that support science learning as well as skills development. They will have the opportunity to be mentored and to learn business skills, which will help their eventual transition from school to further or higher education and into work.

As I said, it is important to get the basics right. The curriculum for excellence aims to raise standards, improve knowledge and develop skills by providing more coherent and flexible learning opportunities, from age three to 18. It is vital that all our young people are supported in their learning in the critical areas of science, technology, engineering and mathematics. It is therefore encouraging that a recent Education Scotland science impact report noted that learning and teaching in the sciences in schools is "strong, effective and improving." We must build on those successes.

That is why extensive support is available from Education Scotland for science teaching and learning. We are also investing £900,000 in this financial year to support a national programme of teacher and technician professional learning that is delivered by the Scottish Schools Education Research Centre in Rosyth.

Scotland has one of the strongest university research bases in the world. It produces 1.2 per cent of all new knowledge, and 15 per cent of the research that is done here is classed as world leading. In 2012-13, Scottish universities attracted almost £1 billion in research funding from a range of funding sources including Government, businesses, charities and the European Union, which reflects the excellence and global reputation of our universities and the quality of their research. In 2012, the Mobius Life Sciences start-up report listed Scotland as the leading location for life sciences start-up companies.

The Government recognises the value of research to Scotland's society and economy, and we have demonstrated our commitment by increasing spend on research and knowledge exchange activities by 38 per cent since 2007, which represents an extra £100 million. As a result, our higher education research and development expenditure is the fourth highest

among the Organisation for Economic Co-operation and Development countries.

We have supported novel ideas such as the internationalisation of research pools and, more recently, the development of a network of innovation centres, in which life sciences have featured heavily. We have already launched centres for stratified medicine, digital health and industrial biotechnology, and other centres dealing with technologies such as sensors also have a cross-disciplinary connection with life sciences. It is also important to note that the innovation centres will be demand led.

Research, of course, knows no boundaries in terms of discipline or in terms of geography. Its success and future funding are predicated on excellence, not borders—and Scottish research has plenty of excellence. We can already point to our considerable successes in working across European boundaries, including, for example, the European lead factory for integrated medicine, other international centres such as the Fraunhofer centre for applied photonics and the first Max Planck international partnership in the UK, whose recent launch I was happy to be involved in and which is supporting collaboration across Scotland's research pools.

Independence enables us to take decisions in Scotland's best interests, and that applies in research as much as elsewhere.

Neil Bibby (West Scotland) (Lab): If independence is so good, why is the minister proposing to keep the current United Kingdom system? Surely the best way of keeping that system would be to remain part of the UK.

Dr Allan: The member will be well aware that research partnerships operate across international boundaries and that one of the leading members of Research Councils UK, Professor Paul Boyle, who is also chief executive of the Economic and Social Research Council, told MSPs that he would

"strongly support Scotland retaining its position in a single research ecosystem"—[*Official Report, Education and Culture Committee*, 25 March 2014; c 3891.]

in the very circumstances that Mr Bibby has just described.

The dual funding system has been successful; indeed, last week, evidence of that collaboration was made very clear with the news of the investment in Dundee. That kind of collaboration, both at home and abroad, typifies Scotland's ability to be a leading player in the international research arena, and we are determined to continue collaboration across Scotland, with the rest of the UK, within Europe and across the wider world.

Mary Scanlon (Highlands and Islands) (Con):

I think that I speak for everyone in the chamber when I say that the success of life sciences that the minister has just outlined has been phenomenal. However, does he acknowledge that that has been achieved with Scotland as part of a United Kingdom?

Dr Allan: I am prepared to acknowledge that, at present, Scotland is part of the UK—I am not proposing to rewrite history. The member's question reminds me a wee bit of those arguments in which someone asks, "Will the member acknowledge that trains rarely ran on time before the Act of Union?"

Mary Scanlon: There were no trains then.

Dr Allan: Indeed—that was my point. The member anticipated me.

I am not really sure how Ms Scanlon's argument runs, but she will be aware that this very week more than 100 senior academics in Scotland wrote a letter to *The Herald*, pointing out that they were more than happy to have an independent Scotland and more than happy for its research function to operate across boundaries and for our international co-operation to continue.

One of the key tools for driving engagement is the Scottish health informatics programme, which is creating powerful new tools to link patient data for research—

Neil Bibby: Will the minister give way?

Dr Allan: I have just taken two interventions. I will come back to the member in a moment.

The Deputy Presiding Officer: Minister, you are in your final minute.

Dr Allan: I should also mention the Farr Institute, which will be based in part at the biotechnology quarter in Edinburgh.

I could go on listing the many successes in our life sciences sector, but I want to conclude by saying that Scotland has every reason to celebrate the sector and every reason to plan actively for its future growth and success.

I move,

That the Parliament recognises the importance of the life sciences sector to the Scottish economy; notes the publication of the *Skills Investment Plan for Scotland's Life Sciences Sector* by Skills Development Scotland on 29 April 2014, which has been developed in partnership with industry; welcomes the clear statement of the sector's skills needs that this provides; agrees the importance of meeting the skills priorities in order to support the sector's future growth, and further agrees that this provides a framework for aligning public and private sector investment to meet these needs.

The Deputy Presiding Officer: Neil Bibby has up to nine minutes. We are very tight for time today.

15:19

Neil Bibby (West Scotland) (Lab): Labour welcomes this opportunity to highlight the importance of the life sciences sector in Scotland, of research funding and of developing our expertise. Scotland has an outstanding reputation when it comes to life sciences. Our universities are among the best in the world, and our colleagues across the UK have a long, proud history of research, innovation and discovery.

In Labour, we have done our bit to help the good work of our scientists. It was Labour that introduced a science strategy for Scotland in 2001, which recognised the need to ensure an adequate supply of students with science qualifications and training from the education system, in order to meet the needs of an increasingly knowledge-based economy. It is fair to say that much of what the Scottish Government has done since 2007 has been a continuation of that approach.

The Government's motion highlights the publication of the "Skills Investment Plan For Scotland's life sciences sector" by Skills Development Scotland. I welcome the plan's publication. As the minister outlined, the plan's aim is for Scotland's life sciences sector

"to double economic contribution ... by 2020".

That is particularly welcome, because the previous Government strategy document required an updated action plan. That target is extremely ambitious, and we support it, but the real challenge is in how we turn that aim into reality.

Meeting the skills need of the sector is vital, and there are a number of things that we can do in that regard. The minister mentioned some of them. We can look at good practice in areas such as Renfrewshire, where the science and technology sector and Renfrewshire Council are working in partnership to raise awareness of the sector and to provide work experience for local students. We should look to build on the sterling work that has been done in further and higher education. In my region, West College Scotland and the University of the West of Scotland are educating skilled technical staff and graduates, who will find work and generate innovation in the sector.

Fundamentally, we need the Scottish Government to provide an education system that meets the needs of the Scottish economy. Last week's statistics on numeracy should be a major wake-up call for the Scottish Government. Standards in numeracy are falling among primary school pupils, and there has been no improvement

in numeracy standards in secondary schools. How can we properly meet the needs of the science sector when numeracy standards are falling under the present Government?

Dennis Robertson (Aberdeenshire West) (SNP): Will the member acknowledge that the curriculum for excellence considers the talents of each individual pupil, and that that is the vehicle and the pathway for the students of the future to excel?

Neil Bibby: Our students will excel if we have an education system that meets the needs of pupils in the country as a whole. I do not think that an education system where numeracy standards are falling is that education system. That is a major area of concern, which requires urgent action from the Scottish Government. I hope that the minister will respond on the issue of numeracy later.

It is also important to discuss and recognise the important contribution that funding from the UK research councils makes to our universities. That is a role that helps to maintain our reputation as a leader in life sciences. In addition to having a skilled workforce, key to our scientific standing in the world is the research funding that our universities receive. I am glad that the Scottish Government acknowledges the contribution that UK research funding makes to Scottish universities. I am pleased to see the Scottish National Party Government state, in its recent paper, the clear benefits to Scotland and the rest of the UK of maintaining shared research councils.

And no wonder. The facts speak for themselves. In 2012-13, Scottish higher education institutions secured £257 million of UK research council grants. That represents 13.1 per cent of the UK total, which is significantly more than our 8 per cent of UK gross domestic product or 8.4 per cent of the UK population.

Linda Fabiani (East Kilbride) (SNP): Will the member give way?

Dr Allan: Will the member give way?

Neil Bibby: I am happy to give way if one of the SNP members wishes to tell me why, if independence is so good, they are not preparing to set up an entirely independent research council?

Dr Allan: I am sure that the member will acknowledge that UK Government spending, whether through the UK research councils or otherwise, is not an act of charity—the money comes from taxation—and that, where Scotland does better than its population share, it is because of Scottish excellence in research projects, which are awarded on the basis of excellence, not on a political or charitable basis?

Neil Bibby: Scottish universities are excellent and so are UK universities. Harvard and Yale are excellent universities, but they are not in the United Kingdom. There are great universities in Europe and throughout Asia, but they are not in the United Kingdom either. How much money do UK research councils give to those universities? If we want to maintain UK research council funding, we should stay in the United Kingdom.

The SNP's obsession with independence is putting university research funding at severe risk. Professor Paul Boyle from Research Councils UK has said:

"We give all our funding to institutions that have been accredited to receive RCUK funding, which means that they are UK-based institutions."—[*Official Report, Education and Culture Committee*, 25 March 2012; c 3887.]

It is not only research councils that provide UK Government funding for research. UK Government departments such as the Ministry of Defence and the Department of Health have significant research and development programmes.

In addition to public funding, the UK's network of charitable organisations funds significant amounts of research. Those organisations invest approximately £1.1 billion per annum, 13 per cent of which was spent on research in Scotland. In 2012-13, Cancer Research UK spent £34 million in Scotland, including at the University of Stirling, which is home to Cancer Research UK's centre for tobacco control research.

Sharmila Nebhrajani, chief executive of the Association of Medical Research Charities has expressed her worry, saying:

"It may be that going forward, people would then think twice about setting up an institute in what became an independent country."

If that is not alarming enough, the Wellcome Trust, a leading charitable organisation that has invested more than £600 million in Scottish health research over the past decade, has said of the implications of independence:

"Our future commitment, and the eligibility of Scottish institutions for trust support, would need to be reviewed. There is no guarantee that our funding would be maintained at current levels."

The Wellcome Trust is a UK organisation that has a requirement for match funding on institutions in Ireland but no such requirement on institutions in the United Kingdom.

In Scotland and throughout the UK, we have a brilliant system of research. If independence was so good, the SNP would be proposing an entirely independent system, but it is not. If we left the UK, there are no guarantees that we would keep UK research funding and there are no precedents. It is naive in the extreme for people to vote to leave the UK when they want to keep the benefits of being

part of the UK. If we want to keep the benefits of being part of the UK, it is obviously common sense to be in the UK.

Essential to building the life sciences sector in Scotland and throughout the UK is developing the excellence and expertise that we already have, not only in our universities but in our companies. One such company is AstraZeneca, which has its global headquarters here in the UK and is currently the subject of a £63 billion takeover bid by the American company Pfizer. That is the subject of the Labour amendment, and I note that the minister did not even reference that in his 10-minute speech.

Members will be aware that the Labour Party is calling for a thorough assessment and for public interest tests to be applied to that type of takeover, not only because the proposed takeover is worth an estimated £63 billion but because we cannot overestimate how important AstraZeneca's research and development programme is to the UK. As well as being home to its global headquarters, the UK is also home to AstraZeneca's global research and development facility, and it invests more than £1 billion in research and development associated with its UK operations. It contributes around £3.8 billion gross value added annually to the UK economy and makes up around 2.3 per cent of the total UK export of goods, worth almost £7 billion. At both local and national level, AstraZeneca works closely with the national health service, including Grampian NHS Board, and it recently made a grant of £20,000 to the University of the West of Scotland.

There should be a public interest test on such takeovers. Many other western economies have such tests, and the UK should too. I hope that other parties across the chamber will support Labour's call. It is all very well for us to talk about how important life sciences are, but we cannot ignore the impact that such a major takeover could have.

I move amendment S4M-09963.2, to insert at end:

"; notes the important contribution that Research Councils UK funding makes to scientific research at Scotland's universities, and believes that the UK Government should carry out a thorough assessment of the potential economic and scientific impact of Pfizer's proposed takeover of AstraZeneca".

15:29

Liz Smith (Mid Scotland and Fife) (Con): I doubt that there are many more important issues to discuss in connection with skills investment than the life sciences. Significant issues arise in this area, such as the impact on the economy, which has been mentioned, the clear need to better align

public and private sector investment, the future of research funding, and the enormous difference that life sciences can make to people's health. Quite rightly, much of the plan focuses on the crucial need to put in place a quality resource base that is fully funded and attractive to new investment. It needs to be innovative and intellectually coherent, but also thoroughly practical when it comes to the delivery of science.

I turn first to higher education funding, most especially because life sciences contribute 55 per cent. There is a great deal of debate on the subject in the referendum context, the reporting of which has not always been particularly well informed. For me, the central issue is not just about the scale of the financial funding that will be available in future, but about its qualitative edge and how best to secure the extraordinary level of the technical and financial economies of scale that have been such a key feature of the Scottish success to which the minister alluded. Would that be better maintained in an independent Scotland or in a Scotland that remains part of the UK? Interesting views have been expressed on both sides, as we saw on Tuesday's "Newsnight". However, in order to decide who is right, a very careful study is needed of the factors that have led to that success in Scotland and those that are likely to be the mainstay of future development.

I will first comment on the global position, because success in this field needs to be on the international scale. The technology behind life sciences is changing fast and all the time; so, too, are the relevant knowledge exchange and the interdependence of public and private investment across the world.

On page 452, the white paper is very clear that the Scottish Government believes that there are substantial benefits, as Neil Bibby mentioned, for the academic and business communities and for charities. It is even more interesting that the white paper says that it is clear that they benefit from

"maintaining long-term stability in research funding and systems that support initiatives of scale".

Two words are important there: "stability" and "scale".

I have no doubt that research funding would not dry up in an independent Scotland—it would be ludicrous to suggest that—but there is also no doubt that, whether one supports the UK model of research council funding or the subscription model, which I understand the SNP is promoting, if there was independence the funding formula would change. That is clear in the white paper. By its very nature, independence draws into question the issue of stability and how well received that significant change would be in a global context, particularly as, time after time, the big research

councils identify the strength of the economies of scale that are promoted by being part of the UK as the basis for their strong investment in Scotland. They are very clear about that.

If we lose those economies of scale because of uncertainty—even if it was just a short-term uncertainty—we could lose some competitive advantage at a crucial time of international development. The fact that 15 per cent of UK bioscience research funding comes to Scotland is to do with those UK economies of scale; that is very clear in the minds of many of those who work in our medical schools in universities such as Aberdeen and Dundee. Economies of scale are also why the £20 million stratified medicine Scotland innovation centre, which I think the minister mentioned, is being created. It could bring in around £68 million for the Scottish economy.

Dr Allan: The member mentions economies of scale. The economy of scale that is often referred to in this context is one that comes from being part of a common research area; it does not relate to being part of a common state.

Liz Smith: As I understand it, the SNP's proposed subscription model is based on a per capita or geographical allocation. I think that the minister mentioned that one reason why Scotland has been so successful is that we have gained that success on merit. That merit has been absolutely derived from the UK's economies of scale.

The white paper draws into question whether that certainty would remain in an independent Scotland—that is the concern. The minister referred to some comments from the academic community, but we must recognise that the majority opinion in that community is quite the opposite.

I will turn to the STEM subjects and the Scottish baccalaureate. If we are driving forward the baccalaureate, we must be a little concerned about its uptake. That concern applies not only to science subjects, but right across the board. The baccalaureate is failing to capture the imagination of anyone in education. For example, in 2013, only 142 pupils across Scotland took up the science baccalaureate, which is a reduction on the 2012 uptake. I say to the minister that we must address the attractiveness of the STEM subjects and the baccalaureate, because encouraging people to study life sciences is key.

We are happy to support the Government motion, but we need far more detail on aspects of how people are encouraged into the life sciences sector. We are also happy to support the Labour amendment.

I move amendment S4M-09963.1, to insert at end:

“; recognises that a robust Scottish life sciences sector is dependent on a strong research base; notes that Scotland has consistently received a greater proportion of UK research funding than its population share; welcomes the fact that the Association of Medical Research Charities invests so heavily in Scotland, and believes that the future development of the life sciences sector requires both a highly skilled workforce and for current levels of investment to be maintained”.

15:35

Mark McDonald (Aberdeen Donside) (SNP): I want to cover a lot of issues that are local to Aberdeen, but first I cannot help but point out how interesting it is for Liz Smith to claim that she knows what the majority opinion is in the academic community. I do not know what it is, but I know that there was a letter in *The Herald*, signed by more than 100 academics, which spoke about the strength of research that would exist in an independent Scotland and suggested that bilateral agreements already exist between, for example, the UK and the Republic of Ireland.

Liz Smith: Will Mark McDonald give way?

Mark McDonald: I will not take an intervention on that point.

For example, the University of Ulster and Queen's University Belfast benefit from research funding from Ireland. It is not only the UK that giveth to other places; other cross-border funding exists. I fail to see any argument from either of the Opposition parties that suggests that that would somehow be threatened by an independent Scotland. If there is excellence, the research funding will follow it.

Aberdeen has a strong record, a proud history and an exciting future in relation to life sciences. Professor John Mallard and his team at the University of Aberdeen developed the first magnetic resonance imaging—MRI—scanner. The first chair of medicine in the English-speaking world was created in 1497 at the University of Aberdeen. The Nobel prize for the discovery of insulin went to J J R Macleod, who was a student at the university. The university is also in the world's top 200 universities for teaching quality and research. In the city of Aberdeen, there are seven institutes that carry out life sciences research, including the renowned Rowett institute of nutrition and health and the James Hutton Institute, which was previously the Macaulay Land Use Research Institute.

Colleagues and I visited a company based at Craibstone in my constituency called NovaBiotics, which is a clinically based spin-out company. I recently saw press coverage on the strength of spin-out companies from Scotland's universities; NovaBiotics is one such company. It studies a technology that is based on peptides, which—for

those of us who, like me, are not scientists—are small chains of amino acids, and is developing a range of drugs and treatments to tackle medical issues ranging from fungal nail infection to cystic fibrosis and bloodstream infections. It was encouraging to visit that company, see the range of work that is going on there and consider its future potential in Aberdeen.

The minister highlighted the need to produce greater numbers of science students and encourage greater interest in the sciences. A lot of good work is being done on that in Aberdeen.

On Monday, I will meet the University of Aberdeen's public engagement with research unit—or PERU, as it is known for short. It does a range of work on encouraging young people to take a more active interest in the sciences. PERU works with the Science, Technology, Engineering and Mathematics Network. It also works through the techfest science festival in Aberdeen, which runs a family weekend each year and has events for primary and secondary schools that can connect pupils to STEM subjects. PERU is also involved in researcher-led science events for schools and families during the University of Aberdeen May festival and runs café sci junior events, in which researchers from the university go to schools to discuss particular issues of relevance and interest, which encourages discussion and debate with pupils.

Those are all things that are being done to try to encourage young people to get more involved and take more of an interest in science subjects.

The minister also spoke about science centres. Satosphere in Aberdeen is a fantastic centre. I thoroughly recommend it to members, particularly if they want a good family day out, because the kids can be entertained for hours on end by some of the stuff that goes on there.

One of the things that we need to emphasise is that science can also be fun. It is fun, particularly for children, given some of the experiments that people can do along with children, in which they will take a great interest. With that in mind, has the minister had any discussions with his colleague, Aileen Campbell, regarding the possibility of linking science to the play strategy that the Scottish Government is promoting? That would encourage children, through play, to take more of an active interest in science.

Recently, my daughter's nursery had a dress as what you want to be when you grow up day. My daughter chose to go as a doctor, so she had better hope that she gets her brains from her mother. It brought home to me the fact that there are issues around not only attracting women to study STEM subjects—I think that the trend in terms of female students is quite good—but the

development of careers. A Westminster report on women in science highlighted the fact that, for example, early academic STEM careers are often characterised by short-term contracts that coincide with the period when many women are considering the possibility of starting a family, which means that it is difficult for them to get a foothold in a career at that stage. It also highlighted the fact that taking a career break can often have an impact on research grant availability later in someone's career. That is an issue that seems to disproportionately affect women in STEM subjects.

Those issues need to be challenged, and I would like the minister to tell us what the Scottish Government is doing to address them, so that, when women graduate with STEM subject degrees, they have an opportunity to have a full career in a STEM subject area, should that be the choice that they make.

15:41

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I have been interested in the life sciences for quite a few years. A year or two ago, I used to go around saying how wonderful the life sciences were in Dundee, but I had better leave that subject to my colleague Jenny Marra today. More recently, obviously, I have been able to say what a great flagship life sciences centre we have here in Edinburgh.

I have been interested in this area not only because of the intrinsically interesting subject matter but because of how important life sciences are for the Scottish economy. The area is a success story that contributes about £3 billion to the Scottish economy, with 650 organisations employing more than 33,000 people.

The Scottish Lifesciences Association comprises many of those employers. In its statement of intent for innovation, it emphasised the importance of partnership working in the life sciences, saying that

"Scotland is a world leading centre for innovation in health through partnership working between Government"—

by which it means both Governments—

"NHSScotland, industry and the research community."

The Scottish life sciences strategy of 2011 also had partnership as a key theme. For example, it said:

"Our National Health Service (NHS) moves centre stage as a key customer for Scottish Life Sciences businesses and a pivotal stimulator of innovative products".

The skills investment plan that was launched two weeks ago again includes quite an emphasis on the NHS, and the stratified medicine Scotland

innovation centre at the Southern general hospital is featured in it.

I was concerned by the information in the skills investment plan about the number of students who are participating in life sciences at further education colleges, which it says

“fell by more than a quarter ... from 2007-08 to 2011-12.”

There seems to be no explanation in the document for why that happened. That is clearly a matter of concern.

I suppose that there seems to be some good news in the document, because it says that two thirds of the FE students in life sciences are women. That is obviously positive, but we must bear in mind the wider issues around gender and STEM subjects and remind ourselves of the recent report by the Royal Society of Edinburgh, which said that, although quite a lot of women are trained in STEM subjects, the majority of them do not work in those areas. That is, clearly, an issue that needs to be considered.

As I said, the research community is one of the key partners. In the debate, we have already heard quite a lot about Research Councils UK and independence. Neil Bibby quoted the well-known figure that Scotland gets 13.1 per cent of UK research spend when we have only 8 per cent of the population.

The minister quoted one leading member of Research Councils UK, but the fact is that Research Councils UK has said that it is misleading to suggest that it would support an independent Scotland remaining part of UK research councils. Liz Smith reminded us that the majority opinion in the academic community in Scotland is that there are serious grounds for concern.

That is just one of the matters of doubt and uncertainty that surround the independence debate, but surely Scottish National Party members can at least admit that the current system is benefiting Scotland. I can never get SNP members to agree that there is one positive feature of being part of the UK, but surely they can at least say in the debate that, as far as research funding goes, it is positive for Scotland to remain part of the UK.

Another partner is industry. Neil Bibby was right to raise the Pfizer issue and Ed Miliband has written to the Prime Minister to call for a change in the law to ensure that a public interest test is applied to such corporate deals. The issue is whether the takeover is good for jobs and growth, whether it will protect knowledge, skills and the research base and whether it will support long-term investment in the UK.

I think that Neil Bibby—perhaps it was someone else—talked about AstraZeneca’s record on research and development. Pfizer says that it is committed to investing in R and D, but I am afraid that, although it gave similar assurances when it acquired companies in the US and Sweden, research facilities were shut down and thousands of highly skilled research jobs were lost. Ed Miliband is right to raise the issue.

The final partners are the two Governments. I am reminded that the £24 million in funding for the Edinburgh BioQuarter was made up of £12 million from Scottish Enterprise and £12 million from the UK strategic investment fund in 2009. It was interesting to read the report of the UK strategic investment fund in that year, because who was there in the preface but Lord Mandelson. He was the relevant minister at the time and he said that the fund would support

“areas where targeted intervention by government can unlock viable technological development”.

We have benefited from that UK funding.

I have only one minute left, so I will briefly mention some of the great work that is being done in Edinburgh BioQuarter. The first company there was Fios Genomics—I do not know how to pronounce some of the companies’ names—which provides biomarker analysis services through interpreting data that is produced by gene sequencing. Biomarkers also feature in the work of Mölnlycke Health Care, which is a Swedish company that detects antibiotic-resistant bacteria through biomarkers. Two other companies there are i2eye Diagnostics, which is commercialising innovative field analysers that particularly benefit sight tests on children and frail elderly people, and R Biomedical, which deals with the research into and development and commercialisation of regenerative medicine.

That work is fascinating. It is crucial to the development of services and care for people who have various healthcare needs and it is vital for the Scottish economy.

15:47

Aileen McLeod (South Scotland) (SNP): I welcome the opportunity to speak on an issue that is fundamentally important to Scotland’s economy and to the direction of our health and social care system. I very much welcome last week’s publication of the life sciences skills investment plan.

As the minister said, Scotland starts from a strong research base, having established an impressive reputation for excellence in our life sciences. As others have pointed out, there have been substantial investments in research and development—in, for example, the network of

three innovation centres for stratified medicine, for sensors and imaging systems and for digital health, which the First Minister announced last April. Those are pioneering projects. By bringing together academia, industry and other key partners—the triple helix, as the Cabinet Secretary for Health and Wellbeing has described them—the centres will provide Scotland with a platform for delivering practical solutions to shared health and care challenges on a local, national and global scale.

If we add to that the £100 million investment in the partnership between BioCity Scotland and the University of Dundee, which places Scotland at the heart of international efforts to discover new drug treatments as part of the European innovative medicines initiative, and last week's £8 million investment by the Scottish Further and Higher Education Funding Council in the new national phenotypic screening centre, we have to conclude that Scotland is already a major destination for investment in life sciences research and development.

As the minister said, the skills investment plan sets out the useful steps that we need to take to build graduate readiness, improve the sector's attractiveness to new entrants, attract and anchor key skills and build an accessible and responsive skill system.

Building up our life sciences capabilities will enable us to create and retain a talent pool of researchers and skilled workers who are able to meet their professional aspirations in Scotland. We want to attract highly skilled young people to Scotland and we want them to stay in Scotland, and, of course, to nurture our own home-grown talent.

The "Scottish Life Sciences Strategy 2011: Creating Wealth, Promoting Health" set out the vision and strategic direction, which, in turn, informed the skills investment plan. It has a 2020 mission

"to double the economic contribution made by Scotland's Life Sciences Industry"

and

"to establish Scotland as the location of choice for Life Sciences companies".

As Malcolm Chisholm quite rightly highlighted, the strategy also talks about the demographic challenge that faces health and social care as well as the opportunities that demographics presents in areas such as assisted living, digital health and m-health and personalised medicine, whereby we can better target treatments to individual patients.

Liz Smith: Will the member take an intervention?

Aileen McLeod: I would like to make some progress.

That, in turn, links to the NHS 2020 vision for health and care in Scotland and its associated route map. We know that innovation is key to achieving that vision, and we need the life sciences not only for their substantial contribution to the nation's economy but because, as a society, we stand to benefit enormously from the research and innovation that will help us to care for our ageing population.

Colleagues will have heard me talk about the fantastic opportunity that Scotland has to take its world-leading digi-health technology to the next level through the international consortium bid that is being led by the University of Edinburgh to establish a European Institute of Innovation and Technology knowledge and innovation community in the area of healthy living and active ageing, called LifeKIC. If the bid is successful, it will attract significant funding from the new European Union horizon 2020 programme.

I have previously outlined in the chamber the benefits of the Scottish-led UK LifeKIC bid. The KIC would enable us to pool excellent academic, clinical and industry expertise across Europe in a way that seeks to transform the future delivery of health and social care and improve public health. It would also emphasise the point that knowledge knows no boundaries and that research crosses borders. If Scotland can—as it does—demonstrate excellence in the field of life sciences, the investment will surely follow. If it is well positioned—as we are—to undertake research and innovation that will be of fundamental importance to our European partners, which face similar health and social care challenges—

Jenny Marra (North East Scotland) (Lab): Will the member take an intervention?

Aileen McLeod: Let me finish my point.

If Scotland is well positioned to do that, the resources will still come to it.

There is, of course, more that we can do to expand this growth sector in Scotland's economy, and that is very much what the skills investment plan is about. We have huge opportunities, through the KIC bid for example, to use our unique combination of resources and knowledge to undertake work of international significance. With the economic levers at our disposal that only independence will deliver, we can use the advantages of being a small, agile European country to collaborate across boundaries and borders. We will continue to promote the Scottish higher education brand on the world stage to give us a competitive edge in attracting talented academics to Scotland and increase the ways in

which research can be translated into sustainable economic growth.

We should be confident that Scotland already has a strong research base on which to build for the future and an enviable international reputation in this field. I am confident that both will absolutely flourish in an independent Scotland.

I support Alasdair Allan's motion.

The Deputy Presiding Officer (Elaine Smith):

Members should note that if they are not immediately called to make an intervention, they should resume their seat. If the member who is speaking wishes to call them, they will do so.

15:53

David Stewart (Highlands and Islands) (Lab):

As we have already heard, Scotland and the UK have a proud joint heritage of discovery in life sciences—for example, Sir Alexander Fleming's discovery of penicillin and the discovery of DNA's double helix structure by Crick and Watson. As we heard earlier from Mark McDonald, Professor John Macleod from Aberdeen discovered insulin in 1922.

I would like to focus on the health implications of the life sciences, with particular reference to diabetes, as I am co-convener of the cross-party group on diabetes.

The debate is important, as the life sciences industry is innovative, dynamic and growing faster than the economy as a whole. There are, of course, major implications for improvements to quality of life and for step changes in health, agriculture and medicine.

As we have already heard, the industry is highly integrated in the UK. It has a track record that goes back over 40 years and the UK hub of life sciences is one of the most successful hubs globally.

One of the largest life science operations in Scotland is LifeScan Scotland in Inverness, which is a Johnson & Johnson company. The original company was set up in 1995 to design and manufacture glucose test strips and to design electronic meters for the global diabetes market. More than 1,000 highly skilled and talented staff are employed at the Inverness facility, which I had the pleasure of visiting a few short months ago. It is highly regarded as a centre of excellence for those working in the field of diabetes.

With a focus on future development, LifeScan Scotland is committed to

"Creating a world without limits for people with diabetes."

LifeScan Scotland's main product range includes the popular OneTouch brand of blood

glucose monitoring systems, which are available globally. The company has also developed diabetes management software, control solutions and lancing devices; in addition, it produces the specialist test strips that work with many of the meters in the OneTouch brand line.

The original company started with just a handful of employees and it is now one of the largest private sector employers in the Highlands and Islands. It gives a snapshot of the growth potential of the life sciences industry in Scotland.

It is also important to note that the company funds a senior academic post in the University of the Highlands and Islands in the shape of Professor Ian Megson. That is a good example of the excellent collaboration between industry and the academic community.

Life sciences research does not mean obscure, little-read academic tomes; it means real step changes in quality of life for patients. Last year, for example, life science researcher Dr Roman Hovorka created a historic diabetes landmark by developing home use of the artificial pancreas. That step offers real hope of a future in which people with type 1 diabetes no longer have to monitor blood glucose levels and have a better chance of living a long and healthier life. The artificial pancreas is a closed-loop system that monitors blood glucose levels and uses the information to adjust the amount of insulin being administered by an insulin pump, which ensures that the person always gets the right amount.

Life sciences researchers have talked about the idea for a long time, but they have had to proceed with the system cautiously: having too much or too little insulin is potentially harmful, so malfunctions of the technology must be avoided. However, in 2011, researchers completed a trial in which people with type 1 diabetes used the artificial pancreas in a hospital setting, which cleared the way for a new trial of the prototype device at home.

As we heard earlier, Scotland punches above its weight in research, securing £247 million in research council grants, which is 13.1 per cent of the total, and gaining 13 per cent of the €1.1 billion UK charities research pot.

Life sciences do very well out of such funds, and as the Skills Development Scotland report highlights:

"The university sector also plays an important role as an employer: life sciences account for 55% of total Scottish University research funding, attracting 15% of UK academic bioscience research funding."

In my region of the Highland and Islands, Highlands and Islands Enterprise has recently provided £3 million funding for a life sciences unit that will be part of the new Inverness campus. The

whole project could support 6,000 jobs over the next 30 years and generate about £38 million for the regional economy. That type of investment is vital to provide the facilities needed for the life sciences sector and to ensure that training and skills development are available to young people so that they can exploit the job opportunities that the sector will offer in future.

Life sciences is an exciting industry. There has been breathtaking and groundbreaking work on diabetes and regenerative medicine. There has been a convergence of digital and healthcare technology. The future will present demands for skills development.

More widely, there are huge barriers to entry. For example, it takes an average of \$1 billion and 20 years to develop new drugs. Other western nations, such as the United States of America and Germany, have developed simpler regulatory processes to approve new drugs, so there is competition on the horizon.

HIE's "Building our Future" report makes a clear commitment to growing life sciences in the Highlands and Islands. Key projects such as the European marine science park in Argyll and the Alexander Graham Bell centre in Elgin will make the area more attractive for inward investment. At the Scottish level, the Health Science Scotland partnership between science, academia and business will provide a single point of contact for pharmaceutical and biotechnology companies to develop research programmes.

Scotland is well placed to become part of a global hub of life sciences that is a key contributor to sustained economic growth and provides a step change in quality of life for patients.

15:59

Linda Fabiani (East Kilbride) (SNP): I am pleased to speak in the debate and I join other members in welcoming the skills investment plan, which seems to follow on from the 2011 life sciences strategy. The plan is welcome, because support for innovation in the life sciences is critical to Scotland's future economic success, as the motion says. We should also remember the importance of developing strategies for the practical application of innovation, which can improve the lives of millions of people around the globe.

The Scottish Enterprise life sciences source book records more than 230 companies in the west of Scotland, which employ more than 10,000 people. That means that the west of Scotland is home to about 36 per cent of Scottish life science companies. East Kilbride, the town that I represent, has a vital role. The town hosts the Scottish Enterprise technology park and we have

a range of small and medium-sized science enterprises, as well as multinational companies and academic organisations. I hope that if I mention a few of them, I will entice the minister to spend the day visiting companies at the science park, to learn about the great innovations in East Kilbride and their practical applications.

The Mentholatum Company is a supplier of high-quality healthcare products—I bet there is no one in the chamber who does not have a tube of Deep Heat in their bathroom cabinet. Let me tell members that it was made in East Kilbride—so there you are. We also have the multi-award-winning Ferring Controlled Therapeutics, which is growing at an estimated rate of 10 per cent a year or more, even in the current economic climate. The company is growing in our town, through capital investment and growing staff numbers. I understand that it will soon unveil a new product, so members should watch out for that.

The brilliant academics who work in the field and the brilliant employees of Ferring Controlled Therapeutics, the Mentholatum Company and many other companies are recognised as innovative and sector leading. They work across borders, all over the world. That is why Scotland generally gets more than its population share of research funding.

Liz Smith: Will the member take an intervention?

Linda Fabiani: No, thank you.

We get that research funding not because funders are being nice but because our universities are world class and our research is some of the best and most cited in the world.

Jenny Marra: Will the member take an intervention?

Linda Fabiani: No, thank you.

In East Kilbride, we have the Scottish universities environmental research centre, which I have mentioned many times. SUERC is an excellent academic research unit, with output in the fields of physics, earth sciences and biomedical sciences. It is interdisciplinary, inter-institutional and international in its collaborations. I think that I read on its website that SUERC covers everything from outer space to the outer Hebrides. That is another reason for the minister to come along to East Kilbride and visit our wonderful facilities.

I have only a couple of minutes left. The investment plan is good, but when I look into such plans and read about everything that is happening—or perhaps all the ambitions for what should happen—I worry that we sometimes fall down on the practical application side of things. I hope that the minister will think about the

possibility of reviewing progress and will respond to me on that—not necessarily today. I want to be reassured that the formal review of the action plan in 18 months' time does not mean that what we do during those 18 months will not be constantly reviewed and monitored.

It is crucial that we learn from the experiences of those who are already doing a great deal to enhance the curriculum for excellence work that the minister talked about, to enhance the idea of joint research involving industry and academia and to support graduates who want to stay in Scotland and work in the life sciences.

It is great that we are considering expanding the Oxbridge Biotech Roundtable throughout Scotland. It is great, too, that we are trying to have more industry and school engagement. Organisations such as SUERC are already taking in local school leavers as interns. SUERC has links with fifth and sixth year pupils, offers summer internships and carries out workshops in schools throughout the area. I would like reassurance that that kind of thing is being taken on board and that we are tapping into the expertise of those organisations and not just trying to start all over again. The expertise is there. Let us use it and move forward.

16:06

Roderick Campbell (North East Fife) (SNP):

The life sciences sector is one of the keystones of Scotland's economy and one of the jewels in Scotland's research crown. It is fair to say that the support given to the sector by successive Scottish Governments has helped Scotland to emerge as a world leader in life sciences.

As we know, the life sciences sector is a central reason that Scotland punches above its weight in the UK-wide competition for research council grants. It is why we have the most citations worldwide per unit of gross domestic product and why we are second only to Switzerland—another small, independent country—in the number of citations per paper published.

Liz Smith: Will the member give way?

Roderick Campbell: No, thank you.

Knowledge knows no boundaries and research crosses borders. I do not want to labour this point, but a single UK research area with shared research councils is in the interests of Scotland and the rest of the UK. As we know, and as the minister has indicated, that position is supported by Professor Paul Boyle of Research Councils UK and others. By its very nature, science is an international and collaborative effort and it would be absurd to suggest that that would stop upon independence. Notwithstanding what Opposition

members have said, I see no reason why we cannot have, to coin a phrase, the best of both worlds with independence.

The inclusion of the life sciences as a key sector in the Scottish Government's economic strategy is not a surprise. It is a sector with a high growth potential and the capacity to boost economic productivity. That is, of course, why our Government has established life sciences enterprise areas in several locations throughout the country.

The support provided by the Government through the incentives available has encouraged and will continue to encourage businesses to bring forward their investment decisions. It provides the necessary support for business start-ups to become established and to compete internationally. That innovative approach is helping to build on the momentum generated by the life sciences sector.

In 2007, the universities of St Andrews, Dundee, Aberdeen, Edinburgh, Glasgow and Strathclyde came together to pool their expertise in the Scottish Universities Life Sciences Alliance, or SULSA. The pooling enhances research, training and global credibility, and it connects the Scottish life sciences community. SULSA has helped our universities to equip themselves to face the challenges of global research competition head on. It is clear that the creation of a large, integrated academic research community in the life sciences has immensely benefited Scotland. By coming together and investing in key research themes of cell biology, systems biology and translational biology, SULSA has ensured that it will build on and advance Scotland's global position in the life sciences field.

With a backdrop like that, it is unsurprising that a study by Elsevier, commissioned by Scottish Enterprise, revealed that the life sciences sector is efficiently and effectively converting world-class peer-reviewed research and patents.

In addition, the research excellence within SULSA has helped Scotland to secure a central role in the European Commission's innovative medicines initiative programme, which aims to discover new drugs. At the BioCity site in Newhouse, for example, we are seeing the establishment of a state-of-the-art drug screening facility, supported by global pharmaceutical companies. That facility will provide researchers from SULSA, industry and patient organisations throughout Europe an unprecedented opportunity to advance medical research and develop new medicines.

SULSA has also helped to ensure that Scotland's record on university spin-outs is rather better than that of the rest of the United Kingdom.

In recent years, Scotland has been the only nation in the UK that has increased the number of life science spin-outs from its universities, which Mobius Life Sciences said in its report was linked to the increased public sector support in Scotland for innovation in the life sciences.

Collaboration does not stop at SULSA. The life sciences sector effectively collaborates with colleagues across the NHS, academia, banking, government and industry. Another example of effective collaboration is generation Scotland, which is a bioresource of human biological samples that are available for medical research. It is a unique partnership—unrivalled in Europe—between our medical schools, our NHS and the people of Scotland. More than 30,000 people throughout Scotland have helped to create that world-class biomedical resource for research into a wide variety of diseases, including heart disease, diabetes—which David Stewart mentioned—and mental health problems.

Our pride in the life sciences sector in Scotland does not mean that it does not have challenges ahead. One key challenge is developing and retaining a talent pool of international calibre in order to support the continued growth of the sector. The Skills Development Scotland report highlights that the sector's main test in the future will be training and retaining its future talent pool.

The report sets out challenging but achievable objectives, such as

“Raising awareness of ... career opportunities”

and refreshing research to ensure that employer demand is met. It sets out an ambitious action plan that is aimed at

“Improving ... attractiveness ... to new entrants”

and at

“Attracting and anchoring key skills”.

It is important that we work with the sector to ensure that the action plan's goals are met, so that by 2020 we will start to see the fruits of its labour. We need to ensure that Scotland will continue to be a world-leading research hub for the life sciences, and to ensure—if possible—that the sector's economic contribution is doubled by 2020.

The skills investment plan will, I hope, help us in expanding that talent pool and position Scotland as the top destination for a career in the sector. We are incredibly fortunate that Scotland is a world-class centre for life sciences, but we can and must do more to harness the sector's potential. We need to enhance the representation and role of women, as Mark McDonald suggested, and we must continue to work to create an environment that will help the life sciences sector to create significant growth in or out of the UK.

16:12

Alison McInnes (North East Scotland) (LD): I am pleased to participate in the debate to highlight the importance of the life sciences sector to the Scottish economy and the contribution that it is already making to improving health here and abroad.

Scotland's track record in life sciences stretches back to when the discipline was first established: King's College in Aberdeen was the world's first medical school. Throughout the centuries since, we have enhanced our collective scientific understanding and pioneered many of the greatest advances, from the use of anaesthesia to the remarkable creation of Dolly the sheep.

In my region, Dundee has emerged as an internationally renowned centre of excellence. According to the University of Dundee, life sciences account for 16 per cent of the Tayside economy, and the university's college of life sciences alone employs 900 staff from 60 countries. It attracts £100 million in research income each year, and it has helped to cultivate a cluster of local biomedical and biotech businesses.

Liberal Democrats in Government worked hard to develop the life sciences industry—indeed, it was the Liberal Democrat Deputy First Minister Jim Wallace who established the life sciences industry advisory group. Nearly a decade after the group's first strategy was published, aspects such as focus, collaboration and the right resources and people are still central to achieving growth.

Skills Development Scotland's report is dedicated to the last of those factors. Obtaining the right people is crucial for a research-intensive industry that relies on furthering knowledge, incubating intellectual ingenuity and nurturing technical expertise. That requires the sector to attract new entrants, retain talent and ensure that graduates have the skills they need to make the transition to the workplace.

The STEM subjects underpin the interdisciplinary skills that the industry tells us that it needs, but I, like other members in the chamber, have long been concerned that the talent of many of the women who pursue those subjects is lost.

Approximately two thirds of those studying life sciences in further, higher and postgraduate education are women, but that uptake is not reflected in the gender balance in the workplace, where just 46 per cent of employees are female. At board level, fewer than one in five directors of life science companies in Scotland in 2010 were female. The report acknowledges that that is

“a lower share than any of the other Government key sectors”,

and it reveals that a wealth of female talent is not retained or properly recognised; it is diverted elsewhere or overlooked.

Reports such as “Tapping all our Talents - Women in science, technology, engineering and mathematics: a strategy for Scotland”, published by the Royal Society of Edinburgh a couple of years ago, have documented how nearly three quarters of women with STEM qualifications do not work in STEM industries. It concluded that that wasted talent

“is a serious loss across the whole economy”.

That is why more needs to be done to ensure that that talent is retained, valued and recognised in the life sciences sector.

To reduce the attrition rate at all levels of scientific employment, there needs to be a change in workplace policies and practices—indeed, in workplace cultures generally—to make them fair places for everyone to work in. I am pleased that a major life sciences company in my region—GlaxoSmithKline—has signed the WISE chief executive officer charter. By signing the charter, the CEO and senior management commit to actively supporting the aim of increasing the participation of women at all levels in STEM and to developing clearly defined strategies and implementing practices to support the recruitment, retention and development of female talent in STEM.

GSK has introduced gender-targeted coaching and sponsorship as part of its commitment to promote inclusion and diversity. I urge other companies to follow its lead. The RSE report suggested a number of ways in which Government, industry and education establishments could improve the situation. The Minister for Learning, Science and Scotland’s Languages responded to the RSE report by saying that

“we know that there is more we have to do and I can reassure the RSE that this issue will continue to be a key priority for us.”

Why is it, then, that the skills investment plan only hints at responding to the problem through a staff-supply mapping exercise? Why is retaining and promoting female talent and ensuring a diverse workforce not identified as a key challenge or priority? Regrettably, the action plan is also silent on the issue. I ask the minister to undertake to rectify that problem.

The proposed amendments to the motion are right to highlight the dividend that life sciences draw down from Scotland being part of the UK. The strength of our home-grown talent enables us to punch above our weight. Parkinson’s UK has told us that medical research charities currently spend a disproportionate amount of their total

funding on research in Scotland: £130 million, or 13 per cent of the UK total, which as others have said is considerably more than our 8 per cent population share of the UK. Similarly, NUS Scotland tells us that our universities receive £257 million in grant funding from UK research councils, which again amounts to 13 per cent of the UK total.

The best way to build on our success is through further collaboration. However, the necessity to negotiate cross-border arrangements for research funding in the event of a yes vote would put that further collaboration at risk. It would be a real challenge to maintain the same level of support for our research base if our relationships with research councils, Government departments and businesses elsewhere in the UK were eroded. The universities are clear that they wish to remain part of the UK pool, but there is scant detail in the white paper as to how that would be achieved. There are no guarantees and there is no acknowledgement that separation risks affecting our unrestricted access to a substantial research infrastructure.

With Scotland as part of the UK, our universities benefit from being part of a wider, thriving research community. In a sector where collaboration is key, we have the best of both worlds: a strong Scottish Parliament supporting our world-class universities, backed by the strength of UK research resources. Scottish Liberal Democrats want to ensure that we continue to host one of the most extensive and advanced life sciences communities in Europe. In that sector, as in so many others, we are indeed better together.

16:18

Maureen Watt (Aberdeen South and North Kincardine) (SNP): It is fair to say that, since identifying life sciences as one of the key sectors of the Scottish economy where there was potential for growth, we have actually seen that occur.

Most people associate the north-east with the oil and gas industry, but Aberdeen has a very vibrant life sciences sector, too. Perhaps it is helped by the oil and gas industries playing a large part in promoting STEM subjects in schools and showing how science is important not just in the oil and gas industry but across other sectors, with teachers who have been involved in the many events that the oil and gas companies put on broadening their pupils’ awareness of the opportunities that exist in other STEM areas. That is the cross-disciplinary approach that the minister mentioned.

Aberdeen is home to one of the life sciences incubation facilities. I have learned today that that is full, and I believe that the Edinburgh BioQuarter

is almost full, too. The key thing to recognise is that companies want to be close to both universities and hospitals, for the cross-fertilisation of ideas.

Liz Smith: I think that the member is on record in the past few days expanding on some of those ideas of cross-border negotiations and how the north of England would relate to the north of Scotland. Will the member explain why subscription for university research funding would be better than the current way of funding through Research Councils UK?

Maureen Watt: I will come on to that.

In previous debates on life sciences, my Aberdeen colleagues and I have praised the small innovative companies on the Craibstone campus, which Mark McDonald mentioned. There is also the Rowett institute, which does a huge amount of research into food and drink and diet, and the James Hutton Institute, which carries out research in the environmental field, both here and overseas, including in Malawi.

One of the most pleasing aspects of the companies on the Craibstone campus is the number that are run by women. As Mark McDonald said, they do very valuable work. Where women are able to be in charge of their companies and their own work, there can be long-term opportunities and retention of women in STEM positions—an issue that Alison McInnes raised and one which we have debated many times in the chamber.

Given the number of opportunities that there are in science and technology throughout Scotland, it is important that youngsters are made aware of and are excited by the wonders of science from an early age. That is why parents as well as teachers should take every opportunity to visit science centres such as Satrosphere Science Centre in Aberdeen and Our Dynamic Earth and to attend science events that run for weeks, such as techfest in Aberdeen.

Not everybody will be a science graduate or postgraduate or a research scientist, but higher education institutions and companies also require staff at technician level. I was pleased to read in the skills investment plan that Skills Development Scotland will work with the life sciences advisory board to increase awareness and uptake of the modern apprenticeship in life sciences across the sector.

Throughout the debate, Opposition members have continued their project fear approach to research funding. Let us be clear: public funding of university research in Scotland and across the UK is currently delivered by a dual support system comprising a block grant given by the funding council of each country, funded from devolved

budgets, and competitively awarded grants from the UK-wide Research Councils UK, funded through the tax base, which—remember folks—Scottish citizens contribute to through their taxes. As others have said, those grants are awarded on merit and, increasingly, they are awarded not to a single institution but to collaborative research across UK and international institutions. With independence, Scotland will have the opportunity to enhance internationally the profile of our institutions and their expertise and to encourage investment from pharmaceutical companies and charities alike.

Neil Bibby mentioned charities and seemed to imply that they will not spend research money in Scotland. Mr Bibby, charities will invest where the best research is, regardless of location. They would be reckless to do otherwise, so stop that scaremongering aspect of the debate. Why do you not also recognise that UK immigration policy is a big threat to research? The collaboration that is required cannot take place because of immigration policy.

Professor Tim O'Shea said:

"There is no reason why any form of constitutional change should preclude participation in higher order research councils."

Professor Sir Ian Diamond of the University of Aberdeen said:

"I can't see it's in the interests of anyone in the rest of the UK to want to exclude Scotland, nor is it in the interest of Scotland to be excluded from collaboration."

I support the motion in the name of the minister.

The Deputy Presiding Officer: I ask members please to remember to address their remarks through the Presiding Officer.

16:25

Jenny Marra (North East Scotland) (Lab): I rise to speak about life sciences simply because they are very important to the city of Dundee, but I will start by addressing a couple of points that have been raised in the debate. Maureen Watt has just accused my colleagues and members of the other Opposition parties of continuing project fear throughout the debate. It is rather ironic that she said that, because none of the SNP speakers has been prepared to take an intervention on the subject of taxes.

Maureen Watt said that awards will be made on merit. I gently remind her and the SNP that awards cannot be made on merit if we do not contribute to the tax base. Alasdair Allan looks at me with incredulity, as if I am talking nonsense. If he wants to intervene, I will be happy to answer his point.

Dr Allan: Forgive me if I looked incredulous, but the reason why that expression was on my face

was that, as numerous members on all sides have acknowledged, a common research area implies a subscription model—it does not imply getting something for free.

Jenny Marra: We will come on to that in a minute. I suggest that, if we do not pay taxes into the pot from which we then look to take funding, that will become very difficult. That view is shared by many researchers across the length and breadth of Scotland.

I will talk a little about Dundee. In recent months, scientists in my home city have delivered a candidate drug for malaria; set up a centre of excellence for tuberculosis drug discovery with the Bill & Melinda Gates Foundation and the Wellcome Trust; identified new ways to tackle Parkinson's disease; been recognised for their groundbreaking research in genetic skin diseases and inflammation; and have undertaken a wide variety of community engagement in schools. It is important to engage schoolchildren in science. Furthermore, over the next few months, a £26 million laboratory complex will be opened, leveraging £7 million of public sector investment, which will lead to 180 new externally funded and high-value jobs for Scotland's life sciences sector.

It is concerning that the skills investment plan report says that the number of students participating in life sciences-related courses in further education has fallen every year since 2008-09. Given the skills requirements for this important sector, will the minister write to each college principal in Scotland to ask them the specific reasons for that year-on-year decline in participation in life sciences courses? I am sure that the minister will agree that that needs to be addressed urgently, given the skills requirements that are outlined in the report. I hope that the minister, in his closing remarks, will undertake to do that.

I am pleased to note that the report shows that the participation of women in life sciences courses is healthy, as is the ratio of male to female employees in the sector. However, we again find an issue in more promoted positions. Just four years ago in 2010, only 18.7 per cent of directors of Scottish life sciences businesses were female, which, as the report points out, was a lower share than that in any of the Government's other key sectors. Alison McInnes said that she, too, is concerned about that. Given Angela Constance's new remit for female employment, perhaps the minister will undertake to do a bit of investigation with his colleague on that.

A big theme of the debate has been funding and the impact on it of the referendum. On Tuesday evening, I was in the University of Dundee, training in the gym, and was approached by a researcher whom I train with. He asked me how

the referendum campaign was going and said, "Please make sure it's a no vote, because our funding is under threat." [*Interruption.*] I see that Mark McDonald disagrees with me, but those were not my words; they were the words of a researcher whom I did not know and who approached me in the university.

It has been suggested this afternoon that scientific awards would be made on merit. I have checked with the Wellcome Trust, which is one of the biggest funders of the life sciences sector in Dundee, and according to the latest figures on its website it made 37 investigator awards to UK institutions last year and only two to overseas institutions. I think that the SNP would be very well advised to get in touch with key funders such as the Wellcome Trust that are so important to my city and to Scotland's economy and find out their criteria for allocating funding. From the figures on the Wellcome Trust website, it is clear that the preference is for the money to stay in the UK, and I would be interested to know whether the minister has any evidence that suggests otherwise.

I understand that the proposal in the white paper is for a Scandinavian-style funding pot, but I gently remind the minister that the total Scandinavian research funding pot is worth less than one single research grant that has been given to Dundee university.

The Deputy Presiding Officer: You must close, please.

Jenny Marra: The Scandinavian research pot is less than £14 million, and, as I have said, a grant larger than that is currently being used at Dundee university. I ask the minister to think long and hard about the points that I have made.

16:31

Dennis Robertson (Aberdeenshire West) (SNP): I am grateful to my friends and colleagues Maureen Watt and Mark McDonald for mentioning the many areas of life sciences that can be found in Aberdeen, but I have had to rethink a couple of my opening remarks as a result. A wealth of life sciences can be found in Aberdeen and Aberdeenshire; we have fantastic universities and, as Mark McDonald and Maureen Watt have pointed out, we also have the Rowett Institute and the James Hutton Institute.

This debate reminds me of a debate on life sciences that we had not so long ago, in which Liz Smith asked how we not only engage younger people but retain their interest in science; indeed, it also reminded me of the time that my colleagues and I went on a visit organised by Scottish Enterprise to NCIMB in Aberdeen. The people there were handing out badges that said, "We love bugs", and I remember my friend and colleague

Kevin Stewart telling the chamber during another debate how, after that visit, he loved both bugs and life sciences. I started to think that that might be how we engage our younger people; perhaps we have to get them at a very young age and teach them the elements of science—and, as Mark McDonald made clear in his speech, fun.

Recently, I visited a primary school in Dunecht where the pupils were taking the produce from their market garden into the kitchen, and I was reminded of a book launched by the Rowett Institute called “Stovies Reloaded: Traditional Scottish Recipes Made Healthier”. The book is about a subject close to my waistline, in that it looks at Scotch pies, Forfar bridies and so on, but it gives much healthier options that use leaner cuts of meat, do not use salt and use vegetable spread rather than suet. That is the sort of thing we need to introduce to our younger children and ensure that they are aware of. This is not just about what happens at this or that institute or in this or that science centre, but about taking what happens there into our own homes, our own kitchens, our own schools and, indeed, our children’s school dinners.

My visit certainly made me think about what the other schools in my constituency were doing. I know that at the Gordon schools in Huntly, the pupils have what is called Wednesday in the woods. It is fantastic, because it is all about learning. Neil Bibby mentioned innumeracy; while out in the woods, those pupils learn all about numeracy, writing, science and so on, and things are made real to them. The question is how we retain that interest from the early years and ensure that it is carried forward.

That reminded me of one of the schools doing a project through the James Hutton Institute, on eco pets. I had never heard of eco pets, but it involved a wormery. The James Hutton Institute was looking into what happens to the soil in a wormery with earthworms. The children were investigating the various aspects and elements of the soil, and what was in it that would help with the growing of fresh vegetables, for example.

We are rich with the wealth that is within our children. That is our resource for the future. We have heard a lot about future funding, with some debate around how our funding might dry up if we leave the UK. That is nonsense. Our richness and our resources of the future are within our young children—their merit and the merit of our universities and institutes will bring continued funding into our research in Scotland.

We have a difficult task ahead of us around how to engage our young people and retain their interest. The curriculum for excellence is a pathway to engage that. When we take the lab in a lorry round our schools, it is exciting for the young

people to get a hands-on experience of science at its basic level. That is about hearing, seeing and feeling what is going on. People get the opportunities to do that within a scientific laboratory.

We have a bright future with our life sciences, and for our young people. I commend the motion.

16:37

Mary Scanlon (Highlands and Islands) (Con):

This has been a good debate on the “Skills Investment Plan For Scotland’s life sciences sector”—the latest plan, following those for information and communication technology and digital technologies, finance, tourism, food and drink and energy. I appreciate that life sciences are not all about health, but I was drawn to a particular quote in the plan. The plan says:

“It is estimated that only 30-70% of patients respond positively to any particular drug.”

I was quite shocked at that figure. Research

“to deliver the right treatment to the right patient at the right time”

is therefore to be hugely welcomed. That sums it all up. If that is where we are going with this sector, it is immensely exciting, although we should also remember that life sciences are not all about health, as David Stewart and other members have said.

The life sciences sector is well established in many parts of Scotland. I will again mention LifeScan Scotland—the minister and David Stewart both mentioned it. LifeScan is a model for employment, and I should also mention how it links into and works with schools, providing work experience, and how it links into the UHI, through the chair that David Stewart highlighted.

I remember when LifeScan came to Inverness. It was then called Inverness Medical, and was a subsidiary of Johnson & Johnson. We were promised that there would be 300 jobs eventually. First it was 40, then it was 60 and then it was 80. There was a lot of scepticism about it. People asked, “Life sciences coming to Inverness? Really?” Now, as David Stewart said and the minister acknowledged, for the past 15 to 17 years, LifeScan has regularly employed, and still employs, well over 1,000 people. As David Stewart also mentioned, it is a major private sector employer.

I notice from the plan that many life sciences companies employ one or two people. We should not say that those are not worth having because they are small; this is such an exciting sector that we should welcome everyone who comes along with a good idea.

I should also say that, apart from the schools and the UHI, LifeScan Scotland is famous for its football sponsorship, but I will not mention the team.

It is important for us to ensure that skills and training are matched with employer demand, so that local people have the opportunity to gain sustainable employment and build a career. In the Highlands, we want graduates and others to stay in the Highlands, not just in Scotland, and we want the opportunities to be there for them.

The recent Audit Scotland report on modern apprenticeships stated that

“performance measures do not focus on long-term outcomes, such as sustainable employment.”

It also noted that

“there were fewer apprenticeships in the Scottish Government’s key economic growth sectors”,

and stressed the need to align modern apprenticeships more closely with growth areas.

We have heard today how important life sciences are to economic growth, jobs and investment in Scotland, yet, last year, out of 25,000 modern apprenticeships, only 21 were in life sciences. That does not look to me like aligning modern apprenticeships with an exciting area for economic growth. It is a shocking figure, given that life sciences have been identified by the Government as a key sector with high growth potential and the capacity to boost productivity. I note that the report recommends that modern apprenticeships be reviewed, and I trust that the minister will acknowledge that in his summing up.

Although I welcome the 25 per cent increase in the number of undergraduates in higher education since 2007, the number of further education students participating in life sciences has fallen by 27 per cent in the same period, as Jenny Marra and Malcolm Chisholm mentioned. In fact, as the plan that we are debating today states, student numbers in FE life sciences are now at pre-recession levels. That does not sound like the big priority growth sector that it really ought to be.

I would like to mention something that no one else has raised, because it is important. I welcome the fact that the plan identifies the need to develop soft skills, given that

“employers have commented that new graduates need to build their ‘soft skills’, including: commercial awareness; team work; attitudes to deadlines; work ethic and communication skills”.

Those skills are essential not just for life sciences but in all sectors, and they highlight the benefits of work experience prior to entering the workplace.

Alison McInnes and others have mentioned the fact that, out of 56,000 female STEM graduates,

15,000 continued to work in the sector. I will not say more, other than to stress that that is a significant issue.

Finally, we also need to look at the attainment gap. The figure of 2.9 per cent of children—266—from Scotland’s most deprived areas earning three A grades at higher, compared with 20 per cent of children from the most affluent areas, is of great concern. Life sciences are a sector with high wages and wonderful opportunities, and it should be accessible to people from all backgrounds, including the most deprived and poorer backgrounds.

16:43

Elaine Murray (Dumfriesshire) (Lab): As several members have said, both Scotland and the UK have long had a good reputation in science. The University of Edinburgh, for example, has had an internationally acclaimed reputation for medicine for many decades. I do not think that politicians should try to take too much credit for the success of life sciences, and nobody has tried to do that this afternoon. Governments can make a difference in facilitating the links between academic institutions and business and in encouraging commercialisation, but it is down to the scientists and researchers to produce the work.

Neil Bibby, Roddy Campbell and others acknowledged the success of the policies of successive Scottish Governments. Way back in August 2001, Wendy Alexander, then the Minister for Enterprise and Lifelong Learning, launched Scotland’s first ever science strategy. Among its aims were the promotion of Scotland as an international centre for scientific expertise and the establishment of a pipeline of support to enable the creation of global companies from the scientific output of Scottish laboratories. It also created the Scottish Science Advisory Committee, which was at that time under the umbrella of the Royal Society of Edinburgh, which used specialist fellowships and proof-of-concept funding to link up science policy with investment decisions.

The success of life sciences is a success, first, of the scientists and researchers who are in it and, secondly, of devolution. Scottish science does well under devolution. Many members have mentioned that we were awarded 13 per cent of research and development grants and that publications and citations per capita in Scottish universities and institutes are among the highest in the world. A total of 15 per cent of the UK’s life sciences companies are based in Scotland. I agree that Scottish institutions get more than Scotland’s population’s share from the UK Research Councils because of the quality of their research.

Liz Smith asked a number of SNP members about the subscription model, but no one seemed to be terribly keen to answer her question on that. This is project reality, not project fear. We want to know how the subscription model works and how much that subscription is. If that is based on population share, the chances are that the institutions in the rest of the United Kingdom would not be too keen on taxpayers' money being paid out on top of that to Scottish universities. If it is based on the historic funding and the Scottish Government is charged for what the Scottish universities get, the Scottish Government would be financially penalised for the success of Scottish research. In that case, as Neil Bibby said, Scotland might as well have its own separate research council.

Several members were keen to talk about the successes in their areas. Malcolm Chisholm spoke about the Edinburgh BioQuarter and pointed out that it was set up with funding that came 50:50 from Scottish Enterprise and the UK strategic investment fund. That was a good investment, given that there are 900 hospital beds and 1,200 researchers on the campus and, in the next couple of years, those figures are expected to rise to 1,500 beds and 2,000 researchers. Its specialist facilities have made it a leading European centre for translational medical research.

Jenny Marra and Alison McInnes mentioned the College of Life Sciences in Dundee. The college has just received £8 million of Scottish Government funding towards the development of a phenotypic drugs screening laboratory. It, too, has an international reputation as a productive research institute; it also has the highest number of citations per paper for biological sciences in the whole of Europe. As Alison McInnes said, life sciences account for 16 per cent of the Tayside economy, which is a great achievement.

David Stewart and Mary Scanlon mentioned the important development in the Highlands with the establishment of the centre for health science at Raigmore hospital in Inverness and the adjacent Inverness campus of the University of the Highlands and Islands. As they said, the centre is home to Johnson & Johnson's LifeScan Scotland, which, two years ago, announced its decision to locate its global diabetes research centre in Inverness. I am aware of David Stewart's long-standing interest in the testing and treatment of diabetes, so I am sure that he must be particularly gratified by the fact that that is happening on his doorstep.

Linda Fabiani mentioned research in East Kilbride; Mark McDonald, Maureen Watt and Dennis Robertson stressed the importance of the Rowett institute of nutrition and health and the James Hutton Institute up in Aberdeen. It is quite

clear that good scientific research is going on throughout Scotland.

As Malcolm Chisholm, Alison McInnes, Jenny Marra and Mark McDonald said, although we congratulate the sector for its remarkable success and expansion, we should not forget that we do not retain enough of our female scientists. The Royal Society of Edinburgh report "Tapping all our talents. Women in science, technology, engineering and mathematics: a strategy for Scotland", which was produced by a working group chaired by a very eminent astrophysicist, Jocelyn Bell Burnell, cites the statistic that 73 per cent of women trained in STEM subjects leave the profession compared with 48 per cent of men. Think about how much greater success Scottish science might have if we increased female participation levels up to male levels in the long term. It is still the case that concerns such as childcare, attitudes towards people taking maternity leave, the difficulty in taking maternity leave when a researcher is on a fixed-term contract and problems with work-life balance for women with caring responsibilities are driving women out of sciences. That is very depressing, because those were the issues that were driving women out of science when I left and things do not seem to have got much better for women since.

The Labour motion also mentions the possible takeover of AstraZenica by Pfizer, but that issue was not reflected in the debate. That is unfortunate because, although AstraZenica is headquartered elsewhere in the United Kingdom, that potential takeover should be of concern to us, as AstraZenica is a major supplier to the NHS and it works with health boards such as Grampian, as Neil Bibby said. I hope that the Scottish Government will support Ed Miliband's call for a public interest test in corporate deals such as this potential takeover.

It is good to celebrate the success of life sciences, but many members have mentioned concerns that we must address. Neil Bibby spoke about numeracy levels in schools: if pupils do not have numeracy skills, they will not be able to do science. Malcolm Chisholm and Jenny Marra talked about student numbers in further education and life sciences decreasing. Liz Smith talked about the take-up of science subjects in schools and the Scottish baccalaureate. Mary Scanlon mentioned the number of modern apprenticeships in life sciences.

There is a general concern about the curriculum for excellence: will it be sufficiently rigorous to prepare students to study sciences at university? Science is a rigorous discipline and they need to acquire the necessary learning skills at school to be able to go on to succeed at university. Do not even get me started on access to laboratories. I

agree with what Dennis Robertson said about the lab in a lorry, but science is an experimental vocational subject and, to do science, children and young people need the opportunity to get out and learn from doing experiments. Unfortunately, not enough of that goes on in our schools nowadays.

16:50

Dr Allan: This has been a positive debate in the main. It focused on life sciences as one of the many reasons that we can be proud of Scotland's academic and economic achievements. Scotland clearly excels in life sciences. Many speakers referred to that. It is appropriate for us to think about not only our contribution to global research in that area, but what we can do to exceed it in the future.

There were many considered and thoughtful speeches in the debate. Alas, there was no speech from Stewart Stevenson. I had been looking forward to one following his Van de Graaff generator speech, which has entered into parliamentary folklore since the last science debate.

Mr Bibby made important points about numeracy in schools. There have been a number of measures of that and we are far from complacent. The programme for international student assessment statistics indicated that good things are happening on that front. I entirely appreciate the point that was made about the need for regular and constant improvement in numeracy. However, Mr Bibby more than once used the phrase "failing education system" and I take the greatest possible exception to it being used in the context of Scotland's schools.

Liz Smith made a number of points on STEM subjects in schools and the work that we all acknowledge needs to be done to promote the science baccalaureate.

Liz Smith: The Scottish baccalaureate was presented as an added-value qualification because it had a crucial mix of higher and advanced higher, but it is not being taken up. Can the minister suggest why it is not being taken up and will he say what the Scottish Government will do to address that? It is a key issue.

Dr Allan: In the context of the new qualifications, the baccalaureate is one of many options that students can take to add value to their qualifications. However, as I indicated, we constantly encourage not only the baccalaureate for science but the baccalaureate for languages.

Mr McDonald mentioned many examples of international co-operation in research to which I could add the fact that the UK co-operates directly

with countries that include Switzerland, Luxembourg and the USA.

Mr Chisholm made a thoughtful speech about the research partnership that exists between the research community and Scotland's NHS. It is also worth saying that Edinburgh College does great work on the promotion of STEM subjects with a STEM academy promoting links with schools.

Aileen McLeod spoke about key science sectors and an emerging science that other speakers mentioned: personalised medicine, which holds out some truly amazing opportunities for understanding and practising medicine in the future.

Jenny Marra: Was the minister as shocked as I was to find that out of the 25,000 modern apprenticeships, 21 were in life sciences? How does he plan to address that, given that life sciences is one of the Government's key sectors?

Dr Allan: I would certainly argue for the importance of modern apprenticeships, which are, of course, far from the only means of engaging young people in science and science careers. We constantly advocate for the development of young people's skills. For example, at the other end of the equation, we are working to improve people's lab skills, which were referred to earlier, and people's employability as scientists.

David Stewart rightly referred to some of Scotland's past scientific achievements, including those of Fleming, which I take to be an endorsement of my personal practice of not cleaning my kitchen sink. Like others, he mentioned the importance of the science sector to the Highlands and Islands, and the new campus in Inverness is relevant in that respect.

Linda Fabiani reminded us of the importance of the application of life sciences, not least in East Kilbride, and was right to say that we need to be ambitious in that respect.

Roderick Campbell made the important point that the future structure of research in Scotland will be, to a large degree, in the hands of academics themselves, and pointed to the success of academic-driven initiatives, such as research pools and SULSA.

Alison McInnes rightly mentioned the sector's importance to Dundee. She said that it relied on 60 nationalities and 60 countries, although I think that that was immediately followed by an argument that the whole thing relied on one country.

Many speakers, including Alison McInnes, Mark McDonald and Elaine Murray made an important argument about ensuring that every encouragement and opportunity is given to women in science. I entirely accept that we have to do much, much more in that respect, but it should be

said that, in the life sciences, we have something nearer equality in that respect than we do in other areas of science.

Alison McInnes: Will the member give way?

Dr Allan: I must make some progress.

A number of speakers pointed out that research and science are not just about traditional categories of scientist, and that technicians are also important.

Neil Bibby: Will the member give way?

Dr Allan: I must make some progress. I am about to end my speech.

I am happy to accept both amendments because, despite some of the arguments that were built on their inoffensive text, they are positive. For example, it is entirely reasonable for Liz Smith's amendment to point to the successes of the research sector. Mr Bibby's amendment notes the important contribution of UK research councils, which, again, I am happy to acknowledge, despite the fact that we take different views about what the future should be.

Mr Bibby rightly mentions the issue of Pfizer's proposed takeover of AstraZeneca. Although neither company has a major base in Scotland, it is, obviously, a matter of interest. To pick up on a point that was made around that, the NHS in Scotland has indicated that it has no concerns about its future relationship with either company, but it is entirely legitimate for us to ask today whether the UK Government intends to make any further inquiries about the issue.

This debate has occasionally wandered into, let us say, articles of faith and has, therefore, changed its character. That was perhaps predictable. However, I will end as I began, and say that, as it provides employment for 35,000 people in Scotland, with 650 companies, and constitutes one of the great successes of Scottish science, our life sciences sector is something of which everyone in this Parliament, across all partisan boundaries, should be particularly proud. It is particularly useful that we have chosen to debate it today.

Parliamentary Bureau Motion

16:59

The Presiding Officer (Tricia Marwick): The next item of business is consideration of Parliamentary Bureau motion S4M-09566, on committee membership.

Motion moved,

That the Parliament agrees that Bruce Crawford be appointed to replace Bob Doris as a member of the Public Audit Committee.—[*Joe FitzPatrick.*]

The Presiding Officer: The question on the motion will be put at decision time.

Decision Time

17:00

The Presiding Officer (Tricia Marwick): There are four questions to be put as a result of today's business. The first question is, that amendment S4M-09963.2, in the name of Neil Bibby, which seeks to amend motion S4M-09963, in the name of Alasdair Allan, on life sciences, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S4M-09963.1, in the name of Liz Smith, which seeks to amend motion S4M-09963, in the name of Alasdair Allan, on life sciences, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S4M-09963, in the name of Alasdair Allan, on life sciences, as amended twice, be agreed to.

Motion, as amended, agreed to,

That the Parliament recognises the importance of the life sciences sector to the Scottish economy; notes the publication of the *Skills Investment Plan for Scotland's Life*

Sciences Sector by Skills Development Scotland on 29 April 2014, which has been developed in partnership with industry; welcomes the clear statement of the sector's skills needs that this provides; agrees the importance of meeting the skills priorities in order to support the sector's future growth; further agrees that this provides a framework for aligning public and private sector investment to meet these needs; notes the important contribution that Research Councils UK funding makes to scientific research at Scotland's universities; believes that the UK Government should carry out a thorough assessment of the potential economic and scientific impact of Pfizer's proposed takeover of AstraZeneca; recognises that a robust Scottish life sciences sector is dependent on a strong research base; notes that Scotland has consistently received a greater proportion of UK research funding than its population share; welcomes the fact that the Association of Medical Research Charities invests so heavily in Scotland, and believes that the future development of the life sciences sector requires both a highly skilled workforce and for current levels of investment to be maintained.

The Presiding Officer: The next question is, that motion S4M-09566, in the name of Joe FitzPatrick, on committee membership, be agreed to.

Motion agreed to,

That the Parliament agrees that Bruce Crawford be appointed to replace Bob Doris as a member of the Public Audit Committee.

Meeting closed at 17:01.

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