



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 29 April 2015

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Scottish Parliament

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

Portfolio Question Time

Health, Wellbeing and Sport

The Deputy Presiding Officer (Elaine Smith): Good afternoon. The first item of business this afternoon is portfolio questions on health, wellbeing and sport.

Mental Health Patients (Diagnosis and Support)

1. Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Government what is being done to ensure early diagnosis and appropriate on-going support for mental health patients. (S4O-04244)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): National health service boards and their partners work together to ensure that all those who need access to mental health services can access them quickly and efficiently, in line with their statutory duties under Scottish Government policy. We are making progress in delivering the commitments in the national mental health, dementia and suicide prevention strategies, which support early diagnosis and fast access to treatment, for example by setting waiting time targets for psychological therapies in child and adolescent mental health services and improving post-diagnosis support for people with dementia.

Mary Scanlon: Given that 30 per cent of general practitioner consultations are mental health related and that GPs have minimal, if any, training in mental health, how can patients be assured that they are getting the right diagnosis and appropriate referral to specialists? What is the Government doing to ensure that GPs are given the support and training to diagnose and advise 30 per cent of their patients?

Jamie Hepburn: Far be it from me to second guess the clinical judgment of our fully qualified medical professionals. We should recognise that GPs are provided with substantial training to support their expertise across the range of health services that they have to deliver. We will always be keen to do more to support them, particularly in relation to mental health services. There is a range of activities already happening, and I am always willing to hear new and innovative ideas.

Minority Sports

2. Rob Gibson (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government what funding is available for minority sports. (S4O-04245)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Sportscotland, the national agency for sport, invests Scottish Government and national lottery funding in recognised Scottish governing bodies of sport. In addition, sportscotland invests Scottish Government and lottery funds through a range of programmes that are available to charitable trusts, youth organisations and voluntary sports clubs covering a wide range of sports and sporting activities.

Rob Gibson: I would like to focus on kickboxing for a moment. Young Ewan Gliniecki won the under-12 championship in the KWON British open last September. Going to the international level takes a lot of support for expenses. What is sportscotland going to do to ensure that Scottish youngsters participating in this worldwide sport can get the support that they require?

Jamie Hepburn: Let me first congratulate Rob Gibson's constituent on his achievements. I am always very keen that we do what we can for a wide range of sporting opportunities. I said in my initial answer that much of the funding is channelled through recognised Scottish governing bodies of sport. At the moment, kickboxing is not an activity that has a recognised governing body. There is a mechanism for such an organisation to become recognised by sportscotland, and details are available on the sportscotland website.

I mentioned the other funding mechanisms that could be used to better support kickboxing. If Mr Gibson wants to contact me further about the specific issue of kickboxing, I would be very happy to get back to him with further details.

Rhoda Grant (Highlands and Islands) (Lab): The minister will be aware that sportscotland puts very exacting demands on sports pitches that are designated by it as such. He will be aware that shinty clubs are being asked to maintain their pitches at huge expense, which almost makes them unviable. Will he look at how sportscotland asks those clubs to maintain their pitches and also look at finance for clubs so that they can maintain those pitches and bring shinty out to the wider world?

Jamie Hepburn: My answer is very much the same as my answer to Mr Gibson. There are other areas of funding that individual clubs could apply for. I would be very happy to explore with sportscotland the specific point that Rhoda Grant has raised. I commit to doing that, and I can come back to her with an update. I would observe,

though, that it is absolutely right that sportscotland asks for certain commitments from governing bodies and sports organisations that they invest in, because, after all, it is dealing with public funds. However, Rhoda Grant's points are well made and I will undertake to look further into the matter.

Aberdeen Women's Hospital and Cancer Care Centre

3. Kevin Stewart (Aberdeen Central) (SNP): To ask the Scottish Government what progress is being made with the development of the new Aberdeen women's hospital and cancer care centre. (S4O-04246)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Work on the £120 million new facilities—now the Baird family hospital and the Aberdeen and north centre for haematology, oncology and radiotherapy, or ANCHOR centre—at the Foresterhill site in Aberdeen is progressing well. A governance structure to oversee the project has been established, and NHS Grampian has committed resources to support the successful delivery of the project, with key posts now filled or in the process of being filled. Work is in progress to put in place the key advisers who are needed to support the project. The clinical brief is being developed and is nearly complete. The process has involved more than 200 staff and public representatives.

Kevin Stewart: The investment in those facilities and the extra £49.1 million this year for NHS Grampian are welcome. Has NHS Grampian started on its workforce planning strategy to ensure that, when those new facilities open, they do so with the right complement of staff?

Shona Robison: I am pleased that Kevin Stewart has welcomed the additional £49.1 million for NHS Grampian in this financial year.

Work to develop the clinical brief for the new facilities is nearing completion, and the emerging clinical brief will be discussed at the project board in May. Once the service brief has been agreed in principle, work to undertake the service redesign that is associated with preparing for the new facilities can begin, and that will include the production of comprehensive workforce models to meet the agreed treatment pathways, within the revenue budget that is available to NHS Grampian.

Podiatry (Older People in Glasgow)

4. Paul Martin (Glasgow Provan) (Lab): To ask the Scottish Government what podiatry services are available for older people in Glasgow who cannot afford private treatment. (S4O-04247)

The Minister for Public Health (Maureen Watt): Clinical podiatry services are available, free

at the point of need, to people of all ages who have a clinical or medical need for podiatry care. The services are provided by highly trained registered professionals in NHS Greater Glasgow and Clyde who assess, diagnose and treat abnormalities and diseases of the foot and lower limb.

Paul Martin: In 2013, the Scottish Government submitted guidance to health boards advising them that personal footcare is not the responsibility of NHS Scotland. Can the minister advise me why that decision was taken and what my constituents should do if they cannot afford the private treatment that they have been referred to?

Maureen Watt: Personal care is available without charge to everyone in Scotland aged 65 and over who has been assessed as needing it. The legislation includes keeping fingernails and toenails trimmed as one of the personal hygiene aspects of personal care. Family members and/or carers can be taught to provide personal footcare as part of the personal care plan, or a personal independence payment can assist patients and clients with personal care costs. They can apply for financial assistance. Individuals need to go through the Department for Work and Pensions or their local council.

National Health Service Chief Executives (Performance-based Pay)

5. John Pentland (Motherwell and Wishaw) (Lab): To ask the Scottish Government how many national health service chief executives were awarded performance-based pay progression of more than 1 per cent, based on performance in 2014-15. (S4O-04248)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Performance in 2014-15 determines pay for 2015-16. Awards have not yet been made, as the appraisal process has only just begun. In any case, details of individual pay awards are not held centrally.

John Pentland: Given that answer, it is quite disappointing and alarming that the pay awards for chief executives are not known to the public, as they reflect how well those chief executives are performing. I also believe that the front-line staff, who are entitled only to a 1 per cent increase, have a right to know.

Shona Robison: First, Scotland is the only part of the United Kingdom where all NHS staff have received a 1 per cent rise, to cover cost-of-living rises in 2014-15 and 2015-16. In addition, staff are eligible for progression increases. In the case of chief executives, the percentage increase is determined by their performance, and ranges from 0 per cent to 3 per cent. In comparison, a band 5 nurse could expect progression from just under 3

per cent to more than 4 per cent. No member of staff receives progression when they reach the top of their scale.

General Practitioners (Dumfries and Galloway)

6. Alex Fergusson (Galloway and West Dumfries) (Con): To ask the Scottish Government what discussions it has had with NHS Dumfries and Galloway regarding future general practitioner provision. (S4O-04249)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government is committed to developing a national general medical services contract in Scotland that will sustain and support general practice for the future. Scottish Government officials are undertaking a series of meetings with all health boards and a large number of the local area medical committees. Those meetings involve GPs and are conducted jointly with the British Medical Association Scotland to learn about and collate evidence that will inform the future direction. The meeting with Dumfries and Galloway NHS Board took place on Tuesday 3 February.

Alex Fergusson: As the cabinet secretary will be aware, some 20 per cent of Scotland's GP workforce is over 55 and likely to retire in five to 10 years' time. In my constituency and health board area, that situation is much worse. On top of that, the Office for National Statistics recently estimated that the lowest amount of population growth for Scotland by 2020 would be 123,000, which would require a further 536 GPs, if the 2009 doctor patient ratio was to be maintained. We have an expanding population, a requirement for more GPs and an increasing number of GPs who are likely to retire in the near future, so what is the Scottish Government doing to ensure that we have the estimated 600 to 900 new GPs who will be needed by 2020?

Shona Robison: GP numbers have increased. They are up by 7 per cent, which has meant an increase in GP services of around £70 million-worth under this Government. However, Alex Fergusson makes the not unreasonable point that we need to plan for the future.

As I said in my initial answer, we are in discussions with not only the BMA but the Royal College of General Practitioners and others about the future model of primary care, because it is fair to say that we need to consider the wider primary care team and the GP's role in that. As I am sure Alex Fergusson will be aware, there is an opportunity to consider doing things a bit differently under the first-ever Scotland-only contract, which will begin in 2017. In the meantime, we have made adjustments to the existing contracts to reduce bureaucracy and help GPs to manage their workloads more effectively.

We look to support the recruitment of GPs. We have the option of salaried GPs when they are required because of difficulties with recruiting in certain areas. Of course, we will consider the workforce requirements closely as we get towards the autumn, when we will consider GP numbers going forward.

I am the first to acknowledge that there is more work to be done, but we must also acknowledge the work that has been carried out and the expansion in the number of GPs under this Government.

General Practitioners (Numbers)

7. Angus MacDonald (Falkirk East) (SNP): In a similar vein, to ask the Scottish Government what action it takes to help national health service boards to maintain general practitioner numbers. (S4O-04250)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Under this Government, the number of GPs employed in Scotland has risen by 6.9 per cent to nearly 5,000—the highest-ever number on record. We have increased funding by 10 per cent, and there are more GPs per head of population in Scotland than in England.

The Government will go on supporting and sustaining Scottish general practice. For example, the recently agreed GP contract aims to give the profession stability over the next three years, reduce bureaucracy and allow doctors to spend more time with patients.

We will continue to work with the Royal College of General Practitioners, the British Medical Association and others to find innovative solutions to GP recruitment and retention challenges.

Angus MacDonald: The cabinet secretary will be aware of the challenges at Grangemouth's recently amalgamated Kersiebank medical practice, where there has been an exodus of five GPs in the space of four months. Thankfully, NHS Forth Valley has turned a short-term crisis into an opportunity, by taking over the management of the practice this week and creating a new community-based practice.

GP numbers are a problem throughout the United Kingdom, not only in Forth Valley or Scotland, and the GP workforce has fundamentally changed over recent years. I acknowledge the cabinet secretary's response to Alex Fergusson's question. What more can she and the Scottish Government do to address the recruitment problems that the GP service faces?

Shona Robison: First, I will speak a bit more about workforce planning. Although that is the responsibility of NHS boards, support is provided

to them in the form of periodic workforce surveys, which the Scottish Government conducts across general practice. The next one will be undertaken in autumn this year. Boards also conduct their own surveys from time to time. The surveys will give us a clearer and more comprehensive picture of the challenges in certain areas, such as those that Angus MacDonald mentioned in his patch.

We continue to develop a range of initiatives to recruit and support GPs in their work. We recognise that there is more to do to improve the situation, as I said to Alex Fergusson. That is why we are working with the BMA and the profession. I am happy to keep Angus MacDonald and Alex Fergusson updated on the outcome of the discussions.

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): Three GPs have recently left the Leith Links medical practice in my constituency and it has been unable to recruit replacements. As a result, 2,000 patients have been told that they must leave the practice, which is causing great concern in my constituency. I hear what the cabinet secretary says about the range of measures that are being taken, but does she realise the urgency of the situation? Has she discussed it with NHS Lothian?

Shona Robison: I am certainly happy to have a discussion with NHS Lothian and get back to Malcolm Chisholm. When there is a difficulty with GP provision, the health board can sometimes assist by providing a salaried service or by helping the practice to recruit new GPs.

Changes have recently been made to pension arrangements and I think that, unfortunately, that might have speeded up the early retirement of some GPs, which is to be regretted.

I will be happy to speak to NHS Lothian and get back to Malcolm Chisholm with more information.

Nanette Milne (North East Scotland) (Con): I appreciate that the number of GPs in Scotland has gone up, as the cabinet secretary said in her response to Alex Fergusson. In planning for the future, how much weight is being given to the fact that a large number of GPs, male and female, are now working part time?

Shona Robison: Nanette Milne has hit on an important point. Many young doctors who are deciding on the area of medicine that they want to specialise in are put off general practice because they do not necessarily want to become involved with managing a practice, with all the accountancy and staff management that that entails. They simply want to operate in general practice. We have to think about that and how we can make general practice more flexible.

Those are all issues that we want to discuss and are discussing with the Royal College of General Practitioners, the BMA and others, so that the model of primary care that we develop, particularly with the opportunity offered by the new contract in 2017, takes account of all the issues and makes general practice a more attractive proposition. If we do not do that, young doctors will not choose to go into general practice in the numbers that we need.

Jenny Marra (North East Scotland) (Lab): Does the cabinet secretary share my concern about the prevalence of locum GPs, who come into a practice without knowing the patients' histories, their family history or the community, which can impact on patients' health? What is she doing to get more salaried GPs so that we do not have to rely on locums?

Shona Robison: General practice and primary care are mainly still delivered by independent contractors. That has been the model since the NHS was established. However, an increasing number of salaried GPs have come into post, particularly to deliver services in areas of deprivation, for example. I met some excellent salaried GPs at the Wester Hailes healthy living centre, which is a fantastic centre that runs a number of services.

Salaried GPs have an important role to play, but we must create a mixed model. It would be difficult to go from a system that is based on independent contractors to a fully salaried model. That would indeed be challenging, so a mixed model is the way forward.

Locum GPs have been around for a long time. They often fill in for those on maternity or sick leave and they have a role to play. However, whether we are talking about locum GPs or locums in any other specialty in medicine, we absolutely must ensure that we recruit to permanent positions when possible. Health boards have been trying to do that, but it is not always easy, particularly in some specialties and locations. Locums are used because it is important that patients have someone who provides a service. If that can be provided only by a locum until recruitment takes place, that is better than having no service at all.

Community-based Sporting Groups

8. Colin Beattie (Midlothian North and Musselburgh) (SNP): To ask the Scottish Government what initiatives it has to support community-based sporting groups over the coming year. (S4O-04251)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Sportscotland, the national agency for sport,

recognises the contribution that community-based clubs make to the development of a world-class system for sport in Scotland. Sportscotland's help for clubs website provides information on funding sources and a wide range of other guidance to support sports clubs.

Colin Beattie: The minister may be aware of the Musselburgh Monarchs, which is a BMX biking group in my constituency. Given the recent resurgence of BMX biking in the rest of the United Kingdom, although there are only two other clubs in Scotland, what is the Scottish Government doing to promote the sport and improve its popularity?

Jamie Hepburn: I am happy to set out the Government's support for cycling generally. Sportscotland invested £1.6 million in the national governing body for cycling from 2013 to 2015. I am also happy to set out my support for BMX biking specifically, including my recent visit to Cumbernauld Centurions BMX race club in my constituency.

I am pleased to say that, with the support of the Scottish Government, sportscotland and Scottish Cycling, considerable activity has been under way to promote cycling and BMX biking in particular. For example, through the legacy 2014 active places fund, we were able to fund a new track at Broadwood stadium, which is in my constituency, and a new BMX track will be created in Glasgow in advance of the 2018 European sports championships. Furthermore, a number of community sport hubs offer BMX biking as an activity, providing opportunities for riders and raising the sport's profile in local communities.

I wish the Musselburgh Monarchs well—unless, of course, the club is in direct competition with the Cumbernauld Centurions.

Cameron Buchanan (Lothian) (Con): Does the Scottish Government consider that participants in sports involving air rifles, such as the tetrathlon, should not face administrative obstacles in training and competing?

Jamie Hepburn: The Scottish Government, through sportscotland, is a supporter of the sport of shooting. Shooting is, of course, a recognised Commonwealth sport. In 2013-14, we invested £150,700 in the sport, which indicates the great support that we give to shooting.

Accident and Emergency Data

9. Jayne Baxter (Mid Scotland and Fife) (Lab): To ask the Scottish Government what additional accident and emergency data it is considering publishing. (S4O-04252)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish

Government statisticians started weekly publication of A and E official statistics on 3 March, when they reported on the week ending 22 Feb 2015.

Following user consultation on the quarterly publication of A and E statistics in autumn last year, the Information Services Division of the NHS in Scotland commenced monthly publication of key A and E statistics in February.

Following the consultation, ISD Scotland is reviewing its publication schedule and timescales with a view to publishing more detailed information about A and E attendances across Scotland. The frequency of release has yet to be determined, but a first release will be made in late summer. That is likely to include more information about the demographics of people who attend A and E, covering, for example, deprivation, gender and ethnicity. It is also likely to include information about why people might spend more than four hours in departments, as well as more visualisations, for example of geographical mapping of A and E attendances.

ISD Scotland is also reviewing what information can be published to demonstrate how patients move through unscheduled care services.

Jayne Baxter: The Scottish Government has been forced to publish weekly accident and emergency data. When will the cabinet secretary start to publish the weekly returns from national health service boards on boarding out and delayed discharge?

Shona Robison: As I have said in the chamber before, the statisticians have been looking at how much and what information can be put on the website. We want to make available as much information as possible, and the statisticians are working through the information to look at how quickly they can do that. Of course, it is important that the information is accurate and of good quality and that it takes into account the fact that delayed discharge is now the responsibility of the integrated joint boards, which came to life on 1 April. It is important that any statistical reporting reflects that.

Scottish Medicines Consortium (Multiple Sclerosis Drugs)

10. George Adam (Paisley) (SNP): To ask the Scottish Government what recent discussions it has had with the Scottish Medicines Consortium regarding the licensing of new drugs for the treatment of multiple sclerosis. (S4O-04253)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Scottish Government has regular discussions with the Scottish Medicines Consortium. Most recently, this month, the Scottish Medicines Consortium

approved another treatment for MS. As I know the member is aware from his interest in the issue, the SMC has accepted all treatments for MS when it has received a submission from the pharmaceutical industry. For the SMC to continue to be able to accept treatments, it needs to continue to receive good-quality submissions from the pharmaceutical industry, with a fair offering on price.

George Adam: The cabinet secretary will be aware that this is MS awareness week. During last year's MS awareness week, I wrote to one of the drug manufacturing companies regarding a drug called Fampyra, which can have a life-changing effect on mobility for many people with MS. After much discussion back and forwards with the company, as far as I am aware, it has not set a timeline for submitting the drug. Can the cabinet secretary provide me with an update on the licensing of that particular drug?

Shona Robison: As George Adam did, I take this opportunity to recognise MS awareness week, which gives us a good chance to highlight the very good work that is going on, not least in the voluntary sector, to support people with MS. I welcome the attention that the cross-party group in the Scottish Parliament on MS has paid to the issue that George Adam raises and the steps that it has taken. The Scottish Government, too, has raised the issue of non-submission to the Scottish Medicines Consortium with the pharmaceutical company concerned. I understand that discussions with the SMC are now taking place. However, I reiterate that I encourage the manufacturer to set out a timeline for progressing the submission and to share that with the cross-party group. I am happy to do what I can to support that and to keep George Adam informed.

Health Spending

11. Iain Gray (East Lothian) (Lab): To ask the Scottish Government whether health spending in Scotland has risen less than in England since 2010. (S4O-04254)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The Government has met its commitment to increase NHS Scotland's resource budget in real terms every year, and that has meant a 5 per cent real-terms increase in the five years to 2015-16. We have passed on resource consequentials in full since 2010-11 and, in 2015-16, we went further and invested £54 million above the consequentials from English health spend. Scotland's front-line health service budget now stands at an all-time record of more than £12 billion a year, and funding is higher per head than in the rest of the UK. Including capital and non-profit distributing capital investment, the total health investment in Scotland

has increased in cash terms by £1.5 billion from 2009-10 to 2015-16.

Iain Gray: That was a long and convoluted answer to a question to which the honest answer is simply yes. The fact is that, since 2010, health spending in Scotland has increased by 1 per cent in real terms while in England it has increased by 6 per cent. Why has the cabinet secretary failed to protect the NHS, even to the degree that the Tories in England have done?

Shona Robison: It is interesting that Labour says one thing in England, which is that the Tories underfund the NHS, but here it says how great the Tories are at funding our national health service. *[Interruption.]*

The Deputy Presiding Officer: Order, please.

Shona Robison: The truth is that the Scottish Government has passed on every penny of health resource consequentials, and more than that for 2015-16. The figures that Iain Gray has highlighted, which are from the Institute for Fiscal Studies, do not include NPD capital expenditure, which amounts to around £380 million for 2015-16. Indeed, in 2015-16, health resource spending in Scotland will increase by £409 million, which, as I said, will take total health spend to more than £12 billion for the first time.

Let us also be clear that in this election only the SNP is making a manifesto commitment to a real-terms increase in Scotland's NHS funding, of £2 billion by 2020. That has not been matched by the Labour Party by any means whatsoever. In fact, Labour's proposals are to chronically underfund the NHS, and voters are well and truly seeing through them.

Malnutrition

12. Claire Baker (Mid Scotland and Fife) (Lab): To ask the Scottish Government what action it is taking to tackle malnutrition. (S4O-04255)

The Minister for Public Health (Maureen Watt): It is important to note that malnutrition can refer to people who are overnourished as well as those who are undernourished. From 2012 to 2015, the Scottish Government has spent £7.5 million to encourage healthy eating, especially in our most deprived communities, and we will continue to give the area a high priority. In addition, the Scottish Government has invested £300,000 in 2014-15 to enable boards to deliver further improvements in nutritional care.

On 20 May, I will host a summit on malnutrition in Edinburgh. Attendees will include medical professionals, Government and national health service officials, the third sector, community groups, academics and representatives of the

National Nutritional Care Advisory Board and the food commission. The summit will look at the causes of malnutrition, the impact on the community and the action that can be taken to prevent it. There will be specific focus on older people, food access and community health and social care.

Claire Baker: The minister may be aware of a report in *The Courier* earlier this month on the number of patients in Fife who are being treated for malnutrition. According to those figures, malnutrition affected 2,281 patients in 2014, which was an increase on the 2013 figure. Fife's recorded figure is significantly higher than that of Tayside, which is the neighbouring board. What action is the Scottish Government willing to take to address malnutrition, specifically in Fife? Will the minister guarantee that she will work with NHS Fife to lower the number of patients who are being treated for malnutrition?

Maureen Watt: I do not know whether Claire Baker has contacted NHS Fife directly on the issue, but the figure in Fife is so high because the board uses a more diverse ICD-10—"International Statistical Classification of Diseases and Related Health Problems", 10th revision—code list than other health boards and includes multiple admissions of patients with malnutrition.

I am sure that NHS Fife will engage with the health summit, and I am more than willing to engage directly on the subject with NHS Fife.

Data Protection (Health)

13. Nanette Milne (North East Scotland) (Con): To ask the Scottish Government how many cases have been reported to ministers of private and confidential information held on patients being lost, left in public places or breached. (S4O-04256)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): In August 2014, the Scottish Government introduced a new approach to categorising incidents and started to record figures on and details of significant information security incidents. One incident has been reported since the new approach was introduced.

Nanette Milne: I thank the cabinet secretary for that helpful response. It is, of course, totally unacceptable that private and confidential information that is held on patients is not 100 per cent secure. We have seen a number of data breaches over the years. What action has been taken to put the situation right?

With the national health service increasingly moving towards electronic records and information sharing, what provisions are being put in place to safeguard patients' confidential data?

Shona Robison: As Nanette Milne said, it is unacceptable when breaches occur. Thankfully, they have always been fairly minor in nature. I understand the worry that breaches generate, but it is important to distinguish between minor incidents that are of no serious concern for the patients involved and major incidents, of which there has been one, as I said.

A lot of work is under way to minimise the possibility of any loss of data, whether held on paper or electronically. That involves processes, procedures and training. I can write to Nanette Milne to update her, certainly on the electronic side, as we move towards having a more paperless system.

General Practices (Recruitment)

14. Anne McTaggart (Glasgow) (Lab): To ask the Scottish Government how many general practices have been unable to recruit one or more partners for more than six months. (S4O-04257)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Numbers of vacancies for GP posts are not held centrally, as that is a matter for individual GP contractors as employers. As part of a move towards better-quality, more regular and more consistent information, preparations to conduct a workforce survey later this year are under way. The aim is to obtain robust and accurate information on the numbers, gender, age profile, working patterns, contractual status and workload of GPs and other staff working in general practices. I encourage all practices in Scotland to assist us in ensuring that the information is as robust as possible by taking part in the survey.

In addition, we are seeking to profile the GP workforce in terms of how it is placed to deliver high-quality services for Scotland's people in future, whether in hours or out of hours.

Anne McTaggart: Given the closure of practices to new patients and the growing number of practices that are already having difficulty in recruiting and retaining GPs, and given the British Medical Association survey showing that many GPs are intending to retire and that as many as one in five are considering emigrating, how does the Government plan to recruit between 563 and 915 additional GPs by 2020?

Shona Robison: As I said in my earlier answers on the subject, there has been an increase in the number of GPs. There has been an increase in investment over recent years, too. However, there is more to be done. There is a current issue of GPs retiring earlier than they would have done due to some changes around the pension contributions, but we absolutely have to consider the model of primary care to ensure that

it is not just about GPs themselves but about the wider primary care team and the issues of flexibility, on which I responded in my answer to Nanette Milne.

The issue is also how we make general practice more attractive. At the moment, there are GP training posts that we are not able to fill, because we are not getting the interest from doctors who want to go into general practice in the way that we need. We could expand GP training numbers, but if we have difficulty in filling the posts that we have at the moment, there is a wider issue about how attractive general practice is. We must address that and we must make it a more flexible profession to enter. That will be done not just through independent contractor-based practices, but through the use of salaried GPs where appropriate. I am happy to keep Anne McTaggart up to date on some of those discussions as we take them forward.

“A Place to be Smoke Free”

15. Roderick Campbell (North East Fife) (SNP): To ask the Scottish Government whether it will review its “a place to be smoke free” campaign. (S4O-04258)

The Minister for Public Health (Maureen Watt): “A place to be smoke free” is an NHS Fife campaign to support the implementation of its smoke-free grounds policy. The campaign has been accompanied by new “smoke free” signage across the NHS Fife estate. NHS Fife is monitoring compliance with its smoke-free policy on an on-going basis. Initial observations are that there has been a reduction in smoking and tobacco-related litter across NHS Fife grounds.

Tobacco is the biggest cause of preventable ill health and early death in Scotland. The Government is committed to tackling that, and I welcome the efforts of all national health service boards, including NHS Fife and NHS Health Scotland, in implementing and supporting smoke-free policies. It may be difficult for some smokers, but the measure is a positive response to complaints about smoking on NHS grounds from staff, patients and visitors. I thank all patients, visitors and staff for their efforts to respect the policies.

Roderick Campbell: The minister may be aware of a number of reports circulating in the press, including in *The Courier* on 20 April, suggesting that substantial numbers of people are flouting the ban. Is the Scottish Government considering introducing a ban under the new public health bill?

Maureen Watt: It is still early days for the new policy of smoke-free NHS grounds. The approach is not about enforcement; it is about raising

awareness and changing the culture. However, I recognise that chief executives are concerned about compliance. We recently consulted on a range of legislative proposals relating to tobacco and e-cigarettes and on the question of what action, if any, the Scottish Government should take to support smoke-free NHS grounds. I will announce our response to that consultation shortly.

The Deputy Presiding Officer: I can call question 16, from Richard Lyle, if the question and answers are very brief.

Football Club Funding (Broadcasting)

16. Richard Lyle (Central Scotland) (SNP): To ask the Scottish Government when it last discussed football club funding with BSkyB, ITV and the BBC. (S4O-04259)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The First Minister sent a letter to Tony Hall, the director general of the BBC, on 2 April asking about the disparity between the BBC’s investment in English football and its investment in Scottish football. We have not raised the issue with other broadcasters yet, but we intend to do so.

Richard Lyle: I have heard reports that many individual football clubs in England will receive an average yearly payment of over £100 million from television companies. Does the minister agree that United Kingdom sports channels should look to improve their payment allocation to the Scottish Football Association and Scottish football clubs in general?

Jamie Hepburn: Yes, indeed. The First Minister received a response from Tony Hall stating that the BBC does not control the sports rights market and must consider value for money for the licence fee payer. Although I accept the need for the BBC to consider value for money, I hope that it understands the concern about the disparity that exists between its investment in English football and its investment in Scottish football. I do not want to exaggerate the extent to which the Scottish Government can influence such matters, but we stand ready to assist the SFA and the Scottish Professional Football League on the matter if we can.

Transatlantic Trade and Investment Partnership

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-13007, in the name of Christina McKelvie, on the implications for Scotland of the transatlantic trade and investment partnership. I call Christina McKelvie to speak to and move the motion on behalf of the European and External Relations Committee.

14:41

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): I am delighted to speak to the motion on behalf of the committee. It is not often that we get a European and External Relations Committee debate in the chamber, but there was one last week and there is one this week. I am sure that all members will be keen to take part in it.

I sometimes think that TTIP has become the most emotive four-letter word of the past year. What is TTIP and why has it provoked such a strong public reaction? By the measure of all our inboxes over the past few days, that reaction is very strong indeed. TTIP is a trade agreement that is currently being negotiated by the European Commission, on behalf of the European Union, and the United States. There have been about 50 such trade deals between the EU and international partners—the most recently concluded being the comprehensive trade and economic agreement with Canada. They never make these things easy to say.

The negotiations on TTIP started in July 2013, but it is unclear when or even whether the negotiations will be concluded. The new European Commission has made the development of a

“Reasonable and Balanced Free Trade Agreement with the US”

one of its 10 priorities, and the ninth round of negotiations recently concluded in the US. However, the timetable for the agreement remains fluid. Even if there is an agreement, it will be many years before its impact is felt.

In the past, EU trade deals have all been agreed without attracting much attention, so why is TTIP proving to be so controversial? All over the EU, civil society organisations have campaigned and rallied in opposition to TTIP, and a genuine European anti-TTIP movement has emerged. Organisations in Scotland have been part of that movement and have articulated strong concerns about the potential agreement.

The committee concluded that much of the concern about TTIP has arisen as a result of the

lack of transparency that has historically surrounded trade negotiations and that initially surrounded the TTIP negotiations. Concerns mounted over both what would be in the agreement and its potential implications. That was highlighted in evidence to the committee. For example, the University and College Union told us that

“The secrecy, including the secret negotiating positions, and the lack of public engagement and involvement in the whole process have set alarm bells ringing.”—[*Official Report, European and External Relations Committee*, 27 November 2014; c 25.]

The STUC stated that

“the secrecy surrounding the negotiations is unacceptable and likely to undermine trust in both trade policy and the EU institutions responsible for directing it”.

When Cecilia Malmström took over as the new European Commissioner for Trade in late 2014, she responded to repeated calls for more transparency and disclosure by promising greater levels of transparency in the negotiations. That included making more negotiating texts public, making the negotiating texts available to all members of the European Parliament, and publishing information on meetings held by European commissioners and senior European Commission officials.

In addition, the Commission responded to calls from the European ombudsman, Emily O'Reilly, for greater public access to consolidated negotiating texts, by publishing a number of “textual proposals”, which set out EU proposals for the legal text in TTIP.

I first became aware of the strength of concerns relating to TTIP in Scotland last year, when I attended an NFU Scotland hustings in Larkhall, in my constituency, during the European elections. From that point on, TTIP began to come up regularly in contacts with constituents, in my meetings with trade unions, and—most pervasively—on Twitter.

Last August, I proposed to the committee that we conduct an inquiry on TTIP. In our discussion we were particularly concerned by the number of unanswered questions about TTIP. What would be the impact on public services? Would our regulatory standards be lowered? Would our shops be flooded with meat containing hormones? Would there be an effect on jobs? How beneficial would TTIP be for the Scottish economy?

In addition, the lack of transparency surrounding the whole TTIP process made it difficult to get clear or reassuring answers. For that reason, one of our key motivations was to explore the implications of TTIP specifically for Scotland and the people of Scotland in order to shed light on what it would mean for us. We were keen that the

evidence should be balanced, so we decided to hear from organisations that were concerned by TTIP and from organisations that were in favour of it.

Before talking in more detail about the evidence that we heard, I would like to say a heartfelt thank you to all those who engaged with the committee in its inquiry into TTIP. Those thanks are extended to the committee clerks who managed to bring to the table amazing people who gave us wonderful information and allowed us to negotiate our way through the issue properly. That was no small feat.

Patrick Harvie (Glasgow) (Green): I, too, would like to thank the committee and those who contributed to its work in producing the report.

The committee is asking Parliament not simply to note its report—as normally happens in committee debates—but to welcome its recommendations, too. Reading those recommendations, I am unclear whether the committee is recommending that the TTIP deal should progress. That does not seem to have been addressed. Will the committee convener tell us whether the report is intended to imply a recommendation that TTIP proceed?

Christina McKelvie: I thank Patrick Harvie for that intervention. I also thank him for calling me out in the chamber last year, asking the committee to do some work on the issue. I hope that we have responded to that request.

Patrick Harvie is right in his assumptions and conclusions on the recommendations. As I will say towards the end of my speech, the committee is not finished with the issue yet. There are many aspects of TTIP that we want to keep an eye on before we reach final conclusions. We wanted to raise the profile and understanding of TTIP and to bring it before Parliament in order to allow us to debate the issues.

The committee did not come to a clear understanding on whether TTIP should go ahead. We believe that there are aspects of TTIP—for example, the investor-state dispute settlement mechanism—that we should keep a close eye on. There are also concerns about how public services would be affected by TTIP. Our interest in the issue is not finished; I can reassure Patrick Harvie on that.

I would like to thank not only those who engaged formally with the committee through oral and written evidence, but all those who engaged via Twitter and by email with their views on the proposed TTIP agreement. The committee benefited from all the engagement—formal and informal.

Towards the end of the committee's inquiry, I hosted an event on TTIP that was organised by

the Hansard Society and the European Parliament's office in Edinburgh. I would like to thank those two organisations for taking the initiative to organise the event for the public. It was sold out—the room was packed—and we had many very interesting exchanges. It was held in the evening and was completely full, the places having been taken up quickly by people with an interest in TTIP.

For two hours, a number of speakers and participants discussed the intricacies of TTIP; it would be fair to say that we could have gone on all night. The stamina of some of the participants was remarkable, as they had travelled to attend the committee's evidence session with Lord Livingston first thing in the morning and then stayed in Edinburgh all day to attend the evening event.

My thanks also go to Scotland's MEPs and members of the Committee of the Regions who provided written submissions on TTIP and who have been actively engaged on the issue in Brussels. The interaction between the committee and Scotland's representatives in the EU is an extremely positive example of how sharing and collaboration can improve understanding and scrutiny of EU policies.

Finally, I thank the Scottish Government for its timely response to the committee's report. The committee is looking forward to receiving a response from the United Kingdom Government after an event that will take place next week is over: I hope that we will, once a new UK Government has been formed, get a timely and detailed response. We are also looking forward to receiving a response from the European Commission.

In our oral evidence, we heard first from third sector organisations and trade unions in late November last year. In December, we heard from businesses and business organisations. The evidence that emerged from the round-table meetings was often very concerning. It is notable that we heard more about specific concerns than about specific benefits. We heard that the reduction in tariffs, the improvement in regulatory coherence and better co-operation would boost the economy, but we had many questions. What sectors would benefit the most? What are the realistic projections of economic growth? Would only big companies benefit or would small and medium-sized enterprises, which make up the majority of firms in Scotland, benefit, too? What would be the impact on jobs? What trade-offs would be made, given that a trade deal would presumably open up the Scottish market to the US?

I was quite struck by the lack of information on some of those areas and the lack of awareness among some Scottish businesses and their

representative bodies about the implications of TTIP. The trade deal is, of course, still being negotiated, but it seems to me to be fundamental that we do not enter into an agreement unless tangible benefits can be identified. We wanted to know what those benefits for Scotland would be. I therefore welcome the commitments that the Deputy First Minister and Cabinet Secretary for Finance, Constitution and Economy made in his response to the committee to work with the enterprise agencies and other existing structures to help to raise awareness and understanding of TTIP.

I will turn to the concerns. Primary among concerns was the potential impact on the national health service and other public services—I am sure that many members will focus their comments on that. I also note the importance that the Deputy First Minister attached to it in his response to the committee.

Another key area of concern was the prospect of the eventual agreement having a detrimental effect on regulatory and environmental standards. In particular, concerns were raised about whether restrictions would be maintained on genetically modified foods, and about the entry into the EU market of meat that is derived from animals that have been fed growth hormones, and of chicken that has been washed in chlorine.

Among the other issues to emerge were the very complex issue of the use of the investor-state dispute settlement mechanism and the potential for large multinationals to sue Governments. The issue of protected food names came up, too—in particular, in relation to cherished products such as our Stornoway black pudding.

We listened closely to those concerns and raised them in the subsequent evidence sessions that we held with the European Commission's deputy chief negotiator, the UK Government's Minister of State for Trade and Investment, and the Cabinet Secretary for Finance, Constitution and Economy. Following those meetings we still had some concerns, which informed the conclusions and recommendations in our report. I will highlight some of those concerns now and will leave Hanzala Malik, in his capacity as the committee's deputy convener, to speak about some of the others when he closes the debate.

In relation to the lack of transparency surrounding the negotiations and the lack of clarity on certain issues, notably the potential effect on public services, we called on the European Commission to make available as much information as possible during the course of the negotiations. As neither the Scottish Parliament nor the Scottish Government has a formal role in the negotiations or in the eventual ratification of the agreement, we concluded that it is crucial that

there are strong mechanisms and structures in place to ensure that the Scottish Government is consulted on and kept informed of developments that are of relevance to devolved policy areas. Our inquiry demonstrated to us that the Scottish Government is primarily dependent on intergovernmental contact with the UK Government.

John Finnie (Highlands and Islands) (Ind):

Christina McKelvie talked about being kept informed on areas that are within devolved competence, but I take it that the committee will still wish to hear about the potential erosion of workers' terms and conditions, which are a reserved matter.

The Deputy Presiding Officer: I can give you extra time to make up for interventions, Ms McKelvie.

Christina McKelvie: My response to John Finnie is that the committee will absolutely want to hear about that. As he knows, intergovernmental discussions can focus on devolved areas, but they will also certainly look at reserved matters that have an impact on jobs, workers and the economy in Scotland. The Deputy First Minister has assured us that such matters will be raised and dealt with.

Neil Findlay (Lothian) (Lab): Did any of those who gave evidence express the concern that secret, behind-closed-doors negotiations away from the prying eyes of voters and taxpayers are likely to drive people more to extremist parties such as the UK Independence Party?

Christina McKelvie: I have to say that that is a bit of a leap. The matter was not raised by the UKIP MEP who gave evidence to the committee, who thinks that all this is a great idea, but does not want to be a part of the Europe that wants the trade. It showed UKIP's almost two-faced attitude to this matter.

Alex Rowley (Cowdenbeath) (Lab): Will Christina McKelvie give way?

Christina McKelvie: I am sorry. I need to finish, and I have some more to say.

The economic benefits of TTIP are presented as the key driving factor behind the negotiations, which might answer some of the questions that have been asked. However, it is fair to say that the economic modelling that has been conducted at both EU and UK levels, to estimate the contribution that a trade agreement between the EU and the US could make to gross domestic product growth, lacks rigour.

Moreover, the committee felt that there was insufficient information on the likely impact of the agreement on the key economic sectors in Scotland. The committee welcomed the commitment of the Scottish Government and the

enterprise agencies to conduct further research and asked the Scottish Government to carry out a more detailed economic impact assessment covering both GDP growth and the impact on key sectors in Scotland, if and when the agreement is finally signed.

I do not know how much more time I have left, Presiding Officer.

The Deputy Presiding Officer: I can give you another minute.

Christina McKelvie: That is excellent. Thank you very much.

One of the two big issues to emerge from the inquiry was the investor-state dispute settlement mechanism. I hope that I am not putting my colleague Rod Campbell on the spot when I say that I think that he will pick up on the issue in his speech.

The committee was told that the ISDS model that is used in the comprehensive economic and trade agreement with Canada might provide a model for the TTIP agreement, but for us the fundamental question is why there is a need for an ISDS mechanism to protect against discriminatory action against EU companies in the US, or against US companies in the EU, when member states have their own established and well-developed legal systems. The committee therefore concluded that genuine and well-founded concerns had been expressed to us about the risks of national court systems being bypassed by major corporations, and that disputes should be resolved in accordance with the legal systems and the processes of the country involved.

I ask the Parliament to welcome the committee's work and I look forward to hearing speeches from many interested colleagues across the chamber.

I move,

That the Parliament notes and welcomes the conclusions and recommendations in the European and External Relations Committee's 2nd Report, 2015 (Session 4), *The Implications of the Transatlantic Trade and Investment Partnership for Scotland* (SP Paper 693).

The Deputy Presiding Officer: I advise Parliament that I have a little bit of time in hand for interventions. I also point out that I felt it to be important to give the committee convener extra time for interventions.

14:58

The Cabinet Secretary for Culture, Europe and External Affairs (Fiona Hyslop): First of all, I thank the convener of the European and External Relations Committee for her remarks. I welcome the committee's inquiry on this important issue and applaud it for the way in which it has gone about

its task and the breadth and depth of its scrutiny. As the committee and MSPs will be aware—and as we will hear in the debate—many organisations from trade unions to environmental organisations and many members of the public have deep concerns about TTIP, and the Scottish Government believes that those concerns should be raised, represented and addressed, not just dismissed out of hand.

The committee heard evidence from a range of interests including trade unions, non-governmental organisations and businesses; the European Commission, live by video from New York; the UK Government's Minister for Trade and Investment, Lord Livingston; and the Deputy First Minister. It has covered a wide range of complex issues that cut across the roles and responsibilities of the EU institutions, Westminster and, of course, the Scottish Government and Scottish Parliament.

On that point, we must reluctantly recognise that the Scottish Government and the Scottish Parliament currently have no formal role in the TTIP negotiations or in the ratification of any agreement, if and when that happens. Nonetheless, we have a critical role in representing the people and businesses of Scotland and ensuring that the UK Government takes full account of Scottish priorities and concerns. The committee has already played an important role in that, and the Scottish Government has formally responded to its conclusions and recommendations. This debate gives Parliament the opportunity to play its role.

I will use my speech to focus on some of the key themes in the committee's report: the economics of TTIP; regulation; investor-state dispute settlement; and the potential threat to the NHS and other public services.

Scotland already has a strong economic relationship with the US. As the committee recognised, TTIP could—I emphasise the word "could"—help to build on that by improving market access for Scottish goods and services and reducing non-tariff barriers. Indeed, our indicative modelling of the impacts of TTIP, which the committee requested, suggested that it is likely to have a positive, albeit modest, impact on headline indicators such as GDP and total international exports. However, we must recognise that it is not a one-way street. Although the aggregate economic impact may be positive, some subsectors and companies could be adversely affected. There will be winners and losers.

We must also acknowledge, as the committee has done, that the assumptions that have been used by the Commission, which we have necessarily used to inform our own analysis, are just assumptions. Other studies, such as that by

Tufts University, suggest a more negative economic outcome.

If truth be told, no one can be absolutely certain of the scale and scope of the economic benefits and challenges that TTIP might bring or how they will play out across the businesses and communities of Scotland.

Kevin Stewart (Aberdeen Central) (SNP): Obviously, there could be economic advantage, and there could be economic disadvantage, as Tufts University has highlighted, but what about reputation? I have great concern about genetically modified organisms. If genetic modification is part of signing up to TTIP, Scotland cannot afford that reputationally. Will the cabinet secretary respond to that, please?

Fiona Hyslop: I want to come on to the point about regulation in particular. Kevin Stewart raises an important point about reputation. In respect of Scotland's beef and lamb and our agriculture more generally, our status and reputation are paramount in considering the benefits or otherwise to Scotland.

The Scottish Government is absolutely clear that any agreement must under no circumstances be at the expense of lower regulatory standards. I think that that is the point that Kevin Stewart has raised. We are also absolutely clear about the important right of the Government and the Parliament to regulate in the public interest and certainly not at the expense of our NHS and other vital public services.

As many members will be aware, TTIP is not just about reducing tariffs between the EU and the US still further; it is also about reducing so-called non-tariff barriers though regulatory coherence. As the committee has pointed out, that could help to reduce the red tape and associated costs that Scottish businesses—especially small businesses—face when they export to the US. The principle of regulatory coherence or harmonisation sounds sensible and is, after all, central to the European single market, but we must not forget that the primary purpose of regulation is to protect consumers, workers and the environment.

The committee was right to point out that, although the UK Government and the Commission have said that TTIP will not affect standards, we cannot be assured of that until we see the final text. The UK Government and the Commission must be held to their word on that and must resist the lobbying of those who would put profit before protection and shareholders before citizens. That is why, for example, the Cabinet Secretary for Rural Affairs, Food and Environment, Richard Lochhead, raised that issue with the UK Secretary of State for Environment, Food and Rural Affairs

before last month's EU agriculture and fisheries council.

The Scottish Government is clear that regulatory coherence must not lower standards and must not put regulatory decision making in the hands of technocrats or big business. Those decisions are for democratically elected institutions and no one else.

Turning to the committee's consideration of investment protection and the investor-state dispute settlement, over the past 15 years this Parliament has taken bold and ambitious legislative action on issues such as smoking in public places and climate change and has taken many other decisions that might not grab the headlines but are all about acting in the interests of the people of Scotland. Every so often, we disagree with each other on what those interests are and how they should be achieved, but I do not think that we disagree that it is for this democratically elected institution to make those decisions—nothing should undermine that.

Dennis Robertson (Aberdeenshire West) (SNP): The cabinet secretary has mentioned twice now that it is elected members who should be making decisions. Is she not therefore concerned that the UK Government sent unelected lords to the EU to make representations on fisheries on Scotland's behalf?

Fiona Hyslop: I absolutely agree with that point and I will come on to it in my concluding remarks.

The committee heard concerns from organisations such as Friends of the Earth Scotland that proposals for ISDS might undermine our decision making or that Governments and legislatures might hold back from legislation for fear of being sued—the so-called “regulatory chill”. Those concerns are not unique to Scotland and are reflected across Europe in the 150,000 responses to the Commission's consultation on ISDS and in the fact that six of the 14 committees of the European Parliament involved in drafting the Parliament's resolution on TTIP have recently passed draft opinions rejecting the ISDS clause that is currently part of the agreement.

The European Commission has stated that nothing would limit the right of Governments to regulate. However, in our view the committee's scepticism about the need for ISDS is justified. As it happens, Westminster's Business, Innovation and Skills Committee agrees with that view. When the BIS committee published its TTIP report on 25 March, its chair said:

“We are not convinced the case has been made for the inclusion of ISDS clauses”.

Neither is the Scottish Government; we are not convinced that ISDS is required for an agreement

between advanced economies such as those of the EU and the US, which have established legal systems and a strong rule of law. In our view, disputes between investors and the state should be settled in domestic courts and nothing should undermine the freedom of the Scottish Government and the Scottish Parliament to act and regulate in the public interest.

The committee also heard concerns from trade unions and others that TTIP would lead to the privatisation of our NHS and other vital public services. I am sure that many members have heard those concerns from their constituents. In our view, those concerns are too strong, too loud and too important to be dismissed with a glib assurance from Lord Livingston that everything will be fine. That is why the Scottish Government has been pressing the UK Government and the European Commission for an explicit exemption for the NHS on the face of the agreement.

Patrick Harvie: Does the minister acknowledge that it goes a little bit beyond the NHS and beyond the threat of further privatisations and that the deal threatens the right of national Governments to bring back into the public sector things that have already been privatised? There are many of us across the chamber who would like to see some of our infrastructure brought back under public ownership, but that could be made more difficult by the TTIP deal.

Fiona Hyslop: The issue of public services more generally is something that the committee addressed and something that we have raised with the UK Government.

Particularly on the NHS, we have raised the issue with the Secretary of State for Health, and the First Minister has raised it with the Prime Minister. However, a commitment to an exemption has not been forthcoming, even just for the NHS, although Lord Livingston has attempted to give reassurances.

We therefore fully endorse the committee's support for the double lock that would explicitly exempt the NHS from the agreement and, in the context of TTIP, provide absolute clarity that any decisions on the NHS south of the border, such as opening it up to more private providers, will in no way interfere with the ability of the Scottish Government and the Scottish Parliament to determine how and by whom the NHS and other publicly funded public services are provided.

Neil Findlay: Will the minister take an intervention?

Fiona Hyslop: I am coming to the end of my remarks.

As the First Minister has said, and as she reiterated to the STUC last week,

"No ifs, no buts — there must be an explicit protection for the NHS on the face of the agreement."

Let me conclude with two broader points that the committee's inquiry has brought to sharp relief. First, whether it is TTIP or some other aspect of EU policy, the existing structures and mechanisms for formal consultation and engagement between the UK Government and the Scottish Government are not working, and action is needed to reform and improve the current intergovernmental machinery and the concordat on the co-ordination of European policy issues. Furthermore, if MPs and the unelected House of Lords are to have access to TTIP documentation, MSPs, too, should have such access.

Secondly, as the committee highlights, TTIP exemplifies the disconnect—

Neil Findlay: Will the minister take an intervention?

Fiona Hyslop: I am concluding my remarks.

TTIP exemplifies the disconnect between people and organisations in Scotland, and EU decision-making processes. As the Scottish Government set out in "Scotland's Agenda for EU Reform" and reiterated in our recently refreshed action plan for EU engagement, it is our view that the EU and its institutions must do more to reconnect with citizens. The committee's inquiry has made an important contribution to that in respect of TTIP, and I trust that our debate today will add to that contribution.

15:10

Jenny Marra (North East Scotland) (Lab): We welcome this European and External Relations Committee debate on the issue of the transatlantic trade and investment partnership and its implications for Scotland. I know that I am not the only member who has been inundated with emails from constituents in the past couple of days voicing their sincere concerns about the trade deal. Those emails show the strength of feeling among the public about the potential threat that the deal could pose and it is right that we debate the issue here in the Scottish Parliament.

The committee report cites evidence from the Cabinet Secretary for Finance, Constitution and Economy, John Swinney, that TTIP will bring considerable economic benefits to Scotland. He echoed earlier comments by the then First Minister, Alex Salmond, and his successor, Nicola Sturgeon, who both described TTIP as especially good news.

Although there are some who would take issue with that, we can agree that the real bone of

contention is the hidden impact that the deal could have on public services, particularly on our NHS, and the threat of opening up those services to the market. Those points were very well put by the convener and by the cabinet secretary just some moments ago.

There is a strong and unchallengeable consensus in the Parliament and across Scotland to have a health service in public hands that is free at the point of need and funded through general taxation. Labour will resist any attempts to defy the will of the Scottish people for a publicly run NHS that holds to the ideals that were instilled by Clement Attlee's Labour Government when our health service was created more than six decades ago.

We all welcome the assurances from the European Commission and from the UK Government that there is no risk to public services from TTIP. In particular, I highlight the evidence that my Labour colleague David Martin MEP, an acknowledged expert on European trade issues, gave to the committee. He wrote:

"TTIP is expected to follow the model of previously negotiated EU trade agreements which are already in force. All EU trade agreements to date have included broad carve-out for public services, which protects EU Member States' rights to keep services such as health, education and water in the public sector. In addition, Member State national governments are able to take out additional reservations on particular sectors (including, for example, public healthcare services) ... Governments are, and must remain, free to renationalise any service they reclassify as a public service ... This is currently the requirement irrespective of TTIP."

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

Jenny Marra: No, I am a bit short of time, so I will continue, if that is okay.

We can take some confidence from knowing that we have strong members of the European Parliament such as David Martin and Catherine Stihler arguing the progressive case in these trade deals in the European Parliament. If elected next week, a Labour Government would not put our NHS at risk under TTIP. Ed Miliband, as Prime Minister, would demand a clear and robust exemption for our NHS and other public services from any deal, as the cabinet secretary demanded.

However, we are right to be vigilant. Part of the problem, as identified by the committee convener, has been the secret nature of how this deal has been negotiated. Although that may be normal for trade talks, people need clarity and assurances when something as important as our NHS and other public services are being discussed.

I take the opportunity to acknowledge the efforts of the TTIP campaigns, particularly the trade union

movement, to shine a light on the potential threat and to wring out those assurances. Dave Watson of Unison Scotland called for an unequivocal exclusion of public services from the TTIP negotiations.

I hope that, through the report and the campaign work by the trade unions and others, those who are negotiating TTIP recognise the level of mistrust among the public about the issue and do their utmost to remove any grey areas that could give rise to fears of exploitation by vested interests.

We all have a duty in this Parliament to hold those involved in TTIP to their assurances that our NHS will not be impacted by the trade deal. I look forward to doing so on a cross-party basis.

The committee report also highlights how distant people and organisations can feel from decisions taken in Brussels. That reminds us that fears and misunderstandings about our place in Europe are not confined to UKIP and the Tory back benches. Fears about Europe and its role in our lives exist in all our communities and, even though the politics may seem opaque and distant at times, it is important that those of us here who believe in co-operation and solidarity with our neighbours across the European Union and who believe that the union serves us well—the economic and social union of Europe—continue to fight for it.

The Deputy Presiding Officer: I call Jamie McGrigor. You have seven minutes, and there is a little bit of time at this point if members wish to take interventions.

15:16

Jamie McGrigor (Highlands and Islands) (Con): I thank all the stakeholders who attended our evidence sessions, all of which were most interesting and enlightening. I also extend my thanks to the committee clerks for all their work, especially the compiling of the report.

Perhaps it is worth putting on record the objective of the agreement, which was the negotiating mandate for TTIP states. The objective of the agreement is to increase trade and investment between the EU and the US by realising the untapped potential of a truly transatlantic marketplace, generating new economic opportunities for the creation of jobs and growth through increased market access and greater regulatory compatibility, and setting the path for global standards. I do not think that there is anything too sinister about that, but I agree with what Jenny Marra said about looking at the areas about which people are worried, exposing them and seeing whether there really is anything sinister behind them.

Today's debate on the transatlantic trade and investment partnership is very important for a number of reasons. The US is an important market for Scotland in terms of both exports and foreign investments in Scotland. TTIP holds the potential to further reduce the red tape that is hampering business. It will lower tariffs and will allow for the creation of high international standards by reinforcing the EU-US trading power.

This trade agreement is also a natural development of the UK-US special relationship, although the EU, in a slightly different role this time, is acting as a negotiator.

Free trade is one of the fundamental drivers of economic growth and prosperity in the world, and it was only when trade was increasingly liberalised that the United Kingdom, strengthened by the union of 1707, could step out of the dark ages into an era of greater prosperity. TTIP is a logical step towards a world based on free trade. A conclusion of TTIP negotiations might, we hope, also put additional pressure on the on-going Doha round of the World Trade Organization toward ever freer world trade.

Neil Findlay: Will the member take an intervention?

Jamie McGrigor: Certainly.

Neil Findlay: Of course he would say that, being a Tory. Does he not realise that this is not about free trade? It is about the developed world protecting its trade at the expense of everyone else.

Jamie McGrigor: I would just have to say that I disagree with that.

The Scottish North America business council made a valuable contribution during the committee's inquiry by pointing out that, although the trade barriers that we have with the EU and the US are portrayed as small—an average of 3 per cent—the total cost for British companies is more than \$1 billion. Imagine if we were to remove those tariff barriers, further unshackling business. The economic benefits for Scotland and Britain would be significant indeed. Estimates show that up to £10 billion could be added to the British economy every single year—although not even that would be enough to cover the Scottish National Party Government's black hole. It is a significant amount of money.

TTIP will not change the fact that it is up to the UK Governments alone to decide how our public services, including the NHS, are run. There is nothing in the agreement that has the power to change our laws or lower consumer, labour or environmental standards. The setting of standards is and will remain the right of the EU and national Governments. The deal will allow greater sharing

of best practice and the creation of better international standards if they are used by the EU and the US. It will enable us to use more pressure on our trade partners across the world in terms of any new deals. If they want to gain access to the EU and US markets, they will have to adhere to the standards that TTIP can help to create. Those can be higher standards.

The EU has also made it clear, in responding to public concern, that TTIP will not lead to a lowering of standards unless the European Parliament and national Governments—I think that there are 28 of them—decide that that should happen. I am aware that people fear that investors could sue Governments for losses, and win if the Governments take a decision in the wider public interest, whether on health, the environment or consumer standards. The inclusion of investor-state dispute settlement mechanisms is common in international trade. They are there to protect companies from Government decisions that are discriminatory and unfair. That protection is already part of UK law, and the UK has not suffered from any of those agreements. The mechanism gives investors higher confidence, thus increasing investments. However, it is important that, if ISDS mechanisms are included in the final draft, they are as tight as possible, minimising the risk of any abuse.

In response to those who argue that the deal will benefit only big business, that is far from the case. TTIP will grant British and Scottish firms unprecedented access to the American market, with its 300 million consumers. Thanks to lower regulatory differences, lower trade tariffs, smoother customs processes and access to US public procurement, markets will directly benefit small businesses that previously might have been unable to bear the costs of all that.

It would be Luddite to reject this deal, which will deliver £10 billion a year to the British economy and unshackle business from red tape, trade tariffs and other obstacles to free trade and the prosperity that that can deliver. However, it will benefit not only the UK—[*Interruption.*]

The Deputy Presiding Officer: Order. I suspend the meeting for a few moments.

15:22

Meeting suspended.

15:23

On resuming—

The Deputy Presiding Officer: I hereby reconvene the meeting, and I ask guests in the gallery not to clap proceedings.

Jamie McGrigor: As I was saying, the deal will benefit not only the UK but the whole of the EU. It is due to the stagnant EU economy and the weakness of the euro that, for example, farmers are getting about 20 per cent less for their farming subsidies than they got last year. An injection of up to £100 billion would kick-start the economy and indirectly benefit a great many people because it might do something to start some growth in Europe, which is exactly what is desperately needed.

There are a lot of misconceptions around TTIP that wrongfully undermine a genuinely good trade deal, and it will be a shame if scaremongering scuppers something that will be genuinely good for working people. It is likely to be another year before we can see the final draft of the agreement, but the US, EU and UK negotiators and Governments have all issued assurances that standards will not be affected and that the NHS will remain in public hands for as long as the Scottish and UK Governments decide that that is the preferred course of action. It is important that we do not succumb to the myths and anti-American sentiments that sometimes are evident in this country.

Alison Johnstone (Lothian) (Green): Will Jamie McGrigor give way?

The Deputy Presiding Officer: The member has closed.

We come to the open debate. Speeches will be around six minutes with a little bit of time in hand at this stage for interventions.

15:25

Linda Fabiani (East Kilbride) (SNP): One of the things that I love about this country is people's right to protest. [*Applause.*] Another thing that I love about it is our democratic right to discuss matters such as the one that we are discussing today.

I am really pleased that the European and External Relations Committee took the inquiry on, especially when, as it notes at the beginning of its report, the European Commission has identified a

“‘Reasonable and Balanced Free Trade Agreement with the U.S.’ as one of its ten priorities”

for its term of office. The inquiry is prescient and very important.

I am also pleased that the committee intends

“to actively consider the potential impacts of TTIP on Scotland as the negotiations unfold.”

Especially as we are not the nation state, it is very important that the committee carefully considers everything that comes up in the negotiations. The committee recognised that

“neither the Scottish Parliament nor the Scottish Government has a formal role either in the negotiations or eventual ratification of the agreement.”

Alex Rowley: The minister said that we would need to see the final text to see the benefits or otherwise of the agreement. However, given that no one has been able to come to the committee and show any evidence of any economic benefits for Scotland, should the Parliament and the Scottish Government now start to campaign throughout the United Kingdom to put a stop to TTIP?

Linda Fabiani: No. The Government and the Parliament have a right to know what is going on, and it is up to whatever Westminster Government exists to ensure that the devolved legislators in the UK know what is going on. In our submission to the Smith commission, we proposed that we should have that right, and we absolutely should. I ask everybody in the chamber to make sure that that happens.

The debate takes me back to the first parliamentary session. At that point, the general agreement on trade in services was being discussed—I think that it was the Doha round, following on from the initial GATS agreement. I kept asking parliamentary questions of the then Government—or Executive, as it called itself—about how the agreement affected us and what we were doing about it. It basically said, “It’s a reserved matter. Nothing to worry about. The Westminster Government is looking after us.” I do not believe that any Westminster Government looks after Scotland properly, so I make a plea for us to be properly involved, including in the discussions, because TTIP is very important and its potential impact in Scotland is huge.

Members have talked about transparency. Neil Findlay talked about the transparency of our Government. Let us have transparency at the European, US and UK levels so that we know what is going on.

Neil Findlay: And here.

Linda Fabiani: Talking about transparency, I tried to intervene on Jenny Marra because she rightly said that the health service has—

Neil Findlay: Will Linda Fabiani give way?

Linda Fabiani: In a minute. Let me finish, will you? Sit down. [*Interruption.*] Sit down!

The Deputy Presiding Officer: Order, Ms Fabiani. If you do not wish to take the intervention, please just say no.

Linda Fabiani: Well, perhaps if he stopped rabbiting in my ear from a sedentary position, Presiding Officer, it would be easier not to get annoyed.

The Deputy Presiding Officer: If the level is getting too high in the chamber, I will shout for order. Please continue with your speech.

Linda Fabiani: Okay. My—*[Interruption.]*

The Deputy Presiding Officer: Order.

Linda Fabiani: My apologies, Presiding Officer.

I totally agreed with all Ms Marra's comments about the health service. There is a real concern that the privatisation of health services could come into TTIP, and we must guard against that very strongly. I liked everything that she said, but I ask whoever closes the debate for Labour to confirm whether a future Labour Government at Westminster will include in the negotiations an explicit exemption for public services.

Jenny Marra: To clarify, I gave that assurance in my opening speech.

Linda Fabiani: I did not find that as explicit as I would have liked, so I appreciate the member's intervention.

I completely understand why many people are exercised by and terribly concerned about TTIP. It is crucial that we work together as team Scotland right across the parties. Even the Conservative Party can have a role in saying that we demand transparency and openness.

I was heartened by a lot of what our European representatives—apart from the UKIP person—said during the European and External Relations Committee's evidence sessions. We should be working with our European representatives on the trade implications.

I am worried about the right of corporations to sue Governments. We have to fight against that very strongly. ISDS is not needed because individual nations have their own regulations.

Jamie McGrigor: I also agree with people's right to protest.

Does the member understand that the deal could be good for small businesses as well as for big corporations?

Linda Fabiani: The number of small and medium-sized businesses that we have and their trade with America is rather good, but I want further discussion of the benefits that the UK Government—through Lord Livingston, I think—is saying will accrue. The evidence from the Scottish Trades Union Congress, the World Development Movement and our own cabinet secretary for finance, for example, is that they are not convinced that we would see the benefits that are being discussed. If ISDS goes forward, its disadvantages will far outweigh its advantages. There are many cases involving World Trade Organization agreements in which big

organisations, such as GM organisations, have tried to take on national Governments.

I remember when one company—I cannot remember which, but I think that it was Monsanto; I will take it back if I am wrong—tried to insist that basmati rice is not from the Indian subcontinent and that it should have the right to grow GM rice that it could call basmati. When we start to talk about ISDS, that is when I get really worried.

If we believe in the right to protest and in democracy, we should never put ourselves in a position in which a big, unelected corporation that is run entirely for money can hold a state Government and its people to ransom. Transparency is absolutely required.

15:32

Anne McTaggart (Glasgow) (Lab): I am grateful for the opportunity to speak in the debate as a member of the European and External Relations Committee. Like many speakers, many of my constituents have contacted me with their concerns about the negotiations for a new transatlantic trade and investment partnership between the EU and the USA.

The European Commission runs negotiations on behalf of the European Union and its member states, but it is important for individual member states, including the United Kingdom and Scotland, to consider the effects that such an agreement would have on them. The UK Government says that the establishment TTIP is a positive thing and that the agreement could pave the way for numerous economic benefits, citing results from a study by the Centre for Economic Policy Research, which states that the UK's annual income could grow by between £4 billion to £10 billion if trade barriers are eliminated.

Some sceptics, including members of the public, have expressed concern that entering into such a trade agreement would undermine the regulation of goods, soften environmental and labour protections, and force privatisation. Such measures are not attractive to the people of the United Kingdom and Scotland for obvious reasons.

Proponents of the plan argue that the monetary benefits, including more jobs and cheaper prices for goods, outweigh any other factors.

Another major concern, especially for Scotland, is that TTIP would impede the delivery of public services, such as the national health service, but that concern was eased by the assurance that member states would be able to choose not to outsource to private providers.

Transparency in relation to the draft agreement has been a problem throughout the negotiations.

The European Commission has been taking steps to address those concerns, as other members have emphasised.

Although aligning technical procedures on both sides of the Atlantic could lower the cost of exporting to the US and therefore create new opportunities for businesses across the UK to grow and hire, the British public has, by and large, made it clear that our public services, our social model and our democratic principles are not up for trade.

I share the concerns of the committee, my colleagues in the chamber and my constituents over TTIP. I have signed a pledge to protect the NHS under TTIP. We should support a deal only if it fully protects our public services, particularly the NHS.

I know that concerns have also been expressed about the proposed inclusion of investor-state dispute settlement provisions in TTIP. In its current form, the proposed ISDS mechanism is neither necessary nor desirable. There must be greater transparency on the matter. I am therefore delighted that the Scottish Labour Party has called on David Cameron to ensure that appropriate safeguards are put in place to protect public services. Furthermore, there is no case for ISDS in the negotiations.

Although the negotiations fall on the reserved powers list and the Scottish Government does not have any formal role in the agreement, it is still essential that the policies set under TTIP are as beneficial to Scotland as they are to the rest of the United Kingdom and the European Union.

The European and External Relations Committee has dedicated multiple sessions to discussions on TTIP, the most recent being in February. Committee members have taken evidence from multiple stakeholders, and have discussed at length the details of the agreement as they became available in order to decide whether the deal would be in the Scottish people's best interests.

It is crucial that the committee continues its work and watches TTIP's progress closely. However, it is important to remember that, outside the EU, the United States is Scotland's biggest export market and its biggest inward investor. TTIP could strengthen that relationship.

I hope that the Scottish Government will work alongside the UK Government to call for far greater transparency, ensure that voters' interests are protected fully and that voters receive the maximum benefits, and address any and all concerns that TTIP may bring.

15:38

Roderick Campbell (North East Fife) (SNP): I have enjoyed being part of the committee's work on TTIP. The evidence sessions have been informative, although they often raised more questions than answers.

I, too, take the opportunity to acknowledge the interests of many of my constituents, including the well-informed St Andrews TTIP group. It has been good to see such a strong public response on a matter of such importance. Despite assurances from the UK Government minister Lord Livingston that there is no threat to the UK's national health service from TTIP, scepticism remains high.

Towards the end of the committee's deliberations, the comprehensive economic and trade agreement between the EU and Canada, or CETA, which has been agreed but not yet ratified, emerged as an issue.

After a formal evidence session on TTIP had ended, the committee heard evidence in connection with our work on another matter from Christos Sirros, the agent-general of the Government of Quebec, who is based in London. He told the committee that individual provinces of Canada, such as Quebec, participated in the CETA negotiations, albeit that they spoke through the Canadian negotiator. In marked contrast to Scotland's experience of TTIP, the provinces were directly involved in the process from A to Z. As we know, in contrast, Scotland is not at the top table, which makes failings in the transparency of the negotiations on TTIP an even more important issue.

Speaking of transparency, Glenn Campbell of BBC Scotland revealed the wording of the reservation on health in the leaked draft of the EU's offer to the US on TTIP. That wording mirrors the wording in CETA, which Lord Livingston described to us as

"the state of the art".—[*Official Report, European and External Relations Committee*, 19 February 2015; c 28.]

However, CETA has not been subject to scrutiny in any meaningful way by either the House of Commons or the House of Lords and, in February, I could trace only one European plenary debate on the issue. Therefore, a substantial amount of work still needs to be done.

Of course, the current position is that the European Parliament and member states can now only reject or accept the agreement. In my view, that certainly does not support the argument that, if CETA is ratified, somehow or other, that means that TTIP must follow. Indeed, only today, a report in the magazine *Politico* suggests that the concerns over ISDS in TTIP might have influenced a delay in the ratification of CETA. The article refers to concerns on the part of "many members

of Parliament”—it means the European Parliament, I believe—who are

“now posing one critical question: ‘Why should we ratify the Canadian trade pact, which includes an ‘outdated’ version of ISDS that no one wants to accept in the American deal?’”

Whatever the outcome of the election next week, I can but hope that the new Westminster Parliament will look seriously not only at TTIP but at CETA, and that the Scottish Parliament will continue to monitor the issue, as the committee recommends.

In relation to the economic benefits of TTIP to Scotland, as we know, the US is Scotland’s greatest export market outside the EU, and its most significant source of inward investment. The Deputy First Minister’s evidence to the committee was of a potential expansion in gross domestic product through TTIP, although the Government’s response to the committee’s report refers to only a “modest” expansion. However, I am mindful of the evidence of Stephen Boyd of the Scottish Trades Union Congress that, even if the model that the European Commission uses, which is that of the Centre for Economic Policy Research, is correct—many regard it as hopelessly optimistic—the EU economy will grow by an annual increment of only 0.03 per cent by 2027. While TTIP is under negotiation, it is impossible to accurately model the economic impact. The STUC also raised issues on the distributional impact of TTIP, which I would like the Scottish Government to keep under review, in accordance with our pledge to tackle inequality.

The European Commission may well have been surprised by the hostility that was demonstrated in the public consultation to the incorporation of an ISDS mechanism. I await with interest the Commission’s decision on whether it is appropriate to have such a mechanism in the treaty at all.

We heard evidence from a representative of the Commission, a Mr Houben, on the four matters that the European Commission is considering in relation to ISDS. The first is protecting Governments’ right to regulate and the second is the establishment of the functionality of arbitral tribunals. The third and most important matter is the relationship between domestic judicial systems and ISDS. It is my informal understanding that, despite assurances that were given to the committee that there would be engagement with domestic legal systems such as that in Scotland, that engagement has not taken place. For the record, the fourth matter that the Commission was supposed to consider was an appellate mechanism, which does not exist in CETA. Therefore, the Commission has an awful lot of work to do in relation to ISDS. I share the concerns that have been expressed about its

inclusion at all—I am definitely on the side of those who have concerns about its incorporation.

Commissioner Malmström attempted to reassure us by saying:

“The European Commission would never even consider an agreement which would lower our standards or limit our governments’ right to regulate. Neither would EU Member States, nor the European Parliament.”

However, we should remember that the national health service in Scotland is an institution that is at the heart of how we do business and that, as negotiations stand, protection is not there. The Deputy First Minister was right to tell us:

“We want there to be no restriction and no danger of restriction on our ability to act properly in exercising our devolved competence in that area.”—[*Official Report, European and External Relations Committee*, 5 February 2015; c 30.]

To achieve that, the oft-referred-to double lock is an absolute necessity to provide protection for the member state at the UK level and for the devolved competence of the Scottish Government, acting with the Scottish Parliament’s consent. When I questioned Lord Livingston during his evidence session with the committee on why the UK Government does not want to listen to the deep concerns about the NHS and go for a belt-and-braces approach, he concluded that his approach is “pretty belt and braces”, referring to the wording in the draft that was leaked to BBC Scotland.

However, Scotland’s NHS is too important to be put at risk. At the moment, the draft does not contain explicit protection; indeed, one might well wonder why the negotiators are afraid of spelling it out and putting one in.

In addition, as the STUC says in its evidence,

“TTIP risks institutionalising the regulatory arbitrage that corporations have become so skilled at exploiting. In some key areas it will necessarily dilute key social, consumer and environmental protections”

Those regulatory concerns remain.

In conclusion, TTIP exemplifies the disconnect between people in Scotland and UK and EU decision making. On behalf of the people of Scotland, let us, as a Parliament, continue to voice those concerns.

15:45

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): As other members have pointed out, two of the main concerns that are most frequently raised about TTIP involve the inclusion of the health service and the controversial investor-state dispute settlement. I will talk about both those things, but first there is the overwhelming concern of many inquiry witnesses that the discussions on

TTIP have not been open and transparent. It seems almost absurd that we are in the chamber discussing this enormous trade deal before we have any reliable insight into the detail of the discussions that are taking place. The European ombudsman has recommended that the process should be made more transparent, to assure accountability, and I believe that the Commission should respond to that proposal.

One of the main things that all members have expressed concern about is the NHS, and I re-emphasise how crucial it is that the NHS is in no way compromised by TTIP. The NHS, as I am sure we all agree, is not an economic asset but a public benefit, crucial to the health of our country, and a vital thread in our shared social fabric. I know that reassurances have been given, and it may seem that the issue is less problematic in Scotland than it is in England, since we do not have a market health system here, but I strongly support Unison's call for explicit protection for the NHS—a call that was echoed by the Royal College of Nursing, which has asked for a cast-iron guarantee. I am very pleased that my party at UK level is supporting that position, as Jenny Marra confirmed this afternoon.

In his evidence to the committee, the Cabinet Secretary for Finance, Constitution and Economy made the case in favour of the economic impact that TTIP may have in Scotland, which is clearly very important. He said:

"It could provide market access for Scottish goods and services and reduce non-tariff barriers. If that delivers growth and jobs for Scotland, it should be welcomed."—[*Official Report, European and External Relations Committee*, 5 February 2015; c 28.]

Early modelling using the Government's internal economic model suggests that the impact could mean that Scotland's gross domestic product expands by 0.2 to 0.3 per cent. The Government estimates that the range of export growth will be between 1.8 and 3.6 per cent, but the range of import growth is expected to be between 0.8 and 1.5 per cent. As many have pointed out, however, that is a best-case scenario. The Government worked out other scenarios that had far less beneficial consequences. Many people believe that the modelling is based on a half picture.

Stephen Boyd of the STUC, in his contribution to the committee's scrutiny, highlighted two key reasons for the pervasive scepticism about TTIP's economic benefits. Traditional trade barriers between the EU and the US are already very low and any gains from TTIP are likely to be minimal at best, so the costs may easily outweigh the benefits. Furthermore, TTIP may lead to a general lowering of standards across the whole economy by introducing new harmonised regulatory standards, which could not be implemented

through domestic democratic process and would thereby threaten to dilute vital worker, consumer and environmental protections. Stephen Boyd said:

"It is crucial that we understand that this is not about removing what we would traditionally describe as barriers to trade but about imposing a common regulatory structure that will be policed by an international mechanism that will not have been passed by the normal democratic process in each country."—[*Official Report, European and External Relations Committee*, 27 November 2014; c 10.]

We would be relinquishing some of our control to a country thousands of miles away for the sake of freer trade, based on an agreement that we are yet to comprehend fully.

In a similar trade deal between Canada and the United States, a regulatory co-operation council has worked to produce a joint forward plan that sets the stage for fundamental changes in the way that regulatory departments and agencies in both countries work together, making it easier for businesses to operate in those countries.

Patrick Harvie: The member has been clear that his concerns are primarily around the protection of the NHS and the threat of regulatory standards being lowered. Is it Mr Chisholm's understanding that Labour's position is that, if those issues are not addressed, Labour will oppose TTIP?

The Deputy Presiding Officer (John Scott): I will give you a little time for that intervention, Mr Chisholm.

Malcolm Chisholm: I am sorry—I am not in a position to state what Labour's position on that is, although I know that Labour has certainly expressed concerns about the health service and about ISDS, which I will now move on to, given that the inclusion of ISDS would potentially add insult to injury and would be completely unacceptable.

The Cabinet Secretary for Finance, Constitution and Economy spoke in evidence about the possibility of restrictions on the export of crude oil to Europe being lifted. He gave that as one example. The question that I would ask is what would happen if we were then to legislate in a manner that affected crude oil, for example by taking action on fossil fuel use or making a transition to clean energy. ISDS would mean that we would be open to punitive legal action, which could cost us dearly.

The Government and the citizen would lose out on two fronts: we would develop a system of governance that takes into account the profit of big international investors as a deciding factor in whether policy to effect a greater good should be passed, and we would potentially lose a chunk of our taxes in claims. That would affect our ability to

implement progressive energy policies, to implement the living wage and to push for safer and more equal workplaces. That would put business in the US in the driving seat of our parliamentary process.

We can draw from the experience of other nations that are signed up to the system. There are examples from Australia and Canada, where Governments have been sued for pursuing their policies that have been put in place for the common good—respectively, legislation on tobacco in Australia and a moratorium on unconventional shale gas extraction in Quebec. ISDS has also led to the Swedish energy giant Vattenfall suing the German Government for losses as a result of Germany phasing out its nuclear programme.

ISDS must go and the NHS must be explicitly protected. We should also look with some scepticism at the stated economic benefits.

The Deputy Presiding Officer: I call Adam Ingram, to be followed by Alex Rowley. There is a little time for interventions.

15:52

Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP): I commend the European and External Relations Committee's report to Parliament. Having been a member of this place for some 16 years, I can safely say that this is one of the most important and wide-ranging pieces of work that I have been involved in as a committee member. That is evidenced not least by the substantial level of correspondence that I have had with concerned constituents over the implications of TTIP.

There is an irony to such an observation, given that the Scottish Parliament and Government have no formal role in the negotiation or ratification of EU trade agreements, despite the fact that TTIP could have a significant effect on a broad range of devolved issues, from the delivery of public services such as the NHS to democratic policy making and regulation.

We are currently dependent on the UK Government to represent Scottish interests, including on devolved matters, and I question whether there is sufficient engagement with the Scottish Government by the UK Government to secure those interests. I note the Deputy First Minister's comments in that regard in his response to the committee's report. I hope and trust that the matter will be addressed as a priority when the new UK Parliament reconvenes after 7 May. I am sure that we will hear a stronger and louder Scottish voice in that place then. The Scottish public's concerns deserve much more serious attention.

Turning to the substance of TTIP, it is hard to determine the scale of the costs and benefits of an agreement that is yet to be reached. As ever, the devil will be in the detail. We know that there will be winners and losers. The economic modelling that has been done with the limited information available suggests a relatively modest net gain of just 0.2 to 0.3 per cent of GDP for Scotland, with increased exports being offset, at least in part, by increased imports from the USA. The US is of course our largest trading partner outside the EU: we sell some £3.9 billion-worth of goods and services per annum to the USA.

It is arguable that there are gains to be made not just by abolishing tariffs and speeding up customs, but by doing away with particular licensing regimes or duplicate testing regimes, which would make life easier for SMEs in particular.

Bob Doris (Glasgow) (SNP): Does the member share my concern—

The Deputy Presiding Officer: Please put your card in and face the microphone, Mr Doris.

Bob Doris: I am sorry, Presiding Officer. Shall we try that again?

The Deputy Presiding Officer: If you speak through the microphone, that will help.

Bob Doris: This will be third time lucky, Presiding Officer.

Does Mr Ingram agree that much of the predicted economic boost that has been modelled in relation to TTIP may result in more jobs being low paid and insecure and conditions being poorer? That would not be an economic boost—it would be a negative impact from TTIP.

Adam Ingram: I thank the member for his intervention—he got there in the end. That could well be the outcome. As I said, we need to see the draft agreement before we can make a proper assessment of it.

The question remains about what will be in and what will be out of the scope of TTIP. For example, one of our potential winners could have been financial services. In times past, Scottish financial institutions were key players in opening up the west of the United States. However, it appears that US regulators are insisting that financial services be excluded from TTIP. In short, economic opportunities are difficult to assess at this distance from a published draft agreement.

In any case, potential economic gains must not come at the expense of publicly funded services such as the NHS, result in lower standards or remove the right of Governments to regulate. As other members have highlighted, the protection of public services in Scotland was a key concern of

those who gave evidence to the committee. Although reassurances have been sought and given by the UK Government and the European Commission, the patent lack of public trust in the negotiating process underlines the need for the double lock that has been suggested by the Deputy First Minister for the final agreement. That double lock would explicitly exempt the NHS from the agreement and provide absolute clarity that, although the UK would be the member state, any decisions that it made in the context of TTIP, such as the decision to open up the NHS in England to more private providers, would in no way interfere with the devolved responsibilities of the Scottish Government and the Scottish Parliament.

The committee remains concerned about definitions of public services and whether the reservations that will be contained in the final agreement will effectively protect the full range of public services in the TTIP agreement. That must be a red-line issue for any incoming UK Government. The same should be said for ISDS. The committee is clear that any disputes between business corporations and states should be resolved in accordance with the legal systems and processes of the countries concerned. We live in times when rich and powerful global corporations can hold democratically elected Governments to ransom, and we should guard against the kind of oligarchic control over economies that we see in, for example, Russia. We need to stand up for the democratic right of Governments and legislators to regulate in the public interest, including, when necessary, the right to cut overbearing power down to size.

15:59

Alex Rowley (Cowdenbeath) (Lab): I, too, welcome the report and congratulate the committee, the clerks and those who worked on it. I sat on the committee for the first part of the evidence taking and I enjoyed the evidence sessions. However, the report takes us only so far, and I have not heard anyone other than Jamie McGrigor speak in favour of TTIP. This cannot be the end of the matter, after which we blame Westminster, Europe or some unelected quango in Europe. If we believe that this is a bad deal for Scotland, this Parliament and the Scottish Government need to start to set out the case against it and campaign to put a stop to it.

There is a bit of confusion. In 2013, Nicola Sturgeon spoke to the European Policy Centre in Brussels and said:

“Earlier this month, the European Union and the USA announced that they would work to establish a Transatlantic Trade and Investment Partnership.”

She went on to say:

“For Scotland, for whom the USA is our largest trading partner outside the EU, such a partnership will be especially good news.”

That was the Scottish Government's position back in 2013. The position has moved a bit since then and the Government seems to recognise that perhaps it is not such good news. We need clarity.

When the committee took evidence, it struck me that big claims were being made about the deal and how good it would be. For example, one of the witnesses talked about “raising global prosperity”, but when challenged he was unable to back that up with any evidence. That is the key point. Many claims have been made about what TTIP would be good for, but there is no evidence to back up those claims.

The evidence from the STUC and the trade unions has been particularly important. Members have talked about excluding the NHS from the agreement but, as Unison said, it is not just the NHS but all public services that must be excluded. If we go ahead with the deal, we should be talking about excluding all public services and removing any ISDS, through which a large multinational corporation could sue a Government in order to get access to public services, to funding and to the way in which we govern our country, through public procurement and the way in which we deliver public services. The Convention of Scottish Local Authorities has also made that point.

There are those who are of the opinion that if we get the guarantee on the NHS and other public services—if we were able to secure all those agreements—there would be very little interest in America in coming across and getting into any trade agreement, because if they cannot get into our public services and health service they do not see what is in it for them. The question is, what is in it for us? We have heard no evidence today that there would be any major benefits.

The STUC, for example, says:

“No authority (including the US Trade Representative, European Commission, UK and Scottish Governments) currently seems able to present a persuasive case on the economics of TTIP. The available evidence points towards a deal that may boost corporate profits but do little to create quality sustainable jobs.”

When representatives from Scottish Enterprise gave evidence to the committee, they talked about the advantages of American investment and major employers, such as Amazon, coming to Scotland. The Government lined up to put millions of pounds of Scottish taxpayers' money into Amazon, but are we really saying that the company's employment practices are the kind that we would want to support? If that is what TTIP has to offer, is that what we want?

Jamie McGrigor: Mr Rowley mentioned possible economic benefits. In a written statement, his own MEPs—Labour MEPs, David Martin and Catherine Stihler—said:

“TTIP also has great potential for SMEs to access the transatlantic market, too often still only fully accessible to multinational corporations”.

Alex Rowley: I accept the point that Jamie McGrigor makes. Many people are lining up to tell us what the advantages of TTIP might be, but no actual evidence has been shown to prove it. The STUC goes on to say:

“No serious efforts have been made to quantify the impact of TTIP on the Scottish economy. All the evidence presented so far—at EU, UK and Scottish level—indicates that the best case scenario is a small positive impact on growth and jobs.”

The evidence has not been presented, and the cabinet secretary and the Scottish Government need to start to look at the arguments and to get the analysis done to demonstrate whether any economic benefits can be accrued from TTIP. The evidence that we have so far suggests that that is not the case.

According to the STUC,

“Trade agreements have most impact on growth where traditional barriers to trade (tariffs and quotas) are high. However traditional barriers to trade between the US and EU are already very low. The trade weighted tariff protection in the US for EU exports is estimated at 2.1% while the trade weighted tariff rate for US exports to the EU is estimated at 2.8%.

Therefore, removing these already slight barriers will have a minimal impact on growth; a conclusion borne out by the very research the European Commission uses to promote the benefits of TTIP. The very best case scenario presented by the Commission—one that is highly unlikely to be achieved—is a 0.5% increase in EU GDP”.

I suggest that the only people who would benefit from TTIP would be multinational companies.

I say to the Scottish Government that it is one thing to bemoan TTIP, but it is another to get the evidence and to start to build a case. If we can show that TTIP would be bad for Scotland and for the rest of the UK, we can build a campaign across the UK that says that we reject TTIP, that we do not accept it and that we will not give up on the terms and conditions and the quality of life that we have put in place for workers across Scotland and the UK.

16:06

George Adam (Paisley) (SNP): I commend the European and External Relations Committee for all its work in producing its report, and Christina McKelvie for dealing with the issue with her usual passion and vigour.

TTIP has been one of the biggest issues in my mailbox and it has dominated discussions at local meetings in recent times. Along with many of my constituents, I have been concerned about the lack of information to date on the proposed transatlantic trade and investment partnership, particularly with regard to public services. We all have stories of how the NHS has helped us or family members and friends. A universal, free-at-the-point-of-need national health service is a cornerstone of our society, which we must protect with every fibre of our beings. To that end, I intend to speak up on behalf of my constituents and to voice their concerns. I join the First Minister in saying:

“I will fight tooth and nail against any moves to privatise the NHS in Scotland by the back door, and if the TTIP agreement ever put that threat, it would be opposed strongly by this Government.”

As has been said, the United States is an important market for Scotland. About a third of all the whisky that is distilled is bottled in Paisley, so anything that had an effect on the whisky industry would have a knock-on effect on jobs in my area. Any move that would help with exports of our national drink or, indeed, with any of our other exports, would be welcomed. As has been mentioned, exports to the USA have a value of £3.9 billion and account for 14 per cent of Scotland’s total international exports.

However, we cannot pursue such benefits at the expense of lowering regulatory standards on production and quality. Products that carry logos such as those for Scottish farmed salmon or Scotch beef, to name but two, are trusted in this country and around the world as quality products that are prepared to the highest standards. Any move to lower regulatory standards or to remove regulation could tarnish our national brands and reduce international exports.

That ties in with my next point on the investor-state dispute settlement mechanism, which I believe is one of the most alarming elements of TTIP. Foreign companies operating in Scotland would be given the power to enter disputes with our Government and even to sue it outwith the framework of our national court system. I do not want us to find ourselves in a situation in which a US tobacco firm could take action against the Scottish Government if it chose to legislate to introduce plain packaging on cigarette packets. That decision would be made by nationally elected representatives in the public interest. However, if TTIP includes the ISDS provision, a US tobacco firm would have the ability to go over the head of the Scottish Government and to seek to reverse its decision. France and Germany have already voiced major concerns about ISDS, and the UK Government—regardless of which party leads it

next week—will need to take a strong line on the issue.

John Finnie: Does George Adam agree that the ISDS mechanism suggests that, although the civil law of this land is good enough for him and me, we need some super-duper law for the corporations?

George Adam: We have to ensure that such companies register and can be brought to task under the laws of these lands. That is one of the reasons why ISDS is so important: it would, in effect, take away the laws of this land and allow companies to dictate to democratically elected Governments.

It is imperative that, in negotiating the deal, the UK Government represents the interests of all the UK's component parts, and not just the interests of one part or of big business. Much has been said in recent months about the respect agenda, so it is more important than ever for the next UK Government to take on board the Scottish people's concerns. Unfortunately, the current UK Government has a poor track record of speaking up for Scotland at European level. Our fisheries minister, Richard Lochhead, has had his hands tied behind his back, and Scotland has received less than half the UK's European fisheries fund allocation despite the fact that 87 per cent of UK landings come ashore here. I hope that a strong group of Scottish MPs will be elected to speak up for Scotland in the next UK Parliament.

A major concern of my constituents has been the lack of transparency that other members have already highlighted. I appreciate that, as with any negotiation, aspects will be discussed behind closed doors before a final proposal is drafted, but it appears that this negotiation process has caused real anxiety among regular people the length and breadth of our country. In March, a discussion on TTIP was removed from the agenda of an agriculture and fisheries council meeting and took place in private. As far as perceived transparency is concerned, that sort of thing does not fill me with confidence.

Richard Lochhead has urged the agriculture and fisheries council and the Commission to be more transparent in forthcoming discussions about TTIP and has asked for it to remain a topic on future agendas. I welcome the publication of key documents and position papers on the negotiations by Commissioner Malmström since she took up the post of trade commissioner, and I encourage the Commission to consider the European ombudsman's recommendations on how to improve transparency and engage stakeholders.

However, the main issue—and the focus of much of the correspondence that I have received

on TTIP—is the NHS. I was pleased to read in the Scottish National Party manifesto that we will

“seek an explicit exemption for the NHS and Scottish Water, as part of a general public sector exemption, from the terms of the proposed Trans-Atlantic Trade and Investment Partnership.”

Given the increased privatisation of the NHS in England, we need to be more cautious than ever of any attempt to allow private interests into the NHS in Scotland. We must make it absolutely clear that the NHS in Scotland will remain in public hands and will remain free at the point of need. The shameful use of the NHS and its weaponisation by other political parties during the election campaign have been a sight to behold, but that makes it even more crucial for the Scottish Government to retain full control of our NHS. The best way to allay the public's concern about the threat to our NHS is to ensure that a double lock is enshrined in the TTIP agreement—

Neil Findlay: Will George Adam give way?

The Deputy Presiding Officer: I am sorry. The member is in his final minute.

George Adam: That is unfortunate.

As I was saying, the best way to allay the public's concern is to enshrine in the TTIP agreement a double lock that explicitly exempts the NHS from TTIP's scope and respects the Scottish Parliament's devolved responsibilities. There is that word again: “respect”.

The Deputy Presiding Officer: You must draw to a close.

George Adam: Both the European Parliament and the UK Parliament must respect the democratic will of the democratically elected Scottish Parliament and allow it to operate the NHS.

Just this morning, my wife Stacey and I were talking about her multiple sclerosis and how treatment and care in the NHS have improved dramatically since she was diagnosed in her teens. Given that this is MS awareness week, I want more than ever to talk about and defend the NHS. I challenge Labour and Conservative MSPs—

The Deputy Presiding Officer: We look forward to your debate on that subject this evening, Mr Adam. Thank you.

George Adam: In closing, Presiding Officer—

The Deputy Presiding Officer: No. You must close now, in fairness to others.

George Adam: I ask my colleagues to stand up for our right to keep public services in public hands.

16:14

Jean Urquhart (Highlands and Islands) (Ind):

I, too, thank the European and External Relations Committee for producing the report and for bringing this timely debate to the chamber. I also acknowledge the enormous—almost overwhelming—number of emails, the meetings and the campaigning that have gone on around TTIP. The upsurge in campaigning, petitioning and letter writing against the TTIP agreement is not limited to Scotland, of course; there is a Europe-wide movement that is linked to people in the United States who share opposition to TTIP. Ordinary people have ensured that TTIP is being exposed to public scrutiny.

It seems that that was not planned. TTIP negotiations between the European Union and the United States began in July 2013, and those negotiations were meant to be constructed and agreed by corporate lawyers and multinational corporations behind closed doors. The TTIP negotiations are not open to public scrutiny; indeed, that the public have even a limited idea of what TTIP is about and what it will mean for the communities that we represent is down to the determined investigative work of campaigners.

Democracy is at stake with the treaty, in both its formation and its implementation. What is the exact nature of the threat that TTIP poses to democracy? If we are to have Governments that are elected by the people, they must be accountable to the people. TTIP would usurp that basic principle by handing unmitigated power to corporations. That is encapsulated in the investor-state dispute settlement mechanism. The ISDS would allow US businesses to sue the Scottish Government in secret tribunals outside national legal jurisdiction over any public policy that threatened their property titles and the planned profits from their investments. Profits for already dominant transnational corporations would come at any cost in regard to TTIP. The treaty is not just about removing tariffs on trade; it is designed to take away other so-called barriers, such as regulation, standards and certifications. TTIP begins the process of reducing such regulatory safeguards in order to allow corporate interests to dictate to all fields of trade.

Kevin Stewart: Does Jean Urquhart share my fear that companies such as those that promote genetic modification and which go to court a fair bit in various countries would use ISDS to break down the barriers that we have put up in order to stop GMOs in this country and to protect the quality of our agriculture?

Jean Urquhart: I share Kevin Stewart's concerns about that, and I suspect that ISDS would enable that to happen.

What I have described puts at terrible risk measures to protect public health, workers' rights and the environment that have been hard won in years gone by. If TTIP is passed, it will hand unprecedented powers to big business and will become the new model for future trade agreements worldwide.

The campaigning journalist and author George Monbiot put ISDS in stark terms. He said of the ISDS mechanism:

"Where this has been forced into other trade agreements, it has allowed big corporations to sue governments before secretive arbitration panels composed of corporate lawyers, which bypass domestic courts and override the will of parliaments.

This mechanism could threaten almost any means by which governments might seek to defend their citizens or protect the natural world."

That says it all. There is the evidence. Such arrangements are already in place.

Another feature of TTIP, which is less talked about, is the proposed regulatory co-operation council. There is a proposal to create a permanent structure to harmonise standards in the long term, which would give corporations the first look at proposed legislation before it came to the EU or national Parliaments, and would allow a long-term process of standards-setting to be conducted outside the democratic process.

TTIP and austerity fit each other hand in glove: they are part of the same agenda. Austerity lays the groundwork by slashing services, which are then to be privatised.

Jamie McGrigor: Is Jean Urquhart aware of any example in which the UK Government has suffered from ISDS in the past?

Jean Urquhart: No, I am not. I have moved on in my speech to austerity. However, I can say that I attended a business breakfast at which a newly appointed managing director said—I am sure that he meant every word of it—that as Governments found it harder and harder to deliver public services, his company would be there to help.

To return to my speech, austerity lays the groundwork by slashing services, which will then be privatised in a harmonised and internationalised manner via TTIP. In that sense, TTIP will be the final nail in the coffin of safeguarding what remains of the post-war consensus on social need and public services. That struggle will be augmented and made all the more difficult if TTIP allows the corporate lobby to privatise all that will come in the wake of austerity. As John Hilary of War on Want says,

"TTIP threatens to be the single greatest transfer of power to transnational capital in a generation, which is why there is now a growing movement of opposition to it."

I say to the Scottish Government that we should ensure that all our public services are safeguarded from TTIP and that such a position would have popular resonance with people in Scotland and beyond.

16:21

Willie Coffey (Kilmarnock and Irvine Valley)

(SNP): It is probably best to start with a reminder to people who might be listening to the debate that Scotland and the Scottish Government are not being consulted by the UK Government on the TTIP process or on the negotiations that are taking place. We will not be asked for our opinion when the proposal finally arrives and we will basically have to go along with whatever the UK Government decides it wants to do. That is the position that we are in, which goes a long way to explaining why so many people have expressed concern about TTIP and are looking to our Scottish Government for answers. In the absence of any clarity or transparency from the European Commission or the UK Government, concerns will naturally emerge.

Our committee's inquiry has at least provided an opportunity for everyone with an interest in TTIP to share their views and concerns. The inquiry provided us with expert advice to guide us through the TTIP issue. Although people will not find in our report all the answers that they might seek, it is a valuable piece of work that was well put together by our committee clerks. I commend the report to anyone who is interested in finding out a little more about TTIP.

The report sends a clear message to the Commission and the UK Government that the cloak of secrecy and the lack of transparency around TTIP are not good enough and have to change. People throughout Europe are interested in their future and in how trade deals such as TTIP may or may not impact on them. It is no longer acceptable for bureaucrats or, for that matter, Governments to adopt the attitude that they know what is best for us. That attitude will have to change in Europe and in the UK Government that takes office next week. Discretion should never be used as a cover for secrecy and a lack of transparency. I sincerely hope that colleagues in all the parties in the Parliament support that view.

We had some notable contributions during the inquiry. An early contribution by Dr Arianna Andreangeli, who lectures in competition law at the University of Edinburgh, was particularly helpful in dealing with the issue of competence and whether the Commission has the power to negotiate away access to the NHS and other public services. In her view, the Commission does not have that power, but the member state—in our

case, the UK—can do that if it wants to. She said in her evidence to the committee that

“it is not through TTIP that the power of the member states to decide whether to provide healthcare services through the market or outside is threatened. That is simply because the EU has no power, unless the member states confer that power on it, to modify the choices of the member states, and it cannot mandate them on what form and framework they should construct for provision of healthcare services.”—[*Official Report, European and External Relations Committee*, 27 November 2014; c 6-7.]

Simply put, a treaty change would be required to confer the power and see such provisions in the trade agreement.

Is that the end of it? I am not so sure. There is still nothing stopping a recommendation coming forward to open up access to things such as public health services. That is a separate matter from having the power to enact something. Further, there is nothing stopping the member states taking whatever view they like and seeking to establish some kind of access to healthcare services.

The member states have always had such a power in their own jurisdictions. In fact, they used it recently when they overturned the Commission's intention to phase out mobile phone roaming charges by this December. It will now take years to achieve that.

That is where the dangers still lie for Scotland's NHS. If a future UK Government chose to open up access to the NHS to private health providers from the United States in order to save money, for example, that would have a consequential effect on the budget that is available for the NHS in Scotland.

Lord Livingston basically confirmed that in his evidence when he wrote:

“It will remain up to the UK and devolved governments to decide how to run publicly funded health services, whether private companies should be involved in providing them under contract, and if so to what extent ... Where publicly funded health services are opened to private providers, TTIP may entitle US providers to compete on an equal footing with UK and EU providers.”

There we have it. It is up to the UK Government to agree—or not—to that being done. The potential knock-on effect on Scotland is surely obvious.

My colleague Adam Ingram and others examined the economic case for TTIP. When our committee tried to get the details of the analysis for it, none there came. It seemed more like guesswork than calculations based on any competent analysis. No one produced any figures that could stand up to scrutiny from the committee, and that is not good enough, either.

Lord Livingston claimed that TTIP could benefit the UK by £10 billion a year but could not tell us how he worked out that figure. Our committee has

been unable to test such claims by examining any supporting data, because there is no data. The claims were ridiculed by several witnesses, who said that they were too simplistic and overly optimistic. The STUC representative and the World Development Movement representative came to those conclusions.

Our committee's TTIP inquiry has been worth while, if only to highlight to the public how little involvement Scotland has in the process and in the outcome that we might see. Disappointingly, we had no input from the United States of America, despite asking for that view to be presented at our committee for balance.

At the end of the day, surely a positive trade agreement can emerge from the process and deliver benefits to citizens in Europe and in the United States without detriment to our public services, jobs or health. It is member states that will decide whether to go along with the Commission's proposals for TTIP, and that is where I suggest the focus of attention will shift after next Thursday's general election.

The Deputy Presiding Officer: I invite all members who took part in the debate to please return to the chamber to hear the closing speeches.

16:27

Jamie McGrigor: This has been a lively and interesting debate and I thank all members who took part for their contributions. TTIP is an important issue for Scotland and for the Scottish economy. The levels of public interest in TTIP are unprecedented—a picture that is seen across the EU.

In my opening remarks, I spoke about building bridges with America, which is worth doing. TTIP is a logical step to partially merge some of the world's largest markets that will, for a start, bring an additional £10 billion to the British economy every year and £100 billion to the EU economy every year.

The debate that has surrounded TTIP—long before the committee inquiry started—has sometimes been misinformed and based on myths and misconceptions. I will address some of those.

John Finnie: We have heard from a number of members about the challenge that the committee had in getting substantive facts to back up some of the figures. Perhaps Mr McGrigor will tell us the source of the £10 billion figure.

Jamie McGrigor: I cannot go into it. It was an accepted figure at the time, and £100 billion for the EU was an accepted figure at the time. I think that the committee accepted that as well, and the committee report is very good.

A misconception and a myth about TTIP and the NHS have successfully been spread in Scotland. It is important that we, as elected politicians, understand and acknowledge that the public are expressing concerns, but it is also important that we provide them with facts and do not spread the myth further.

The Commission, the UK Government and the Government of the United States of America have made it all clear. The NHS cannot and will not be privatised against the public's will. The only instance in which the NHS would be privatised is if we, as the Scottish Parliament, were to vote in favour of such a move.

The US chief negotiator, Dan Mullaney, said last October:

"I wish ... to stress that our approach to services negotiations excludes any commitment on public services, and the governments remain at any time free to decide that certain services should be provided by the public sector."

Do not forget that 28 nations in Europe have to sign up to the agreement.

John Finnie: Will the member take an intervention?

Jamie McGrigor: Not now—I have to make progress.

A very similar position has been adopted by the EU's chief negotiator, who has explicitly stated that the NHS would be under no threat from TTIP. TTIP will deliver a positive impact for the NHS and, by extension, for patients. It will open up the market to US products and services as well as harmonising regulation in order to avoid costly duplication and set a common standard—a very high standard. That can be good for Scottish businesses, including small Scottish businesses.

The notion that the now infamous investor-state dispute settlement mechanism could be invoked by private companies to change public policy has historical precedent. Many ISDS tribunals are, in effect, held in secret, which has helped to create the picture of mistrust. In its current form, the TTIP agreement includes no ISDS clauses but, if any are later included, things will be different from how they were in the past. The EU and the US have pledged themselves to full transparency, which means that there will be no secret tribunals. Similar clauses were included in the free trade agreement in Canada, which seems to be on its way to being something good. It is also important to acknowledge the usefulness of ISDS, which can help to create a positive investment climate and promote growth.

Another of the main concerns that the public have expressed to me and which was expressed throughout the committee's inquiry is about transparency. I agree that transparency of

government is an essential pillar of democracy and, without it, we cannot scrutinise.

However, there is a significant difference that must be pointed out. In the report's conclusion, the committee acknowledges that

"in any negotiation it is important to retain a degree of discretion about negotiating positions".

There are 28 countries in the EU, and this is a trade deal. Calling for transparency in trade negotiations would be not only similar to playing poker while showing one's hand but like someone telling their fellow players what their next move would be. In business negotiations, there has to be some lack of transparency, so that people can get their positions on the table.

Kevin Stewart: Will the member take an intervention?

The Deputy Presiding Officer: Jamie McGrigor is in his last minute; I am sorry.

Jamie McGrigor: I am sorry—I cannot give way.

Despite what I described, the European Commission has, in a move rarely seen in the EU, listened to concerns expressed by the public and introduced a great deal of transparency. It has allowed for unprecedented and extensive access for elected politicians to scrutinise the negotiations. Much of that access is also available to the public.

A lot of myths about TTIP have been quite successfully spread, but they are nothing more than myths. TTIP has the potential to deliver extensive economic benefits to Scotland and the UK. It will reduce red tape on business, remove unnecessary procedures and grant us access to a market of 300 million people.

There are a lot of misconceptions about TTIP. It is important that we take public concern seriously, but we must also challenge the myths surrounding TTIP that are simply not true. I hope that, in the near future, we will see a completed transatlantic trade and investment partnership agreement, so that we can continue to build on the strong economic recovery that we are seeing in the UK thanks to a Conservative Government.

16:35

Rhoda Grant (Highlands and Islands) (Lab): I refer members to my entry in the register of members' interests, and specifically to my membership of Unison.

Like others, I thank the committee for its report and for its on-going monitoring of the issue, which is helpful, and pay tribute to the TTIP campaign, which has highlighted a lot of the issues and has been emailing us all—I have more than 300 emails

to respond to, so I hope that those people will bear with me.

Full employment has always been, and will remain, an aim of the Scottish Labour Party. That is why we are broadly supportive of agreements that have the potential to bring benefits by boosting trade and economic growth and by securing and creating jobs.

We are also the party that created the NHS, free at the point of use and, we believe, better delivered by the public sector. Therefore, we would never support a trade agreement that threatened our NHS or, indeed, our wider public services.

Although we are supportive of the overall principle of ease of trade, we have major concerns about certain aspects of TTIP. I reiterate what Jenny Marra said in her opening remarks: a Labour Government will seek a clear and robust exception from TTIP for our NHS and public services. We must not do the deal if it is at any cost.

The most serious concern around TTIP relates to the NHS and our public services. The Scottish Government and the UK Government have increased the role of the private sector in our health service, and that could leave us vulnerable if, under TTIP, American companies were able to come in and bid for the contracts to provide those services.

Unison raised concerns with the committee around public services. It called for an unequivocal exclusion of public services from the TTIP negotiations. It said that there should be a positive list that included what was covered rather than excluding certain things, as is normally the case for trade agreements. We have seen how some private companies in America responded to the introduction of a limited public health system, which they have dubbed "Obamacare". If that is how they react to modest healthcare reforms in America, we need to make it crystal clear that our NHS is beyond the reach of international money-making instincts.

Many members talked about contracting in public services. Alex Rowley made the point that we must have freedom to contract within public services. That is especially true if we want to ensure best value. For example, we contract with Women's Aid not only for its expert service delivery but because of its ethos. That is true in relation to many parts of the third sector, where organisations focus on a specific group and build an expertise and an ethos that is impossible to replicate.

A number of speakers spoke about Government policies and priorities. One of the Scottish Labour Party's priorities is taking railways back into public

control. Could that also be protected? Could a Government that did that be open to challenge? We must ensure that that is not the case.

A number of people spoke about investor-state dispute settlement, which gets to the nub of the issue. It allows for independent provision to enable companies to challenge Government decisions. Like others, I believe that the law of the land is adequate for us all and that we must not have investor-state dispute settlement.

Kevin Stewart: Could Rhoda Grant give us a clear line from Labour on ISDS? Earlier, Ms Marra mentioned David Martin and Catherine Stihler. My understanding is that Mr Martin is in favour of ISDS being in the treaty while Ms Stihler is against it. What is the actual Labour Party line?

Rhoda Grant: We believe the law of the land takes priority. If there are systems for negotiation, we will look at those, obviously. However, the truth is that the law must come first. This country is not alone in having concerns about the issue—France and Germany have raised concerns too. A number of speakers have raised the issue and we must take a robust line that the law of the land and, indeed, the freedom of Governments to legislate, must have priority. If that were included in a dispute settlement mechanism, we would, of course, consider that.

I turn to standards. A number of speakers talked about a race to the bottom under TTIP. The benefits of any treaty must filter down to workers and consumers. International agreements have the potential to cement and even increase labour, consumer, environmental and safety standards. There are concerns about TTIP lowering standards, but the principle must be to maintain or increase standards, rather than lower them.

Labour will support only an agreement that will avoid a race to the bottom, promote decent jobs and growth, and safeguard standards. That must be the case with standards on genetic modification, hormones in beef and other matters that members talked about. It must also include medical devices that come from other countries, which must have at least the same standards as we have, if not better ones.

I welcome the debate and commend the committee on its work to bring the issues to the Parliament. I am grateful that it will continue to do that for us.

Although we have sought reassurance on a number of issues, we must follow the precautionary principle. It is our duty as a Parliament to protect our constituents and their public services. That means that TTIP must never interfere with how a Government provides those services to its people.

16:41

Fiona Hyslop: I said in my opening speech that TTIP exemplifies the disconnect between the EU decision-making processes and citizens. The committee's inquiry has helped to close that gap a little bit. Our debate has closed it just a bit further.

Nonetheless, it is clear from members' speeches and from the emails and letters that we have received as MSPs that many people throughout Scotland are deeply concerned about TTIP. It is right that their concerns be heard and their views be represented. That is what democracy is about, and institutions at all levels have a duty and responsibility to respond.

I welcome the steps that Commissioner Malmström has taken to improve the transparency of the negotiations, but I agree with Malcolm Chisholm and others that that transparency should go further. There is an almighty debate throughout Europe and within the European Parliament about investor-state dispute settlement. Scotland's voice is not alone in that.

As evidenced by our debate today, whatever one's view of TTIP, it has put international trade policy on the political and public agenda in a way that has not been seen before. That, in itself, is a good thing. However, as with other EU policy issues, and as the committee rightly identified, the mechanisms and structures for proper engagement with the Scottish Government and Scottish Parliament leave a lot to be desired.

The UK Government should consult and engage with the Scottish Government from the outset of any negotiations and there is significant room to improve the operation of the joint ministerial committee and the concordat on the co-ordination of European policy issues. As Linda Fabiani said in her speech, let us be involved.

It is also unacceptable that, while MPs and unelected members of the House of Lords can have access to key documents, that right does not extend to the democratically elected Scottish Government and MSPs.

Patrick Harvie: I acknowledge the distance that the Scottish Government has moved over the past couple of years and I welcome the stronger line that is being taken. However, the Scottish Parliament's ability to take a view on the matter is somewhat limited: we still have before us only a motion about a committee report. Will the Scottish Government commit to bringing a full, substantive debate on TTIP that will allow motions and amendments to be voted on so that members can express their view on the substance of it?

Fiona Hyslop: That is an important point. The issue is at what point in the determination of any final agreement we would do that. Clearly, in terms

of competency, every member state will have to have a debate and to take a view in its individual Parliament. The timing of a contribution on our position would depend on the timing of the final negotiation. However, I very much take Patrick Harvie's point that we need to come back to the Parliament and debate the matter more fully as it progresses.

Roderick Campbell made an interesting speech. He talked about the evidence from Quebec on CETA and its regulatory co-operation council. On TTIP, it is important to note that we cannot have a regulatory council as a substitute for a democratic institution on standards. He also talked about the importance of the EU engaging on legal issues and how that has not happened. That is also something that needs to be pursued.

Members of all parties ably reflected the concerns of a wide range of stakeholders and their constituents that TTIP threatens many of the things they hold dear, such as the NHS and other public services, our high food and environmental standards and the democratic process itself. We have heard from some members who are concerned about particular aspects of the agreement.

During its inquiry, the committee also heard that TTIP could deliver some important economic benefits for Scotland. Although today's debate has focused mostly on our concerns, the committee's inquiry also heard about the importance of Scotland's economic relationship with the US and the opportunities that it brings. Jamie McGrigor set out how TTIP could help to boost Scottish exports, improve market access, and reduce red tape and the cost of exporting. However, I say to Jamie McGrigor that we already have access to a market of 300 million people. Yes, the US is our biggest export market and our biggest inward investor, but the question is whether improvements could be made and whether the price would be worth paying.

An important point is the potential impact of TTIP on small businesses. We want small businesses to export more but we have to see what impact that would have elsewhere. The distributional impact of TTIP is something that we should consider further.

Adam Ingram gave a thoughtful speech and analysis in which he talked about economic modelling, as did Alex Rowley. Adam Ingram also talked about the balance between responsibility and power. Alex Rowley called for further analysis. Unlike the UK Government, the Scottish Government has provided analysis but, as Malcolm Chisholm said, some of the bases and benchmarks for that analysis will have to be considered.

We also heard from some members, especially those from rural areas, who are worried about the potential impact of TTIP on sectors such as agriculture. We heard reservations about the Commission's economic assumptions that necessarily inform our own economic modelling; a number of members addressed that point.

As I said in my opening remarks, and as reflected in the debate, we cannot be certain about the economic impacts of TTIP. However, the Scottish Government is clear that, whatever those impacts, TTIP must not result in a lowering of standards, it must not affect the Government's ability to regulate, and it most certainly must not come at the expense of the NHS and other public services.

Many members, as Kevin Stewart did, expressed concerns that TTIP would result in a lowering of environmental, food and other standards and that regulatory incoherence might lower standards by the back door. Concerns from those in rural areas must be considered. That is why the Cabinet Secretary for Rural Affairs, Food and Environment has been pressing the UK Government on the issues, and why we will continue to hold the Commission to its word that standards will not be lowered. George Adam was absolutely right to say that the agriculture council was wrong to move a discussion on TTIP into private session; the discussion should have been public.

The committee's inquiry has helped us to understand what TTIP and ISDS are and how they work, but many of us are unconvinced, particularly about ISDS. That scepticism stems from the examples we have heard about today: how tobacco companies and others have used ISDS in other countries to undermine the Government's ability to act in the public interest. It also stems from the knowledge that the EU and the US have strong and well-developed judicial systems and that domestic courts are the best place for dealing with disputes. To Jean Urquhart I say that the Scottish Government is not convinced that ISDS is necessary and takes the view that disputes between investors and the state should be settled in domestic courts.

Most of all, we have heard strong concerns that TTIP could lead to the privatisation of the NHS and other public services. Members argued that TTIP will force NHS services to be put out to tender and reminded us that that threat applies across public services. We also heard concerns that, because the UK is the member state, the privatisation of services south of the border could set a precedent for market access for US healthcare companies here in Scotland. That is not acceptable.

Our concerns have therefore been ably set out in the debate. What we have heard from the UK Government has done nothing to put those concerns to rest. That could easily be done by guaranteeing that there will be an explicit exemption for the NHS on the face of any agreement. The Scottish Government will continue to press that case.

I finish by once again applauding the committee for its effective scrutiny of this complex issue and for shining a light on what TTIP might mean for Scotland. Adam Ingram commented that this was one of the most important pieces of work that has been conducted in his 16 years in the Scottish Parliament. I reiterate the Government's strong view that, whatever the economic impacts of TTIP, it must not come at the expense of the NHS and other public services, or of the right of Government to regulate, and it must not lower standards.

I commend the committee for its work and its commitment to continue that work.

16:50

Hanzala Malik (Glasgow) (Lab): It is important that we have had this opportunity to debate the committee's report on TTIP. I thank all the members who have spoken in this lively and wide-ranging debate. I also thank all those who gave evidence to the committee, including the witnesses, the cabinet secretary and MEPs, as well as the clerks for their support and assistance. We have valued immensely their inputs.

Our convener, Christina McKelvie, and others acknowledge that the Scottish Parliament has no direct role in ratifying the TTIP agreement. However, the inquiry has allowed the Scottish voice to be heard.

The committee's report was sent to the Scottish and UK Governments and the European Commission. It raises issues for each of the bodies. To date, we have received one response only, which was from the Scottish Government. I thank it for its input.

When the committee receives responses from the UK Government and the European Commission, I hope that they will provide clarity on the issues that the committee's report raises. I also hope that the report can influence the negotiation of an agreement that is helpful to Scotland.

A key inquiry finding is that TTIP-related decisions must go through layers of government—from the European Commission to the UK Government as the European Union member of state, and from the UK Government to the Scottish Government. Where there are concerns in Scotland, those must be sent back through all

those layers in the hope that they will be taken into account in the eventual negotiations. Therefore, the feeling of frustration in some quarters is understandable.

We have heard many of the same concerns about TTIP brought up again. Before turning to those, I will highlight three areas in which there could be positive outcomes for Scotland.

First, on the elimination of tariffs, the Scottish Textile and Leather Association described the problems faced by its sector. It said that, with the current tariff barriers, different products attract very different tariffs. It suggested that TTIP would bring simplicity and a level playing field, because there are countries in parts of the world outside the European Union that have zero tariffs on textile goods.

Alison Johnstone: The member speaks about conditions that might benefit trade here, but what about the impact of the trade deal on low-income countries? The Westminster Environmental Audit Committee's report on TTIP says:

"TTIP is likely to produce a negative impact on a number of ... countries ... The increase in trade between the two partners will be mirrored by substantial trade diversion."

That carries threats for low-income companies, which will lose market share. Will the member confirm that the committee will look at that aspect of the deal in its on-going investigations?

Hanzala Malik: I am quite happy to give an undertaking that we will look at those issues.

The removal of tariffs will help Scottish businesses export to the US market.

Secondly, we would see positive developments in relation to improved co-operation as unnecessary regulatory barriers would be removed.

Thirdly, in evidence to us, Scottish Enterprise highlighted the importance of US investment in Scotland and suggested that a trade agreement could provide further inward investment. Any inward investment in Scotland is positive for our economy.

In addition to the potential positive developments, there are negative issues, as we have heard. The Cabinet Secretary for Finance, Constitution and Economy acknowledged in evidence to the committee that TTIP

"can open up our markets here in the same way as it opens up markets to which we hope to gain access."—[*Official Report, European and External Relations Committee*, 5 February 2015; c 28.]

However, until the agreement has been finalised, we will not know which sectors will benefit and which will not. That is why the committee recommends that the Scottish Government assess

the impact of the final agreement and work with businesses across Scotland and the enterprise agencies to follow developments in relation to TTIP very carefully.

Another area of debate is on public services. Despite assurances from Lord Livingston, we agreed that the protection of public services, particularly our health service, is important. Investment protection and investor-state dispute settlement are vital issues, and the committee will follow developments on them.

NFU Scotland told the committee that it was concerned that there would be an

“erosion over the course of time”—[*Official Report, European and External Relations Committee, 27 November 2014; c 26.*]

in relation to food standards. Similarly, the World Development Movement was worried about the “watering down” of regulation to protect health, workers and the environment. Those areas will be discussed in future rounds of negotiation and need a watchful eye kept on them.

I emphasise that the debate is not the end of the committee’s work on TTIP. The recommendations that are set out in our report and have been debated today represent our initial position on the matter. The committee has agreed to conduct further inquiry work on TTIP, particularly to explore issues relating to ISDS and public services. Public services are an important element for us. Of all the elements that have been discussed, protecting the health service and other such services is of particular concern to us. It is important that the implications of the agreement for Scotland continue to be scrutinised through the committee’s deliberations.

I am grateful for all the evidence that we received. People went to great lengths to give us written submissions and, as has been mentioned, we have received a lot of emails. The feeling and depth of concern in Scotland about TTIP have been made clear. A lot of people want us to give the issue our very best scrutiny and to continue that work. The committee is committed to continuing the programme to the best of our abilities. We will continue to get support from industry. We perhaps need to concentrate more on some of the agencies that provide information for us on industries, to ensure that we continue the good work that has been done to date.

I am proud, as I am sure my convener is, of all the evidence that we have received, as well as the emails that we continue to receive from constituents. They have given us a great deal of insight and have proven that there are concerns out there. Despite the fact that we do not have a direct input into the TTIP agreement, we nevertheless have a responsibility to pass on the

concerns to all concerned to ensure that they are taken into account when, at long last, it comes to making an agreement.

Business Motions

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of motion S4M-13037, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, which sets out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 5 May 2015

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Stage 1 Debate: British Sign Language (Scotland) Bill

followed by Financial Resolution: British Sign Language (Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 6 May 2015

2.00 pm Parliamentary Bureau Motions

2.00 pm Members' Business

2.45 pm General Questions

3.05 pm First Minister's Questions

3.35 pm Portfolio Question Time
Infrastructure, Investment and Cities;
Culture, Europe and External Affairs

followed by Business Motions

followed by Parliamentary Bureau Motions

4.15 pm Decision Time

Tuesday 12 May 2015

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 13 May 2015

2.00 pm Parliamentary Bureau Motions

followed by Portfolio Question Time
Education and Lifelong Learning

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 14 May 2015

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time—[Joe FitzPatrick.]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of three business motions, which set out stage 1 and stage 2 timetables of various bills.

Motions moved,

That the Parliament agrees that consideration of the Apologies (Scotland) Bill at stage 1 be completed by 30 October 2015.

That the Parliament agrees that consideration of the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Bill at stage 1 be completed by 25 September 2015.

That the Parliament agrees that consideration of the Air Weapons and Licensing (Scotland) Bill at stage 2 be completed by 5 June 2015.—[Joe FitzPatrick.]

Motions agreed to.

Parliamentary Bureau Motion

17:01

The Presiding Officer (Tricia Marwick): The next item of business is consideration of Parliamentary Bureau motion S4M-13033, on the designation of a lead committee.

Motion moved,

That the Parliament agrees that the Devolution (Further Powers) Committee be designated as the lead committee and that the Education and Culture Committee be designated as a secondary committee to consider and report to the Parliament on the draft Memorandum of Understanding to be entered into by the UK Government, Scottish Government, Scottish Parliament and the British Broadcasting Corporation.—[*Joe FitzPatrick.*]

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

Decision Time

17:01

The Presiding Officer (Tricia Marwick): There are two questions to be put as a result of today's business. The first question is, that motion S4M-13007, in the name of Christina McKelvie, on the European and External Relations Committee's report on the implications of the transatlantic trade and investment partnership for Scotland, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hilton, Cara (Dunfermline) (Lab)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)

McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLeod, Aileen (South Scotland) (SNP)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMillan, Stuart (West Scotland) (SNP)
 McTaggart, Anne (Glasgow) (Lab)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Rowley, Alex (Cowdenbeath) (Lab)
 Russell, Michael (Argyll and Bute) (SNP)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thompson, Dave (Skye, Lochaber and Badenoch) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Abstentions

Buchanan, Cameron (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (Ind)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Goldie, Annabel (West Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnstone, Alison (Lothian) (Green)
 McGrigor, Jamie (Highlands and Islands) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Wilson, John (Central Scotland) (Ind)

The Presiding Officer: The result of the division is: For 77, Against 0, Abstentions 15.

Motion agreed to,

That the Parliament notes and welcomes the conclusions and recommendations in the European and External Relations Committee's 2nd Report, 2015 (Session 4), *The Implications of the Transatlantic Trade and Investment Partnership for Scotland* (SP Paper 693).

The Presiding Officer: The next question is, that motion S4M-13033, in the name of Joe FitzPatrick, on the designation of a lead committee, be agreed to.

Motion agreed to,

That the Parliament agrees that the Devolution (Further Powers) Committee be designated as the lead committee and that the Education and Culture Committee be designated as a secondary committee to consider and report to the Parliament on the draft Memorandum of Understanding to be entered into by the UK Government, Scottish Government, Scottish Parliament and the British Broadcasting Corporation.

Multiple Sclerosis Week 2015

The Presiding Officer (Tricia Marwick): The final item of business today is a members' business debate on motion S4M-12808, in the name of George Adam, on my life, my MS.

Motion debated,

That the Parliament welcomes MS Society Scotland's campaign during MS Awareness Week, which runs from 27 April to 3 May 2015; notes that the campaign will look at all the issues that influence the lives of people living with MS, how the diagnosis affects them and their families and in what way they receive ongoing treatment, care and support, and recognises that the campaign highlights issues of financial security and explores the whole person and the many challenges that they deal with while living with multiple sclerosis.

17:04

George Adam (Paisley) (SNP): I thank you, Presiding Officer, for your on-going support for the multiple sclerosis community. There has been much talk about me being an MS champion; before I was in the Scottish Parliament, you were that champion.

Once again, I thank everyone for their on-going support during MS awareness week. As of this moment, Stacey is very happy with the way things are going. However, she wants me to remind everyone that there are still plenty of badges and there is still plenty of information at the stall outside the chamber, and she asks, "Could you all go there as soon as possible?"

Last year I welcomed everyone to Stacey's annual MS debate. We all know that I would be kidding myself on to say other than that she is the real reason why I am here, talking about the issue today. Once again, she is watching from her balcony position in the gallery, ensuring that I stay on message and get all the correct points across. I mentioned last year that it felt like a scene from "Romeo and Juliet" as I spoke. Because this year's motion's theme is my life, my MS, I want to add that ours is not a tale of woe, like that of Juliet and her Romeo—it is amazing where O grade English gets you. [Laughter.] Although multiple sclerosis is part of our lives, it has not limited the ambitions or goals of either of us. It has made things more difficult, and when we organise a night out it is like organising the D-day landings in Normandy, but MS has not stopped us doing or achieving anything that we have wanted to do.

I recently attended the MS Society Scotland "Living with MS" conference in Glasgow. It was attended by more than 200 people who are living with MS. Many of the people in the MS community are very upbeat and refuse to allow this horrible debilitating disease to beat them. I chaired the whole conference and did not hear anyone really

complain. That outlook on life is to be commended, although it also causes us problems as a campaigning community; it stops us being a major part of the on-going political dialogue on the health portfolio, so we need to moan a wee bit more.

This MS awareness week is so important because it gives us the opportunity to say what is happening within the community. We need to ensure that the estimated 11,000 people in Scotland who have MS have their voices heard. More women than men develop MS—the ratio is approximately 3:1.

I need to mention some facts of which people who live with MS are aware. Multiple sclerosis is a progressive neurodegenerative condition that affects the brain and central nervous system. It is an auto-immune disease, and there is currently no cure. Scotland has one of the highest prevalence rates of MS in the world: it affects about one person in every 500. There are three types of MS: relapsing remitting MS, primary progressive MS and secondary progressive MS. To refer to my situation, Stacey had relapsing remitting MS when we first met, but it has now moved on to become a more progressive form—secondary progressive MS. That is how it happens with MS. Everyone is different, and all their conditions are different.

During the debate at the “Living with MS” conference, we listened to one of the research and communications officers for the MS Society, Emily Burns. I felt sorry for her. She said that MS might be genetic, or it might be because of lack of sun—it is a fact that the further north we go from the equator, the higher the incidence of MS is—but we do not quite know. That is one of the problems. It is frustrating for families who are dealing with MS, because they do not know—it is not something that we can just find a cure for.

At this stage, I will highlight some of the challenges that currently affect people with MS. One of the biggest issues is welfare; we all know about the current welfare reforms. On the negative side, many people with multiple sclerosis have difficulty trying to get work, and many would like to work but cannot. Nine times out of 10, people are diagnosed as having MS when they are between the ages of 20 and 40, which is a major part of their working lives.

When it comes to dealing with situations involving the disability living allowance and the personal independence payment, the 20m rule does not help, for a start. Although a person who has MS may be able to walk 20m, they might also then spend the rest of the day in bed because of the fatigue that has been caused by doing that. Also, many of the so-called experts who do assessments do not understand MS and many of the things that can happen with it. The pressure of

going through such a system will itself possibly provoke an MS attack.

On the theme of my life, my MS, the MS Society has a story from a woman called Audrey Barnett, who has previously given evidence to Parliament. She is from Inverness and was diagnosed with MS in 1995. She said:

“I didn’t choose to have MS, but my experience of the benefits system made me feel like a scrounger.”

She continued:

“I had worked for the Department of Work and Pensions (DWP) for 16 years before being accepted for medical retirement”.

She then ended up having to fight for the very basic benefits.

There are also good news stories of people who have employers with whom they work very well. Ewen Marshall from West Lothian was diagnosed with MS in 2006. He says:

“I made the decision to tell my manager straight away and her reaction was fantastic. I’ve even been promoted to Senior Server Engineer. Nothing’s a problem with my employer as long as I let them know what’s happening. Out of all my symptoms fatigue is my biggest enemy at work. ... My condition is getting worse but I have a good support package in place at work.”

That shows that employers can ensure that people with MS can still work.

One of the many on-going issues that we have is access to medicine. Last year, I brought up the fact that it is not just a case of getting the drugs. Over the past year, all three of the drugs for MS that have been submitted to the Scottish Medicines Consortium have been passed. That is great, but there are still many other drugs—such as Fampyra, which I asked the Cabinet Secretary for Health, Wellbeing and Sport about today—that have not been submitted to the SMC, although they could make a massive difference to the lives of people who are dealing with MS. In the case of Fampyra, the drug could make the difference between someone’s being able to walk and their not being able to walk.

MS is part of my life, but it does not define me. I love my wife, Stacey, and I would not have achieved as much if I had not had her love, support and guidance over the years. Yes—we live with MS, but it does not control our lives. It is part of our lives, but it does not define us as a couple. We will continue to deal with whatever the condition throws up. Together as a community, people who live with MS will continue to fight everything that comes our way.

The Presiding Officer: It is likely that we will need to extend the debate because so many members wish to speak. I intend to allow everybody four minutes, which I hope will enable

me to get everybody in, but members who do not want to take four minutes should not feel obliged to do so.

17:11

Dennis Robertson (Aberdeenshire West) (SNP): Presiding Officer, I shall heed your words and do my best. I am delighted to take part in the debate.

When we talk about conditions such as MS, we sometimes think of their just being generic diseases and we forget that we are talking about individual people. MS is a disease that affects a person—that person deserves an individual, person-centred approach to their own life. When George Adam talks about Stacey as he does—the young romantic that he is trying to be—it reminds me that, although we all face challenges, challenges present opportunities.

The people that I know who have MS have a can-do attitude. The problem is not that they do not want to get on and be part of the world of work—they do—but that, as a society and as people with little or no understanding of, and lack of awareness of the condition, we put up barriers. George Adam talked about employers; employers need to be educated. If they would only give people who have MS the opportunity to get into work, they would see the benefits of their doing so. A person with a disability or an illness who remains in work benefits their employer probably more than any other person who works for them at any given time because that person appreciates being part of that work and that community.

But what have we done? We have put up barriers. The access to work grant that is provided by the United Kingdom Government is a little-known benefit. George Adam is also right to say that the people who assess those who require assistance, whether in relation to work or for Motability services, often look at a tick-list and not at the individual; they do not take a person-centred approach. My ask—and, I think, the ask of Parliament—is that we treat people with MS as individuals, accepting their individual requirements and needs.

17:14

Jenny Marra (North East Scotland) (Lab): I congratulate George Adam on securing this debate to mark MS awareness week, and I thank him and his wife Stacey for their on-going commitment and dedication to the work on the disease, which has such an impact on Scotland. I, too, have a family connection with MS and I know the impact that the condition has on partners, children and parents.

As we know, Scotland has one of the highest incidences of multiple sclerosis anywhere in the world. Many people in this country are all too aware of the condition and so many families are affected by it, but because we still understand so little about the condition, we cannot properly explain why that is so.

The research shows that our neighbours across the Atlantic in Canada appear to have a similar pattern of MS, as do Sweden and Denmark, while countries with warmer climates closer to the equator have extremely low levels. However, geography is not an explanation in itself, with certain ethnic groups having a lower prevalence and MS being considerably more common among women. We cannot say for sure whether the explanation is genetics or climate. Perhaps one day we will solve the mystery.

There are grounds for optimism, as we look ahead, on how we tackle MS. I understand from the excellent work of the MS Society that there are a number of new potential treatments that are not yet available but which are in the pipeline. They were raised during health, wellbeing and sport questions in the chamber earlier. Those treatments are in no small part down to the extensive campaigning and fundraising that the MS Society does to help to fund research. Just this week, we learned that scientists in Edinburgh are to receive £2 million for research into stem cells with a view to understanding how MS develops. It is right that, this week, we acknowledge the extraordinary work of the MS Society.

With the number of neurologists and provision of magnetic resonance imaging machines growing considerably, we have made significant progress globally in treating and supporting those with MS in recent years. I believe that we can look to the future with some confidence in relation to how we understand the disease, how we treat and support the growing number of people who live with MS, fulfilling their lives and, ultimately, our ambition to cure MS.

17:17

Nanette Milne (North East Scotland) (Con): I begin by adding my thanks to George Adam for lodging his motion. All of us in the chamber are aware of his personal circumstances, and we know of his commitment to raising awareness of multiple sclerosis and promoting the best care and treatment for all those whose lives are affected by it.

Scotland has one of the highest incidences of MS in the world, with an estimated 11,000 people in our country diagnosed with the condition. It is one of an increasing number of known

autoimmune conditions. We know that presently there is no cure, as with many neurological diseases, but it is a credit to the MS Society at a UK level that, in the past 60 years, more than £150 million has been raised to research the condition, with the final goal being to find a cure.

It is interesting to note that MS is more prevalent in women than in men, with a ratio of 3:1. Needless to say, I will not be taking part in the great women's 10K run in Glasgow in two weeks' time, but that women-only fundraising event shows the determination of women across Scotland to show their support for finding a cure for MS, and I wish the 10,000 participants the best of luck and happy running.

The MS Society in Scotland has branches across the country and, in the region that I represent, the well-used Stuart resource centre in Aberdeen. That facility provides help to and support for people with MS and their families throughout the city and Aberdeenshire through a wide range of activities from fundraising to social events. Last year's cake break and open day at the centre was a good example of communities coming together on a social basis to raise awareness of the condition. It is important that as many people as possible are made aware that MS can and does affect many lives.

To give a personal perspective, I add that, like George Adam and Jenny Marra, I too have a close family member who faces the challenges of living with MS, although fortunately my relative's condition is one of only fairly minor incapacity at the present time. I would not like to be critical of national health service care, but the person I am referring to was diagnosed with MS nearly 10 years ago and, unfortunately, as far as I am aware they have not been seen by an MS clinical nurse since diagnosis, which makes me slightly sceptical of the claim that an MS patient is reviewed every 12 months. I am unclear about who triggers the contact with the MS nurse. Is it the patient or is it the general practitioner? I would be grateful if the minister could enlighten me so that I can follow that up.

It is encouraging that, according to the most recent data, which is from 2013, the number of people who have been newly diagnosed with MS and who have had contact with an MS specialist nurse went up by 11 per cent on the previous year, but it is still the case that only 57 per cent of newly diagnosed patients have had contact with a specialist nurse. The situation is not yet good enough, and it appears to be variable across the country.

The theme of this year's MS campaign focuses on the right of people with MS to continue in education and employment. The family member whom I mentioned had retired from full-time work

by the time he was diagnosed with MS, although he may have had some unrecognised warning symptoms many years before, but it is worth reiterating that most people who are diagnosed fall within the 20-to-40 age bracket, when most people are either in further education or working. It is worrying that only a quarter of people with MS are in employment, compared with three quarters of the UK population. Indeed, approximately 75 per cent of people with MS feel that their working life and career have been harmed by their diagnosis. I am also saddened to know that MS sufferers can end up unemployed within the first 10 years after diagnosis.

That has the obvious effect of leading to not just understandable depression but financial insecurity. People with the condition can be unable to work as a result of symptoms such as intense pain, extreme fatigue, mobility problems and, in the worst cases, factors such as loss of vision and incontinence. Therefore, MS can present a huge burden, not only to the individual but to his or her family.

The MS Society Scotland does a huge amount of work to raise awareness of multiple sclerosis, and this week of focus on the condition should stand out as a sign that it cannot and should not be ignored.

I again thank George Adam for securing the debate.

17:21

Liam McArthur (Orkney Islands) (LD): I join other members in congratulating George Adam on again securing a debate on a cause to which he has shown great dedication over the years. It is also an issue on which he has provided considerable insight from personal experience; on occasion, those insights might have gone beyond what his wife Stacey was comfortable sanctioning.

The theme of this year's campaign—my life, my MS—allows us to reflect on a range of issues that influence the lives of people who live with MS, including how they and their families and friends are impacted by a diagnosis and how they receive on-going care and support. That is very pertinent, because from all I have learned about MS, including what I learned in preparing for my members' business debate on the subject two years ago, it strikes me—as it has struck other members—that it is a very individual disease.

As I observed back then, the causes are as yet unclear—I will come back to that shortly—but the symptoms, too, are hard to pin down. They can include intense pain, mobility and co-ordination problems, severe depression, fatigue, incontinence and loss of vision, as Nanette Milne said. For some people, there are periods of

relapse and remission. For others, the pattern is one of progressive deterioration. That variability can make life more complicated for sufferers and those around them. People often assume that sufferers are wheelchair bound or very old, yet diagnosis invariably takes place between the ages of 20 and 40. Many of the symptoms are invisible, and they can come and go. I suspect that that makes the task of supporting those who have been diagnosed with MS less than straightforward.

People who have been diagnosed quite naturally want to know what to expect next. As Angela Monteith—a constituent of mine who has been helping fellow sufferers for many years both directly and through her work with the MS Society—explained to me, answering that question is not easy. The disease is never the same for everyone and, post-diagnosis, it is almost impossible to predict the future.

As I pointed out in my debate in 2013, the support that is available is patchy. Clinical standards for neurological conditions including MS were published in 2009, but those standards are not always met. There are certainly examples of excellent and innovative practice, but such practice is not being applied as widely as we would wish it to be. I am pleased to say that NHS Orkney is meeting the MS standard for service provision. Partnership working involving physios, speech therapists, doctors and occupational therapists, as well as the existence of local groups and charities that represent people with MS and other neurological conditions, has made that possible.

In an island community, of course, MS sufferers and their families face some unique additional problems. Although regular get-togethers are held, they can be hard to attend for people who live on the smaller outer islands, and the sense of isolation can often exacerbate other problems that they might be facing. The cost of travelling to Aberdeen for neurological check-ups is high, although the increasing use of telehealth is helping. The local MS nurse in Orkney supports patients during teleconsultations with the Aberdeen-based neurologist. That saves money and, critically, reduces the physical and emotional strain of having to travel long distances.

Of course, as if those challenges were not enough, Orkney and Shetland also have the highest incidence of MS not just in Scotland but anywhere in the world. Given that the reasons for that situation are unclear, I very much welcome the research that is being undertaken to uncover some of the answers. Jenny Marra has already mentioned the welcome recent announcement of £2 million for stem cell research, and Dr Jim Wilson, himself an Orcadian, continues his

groundbreaking work at the University of Edinburgh.

I was also interested to hear recently about the research that is being done by PhD student Emily Weiss, who, working alongside Dr Wilson, is trying to establish how heritable MS is, the role of genetics in determining risk, and the environmental risks, including exposure to ultraviolet radiation from sunlight. With regard to genetics, a good deal of work has already been done in gathering data through the Northern Isles multiple sclerosis study and the Orkney complex disease study, and it will be fascinating to see what Ms Weiss and her colleagues are able to extract from that material.

Likewise, the Viking health study in Shetland has pulled together good base data that will hopefully better inform our understanding of the impact of exposure to sunlight on vitamin D deficiency and therefore the risk of MS. As firm conclusions might be some way off, and ways of mitigating risks further away still, we need in the meantime to get better at understanding and catering for the specific needs of MS sufferers and their families.

Once again, I congratulate George Adam on keeping the issue at the top of our minds and understanding. I thank all those in Orkney and across Scotland who help to support those with MS to ensure that, like Stacey Adam, they are not defined by their condition.

17:26

Chic Brodie (South Scotland) (SNP): I, too, thank George Adam for securing the debate. In a previous debate on this matter, I mentioned Lawrie Elder, my boss and mentor at NCR in Dundee, who had this illness and whose strength and courage guide me still. The debate allows us to look once again at the issues that affect people with MS—this kind of recurrent look is important—as well as the impact on them and their families. That, too, is important; I certainly know the impact—not all bad, I have to say—that the condition had on Lawrie Elder's family. Just as important, the debate also ensures that we continually review the care and support that we give people with MS and carers.

MS affects around one in 600 people, and more than 100,000 people in the UK and an estimated 10,000 in Scotland have it. I eschew the often expressed notion that it is a disability; it is not—it is an illness. MS diagnoses are usually made between the ages of 20 and 40, which means that it affects people relatively early in life, and roughly three times more women than men have it. The MS Society recently unveiled its strategy for 2015

to 2019, and its very appropriate mission statement is:

“To enable everyone affected by MS to live life to their full potential and secure the care and support they need, until we ultimately find a cure.”

That cure will certainly be found.

The MS Society has laid out seven key goals in its strategy, and I want to focus on the first three. On the first, which relates to effective treatments, the society aims to double its funding for research over the next five years. MSPs and this Parliament have to, need to, must influence and pressurise pharmaceutical companies to improve access to existing treatments, and negotiations must be pursued with the Scottish Medicines Consortium to ensure that such medicines can be accessed and that they are made as available as possible. To some, this accessibility with regard to pricing is something of a black art, and it is time that we shone a light on it. The MS Society is also rightly pushing for large-scale rolling clinical trials, and we also need a small-scale trial of vitamin D as a potential disease-modifying treatment. Internationalisation and cross-fertilisation of ideas and information will be a keystone of the bridge leading to the ultimate effective treatment.

The second goal in the MS Society strategy that I want to focus on is responsive care and support. It is essential that there is access to person-centred and co-ordinated treatment that recognises people with MS as equal partners. In 2010, the Scottish Government unveiled the long-term conditions collaborative with the aim of improving pathways for those suffering with MS, encouraging integrated care and delivering care closer to home.

The National Institute for Health and Care Excellence also published its guide to the management of MS in primary and secondary care, which makes recommendations that support an integrated support approach, but also has a focus on access to local services, in particular group and carer support. Family love and care are, of course, the foundation of all of that. I know that Doris Elder and the boys contributed that greatly to Lawrie, particularly in his later life.

Earlier this week, we discussed the future of work programmes in Scotland. In that debate, I argued for all work programmes to be devolved to Scotland to allow the integrated approach that everyone agrees is essential. In its submission to the Welfare Reform Committee in 2013, the MS Society stated that around 60 per cent of work capability assessment centres were inaccessible; that 80 per cent felt that their health suffered because of their work capability assessment; and that 69 per cent of those who were questioned were not offered any help to get them into work. We need to bring all work programmes to Scotland

to ensure that, among others, MS sufferers in Scotland have the best accessibility to employment.

Finally, on preventing MS, I believe from what I have read and from following the issue that we are much closer to understanding what causes MS and that the resolution comes closer each day. We know that it is caused by a combination of genetic and environmental factors, but we need to accelerate the research on what causes it. That includes the provision of time and resource to run prevention trials.

Let us ensure that all of us—politicians in particular—play our part in securing what is in the MS Society’s mission statement, which is

“to enable everyone affected by MS to live life to their full potential and secure the care and support they need”.

The Presiding Officer: Due to the number of members who wish to speak in the debate, I am minded to accept a motion under rule 8.14.3, to extend the debate by up to 30 minutes.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[George Adam.]

Motion agreed to.

17:32

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I congratulate George Adam on introducing once again a debate on this important subject and on championing the cause, following in the footsteps of the Presiding Officer. I also welcome the MS Society to the Parliament this week. It has been my privilege and, I am sure, the privilege of many members to talk to it, read its materials and learn from it.

It is a feature of neurological conditions that many of them have great champions and, indeed, providers. I am patron of the MS therapy centre in Leith, which provides highly valued support services and innovative therapies to people in Edinburgh and beyond. I pay tribute to the superb manager and the dedicated volunteers who work in the centre.

We should welcome in particular the MS Society’s award of £2 million to the Edinburgh centre for MS research for work on primary progressive MS, I think. We have already heard about that from Jenny Marra. The particular focus of that centre is on stem cells and the hope of building a clearer picture of how MS develops and a better method for modelling the condition and finding effective treatments. I think that we all welcome that announcement this week.

My only complaint about the MS Society is that, for some reason, I did not receive its thorough

briefing for the debate. I see it on the desk of my colleague Lewis Macdonald, who is beside me. However, I have read the MS Society's 2015 to 2019 strategy; in fact, it presented on that at the last but one meeting of the cross-party group on MS. Like Chic Brodie, I will not refer to the seven priorities in their totality, but will merely mention two or three.

I was particularly struck by the emphasis on responsive care and support

"that recognises people with MS as equal partners in their care".

That is a general principle that we have tried to develop in health over the past few years. Obviously, it is particularly important for people with long-term conditions. Again, the voluntary sector is very much a champion of that approach to care.

The first priority that the society mentioned was effective treatments. Again, that very much overlaps with the society's treat me right campaign last year, which was the subject of the debate at this time last year. That was partly about better access to medicines, but it was also about access to a multidisciplinary team and a specialist. Since last year's debate, we have heard the welcome announcement from the Scottish Government of a fund for specialist nurses, so I think that it would be appropriate to express the wish that some of that money should go to nurse specialists for MS. We know from talking to people with neurological and, indeed, other conditions that nurse specialists are greatly valued. That is why Gordon Aikman in his great campaigning work has emphasised the importance of nurse specialists for motor neuron disease.

Of course, having access to specialists and a regular review every 12 months was also part of last year's campaign and is one of many neurological standards. Having clinical standards for neurology was a great advance, but when the Neurological Alliance did a report on that—admittedly, it was two or three years ago—it highlighted the postcode lottery of care when it came to the implementation of those standards. There is therefore still work to be done on that and on social care, because support there is also variable. The effective integration of health and social care is obviously going to be crucial for people with MS and other neurological conditions. In fact, several issues specific to neurology were raised in the recent debate on health and social care integration.

I have two final points. First, let us make sure that we involve the voluntary sector effectively in integration and, secondly, let us make sure that, while looking forward to guidance on localism, we have a degree of central direction so that we get

rid of the postcode lottery of care, whether in health or social care.

17:36

Lewis Macdonald (North East Scotland)

(Lab): I, too, congratulate George Adam on bringing this motion to the chamber for debate. I have enjoyed working with him as deputy convener of the cross-party group in the Scottish Parliament on MS, which continues to bring important issues to the attention of the Parliament, as well as less weighty matters occasionally.

Multiple sclerosis impacts on the everyday lives of people living with the condition to different degrees and in different ways. I have friends with MS who have maintained a high quality of life and mobility for years after diagnosis; equally, I know others for whom their physical deterioration has been both rapid and painful.

MS also varies from area to area. Scotland has one of the highest rates of prevalence in the world, and Aberdeen and the north-east have among the highest rates in Scotland. Out of 451 new cases in mainland health board areas in 2013, 64 were recorded in Grampian, which is significantly more than Grampian's population share suggests the area should have. The incidence of MS is even higher in Orkney. As Liam McArthur said, patients from the northern isles, too, access specialised medical services in Aberdeen, either in person or by videolink.

There are currently some 15 whole-time equivalent MS nurses in Scotland for some 11,000 people with the condition, with three whole-time equivalent posts in Grampian and the northern isles. Even a modest increase in those numbers would clearly go a long way. The MS Trust is campaigning to increase the number of specialist MS nurses across the UK and the MS Society has called on the Scottish Government to allocate part of the funds that were announced in January for specialist nursing and care to increase the number of specialist MS nurses, who make such a difference to patients' lives. I hope that the minister will be able to respond positively to that call, which has been repeated this evening by Malcolm Chisholm.

Of course, support for people with MS is not just down to the NHS, because local councils and patients' own organisations also play a part. I heard earlier today from a constituent who was enthused by the excellent keep-fit class at the Stuart resource centre, which Nanette Milne mentioned, which is one of many activities and events that are organised by the Aberdeen branch of the MS Society. It has very effective outreach activities; for example, there was an MS awareness exhibition at Aberdeen royal infirmary

recently and a living well with MS event in Banchory.

Keep fit has been taken to a whole new level by sport and exercise students at the Robert Gordon University in Aberdeen, who have organised bespoke exercise classes, designed in collaboration with the local branch of the MS Society. The students not only designed the course but are providing support to the people who are taking part. In addition, Sue Ryder Care has just launched the 5Rs programme in Aberdeen with support from the Big Lottery Fund. The 5Rs are relaxation, rebuilding, re-energising, reintegrating and regenerating, all of which are very relevant to people with MS. Along with relaxing activities, the programme offers some very practical advice.

A lot is going on at local level, but most important of all—as a number of members have mentioned—is the work that is being done to understand what causes MS and which treatments can make the biggest difference to patients' lives. The MS Society's smart trials of different neurological drugs are part of that, as are the risk-sharing schemes that have been undertaken by the National Institute for Health and Care Excellence at a UK level.

When the minister responds to the debate, I am sure that he will address the issue of support for MS nurses to help existing patients. I ask him also to tell us how the Government envisages Scotland playing our part in the quest for better treatments for MS in the future.

17:40

John Finnie (Highlands and Islands) (Ind): I, too, congratulate George Adam on all his work on MS and on framing a very practical motion. I very much appreciate its wording. Dennis Robertson told us that it is about people and the motion is on "my life my MS", so it is very much concerned with the individual and, as the motion goes on to say, "explores the whole person".

The campaign will look at all the issues that influence the lives of people with MS. Those are the same issues that influence all of us, but with an added challenge—a phrase that we have heard already. The issues are not simply about health; they are about housing and the difficulties with aids and adaptations, transport, increasing problems as people's mobility alters, and education.

Chic Brodie mentioned employment and there is certainly a long way to go with regard to education on the treatment of people with MS. I assisted a constituent whose employer thought that it was entirely unreasonable to make a reasonable adjustment—and, I have to say, the adjustment

was extremely modest. There is some way to go with that.

My colleague Liam McArthur talked about isolation, which is another factor that can have an impact—his constituency is a clear example.

I had a look online this morning for information about MS and, of course—as with everything—there is a wide range of issues. A lot of information online is about fundraising and the commendable activities that take place around the country and around the world. There is also a lot of coverage of the Edinburgh centre for multiple sclerosis research, which I will not repeat. However, I was delighted when I looked at the centre's website to find that the management board is made up of independent MS research scientists and people who are affected by MS. Again, it is terribly important that we keep it—to use the term that has been used previously—person centred and that this is not something that is done to people; it is something in which people have an active involvement.

In last year's debate, I mentioned a young woman and the challenge around securing a drug. I am delighted to say that that matter is resolved. That is not just to the individual's benefit; it is to the benefit of their family and, in particular, to their wee boy.

There is an understandable clamour for a cure. There is a clamour for drugs to ameliorate the effects of MS. Vitamin D is mentioned not just in relation to MS; it is mentioned in relation to other matters as well.

I am always impressed by the energy I encounter when I meet people who are associated with MS. In the past year, I have visited Kirkwall, Oban and Lochgilphead and I am a regular at the Inverness centre. The energy of the people who assist and the energy of the people who have the illness are commendable.

We know that the campaign is the latest in a series. Again, it talks about caring and support and we have to ask ourselves, "Who is going to do the caring and who is going to do the supporting?" There is a pivotal role for this establishment in that. Politics is about priorities and if the priority is replacing weapons of mass destruction ahead of putting that funding to more constructive use for humanity, the financial challenges will not be restricted to welfare reform, the austerity programme and the difficulties—as George Adam highlighted—around the 20m walk rule.

The hallmark for me of people who are involved in MS is their stoicism. They are not going to give in to it. I think that Chic Brodie said that there is a light at the end of the tunnel and I am sure that, with proper funding for research, that tunnel will

get shorter. I hope that that happens sooner rather than later.

17:44

Neil Findlay (Lothian) (Lab): I, too, thank George Adam for submitting the motion for debate and for his chairmanship of the cross-party group.

It does not seem like a year since our last debate on this subject, but I am sure that, for the 600 or so people newly diagnosed with MS since this time last year, the last 12 months have felt more like a lifetime. That is how many people will have had this life-changing diagnosis since we last debated MS. That is 600 people and 600 families whose lives have changed for ever.

It is, of course, easy to overdramatise the impact of a certain condition in order to make a political or an emotional point, but I think that MS must be one of the most frustrating and exasperating of conditions. It is the variability and the sudden attacks after periods of being well, leading to periods away from work or ending a career altogether, that leave people floored through fatigue and mental as well as physical exhaustion.

For those with progressive MS, the downward spiral, the lack of respite from it and the absence of effective drugs to help or cure are almost as bad as the illness itself. I therefore welcome the additional £2 million that is going to the Edinburgh centre for MS research, which has been mentioned by so many people.

Like George Adam's, my interest comes from my own family and the experiences of sufferers in my close circle of friends. Fit, able, sociable, working men and women—one a professional footballer, another one my brother, another my auntie—have all been hit by this very debilitating illness. All were left very much to their own devices to work their way through a system in which information that should have been easily available was not.

Last year at the MS parliamentary reception, I heard Elizabeth Quigley very eloquently and powerfully speak about MS being shrouded in secrets. She spoke of patients always having to go in search of help and always having to ask people where to get advice, instead of being offered it up front; about not being made aware of new drugs and treatments, but having to plead with health boards to get them; and of being unaware of how councils and voluntary organisations can help, until somehow, months or even years later, through some obscure, circuitous route, that information is passed on—and often that information is passed on far too late.

Elizabeth's speech that night was absolutely spot-on. I could see that it rang a bell with people in the room. Certainly it struck a chord with my family members.

In an information-filled age, it often appears that the information that we need is the hardest to come by. Patients need the help. They need to know what services are available. They need to know that there are new developments. They need their MS nurse—if, indeed, they have one and if they see them—to advise them of new developments. They need consultants to tell them what help they can get, and not just ask them at their annual assessment—if indeed they get one—the same question as last year, which we could probably paraphrase as, "How have you been?" "I am okay." "Okay, see you next year."

MS patients need to know that places such as Leuchie house are available for respite and care, and how to access funding to go there for that care. I asked five long-suffering MS patients I know whether they had heard of Leuchie house, and none of them had. None of them had, yet all of them could have been benefiting from the array of services that it provides. Those are people with good family support around them. I have no idea how people with little family or social support cope and find out such things. Those are very important matters for people who are suffering.

I also want to mention briefly the cost of items to assist people with MS and other disabilities. Ramps for wheelchairs cost £100. A decent wheelchair costs £1,500. An automated roof box to carry the chair is a few thousand pounds. The fitting of hand controls in a car is another few hundred quid. Then there are shower seats and other adaptations—the expensive list goes on and on. All of those are additional pressures on people who often, like my brother and two friends, have had to give up their work or go on reduced hours because of their condition.

Finally, Presiding Officer, on a brighter note, my brother—an MS sufferer for 20 years—gets married next month. I wish him and his wife-to-be, Sharron, well as they battle MS together.

The Presiding Officer: Thank you. I am sure that we all wish your brother and his bride-to-be very well indeed.

17:49

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I begin by joining with everyone in thanking George Adam for lodging the motion and bringing it to the chamber for debate. I thank also the members who took part in the debate.

I also take the opportunity to congratulate the MS Society on its work. Members have spoken about much of the good work that takes place on the ground. From my own engagement with the Cumbernauld and district branch of the MS Society, I know of the great work that it undertakes in supporting people locally in the community.

I also thank George Adam for all the work that he does in the Parliament to raise interest in and awareness of MS, and I acknowledge the work of others who have been mentioned.

We all know how highly people with MS value the practical and emotional support that the MS Society offers, and it is great that that support extends to the families and the carers. I am proud to say that the Scottish Government has a long and close working relationship with the MS Society. We share its view that everyone with a neurological condition such as MS, and their carers, should be able to live life to their full potential and secure the care and support that they need.

It can be devastating for someone to be told that they have a condition for which there is no cure, and individuals respond to that in different ways. We must recognise that the changes that matter most and which can make the most difference to people's lives are not in the power of researchers and clinicians. It is important that someone who is living with a neurological condition is able to decide what support they need, when is to be delivered and by whom.

Personalised and integrated services for adults who are living with a neurological condition will be strengthened further by the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 and the Public Bodies (Joint Working) (Scotland) Act 2014. Accompanied by the right advice and information, self-directed support can play a crucial role in helping people who are living with a neurological condition to achieve better outcomes and support. To improve service outcomes for patients, service users, carers and their families, health boards and local authorities should work together alongside the third sector, which, as Malcolm Chisholm noted, has been crucial in the delivery of quality and sustainable care services.

There must be more consistency and fairness in the way in which people are charged for their care. We will consider very carefully what further action we can take to ensure the delivery of fairer care for the people of Scotland.

Some members spoke about the importance of research. Lewis Macdonald asked what role we can play as a country. The chief scientist's office has given more than £644,000 for MS research projects in Scotland in recent years. It also

provides funding of £475,000 a year for the Scottish dementia and neurodegenerative disease research network. The role of the Anne Rowling clinic at the University of Edinburgh is to improve patients' lives through research by translating laboratory discoveries into clinical trials and new therapies. As other members have mentioned, in recent days it was announced that the MS Society is investing a further £2 million in the Edinburgh centre for MS research. Further, the National Institute for Health Research's health technology assessment grant was recently awarded to Dr Doreen McClurg at Glasgow Caledonian University. Her £750,000 project will study the effectiveness of abdominal massage for neurogenic bowel dysfunction in people with MS. We are always willing to see research projects coming forward, and I hope that Scotland can play its part in improving treatments for MS.

One of those treatments might involve new medicines. George Adam spoke about access to medicines. It is important to make clear the fact that all treatments for MS that have been submitted by pharmaceutical companies to the SMC have been recommended for use in NHS Scotland. Only two medicines for the treatment of MS that have been licensed have not been recommended for use—Sativex and fampridine, which Mr Adam referred to. That is because the pharmaceutical companies have not put forward a submission to the SMC. The Scottish Government has met both of the pharmaceutical companies, and we recognise that patients should not have to argue for access to the drugs on an individual basis. We hope that the companies will put forward a good-quality submission, at a fair price to the SMC, in order for patients in Scotland to be able to benefit from the medicines.

Liam McArthur: The minister is right with regard to the availability of medicines, and that seems to be one of the improvements that has been made over the past few years. However, as the MS Society made clear to me this afternoon, there appears to be a gap in relation to treatments for progressive MS. In his discussions with the SMC and others, could the minister try to accelerate some progress on that issue over the next couple of years?

Jamie Hepburn: I would answer that by going back to my fundamental point that all treatments for MS that have been submitted by pharmaceutical companies to the SMC have been recommended for use. We need the companies to come forward to make a bid to the SMC. We would welcome that.

George Adam spoke about the impact that welfare reforms are having on people with a diagnosis of MS. It is vital that the Scottish Government, local government and the third

sector work together to develop a joined-up expression of our collective efforts to mitigate, as far as possible, the worst impacts of the welfare reforms that the UK Government is implementing.

We are working with the NHS, the Convention of Scottish Local Authorities, disability organisations and the third sector to understand the impact of welfare reform on disabled people and on services. We have put in place a range of measures to allow us to identify whether public health is being harmed by welfare reform. That will allow us to take steps to continue mitigating the worst outcomes. As part of that, health boards have been given tools to allow them to identify the people whose health is at greatest risk of being harmed and take steps to allow people to access support in their communities.

A number of members—Malcolm Chisholm and Lewis Macdonald in particular—talked about the specialist nurse funding that the First Minister announced. Of course, the First Minister announced that motor neurone disease specialist nurses would be the first to use that funding. Some £700,000 from the overall £2.5 million pot will go towards specialist nursing care and support for people with motor neurone disease.

People with other conditions such as MS and the organisations that campaign for them are interested to see what the Scottish Government will do with the remainder of those funds. The allocation of the remaining funds will be informed by a review of specialist nursing services that the Government is currently undertaking.

It is important to recognise that there has been an increase in the number of MS nurse specialists and nurse specialists with a neurology or neuroscience specialism in recent years.

Jenny Marra: Will the minister take an intervention?

Jamie Hepburn: Do I have time, Presiding Officer?

The Presiding Officer: Very briefly.

Jenny Marra: Will the minister tell me why the Scottish Government has withdrawn funding for the Neurological Alliance of Scotland?

Jamie Hepburn: Okay. I thought that the intervention might be about the policy area that I was discussing in my speech.

I observe that we fund a range of organisations and that all the members of that alliance are also members of the Health and Social Care Alliance Scotland and can come together to make collective efforts. We will always be happy to engage with the individual organisations as well. We have a relationship with all of them already.

Malcolm Chisholm: Will the minister take an intervention?

Jamie Hepburn: Do I have time, Presiding Officer?

The Presiding Officer: If it is very brief.

Malcolm Chisholm: Various organisations, such as MND Scotland and Parkinson's UK, have concerns about funding for the Neurological Alliance, so will he agree to meet them to discuss it?

Jamie Hepburn: I will always be happy to meet organisations that seek to meet me, so I make that commitment to Malcolm Chisholm and other members. If any organisation contacts me, I will be happy to respond.

I will finish the point about specialist nurse funding. The chief nursing officer will write to NHS boards in the next week or so about that fund.

I assure members that we are fully committed to working in partnership with the third sector to address any inequities of care and make the necessary positive and lasting healthcare changes for the benefit of all people throughout Scotland who live with a neurological condition, including MS.

I thank George Adam for bringing the debate to the Parliament.

The Presiding Officer: I thank all members who have taken part in the debate.

Meeting closed at 17:58.

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