



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 1 March 2016

Session 4

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PUBLIC PETITIONS COMMITTEE
5th Meeting 2016, Session 4

CONVENER

*Michael McMahon (Uddingston and Bellshill) (Lab)

DEPUTY CONVENER

*David Torrance (Kirkcaldy) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

*Kenny MacAskill (Edinburgh Eastern) (SNP)

*Angus MacDonald (Falkirk East) (SNP)

*Hanzala Malik (Glasgow) (Lab)

*John Wilson (Central Scotland) (Ind)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Elaine Smith (Coatbridge and Chryston) (Lab)

Stewart Stevenson (Banffshire and Buchan Coast) (SNP)

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Public Petitions Committee

Tuesday 1 March 2016

[The Convener opened the meeting at 11:01]

Decision on Taking Business in Private

The Convener (Michael McMahon): Good morning and welcome to the fifth meeting in 2016 of the Public Petitions Committee. I remind everyone to turn off any mobile phones or electronic devices in case they disrupt the recording equipment.

Our first item of business is a decision on whether to take item 3, consideration of a draft legacy paper, and consideration of the paper at future meetings, in private. Do members agree?

Members indicated agreement.

Continued Petitions

School Bus Safety (PE1223)

11:01

The Convener: Agenda item 2 is consideration of 11 continued petitions, beginning with PE1223, by Ron Beaty, on school bus safety. Mr Beaty is usually in the public gallery. I cannot see him here today, but he has had some ill health; if that is why he is not here, the committee sends him our best wishes. He has pursued the issue for some considerable time and I hope that he returns to good health in the near future.

Stewart Stevenson, Mr Beaty's MSP, is with us and has been as dedicated as the petitioner in pursuing the issue. Would you like to make some comments before we deliberate on the petition, Stewart?

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Thank you, convener. I am sure that Ron Beaty will appreciate the committee's good wishes. He is making a good recovery, but is not quite well enough to make the lengthy journey from Camrie to Edinburgh on this occasion.

The committee paper refers to the petitioner's latest response and the bottom line is paragraph 17, which says that Transport Scotland is

"considering the implications from the Glasgow pilot programme to see whether any further action is required."

I ask the committee to include the petition in its legacy paper because there is clearly an action that is still outstanding. It is such an important subject, not just for Ron Beaty and my constituency, but across Scotland. We must ensure that we have the best possible outcomes for school transport and the transport of young people.

The Convener: That request is not unreasonable. There is a bit of mileage—I do not mean that as a pun—to be had from this and interest that we can continue to pursue. I suggest that we add the petition to our legacy paper and ask the new committee to continue to pursue it. Is that agreed?

Members indicated agreement.

John Wilson (Central Scotland) (Ind): I suggest that we also write to Transport Scotland, based on Mr Stevenson's comments, to find out when it expects to carry out the evaluation of the Glasgow pilot. The issue has dragged on for a number of years. I believe that Mr Stevenson was the minister for transport when we dealt with the petition initially. We need to get some conclusion on the matter. It would be useful to see the

exchanges between the Department of Transport and Transport Scotland in relation to trying to get some clarification in the legislation that can be applied and transferred to ensure that we can take the action that Mr Beaty has been calling for over the past six years.

The Convener: There is general agreement that we take the petition forward by adding it to our legacy paper. Do members agree to pursue the correspondence that John Wilson has suggested?

Members *indicated agreement.*

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

The Convener: PE1408, by Andrea McArthur, is on updating the understanding and treatment of pernicious anaemia and vitamin B12 deficiency. What are members' views?

Kenny MacAskill (Edinburgh Eastern) (SNP): There has been welcome progress, if I can put it that way.

The Convener: There is nothing that remains outstanding. We seem to have reached the end of correspondence that we can be involved in.

Angus MacDonald (Falkirk East) (SNP): The paper from the clerk notes that we could alert the Scottish Government and the Scottish Haematology Society to the petitioner's latest response. That suggestion has merit.

The Convener: We could do that and close the petition.

Elaine Smith (Coatbridge and Chryston) (Lab): Before the committee closes the petition, I want to draw members' attention to the links with the thyroid petition and the testing of B12. Such testing is often not done fully for thyroid patients and that is quite a problem for them.

The Convener: That is something that we could take on board when we consider the petition on thyroid testing and treatment.

Do you think that there is more that we need to do on the B12 petition, John?

John Wilson: There is. It might just be me, but I seem to be reading the petitioner's response differently. On page 2 of her response, the petitioner indicates that there is still not sufficient guidance being issued in relation to treatment.

I should declare an interest, because my wife receives regular injections for this condition. As I have been reminded on a number of occasions by ministers, there is no guidance in terms of how many injections a patient should receive or how often they should receive them for a vitamin B12 deficiency. However, in reality not enough seems

to be being done to treat the patient, rather than treat what general practitioners and others think is the solution to that.

The petitioner raises the issue about the effect that the current frequency of injections has on some patients: because of the time lag between injections their quality of life diminishes dramatically. I have personal experience of how that affects an individual.

There is still work to be done to ensure that we get some clarification from the Government as to what is being issued. The Scottish intercollegiate guidelines network has said that it cannot do anything because the matter does not fall within its remit. It is something that the Scottish Government should be aware of. Perhaps we can ask the Government to carry out some investigations into the overall impact on patients because of the lack of understanding—mainly by GPs—of the testing method that is being applied to patients who present with vitamin B12 deficiency. It would be useful to get some clarification.

The petitioner refers to the fact that the gastric parietal cell antibodies, known as PCABs, and intrinsic factor antibodies, known as IFABs, in the conditions that present are not always taken into account when prescribing a course of treatment for a patient. It might be worth writing to the Government to see whether it is prepared to carry out some investigations that give us a clear indication of the benefits and timescales of injections that patients should be receiving.

The Convener: On that basis, we cannot close the petition, because there is still some correspondence to be had with the Government. We can put that in the legacy paper and wait on correspondence coming back. Are members happy that we keep the petition open on the basis of the questions that John Wilson wants to raise?

Members *indicated agreement.*

Thyroid and Adrenal Testing and Treatment (PE1463)

The Convener: PE1463, by Lorraine Cleaver, is on effective thyroid and adrenal testing, diagnosis and treatment. Members have notes from the clerk and copies of the submissions that we have received. There were a number of submissions following from the previous discussion on the petition that the committee had. Elaine Smith MSP has joined us again. Do you want to make any further comments, Elaine?

Elaine Smith: I certainly want to comment on the proposals about what to do with the petition. I hope that the committee will not close the petition but include it in the legacy paper because the

committee's hard work over this session has unearthed a whole lot of problems. Some of us knew that they were there but there is now a lot of evidence to show that they are. When the petitioner first started with the round-table discussion, the problems involved with the diagnosis and treatment of thyroid conditions were perhaps not quite as clear.

I thank the committee for the time that it has given to the petition, for its deliberations and for how it has looked into the issues. It has not just taken things at face value but it has dug deeper into some of the issues.

I also want to thank the petitioner, Lorraine Cleaver, for all her hard work in sticking with this petition. It can be a hard thing to do when you are not feeling particularly great at times.

The committee had a lot of submissions after the last meeting but one of the most significant ones is probably from Lyn Mynott on behalf of Thyroid UK. Perhaps one of the most significant points in that submission is that the trials that were mentioned are old trials. They also perhaps do not tell you how much of the T4 and T3 were trialled on people. If you add up everybody who was trialled, the total is lower than the number of patients who responded to the Thyroid UK survey.

After all this, the bottom line for me is that a lot more work needs to be done. If re-elected to Parliament, it is certainly something that I would wish to pursue much further.

The bottom line overall is that we are not listening to patients. We are taking a clinical approach to the issue and so many people are affected by it in so many different ways. People may not even know that they are affected. They are not put on T4. They are told, "You are fine—your blood is fine." They may not understand that the fibromyalgia, the hair loss and the continued tiredness that they are suffering—you know the symptoms, I could go on with a host of things including depression and cholesterol issues—can all be related back to the fact that the T4 is not fully working for them.

In bald economic terms, the condition takes people out of being economically active if they are not well. It also means that the national health service is, frankly, wasting a lot of money on tests and treatments for things that could be sorted out if the person was given the right thyroid medicine.

I ask that, if the petition is put in the legacy paper, all your hard work is also passed on to the next petitions committee.

The Convener: Do colleagues have any views? I am very sympathetic to Elaine Smith's points and I think that we do need to pursue the petition. I have absolutely no doubt whatsoever that, during

the evidence session at our last meeting the minister tried to be as comprehensive in engaging with the issue as she possibly could be, but I think that she needs to be careful about the officials that she brings with her; they raised more issues than they clarified. On that basis, we still have a lot of work to do on the petition.

Jackson Carlaw (West Scotland) (Con): I echo that point, convener. It has been interesting reading the submissions that we have received since the evidence session because they are among the strongest that I have seen submitted following one of our evidence sessions. The submissions are from individuals who all express a similar point of view, although with some variations, about how the evidence was presented to us.

Unfortunately, the more we hear, the less certain we are about terribly much, other than that, as Elaine Smith said, there is a continuing issue here that the committee will have to dig into further in the next parliamentary session. It would be worth while to consider how that might be done because we have now had several evidence sessions on the subject, yet I do not think that we are satisfied. We will need to be clear about how we dig down to get to where we might be able to make a further positive contribution.

The Convener: Yes, I think that there is still work for a future petitions committee to take forward on the issue. There is no danger that we are going to close the petition. We will put it in our legacy paper and we will continue to ask the relevant questions, based on the submissions. Questions keep arising and we also have the information that Elaine Smith has given us again this morning so we will take it forward in that way.

Angus MacDonald: I agree that the petition should be continued. There is a lot of merit in the suggestion from the petitioner that the next committee may wish to take evidence from Dr John Midgley. He has already submitted evidence to the committee on a number of occasions. I would like that to be included in the legacy paper. Clearly it is a decision for the next committee, but it should seriously consider doing that.

11:15

The Convener: I think everyone is agreed on that. We will put the petition in our legacy paper, and we will ask the next public petitions committee to continue to look into the matter. I thank Elaine Smith and all those who have continued to contribute to our consideration of the petition, to update us and to ask the questions. We need to get to the bottom of it.

Thanks very much to everyone.

NHS Centre for Integrative Care (PE1568)

The Convener: PE1568, by Catherine Hughes, is on the funding of, access to and promotion of the NHS centre for integrative care. Elaine Smith is staying with us for consideration of this petition, I think.

Elaine Smith: I was just going to listen to the committee's thoughts about the evidence session and about how you were intending to take the matter forward. I think that it should be included in the legacy paper.

As for my own view, I note that "patient-centredness" is mentioned in page 3 of your paper. That is from Dr Harpreet Kohli's comments. He said:

"It was not an easy decision for board members to make, because two elements of the quality strategy were in dissonance: the evidence that we have about the effectiveness of interventions, and patient-centredness."—*[Official Report, Public Petitions Committee, 9 February 2016; c 29.]*

That is the bottom line. The patients were very clear that the service was very much helping, and they wanted to keep it, judging from the survey that was done. The decision was not made according to what the patients felt or wanted.

I think that, in the long run, the decision is the wrong one. It is not just about homoeopathic medicine—far from it. It is the centre for integrative care and the issue is much more than just arguments about whether homoeopathy works or not. It is about patients and how they feel, too. To my mind, it comes down to short-term savings, but the decision will cost a lot in the long term.

John Wilson: I agree with Elaine Smith. It is an issue that I would like to see included in our legacy paper. There are a number of decisions that are still to be made by Greater Glasgow and Clyde NHS Board.

Lanarkshire NHS Board's decision and the way in which the board made it has come under some scrutiny. We were assured that patients would continue to receive a level of care commensurate with their illness, but I believe that there is a letter in today's *Herald* that raises a case where it was initially attempted to refer someone to the CIC, but it took eight months for them to be referred on to a consultant to be dealt with.

There are clearly issues around patient-centred care. Patients may feel that they would benefit from going to the CIC, but Lanarkshire NHS Board has taken a decision to withdraw supported funding for any future patients, and that raises questions about the quality of care that patients receive and their confidence in the treatment that they receive.

There have been some interesting follow-up submissions, as was the case with the previous petition that we considered. There has been some interesting analysis. One of the submissions goes into the cost benefits of homoeopathic treatments in particular, and it gives a startling indication of the savings that are being made for the NHS—not those that could be made, but those that are being made.

More work can be done on the matter. I would be keen to pass on some of the submissions that we have received to the Scottish Government and to NHS Scotland to ask them for their views, to try and disprove some of the evidence that we have received for today's meeting and to give us some clear indications.

If we continue to rely on health boards funding the CIC, the danger is that it could always be pulled at any time that health boards decide no longer to send patients to the centre. It is about trying to preserve a centre that is delivering for the whole of Scotland, although we are in effect relying on one health board to pick up the costs for it. It is clear that, at some point, Greater Glasgow and Clyde NHS Board may decide to withdraw those services for patients who feel that they would benefit from the treatment that the centre provides.

Hanzala Malik (Glasgow) (Lab): Dr Kohli made a very gallant case for why the decision was made, but I failed to grasp why it was made when all the witnesses agreed that the patients were happy with the service that they received. To me, that overturns any other consideration. Health boards are there to provide a service, and if people are happy with the service that they are receiving, why is the centre being closed, or rather, why are health boards not letting people use it? I could not fathom why the patients who use the service, who are happy with it, are being ignored. Very few patients today are happy with the service that they receive, but in this case people are happy with the service. That fact has been ignored, and I think that that is wrong.

Jackson Carlaw: I think that that was another slightly unsatisfactory evidence session. As Hanzala Malik has said, it was difficult not to arrive at the conclusion that the decision was motivated by cost factors. To put it bluntly, although nobody will use such language, I am left with the impression that some people believe that you might as well be banging voodoo drums as using the services that the centre provides, so they set aside—because it is inconvenient—the patient response, which is that people apparently have a much higher level of satisfaction than is the case in many areas of traditional healthcare.

The difficulty is that, at some point, unless the Scottish Government takes a national view of the

role that it believes that complementary medicine, in its broadest sense, should play in the NHS, the health boards that are charged with making the decision appear to be moving inexorably towards a position in which the service will not be provided.

We should carry forward the petition in the legacy paper, because we want to find out the outcome of the current review but, after that, I think that we should refer the subject in its holistic sense to the successor committee of the Health and Sport Committee in the new session as one that it might want to take a more serious look at in the context of broader healthcare policy. I do not know how much further we would be able to take the issue at that point.

The Convener: I agree with that. I think that there is a large body of work that the next health committee could look at. Questions have been raised because of the evidence that we have heard. There is nothing that we can do about the issue in the short amount of time that is still available to us, but I think that we must put the petition in our legacy paper so that it remains open to the next petitions committee to look at.

We should also suggest that our successor committee ought to consider inviting the next health secretary to appear before it in early course to answer some of the pertinent questions that have been raised, because we did not get a satisfactory outcome from our deliberations the last time that we considered the petition, when we got more questions than answers. There is a significant amount of work that the petitions committee still has to do, as well as indicating that the next health committee should be mindful of the issue, because it has huge implications.

John Wilson: I stand to be corrected, but it is my understanding that the CIC was supposed to become the national pain clinic. Therefore, there are other issues at stake. We are talking about not only alternative or homoeopathic treatments, but building a centre of excellence that can deal with patients from throughout Scotland. We have heard that some patients have been sent south of the border—to Bath—for pain treatment. The idea was to have a centre for that in Scotland, and the CIC was put forward as a possible location for it.

There is an overall funding difficulty. If we do not get NHS Scotland to take a national view of the CIC, there could be an effect on other, vital services on pain control and other treatments. It would be useful if we could get the Scottish Government to give a clear indication of what funding it intends to put into the CIC in the future so that we do not have to rely on health boards making arbitrary decisions on whether to withdraw funding for treatment, which might impact on other potential delivery methods through the CIC.

Jackson Carlaw: To respond to John Wilson, the one thing that I thought we gleaned from the evidence session was that the national pain relief centre would not be contingent on the existence of the centre for integrative care; it seemed to me that there was a clear distinction between the two in the minds of the witnesses. Nonetheless, the fact that they would cohabit the same space raises questions in terms of how all that would function.

John Wilson: I agree that the witnesses told us that the national pain centre would not be contingent on the existence of the centre for integrative care, but I would like to see that in black and white from the Scottish Government and that funding would be made available from a national funding source rather than it relying, again, on individual NHS boards contributing to the delivery of the service. It is about ensuring that services are maintained in a way that is satisfactory for patients and that is not reliant on individual health boards that might withdraw funding at a later stage.

The Convener: That is a very valid point. If there is to be only one centre to serve the whole of Scotland, we cannot have the local health board footing the bill for it and hoping that other health boards will make a contribution—it has to be funded properly. We also need to get clarification on the connection between the pain centre and the integrative care centre. My understanding is that one will be at Gartnavel hospital and the other will be at another hospital facility, so they might not be in the same facility. However, we need to get clarification on that and on where the funding will come from for those services.

Elaine Smith: On that point, there was also concern that the national pain centre might exist instead of the centre for integrative care, so that is another issue.

The Convener: Okay. We need to get clarification on those issues, which requires us to keep the petition open in order to pursue them. Members have made a number of suggestions about communications that we need to make and what to include in our legacy paper to the successor public petitions committee. We will include all those suggestions in the legacy paper. I thank Elaine Smith for her contribution on the petition.

Alzheimer's and Dementia Awareness (PE1480)

Social Care (Charges) (PE1533)

The Convener: We will take the next two petitions together. They are PE1480, by Amanda Kopel on behalf of the Frank Kopel's Alzheimer's awareness campaign, on Alzheimer's and

dementia awareness; and PE1533, by Jeff Adamson on behalf of Scotland against the care tax, on the abolition of non-residential social care charges for older and disabled people.

Again, we have had some correspondence on the petitions, and members have a briefing from the clerk on them. I think that as the petitions will continue to require the committee's attention, we can take on board all the points that the petitioners have made in their submissions and pass them on to the successor committee. Is that agreed?

Members *indicated agreement.*

Confidentiality Clauses (NHS Scotland) (PE1495)

The Convener: PE1495, by Rab Wilson on behalf of Accountability Scotland, is on the use of gagging clauses in agreements with NHS staff in Scotland. Do members have any views on what we do with the petition? Indeed, is there anything that we can usefully do to take the petition forward? I see members shaking their heads. I do not think that there is anything that we can do to address the petition, so I suggest that we close it. What do members think?

David Torrance (Kirkcaldy) (SNP): I think that we should close it, convener.

The Convener: Is that agreed?

Members *indicated agreement.*

Food Banks (Funding) (PE1571)

The Convener: PE1571, by John Beattie, is on food bank funding. The responses to the petition are, I think, very clear but it, too, involves an on-going issue. Is the Welfare Reform Committee aware of the petition? As that committee will be looking at issues such as food banks on an on-going basis, we could pass the petition on to it.

John Wilson: I agree that we should pass the petition on to the Welfare Reform Committee, and we should also ask it to include it in its legacy paper, given that it concerns an issue that the committee will continue to look at. With the other powers that are being transferred to the Scottish Government, it would be useful if the Welfare Reform Committee—if it continues in the next session—could consider the petition.

The Convener: We will need to check whether the Welfare Reform Committee has drawn up its legacy paper; it might be too late for the petition to be included in it. If so, we can include it in our own legacy paper, with the suggestion that it be sent to the Welfare Reform Committee at some point in the next session. Does the committee agree?

Members *indicated agreement.*

Group B Streptococcus (Information and Testing) (PE1592)

11:30

The Convener: PE1592, by Shaheen McQuade, is on group B streptococcus information and testing.

I am still not satisfied that we have had an outcome that addresses the petitioner's aims. The petition deals with an issue that was the subject of an earlier petition; we closed the earlier petition on the basis that we were going to get an outcome, and this petition came to us because we were still awaiting that outcome. I suggest that we put this petition into our legacy paper to ensure that the issue does not drop off the agenda again. Do members agree?

Members *indicated agreement.*

Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012 (Review) (PE1593)

The Convener: PE1593, by Paul Quigley on behalf of Fans Against Criminalisation, seeks a full review of the Offensive Behaviour at Football and Threatening Communications (Scotland) Act 2012. We have received responses from those whom we contacted, and we have also had a submission from Fans Against Criminalisation itself.

I think that there is still a lot of work to be done on this issue. Even as late as this morning, a national newspaper was supplying information, including a letter signed by a host of individuals and organisations who continue to have concerns about the legislation. As those individuals and organisations represented a swathe of society, I think that it would be remiss of us to say that there is not something still to be done on the matter.

On a personal level, I was disappointed by the response from the minister, Paul Wheelhouse, with regard to one particular issue. The issue is personal to me, and I have to raise it because it involves a point that he makes in his letter. When he made his statement to Parliament on the review, he claimed that one aspect of it—the rehabilitation of offenders—had the support of the fan groups who were opposed to the legislation. His wording was careful; I will not say that it was misleading, but his words were carefully chosen in order to allow him to make the claim that Fans Against Criminalisation endorsed that proposal.

After the minister made his statement, I asked a specific question about that claim. In response to my question, the minister went away from his carefully crafted words and made a clear statement that Fans Against Criminalisation fully endorsed his position. When people challenge that

assertion, he refers to the comments that he made in his statement, but he ignores the comments that he made to me. I find that unacceptable. People are challenging him on the basis of what he said in the chamber, and he continues to maintain that he did not say something that he said. I want to make it absolutely clear that I find that totally unacceptable on a personal level.

Based on all of the information that we have had, further information that has been submitted this morning and the views of a host of people in wider society, we have to pass this petition on to the next Public Petitions Committee so that the issues can continue to be examined. That is my view.

Jackson Carlaw: I am going to posit a contrary view, for the sake of discussion. I am opposed to this act and my party is committed to its abolition. However, the petition asks us to urge the Scottish Government to hold a full and comprehensive review, and we have a letter from the minister that says that the Scottish Government will not be undertaking a review. Given that definitive response from the Government, I am not sure whether the matter rests with this committee or has entered the wider realm of political debate. In those circumstances, I am not sure whether keeping the petition open is the right thing to do, but I am open to other colleagues' views.

The Convener: I would like clarification on at least one of the issues to which the minister responded. The submission from Fans Against Criminalisation challenges a lot of what has been said by Police Scotland and the minister, and we would be entitled to go back and ask them for clarification on certain points. After all, that is what the committee does when it considers a petition. If new issues and questions are raised in the responses of those whom we contact, the committee goes back and asks for clarification on those points. Looking at all the items that Fans Against Criminalisation has highlighted, such as the filming and treatment of fans, I think that it is clear that further points have been raised. It would be normal practice for us to continue with a petition in order to pursue such questions.

It is perhaps unfair to single out one individual—and I will not name them—but I note that one of the people who signed the letter that appeared in the newspaper this morning asking for a review was one of the academics who took part in the study that is now being claimed as the basis for upholding the legislation. If even the people who participated in the consideration of the legislation believe that there must be a review, it would be remiss of us not to continue to ask that question.

Hanzala Malik: It is not unreasonable for the petitioner to ask for a review. There has been a lot of misunderstanding of the legislation, and a lot of

constituents have said to me that the bill is not having the effect that it was supposed to—or was designed to—have. The fact that people are suffering a lot of hardship in itself says to me that we need to look at the issues again.

To be frank, I do not want to get into the nitty-gritty of who said what to whom; what is more important to my constituents is whether they are treated fairly, and their perception is that they are not. That needs to be addressed, and it is essential that we carry the petition forward in our legacy paper so that the Parliament continues to pursue the issue. If any citizens of Scotland feel that they are being treated unfairly, we need to address that. That is the bottom line.

The Convener: I put it to the committee that we have debated a number of petitions this morning on which there are still outstanding questions. We have had clear answers from Government bodies and from ministers, who have said no to particular requests, but we have continued to take an interest in those matters because questions have continued to arise. I therefore suggest, without prejudging what our successor committee would do, that we at least ensure that it has a chance to look at the issue and allow the responses to the questions that have been raised in the submissions to come back before it decides either to pass the matter on to somebody else or to close the petition.

Kenny MacAskill: There is a lot of logic in what Jackson Carlaw says; equally, though, I am relaxed about the legacy paper suggestion. It seems that we have, to some extent, come to the end of the road in what we can do. The minister has made it clear that there is going to be no review by the Government. Notwithstanding what the convener has said, the minister has made a denial; like other members, I do not think that we should be going back and forth, looking at who said what.

Nevertheless, the issue is still running. People have chosen to make it an election issue, and we will see what the outcome is in May. The successor committee might or might not seek to raise the issues. I am relaxed about putting the petition in the legacy paper, but I would be very reluctant to make any further inquiries. I do not think that there is anyone whom we could go to who would not say, "I told you before—we're not reviewing this again, and I stand by what I said in Parliament" or whatever. However, putting the issue in the legacy paper would be perfectly acceptable to me.

John Wilson: I am opposed to the legislation and the way in which it is being implemented—I know that Mr MacAskill might have other views on the matter. I think that it should be included in the legacy paper, but I would go slightly further. It is

clear from the responses that we have received this morning and the petitioner's submission, in which he cites one of the authors of the review document, that there are still issues arising with regard to the way in which the review has been used by the Government. Although the Government says that it is not prepared to carry out any further work on it, the committees of the Parliament have a duty, a responsibility and a right to carry out their own scrutiny of legislation and how it has been carried out.

Jackson Carlaw: That is not this committee's job, though.

John Wilson: If Jackson Carlaw will let me finish, I will continue.

The committee previously conducted an inquiry into child sexual exploitation. The issue could have been passed to another committee of the Parliament, but this committee, under the convenership of David Stewart, decided to take forward its own inquiry and make recommendations to the Scottish Government. We could include the issue in the legacy paper to the next committee and recommend that, if the Government or another committee is not prepared to carry out a review, the committee itself review the legislation.

Basically, the committee could do the same as we did with PE1393, bring witnesses and others in and get evidence that might form a basis for recommendations to the Scottish Government. This is not up to the Government. The Parliament must reinstitute the right to make the Government accountable for the legislation that it has put through and accountable for how that legislation is delivered and is seen to be delivered by society.

We can say something stronger by recommending in our legacy paper not only that the petition be continued but that the next committee carry out its own inquiry into this issue. That way, we can get some resolution to the issues that have been raised once and for all and have proper scrutiny of legislation that is seen as detrimental to a number of people in society.

The Convener: Are members happy that we at least leave the matter in the legacy paper and let the next committee have a look at it?

Members indicated agreement.

The Convener: I think that we have reached agreement, even if it is not entirely enthusiastic. We will put the recommendation into the legacy paper.

Public Maladministration (Definition) (PE1594)

The Convener: Our final petition is PE1594, by Richard Burton on behalf of Accountability Scotland, on the specification of lying as an example of public maladministration. Do members think that we need to do anything else with this petition?

David Torrance: I think that we should close it.

The Convener: Shall we just close it, because there is no other value in it at all?

Members indicated agreement.

Angus MacDonald: Richard Burton will appreciate that we are closing it on the basis that lying is already considered, by the Scottish Public Services Ombudsman, to fall within the definition of maladministration, and that the Scottish Government is not minded to create a statutory definition of maladministration, as that might unduly restrict the SPSO's role and function.

The Convener: Thank you very much. It is worth having that on record.

I now close the meeting to the public, who have all deserted us anyway. We will move into private session to discuss the committee's legacy paper.

11:43

Meeting continued in private until 11:47.

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