

PUBLIC PETITIONS COMMITTEE

Tuesday 23 September 2008

Session 3

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PUBLIC PETITIONS COMMITTEE

14th Meeting 2008, Session 3

CONVENER

*Mr Frank McAveety (Glasgow Shettleston) (Lab)

DEPUTY CONVENER

*John Farquhar Munro (Ross, Skye and Inverness West) (LD)

COMMITTEE MEMBERS

Bashir Ahmad (Glasgow) (SNP)

*Claire Baker (Mid Scotland and Fife) (Lab)

*Nigel Don (North East Scotland) (SNP)

*Rhoda Grant (Highlands and Islands) (Lab)

*Robin Harper (Lothians) (Green)

*Nanette Milne (North East Scotland) (Con)

*John Wilson (Central Scotland) (SNP)

COMMITTEE SUBSTITUTES

Bob Doris (Glasgow) (SNP)

Marilyn Livingstone (Kirkcaldy) (Lab)

John Scott (Ayr) (Con)

Nicol Stephen (Aberdeen South) (LD)

*attended

THE FOLLOWING ALSO ATTENDED:

Alasdair Allan (Western Isles) (SNP)

Susan Douglas-Scott (Epilepsy Scotland)

Tom French (Coalition Against Raising the Drinking Age in Scotland)

Des McNulty (Clydebank and Milngavie) (Lab)

Greig Muir

Allana Parker (Epilepsy Scotland)

Gurjit Singh (National Union of Students Scotland)

David Whitton (Strathkelvin and Bearsden) (Lab)

CLERK TO THE COMMITTEE

Fergus Cochrane

ASSISTANT CLERKS

Franck David

Zoé Tough

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 23 September 2008

[THE CONVENER *opened the meeting at 14:01*]

New Petitions

Epilepsy Specialist Nurses (PE1182)

The Convener (Mr Frank McAveety): Good afternoon everyone, and welcome to the 14th meeting in 2008 of the Public Petitions Committee of the Scottish Parliament. We have received apologies from Bashir Ahmad, who cannot attend today because he has a doctor's appointment.

I say to all committee members and to everyone in the public gallery that all electronic devices such as mobile phones should be switched off during the meeting.

Our first new petition today is PE1182, by Allana Parker, on behalf of Epilepsy Scotland. The petition calls on Parliament to urge the Government to increase the number of specialist epilepsy nurses and to ensure that all national health service boards provide adequate epilepsy services for adults, children and people with learning disabilities.

I welcome Allana Parker and Susan Douglas-Scott to the committee. As we say to everybody who comes to give evidence to the committee, you have about three minutes to expand on the thinking behind your petition, after which there will be a question-and-answer session with committee members.

Susan Douglas-Scott (Epilepsy Scotland): Thank you very much for having us, convener. Epilepsy is a complex condition that has wide-ranging effects on people's lives. That is why Epilepsy Scotland believes that we need many more epilepsy specialist nurses than are currently in post. Such nurses are highly skilled senior nurses who develop a really close understanding of epilepsy and work in partnership with consultants, thereby reducing the time that people have to spend with consultants. We hope that epilepsy specialist nurses will also reduce the time that people have to spend in hospital.

Our petition highlights a shortfall in epilepsy specialist nurse provision—a problem that was first brought before Parliament in 2002 when we were campaigning for a national framework for epilepsy. We began a specific campaign for epilepsy specialist nurses in May. At that time, there were 24 full-time epilepsy specialist nurses

in Scotland; today, we are happy to say that there are now 25, and that Highland NHS Board is the first health board in Scotland to reach its proposed target for epilepsy specialist nurses. Another two posts have been funded and are in the pipeline, so we look forward to people being appointed to those posts.

The Joint Epilepsy Council of the UK and Ireland recommends that Scotland should have 62.5 epilepsy specialist nurses, so there is quite a gap between what is recommended and what exists. The figure is based on having one epilepsy specialist nurse for every 100,000 of population. One in every 130 people will develop epilepsy at some point in their lives—it is a cradle-to-grave issue—which means that each of the 62.5 nurses would have 769 people to deal with. That is a lot of people—far too many—so committee members can see that epilepsy specialist nurses are hugely underrepresented.

So why are we campaigning? We believe that there are no national epilepsy specialist nurses and that provision is a postcode lottery. The 25 nurses cannot possibly cover the whole of Scotland. To illuminate the gaps, I will tell you that only five health board areas have paediatric epilepsy specialist nurses, so parents are left to cope on their own without that lifeline link; seven health board areas do not provide an adult service; and eight health board areas provide no learning difficulties service. People with learning difficulties and learning disability represent a third of the population of people with epilepsy. They are an intense group of people, who have complex needs and communication issues, and who tend to have the most difficult-to-manage epilepsy. Although those people really need epilepsy specialist nurses to help them, it is they who are most at risk of not being able to access one.

Orkney NHS Board and Shetland NHS Board currently buy in services from Grampian NHS Board, which means that the one epilepsy specialist nurse in Grampian must cover those other areas as well. That is sometimes done by using telehealth—it is great and we would promote it as a useful service—but she must also see people face to face and so must spend time travelling to Orkney and Shetland. Basically, she covers three health board areas. Furthermore, people with epilepsy are required to travel to health boards to see epilepsy specialist nurses. For example, one of our members who lives in Fife has been referred to the Southern general hospital for expert health support, so she must come down to Glasgow to access a nurse, which is not helpful or useful.

We have spoken to all the health boards in Scotland and got different responses. Ayrshire and Arran NHS Board and Fife NHS Board have each

funded a new paediatric post and hope to see them filled soon. Tayside NHS Board agrees that more nurses are needed, so it is reviewing its ESN role and identifying gaps in service provision, with which we are happy to help it. Orkney NHS Board suggests that the number of people with epilepsy in Orkney is too low to warrant an ESN, but we argue that it could have part of a nurse post—we would not argue for a full post there. Forth Valley NHS Board states that a cash-flow problem is holding it back from development. Dumfries and Galloway NHS Board acknowledges the difficulties, but cites rurality and financial issues as challenges.

What would we want epilepsy specialist nurses to achieve? Well, we would want them to improve access. They could offer person-centred support to all epilepsy patients in Scotland: they could do home visits and they could lead clinics and reduce waiting times for consultants and they could see people faster and respond by telephone. They could also train other health care professionals, such as general practitioners and accident and emergency specialists. They can raise awareness in communities and schools, and work in partnership with the voluntary sector: for example, they could help that sector to roll out the self-management strategy for Scotland that was launched on 4 September by the Minister for Public Health.

ESNs can help improve care, and they offer increased support and counselling to individuals and their families. They can help people to access better support and to manage their epilepsy better, which is what we are all trying to achieve. Better-managed epilepsy means improved medication compliance, reduced seizures, and fewer referrals to accident and emergency and secondary care.

ESNs will have more time to provide specialised clinics. They deal with areas such as pre-pregnancy and pregnancy, the transition from child to adult services and telemedicine. They also support people in a range of other ways, such as in relation to employment and returning to work or school. For example, one of our young members who is 12 was delighted when his epilepsy specialist nurse went to his school and encouraged it to stop wrapping him in cotton wool and instead to let him do activities such as rock climbing and to go on trips outwith the school. He now has a much better school experience because of that.

Epilepsy specialist nurses can develop services and work alongside managed clinical networks in development of services. An epilepsy specialist nurse told me, "I would like to be able to relax and know that all was well on my days off on annual leave and not have to worry about coming back to

a backlog of e-mails and phone calls, and a pile of unanswered mail."

More people will be living with epilepsy in the future. Epilepsy Scotland has just run an event on epilepsy in later life—the incidence of epilepsy increases to one in 90 for over 65s. We know the demographics of Scotland, so I do not need to explain that to the committee. We will have more people with epilepsy, so we need more epilepsy specialist nurses to support them.

The Convener: That felt like three minutes, Susan—well done. I said to her earlier, "Just three minutes," and she said, "No problem."

Susan Douglas-Scott: I was speaking very fast.

The Convener: Do not worry about it. You covered what you needed to, so that is helpful. Are there any immediate questions from committee members? Both witnesses can feel free to answer.

Nanette Milne (North East Scotland) (Con): First, I apologise for being a few minutes late. I am afraid that I did not read my papers and went to the wrong committee room. I declare an interest as an office-bearer in the cross-party group on epilepsy in the Scottish Parliament and as a great supporter of specialist nurses, regardless of the specialty. It is clear that there is a lack of epilepsy specialist nurses. There is also a lack of specialist nurses in other fields. The concept of general specialist nurses is obviously a contradiction in terms, but could epilepsy sufferers be dealt with adequately by nurses who were specialists not just in epilepsy?

Susan Douglas-Scott: I have recently talked to a number of people about that. That might be possible if the nurse was a specialist in two linked conditions—for example, two neurological conditions that have similar issues, such as migraine and epilepsy. Some people have suggested that we could have neurology specialist nurses, but we do not believe that that would work because—as I am sure members will know from presentations to the cross-party group—epilepsy is too complex a condition.

Nanette Milne: That is fine. Thank you.

My other question is about the new Scottish intercollegiate guidelines network guidelines on epilepsy, which the Government has said need to be implemented across health boards. Do you think that that will have the desired effect of getting in more specialist nurses?

Allana Parker (Epilepsy Scotland): In saying that epilepsy specialist nurses are cost effective, the SIGN guidelines were offering a carrot to health boards, whereby if they had more such nurses in post, they would save on consultants' time. However, we have found that NHS Quality

Improvement Scotland has not been able to say that health boards must employ more specialist nurses, so there seems to be a gap between what the guidelines say and what is happening in practice.

Nigel Don (North East Scotland) (SNP): Thank you for fitting your presentation into three minutes. It did not seem like three minutes—there was a lot in it.

I wonder whether you could educate me; unlike Nanette Milne, I have no medical background. Maybe it is a daft question, but could you give me a clue as to where epilepsy comes from? Are we likely to suffer from it in older age? What is it?

Susan Douglas-Scott: Epilepsy is a pattern of seizures, so if someone has more than one seizure, it is likely that they have epilepsy. Seizures take different forms. Examples of seizures are absences, unusual patterns of behaviour that are caused by electrical activity on the brain and tonic-clonic seizures, which involve someone falling down and fitting—that is the type of seizure that one often sees in the media.

Nigel Don: So, broadly, does epilepsy occur when the brain gets its wires crossed?

Susan Douglas-Scott: Broadly.

Nigel Don: Is there any obvious reason why that happens? Does it correlate with anything else in normal life?

Susan Douglas-Scott: There are two types of epilepsy. There is idiopathic epilepsy, when there is absolutely no explanation for the condition, and there is epilepsy that has a cause, such as an injury to the brain of some sort. The brain is like any other organ in the body in that, sadly, it deteriorates as we get older. Someone might have little lesions in their brain that might not cause any other difficulty, but which might well be the trigger for epilepsy.

Anyone can have a seizure—people have a seizure threshold. Someone who drinks too much can have a seizure—that issue might be relevant to the committee, given this afternoon's agenda—but that would not be epilepsy. It would be caused by the toxicity of the alcohol that they had ingested.

Nigel Don: Is a genetic predisposition to epilepsy a hugely significant factor?

Susan Douglas-Scott: It can be. Many childhood epilepsies have genetic elements to them.

Nigel Don: Right.

If we accept your suggestion that we need more epilepsy specialist nurses, what is involved in getting those folk? Where do we find them? They

will not be around on skyhooks, as usual. How do we train them? How long does it take? What is the mechanism for getting from where we are to where you would like to be?

Allana Parker: Nurses can do a masters course or they can take basic training that is provided by existing epilepsy specialist nurses. In other words, as well as academic training, they can build on a bank of experience.

Normally, it is existing nurses, whether in primary or secondary care, who want to become specialists—they view it as another career option. We know that nurses are leaving the force. Becoming an epilepsy specialist nurse would be an option that would allow them to stay in the force and to develop their skills further. It is much easier to appoint an epilepsy specialist nurse than it is to find a consultant neurologist—it takes 15 years to train a consultant neurologist. If posts were available and advertised, we could have more nurses in post.

Susan Douglas-Scott: In general, epilepsy specialist nurses are linked to a consultant neurologist for their continuing professional supervision and support.

Nigel Don: I am interested in the timeline. If I were an ordinary nurse—I am not sure what that means, but I guess you know where I am coming from—and I was close enough to a consultant to get the supervision that I needed, would I be trained during my time as a nurse, while I was doing a normal job? How long would it take me to get from having no specialism to having an acceptable level of specialism?

14:15

Allana Parker: That would vary, but it would generally take two years to take the masters degree and you could be trained on site to begin becoming an epilepsy specialist nurse. You would have a consultant overseeing your work and you would be learning on the job, if you like. We could start to hire nurses straight away if we wanted to. We could give them an induction time for training. They could learn as they went along and do the academic course over two years.

Nigel Don: Would the study be done part time while I was working or would I need to spend a significant period away from the job?

Susan Douglas-Scott: The study would be done part time and would be on-going while you were in the job. You would be supervised by a consultant.

Nigel Don: So, there is nothing in particular to prevent any ordinary nurse—whatever that means—deciding to get themselves trained,

provided that they are close enough to a consultant department to make sense of it all.

Susan Douglas-Scott: The issue is that nurses have to be released from the ward or other clinical duties to be an epilepsy specialist nurse and to take on the role of seeing only patients with epilepsy.

Allana Parker: It is usually a full-time job: it is about not just the clinic but all the visits and follow-up work with schools or employers. It is not just about ward duties.

Rhoda Grant (Highlands and Islands) (Lab): I have a few short questions. If I picked up your introductory remarks properly, I understood that there are three kinds of specialist nurse: adult specialists, paediatric specialists and specialists for patients with special needs. Is there any way one person could cover all three areas?

Susan Douglas-Scott: That would be challenging, because nurses tend to specialise in either adult services, paediatrics or learning difficulties services. The areas are separated anyway. The nurse would be working with different consultants and in different hospital settings, so it would be difficult for anyone to cover all three areas. We know of one area where learning difficulties services and adult services have been combined in one role, but to combine the three would be even more of a challenge.

Rhoda Grant: A number of health board areas do not have anywhere close to three specialist nurses. On the review of community nursing, a lot of people are talking about nurses working in teams. They would not all specialise in everything, but some of them would specialise in certain aspects of nursing. They could help each other out and depend on one another's expertise. Could that be a solution? Could such a team include someone who was not a specialist nurse for epilepsy but who had specialist knowledge of epilepsy as part of their specialism within the team? Would that help?

Allana Parker: We certainly know of people who have a special interest in epilepsy, such as GPs or practice nurses who just want to run local clinics. It is about on-the-job learning and training, because you become an expert by seeing so many people who have a condition. That would be the qualifier. Nurses would have to have enough interaction with people who have epilepsy to become skilled enough to do the work that Rhoda Grant suggests, but in the short term, it might just work.

Susan Douglas-Scott: Often we find that the epilepsy specialist nurse is the person who supports those people in community health partnership areas or GP practices to develop or

maintain their skills. The epilepsy specialist nurse is often the link.

Rhoda Grant: Would it help the rural health boards, such as in Orkney, Shetland and Dumfries and Galloway—which are having difficulties because of their structure and finances, given how much they have to spend compared to bigger health boards—if they could buy the service from another health board and have specialist nurses working within their communities who could refer back to a specialist nurse from a different health board?

Susan Douglas-Scott: That is one possibility. We need to try to think outside the box in rural areas. The current model in Grampian is definitely not working, because the nurse there is hugely overstretched and is having to cover the whole of the Grampian area, plus Orkney and Shetland.

Rhoda Grant: Yes. I can imagine that that is a huge area to cover. Orkney and Shetland are difficult to get to. If Orkney and Shetland had nurses with a specialism who could then depend on a specialist nurse to give them further advice and training, that might be an answer to the problem.

Susan Douglas-Scott: We do not need full-time specialist nurses everywhere—we could have part-time specialist nurses.

John Wilson (Central Scotland) (SNP): I have two questions. First, what is your assessment of the services for people with epilepsy in health board areas where there is no specialist cover? Are people well served or poorly served? Do they find other ways of getting the service they require?

Secondly, the information that we have is that about 40,000 people in Scotland suffer from epilepsy, but how does delivery of specialist services in health board areas tie in with the level of epilepsy in the areas? Might there be in some health board areas a higher preponderance of epilepsy sufferers who are not serviced?

Susan Douglas-Scott: We do not have exact numbers of people with epilepsy in Scotland, never mind in health board areas. It is hard to pin that down. However, we have contact with all the consultants and epilepsy specialist nurses throughout Scotland on the numbers of people they see. Studies have been done on the incidence of epilepsy and hard-to-treat epilepsy—70 per cent of people with epilepsy are treated and are seizure free with the drugs that are available, but 30 per cent continue to have seizures and are more intensive users of health services. There is evidence that a higher incidence of people with hard-to-treat epilepsy occurs in areas of multiple deprivation. There may be increased exposure to causes of epilepsy, such as head injury and toxic

substances, but we do not know all the answers on that.

However, to take a broad-brush approach, there are not enough epilepsy specialist nurses in all areas of Scotland—we are clear about that. More work may need to be done on the details, but we would like an increase in the number of nurses. We realise that the number will not increase from 25 to 62 overnight, but a stepped increase at a quicker rate is vital if we are to improve support for people who live with epilepsy in all areas of Scotland.

Allana Parker: To answer John Wilson's first question, if someone lives in an area that does not have an epilepsy specialist nurse, their health board or general practitioner usually refers them on to an adjoining area that provides the service. People who live in Orkney and Shetland travel to Grampian by air ambulance. When someone who lives in an area that has an epilepsy specialist nurse moves to another area that does not have one, they have to telephone back to that epilepsy nurse to ask them to assist. When we ran the campaign in May, no health board had enough nurses to match its population. We are not positive that the figure of one person with epilepsy in every 130 is the same for all health board areas; we just know that that is the condition's incidence in Scotland. However, in May, no health board had achieved the targets that had been set by the Joint Epilepsy Council of the UK and Ireland.

John Wilson: So in health board areas with no cover, the pressure is transferred elsewhere to specialist services in a neighbouring health board area. We clearly do not have enough specialist nurses, and the nurses that we have are under more pressure because of transfers from other health board areas. There is an issue about the level of service. Do you believe that there are individuals out there who suffer from epilepsy but who have not been diagnosed because they have not been referred to the appropriate specialist services?

Susan Douglas-Scott: Absolutely. We know from research and from information from specialists that there is underdiagnosis and overdiagnosis of epilepsy. The SIGN guidelines clearly say that an epilepsy specialist has to diagnose epilepsy because of the difficulty of the diagnosis. It is what is called a clinical diagnosis, because there is no test to say, "Yes, this is epilepsy," or, "No, it's not." The expertise of the clinician comes into play. When a non-epilepsy specialist does the diagnosis, although the person has had a seizure of some sort, or a funny turn, the non-expert sometimes mistakenly believes it to be an epileptic seizure and therefore treats it with anti-epileptic drugs. We are keen to see an end to that sort of misdiagnosis, as we are to see an

end to the underdiagnosis of epilepsy, which means that people living with epilepsy are not being treated. I suspect, from the evidence that we have had through our later-life work, that there is a huge level of underdiagnosis among older people.

Robin Harper (Lothians) (Green): That is the very point that I was going to ask about. I should also declare an interest as a member of the cross-party group on epilepsy.

I believe that it is suspected that there is a significant level of underdiagnosis among the present cohort of elderly people—we must bear it in mind that there will be an increased number of elderly people in our population in the future—because there is nothing odd in an older person falling and having a funny turn. Does that lead to a significant level of misdiagnosis?

Susan Douglas-Scott *indicated agreement.*

Nigel Don: I want to come back on one issue. You spoke about medication. For my education, if epilepsy is properly diagnosed and medication is given and used, is the condition by and large treated and is the person, in general terms, able to maintain an ordinary life?

Susan Douglas-Scott: Seventy per cent of people who are treated with anti-epileptic drugs respond and are seizure free. However, anti-epileptic drugs tend to have a lot of side effects, so people have to manage living with them. The vast majority of people with epilepsy have issues with memory. Scientists have not yet worked out whether that is to do with the epilepsy or the medication or a combination of the two, but people with epilepsy have to live with that, and they still face a lot of stigma and discrimination. Epilepsy does not necessarily go away completely because someone is taking the treatment. The treatment helps, but it can cause problems.

The Convener: Have health boards made much progress over the past few years? If there are obstacles that prevent health boards from responding to the call that you make in your petition, how can it and the committee help to raise the debate with health boards and others that make major decisions so that your concerns are addressed?

Susan Douglas-Scott: We have been heard by a lot of health boards, which is positive. Some of them are making progress. We are delighted about the posts that are in the pipeline. We campaigned in Lothian to get a new consultant epilepsy specialist and we were successful.

Things move on gradually over the years—it is not all negative. However, although the health boards that are unable to access funding to address the issues are sympathetic and make the right noises, they do not feel that they are in a

position to change the situation. We would like the Government to put in place targets to encourage them to take forward the agenda rather than say, "We are very rural and we don't have the money to invest in all the different conditions, so we cannot make epilepsy a priority over multiple sclerosis or another condition." We would like a target to be put in place, because without targets health boards might not respond more positively.

The Convener: Our concern, given that epilepsy self-evidently has been around for a long time and is not a modern or inexplicable phenomenon, is that over the years, the challenge that location poses has not been addressed by structures for partnership arrangements, sharing knowledge and experience, and the training and development of staff at moderate levels so that they can reach more specialist levels.

We want to take the petition forward, but we need to get a sense of how you as a campaigning organisation are trying to shift the debate with regard to major decisions on, for example, the role of boards and clinicians, and the directions of travel for ministers and other campaigners. I should declare an interest as a member of the cross-party group on epilepsy, which certainly shows that your campaign has been successful in getting the support of members.

14:30

Susan Douglas-Scott: It really helps us if MSPs keep the issue on the agenda; indeed, I suppose that that is why we keep the pressure on members and civil servants to do so. It gives us more power if we can say, "The issue was discussed at the cross-party group," or, "We are progressing the matter with ministers and civil servants." However, until all health boards are required to employ epilepsy specialist nurses to a certain level, we will not get any further with this argument.

Allana Parker: When managed clinical networks for epilepsy and other conditions were being developed, the then Health Department sent out a letter more or less instructing health boards to take the matter seriously and examine ways of developing it. Similar strong guidance, along with suggested targets, would certainly encourage the use of epilepsy specialist nurses.

Nanette Milne: How much does it cost to train an epilepsy specialist nurse?

Susan Douglas-Scott: I do not have any figures for training costs. Allana Parker mentioned the various masters and diploma courses that nurses can take, but the fact is that they do not have to take those courses to become epilepsy specialist nurses; they can be trained by consultants in clinic and then develop the

specialism themselves. After all, they are already highly trained nurses who might, for example, have a background in neurology or have worked a lot in learning difficulties with people with epilepsy.

The cost of employing an epilepsy specialist nurse ranges from about £23,500 to £37,300 a year. I should add that that figure does not include employment costs.

Nanette Milne: I suppose that, on top of all that, it is difficult to judge any savings in hospital time that might be made for epileptic patients.

Susan Douglas-Scott: Yes, but I want to examine different models. I do not want to bang health boards over the head with a stick, saying that there is no other way of looking at the issue. It might also help to work with CHPs in different areas and to use community-based epilepsy specialist nurses.

The Convener: The committee will now determine what to do with the petition. We will, of course, keep you fully informed of what happens next, but we have to explore many of the issues that you have raised both in writing and in your presentation.

I seek guidance from members on whom we should contact to take matters forward. I should say that the final part of the petitioners' presentation highlighted a couple of good pointers to where we should go next.

Nanette Milne: NHS QIS was mentioned right at the beginning, and we should certainly ask it about the implementation of the SIGN guidelines and the employment of nurses. I imagine that the Royal College of Nursing, the west of Scotland and Tayside epilepsy network and the north of Scotland managed clinical network for epilepsy will also have a view.

Rhoda Grant: Unison has a large nursing membership and could, like the Royal College of Nursing, have something useful to say. We should also ask the Scottish Government for its views on target setting and the like.

John Wilson: As someone said earlier, having specialist epilepsy nurses in the community will help people either to maintain or to return to employment. For many employers, there is still a stigma about epilepsy, and it would be helpful to find out from the Department for Work and Pensions or some other organisation about the impact of such local services on maintaining employment levels for people with epilepsy.

Two of the health boards in central Scotland do not have specialist nurses in position—Forth Valley Health Board and Lanarkshire Health Board. We should contact them to find out why they do not think it necessary to employ specialist

nurses. Is it purely for financial reasons or is there some other reason?

Robin Harper: We should also contact a neighbouring health board or two.

Nigel Don: Surely we should ask NHS Shetland, NHS Orkney and NHS Grampian what they are thinking of doing up there.

The Convener: Perhaps we should ask four or five health boards for information so that we get a sense of what is happening. The petitioners have given us a wee steer on that with the information about their campaign activities and the responses that they have been getting. If they have any information that is not already in the system, they should send it to us. We should also seek views from some other support networks in Scotland that have on-the-ground experience.

We will seek responses from the range of folk who have been mentioned. You will be informed when the petition is to return to the committee and you will have a chance to see the committee's deliberations. I hope that we can identify two or three key areas that you have touched on this afternoon and pursue them with the relevant agencies, and particularly with the decision makers in the health boards and the Executive.

I hope that that is useful. No doubt we will see you at the cross-party group on epilepsy on Thursday. Thank you for your time.

Off-sales Alcohol Purchases (Age Limit) (PE1187 and PE1191)

The Convener: We will now consider PE1187 and PE1191 together as they deal with the same subject. PE1187, by Greig Muir, calls on the Scottish Parliament to urge the Scottish Government to reconsider its plans to increase the age for off-sales alcohol purchases from 18 to 21. PE1191, by Tom French, on behalf of the coalition against raising the drinking age in Scotland, calls on the Scottish Parliament to urge the Scottish Government to drop its proposal to increase the age for off-sales alcohol purchases from 18 to 21. Accompanying Mr French is Gurjit Singh, who is also involved in the petition on behalf of the coalition.

You already know the format of the meeting. We will hear your opening statements and we will then have a question-and-answer session. I ask Greig Muir to give his opening statement first, and Tom French will follow on and amplify the arguments.

Greig Muir: I lodged my petition because I thought it was necessary to show the anger that exists about the Government's proposal to increase the age limit for alcohol off-sales. In a modern, free and equal society, there can be no differences in the rights and privileges that are

enjoyed by anyone of the age of 18 and over. For a Government of the nation to undermine that would be a backward step in the process of achieving social equality. In effect, the legislation could create a two-tier society within the age group, dividing people into those who can afford to drink and those who cannot.

I am sure that the proposal was made with positive intentions, but the goal is not more important than the retention of the equality that the people of our country enjoy. If the Government wishes to have an effect on Scotland's drinking culture, I do not believe that the proposal is the right way to go about it.

The consultation paper on Scotland's relationship with alcohol was largely dismissive of education programmes. As a young man who has been out of school for five years, I can tell you that the current education programmes are not effective or exhaustive, and I can do so because I did not know until recently the specific long-term effects of alcohol abuse. That is a failure of the current education system. The Government should seek to inform the public at all age levels about the physical impact of alcohol abuse. A comprehensive, far-reaching, education-based programme that is informative, not patronising, and helpful, not discriminatory, is a much more reasonable way of tackling Scotland's alcohol addiction.

It is unclear whether the proposed change in the law would be a positive step in the fight against Scotland's booze culture. It is also unclear how well it would sit with ever-increasing age discrimination laws. However, it is clear that the policy would further alienate young people from politics and the Government, and would actively encourage and demand age discrimination at a basic level. Those are the reasons for my petition.

The Convener: I invite Tom French to comment on his petition.

Tom French (Coalition Against Raising the Drinking Age in Scotland): I represent the coalition against raising the drinking age in Scotland, which is a coalition of youth and student organisations, including the National Union of Students, the Scottish Youth Parliament and a number of student unions from across the country. We accept fully that alcohol misuse has a devastating effect on the health and wealth of Scotland. According to the Scottish Government's consultation document, it has costs to the NHS, the police and so on of about £2.25 billion a year. As a youth and student coalition, we believe fundamentally that something needs to be done about alcohol misuse. That is why in our response to the Government's consultation, which runs to 67 pages, we have outlined not just our opposition to the proposal to reduce the minimum purchase age

for off-sales but how we believe alcohol misuse can be tackled in Scotland. I am sure that members will have questions for me on that issue.

Fundamentally, our opposition to the proposal stems from the fact that we do not believe that it will address alcohol misuse. It will also have the negative side effect of infringing on the rights and responsibilities of young, responsible adults in our country. We do not agree with the creeping agenda of demonising young people that we have seen in the policy of Governments in the UK.

In the consultation document, the Scottish Government suggests that raising the minimum purchase age would reduce alcohol-related harm, reduce excessive consumption of alcohol, reduce under-18s' access to alcohol, delay the onset of drinking and encourage drinking by 18 to 21-year-olds in more controlled settings. Those goals are laudable, but we do not accept the premise that raising the minimum purchase age will achieve them.

We are not sure where the proposal to raise the minimum purchase age has come from. Our discussions with health organisations, alcohol charities and other bodies indicate that it has not come from health professionals. We can find no evidence that would lead anyone to think that raising the minimum purchase age will tackle the problem of Scotland's drinking culture and why alcohol misuse is deemed acceptable.

I will put the proposal in context by looking at the situation abroad. Around the world, the minimum purchase age varies from zero to 21. The proposal would put us at the top of that range. According to a World Health Organization report, in 2004, 92.2 per cent of countries had a minimum purchase age of 18 or below; 63.2 per cent had a minimum purchase age of 18. Only 3.5 per cent of countries had a minimum purchase age of 21. In 90.4 per cent of countries, there was no difference between the on-sales and off-sales minimum purchase age. Interestingly, in 7.9 per cent of countries, the minimum purchase age was lower for off-sales than for on-sales. The proposal does not reflect an international trend, and it would place us in a small minority of countries, including the USA.

Evidence from the USA shows that, in the 20 years since the minimum drinking age was raised, the measure has had no positive effect in tackling alcohol misuse. On underage drinking, the 2006 national survey on drug use and health showed that 10.8 million 12 to 20-year-olds reported drinking alcohol. A similar report showed that 90 per cent of the alcohol that was consumed by 12 to 20-year-olds was consumed in a manner that was considered to be binge drinking—excessive consumption. According to the surgeon general of the United States, 5,000 under-21-year-olds die of alcohol-related causes each year in the US.

14:45

Underage drinking has not been eliminated; binge drinking and irresponsible alcohol use have certainly not been eliminated. In fact, some surveys and reports suggest that, instead of normalising responsible drinking, raising the minimum purchase age has created a forbidden-fruit effect—also known as a reactance effect—whereby taking alcohol away from someone makes alcohol consumption seem more exciting.

As I have just shown you, people still get hold of alcohol when they are underage and consume it excessively. We do not see any trends around the world that show that raising the purchase age is an effective mechanism for tackling alcohol misuse.

The consultation document argues that the apparent success of the trials of under-21 alcohol bans in Armadale—that was the first one—Cupar and Stenhousemuir is evidence in favour of raising the minimum purchase age in off-sales from 18 to 21. We have two criticisms of the use of those trials as evidence for raising the minimum purchase age.

Having read the reports of the trials, not simply the press releases about them, we believe that the evidence shows that they were relatively unsuccessful and had insignificant and unattributable results. We started off by hearing that the proposal should be used as a mechanism to tackle the health effects of alcohol misuse. However, what we have heard recently has had nothing to do with alcohol misuse or its health implications; it has purely been about the effect on antisocial behaviour so, first of all, we need to clear up exactly what the Scottish Government is trying to do with the policy.

When we examine the results of the trials, we see that they have had an insignificant effect. For example, during the trial in Armadale, minor assaults went up from 0.4 to 0.5 incidents a week on average. The biggest reduction in any antisocial behaviour in Armadale was in the incidence of vandalism—not specifically vandalism related to alcohol, but vandalism full stop—which reduced from 2.5 to 1.5 incidents per week. That is a reduction of one incident per week, which is hardly a stunning result, especially when we consider what Chief Inspector Jim Baird of Lothian and Borders Police concluded. Talking about the number of other schemes that ran at the same time and other variables that were involved in the trial, he said:

“as they all ran in parallel it is not practicable, particularly with the low numbers of calls and reported crimes, to identify what operation had what effect.”

In each of the trials there was a range of variables, including numerous schemes that ran at

the same time. That shows that, even ignoring how insignificant the results were, it is not possible to pinpoint raising the minimum purchase age as the factor that led to them. For example, the safer neighbourhood team had arrived in Armadale a few months before the trial. Since the team had been in place, there had been a constant reduction in reported antisocial behaviour, and that reduction would be expected to continue.

We disagree with raising the minimum purchase age, because neither the international evidence nor the evidence from home shows that it is an effective means of tackling alcohol misuse. It does not affect underage drinking, binge drinking or excessive consumption, but sends out a mixed message to young, responsible adults between the ages of 18 and 21, despite the fact that alcohol misuse is not specific to their age group, as the Cabinet Secretary for Health and Wellbeing has said. At 18, we trust people to go to war for their country and fight on the front line in Iraq and Afghanistan. They can get married, have children and even, under the Licensing (Scotland) Act 2005, own and run a pub, although it is not necessarily clear whether they would be able to purchase stock for it if the minimum purchase age were raised.

The proposal demonises young people. Rather than go forward with it—

The Convener: Tom, I think that we have got the message. Some things never change in student unions: a three-minute speech always takes seven minutes.

Clearly, we now need to spend time going through the observations that have been made, on which members will have a chance to cross-examine the witnesses. I think that, despite my cutting him off, Tom French has, like Greig Muir, given us a clear sense that he is unhappy with the Government's proposals.

We now need to work out some of the issues. Obviously, the proposals are part of a broader Government consultation whose results are still to be debated in the parliamentary chamber. Given the differing views on the issue both within and between the parties, we will undoubtedly get a chance to have a fairly amplified debate on them. However, let us try today to consider some of the details that Greig Muir and Tom French have highlighted.

All three witnesses should feel free to respond to the questions. Are there any questions from committee members?

John Wilson: Good afternoon. In light of the Government's consultation on raising the purchase age for alcohol to 21, what are your views on the actions that have been taken by several major supermarket chains? Asda seems

likely to roll out the challenge 25 policy that it currently operates in London. Spar already operates a challenge 25 policy in its stores throughout Scotland. Tesco operates a minimum age limit of 21 for purchasing alcohol. Arguably, the Government is simply trying to normalise the age for purchasing alcohol from off-sales. What does the panel think of the actions of Tesco, Asda and Spar, given that the latter two have gone beyond the Government's proposals by setting a minimum age limit of 25 for purchasing off-sales from their stores?

Greig Muir: I do not think that the Government should take advice from supermarkets about law. It is up to the Government to decide whether the proposal is an appropriate thing to do in this country. The Government should not follow the lead of the supermarkets, irrespective of the reasoning behind their policies. The issue is for the Government to discuss; it is not for supermarkets to impose.

Tom French: We welcome initiatives such as challenge 21 and challenge 25. In our consultation response, we suggested that the challenge 21 policy should be made a mandatory condition of licence for all off-sales and on-sales premises. We would like such policies to be put in place to better enforce the current laws and clamp down on underage drinking. We have also suggested other proposals, such as increasing test purchasing and—to go alongside a challenge 21 initiative—a national proof-of-age card for young people. Such initiatives would provide mechanisms by which the Government could enforce the current law.

John Wilson: I was interested in Mr French's analysis of the figures from the pilot areas. In Armadale, it was clearly identified that the number of incidents of alcohol abuse by young people decreased from 2.5 a week to 1.5 a week, which is a 40 per cent drop. Is that finding from the pilot not significant? Does it not underline the need to address the purchase and misuse of alcohol by young people?

Tom French: We need to clarify which issues we are trying to address. Are we trying to address the excessive consumption and misuse of alcohol or antisocial behaviour? There might be a range of other reasons behind such behaviour, including possibly a lack of investment in other things for young people to do. I imagine that that is the case in places such as Armadale and Cupar.

As I said, the analysis from Lothian and Borders Police showed that the greatest reduction in antisocial behaviour—which was not necessarily linked to raising the minimum purchase age for alcohol—was in the incidence of vandalism, which reduced by just one incident per week. Minor assaults increased from 0.4 incidents a week to 0.5 during the period of the trial, and youth

disorder calls reduced from an average of 1.37 incidents a week to an average of 0.83 incidents a week, which is not a highly significant reduction. The trials were short—six weeks long—and took place only on Friday and Saturday evenings. They were carried out in places that might not be said to be representative of all the communities, cities, towns and villages in Scotland. There was a lot going on at the time. Even the police talked about all the different schemes, such as operation real time and the safer neighbourhood teams. As the police concluded, it is hard to pin down reductions to the trials.

Are there not better ways of tackling antisocial behaviour than by infringing the rights of the responsible majority, who, even if they do get drunk—for want of a better word—do not all undertake acts of antisocial behaviour? If the issue is about tackling alcohol misuse and consumption, why have we not heard more about that and its effects? It is because there is no evidence.

Rhoda Grant: We are all concerned about alcohol misuse. How could we best promote responsible drinking? You disagree with the policy of raising the age limit for purchasing off-sales, but in evidence all three of you have shown that you are interested in healthy and responsible drinking.

Greig Muir: Other policies that were mentioned in the consultation, such as setting a minimum price per unit of alcohol, could have a very positive effect. We should take a closer look at the specific drinks that people are consuming and the impact that they have. For example, more problems will be caused by someone getting drunk on a bottle of spirits from Asda for £4.99 than will be caused by someone drinking four bottles of beer from Asda for £4.99. We should consider structuring prices according to the strength of the alcohol in order to encourage people to consume drinks that are less likely to make them drunk.

Tom French: We have suggested that instead of creating new laws and raising the purchase age, there are three other ways in which we could tackle alcohol misuse in Scotland. The first is enforcement of the current laws, such as increased use of test purchasing. Test purchasing is not being used enough, and the incidence of shopkeepers selling to underage people has increased over the past few years, so we need to crack down on irresponsible sellers of alcohol. A national proof-of-age card and the introduction of a mandatory challenge 21 policy are other means of better enforcing the current law.

We fully agree with getting rid of irresponsible drinks promotions, which has been done effectively as a result of the Licensing (Scotland) Act 2005, because of which on-sales premises are no longer able to offer happy hours and buy-one-get-one-free offers, which encourage people to

drink more than they had intended. We agree with minimum pricing, to the extent that we think that irresponsible price promotions should be abolished. Because it is so cheap, a £1.99 bottle of wine might encourage someone to drink more than they had intended. However, the price should not be at a level that inflicts on low-income families. There has to be a balance, although we agree with minimum pricing as a mechanism. We agree with getting rid of irresponsible drinks promotions in off-sales and tackling the influx of binge tour promoters in Scotland, such as Carnage UK and Student Night Out, which essentially promote gigantic pub crawls that I argue are irresponsible.

Finally, there is education. We know that education is not the only solution, and that it has to be part of a package of measures, but as Greig Muir said, the standard of alcohol and drugs education in Scotland in schools is not brilliant, and the quality varies from school to school. We would like an improvement in the quality of alcohol education, which should involve working with parents. We believe that families will be important if we are to change the culture of drinking in Scotland. We would like more about that and less of what is—one might argue—a bit of a headline-grabbing public relations job to make the Government seem to be tough on alcohol misuse and antisocial behaviour with what is not necessarily an intelligent policy.

15:00

Gurjit Singh (National Union of Students Scotland): Through NUS Scotland, student unions promote safe drinking in various campaigns. On Tom French's point, I believe that tackling binge drinking must be part of a wider package, and that we need to step up a gear on education. We must also be clear about what constitutes binge drinking. There is differing guidance from NHS Scotland and other organisations on what constitutes binge drinking. Once that is clear and we put the message out, we can start to target and educate young people so that alcohol is seen as a dangerous drug that can have a long-term effect on their lives if it is misused.

Nanette Milne: I would like one small point of clarification. You have made some cogent points, all of which I agree with. In NUS Scotland's response to the Government consultation, did you make all the points that you have made to us this afternoon?

Tom French: Yes.

Nanette Milne: Greig, have you responded, too?

Greig Muir: Yes.

Tom French: We were dismayed—I think that is the right term—that seven days before the consultation ended, the First Minister said that the proposal would form part of the legislative agenda. It does not set a good example or make people feel that the Government is listening to them when seven days short of the end of its own consultation the Government says that it will go ahead with something, regardless of what people have said in their consultation responses.

Nanette Milne: That will now be in the *Official Report*.

The Convener: There is reassurance in that the issue has to go before Parliament where, unlike previously, the Government does not command a majority.

There are a couple of areas that we need to interrogate further.

Claire Baker (Mid Scotland and Fife) (Lab): I understand that you have done a lot of work in speaking to MSPs and various organisations. Have you found any support for the policy in those conversations?

Tom French: The meetings have suggested that the Labour Party—as you know—the Conservative party, the Liberal Democrats, the Green party and even some Scottish National Party MSPs do not support the proposal. Potentially, there is not much support.

The Federation of Student Nationalists said this week that it is against the proposal, and our petitions between them contain somewhere in the region of 10,000 signatures. On our campaign tour, we heard from people up and down the country, of all ages and from all different places, that they do not see the proposal as an effective means of tackling alcohol misuse. They do not see the link between the policy and changing the culture of drinking in Scotland.

I would say that there is not much support, although we are worried that if the Government cannot introduce a national increase in the minimum purchase age, it might seek to implement it locally. If it cannot win the argument on a national basis with a vote in the Parliament, we would not agree with its introducing what is essentially discrimination through the back door on a local basis. If it is not an effective policy nationally, we do not see how it would be effective if it was introduced locally without requiring a vote.

Claire Baker: My follow-up question is on an issue that you have hinted at. Do you see a need for community solutions? The changes were introduced on a trial basis as local licensing boards and communities thought about how they could address the problems of antisocial behaviour and underage drinking. I know that

some areas have trialled initiatives such as banning of credit card sales at the weekend and greater enforcement of the existing legislation on purchase age. Do you see room for community solutions and variation in how communities deal with the issues?

Tom French: Definitely. We want more investment in alternatives to alcohol for young people. As the Government pointed out in its consultation document, some schemes are happening around Scotland—midnight football leagues, community projects and so on. We want investment in such things. Anyone who goes out after 8 o'clock in the evening—not only young people—will find nothing to do in their town that does not revolve around drinking. In addition to bars and clubs, most cinemas and bowling alleys now have bars. More investment needs to be made in alternatives.

We agree that the pilots were popular with some people. My point is that, if someone went into an area where antisocial behaviour was happening on a large scale and told people, “We have a solution for you that will tackle antisocial behaviour,” the local people would of course support the measure.

We want to see evidence-based proposals. If the evidence were to show that the mechanism was ineffective and that the logic of the argument did not hold up, we would question whether introduction of the measure would be beneficial. Those initiatives seem to be a simple way of getting through what is arguably a discriminatory measure.

John Wilson: It was said earlier that if the Government cannot get the proposal through at national level, it will introduce it at local level. I want to clarify the situation: the Government has no authority or mandate over local licensing boards at local authority level. If a board felt that it was appropriate to introduce a byelaw, it would be up to the board to do so. The Government cannot influence the boards either way.

I have two questions on what Mr French said. First, what is the panel's response to retailers being caught selling alcohol to underage people? You mentioned some measures that you would like to see put in place. Secondly, you talked about those who can and those who cannot afford to drink.

Tom French: That was not my comment.

John Wilson: Right—a point was, however, made on the impact of the proposal on low-income families. Will the panel expand on that? The question whether the proposal can be said to be discriminatory is an interesting one, given that the basis is the ability to pay.

Greig Muir: I do not really understand the last point.

John Wilson: I will clarify it. I think you said that the proposed policy would discriminate against those who cannot afford to buy alcohol. I am trying to draw out what was said.

Greig Muir: What I was saying was that, if the Government plans to ban 18 to 21-year-olds from buying alcohol at off-sales, they will have to buy it at on-sales. If they cannot afford to drink in a pub, they cannot drink.

Tom French: My comment did not relate to the proposal but to minimum pricing, which we support. That said, minimum pricing needs to be done in a way that tackles irresponsible pricing. The Government cannot seem to be saying to low-income families and pensioners—all those who are not rich—that they cannot buy alcohol because they are poor. What we need to tackle is irresponsible pricing.

Nigel Don: Good afternoon, gentlemen. Thank you for the cogent arguments that you have made, which have been well received.

One issue that exercises me—I speak as an ex-councillor—is how to stop underage people from getting hold of alcohol. From my experience and what I have been told, I believe that a lot of the alcohol is purchased for youngsters by people who are just 18. Those people go into an off-licence with money that the youngster has given them, buy whatever it is that the kid wants, take it outside and give it to them—which is, of course, illegal. It is difficult for the licence holder to prove the intention behind the purchase, particularly when the person making the purchase is 18. I understand entirely the point that the proposed measure discriminates against 18 to 21-year-olds. Indeed, if I was still in that age group, I would agree with you.

You are rather nearer that age range than I am, so can you give me some thoughts about how we can stop irresponsible 18 and 19-year-olds misusing their being able to buy? That is one of the serious social consequences of allowing 18-year-olds to buy from off licences.

Greig Muir: It is not just 18 and 19-year-olds who buy drink for underage people: when I was 16 or 17, my dad bought drink for me. The consultation document says that 34 per cent of 15-year-olds who got drunk in the past week bought alcohol from a friend or relative or someone else. You cannot just concentrate on 18 to 21-year-olds because if they are removed from the equation, the younger ones will just get alcohol from somewhere else.

Nigel Don: That bothers me—I am not sure that you are right. If parents buy for their children, that

is up to them. There is nothing I can do to stop them, although whether it is legal is another matter. It probably is. However, there is some force in the argument that, as we get older—and 21 is an arbitrary number, like any other—maybe we get far enough away from being under 18 to begin to recognise that it is not too clever to buy alcohol for under-18s. Is there not a point there somewhere?

Tom French: I agree in the sense that there needs to be a clampdown, but I also agree with Greig in that I am not sure that the problem is specific to 18 to 21-year-olds. In fact, speaking as someone who was recently 18 to 21 and below—I probably should not be saying this—my parents would buy us alcohol, and that was a common feature. Parents buying alcohol for underage people is more of a problem than 18 to 21-year-olds doing it. I am not sure that there is a large group of 18 to 21-year-olds or older who want to hang around with under 18s anyway.

Nigel Don: This is a rather strange conversation to be having on the record, but I thank you for starting it. We have to discuss the issues in the real world; there is no point in pussyfooting around them, and I am glad to have the opportunity.

I hope that when parents buy alcohol for their youngsters, it is not done irresponsibly. At the very least, the parents know what is going on, how much they have bought and, in principle, where everyone is. I am talking about irresponsible purchasing of alcohol, which is put into a plastic bag and given to the kids who have produced the money, who then go off into the bushes. If you want to come to Dundee, I will show you the bushes—the litter is still there in the morning. There is no responsibility there. The person who bought that alcohol is not remotely taking responsibility for what they are doing and there was never any suggestion that they would be.

I hope that it is reasonable to say that, as we get older, we get a bit more responsible. So, I am still coming back to the point that some of those who have reached 18—not you, and not me—are irresponsible. That is a fact. How on Earth can we address the problem? Can we address it through a mechanism that would stop relatively young adults being irresponsible and allowing youngsters over whom they have no subsequent control to drink alcohol that they should not have?

Tom French: There is a notion that delaying the onset of drinking until the age of 21 means that everyone is going to be responsible—although I know that is not what you were saying. In America, where the legal drinking age is 21, there is a craze in which a person who turns 21 has 21 shots on their birthday. That does massive health damage. I think that I am right in saying that it has killed a couple of people.

Nigel Don: Only a couple?

Tom French: There are news reports and videos on YouTube and goodness knows where else. I am not sure that delaying the onset of drinking necessarily works.

The drinking age varies around the world, and so do the problems, but there is not necessarily a link between the higher purchasing age and the number of problems. On the continent, for example, there are lower drinking ages, but fewer problems with drinking. In the UK, there is some variance in drinking problems between Scotland and England, which have the same age restrictions. In America, there is a higher drinking age, and yet it has problems that are equal to, if not worse than, those in Scotland.

The solution has more to do with normalising responsible drinking. I do not have all the answers to the question of how we clamp down specifically on proxy purchasing. Lothian and Borders Police are using operation realtime, which uses closed-circuit television and other elements to clamp down there and then on people who are selling alcohol to people who are under age. I think I am right in saying that someone who was over 21 was prosecuted for purchasing alcohol for under-18s. That is perhaps one method that can be used.

15:15

Nigel Don: I am sure that that is a part of it. However, I have a bone to pick with you. You call your group the coalition against raising the drinking age in Scotland. With respect, no part of the discussion has anything to do with raising the drinking age. A campaign that goes under a banner that is itself a misrepresentation is probably not the greatest way forward.

Tom French: Just to clarify that, we set up the campaign in April, when the Scottish Government was not stating clearly whether it was going to raise the age for off-sales or for on-sales. We wrote to the Cabinet Secretary for Health and Wellbeing, the Cabinet Secretary for Justice and the Minister for Public Health, but we did not get a response until some time in June. We did not manage to get a meeting with them until 27 August. We have tried to work with the Government on the matter all along, but we have had our advances rejected, as it were.

Nigel Don: Understood.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): Good afternoon, gentlemen. Nigel Don tried to elicit a response from you as to how we overcome the perceived problem with underage drinking.

Greig Muir said that he was not aware of the problems that alcohol could cause for people—

particularly young people—until recently. You suggested that more effort should be made to promote education on the problems that alcohol can cause. What advice can you give us on how we can bring about such an education programme for senior pupils, or even a younger generation of pupils, in schools?

Greig Muir: The education programme on alcohol needs to continue throughout a person's life. We need to remind people constantly of the specific physical effects of alcohol. It is not enough for me to turn on the television and see a picture of someone with a hangover—that will not stop me drinking. However, if it is an advert that tells me about the specific harm that I am doing by putting the substance into my body every day, I would perhaps think again.

Tom French: I agree. In some respects, we need education throughout schooling that begins at an early age, and is appropriate for each age group. We also need awareness campaigns for people who are not in school, and for older people.

I think I am right in saying that the previous Administration created a scheme for alcohol education in schools. However, as I said before, the quality of that education varies from place to place. In some schools, there might only be one lesson, and if you miss it, you will not get that education. The teaching can also vary, so we would like different mechanisms for delivering alcohol education to be examined.

Alcohol Focus Scotland has released a book called "Rory", which is aimed at young children and deals with issues about alcohol dependency in families in an appropriate way. We would like such themes to be introduced throughout Scotland. It is possible to start to tackle alcohol education at a young age if it is done appropriately. It is important to reaffirm that message.

The Convener: The big issue that you have raised will be part of a wider debate that we need to have in Parliament, so there will be other opportunities to raise many of the issues that you have generated in response to the consultation.

For me, the dilemma is this: there are the issues around choice, age and so on, and the Government's proposals on those will be examined critically, but what do we say to communities up and down the country, whether in small towns or in areas such as that which I represent, where there is a core problem with excessive alcohol misuse of which a substantial proportion is young people under the age of 18 accessing alcohol from a local off-sales or from a national retailer? How do we square the issue off? The evidence shows that we are at the wrong end of the tables on alcohol misuse, health status and

so on. It is not that we are unaware of the problems—we cannot help but notice that we are not in the right place.

So, what are we actually saying? How can we deal with that? Do you think that the existing legislation, with different enforcement and a different series of interventions, may address the problems more than the Government's proposals? That is what must be debated in the chamber. What balance do you feel needs to be struck, and how can we shape that debate over the next couple of months as the bill goes through Parliament?

Tom French: As Gurjit Singh said, there needs to be a package approach to tackling alcohol misuse. I accept the fact that there is an issue of alcohol misuse in the 18-to-21 age group, as there is in other age groups. However, some of the worst binge drinking happens among people in their 40s and 50s, so the issue is not specific to young people. There must be a package of measures to tackle different problems.

The problem with the debate so far has been that there are so many different aims that people are trying to achieve through the bill, it is unclear what the proposal is for. If it is to tackle antisocial behaviour, that is one thing; if it is to change the culture of drinking, that is another. Those things need to be tackled in different ways. Education is one way in which we can get across to people the effects of alcohol misuse and enforcing the current laws is one way of stopping underage drinking. At the moment, 13-year-olds are wandering around the streets with bottles of cider. Clearly, that is wrong and something needs to be done to tackle it and it can be done by enforcing the current laws rather than by creating another law to extend the purchase age.

I fully accept that antisocial behaviour is a massive problem that communities care deeply about. Where I come from—Brighton—we had a lot of antisocial behaviour problems. The issue needs to be addressed, and that cannot be done by introducing a measure that is not effective, even if it grabs the headlines. More must be done to enforce the current laws and to provide alternatives to alcohol. I keep coming back to the point, but it is important to recognise why young people—and people of all ages—are turning to alcohol as a means of entertainment. I am sure that young people do not really want to hang around outside off-licences, in parks, by railway lines, and so on drinking. Is that the best we can do as a nation? I do not think so. We must invest in our communities and offer people alternatives to alcohol. I am thinking about things such as midnight football leagues, but investment in more long-term alternatives to alcohol is also really important.

Gurjit Singh: I agree with Tom French that there should be greater enforcement of the current law. If we cannot control underage drinking when the purchase age is 18, it will be impossible to control it when the purchase age is 21. There must be greater enforcement of the current law and alternatives to alcohol should be offered.

Greig Muir: I appreciate what is being said, but there is evidence of antisocial behaviour and drunkenness among underage people throughout Scotland and there is no evidence that the proposed policy will work. Therefore, I do not see how it is something that members can tell their constituents they are doing to address the problem. The consultation paper relied very much on American evidence, and the main finding of that evidence was that the policy leads to a reduction in drink driving among young people, which is not such an issue in this country. I do not think that it is right for us to push ahead with something for which there is no evidence.

The Convener: Okay. We have had a fairly lengthy—I was going to say “session”, but I had better not do so, given that we are talking about alcohol—discussion. I am conscious of the fact that it is the subject of consultation and that it will be debated in the chamber in the near future.

Have members any views on how we should deal with the petitions, bearing in mind that other opportunities will arise to address the issue that they raise? I am open to suggestions.

Rhoda Grant: I understand that the Justice Committee will deal with the bill that will propose the changes with which the petitions are concerned. We normally write to the Government ourselves and ask for a response, but should we refer both petitions to the Justice Committee so that it can consider them as part of its scrutiny of the bill?

The Convener: That suggestion seems to be okay.

Nanette Milne: I agree. Are we in a position to make any recommendations to the Justice Committee? Could we suggest that it call the petitioners to give evidence?

The Convener: We can draw the Justice Committee's attention to this discussion in the *Official Report* of today's meeting. We can let it know that we have received the petitions and ask whether they would be of value to its scrutiny of the bill. I imagine that it might well invite people who are involved in the campaign.

We do not always do this with petitions, but because the petitions deal with an issue that is in the legislative framework, other opportunities will arise to consider them. I am sure that when the

petitioners submitted their petitions, they hoped that their concerns would be raised.

I hope that today's meeting has been useful for the petitioners and not too intimidating. There is some very good Strathmore water for you to enjoy now.

15:26

Meeting suspended.

15:29

On resuming—

Local Leisure Activities (PE1173)

The Convener: I reconvene the meeting and thank members for their patience—we have had a long shift because of the nature of the petitions that were before us. The next new petition is PE1173, by Parisa Tadjali, on behalf of Ayrshire ice skaters, which calls on the Scottish Parliament to urge the Government to ensure the continuous provision of local leisure facilities and to ensure that such facilities are not closed to make way for new housing or supermarket developments without equivalent local facilities being provided. We have information in front of us. I ask for recommendations on how to tackle the petition.

Nigel Don: As I—wearing another committee hat—have just had a petition passed to me wearing another committee hat, I wonder whether we might pass the petition to the Health and Sport Committee, because the petition would seem to be right up its street and the sort of issue that it is considering.

The Convener: Are members happy to pass the petition to the Health and Sport Committee, which is considering pathways into sport?

Members *indicated agreement.*

Rural Fuel Prices (PE1181)

The Convener: The next petition is PE1181, by Helena Coxshall, calling on the Parliament to urge the Government to make representations to the UK Government about the cost of fuel in the Western Isles and other rural areas of Scotland, which are now among the most expensive places in the world to buy petrol or diesel; to highlight in particular the refusal of the UK Government to introduce measures similar to those that operate in France to reduce the tax on fuel in very remote areas; to protest at the serious consequences that high fuel prices have for fishermen, motorists and businesses in island and rural areas; and to request parity with mainland city prices.

The constituency member for the Western Isles, Alasdair Allan, has been waiting patiently—he

came in a wee bit earlier. He would like to say a few words in support of the petition.

Alasdair Allan (Western Isles) (SNP): I send apologies from the people who put together the petition, but it would have been a rather expensive exercise for them to come in person. I thank the committee for the opportunity to speak on their behalf.

Anyone who knows the Western Isles or other island groups in Scotland is aware of the fragility of the economy in those places. Recent examples of that are the instances of fishermen in my constituency announcing that they will have to give up because they simply cannot afford to put fuel in their boats. With that background, *Am Pàipear*, the local newspaper in Uist, put together the petition and circulated it widely throughout the Western Isles. However, the petition speaks for a bigger constituency than just the Western Isles or even just islands in Scotland; it points to the fact that the price of fuel in many of our most remote communities has got out of control.

We all complain about the price of fuel, but the fact is that, in our most remote rural and island communities, there is often no viable alternative to using the car. It is essential for all social groups. Therefore, a rise in fuel duty, particularly in a community such as mine, which is burdened with various other problems, including the highest rate of fuel poverty in Scotland, has a significant social impact. People cannot afford to get to their work. People have written to me to say that, because their commute is 25 miles each way, which is not uncommon, it is not worth their while going to work, so they are trapped on benefits. People have told me that they cannot afford to run their fishing boats and have quoted to me astonishing prices for goods in small rural shops.

The big difference in rural and island Scotland is not that petrol and diesel are expensive, but that they are the most expensive petrol and diesel in the world. As I have said before, I expect someone from the Pitcairn islands or somewhere to contradict me on that, but I think that some of Scotland's islands have the most expensive petrol and diesel to be bought at the pump anywhere in the world. At one point, the price of diesel reached £1.50 a litre at one place in my constituency.

I urge committee members to note that the petition carries a sizeable number of signatures, given the population in the Western Isles. In a few weeks, almost 6,000 people signed the petition, and the adult population of the Western Isles is only 22,000.

The petition does not just complain about how things are; it seeks a remedy and action. It asks the Parliament and the committee to make

representations to the Westminster Government, where the necessary reserved powers reside.

The petitioners have asked me to make it clear that they believe that how the tax system operates on fuel is wrong in Scotland's island communities. As the wholesale cost of fuel is greater in island communities, we pay proportionally more VAT—so not only is the fuel more expensive, but we pay more tax. In other countries—not least in France, as the convener said in reading out the text of the petition—the tax system is adjusted to allow for such a situation and to ensure that the cost of fuel in Paris and in la France profonde is nearly equivalent.

No one in the islands is calling for cheaper petrol, but the petition makes it clear that prices should be nearer parity. Without that parity, those who live in our remote communities experience severe social and economic consequences. With those sentiments, I commend the petition to the committee and thank members for their time.

Robin Harper: I was under the impression—because I have asked about the matter before—that wholesalers deliver fuel at the same price throughout the country, including the outer isles. Are you saying that when the Shell tanker pumps out fuel in Stornoway or Kirkwall, the cost is at a premium?

Alasdair Allan: You touch on a controversial issue. The tanker belongs to Scottish Fuels Ltd and it is a mystery why it puts fuel ashore at different prices in every part of the west of Scotland. Even between Skye and Lewis, the difference in the price of wholesale petrol is huge.

The difference in price is accounted for not by petrol stations, where margins are tiny, but by the fact that fuel is put ashore at different prices, which results in a consequential increase in VAT. The companies put petrol ashore at different prices in all the islands and the prices vary from week to week.

Robin Harper: Do retailers compete? Do they sell fuel at the lowest price that they feel is profitable?

Alasdair Allan: Do you mean petrol stations?

Robin Harper: Yes.

Alasdair Allan: There is competition, because different petrol stations sell petrol at different prices. However, the margin is so tiny that most petrol stations rely on other income sources to make their profit, such as a shop. Given that petrol stations may be 15 to 20 miles apart, a kind of competition exists, but it is not the same as competition in towns.

Robin Harper: Could petrol stations be given relief that did not involve the rather complicated

and previously unconceived idea of a differential tax rate? Could they be supported in other ways to reduce their prices further?

Alasdair Allan: Such measures would certainly be welcome, but even if petrol stations reduced their prices to the wholesale price and made zero profit from selling petrol and diesel, fuel would still be dramatically more expensive than it is in Edinburgh, Glasgow or perhaps even Ullapool. Such support would be welcome, but even selling at wholesale prices would not overcome the differential.

Robin Harper: The practice of wholesalers seems unfair, so I presume that they have received urgent representations on the matter. What has been their response?

Alasdair Allan: They have certainly received representations from me, and from others. They have offered numerous commercial explanations for the situation, which are not always readily accepted by people in the islands. One explanation refers to the distance from Grangemouth, which would be easier to believe were it not for the fact that when the boat gets to Ireland, the fuel is put ashore there more cheaply than it is in the Western Isles. The issue of the quantities involved has been raised as an explanation, too. In addition, various explanations have been offered that involve deals that were reached with BP. However, the fact is that the wholesalers are not prepared to put ashore petrol or diesel in the islands at anything resembling the price that they charge elsewhere.

Robin Harper: For a number of reasons, I do not believe that it would be possible to have a differential tax rate. We can see, for example, what happens between Northern Ireland and the Republic of Ireland because they have different tax rates on fuel. Have you thought of ascertaining whether the Government would be prepared to subsidise the extra costs that are inherent in taking the lorries on the ferry to the outer isles? In other words, lorries would be given a free trip on the ferry, which would remove most of the excuse that the wholesalers give for charging a higher rate.

Alasdair Allan: You rightly point to the situation between Northern Ireland and the Republic of Ireland, which arises because they have different tax regimes. However, I am not sure that the comparison is valid, because if a differential tax rate applied to the islands of Scotland, that would not make the petrol there cheaper than it was in Edinburgh or Glasgow, even if someone was prepared to take a detour to, say, Benbecula for a cheap tank of petrol. The petrol would probably still be slightly dearer. I do not think that a differential tax rate would distort the market, because nobody would go to the islands to fill up.

You suggested that there could be a subsidy for transporting fuel to the islands on ferries, as opposed to Scottish Fuels transporting it by tankers. There is an existing subsidy for freight in the form of the road equivalent tariff. However, I question whether it would be possible to get the required quantity of fuel to all the islands by the method that you propose rather than by using a dedicated ship. Certainly, there is a subsidy that is devoted to freight for some purposes.

Robin Harper: Excuse my ignorance, but is all fuel delivered by ship and pumped ashore?

Alasdair Allan: Yes. The bulk of it comes from Grangemouth on a ship that is operated by Scottish Fuels.

Robin Harper: It occurs to me that there might be problems in putting tanker loads of petrol on passenger ferries anyway.

Rhoda Grant: What the petition asks for is a reserved issue and the action that it proposes has already been taken by the committee, so I suggest that we deal with the petition slightly differently. Given that the Scottish Government has already made representations to the UK Government, I do not think that there is much point in asking it to do that again.

We could write to the Government and ask it some of the questions that Robin Harper raised. We could ask the Government to have talks with Scottish Fuels about why it charges different amounts to different islands. We could also talk to the Government about how it would discount transport in the islands and about considering affordable public transport. Alasdair Allan raised the issue of people being able to travel back and forth, so we should raise the issue of other islands having similar affordable public transport and ferry discounts as the Western Isles has.

We could raise the issue of support for rural petrol stations. The previous Government had a rates relief scheme for petrol stations, so we should ask whether the current Government can build on that and perhaps consider grant funding for petrol stations. There is an also an issue with the deprivation indicator that the Government uses, which states that car ownership militates against people living in deprivation. However, we all know that, in many rural areas, deprivation and car ownership are not mutually exclusive. People do without a lot in order to have a car, because it is impossible to exist in a rural area without one.

It might be worth while considering whether, if Scottish Fuels is not willing to play ball and work with rural petrol stations, the petrol stations could come together and form a purchasing co-operative so that they have more strength and can consider discounted prices. That could be extended to include heating oil. The islands do not have mains

gas and the cost of heating oil is creating as much of a problem as the cost of petrol and diesel. I do not know whether we can look into that, given that the petitioners have not asked us to do so, but they asked us to do something and we should consider the matter in the round.

15:45

The Convener: That should be fine.

We will take on board the points that were made by Robin Harper and Rhoda Grant and try to pull them together. We will write to the Scottish Government and the UK Government. Is that what you suggest, Rhoda?

Rhoda Grant: That would be worth while.

John Farquhar Munro: Robin Harper made a point about free ferry trips, but there is a regulation that prohibits the tanker from going on to the ferry unless it is unaccompanied by any other vehicle.

There is support for small rural filling stations, but the regulations that govern the award of financial support are onerous. Where a filling station and a shop are integrated as one business, there is a degree of rates support, if you like, but it does not amount to a large sum of money and it does not seem to have any influence on the cost of fuel in remote parts of the Highlands.

It was suggested that we should take up the matter with the Government and seek a derogation on the cost of fuel. Whether that should be done through the tax system or the VAT system is a matter for debate. I do not think that we should forget it and say, "No, the Government has already said that this is not going to happen." We should keep knocking on the door.

The Convener: We will take those points on board. There might be room to raise concerns about some companies' conduct. There will always be a debate about where taxation kicks in and so on. We might not always agree on that, but we have identified a number of areas of concern and we will raise them with the decision makers at both levels to see whether there are things that they can do under their powers, or in partnership, to address the concerns.

I hope that that is useful to Alasdair Allan, whom I thank for his patience and his attendance.

Planning etc (Scotland) Act 2006 (Third-party Right of Appeal) (PE1183)

The Convener: PE1183, by Keith McCarter, on behalf of the Coopersknowe residents association in Galashiels, calls on the Scottish Parliament to urge the Scottish Government to amend the Planning etc (Scotland) Act 2006 to introduce a third-party right of appeal for communities where

the terms of the planning consent that pertains to a development have substantially changed. Do members have any comments on the petition?

John Wilson: When the committee considered a similar petition last year, we decided to ask the Government to consider whether it intended to carry out any post-legislative scrutiny of the 2006 act. I urge the committee to take the same position again. There are clearly a number of issues, and it is not just in Galashiels that the situation arises. In a couple of incidents in my constituency, a third-party right of appeal against subsequent planning permissions has been refused because of the 2006 act. I urge the committee to support the suggestion that we write to the Government and ask it to take the petition into consideration if it does any post-legislative scrutiny of the 2006 act.

The Convener: Are members happy with that recommendation?

Members indicated agreement.

Robin Harper: I suppose that I should declare a post-legislative interest. I was keen for a third-party right of appeal to be included in the legislation. At the very least, there should be post-legislative scrutiny of how the act is working.

The Convener: Okay. We will take the recommended course of action on PE1183.

Eco-friendly Schools (PE1184)

The Convener: PE1184, by Mrs L Albarracin, on behalf of the Bellahouston academy eco-committee, calls on the Parliament to urge the Government to make funding and other assistance available to schools to enable them to become environmentally friendly and achieve green flag status. Do members have any suggestions on how to deal with the petition? It strikes me that we should just raise the matter with the Government to see what actions lie within its remit and what discussions it has had with the Convention of Scottish Local Authorities on the issue. We should write to the Government and COSLA about what schools can do. The papers on the petition refer to a request for funding that could not be met, but the school would still like to address the issues.

Nigel Don: I agree. We should do exactly what the petitioners ask and find out what people think they are doing and what can be done. I am sure that the historic concordat will be mentioned somewhere in the response. That is inevitable.

The Convener: It is all right—it has been binned.

Nigel Don: Perhaps it is completely historic—it might even be prehistoric now. We just need to ask people what they are doing.

The Convener: Think of all the speeches that could be recycled.

Robin Harper: Given that 93 per cent of primary schools are involved in the scheme, there cannot be many significant problems in the primary sector. The eco-schools programme has just started to raise the bar and get more secondary schools involved. Given that there might be perceived barriers in that sector, perhaps it would be a good idea to ask for a response about that issue.

John Wilson: One of the issues that has been brought to my attention in relation to eco-schools is the flying of the eco-flags. Although funding is available for schools to move towards and progress through the award system, there does not seem to be any funding in place to buy the flagpoles. I know that that is a bone of contention and that schools make appeals about their being able to display the flags prominently to show that they have won the awards. We might ask the Government, when it is looking at its funding streams, to find out whether there are particular problems with that, especially in deprived areas. If schools get the awards, how do they display the eco-flag? Some time ago, an appeal about that was made to me. The parent council was looking for £1,000 for that purpose. That might not seem a lot of money in the great scheme of things, but for some schools it is a substantial amount for the parent council to raise. We might be able to raise the issue with the Government so that we can find out whether schools can display the flags prominently and whether the costs of that can be met.

The Convener: Okay. Are members happy to pursue those matters?

Members indicated agreement.

Road Bonds (Sewers and Drains) (PE1185)

The Convener: PE1185, by Andrew Kaye, on behalf of the Coopersknowe residents association in Galashiels, calls on the Parliament to urge the Government to amend the relevant legislation to ensure that sewers and drains associated with roads from new developments are included in road bonds and to give local authorities enforcement powers in that regard.

We have all had experiences of this issue in our constituencies and regions. Do members have any comments on how they wish us to deal with the petition?

Nigel Don: It is clear that the good folk of Coopersknowe have had a real problem with this. It occurs to me that the lawyers who represented the purchasers should have alerted them to the problem that could arise if roads are covered by

bonds but sewers are not, which seems to be the case. In principle, there should be a case for purchasers to ask why their lawyers did not tell them about that. I am not trying to start hares running against lawyers in this case, but we might write to the Law Society of Scotland to ask it what its understanding of good practice in such cases is.

Rhoda Grant: Lawyers will take it that, because there is no statutory bond, all new developments are in the same situation. They will not necessarily alert the purchaser simply because they think that, as the Government has not decided to introduce a statutory bond, there is no problem. As a result, we might ask the Government whether it will consider putting a bond in place for water and sewerage. I believe that historically councils used bonds to deal with roads payments and with water and sewerage, but the situation was not continued when responsibility for the latter was given to another body.

According to the petition, Scottish Water has not taken any responsibility for what has happened; I am disappointed by that, and I think that we should raise our concerns with it. As a public authority, Scottish Water should at the very least help the people who have found themselves in such an awful position.

Nanette Milne: I am interested in finding out whether other councils are experiencing this problem. Perhaps we should write to either the Convention of Scottish Local Authorities or a selection of councils for a more general view.

The Convener: The matter has certainly come up in members' case loads. Indeed, I am dealing with a case that involves renovation problems at a former local authority house. The folk who rent do not get charged for the work, whereas homeowners have to pay for something that one would assume would be the statutory agency's responsibility. It is certainly economically disadvantageous to householders.

The issue needs to be explored and it might be useful to seek clarity from the two or three major organisations involved.

John Wilson: With regard to writing to COSLA or to a couple of local authorities, I point out that problems emerge for residents when the council is urged to adopt roads or waterways, particularly in private estates that the developer has since left. In some areas, it can take several years for a local authority to adopt roads—if, indeed, it ever does. If the local authority is not prepared to adopt roads or waterways once a developer has moved on, who is responsible for repairing and maintaining them? As a result, we should ask COSLA whether there is a general problem about adopting these works after the developer leaves.

The Convener: Are members content to raise the issues in the petition with the suggested agencies and organisations?

Members indicated agreement.

Scottish Public Services Ombudsman (PE1186)

The Convener: The final new petition is PE1186 by Jean Mullan, which calls on the Parliament to urge the Government to abolish the Scottish Public Services Ombudsman and replace it with a transparent organisation that is accountable to the people. Do members have any comments?

Rhoda Grant: I know that we recently considered a petition on this matter, but I have to say that a number of concerns have been raised with me about the Scottish Public Services Ombudsman. Surely I cannot be unique in finding that these cases have started to come out of the woodwork.

Concerns have centred on issues such as time limits. For example, the ombudsman insists that we follow the local authority complaints process before we go to it; however, the ombudsman puts a time bar on the referral of such complaints, which puts a lot of people between a rock and a hard place. Moreover, although the ombudsman puts time limits on individuals and groups submitting complaints, it does not put the same limits on its own responses.

There is something very unfair about the system. However, I imagine that, if we ask the Scottish Government whether it plans to abolish the ombudsman, it will probably say no. Instead we should ask whether it plans to review the ombudsman's work and to make it more accessible and responsive to people. After all, local authorities have lawyers, planners and so on at their disposal, whereas Joe Bloggs in the street has none of those things. We need to redress that balance, and perhaps consider whether the ombudsman should have more of an advocacy role so that it listens to people's concerns, takes their complaints seriously and makes things more accessible.

16:00

Nanette Milne: Fairly recently we considered a petition that called for an appeals process against ombudsman decisions. How far have we got with that? Similar issues are raised in the two petitions.

Fergus Cochrane (Clerk): The committee agreed to suspend further consideration of such petitions until the Government had announced what action it planned to take as a result of the Crerar review. We are still waiting for that announcement.

The Convener: I suggest that we group the two or three other petitions that we have received on the subject with PE1186. A broad range of petitions has been submitted to us, and we want to know whether there is a process for reviewing the conduct of the SPSO and other Government agencies. I do not want to get into the detail of the petitioner's concerns, because we cannot resolve them—clearly, they are matters for the petitioner and the SPSO. However, we should address the issue of how the rules of engagement are identified and seek a response to the petitions. Do members agree to that course of action?

Robin Harper: We should recognise that the SPSO reports to MSPs by e-mail on a fairly regular basis, to keep us up to date on what it is doing. Progress has been made in improving the service, which has responded to criticisms in the period during which it has been in business. I thought that we were of the opinion that there cannot be a court of final appeal on a court of final appeal. The SPSO is a court of final appeal; we need to make it even better than it already is. We should not set up another appeals system. Some of the cases that come before SPSO have been through two or three previous appeals procedures in which people have not received an answer that satisfies them. People should not automatically expect to be satisfied with the SPSO's judgment.

The Convener: I do not want to divide the committee on recommendations, so I suggest that we explore the issue further. To use an old cliché, the buck stops with the SPSO. However, given that there are issues outstanding from previous petitions, we should seek clarity in a couple of areas. As Robin Harper said, there must come a time when the appeals process is exhausted, but it would be helpful for us to seek further information on the matter.

Current Petitions

Adults with Learning Difficulties (Provision of Services) (PE743)

**“The same as you? A review of services for people with learning disabilities”
(Implementation) (PE822)**

**“The same as you? A review of services for people with learning disabilities”
(Findings) (PE881)**

16:03

The Convener: The first three current petitions that we will consider relate broadly to the topic of “The same as you? A review of services for people with learning disabilities”. PE743, from Madge Clark, on behalf of the Murray Owen Carers Group, calls on the Parliament to urge the Executive to review the implementation of “The same as you?” to ensure that adults with learning difficulties who are still living at home and are cared for by elderly parents are given the same level of support and community care opportunities as is given to hospital-discharged patients. PE822, from Beatrice Gallie, calls on the Parliament to urge the Executive to ensure that sufficient funding is made available to allow the implementation of “The same as you?”. PE881, from Rachel Cole, calls on the Parliament to urge the Government to review the findings of “The same as you?” to ensure that those with profound and complex needs are properly provided for.

We had a chance to consider the petitions previously. How do members wish to progress them?

Nanette Milne: It is clear that the Government regards this as work in progress, as it is looking to implement the recommendations of “The same as you?”. I get the impression that there is an on-going dialogue with some of the groups involved, which ought to continue. I am not sure that the committee can take matters any further. We could close the petitions and ask the Government to continue the dialogue with those groups so that the recommendations can be implemented over the years.

The Convener: That is an acceptable suggestion. We should make that recommendation to the Government, given the importance of the issues raised. Some of those issues can be dealt with through other avenues and through negotiation and consultation, but it would be useful to draw the point to the Government's attention.

Family Law (PE944)

The Convener: PE944, from Gary Strachan, calls on the Scottish Parliament to urge the Scottish Executive to investigate why there is no presumption of equal access to children for both parents and equal residence with both parents after separation in Scottish law; to investigate bias against fathers as equal parents in the Scottish court system; to investigate why contact orders are not enforced; and to investigate why parental responsibilities and rights are ignored by the medical, welfare and governmental institutions to the detriment of children. I understand that there is an issue to do with how sheriff courts deal with such matters.

Nigel Don: This subject was covered in a members' business debate that I secured a week or two back.

The letter from the Government informs us that it is doing some research on contact orders, which is very welcome. I did not know about that research until I read the letter. We should at least hold on to the petition until the research has been completed and the report has been published in March 2009, which is six months from now. The research would deal only with point (c) in the petition, but there is not a great deal that we can do about the other points. The other issues were mentioned in the chamber very recently and, although they cause some people considerable grief, there is not a great deal that we can do to the legal system to improve the situation.

Rhoda Grant: Given Nigel Don's comments and given what we did with previous petitions, would it be possible to close the petition and ask the Scottish Government to keep the petitioner up to date with the research that it is carrying out?

The Convener: Yes. Are we happy with that?

Members *indicated agreement.*

The Convener: We will close the petition and try to ensure that the petitioner is kept up to date with any developments.

St Margaret of Scotland Hospice (PE1105)

The Convener: With the committee's indulgence, we will deal now with PE1105, which relates to St Margaret of Scotland hospice. We have been joined by an elected member who wants to speak to the petition but who has another commitment to go to.

Representations were made to us on the hospice by a series of individuals. I welcome Des McNulty, who has spoken to the committee about the petition previously. There are still outstanding issues on the petition, which I ask him briefly to identify.

Des McNulty (Clydebank and Milngavie) (Lab): I thank the committee for its forbearance in letting me speak to the petition now so that I can get away to another commitment.

I will briefly rehash the issues. Greater Glasgow and Clyde NHS Board has proposed the removal of continuing care patients from St Margaret of Scotland hospice, which currently has 30 continuing care beds and 30 palliative care beds. The hospice's view is that the removal of those continuing care beds to Blawarthill hospital a quarter of a mile down the road would place the hospice in severe financial difficulty and, perhaps even more important, go against all the policy frameworks on dealing with people who need end-of-life care. The people who are cared for at St Margaret's are well looked after and the hospice's provision is exemplary.

More than 100,000 people signed the petition against the health board's proposals. Marjorie McCance, who is here today, co-ordinated the campaign. I think that the petition is the second biggest that there has been in Scotland in connection with a government-type decision; only the petition about the children's hospital in Glasgow was larger, which puts the campaign in perspective for members. If the situation remains unresolved, the petition on St Margaret's might end up with more signatures than the petition on the children's hospital received.

I have been raising the issue for more than a year and the matter has certainly been in the public domain for a year, but NHS Greater Glasgow and Clyde has made no effort to justify its proposals. Local people feel huge antipathy towards the board, particularly if they have had a close connection with the hospice. The problem is that the Scottish Government, in the person of the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, and the health board are not progressing the matter, which has been dragging on for a long time.

I approached the board and the minister recently to ask for a meeting. They said that discussions are going on between the health board and the hospice. However, at the health board's behest, the fundamental point of principle, which is whether continuing care should remain at the hospice, has not been dealt with during the small number of meetings that have taken place. Financial technicalities to do with palliative care have been discussed, but the core strategic issue, which is whether a vital service should continue to be provided at St Margaret's, has not been discussed.

I wanted to bring the committee up to speed on that. The health board and the Scottish Government have written to the committee to say that things are happening, but the core issue is not

being addressed. I and the many people who signed the petition and feel strongly about the issue would appreciate any assistance from the Public Petitions Committee in highlighting that the core issue, which is the retention of continuing care provision at St Margaret's, must be addressed in principle. There is no point in having discussions about technicalities that might arise from a situation until the issue has been addressed in principle. The health board must stop saying that it is having meetings, given that the central issue is not being addressed at those meetings. It worries me that, in some months' time, the board might say that it had meetings but got nowhere. If the health board does not discuss the issue, the situation will not be resolved.

The proposal remains to divert continuing care patients away from the hospice from April 2009, which is only seven months away. St Margaret's is labouring under that situation. It cannot plan its future, retain staff and operate properly while such a cloud remains on the horizon. I hope that the committee will write to the Cabinet Secretary for Health and Wellbeing to say that, on the basis of what it has heard, it believes that the situation cannot be left unresolved and must be sorted out, if necessary by her intervention.

The Convener: The committee received a submission from the hospice, which is in members' papers. We should write to NHS Greater Glasgow and Clyde and to the cabinet secretary to say that we understand that profound issues remain outstanding and unresolved, which could have an impact on the hospice's support structures and viability.

I am aware that Gil Paterson hoped to speak on the petition, but I do not know whether he can make it. I apologise if he has missed the opportunity to speak on an issue on which I know that he has spoken in the past.

There is broad support for targeting the health board's role in holding more effective discussions. It would be useful if the minister could, as my mother used to say to me, jildi the process along. We will take the course of action that has been outlined.

16:15

Rhoda Grant: Perhaps this is a case for independent scrutiny. If the health board is seen to be dragging its feet and not consulting people properly on a change in how their health care is delivered, it might be worth asking the minister whether she has considered that possibility.

Des McNulty: That would certainly be worth considering.

Another issue that has caused me great frustration is the fact that, on two or three occasions, the minister has written back to me to say that she does not think that it is appropriate to meet me individually or along with members of different political parties—I have made such an offer because, as far as I am concerned, it is a cross-party issue—to discuss matters. Basically, she says that she will not meet us until the health board has sorted out its position, but if I cannot get the health board to progress the matter, there is nothing that I can do. Ministers cannot hide behind that argument indefinitely. There must be a point at which, on a matter of concern to an elected member, ministers must agree to meet that member—or members—so that they can make representations about how the matter is dealt with. There is an issue of parliamentary protocol at stake, which I am beginning to get a bit exercised about.

The Convener: We will see whether the suggested course of action can kick-start the process. The health board gave us a commitment that genuinely open discussions would take place with St Margaret's hospice to address the concerns that had been raised about its long-term future.

Free Nursery Education (Eligibility) (PE1116)

The Convener: PE1116, from Alexis Stevenson, calls on the Scottish Parliament to urge the Government to ensure that a fully funded place for free nursery education is provided from the date of a child's third birthday. David Whitton, who has been waiting patiently, supported the petition when we first considered it a few months ago. Do you have anything to add?

David Whitton (Strathkelvin and Bearsden) (Lab): Mrs Stevenson is very grateful for the responses to the committee, on each of which she wrote to the committee as it came in. It has been an interesting exchange of views.

It is quite clear from the evidence that the committee has received that some children are missing out on pre-school nursery education and are getting only four terms instead of six. That is not what the free-place-at-nursery provision was designed to do.

Some interesting compromises have been suggested. To get round some of the difficulties of giving a child a free nursery place when they hit their third birthday, there could be a fourth intake—an October intake—so that children who are born between September and December do not have to wait so long to access their place. That suggestion came from Stirling Council, which made a number of excellent suggestions.

I hope that the committee will consider what is on offer. We would still like every child to get a free place as soon as they are three, but I hope that the Government will consider the compromises that have been received as part of the consultation information.

The Convener: Do members have any comments on how to deal with the petition?

Rhoda Grant: Could we put those compromises to the Government and ask for a response?

The Convener: Okay. It would be helpful if we could get an update on where the Government is at with the early years strategy. A number of issues have been raised through the consultation process. David Whitton has identified the specific issue of when access to free pre-school education kicks in. There is no reason not to support his proposal. We will keep the petition open and explore the further options that have been mentioned, if that would be useful to the petitioner. I hope that that is useful.

David Whitton: Thank you.

The Convener: I thank David Whitton for his patience.

Sleep Apnoea (PE953)

The Convener: PE953, from Ms Jean Gall, on behalf of the Scottish Association for Sleep Apnoea, calls on the Scottish Parliament to urge the Scottish Government to increase awareness, promote proper diagnosis and treatment, and provide sufficient resources—including adequately funded sleep centres—to tackle the health problems that are associated with obstructive sleep apnoea.

A working group of the Scottish intercollegiate guidelines network is considering this issue. Nanette, what should our course of action be?

Nanette Milne: Obviously, we should keep the petition open until we hear about the review of the SIGN guideline next year.

Information that I have received over the years has suggested that facilities are a bit patchy across health board areas. It might therefore be interesting to seek information from health boards on what funding is available to cater for sleep apnoea sufferers and to provide future services. This is an important issue and, to raise awareness of it, we should find out what is happening at local level.

The Convener: Those are sensible suggestions. Are committee members happy to accept them?

Members indicated agreement.

Duchenne Muscular Dystrophy (PE965)

The Convener: PE965, from Dean Widd, on behalf of the Parent Project UK Muscular Dystrophy (Scotland), calls on the Scottish Parliament to urge the Scottish Government to ensure that sufficient funding and resources are in place to combat Duchenne muscular dystrophy and to ensure that the care requirements of those with Duchenne muscular dystrophy are met. I believe that consultations have been taking place on the petition. Nanette, I always look to you on medical issues.

Nanette Milne: It would certainly appear that the minister has taken this issue seriously and has set up a dialogue with representatives of patients. We have probably done what we can, and the minister can now carry on the dialogue.

The Convener: Dialogue has opened up between the petitioner and the minister and the health department, so do we agree to close the petition?

Members indicated agreement.

Plants (Complaints) (PE984)

The Convener: PE984, from Dr Colin Watson, on behalf of Scothedge, calls on the Scottish Parliament to introduce legislation to provide local authorities with the power to deal with complaints regarding vigorous growing trees, hedges, vines or other plants. Members have received an additional letter from Dr Watson and Scothedge.

John Farquhar Munro: This issue has been a long time in gestation.

The Convener: Do you mean that the hedges are getting bigger?

John Farquhar Munro: Yes. I am sure that anything we could do to expedite legislation would be very welcome to the petitioner.

The Convener: Do we wish to pursue with the Government the issues raised by the petition that are still outstanding? The additional letter identifies one or two points. I see that Robin Harper is looking at me quizzically.

Robin Harper: Not at all—I hoped that I was looking at you encouragingly.

The Convener: That is the story of my life; I have misread too many situations.

Robin Harper: We should keep the petition alive and pursue it.

The Convener: Yes, some issues are still outstanding. We can pursue them with the Government and address some of the points raised in the additional letter.

Members indicated agreement.

Nigel Don: This is the kind of issue that we should not let go of. We have to sort this. It has already taken too long, but it does not matter how long it takes. We should not let this carry on. We have to sort it one way or the other—even if we, collectively, have to put together a member's bill or something.

Robin Harper: That would be interesting.

Nigel Don: It is an interesting concept, but members know where I am coming from.

Rural Post Offices (PE1102)

The Convener: PE1102, from Councillor Bill Herd, calls on the Scottish Parliament to urge the Scottish Government to assess the impact of recent announcements by the UK Government and the Post Office on the future of the post office network, and the impact on the future of rural communities.

John Farquhar Munro: Perhaps we should keep the petition alive. Local authorities and other agencies are working strenuously to overcome the difficulties of post office closures. It might be seen as a retrograde step if the committee closed the book on the petition.

The Convener: Do members have any other views?

Nanette Milne: I was intrigued to read that the local enterprise network has a role in this. I was not aware of that, although I knew that local authorities had a role. It is regrettable that we are in this situation, but I am not sure that the committee can do any more.

Rhoda Grant: Highlands and Islands Enterprise would certainly have a role in the matter, as it has a social responsibility as well as an economic responsibility. However, I am not sure whether Scottish Enterprise would have a role. I understand what John Farquhar Munro is saying, but I do not think that we should keep a petition open for the sake of it if we cannot do something with it. We could perhaps write to the Government, suggesting that it bring the matter to the attention of the local enterprise companies and perhaps instruct Scottish Enterprise—because this is to do with community development and local economies—to consider how it can strengthen the post office network. Before closing the petition, we could write to ask the Government to remind enterprise companies of their responsibility.

Robin Harper: I believe that a couple of county councils in England—Essex County Council is one of them—are considering innovative approaches and ways to support local post offices. I think that I have already lodged a parliamentary question on the issue. It might be productive to put pressure on the Government to investigate what

recommendations it could make in terms of planning advice, for example. I know that there is resistance to the idea that Governments should tell local authorities what to do, but they can give advice.

Nanette Milne: This is a community issue that goes way beyond the Post Office as such. It is a big issue for local communities in rural areas.

The Convener: I get the feeling that members are reluctant to close the petition, as there are issues of concern that we should try to explore around what the Scottish Government and the UK Government could do—or encourage to be done—and the role that local authorities can play in partnership with other agencies.

A number of local authorities are trying to fill the gap that is created by the post office network proposals with their own proposals. In my constituency, a credit union has stepped in and has taken over the former post office premises. It is trying to run as many services as were delivered previously. That is a welcome development, as the alternative was no services whatever. It is not ideal, but it was the best option that was available.

I seek guidance from members on what the committee wishes to do with the petition. If we are not closing it, we cannot just leave it sitting there. We need to do something with the petition.

John Wilson: I am not for closing the petition, either. When the petition was submitted, we were at the start of the post office closure process, and issues have since come to light. In the past week, we have heard of more decisions by the Post Office to close post offices in other areas.

First, it would be incumbent on us to ask the Scottish Government to comment on the scale and nature of the closures that have taken place so far, especially in the light of the issues that are raised in the petition, and on the impact that those closures have had on rural and other communities—in particular, communities in identified areas of deprivation. Secondly, we could ask the Government to find out what enlightened the Post Office's recent decisions to close local post offices and what the likely impacts will be. Thirdly, we could ask whether the Government is initiating any work with relevant agencies, local authorities, enterprise boards and the like to find alternative mechanisms to deliver some of the services that would normally have been delivered by post offices locally. It might also be worth asking Postwatch for its assessment of the impact to date of the post office closures on rural communities, although I know that that opens it up slightly.

16:30

The Convener: There were several suggestions in that. Nigel, do you want to add to them?

Nigel Don: I was going to suggest that we write to COSLA, but I wonder whether we should write to just the rural local authorities—it should be a pretty obvious list—to ask whether they have any relevant thoughts, experience, research from elsewhere or proposals. I suppose that it might be best to write to COSLA to draw everything together.

The Convener: I think that there is a sub-strand in COSLA that deals with rural issues, so we could write to it for its views. However, the reality is that the impact of a post office closure can be dramatic in both rural and urban Scotland. Even in cities and towns, there can be as much of an impact as in a village or on an island.

Nigel Don: It would be good to see whether anyone has done any research. I have no idea what Robin Harper's comment about Essex refers to, although I do not doubt his point. If nobody in Scotland is doing the research, we could be missing quite a few tricks.

The Convener: Let us keep the petition open to explore some of the issues that it has thrown up and see whether there is any broader dimension. The subject will definitely not go away.

Violence against Women (PE1103)

The Convener: PE1103, by Susan Moffat, calls on the Scottish Parliament to urge the Scottish Government to prioritise the continuing development of strategic work on violence against women by following the 3 Ps approach: prevention, provision of quality support services, and effective legal protection.

We are still waiting for some developments. I think that we should write to the Government once its violence against women strategy has been published, to ask how it will constructively address the issues that are raised in the petition. I do not think that there is any dissension in the committee on the issues, so let us pursue the petition again with the relevant minister.

Mordechai Vanunu (PE1122)

The Convener: PE1122, by Vanesa Fuentès, on behalf of the Scottish Palestine Solidarity Campaign, calls on the Scottish Parliament to urge the Scottish Executive to make representations to the UK Government to ask the Israeli Government to lift all restrictions on Mordechai Vanunu and allow him freedom to travel.

We are hindered in taking consideration of the petition forward as the Scottish Government has not submitted any response to our request. The

issue touches on the crossover between the powers of the Scottish Parliament and UK reserved powers.

Despite repeated reminders from the clerks—the briefing paper is strongly worded, so well done to the clerks—the Government has failed to respond, which means that the petitioner has not had the opportunity to comment further, and we cannot deal with the petition today. There is a process issue.

John Wilson: I hope that I express the view of the whole committee on the Scottish Government's failure to respond to the committee. Even if a response had been negative, it would have been a response, but the Government has failed to respond on several occasions, despite strongly worded letters from the committee clerk, who must be commended for that. There is an issue: we are the Parliament's Public Petitions Committee, and if the Government fails to respond to us, it raises the question why we are sitting here.

Rhoda Grant: Far be it from me to defend the Scottish Government but, given that the issue is reserved, perhaps it did not feel able or empowered to respond. Given that the UK Government has carried out the action that the petitioner wanted—whether or not it was prompted by the Scottish Government to do so—can we close the petition? I understand what has been said about the lack of response not being good enough, but given that we would now be seeking an apology rather than Government action, do we close the petition and hope for an apology?

The Convener: Are we agreed to close the petition?

John Wilson: No. As I said earlier, it is incumbent on the Government to respond, even if it is not the response that the petitioner or the committee is looking for. We still have the right to a response from the Government. It sets a bad precedent if we do not receive one. Irrespective of the cross-border issue of reserved and devolved powers, we still have the right, as the Public Petitions Committee, to expect a response when we write to the Government.

John Farquhar Munro: What is suggested in the paper covers things very well.

The Convener: Okay. So the committee wants me to send a strongly worded letter to a Government minister. I am up for that.

John Wilson is absolutely right: there is no point in having committees of the Scottish Parliament if, when a committee asks the Government for a response, it does not get one. That is particularly important when the query is on a petition. We are

talking about responsiveness and a willingness to take issues on board.

There are different perspectives on the issue of powers. I also take on board Rhoda Grant's point. Irrespective of the content of the response that may be forthcoming, we should write to the Government seeking one. Are we agreed?

Members indicated agreement.

Personal Expenses Allowance (PE1125)

The Convener: PE1125, by David Manion, on behalf of Age Concern Scotland, is on the personal expenses allowance. We discussed the petition previously. I suggest that we write again to the Government to ask whether a review of the personal expenses allowance is under consideration. If the answer is no, we should ask why. Are we agreed?

Members indicated agreement.

School Closures (PE1130)

The Convener: PE1130, by Scott Reed, calls on the Scottish Parliament, in light of the proposals to close Drummond community high school in Edinburgh, to urge ministers not to consent to school closure proposals where a school roll exceeds 80 per cent of capacity. We have also considered this petition previously.

Nigel Don: We seem to have a choice between accepting the Government's stated aim on rural schools as a sufficient response and saying that a sufficient response will come only when the point on 80 per cent of capacity has been addressed. Given that the subject is on the Parliament and Government agenda, I am inclined to say that we will gain nothing by holding the petition open. I suggest that we close it. The subject matter has been substantially dealt with. That said, one could argue that we should not close it until the issue of 80 per cent of capacity has been addressed.

Rhoda Grant: I disagree with the proposal to close the petition. The Government has yet to publish its response to the consultation. Also, the Scottish Consumer Council published a report that referred to the need for much better consultation with parents and communities on all school closures, not just rural school closures. We can do more with the petition. Given that school closures are such a hot topic every time they are proposed, we should not rush to close the petition. We should wait until the Government has published its response to the consultation. Only then will we know whether what it says addresses the petitioner's concerns.

The Convener: I think that that is the committee's view. I acknowledge what Nigel Don said, but issues remain that suggest we should

keep the petition open. The Government might have signalled its direction of travel on its presumption in favour of keeping open rural schools, but let us see what happens with the consultation. Are we agreed?

Members indicated agreement.

Rural Schools (Closures) (PE1132)

The Convener: PE1132, by Sharon Miller, on behalf of the community of Sorn, calls on the Scottish Parliament to urge the Scottish Government to consider the issue of sustainability in rural school closures. Essentially, the debate is the same as that on the previous petition.

Nigel Don: It is.

The Convener: I propose that we follow the same course of action.

Rhoda Grant: Unless we join them together.

The Convener: Okay. We can do that. Are we agreed?

Members indicated agreement.

Planning Applications (Objections) (PE1133)

The Convener: The final petition is PE1133, by Jean Mullan, which calls on the Scottish Parliament to consider whether it is entirely satisfied with the procedures and timescales for notifying persons who are affected by planning applications, and asks it to ensure that every local authority follows the correct procedures to ensure that no individual's human rights are infringed and that each person is given the opportunity to exercise their right to object to applications. Again, we considered the petition previously.

Nanette Milne: The issue has probably been addressed under the new planning regulations.

The Convener: Will we close the petition on the ground that the substance has been addressed in the proposed new procedure for neighbour notification, which is to be amended by secondary legislation before the end of the year?

Rhoda Grant: One assumes that that secondary legislation will come before the Parliament.

The Convener: Are members happy to close consideration of the petition on those grounds?

Members indicated agreement.

New Petitions (Notification)

16:40

The Convener: Agenda item 3 is notification of new petitions. Members have information on the new petitions that have been lodged. Are there any comments?

Nigel Don: Forgive me if I misread PE1192 when I finally got round to looking at it, but I am not convinced that it is a petition, because it asks questions that members could ask as parliamentary questions or in a direct letter to the appropriate minister.

The Convener: I refer you to the wisdom of the clerk.

Fergus Cochrane: I accept that the petition asks questions, but other petitions have been based on questions. The petitioner may have considered that getting a parliamentary question asked, which can be done only by a member, was not an available option and that the public petitions route was therefore the most open and accessible one.

Nigel Don: I accept that but, in principle, is that really the right way to proceed? That is a process issue, and it is nothing to do with the substance of the question. Surely if a member of Scottish society wants a question to be asked, they ask the question or get their representative to do so. I am just querying whether the public petitions process is the route to ask a question rather than urge somebody to do something. The petition literally just asks a question. When the Government has answered it, the petition will be closed.

Fergus Cochrane: When a petitioner submits a petition, the template invites the petitioner to state what prior action they have taken. One issue that the committee has agreed to investigate as part of its on-going inquiry into the public petitions process is the evidence that is required from petitioners on the action that they have taken. The committee might also consider whether some petitions could be more usefully addressed through parliamentary questions. At present, the process operates in a fairly open and accessible manner that allows petitioners to submit petitions. In my opinion, there is nothing inadmissible in any way about the wording.

Nigel Don: The petition can be dealt with by our agreeing to write to the relevant minister to ask the questions—the answers will come back and then the petition will be closed—but that is not what we are here to do. I have already taken up enough time with the question.

Fergus Cochrane: The committee has indicated that that is one area for investigation as part of its inquiry.

The Convener: Are there any other comments?

Rhoda Grant: PE1194 is another petition that asks us to ask the Scottish Government, this time to make representations to the UK Government on a reserved matter. We need to make a decision on the issue once and for all. We are getting a load of similar petitions about reserved matters.

John Wilson: I will restate my view. To give the same argument that I gave the previous time we discussed the matter, if someone petitions the Scottish Parliament, as the Public Petitions Committee we must consider it and decide to take the action that is appropriate and in the best interests of the citizens of Scotland, irrespective of whether the issue lies within the Scottish Government's devolved powers. As the Public Petitions Committee, we must take on those views and address them appropriately.

The Convener: Thank you for restating your positions.

Rhoda Grant: My understanding is that the standing orders say that petitions should not relate to reserved issues. People get round that by asking us to ask the Scottish Government to write to the Westminster Government. We need to close that loophole.

The Convener: We can deal with the issue in our inquiry, although I do not know whether we can resolve it.

The next committee meeting will be at 2 pm on Tuesday 7 October.

Meeting closed at 16:44.

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