



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 8 January 2013

Session 4

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PUBLIC PETITIONS COMMITTEE

1st Meeting 2013, Session 4

CONVENER

*David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Chic Brodie (South Scotland) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

*Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP)

*Angus MacDonald (Falkirk East) (SNP)

*Anne McTaggart (Glasgow) (Lab)

*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Susan Archibald

Jackie Baillie (Dumbarton) (Lab)

Dorothy-Grace Elder

Alex Hamilton

Alan Watson Featherstone (Trees for Life)

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 8 January 2013

[The Convener *opened the meeting at 10:00*]

New Petitions

Chronic Pain Services (PE1460)

The Convener (David Stewart): Good morning and welcome to the first meeting in 2013 of the Public Petitions Committee. I hope that you all had a good festive break.

Agenda item 1 is consideration of new petitions, of which there are four. The committee will hear evidence from the petitioners in respect of two of them.

The first new petition is PE1460, in the name of Susan Archibald, on behalf of the Scottish Parliament cross-party group on chronic pain, on the improvement of services and resources to tackle chronic pain. Members have a note by the clerk, the Scottish Parliament information centre's briefing and the petition.

I welcome Jackie Baillie, who has a particular interest in the petition. I also welcome the witnesses, Susan Archibald and Dorothy-Grace Elder who, of course, is a well-kent face and a former member of Parliament. I ask that Susan Archibald makes a short statement of about five minutes, after which I will invite Jackie Baillie to speak. I will then kick off with a couple of questions and invite my colleagues to ask a few more.

Susan Archibald: I didnae realise how emotional I would feel by being here the day—it is taking me back to a place that I had maybe forgotten about. However, it is really relevant and important that I speak.

There are so many people across the country who suffer frae chronic pain. It is something that you cannae see, and naebody understands what it is like. It is the maist debilitating thing that could ever happen to you. When I went intae hospital for minor surgery years ago, I ended up disabled, but my problem was not the fact that my leg was paralysed but the fact that the chronic pain that I was left with was mair debilitating than anything else.

I am here for tae fight for better services for all, and I feel guilty that it has taken me 13 or 14 years for tae come back and fight for change and better services for people.

I remember deeply that, after the surgery, I was sent first to my doctor and health visitor. At that time, I had a three-month-auld baby and I struggled to cope with becoming disabled overnight. I experienced a whole load of emotions and I struggled with depression and everything else. I probably even had post-natal depression when I think about it, but I was never diagnosed with that. I had to go through so much.

It is really important to the petition that people understand that there are millions of folk across the country who struggle in the same way. Loads of people dinnae understand how chronic pain affects those people's everyday life. Maist important is the lack of provision. How can anyone talk about people in one part of Scotland having access tae a service when people in another part dinnae? I dinnae get that.

At the time all this happened to me, I had to stop working—I couldnae work. I had worked all my life but, because I had been at college beforehand, somewhere along the line I hadnae paid enough national insurance for tae get benefits. I was therefore hit and penalised again because I couldnae afford the prescriptions.

So many times, I lived in a dark corner of my bedroom, struggling with the pain. Doctors and nurses hivnae helped—no for the want of trying, but so many folk across society have never had access to specialist pain services or chronic pain management. God, if I have tae tell my ain story and put ma heart out there the day for tae help everybody else, I am here to do it—but I didnae think that it would be as hard as this.

The Convener: Thank you very much for your contribution. I know that it has been very difficult for you to come along today, but the committee certainly appreciates your comments.

I now invite Jackie Baillie to make a brief contribution.

Jackie Baillie (Dumbarton) (Lab): Convener, I will be brief because two of my colleagues who are in the room are also co-conveners, along with myself, of the cross-party group on chronic pain. I cannot add much to what Susan Archibald has said—her story powerfully communicates just how important chronic pain services are—but a politician is never stuck for words, so forgive me if I add just a little.

Susan Archibald quite rightly described chronic pain as a debilitating condition that crosses all sorts of other conditions. Because chronic pain is not something in and of itself, I suspect that services have not grown organically to meet the need, but it is very real. Some people need to deal with chronic pain a lot of the time or all of the time, so it has fairly profound consequences for them and their families.

Frankly, what the petition calls for is common sense: treatment should be as local as possible, so it should be centred in primary care; self-management is important, because we believe in a social model that allows people to manage their own condition as they know best; and, yes, people sometimes need access to specialist services that are centred in acute care. However, all too often access to such services is different in different parts of Scotland, and it really comes down to where people live, with some areas providing services for adults and some areas providing services for children. Frankly, in a country the size of Scotland, we should not see such a huge variation across the board.

The Scottish Government has made attempts to rectify matters. I am grateful to the current cabinet secretary for his intervention, which has shed some light on the emerging statistics on patterns of service provision across the country, but it has been a long time in coming.

I know that Dorothy-Grace Elder championed the issue in the first session of the Parliament; I hope that the committee will champion the cause, too. If we can, we must create some space for change and movement that will make a real difference to people on the ground. I hope that, through the committee's good offices, we can even debate the issue on the floor of the chamber.

The Convener: Thank you very much for your comments. I should have added that Angus MacDonald has been held up in traffic, but he is on his way.

My first question is to Susan Archibald and Dorothy-Grace Elder. Their excellent petition mentions the importance of the Bath centre for pain services, to which many Scottish patients travel. Jackie Baillie made the point that you want services to be as local as possible, so my simplistic question is: why is there not a Scottish equivalent of the Bath pain centre? Perhaps we can start with Dorothy-Grace Elder.

Dorothy-Grace Elder: That is a concern, so I am glad that you have picked up on the point.

Wales has long had a residential service, whereas Scotland still sends patients to the Bath centre for pain services, at a cost of £1.1 million over the past three years for just 119 patients. It is screamingly clear that we should have an in-patient service here. The new health secretary has already made a good intervention regarding some of the secrecy about chronic pain, so I hope that we might deal with that ridiculous situation. Such punishment of people cannot go on. One patient was sent from Shetland to Bath, a 1,600 mile return trip, when they were already in pain—people are sent to Bath because they are at the worst end of pain.

That said, the issue is the day services. If our day services were anything like up to scratch, which they are not—I am not talking about the staff, who are great—we would be able to cope with many more in the day service and people would not need to get into the dreadful state that many get into.

The Convener: Is there a lack of co-ordination among Scottish health boards on the issue? Clearly, it seems a no-brainer that we should have a service in Scotland. Why has that not happened in Scotland?

Dorothy-Grace Elder: I think that, over the years, there has not been strong leadership. Unlike Susan Archibald, I do not suffer from chronic pain—she is a real heroine; I could not have the level of courage that she has shown in trying to help other people at the same time—but for 12 years I have seen spin exercises coming and going in various Governments.

The health boards are also not co-operating. SPICe rightly referred the committee to a new report on chronic pain, the “Update report on Scottish Pain Management Services”, which is already under fire even from Alex Neil because of what it conceals. Even if you can find the hidden statistics that are tucked away on a little-known website, they will not help you. Those statistics are what the public are given to inform them about their health. Obviously, Healthcare Improvement Scotland does not want you to read them—they are bad news—but I read through those awful statistics and they show that 10 out of 14 health boards do not supply any funding for chronic pain services.

That lack of funding is in defiance of the Scottish Government's recognition of chronic pain as a condition in its own right—not that the Government gave any money for it, because it does not give any money to other services. The services are therefore in a double bind: there is no money from many of the health boards so they have to beg and borrow from other departments, and there is no money from the Government.

It is a preposterous situation. We have up to 700,000 in the community, including up to 70,000 children, suffering from chronic pain. Services for children are deplorable, with low staff numbers. They are called multidisciplinary teams but they are not. In Aberdeen, there is not even a doctor being funded for children in pain.

The Convener: You make your points very well. The Scottish intercollegiate guidelines network guidelines said that almost one in five Scots would suffer from severe to moderate pain at some point in their lives. That is horrendous.

The picture that you and Susan Archibald have painted is of a lot of Scots who are suffering in

silence because they are not getting the correct treatment. Do you agree with that statement, Susan?

Susan Archibald: I definitely dae, and let me be very clear about the Bath pain centre. As someone who suffers from chronic pain I would never go out of ma way to stop anybody who specially needs that service getting it. I dinnae want the Bath service to stop so that naebody has it; I want services in Scotland so that people dinnae have to be sent to Bath.

What has been set up in Bath might look like an alternative because at least somebody is getting something—people with the best knowledge maybe thought that they were doing good. However, if you take someone who is suffering from chronic pain and expect them for tae travel for that long, where are the risk assessments and the impact assessments? Where is the equality? How much does that journey breach people's human rights? You are not even allowed to send an animal to slaughter for as long as people are being sent for tae get help.

I emphasise that I am no trying tae stop anybody who is suffering pain getting a service; I am trying tae help them to get services in their ain local communities, where they should be getting them. I thought that the Scottish Government's policies were aligned with that view.

People in Bath that I speak to on the internet every day of my life arenae getting sent to that service in Bath. They are not even getting the service that people from Scotland are being sent to. Scottish money is being used for tae support English services.

We have a lot of buildings in the health service in Scotland that need to be renovated or updated a wee bit. They could be looked at and adapted for tae provide services—I dinnae care if the services are in Aberdeen, Glasgow or Fife, as long as they are in Scotland and it saves people from having to travel. It is no just the travelling but the fact that they are away frae their families for the amount of time that they have to be away—it isnae right. I am sorry but it really isnae right.

Chic Brodie (South Scotland) (SNP): Good morning. I thank you both—particularly Susan—for being here. I am going to be a wee bit provocative to try to dig into the information, but clearly people who suffer from serious chronic pain, such as Susan, have our full attention.

Perhaps Dorothy-Grace Elder could address this point because she mentioned the issue of health boards. The SPICe briefing says that one of the report findings is that

“All NHS boards reported they have pain management services”

and yet Dorothy said that not all NHS boards have those services.

10:15

Dorothy-Grace Elder: Mr Brodie, as a report you could use it as kitty litter—it would be much more use if you had a cat. The report is a disgrace.

Healthcare Improvement Scotland is trusted to report on all problems and dangers in the health service. With this report, it has slipped up so badly that we must ask what trust we can have in it. The term “multidisciplinary pain services” does not relate to the actual figures. Healthcare Improvement Scotland refuses—

Chic Brodie: Forgive me, but we do not have actual figures, do we?

Dorothy-Grace Elder: We do.

Chic Brodie: We do not.

Dorothy-Grace Elder: I will give you the figure right now.

Chic Brodie: There is no definitive figure for the number of people who are affected by chronic pain in Scotland.

Dorothy-Grace Elder: No, there is not—there is an estimate—but I am talking about the staffing of pain centres. There are 72 full-time equivalent pain workers for 35,275 patients—which is a minimal number of patients because not all the boards gave full returns. That figure is not in the report; it was hidden away in the statistics that the boards sent in. To that extent, they admitted their failures.

Chic Brodie: In dealing with constituents, I have become aware of several cases in which the chronic pain that people have claimed to be suffering from has turned out to be psychosomatic. Have you been able to establish any relationship between bona fide chronic pain and psychosomatic claims?

Dorothy-Grace Elder: I am not a doctor, but I grimaced when you said that. I hope that you will forgive me for that but, over the years, I have often heard people saying that someone's pain is psychosomatic. However, rheumatoid arthritis and osteoporosis are not in people's minds. The patients are not seeking a cure for their original affliction—they have probably been to experts who deal with that. They only want their pain to be relieved.

The idea of psychosomatic pain, which is especially applied to women—young women have told me that they have been brushed off in that way, even though something was wrong with them—has been punted by health department civil

servants behind the scenes for a long time. However, if you look into the issue, you will see that chronic pain affects people who are suffering from everything and anything—cancer, spinal damage, accidents—and they just want their pain cured. They are brave enough to face up to the fact that they are not going to get the condition cured.

Chic Brodie: I am sure that that is the case. I do not want people to suffer from severe pain.

How do you define the difference between moderate and severe pain?

Dorothy-Grace Elder: I am not a doctor, so I am not really qualified to answer that.

Chic Brodie: But you are using figures to suggest that we should set up a centre. We have no definitive figures. We have only estimates about people who are affected by moderate and severe pain. What is the basis of the part of your petition—

Dorothy-Grace Elder: It is Susan Archibald's petition.

The 35,275 patients that I mentioned are people who have gone to chronic pain clinics in Scotland. Presumably, they know that something is seriously wrong with them. They are the people who are suffering. The point that I am making is that there are too few medical staff, psychologists and physical therapists to deal with them, and hardly any occupational therapists.

Jackson Carlaw (West Scotland) (Con): The point that Susan Archibald made about the fact that chronic pain is a condition that is concealed from everyone who looks at a person is fundamental. Many of us have suffered chronic pain for a very short time and have got over it without any intervention. However, the thought that chronic pain is a permanent condition for people is what makes this issue important.

I should start by declaring that I am in what some might call a dangerous liaison with Jackie Baillie, as I am a co-convenor of the cross-party group on chronic pain—in fact, it is a dangerous liaison à trois, as John Wilson is also a co-convenor.

I do not have a substantial question about Bath, but I want to pursue Mr Brodie's point about trying to drill down to the numbers. Are there sufficient numbers of chronic pain sufferers to populate a Scottish centre? Would sufficient numbers be regarded by clinicians as being at a stage at which that sort of therapy would be beneficial?

Dorothy-Grace Elder: Is the question for Susan?

Jackson Carlaw: It is for either of you.

Susan Archibald: Definitely. The problem is that only 35,000 folk have been referred. I find it very difficult for me to imagine that the figure is only 700,000. If you were to contact every organisation for cancer, arthritis, multiple sclerosis and all the different conditions that people have, there would seriously be a lot more than that. The biggest problem is that people have not been referred, so the number looks small. If you were to tell everybody the day who has chronic pain or any kind of condition that involves chronic pain for me to go to their doctors the morning, the doctors would be inundated. I welcome your question, because the biggest problem is that there has not been enough awareness about chronic pain.

Jackson Carlaw: So the overall number of chronic pain sufferers, whether we define the pain as moderate or acute, is somewhat irrelevant to the need for a Scottish centre. Given the numbers that such a centre could cope with, there would undoubtedly be sufficient numbers of acute sufferers who would benefit from the centre at the most acute point of their suffering, as Dorothy-Grace Elder said.

Susan Archibald: Yes.

Jackson Carlaw: I do not want to take up a lot of time, because a lot of questions have already been asked and a lot is substantiated in the petitioner's document. The theme of all of this is that in the past 12 years there has been an acknowledgement of the issue, various reports and a commitment from Government—I will not go beyond that—to implement actions, but time moves on and action does not happen. We have a lead clinician who I imagine is there to seek to direct the kind of leadership that has not materialised. Why have the health boards' attitudes and the willingness to act not translated into action? Is that because of a fear—we might as well be candid about it—that the problem is so large that the cost of dealing with it is better denied than admitted?

With regard to trying to overcome that, I hear what you say about the new cabinet secretary. What does the key initiative have to be to generate the leadership that will lead to an acknowledgement of the issue and to overcoming the obstacle of what I heard a Government minister say recently: "There is no pot of money available to direct towards any of this problem"?

Dorothy-Grace Elder: Money has been found to tackle other large problems, such as obesity. The Scottish Government claims on its website that, including the sports side, it has put £200 million into tackling obesity in the past two years. Further, the Government gives about £40 million a year for more clamp-down on the few cigarette people left, alcoholism and so on, which are all worthy causes. Why is it not the same for

chronic pain? Why does that keep getting a denial? I suggest that it is because it is not a sexy issue and that people are not dropping dead in the street, although heaven knows some want to—the suicide rate for chronic pain sufferers is simply dreadful.

As for leadership on the issue, there needs to be direct political leadership—that is what this Parliament is for. Ten years ago, 130,000 people emailed the Parliament, which is a record to this day, pleading for help on chronic pain. What happened? Very little except spin, and we have got very little since. If 130,000 people can be let down, any issue coming before the Parliament can be let down.

The leadership on the ground is the lead pain clinician, who is assigned only two days a week. He is the co-author of the “Update report on Scottish Pain Management Services”, which has been widely attacked. Need I say more? He is in a virtual civil service position. We need strong political leadership.

John Wilson (Central Scotland) (SNP): I put it on the record that I am a co-convenor of the cross-party group on chronic pain, along with Jackson Carlaw and Jackie Baillie.

My questions relate directly to the petition and what the petitioner, Susan Archibald, is calling for. My first question is on the focus on the social model of care rather than the clinical model. Would either Susan Archibald or Dorothy Grace-Elder like to expand on that? There is still a lot of confusion about what the two models are and why there is demand for a social model of care rather than the clinical model.

Susan Archibald: The clinical model involves people going to their general practitioners and getting loads of medication. I had loads of medication and I couldnae physically function. On the days when I work, I cannae take medication because I couldnae drive and couldnae physically function. It is a choice that I have tae make. It is a hard choice to bear, but I managed to get my life back.

The social model of care involves looking at alternative therapies. I am no saying that that is no happening across Scotland, because in a lot of hospitals there is a lot of good work going on. I am no knocking what is already being done, but you have to improve on it. You might have to spend money in the first place for tae help folk to be treated and to get their conditions under control, or as far as possible, but that is preventative spend. Millions of pounds is spent on medications, but people will tell you—I can tell you—that if people are on certain medications for a long time, they become immune to them. It disnae dae as much as it did in the first place, so the person has to try

something else. I used to smoke, years ago, and I suppose that it is like reaching for a cigarette, or maybe for some folk it is like reaching for drugs.

I took more medication than I was meant tae take for tae try to relieve the pain. You have nae idea what it is like. I got masel tae a state yin night wi everything that was happening at that point in my life—there was so much going on wi ma family and ma work and just so much pressure—that I took a cocktail of drugs and tried tae end ma life. I am so glad that my wee bairn at three months auld gret, or I wouldnae be here the day. I thank Christ that I am here the day—no that I am religious, sorry, but I really thank God that I am here the day and I can go oot and shout and try to fight for people like myself.

There have to be other ways of working. Just handing oot medical prescriptions definitely isnae the answer. It is not curing people.

John Wilson: I thank Susan Archibald for that response. The issue is quite clear. Under the social model of care, the patient looks towards self-treatment and they look for support. Is there enough support from general practitioners? In the current structure, the lucky few might be sent to Bath if their consultants believe that their condition is serious enough for that. The other side of the issue is the way in which people progress through the referral chain, because there is a chain of referral from GPs to consultants and to whatever other specialist treatment is available in particular areas. Is there enough knowledge among GPs about the conditions from which people suffer and how those affect the lives of individuals?

Susan Archibald: I am no a doctor, but I would seriously say that I specialise in chronic pain. My God Almighty, I have lived it every day. I have had tae learn for tae cope and for tae manage without pain management courses. I never had anything like that years ago; I never got support like that. Aye, granted, the best thing that happened to me was that I got specialist treatment. A doctor referred me tae a psychiatrist and the pain clinic, and the best thing that happened to me was going to that clinic, because for the first time in my life a doctor actually listened to me and believed what I was saying. For so long, I felt so bad because naebody wanted to listen to me. Naebody understood, and it is so hard when folk dinnae believe what is wrong wi you.

I try to go oot there and help everybody else like me the day to cope with their condition and move on wi their life. It is really hard, but somebody has tae stand up and take account for that. They are throwing money at anything and everything, but there are so many people suffering from chronic pain. It goes on amongst hundreds of conditions and naebody is daein anything about it. In the next few months, people will be even worse affected

because they will all get stripped of their benefits because they have conditions that naebody will say actually exist. It is so hard for tae sit back and watch. Sorry.

10:30

John Wilson: It is okay. I understand where you are coming from, Susan. It is such a difficult issue. For many people, the diagnosis has not been made, so the care, attention and support that they require have not been identified.

That leads me on to the other part of the petition in which you call for a residential unit to be established in Scotland rather than sending people to Bath. Would it not be more advisable to establish several pain management centres, throughout Scotland, that people could attend regularly to look at how they deal with pain issues, how they get treatment and the models of support that can be provided for those individuals so that they can better manage their conditions as they wish?

Susan Archibald: I definitely agree with that. I wrote a residential unit into the petition in the first place, but only for tae stop people being treated inhumanely. Although people thought that referral to Bath was the best thing—and I am not knocking the original thought, which was for tae try and help folk—it might have helped some folk, but not others. We need a better service with better resources that helps everybody all over the country. People shouldnae be denied a service if they dinnae need a residential service. They need the best up-to-date services that can be provided.

We have fantastic doctors and nurses oot there who can provide those services, but they need the money and the resources and the bloody staff to dae it. Sorry.

The Convener: We are very short of time but we will take a quick question from Adam Ingram and perhaps we could have a quick reply.

Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP): You say that there is a postcode lottery around the country. Are there any good areas in Scotland that you would highlight as a model for the way forward? On international comparisons, I see from the petition that the

“UK is bottom of the list of 15 European countries in terms of the negative impact that chronic pain has on people’s lives.”

Are there lessons to be learned from other countries about how to deal with these issues?

Susan Archibald: I think that there are. I found the world of Twitter in the last year and I have really learned how tae work it. I speak tae folk fae Japan, America, Australia, all over the world—anaesthetists and that, who deal with chronic pain

every day in life—and they seem to have acknowledged the social model and to be working that way. People all over the world will be tuned into the committee today because they want to see what is happening. Folk all over the UK are receiving inadequate services. There has to be a way forward. The system has to be mair open and transparent.

I have forgotten what you asked me—sorry, I blew it.

Dorothy-Grace Elder: It was about a comparison with other areas. I can answer it, Susan.

We could stay near home and look at Wales. Why has it managed to have a residential service since the mid-1990s? With all respect to Susan, I think that we will always need a residential service for a small number of people. We should certainly not be sending them as far away as Somerset. Wales has done much better than Scotland, but we could show the world what we can do. We can control chronic pain in Scotland. I am sure that members will remember that, in the next 10 years, we will see a 25 per cent increase in the number of over-75s. Of course, chronic pain is by no means confined to older people; it can go right down to child level.

I respectfully ask the committee to look at what is being done with the SIGN guidelines on chronic pain. They seem to completely ignore children’s services and adult services and to look at only primary care. Who made such a disgraceful decision to ignore children?

The committee should have a look at this quango—Healthcare Improvement Scotland—if it can. The bosses at HIS have just had a 21-day Christmas break. They came back yesterday after failing to answer questions. I hope that the health secretary gets some of the truth, but I also ask the committee to question HIS. I am sure that Ms Baillie will agree that the “Update Report on Scottish Pain Management Services” is just a spin effort and that it does not give patients the truth.

The Convener: Again, I thank our witnesses and Jackie Baillie for coming along. The petition is first class and I think that all the committee members have grasped the reality of living with chronic pain.

My view is that we should continue the petition and ask the Scottish Government for its views. Dorothy-Grace Elder has suggested some other groups that we should write to, such as Healthcare Improvement Scotland, and we could also consider contacting the Pain Association Scotland.

Do colleagues have suggestions for any other groups that we should write to?

John Wilson: I suggest that we write to the British Medical Association.

Anne McTaggart (Glasgow) (Lab): I would like to hear more information about Wales, or have some evidence sent from there, so that we can compare and contrast.

The Convener: That is a good point.

Jackson Carlaw: It would be useful if we were able to get some analysis—although I do not know how that would be achieved—of the statistics that Dorothy-Grace Elder produced, which it did not seem had been properly reported in the report itself.

I note that we might also write to Dr Steve Gilbert. If we do, I would like that to be done with regard to those statistics that were not highlighted in the report, and to ask for comments arising from that information.

The Convener: That is a good point, and we can certainly ask SPICe to do some more detailed work on the issue.

Are members happy with those suggestions for our next steps, or have I missed anything that members wish to raise?

Chic Brodie: I agree.

Adam Ingram: The only other point that I want to raise relates to the voluntary organisations that are engaged in the field—what is the long-term conditions group called?

The Convener: The alliance.

Adam Ingram: I think that it has a new name now, but we should perhaps engage with it too.

The Convener: We could perhaps write to the Scottish Council for Voluntary Organisations, which is an umbrella organisation.

Dorothy-Grace Elder: I respectfully suggest that you forward the petition to the Cabinet Secretary for Health and Wellbeing and the Health and Sport Committee. Another organisation that might be useful to you in addition to the Pain Association is Action on Pain, which has done some worthy campaigning work. Dr Martin Johnson is the lead clinician with the Royal College of General Practitioners, and he is trying to encourage GPs to refer patients, because a lot of them do not do so at present.

The Convener: I thank you all for coming along. I know that today's session has been very difficult and emotional for Susan Archibald, but I really appreciate her help. Once again, I thank Dorothy-Grace Elder for her contribution and, of course, I thank Jackie Baillie. I suspend the meeting to allow our witnesses to leave.

10:37

Meeting suspended.

10:39

On resuming—

Scotland's National Tree (PE1457)

The Convener: PE1457 is by Alex Hamilton, and is on Scotland's national tree. Members have a note by the clerk, a Scottish Parliament information centre briefing and the petition. I welcome Alex Hamilton and Alan Watson Featherstone. Patricia Ferguson, who is Mr Hamilton's constituency MSP, is unable to attend the meeting but wants to make the committee aware of her support for the petition. I invite Mr Hamilton to make a brief opening statement of about five minutes, after which I will kick off with a couple of questions, then ask my committee colleagues to follow them up.

Alex Hamilton: Good morning. Seventy countries have a national tree, but Scotland does not. A national tree is a symbolic statement of a nation's aspirations and its commitment to its woodlands. Symbols can be great tools, and I am sure that that is why all the main environment organisations in Scotland have endorsed the idea of our having a national tree. Symbols also resonate with the public, which is probably why the texts and tweets were rushing in to John Beattie yesterday over the question of the national tree, and why today's meeting provoked such attractive, extensive and interesting coverage in yesterday's media.

2013 has been declared the year of natural Scotland, and we should all want to make the year of natural Scotland a winner. However, there is a concern that the whole idea may somehow be kicked into the long grass. I got a message from a spokesperson for Stewart Stevenson, who was the Minister for Environment and Climate Change at the time, which said that there is no real mechanism to formalise this request. I hope that the committee and Parliament are not ruled by Sir Humphrey and that it is possible to do something active about it. I suggest that a timetable be established, in line with the year of natural Scotland, and that John Muir day—which is celebrated on 21 April—should this year be marked by the declaration of Scotland's national tree. For the rest of the year of natural Scotland, our national tree could then be celebrated, with the year of natural Scotland being a year of celebration. After 2013, our having a national tree would be a permanent contribution by this year of natural Scotland.

I am very grateful—I hope that you are as well—to have with us today Alan Watson Featherstone,

the founder and executive director of Trees for Life. His expertise on trees generally is probably second to none in the nation. I invite him to make further comments on the petition and on the Scots pine.

Alan Watson Featherstone (Trees for Life):

Good morning and thank you for considering the petition. I apologise because I must leave at 11 o'clock, as I have a train to catch for a journey abroad and may have to step out if this item overruns.

The Scots pine is one of the most widely distributed trees in the world. It is also the only tree that is named after our country, and is already considered unofficially by some people to be the national tree. It has a lot of qualities that are relevant to Scotland at this time when we are, as a nation, seeking to enhance our national identity and to strengthen Scottishness.

The Scots pine is a long-lived tree. The oldest known Scots pine in Scotland is more than 520 years old and is in Glen Loyne. The Scots pine also has great character. Some trees grow tall and straight while some are called "granny" pines and are celebrated for their beautiful shape, their age and the quality that they bring; there is great variety. When we think about trees, we think about strength and wisdom—qualities to which we aspire and which would make a positive statement about our Scottish nationality. If we are looking to celebrate natural Scotland, trees are the longest-lived things that we have here.

We have a history of deforestation in our country, of which committee members will be well aware, but I am pleased to say that there has, in the past 20 years or so and in parallel with the movement that has led to the Scottish Parliament, been a tremendous upsurge of interest in and support for reversal of the process of deforestation.

The Scots pine is the iconic tree of our country. It is the tree that forms the pinewoods that differentiate us from other parts of the United Kingdom and it forms the habitat for most of our charismatic wildlife species, ranging from the ospreys at Abernethy, to the capercaillie, the pine marten and the red squirrel, whose stronghold in the UK is now in Scotland. I believe that having a national tree would enhance people's sense of pride in Scotland. It would be something that people everywhere could relate to and which would unite the Scottish population in this year of natural Scotland.

10:45

The Scots pine also has an interesting relationship with Scotland's impact on the world. We are a small country—there are only about

5 million of us—but I put it to you all that we have, globally, a disproportionately positive effect. If we look at Scottish people who have gone out elsewhere and at their successes, historically and more recently—such as the successes of athletes at the Olympic games and so forth—we see that we have a big impact. The Scots pine ranges from Scotland to Siberia and from north of the Arctic circle to the Mediterranean, but our pine woods in Scotland are unique. That says something that reflects our national character.

There might not be a clear mechanism for establishing what is a national tree, but a mechanism was found to declare this year to be the year of natural Scotland, so it could be done.

The Convener: I am sure that we will find out whether that can be achieved by Sir Humphrey.

The petition is interesting. Like many members, I followed carefully the media coverage about it on the radio and television yesterday. If your petition came to fruition, what would be the practical effect for ordinary Scots?

Alex Hamilton: The practical effect would be that organisations—whether or not they are organisations that have endorsed the petition; Trees for Life, the Woodland Trust, RSPB Scotland and the rest—and Government agencies such as Scottish Natural Heritage would be given a tool with which to connect with the public.

I corresponded with one of your colleagues about trees and, somehow or other, we got bogged down in a long discussion about the 2006 forestry strategy and its amendment last year. Can we imagine that resonating with the public? No. The issue is how to communicate with the public; the idea of a national tree would do that.

The Convener: We have had background information from SPICe. I understand the argument for the Scots pine, but juniper and yew trees are also indigenous to Scotland. Why have you chosen the pine and not one of the other trees?

Alex Hamilton: There is debate about that. You might have noticed discussion on Facebook and elsewhere about our favourite tree. As opposed to what Alan Watson Featherstone has suggested, some people have suggested that the hawthorn is the best tree because it symbolises the people of Scotland most—it is a bit short, bent and prickly. We can have such debates, but the question is what kind of tree most represents Scotland's aspirations. Even the Scots pine's physical appearance is beautiful; I know that artists could make great play of all its lovely shapes. I especially like the fact that the Scots pine comes in many shapes, colours and forms, which is a wonderful representation of a multicultural Scotland.

Chic Brodie: Good morning, Mr Hamilton and Mr Watson—you do not look a bit like the cartoon in yesterday's *Herald*. You are to be congratulated on raising the matter in the media. Even when I listened to Classic FM as I came in this morning, I heard a bit about your appearance here today, so I congratulate you on that.

The notion of our having a national tree is excellent. My question is whether the Scots pine is the right tree. You have just answered that question. My concern is that SPICE has advised us that

"The Scots pine is ... grown widely as a commercial species for its timber."

I do not know about you, but I would find it difficult to cut down our national tree to benefit biomass production, to build wardrobes or what have you. How big is the commercial requirement for Scots pine in comparison with that for other trees?

Alex Hamilton: Is not the fact that the Scots pine is a commercial tree—in addition to its being a tree that is important to our biodiversity—rather relevant? The accusation is sometimes made against environmentalists that all that they are interested in is pretty little birds and green things, rather than the real realities—sorry for the bad English. I mean the realities of economics and jobs. Are jobs not quite important? If the national tree is one that can contribute to jobs and the economy, all the better.

Why not have a debate as to which is the best national tree? I think that the Scots pine would come out on top, but participation in a debate would be useful.

The Convener: I hope that you are not suggesting a second question for the referendum next year.

Jackson Carlaw: Is the Scots pine in the ascendant or is it in decline?

Alex Hamilton: Alan Watson Featherstone is more expert on that than I am.

Alan Watson Featherstone: I am not sure what you mean by the question.

Jackson Carlaw: Are there fewer of them or more of them?

Alan Watson Featherstone: There are fewer than there have been in the past.

Jackson Carlaw: I am not talking about the historic past, when the trees swathed across the great forests of Caledon, which is all very romantic. In contemporary parlance, is the species declining or growing in its incidence across Scotland?

Alan Watson Featherstone: There are two answers to that. The first is to do with native

pinewoods. Because of the efforts of many organisations, from the Forestry Commission to private landowners and non-governmental organisations, native pinewoods are on the upswing. In the past 20 to 30 years, a lot of work has been done through grant schemes that are administered by various agencies of the Scottish Government to establish new native woodlands. We are not yet seeing the fruits of that labour, because most of the trees are still too small to be visible in the landscape. However, in the next 10 to 20 years, there will be a significant change.

In the commercial forestry sector, there is uncertainty because of a disease called red band or *Dothistroma* needle blight, which has come into the country on non-native pines, and which affects lodgepole and Corsican pines. It has now been found on some Scots pines in nurseries.

Jackson Carlaw: Thank you for that. It leaves me with a rather wicked thought about the allegoric nature of the Scottish National Party Government's embracing a tree that is diseased and potentially in decline, but I will not pursue that line.

Perhaps I can couple my next two questions. If we were to designate a national tree of Scotland, would not it be frankly undemocratic for politicians to determine the species? I notice that the John Muir Trust thinks that, in the event that there were to be a national tree, it should be for the people of Scotland, and not politicians, to determine the species.

I am slightly led by your previous answer to ask whether, in the event that we adopted a national tree, a consequential financial cost would arise. Would we find all manner of organisations springing up that felt that the Government should deploy considerable financial resource in sustaining, managing and expanding the national tree? Thereby, a symbol could, in fact, become something with a financial consequence attached.

Alex Hamilton: I do not see that as being at all inevitable; in fact, symbols can sometimes almost encourage finance. We have another symbol that you might have heard of, called the thistle. Have you noticed how the thistle and, for that matter, the saltire have been cleverly exploited in the creation of the mascot Clyde for the Commonwealth games? Symbols can be creative.

The symbol would be there to be used. The decision to use the symbol would be made by different bodies and agencies. For example, does the saltire, which is the most obvious symbol of Scotland, by itself cost the Scottish Parliament and Government anything? I do not think so.

Jackson Carlaw: I am not sure that there is not a royal prerogative underpinning the national flag. I suddenly wonder whether, if the country was to

embrace a national tree, a royal prerogative would be involved.

Are you not being slightly naive when you say that there is nothing inevitable about this? I think that that is exactly what there is. Surely an environmental and financial campaign will arise as a consequence of our embracing the Scots pine; indeed, in his question Chic Brodie seemed to hint at his sympathies in that regard when he expressed concern about people being allowed to cut down a pine if it were adopted as a national tree. That is where I start to get slightly alarmed, because I have met such people.

Alan Watson Featherstone: A lot of resources are already being put into countering the disease to which I referred. That is a crucial issue for the forestry industry, and I do not think that anything extra will happen on that front as a result of declaring the Scots pine to be the national tree. That work is already under way.

Jackson Carlaw: I am happy with that, as far as the disease is concerned.

Finally, I wonder whether you can touch on the question that I began with, which was whether warranting a national tree rather than having something more widely agreed on by politicians and Government is undemocratic.

Alex Hamilton: I thought that the Parliament was a democratic organisation and that you are all here because you have been elected.

Jackson Carlaw: I have to say that I do not recollect there being a commitment to a national tree in anyone's manifesto.

Alex Hamilton: It would be useful to have a national debate on what the national tree should be. As you have suggested, the John Muir Trust and others have said that they would be very happy to participate in such a campaign. However, such a campaign should not be used to postpone the idea and ensure that it never happens.

John Wilson: First of all, I should declare that I am a member of a number of organisations that initially responded to the petition.

I welcome the petition, because it allows us to have this debate and perhaps to get away from the more serious side of politics. However, returning to Jackson Carlaw's comments about the disease affecting the Scots pine, I recall that the United Kingdom Conservative Party took the oak tree as its symbol; perhaps it should have taken the ash instead, given what is happening with ash dieback.

The question is whether it is useful for Parliament to consider such issues. Over the recess, I visited the Fortingall yew, which is reputed to be 5,000 years old and stands as a

symbol of tree longevity; Mr Featherstone mentioned a 540-year-old Scots pine, so there is a clearly an issue in that respect.

However, defining a national symbol on the basis of its commercial viability, as Jackson Carlaw suggested, is worrying to me. We have all seen the pine plantations that were planted in the 1970s and 1980s for tax purposes, and I would hate to think that in adopting the Scots pine as the national tree we might revert to a situation in which it became the subject of massive plantations across the north or central belt of Scotland. Do you think that there is a danger that, because of its commercial value, the Scots pine might suddenly become popular again as a crop and that those who do not have the same feelings about the pine as a symbol or about its iconic value might be encouraged to make commercial gain from its planting?

Alan Watson Featherstone: I have two comments to make in that respect. First of all, I am not a forester—I am more of an ecologist—but I have a lot of dealings with forestry and work in particular with the Forestry Commission. The fact is that forestry has changed a lot since the 1970s, and we have a legacy of now out-of-date planting programmes. Trees are now planted in different ways that are much more sympathetic to the environment in a commercial plantation sense.

11:00

Secondly, commercial plantations are planted primarily for the economic benefit from timber production. To declare a tree a national tree would not make much difference in that respect in economic terms. People consider the quality of the timber and how trees would grow with a site's particular soil conditions. That is what determines commercial planting.

It is much more likely that there would be an expansion of native woodland cover in Scotland, which the Scottish Government has already called for in response to climate change and so on; that is already Government policy. A national tree could be a flagship and spearhead that would enable that side of things to grow, and that would go in parallel with timber production. We need more native forest and we also need plantations. They do not need to be in conflict, and I do not see that having the Scots pine as the national tree would force the commercial forestry industry to use it, because its mandate is determined by site characteristics and the quality of the timber that is produced.

John Wilson: I hesitate to debate the commercial aspect, but the petition mentions that aspect and comments have been made about the commercial value of Scots pine. What does the

petitioner think about the current Government programme for native woodland plantations? Scots pine is not heavily grown in those plantations. Birch, beech, oak and rowan are usually the most popular trees that are planted in them; the Central Scotland Forest Trust's plantations are mainly birch, beech and rowan rather than Scots pine plantations. Should there be more Scots pine in that mix in order to grow a broader mix of tree life in Scotland?

Alan Watson Featherstone: I will answer that question briefly. I apologise again for having to leave.

It is a question of where we look. I live in the Highlands, where the Scots pine is widely planted; it is the principal tree that is planted in native woodland schemes in the Highlands. Again, it comes down to site selection. The Scots pine's natural range is more in the elevated parts of the country. In low-lying areas such as the central belt, broad-leaf trees were the original native trees, so it is more appropriate to plant them there. It is a question of getting the site right. Large numbers of Scots pines have been planted in the Highlands. I can show them to members if they would like to come up to the Highlands.

Please excuse me for having to depart at this point. I will miss my train, otherwise.

The Convener: I thank Mr Featherstone for coming to the meeting and speaking to us.

Chic Brodie: My comment about cutting down trees was more to do with emotional attachment than realism. In Canada, the maple tree and the maple industry are highly significant, of course. I wanted to make that point.

Alex Hamilton: It is important to emphasise that we are speaking about a symbol. We are not suggesting for a moment that the Scots pine is the only tree in Scotland that is important; rather, we are suggesting that it be simply a symbol of all Scotland's trees and our woodlands. We think that Scotland's trees and woodlands are important. Despite the little comments that have been made about particular trees, Mr Carlaw, I understand that the policy of extending the amount of forestry in Scotland has cross-party support for various reasons—and not only commercial ones.

The Convener: We are a bit short of time. Does any member have any urgent points to make before we move on?

Again, the petition is very interesting, and we should continue it. Obviously, we can write to a number of organisations, such as the Forestry Commission Scotland, SNH and the Woodland Trust. I am sure that there are other organisations to which members will want us to write.

John Wilson: I suggest that we write to the Scottish Government to ask for its views.

Adam Ingram: We need to know how to go about the designation of a national tree for Scotland.

The Convener: Is there a royal prerogative?

Adam Ingram: I doubt that very much.

The Convener: When the clerk writes to the Scottish Government, we can ask what the legal process is for determining the next step if that is a Scottish Government policy.

Jackson Carlaw: Did not the petitioners write to the minister, who seemed to be rather vague on what action could be taken? If we are writing to the Government, we should acknowledge that we understand that it was uncertain earlier about what to do, and that the committee could consider the issue further only in the wake of some explicit guidance that there is a process that can be followed. I see no impediment or obstacle to the many environmental organisations, through consultation of their members and with regard to their organisational constitutions, adopting the Scots pine as a symbol, should they so wish. I am still slightly uncertain about what business it is of politicians.

The Convener: Are members happy with the suggestions that we have heard today?

Members indicated agreement.

The Convener: I thank Mr Hamilton for coming along. His is an interesting petition. We will keep him up to date with progress as we get information back from the agencies that have been mentioned.

11:05

Meeting suspended.

11:06

On resuming—

Tobacco Products (Individual Purchase Licence) (PE1456)

The Convener: The third new petition today is PE1456, by Scott Anderson, on the introduction of an individual licence to purchase tobacco products. Members have before them a note from the clerks, a SPICe briefing and the petition. I call John Wilson.

John Wilson: I do not think that I indicated that I had a position to express, convener. However, given that you have called me, I will say that I think that the views that are expressed in the petition are interesting.

Over a number of years, the Scottish Executive and the Scottish Government have put in place various schemes to try to restrict the purchase and distribution of cigarettes. It might be worth asking the Scottish Government what its position on the petition is, but I think that, because of the potential costs, it is highly unlikely that it would introduce an individual licensing process.

Chic Brodie: I have a concern that having a renewable licence to purchase tobacco products might lead to calls for there to be similar licences for alcohol and so on. I do not see the argument for the proposal. We should reject the petition.

The Convener: Both members' comments are valid. However, at this stage, we are not making a judgment on the petition; we are just seeking evidence before we make a final decision.

Jackson Carlaw: I am sympathetic to Chic Brodie's position but, if you are going to seek further advice, I should say that I am slightly concerned about the suggestion that the licence, as envisaged, would be awarded after a health check had been undertaken and counselling given. I think that we should get some legal advice about whether, if a licence were granted on that basis, any public liability would ensue should those individuals be subject to any illness as a consequence. In theory, the Government would have certified that the person was safe to smoke.

The Convener: Again, that is a valid point. My advice would be that we should seek some advice from the Scottish Government. That information could include some legal advice, and we would then be in a position to make a decision. At this stage, however, we are not making a judgment; we are ensuring that we have the best possible information to allow us to make a final decision on the petition.

Chic Brodie: If I have a licence to purchase tobacco, what is to stop me selling it to someone who does not have one? We are going down the route of getting the Government involved and seeking legal advice, but the practicalities of the position have not been fully considered.

Angus MacDonald (Falkirk East) (SNP): Like Jackson Carlaw, I have some sympathy for Chic Brodie's stance. However, we should give the petitioner the chance to receive a response from the Scottish Government. I concur with your suggestion, convener.

Anne McTaggart: According to the information that we have received, a new smoking strategy is due to be published in the new year. Although there is no indication that there are any plans to introduce the petitioner's proposal—it is not discussed in the strategy—it will be important for us to look at the strategy before we make our final decision.

The Convener: Although I think that, on balance, it is useful to get the Scottish Government's view, like other members I understand Chic Brodie's point. It would be useful at least to ask the Scottish Government for its view. When we get that response, we will be in a position to make a decision. Would members be comfortable with that approach?

Members indicated agreement.

Judiciary (Register of Interests) (PE1458)

The Convener: The fourth and final new petition is PE1458, by Peter Cherbi, on a register of interests for members of Scotland's judiciary. Members have a note by the clerks, a SPICe briefing and the petition. I think that there were some additional papers from the petitioner, including some press coverage about six judges who have been convicted of crimes since 2005. The petitioner was keen that that should be made public in relation to his petition.

I ask for members' views on the petition.

Jackson Carlaw: As I did the previous petition, I find this one slightly clumsy and unnecessary. As far as I can see, it is based on something that is envisaged but not currently being implemented in New Zealand. However, at this stage, I am happy for us to seek the advice of the Scottish Government and the views of the Lord President on the issue. We could perhaps ask whether information is available about how any system that has been operating up until this point has been functioning.

John Wilson: As Jackson Carlaw indicated, the petitioner referred to the New Zealand bill. That bill arose because of a case in a New Zealand court in which, it is alleged, the presiding judge owed a substantial amount of money to the lawyer before him, which could have prejudiced the case. I suggest that we ask the Faculty of Advocates and the Law Society of Scotland whether they think that it would be appropriate to introduce legislation at this time.

The Convener: Do members agree with John Wilson's suggestion?

Members indicated agreement.

Current Petitions

NHS 24 (Free Calls from Mobile Phones) (PE1285)

11:13

The Convener: Item 2 is consideration of current petitions. PE1285, by Caroline Mockford, is on free calls to NHS 24 from mobile phones. Members have a note by the clerk, the petition and the submissions.

I understand that there was going to be a decision on the adoption of the 111 number by the end of last year, so it would seem sensible to ask the Scottish Government for a progress report on that.

John Wilson: It was suggested over Christmas and the new year that the Scottish Government should introduce charges for 999 calls. If we write to the Scottish Government, I suggest that we ask it to confirm that it will continue to make 999 calls—or 111 calls, as may be the case—free of charge.

The Convener: I am very sympathetic to John Wilson's view. I can understand the comments that I think the Scottish Police Federation made about the number of hoax calls, which are clearly putting a big strain on emergency services. That is a problem, but I do not think that the answer is to charge for calls, as I am sure that people who make hoax calls could find a way around that. I support John Wilson's comments.

11:15

Jackson Carlaw: I agree with that.

As well as seeking urgent information, when we write to the Scottish Government it is worth pointing out that many people would be shocked and dismayed if we allowed a situation to obtain from spring this year in which a service is offered elsewhere in the United Kingdom that is vastly superior to what is available in Scotland. I am sure that the Scottish Government would be mindful of the public disquiet that there would be in that eventuality.

What is needed is urgent clarification—not just clarification, because that has been promised for some time.

The Convener: I will make an analogy with another service. I recently met the chief constable designate of the new Scottish police force, which members know comes into being in April. I understand that a police non-emergency number will be set up in Scotland. There is sort of an

analogy in the emergency services with that course of action.

Are members happy with that course of action?

Members *indicated agreement.*

Youth Football (PE1319)

The Convener: The second current petition is PE1319, by William Smith and Scott Robertson, on improving youth football. Members have a note by the clerk and the submissions. Iain Gray has notified the committee of his interest in this petition, which has been before us a number of times. I note that my entry in the register of interests states that I am a trustee of Inverness Caledonian Thistle Football Club. I think that this petition is very interesting and I ask members for their views on it.

Chic Brodie: I think that the proposed action is right: we should wait and see exactly what comes out of the board meeting, with regard to the recommendations. We have the letter of 2 January from Realgrassroots and I think that we should continue the petition until spring. We may wish to ask Mr Regan or Mr McKinlay to make representation to us.

The Convener: That is very sensible.

Anne McTaggart: I read in the clerk's paper that the formal working party is going to finalise its review in spring 2013. It is important that we continue the petition until we hear the outcome of the working party's review.

The Convener: Are members happy to continue the petition until spring 2013 to await the outcome of the formal working party's review?

Members *indicated agreement.*

Institutional Child Abuse (Victims' Forum and Compensation) (PE1351)

The Convener: The third current petition is PE1351, by Chris Daly and Helen Holland, on time for all to be heard. Members have a note by the clerk and submissions. I invite contributions from members.

Adam Ingram: The action that is proposed—awaiting the outcome of the interaction and the consultation—is sensible. This issue is quite slow moving, but I do not think that there is any way of chasing it on; it just has to take its course. We should be patient and continue the petition.

I note that the petitioners are asking for another hearing from the committee to attach their thoughts on the Jimmy Savile case and child exploitation, but that would not necessarily be appropriate. It would perhaps be more appropriate if the petitioners sent something in writing.

The Convener: I agree with Adam Ingram. Do members agree to that course of action?

Members *indicated agreement.*

Chic Brodie: The consultation closes on 15 March.

Access to Insulin Pump Therapy (PE1404)

The Convener: The fourth current petition is PE1404, by Stephen Fyfe on behalf of Diabetes UK Scotland, on access to insulin pump therapy. Members have a note by the clerk and submissions. Members will be aware that I am the co-convener of the cross-party group on diabetes and will notice that my parliamentary questions were referenced by Diabetes UK Scotland in its very thorough additional paper. Members will also know that the committee will travel to the Western Isles in the next couple of months, as part of the second Parliament day, which is partly to look at the petition on insulin pump provision. The Western Isles, along with greater Glasgow, is one of the poorer areas in Scotland for provision of insulin pumps for under-18-year-olds.

The target is to provide insulin pumps to 25 per cent of young people with type 1 diabetes, but the statistics for under-18s show that there is zero provision in many health board areas. The committee frequently comes across postcode lotteries. The variation in the provision of insulin pumps is probably one of the best examples of that. I have been to several meetings with consultants, as well as conferences in the Parliament, and I still do not understand why there is such variation. It might be strange for me to say so, but we are not discussing a failure of the Scottish Government. The target is a good one. Frankly, the issue appears to be health boards not getting their act together, particularly for under-18s. In areas such as mine, no under-18s get insulin pumps. Some of the comments by consultants that are included in our papers are quite surprising.

The issue is one that it will be useful for us to get to grips with over the next few months before we go to Stornoway. I highlight the fact that, despite the Scottish Government's issuing of diktats—diktats that are quite right—there appears to be a failure in the ability of health boards to implement chief executive letters. The target is good, but I do not understand why we cannot get to grips with health boards delivering on Scottish Government targets. Members have heard me make that point on previous occasions, but it is one that it is important to make.

It is suggested that we continue the petition. Perhaps we could write to the Scottish Government again to ask it to comment on the figures that have just been released. I think that

the target is due to be achieved in three months' time, but it is clear that that will not happen. The level of provision will not increase from zero to 25 per cent in three months.

Adam Ingram: On the face of it, a lot of action has been taken on issues such as the CEL and requiring the boards to report on progress, so it could be argued that the terms of the petition have been fulfilled through the action that the Scottish Government has taken, although I accept that we might be waiting for the implementation outcomes to come through.

I do not see the rationale for continuing the petition. The convener has come up with a rationale that I had not appreciated but, on the face of it, the petition is one that should perhaps be closed.

The Convener: In many ways, I agree with Adam Ingram. I think that the Scottish Government target is a good one and I am in no doubt that it is a step in the right direction, but I am concerned that, although there has been some change, there is zero provision of insulin pumps in several health board areas, which is not very good in anyone's book.

The petition called for

"an immediate review into the provision of insulin pump therapy ... to address the low and inequitable access across the country."

That remains an issue. When we go to Stornoway in a few months' time, we will be able to ask the health board there to speak to us directly. I suggest that we invite Western Isles NHS Board and possibly Greater Glasgow and Clyde NHS Board to discuss the progress that they have made in achieving the target. At that stage, we could look at whether we need to close the petition.

Anne McTaggart: I agree with the convener. It is important that we keep the petition open and do not allow it to stagnate. We should write to the Scottish Government and the health boards that have been mentioned for updates so that the issue remains fresh in their minds.

The Convener: As Stephen Fyfe from Diabetes UK Scotland has said, Tayside NHS Board, Borders NHS Board and Orkney NHS Board have done extremely well on the provision of insulin pumps. We should give praise where it is due.

Adam Ingram: Forgive me for pursuing the point, but would it not be more appropriate for the petition to be passed on to the Health and Sport Committee so that it could follow up with individual health boards their non-compliance with the directions? Should we not consider doing that?

The Convener: My general view is that we should not see ourselves as a committee that just makes referrals to other committees. As Adam Ingram will know well from his period as a minister, we have no control over the work programmes of other committees. I would be concerned if we referred the petition to another committee and next to nothing happened.

We have been to Glasgow and met the health board there, and we are going to the Western Isles to meet health boards there. We will meet individual petitioners and people who are suffering from diabetes. I think that we have done as much as any committee would be expected to do. I suggest that we take no action to refer the petition until we have been to Stornoway, because consideration of the matter is part of the *raison d'être* of our visit to the Western Isles.

Adam Ingram: If the problem is that there is a postcode lottery and some health boards are not moving on the issue, should we not be chasing up those health boards?

The Convener: We absolutely should be doing that. I am not averse to our writing directly to health boards that have not been moving on the issue, in the light of the new statistics, which we did not have when we wrote previously, because they were provided in answer to a parliamentary question that I asked.

When we have responses, perhaps we can ask the clerk to liaise with the Health and Sport Committee on its work programme. It is a busy committee and might not be in a position to take up the work that we are currently doing.

Do members agree to that course of action?

Members indicated agreement.

Anne McTaggart: Sorry, convener. Are we also writing to the Cabinet Secretary for Health and Wellbeing to inform him about the figures and our work?

The Convener: Yes. I think that it would be appropriate to ask him for a view on the new figures. We were not aware of the figures the last time we met him.

Recycling in Schools (PE1437)

The Convener: The fifth current petition is PE1437, by Les Wallace. Members have a note by the clerk and submissions. I invite comments.

Chic Brodie: I declare an interest. I planned to introduce a member's bill on waste and recycling but, following conversations with the Government, I understand that that might not be necessary, given the plans that are being worked on, which are described in the letter from the Government's environment division. I think that there will shortly

be an announcement about forthcoming legislation. We might continue our consideration of the petition, but we should acknowledge that work is under way.

Jackson Carlaw: I suggest that we close the petition on the basis that, as I understand it, there will be action in 2014 as a result of the Waste (Scotland) Regulations 2012. In light of the detailed letter that we received from Peter Stapleton, it seems that seeking a parallel legislative requirement on recycling facilities in schools would be complicated and unnecessary.

John Wilson: I support closing the petition, but I want to remind local authorities and their education departments of their duties under the forthcoming legislation. The response from Falkirk Council was not very enlightening; in the second paragraph, the council talked about the financial burden of installing litter bins in school playgrounds. If legislation is coming with which local authorities will have a duty to comply, local authorities and their education departments should be reminded of their obligations in that regard. It is worth making that point, so that local authorities do not wait until 2014 before taking action to introduce the necessary means to recycle waste in schools.

The Convener: That is a good point. Do members agree to close the petition on the basis that the petitioner's objective has been achieved and to write to the Convention of Scottish Local Authorities to make the point that John Wilson made?

Members indicated agreement.

Flood Insurance (PE1441)

The Convener: The sixth current petition is PE1441, by David Crichton, on flood insurance problems. Members have a note by the clerk and submissions. The petition is very relevant, if we judge by the problems that we have had across the country, and the points that David Crichton made in evidence were useful. There is certainly an argument for keeping the petition open and writing to bodies to clarify a couple of points in relation to the insurance industry. Do members agree to do that?

Members indicated agreement.

The Convener: For the record, we will write to the Scottish Government and the Scottish Environment Protection Agency.

Deceased's Body (Deceased's Estate) (PE1442)

The Convener: The seventh and final current petition is PE1442, by Douglas Reid, on providing that a person's dead body is part of their estate.

Members have a note by the clerk and submissions. I invite comments.

Jackson Carlaw: I move that we close the petition on the basis of the information that we have received from the Government and Her Majesty's inspector of anatomy for Scotland. It seems to me that the consequential issues that would arise would be quite complicated and that the petition cannot proceed.

The Convener: Do members agree?

Members *indicated agreement.*

The Convener: I know that Mr Reid is in the public gallery today, and I take the opportunity to thank him very much for his hard work in putting the petition together. We sought advice and a lot of technical expertise, and we feel that the advice that we have received meets the needs of the petition. Nevertheless, Mr Reid put in a lot of hard work on the issue and I put on record the committee's thanks for his work.

Decision on Taking Business in Private

11:31

The Convener: Does the committee agree to take in private, at our next meeting, consideration of the appointment of a committee adviser and the terms of reference for our inquiry into tackling child sexual exploitation in Scotland?

Members *indicated agreement.*

The Convener: Thank you.

Meeting closed at 11:31.

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