



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 30 June 2016

Session 5



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PUBLIC PETITIONS COMMITTEE
2nd Meeting 2016, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Angus MacDonald (Falkirk East) (SNP)

COMMITTEE MEMBERS

Maurice Corry (West Scotland) (Con)

*Rona Mackay (Strathkelvin and Bearsden) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Andrew Graham-Stewart (Salmon & Trout Conservation Scotland)

Guy Linley-Adams (Salmon & Trout Conservation Scotland)

Elaine Smith (Central Scotland) (Lab)

Carol Sunnucks

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Public Petitions Committee

Thursday 30 June 2016

[The Convener opened the meeting at 09:30]

New Petitions

Protecting Wild Salmonids (PE1598)

The Convener (Johann Lamont): I welcome everyone to the Public Petitions Committee's second meeting in session 5. I remind everyone to turn off mobile phones to avoid any interruptions or interference with the sound system. Apologies have been received from Maurice Corry.

Agenda item 1 is consideration of four new petitions, two of which we will take evidence on. The first new petition is PE1598 by Guy Linley-Adams on behalf of Salmon & Trout Conservation Scotland, on protecting wild salmonids from sea lice from Scottish salmon farms. I welcome Mr Linley-Adams, who is joined by Andrew Graham-Stewart, the director of Salmon & Trout Conservation Scotland, and I ask him to make a brief opening statement of no more than five minutes before we move on to questions.

Guy Linley-Adams (Salmon & Trout Conservation Scotland): First, I thank the committee and its predecessor. This is the third petition that Salmon & Trout Conservation Scotland has sent the committee's way. The previous petition—PE1547, on coastal netting of salmonids—led ultimately this year to salmon conservation regulations with which we are delighted. The petition before that, which was also on aquaculture, was fed into the run-up to the passing of the Aquaculture and Fisheries (Scotland) Act 2013. That process was good; it shows the value of the committee's work, and I thank it for all those efforts.

I also thank the clerks for the excellent guidance that we received before today. They told me strictly not to repeat the content of the petition verbatim. I will not do so; instead, I will bring the committee up to date with developments since we lodged the petition in December last year.

As the committee might know, sea lice data is published three months in arrears by the Scottish Salmon Producers Organisation. It is aggregated data that explains the levels of sea lice on fish farms in the previous three months. In December last year, the percentage of Scottish production of salmon—the capacity of the farms in the affected regions—that had figures over the sea lice

threshold in the “Code of Good Practice for Scottish Finfish Aquaculture” was 58.8 per cent. Since then, that percentage has risen. In the most recent data that we have, which is from March this year, the figure hit 66.4 per cent. In other words, two thirds of the production of Scottish salmon farms is operating at above the code of good practice threshold for the average number of female sea lice per fish—they are the egg-producing lice that cause the problem for wild fish by producing many juvenile sea lice.

The inexorable rise in sea lice problems continues and the control methods do not appear to be working. It is a problem that the data is aggregated, because any particular region can have up to 20 farms, so we do not know which farms are performing badly. Some better farms are controlling their sea lice well, but the flipside of the coin is that some very poor farms are completely failing to control sea lice, and we cannot identify them. Those issues were all aired at the Rural Affairs, Climate Change and Environment Committee in the run-up to the passing of the 2013 act, and that committee's view was that the position should be kept under review and that farm-specific sea lice data should perhaps be published.

I should draw the committee's attention to the fact that, only this week, the Norwegian Food Safety Authority has released an online real-time sea lice database that is accessible to the public and which contains farm-specific data on treatment and where the problems are. That is far in advance of the Scottish system and I commend it to committee members if they have time to investigate it. Unfortunately, the website is only in Norwegian at the moment, which makes it a little more difficult to use.

Touching briefly on another issue, I note that the committee has received a submission from Callander McDowell. There are all sorts of other debates about the science, such as whether there is an effect and whether we can show an effect on wild populations. Marine Scotland science, the Government's fisheries science division, has produced a useful five-page summary of the science document. The clerks have a copy of that document, which I hope will be circulated to the committee after the meeting.

That summary says:

“Salmon aquaculture can result in elevated numbers of sea lice in open water and hence is likely to increase the infestation potential on wild salmonids. This in turn could have an adverse effect on populations of wild salmonids in some circumstances. The magnitude of any such impact in relation to overall mortality levels is not known for Scotland. However, concerns that there may be a significant impact of aquaculture have been raised due to declines in catches of both salmon and sea trout on the Scottish west coast. There is scientific evidence that individual Scottish sea trout

can experience physiological detrimental burdens of salmon lice in areas with salmon aquaculture but the effects on populations in different areas is not known. Scientific evidence from Norway and Ireland indicates that early protection against salmon lice parasitism results in reduced absolute marine mortality, increasing recapture rates of experimental salmon, and reduces the time spent at sea, indicating that salmon lice can influence the population status of wild salmon."

I will read that last bit again:

"salmon lice can influence the population status of wild salmon."

That is not our conclusion nor the conclusion of the aquaculture body but the conclusion of Marine Scotland science. If it is able to conclude that, we suggest that we need a precautionary approach and as strict a control as possible on sea lice in Scottish aquaculture in order to protect an extremely valuable asset for Scotland: the wild salmonid population.

Only this month, the North Atlantic Salmon Conservation Organization met in Germany. Scotland was represented, and the Scottish Government came forward with proposals for higher thresholds for escalation plans and potentially reducing biomass at farms. However, the levels at which those steps would take effect were much higher than all the other aquaculture nations represented thought was sensible. Scotland's system for the control of sea lice is recognised as being the most lax, compared to the Norwegians, the Irish and so on. We would like to see the system tightened up and brought into line with the other salmon farming and producing nations.

Our petition asks for a statutory duty to be placed on Scottish ministers to regulate farmed fish for the express purpose of protecting wild fish. At the moment, all the legislation is pointed at the health and welfare of the farmed animal, not wild fish, and we think that ministers should have such a duty and the requisite powers. We would like the relocation programme, which identifies farms that are in the wrong place, to be rejuvenated. It rather ran into the sand in 2008 and has not gone much further. We believe that if that could be done, an awful lot of progress could be made.

I want to put it on record that Salmon & Trout Conservation Scotland is not trying to shut down the aquaculture industry. We get accused of that a lot, but we are not in that business. We recognise just how important aquaculture is to Scotland, and what we would like to do is to make it more sustainable so that wild fish can thrive alongside the industry.

Angus MacDonald (Falkirk East) (SNP): Good morning, Mr Linley-Adams and Mr Graham-Stewart. You will be aware that, in the debates on the Aquaculture and Fisheries (Scotland) Bill in

2013, it was agreed that the data on sea lice would be published voluntarily by the industry in 30 areas or thereabouts. That has been done; in fact, as was promised to the RACCE committee at the time, the industry has been reporting back on a three-monthly basis to the individual members of the committee, which has been helpful.

You mentioned some developments in Norway, which is Scotland's nearest comparator country with regard to the salmon industry—Chile is perhaps the next closest—and which is now issuing the sort of farm-by-farm data that a number of stakeholders called for in the evidence sessions that took place here in 2013. Those methods are more robust than those we have in Scotland. Why do you think that farm-by-farm data is not publicly released here? Do you believe that that information is available?

Guy Linley-Adams: Strangely, it is available in certain regions, by virtue of the fact that one or two regions have only a single farm. The aggregated data therefore relates to that one farm, which is unfair on those operators because it makes them clearly identifiable.

I think that the industry feels that its data is its own and that it should not have to share it. In some respects, there is a high-level principle here: why should it share that data with everyone? What is at the forefront of the industry's mind is a concern that particular farms will be singled out.

A lot of the early farms were put in sheltered bays or at the mouths of estuaries, because it was a new industry and it was easier to control the cages if they were sheltered and close to land. Quite often, however, those are the farms that have problems. If we could identify those farms, we could talk to the local authorities and the industry and identify sites to which they could be moved. They have to be moved away from the mouths of rivers, as those are the migratory channels for the wild salmonids. The kit these days can be moved offshore into open water, where interaction with wild salmonids can be avoided. Moreover, if the cages are further out, biomass can probably be increased, as there is a better flow of water. The publication of farm-specific data will enable us to identify more clearly the farms that we would like to put forward for relocation.

Angus MacDonald: Do you understand the industry's concern that the issuing of farm-by-farm data and making such data widely available could have serious consequences for a farm's viability?

Guy Linley-Adams: I understand that, to an extent, but I am not entirely sure why it would be correct to shelter a poorly performing farm from scrutiny just because it might cause the farm an issue.

Most supermarkets do not name the farm of production. Sainsbury's and the Co-op are different in that they name the farm on the packaging of the smoked salmon products that they sell. However, an awful lot do not, and an awful lot of ready meals do not identify the farm of origin either. As a result, we would not be in a situation where consumer pressure was building against a particular farm and having an impact on it.

Angus MacDonald: As you know, enforcement notices can be served on individual farms. What do you know about the enforcement regime?

Guy Linley-Adams: The fish health inspectorate can serve a variety of different enforcement notices, but the purpose of those notices is to protect the health and welfare of the farmed animal.

In the second year of production, in particular, farmed fish can tolerate 10 or 15 adult female lice quite happily. That does not cause the farmer any economic problems, because the fish are about to be harvested. However, in those final few months of their lives when the fish are in the cages with the lice on them, a large number of juvenile lice are produced that then leave the cages and have an impact on wild fish. A fish might have a collection of adult female lice on it but, if the lice are not causing a health and welfare issue for the farmed animal, the fish health inspectorate cannot act. It does not have the legal powers to act expressly to protect wild fish.

Angus MacDonald: You state in your petition that you have met Marine Scotland on a number of occasions. It is fair to say that you are not impressed, given your comment about the lack of progress in protecting wild salmonids from harm caused by the industry. What more should Marine Scotland do to address the issue?

09:45

Guy Linley-Adams: Marine Scotland suffers from the same situation as the fish health inspectorate, in that it is still largely focused on the health and welfare of the farmed animal. Responsibility for the wild fisheries falls between two stools: the Scottish Environment Protection Agency deals only with the water pollution side of things, while Scottish Natural Heritage gets involved only with the European protected areas—the special areas of conservation, or SACs. The vast majority of fish farms are nowhere near the SACs. That is a gap in the law—no agency has responsibility.

I would not say that we are universally appalled by Marine Scotland—far from it. The staff are excellent and we have a good and quite jovial relationship with them, but they have a particular

line to steer and we have ours. Nevertheless, we are making progress with them.

Angus MacDonald: That is good to hear.

You have made the general statement that

“Wild salmonids in the ‘aquaculture zone’ on the west coast are in trouble”,

but is it not the case that they are in trouble across the whole north Atlantic region, not just on our west coast? The decline in numbers was identified long before the salmon industry increased to the size that it is today.

Guy Linley-Adams: I will ask Andrew Graham-Stewart to deal with that.

Andrew Graham-Stewart (Salmon & Trout Conservation Scotland): Wild salmon face three problems in Scotland. The first is declining marine survival, which is universal in the east, west and north. The decline in netting has influenced the level of returns to rivers, but aquaculture has also influenced matters.

In a new study of salmon rod catches in Scotland that we recently carried out, we found catches in the salmon farming heartland of the west coast lagging far behind those on the essentially farm-free east coast. The five-year average catch on the east coast—that is, between the Tweed and Cape Wrath—was up by 40 per cent between 1970 and 2014. In contrast, the five-year average catch for the west coast—that is, from Cape Wrath down to the Mull of Kintyre, including the Hebrides, which is the main salmon-farming area—had by 2014 declined to 76 per cent of its 1970 value. If the west coast catches had tracked the east coast ones, they would have been 80 per cent higher in 2014. In the worst area—Ardnamurchan down to Kintyre—the rod catch was by 2014 50 per cent of its 1970 value. I emphasise again that because of the decline in netting, the catch on the east coast has gone up by 40 per cent.

The great majority of west coast rivers are now in category 3, which is the new Government classification for salmon rivers. That means that, according to Scotland's marine scientists, no exploitation of salmon is sustainable there. Recent extinctions of salmon in Scotland have occurred only in the west Highlands and Islands; indeed, I can give specific examples of extinctions. No similar extinctions have happened on the east or north coasts.

Sea trout, which are incredibly important to the rod fishing tourism industry on the west coast and the islands, have been hit far harder than salmon. All the large sea trout on which such fisheries depend have gone; they just do not exist anymore. Between June and September, those fish—and we are talking about fish of three and a half

pounds—brought many thousands of anglers to the west coast and the islands, where tourism is extremely important. That sea trout tourism industry has gone; it has absolutely collapsed. There has been a decline in sea trout on the east and north coasts, but it is nothing like the decline on the west coast.

Rona Mackay (Strathkelvin and Bearsden) (SNP): Hello, Mr Linley-Adams. I want to follow on from my colleague's question and go back to the point about Marine Scotland. You will be aware that Marine Scotland has been able to inspect farms since 2007. Are you saying that it is ineffective and is not doing its job properly?

Guy Linley-Adams: Our point is not that Marine Scotland is not doing its job properly. However, it is inspecting for the purpose of checking the welfare and health of the farmed fish, and it judges the parasite or sea lice control on a farm on that basis. If the farmed fish are okay, the farm is okay and there is no need for any sort of enforcement action. We are saying that a situation arises fairly regularly in which large farmed fish have a few parasites and the health and welfare of the farmed fish are not threatened but that still causes a very severe threat to the wild salmonids going past. Marine Scotland's fish health inspectorate does a good job, but it does that within the constraints of its legal responsibilities.

Rona Mackay: Is it too big a job for Marine Scotland to look at the wild fish as well? Is that outwith its scope? Are you saying that, legally, it cannot do that?

Guy Linley-Adams: Legally, it cannot do that. Certainly, Marine Scotland has the expertise and its staff know what they are looking at when they go out to a farm. A lot of them will have spent many hours bobbing around on cages.

Rona Mackay: So that is not in Marine Scotland's remit.

Guy Linley-Adams: It is not in its legal remit at the moment.

Rona Mackay: Okay.

What evidence do you have that some fish farms are not complying with the industry code? How do you know that they are not doing that properly?

Guy Linley-Adams: The aggregated sea lice data that is produced by the Scottish Salmon Producers Organisation three months in arrears shows particular regions that are way over the threshold that is set in the code of good practice. The threshold is an average of either one or 0.5 adult female lice per fish, depending on what time of year it is. If the figure is up at 10, we can be sure that, within that collection of farms in a region, some at least must not be keeping sea lice

numbers below the threshold. The code of good practice requires farmers to treat for lice when they hit the threshold—

Andrew Graham-Stewart: It advises that.

Guy Linley-Adams: Sorry. You are quite right—the code advises farmers to do that.

We can then look at the data that the Scottish Environment Protection Agency publishes on the Scotland's aquaculture database, which lists when treatments are applied under particular controlled activities regulations licences. If we marry the two together, we can find regions where average lice numbers are way over the threshold but none of the farms appears to be treating. The implication must be that the farms are not responding to the voluntary code of good practice. It is difficult to point to a particular farm, because we do not have farm-specific data but, for an aggregation of 10 or 15 farms, we can say that pretty clearly.

Rona Mackay: So specific monitoring is not available and it is not coming up to scratch.

Guy Linley-Adams: It is there, but it is not publicly available. Under the Fish Farming Businesses (Record Keeping) (Scotland) Order 2008, fish farmers have to keep their own records for inspection by the fish health inspectorate. Unfortunately, because the records are held by the farmers and not by the Scottish Government or Marine Scotland, they are not accessible under freedom of information and environmental information regulations. The records are held by the farmers, ready for inspection, but they are not provided.

Andrew Graham-Stewart: I want to add something on the issue that Rona Mackay has been alluding to and the one that Angus MacDonald mentioned about five minutes ago. Clearly, enforcement notices may be served, but they do not seem to do any good. One example of that was in late 2014 when, in the area by Kyle of Lochalsh, the average number of adult female lice per farmed fish went up from around 10 to 15 and then 20, and it finally ended up at 40. By that point, when they went to slaughter, the fish would not have needed skinning—they cannot have had any skin left. However, for the farmed fish, that was deemed to be acceptable. One imagines that the fish health inspectorate sent out enforcement notices, but nothing happened. The farms just continued—this is Marine Harvest, with its farms by Kyle of Lochalsh—until such point as they decided to slaughter. When the level is at 40, the number of juvenile lice that would have been produced is mind boggling.

Rona Mackay: I might have missed this in the papers, but is there a treatment for sea lice, or is slaughter the only remedy?

Guy Linley-Adams: There are a variety of treatments, most of which are chemical-based. There is an in-feed treatment—something that is actually in the feed—but most of the treatments are bath-type treatments. An impermeable tarpaulin is hung around the cage, an organophosphate or a pyrethroid-based pesticide is put in the water and left for a couple of hours, then the tarpaulin is opened and the substance washes away. In that couple of hours, the organophosphate or pyrethroid kills the lice and they fall off the fish. It is a very difficult process—it is tough work.

Rona Mackay: Is it an expensive process?

Guy Linley-Adams: Yes. As I said, it is also tough work. The operatives have to lug the tarpaulins around in what can be difficult weather conditions—it is not easy.

Andrew Graham-Stewart: Figures came out recently for treating sea lice in the Faroes that showed that it costs the farmers there about €0.50 per kilo of fish. It is a substantial cost. The problem that we have with sea lice is that, as with any parasite, they are developing an immunity. In many areas, most of the chemical treatments no longer work for that reason, which is why farmers are trying things such as using wrasse as cleaner fish. However, the success of that has been patchy—when wrasse have been introduced, we have seen sea lice numbers increasing. It is a major problem.

Obviously, the farmers have their problems but the impact on wild fish continues. All that we are asking for is that, in those farms where the sea lice problem is out of control, something is done to make the farmers slaughter or cull early, or take drastic action to prevent large numbers of sea lice from spreading into the marine environment.

Brian Whittle (South Scotland) (Con): Is there a danger to other sea life from the pesticides or chemicals used in the treatment?

Guy Linley-Adams: I started my association with aquaculture as a research student in 1991 in a laboratory in Aberdeen of what was then the Department of Agriculture and Fisheries for Scotland. To answer your question, there is strong evidence of resistance to the pesticides in non-target organisms. The pesticides are also extremely toxic to crustacea. That is what they are designed to do—they kill sea lice, which are a crustacean, as are lobsters, crabs and prawns. Therefore, there will be a negative effect on anything like that in the immediate vicinity when the tarpaulins are removed. Creel fishermen are alarmed by what they believe is a drop in the stock of their quarry because of the location of fish farms.

Brian Whittle: So are you suggesting that culling is the most realistic solution?

Guy Linley-Adams: Ultimately, the solution is closed containment, which means raising farmed fish in a way that ensures that they are completely biologically separated from wild fish. Marine Harvest is investing quite a lot of money in a “donut” project and an “egg” project—those terms relate to the shape of the construction. That firm is big enough to invest money in such projects, which are pointing in the right direction. The quicker we get to closed containment, the better. It will be better all round and will reduce the costs of production dramatically. Fish farming is a costly business. To train people to run open-net cages in hostile weather conditions all year round is an expensive business.

Brian Whittle: The petition calls for a threshold to be set on the number of sea lice on farmed fish to prevent damage to wild fish. The petition states that if the threshold is exceeded and treatment is not successful, farmers should have to harvest or cull the fish. What evidence is there to support adopting that approach in setting thresholds?

Guy Linley-Adams: The threshold is in the code of good practice at the moment, but the proposed subsequent culling or harvesting is not in it yet. However, that method is practised in Norway when they get a severe problem. It does not often result in the serving of a formal notice, because it is done informally. The Norwegian inspectors say, “We will serve a notice if you don’t do something here.” Early culling or harvesting is recognised in the industry as a way of ultimately dealing with a lice problem if it is out of control. We would like that approach to be taken not just when the prevalence of sea lice becomes a problem for the health and welfare of the farmed animal, but when it becomes a problem for wild fish. It is the gap between the two that concerns us.

Brian Whittle: The petition also refers to a relocation programme in 2008 that

“was allowed to run into the sand.”

What happened to that programme? Did any fish farms relocate?

10:00

Guy Linley-Adams: Relocating a fish farm is difficult. In the past, we have suggested that the Scottish Government should look at whether it has the requisite legal powers to assist with and facilitate the relocation of farms, because getting planning permission for a fish farm is a lengthy process. Fish farmers will obviously not want to relocate if they do not have to, because they have invested time, money and effort in getting the

planning permission and various consents for their farm in the first place.

Farmers will admit privately that some farms are not ideal; they will say things such as, "That one is a particularly licey farm." They would love to be away from such sites, because it would make their job easier, but getting consent and permission is difficult. However, we would not object if proper relocation occurred.

The Convener: You have said that there should be a renewed focus on moving to containment of all farmed salmon in Scotland, presumably with fish kept in tanks. Do you have any information about such an approach being adopted in other countries? Do you have any sense of what it would cost?

Guy Linley-Adams: There are closed-containment farms in operation in various locations. I can provide written information to the committee following today's meeting. There are certainly examples in Norway. In fish farming journals, there are stories every other week about successful closed-containment operations starting up here, there and everywhere.

Ultimately, such an approach is bound to come in. If fish farmers have a closed-containment site, particularly on land, they do not need well boats, and they do not have to train their staff in detail on health and safety procedures involved in working at sea. They do not need all that life-saving equipment, nor do they face the difficulties of operating in the severe marine environment.

The Convener: Presumably, a choice was made to set up fish farms as they are now rather than in the way that you describe. Despite all the downsides, fish farmers must have regarded that approach as better than the option that you are now proposing. Why would that be?

Guy Linley-Adams: At the time, it was the only option. I do not think that people believed that closed containment was possible, but the technologies have moved on. We have been farming trout on riversides in closed containment for years. Doing that for salmon is more difficult, but the technologies have moved on. I commend Marine Harvest for the amount of work that it is doing in that area.

Andrew Graham-Stewart: The initial capital cost for closed containment is substantial, but once that has been paid for, the on-going running costs are much reduced in comparison with the open-net systems.

The Convener: Do you have any sense of the view of fish farmers as a community about that approach?

Andrew Graham-Stewart: Marine Harvest is certainly very keen—it is investing very large sums

in research into closed containment. There are various systems in Norway, and major programmes are under way.

The Convener: Thank you—I think that we have covered all the questions. Are there any comments or suggestions about where we go next and any steps that we might wish to take?

Angus MacDonald: I would certainly be keen to hear the views of Marine Scotland and the Scottish Government, SEPA, the Scottish Salmon Producers Organisation, the Atlantic Salmon Trust and the Association of Salmon Fishery Boards. Given some of the evidence that we heard earlier, I would also be keen to hear from the appropriate Norwegian ministry with regard to the farm-by-farm data system that it has introduced. Perhaps we could ask the Scottish Parliament information centre to look into that for us.

The Convener: It would be useful to get a sense of what is happening in other places, which are presumably wrestling with the same problems in terms of trying to get the balance right. Do members agree with those suggestions?

Members indicated agreement.

The Convener: In that case, I thank the witnesses for their attendance today. We will pursue the actions that we have described.

10:03

Meeting suspended.

10:05

On resuming—

Antenatal Care (Electrocardiograms and Heart Echo Tests) (PE1602)

The Convener: The second new petition before us is PE1602, by Carol Sunnucks, on electrocardiograms and heart echo tests in antenatal care. I welcome Carol Sunnucks and ask her to make a brief opening statement of no more than five minutes. We will then move to questions.

Carol Sunnucks: I say first that I have never done anything like this before. Good morning, ladies and gentlemen. Thank you for inviting me to speak to the committee.

Back in March 2007, I discovered that I was expecting a baby. To say that I was shocked would be an understatement. At the time, I was working full-time with Women's Aid, providing support to children who had come to refuge due to domestic violence. I was also studying part time for a postgraduate diploma in play therapy, so getting pregnant did not feature in my plans.

On 1 April 2007, I was admitted to my local accident and emergency with excruciating pain. After being tested, I was told that I was suffering from an ectopic pregnancy and that the staff believed that I was pregnant with twins, one in the womb and one in the fallopian tube. I remained in hospital over the next few days and, on 4 April, they decided that I needed surgery. During the procedure I lost the baby who was growing in my womb. At discharge I was told that, due to my age and losing a fallopian tube during the procedure, it would become increasingly difficult for me to get pregnant.

In June 2007, my husband, my parents and I went on holiday for two weeks. On returning, I discovered that, against all odds, I was once again pregnant. I was now in a position to have my rainbow baby and was very excited and happy.

For many women pregnancy brings various changes in the body but, after the first few weeks, many women flourish and bloom; they glow with the little life that is growing inside them. That never happened to me. From very early on, I had an awful pregnancy. I neither glowed nor flourished, but I had all the conditions that come with pregnancy, including heartburn and morning sickness, although that should be named all-day sickness. I was constantly tired and really struggling with the pregnancy. My treatment was consultant led due to my history, so visits to the local maternity unit were frequent. At the time, I was not only pregnant but due to be married in November 2007.

My ankles had begun to swell at a very early stage in my pregnancy. I developed cholestasis, a body itch that affects everywhere 24/7 and is a sign of possible liver problems during pregnancy. There is no treatment for it.

The swelling in my ankles continued, and it got to the point that I had to wear a size 7 or 8 shoe, when I am normally a size 5. I presented with swelling at the antenatal clinic on numerous occasions but was told that all my conditions were due to my being pregnant. They would always check baby's heartbeat, and I received more ultrasounds than normal, but all of that was to check how my beautiful baby was doing. Never at any point did anyone think to check me.

During the last few months of pregnancy, I was struggling more and more every day. I still had severe swelling. I had trouble lying down and sleeping, so I had to prop myself up with pillows. I went to see my general practitioner as I felt that I had a chest infection and was given antibiotics. I had a cough and noisy breathing. It got so bad that I used my husband's inhaler to try and get a breath. I was really struggling.

At 10 pm on 27 March 2008, I went into labour, one week early. My baby was born at 10.01 on Friday 28 March. Soon after having my baby, I developed a sharp pain in my back, and I could not continue to hold my newborn. I asked my mum to take him. The nurses came over, and it was at that point that they knew something was not right.

For the next three hours I was sick, with extremely high blood pressure causing pain in my head. At that point, the staff were talking about many possibilities that could be the cause of my deterioration: pre-eclampsia, HELLP—haemolysis, elevated liver enzymes and low platelet count—syndrome or a blood clot. After many tests over the next few hours, they decided to move me to coronary care as they suspected that I had suffered a cardiac episode. Having given birth to my angel 12 hours earlier, I was transferred and I had to leave my baby with the midwives at the special care unit. In the morning, a cardiologist told me that they believed that I had developed postpartum cardiomyopathy,

Peri or postpartum cardiomyopathy is a form of dilated cardiomyopathy that is described as a deterioration in cardiac function. It typically presents in the last few months of pregnancy and up to six months afterwards. It normally causes a decrease of the left ventricular ejection fraction, which results in the heart muscle not being able to contract forcefully enough to pump adequate amounts of blood to vital organs, leading to arrhythmias, blockage of a blood vessel by blood clots and, in some cases, sudden cardiac death.

PPCM is a diagnosis of exclusion where mothers have no prior history of heart disease and there is no other known possible cause of heart failure. Unfortunately, many doctors dismiss the early symptoms because they appear to be typical of normal pregnancy, yet early detection and treatment are critical to the patient. Delays in diagnosis and treatment are associated with increased deaths in new mothers. Many women will present with evidence of having a clot that is passing between the heart and other vital organs causing complications such as stroke, the blockage of an artery or sometimes a heart attack. That is why, during pregnancy, doctors should always hold high suspicions of PPCM in any peri or postpartum patient where persistent or unexplained symptoms occur.

One of the most effective ways to diagnose PPCM is a BNP—B-type natriuretic peptide—blood test. BNP is a naturally occurring signalling hormone in the blood that is produced by the human heart muscle. Anything that increases mechanical stress in the heart or irritates the heart muscle will trigger the heart's pressure receptors to release BNP into the blood. Although increased BNP does not always signify heart failure and

should never be used in isolation, it is a very effective indicator that other avenues need to be looked at. That can include an ECG. In other countries, an early-detection checklist is used as a point scoring tool, and that, too, can be used in early detection when women present with unexplained symptoms.

A quarter to a third of PPCM patients are young women who have given birth for the first time. It is thought that one pregnant woman in every 1,300 will develop PPCM. Today, I am not here for me; it is too late for me. I cannot have any more children, but I have two beautiful nieces who will, I hope, become mums one day. Every one of us here today has a daughter, sister, friend or niece who has the potential of becoming pregnant. Please do not let them experience what I did.

After moving on to coronary care, I did not see my son for 12 days. During that time, he became unwell with a choanal atresium, which is extra bone growing over a nostril, so he could not breathe properly. At one point, staff were looking to transfer him to the children's hospital. As a mum, that broke my heart. I missed out on so much during the early time. The bonding between mother and child is special and it can never be replaced. My son was almost three weeks old before I got to take him home. Do not let other young mums experience that situation.

Having PPCM left me tired and underweight and I found it difficult to care not only for myself but for my son. Now, eight years down the line, I still take medication. Surely early detection is a must, and we must consider the possibility of being able to diagnose PPCM early and effectively. I have with me a checklist that is used when people appear at their doctor's surgery.

The Convener: Thank you. That was very helpful and very clear. Now we will ask you some questions to clarify the things that you believe should be done as a consequence of your experience.

First, I am interested to know whether you are asking for people who have unexplained symptoms that might be PPCM to be given a diagnostic test, rather than for all pregnant women to be screened. Is that the case?

Carol Sunnucks: Yes. Some things that are associated with pregnancy also present with PPCM, such as swelling of the ankles and shortness of breath at the end, but I was at a point where I could not lie down and had to prop myself up. As I said, I went to the doctor thinking that I had a chest infection, but it was heart failure. I was presenting with a lot of different things.

The point-scoring checklist that doctors have is a list of five or six questions. It asks, "Do you have problems breathing when you are lying down?",

with a score of 1 being okay and 5 being the worst. If someone's score is 4 or 5, they will be referred on to get an ECG, which might show that the left side of the heart is not working.

The Convener: Is there a lack of awareness of the condition that means that people do not even know what to look for?

Carol Sunnucks: Yes. When I had Kai, I was kept in the maternity delivery room because they did not know what was wrong with me. They had the paddles and stuff outside because of my heart. It was a horrible time. One of the two midwives who sat with me said to me, "We've never been with anybody who's had anything like this." They had never seen anything like it.

The Convener: So there is an issue to do with awareness raising for health professionals. Is there also a more general point about pregnant women, which is that the professionals see the baby and not the mum?

Carol Sunnucks: Yes. I think that they see the pregnant lady as being the vessel that is carrying the wee baby. Babies are very important, but there is no point in them being okay if the vessel is not going to be able to carry the baby for the full term. I was so ill with the swelling throughout my pregnancy and I was up and down to the maternity unit. They do not tell you about it when you go to your antenatal classes. They do not say, "Look out for this, look out for that." They tell you about all the nice things that happen.

10:15

I had a friend who died in November 2007. She went to hospital complaining of chest pains and they said that it was indigestion, but it ended up that she had a heart attack and died. Her baby lived but she died. There is another woman who I speak to regularly on cardiomyopathy websites; her 21-year-old daughter died four weeks after giving birth and they still did not know until she died that she had PPCM. I have been lucky; I am on medication. I recovered relatively quickly, but there are many women who go on to get pacemakers fitted.

The Convener: The issues of cardiomyopathy and heart conditions more generally have come to the Parliament previously, as well as the point about the awareness of GPs and what they have to look for in the early stages, and the question of the screening of families, which is another area that we could look at. Your points have been useful.

Rona Mackay: The European Society of Cardiology working group recommends that women have ECGs and so on during the early stages of pregnancy. Is it your opinion that the

staff who were caring for you were not aware that there was ever a possibility of you having cardiomyopathy when you were having your symptoms?

Carol Sunnucks: Nothing was ever mentioned to me about there being a problem with my heart—never at any time. When you go in, they take you straight to the early baby unit and the baby is monitored. The most they do is take your blood pressure. Never at any time did anyone say, “Let’s have a wee look and see whether there is something else going on here.”

Pregnancy is not an illness. You should not be ill during your pregnancy. When a woman presents as ill, they need to be looking at something.

Rona Mackay: So it is really about staff being aware of the guidelines that they should be following.

Carol Sunnucks: Yes.

Rona Mackay: That is what you are trying to stress.

Brian Whittle: So few cases are identified. I am just looking at the numbers and they are very low. I presume that we are saying that there is a lack of identification of the condition and that there are a lot more cases than are identified.

Carol Sunnucks: Yes. I speak to women on these websites who have gone on to have their baby, become extremely ill and not been diagnosed for many months afterwards. They say that the onset of it can be up to six months after you have your baby, although typically it is way before that and the condition is not diagnosed until six months after. Women are readmitted to hospital and the doctors start to look for other things because the pregnancy cannot be used as an excuse for their symptoms. By that time, the woman will have had six months with their baby when they have been ill and tired and at possible risk of sudden death. That does happen and, when it does, it is just put down to sudden adult death and not a lot is said about it. It is just done and that is it. Unfortunately for many families, they lose their mum and their wife.

The Convener: We have concluded our questions, so we should think about how we can take the petition forward.

Rona Mackay: We should write to the Scottish Government for its view and explain what we have heard today.

The Convener: I wonder whether there would be any value in contacting the relevant professional medical body—I do not know who it might be—to ask for its view. We could also ask GPs whether, if there is shared care, they are aware of it. We could take advice on the best

people to contact for their expectation of any professional in the circumstances that the petitioner has described. That would be useful. Is that agreed?

Members indicated agreement.

The Convener: We will write directly to the Scottish Government about its views on your petition and we will also look to the professional medical bodies to see what they think could be done to ensure that people do not end up in the same situation that you have been in. I thank you for your attendance.

10:20

Meeting suspended.

10:20

On resuming—

Speed Awareness Courses (PE1600)

The Convener: We have two further new petitions to consider. The first is PE1600, by John Chapman, who calls for the introduction of speed awareness courses as an alternative to other penalties for drivers who are found to be speeding. Members will have had a chance to read the petition, the briefing note and an additional submission from Mr Chapman. I ask for members’ views on what action we wish to take.

Angus MacDonald: We should write to the Scottish Government to request an update on the assessment of whether speed awareness courses would make an effective additional contribution to road safety in Scotland.

Rona Mackay: Perhaps we should write to one of the automobile associations. I am not sure what the name would be—I am talking about the RAC or one of the organisations that does monitoring.

The Convener: We could contact the RAC and the Automobile Association—the organisations that tend to speak on the matter.

There is something comparable for young drivers. If they are convicted of reckless driving, they go on a refresher course.

Rona Mackay: There is an advanced driving course, but what is proposed is a bit different. We probably need some expert views.

Brian Whittle: More and more, people are getting the opportunity not to get three points on their licence if they are willing to attend a speed awareness course. I would be interested to see what impact that has.

The Convener: Do we agree with Angus MacDonald’s suggestion that we write to the

Scottish Government to get an update on its assessment of the benefits of such an approach?

Members *indicated agreement.*

European Beavers (PE1601)

The Convener: The final new petition is by Andy Myles and relates to protection for populations of European beavers in Scotland. Members will have had a chance to read the petition and the briefing note. I would welcome members' views.

Angus MacDonald: A number of non-governmental organisations have been expecting an imminent decision on the matter for some time. An announcement from the Scottish Government was expected before the Parliament was dissolved. We should write urgently to the Scottish Government to seek its views on the petition and get a timeline for when it expects the announcement to be made, because a number of people with vested interests want to know that.

The Convener: We will want not only to know the Scottish Government's response to the petition but to say that it would be useful for the announcement to be made sooner rather than later. Is that agreed?

Members *indicated agreement.*

Continued Petitions

10:24

The Convener: Agenda item 2 is consideration of 11 petitions that have been carried forward from session 4. For each petition, we have received a briefing note and copies of submissions that have been received since our predecessors considered the petitions. I intend to go through each petition in turn and invite comments from members on the action that we may wish to take. We are aware that the petitioners have strong views on all the petitions and have maintained communication with the committee on them.

Youth Football (PE1319)

The Convener: The first continued petition is PE1319, from Willie Smith and Scott Robertson, on improving youth football in Scotland. Before we discuss the petition, I should let members know that I have been aware of the petition since my time as the member for Glasgow Pollok and I have known Willie Smith for many years, not just through the petition but through his work in youth football in that community.

The petition is one of the oldest that we have before us, and it is evident that a lot of useful work has been done on it. That said, I am keen for us to make progress on the issues that remain outstanding and to be proactive in seeking views and information from relevant stakeholders. The Scottish Football Association and the Scottish Professional Football League have outlined the actions that they intend to take, and we also have a response from the Scottish Government—a letter from the minister Aileen Campbell. The suggestion from the Government, the SFA and the SPFL is that time should be allowed to see how the measures work before external regulation is considered. It would be useful to ask the Government, the SFA and the SPFL for information about the timetable for introducing the measures and assessing whether they are working.

It is fair to say that other stakeholders have a different view on whether the measures that have been suggested adequately address the concerns that the petition raises. It would therefore be useful to get views from the Professional Footballers Association Scotland and the Children and Young People's Commissioner Scotland, as well as youth and school football organisations. We know from correspondence that the petitioners and others do not feel that the views of the Scottish Government, the SFA and the SPFL reflect what is actually happening. I would welcome comments or suggestions from members.

Brian Whittle: There is an issue in football with the turnover of children under the age of 16 through clubs and the way in which that is sometimes handled—that has always been a bit of a concern. Clubs identify kids as young as nine, 10 or 11 and cull them annually. I am concerned about the impact that that has on the kids and their ability not just to participate in football but to move on to other sports. I make the general comment that the way in which many football clubs deal with youth is not particularly helpful.

Rona Mackay: Do you think that the petition will help to deal with that? Is that what it is trying to do?

Brian Whittle: The petition highlights the issue, but it only scratches the surface. It pertains particularly to football, but there is an impact across all activity. The rejection of kids that happens in football clubs has been shown anecdotally to have a negative impact on youth across the board.

The Convener: A number of issues have been raised through the petition, but the live issue is the ability of clubs to take young people on one-year contracts that end up being three-year contracts, under which they are not paid and are not allowed to play for their local teams. One thing that exercises the petitioners is the idea that the clubs will retain that right, even under the proposals that have been made by the SFA, the SPFL and the Scottish Government. Under those proposals, although players could play for their local teams, there would be a welfare clause. If we give the football clubs a welfare clause, they will exercise that if they want to protect their investment.

I think that Brian Whittle is referring to the issue of clubs bringing in a number of children in order to get one that they think might be a star. The clubs then reject the rest, which puts those children off sport and does not allow them to be involved in sport locally.

Brian Whittle: I note that quite a lot of kids are allowed to play only for their club but do not get a chance to play for that club. What kids at that age want to do is kick a ball, but they are not getting the opportunity to do that in a competitive environment. How do we deal with that? If someone aged 13, 14 or 15 is not getting a game and all that they are doing is sitting on the bench, that has to be a welfare issue. When do they get the opportunity to play football?

10:30

The Convener: It is a question of managing the tension between local football teams nurturing young people and big clubs coming in and taking them. Competition is an issue. There are a lot of complicated issues, but my sense is that the

petitioners do not feel that the responses that they have received on what is to happen next genuinely reflect where the organisations are. Do committee members have specific proposals for action?

Rona Mackay: I agree with your suggestion, convener, that the relevant people should be brought in and listened to. We could invite PFA Scotland, the Scottish Schools Football Association, the Scottish Youth Football Association and the Children and Young People's Commissioner Scotland to give their views.

The Convener: Do we agree that it would be worth while to have an oral evidence session on the issue?

Rona Mackay: I think so. The issue is huge.

Members indicated agreement.

Brian Whittle: It might be an idea to give the clubs an opportunity to put their case across. I am not suggesting that we invite all the SPFL clubs, but we could invite one or two in order to understand what they are trying to do.

The Convener: Others will know more about this than I do, but I sense that the SFA and the SPFL are at the mercy of what the clubs want. They may have a policy, but it will be for the clubs collectively to agree to it, and that might be slightly more challenging.

Brian Whittle: Outcome-wise, the welfare of the children is paramount.

Rona Mackay: Does the players union play a part in that?

Brian Whittle: Not at the age that we are discussing.

The Convener: The players union is quoted in Aileen Campbell's letter as having been actively engaged, but it would be worth checking with it what its level of engagement is.

Given the responses that we have had from the SFA, the SPFL and the minister, it would be worth while for us to ask the other organisations that have been named for their responses and to take further evidence. As members have said, we could ask for more information from the petitioners, the Children and Young People's Commissioner Scotland, the PFA Scotland, the SFA and the Scottish Youth Football Association with a view to having an evidence session later.

Angus MacDonald: I totally agree with the consensus. Can the clerk confirm that the letter dated 27 June from RealGrassroots has been made public?

Catherine Fergusson (Clerk): It will be.

Angus MacDonald: William Smith and Scott Robertson dispute a number of the minister's comments—particularly the claim that

“PFA Scotland were included in ‘extensive discussions’”

with Scottish Government officials. The letter goes on to raise other concerns about statements in the minister's letter. I am keen to have the minister's response on those disputed comments to help to move the situation forward.

The Convener: That is another excellent suggestion. We are clear that we want to continue to look at the issue and to explore further the gap between what the minister believes to be the case and what the petitioners and others believe to be the case. Is that agreed?

Members *indicated agreement.*

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

The Convener: The second continued petition is PE1408, from Andrea MacArthur, on updating the understanding and treatment of pernicious anaemia and vitamin B12 deficiency. This is another quite old petition that has resulted in some positive action being taken by the Scottish Government. The petitioner has continued to correspond on what she feels are outstanding issues, and those are outlined in the briefing paper. I would be interested in members' views on what action the committee should take.

Brian Whittle: Am I right in saying that the traditional way of identifying the condition is through a straightforward blood test and red blood cell count?

Elaine Smith (Central Scotland) (Lab): Convener, can I comment on that, as I happen to know a bit about it?

The Convener: Yes. I welcome Elaine Smith to the committee.

Elaine Smith: A blood test does not necessarily pick up the condition in people who are very ill with it. It is related to other issues, such as thyroid problems and problems with the endocrinological system. There are similar issues with diagnosis and treatment and the condition not being picked up.

Brian Whittle: Can I clarify that? Are you saying that, in really bad cases, when people are extremely ill, the condition is not picked up?

Elaine Smith: It depends what you mean by “really bad cases”. For a lot of people, a blood test does not pick up the condition, with the result that they get more and more ill. Many people go for private testing for the condition to make sure that

things are thoroughly explored. If someone is on multivitamins, that can lead to a wrong reading in a blood test.

I am not a huge expert—I am not a doctor—but that is my understanding from having looking into the condition.

Brian Whittle: With anaemia, a red blood cell count is done.

Elaine Smith: But we are talking about pernicious anaemia, which runs in families—it can be a genetic thing. My grandfather had it and my aunt has it.

Brian Whittle: The main symptom of vitamin B12 deficiency can come across as tiredness. Am I right? I am sorry—I am asking you questions of a medical nature.

Elaine Smith: I am not a doctor, but I read the briefing out of interest, and the petitioner has outlined some of the symptoms, which include tiredness such that someone would not be able to work. In that respect, the condition is similar to undiagnosed underactive thyroid.

The Convener: It is the second-stage testing that there is a question about. My understanding is that, subsequently to our predecessor committee's consideration of the petition, the Scottish Haematology Society was involved in trying to draw up guidelines, but it clearly cannot do such a substantial piece of work, and nor would we expect it to do so. We are grateful for its involvement so far.

We need to ask the Scottish Government whether the summary document that was drafted by the Scottish Haematology Society has been finalised and provided to GPs. The document summarises for GPs what they should do once a diagnosis has been obtained. We should find out whether that will be published and made available to the public. It would also be worth raising with the Government the specific concerns that the petitioner has raised about the frequency of maintenance injections and the advice that is provided to GPs in Scotland on patients who consider that they are receiving an inadequate level of injections. Does the committee agree that we should ask the Government to look further at that?

Members *indicated agreement.*

The Convener: I thank Elaine Smith for her advice.

Thyroid and Adrenal Testing and Treatment (PE1463)

The Convener: The next continued petition, which is PE1463, by Lorraine Cleaver, is on effective thyroid and adrenal testing, diagnosis

and treatment. This is another petition that has been under consideration for several years. The Scottish Government has done some work on the issue, but there are still areas that we could explore, which are outlined in the briefing paper.

I invite members' views on how the petition should be progressed. Elaine Smith might want to say something first, as someone who has been involved with the petition in the past. That might help our deliberations.

Elaine Smith: Certainly. Thank you for inviting me to speak.

The previous Public Petitions Committee did a huge amount of work on the petition and seemed to understand the issues very well. I offer apologies for the fact that Lorraine Cleaver cannot be here this morning; I think that she has come to Parliament on most occasions on which the petition has been considered.

I do not want to go over all the issues again. It is a big women's issue, in that it predominantly affects women. It is also cross-cutting, in that it is not just a health issue. The fact that someone with the condition might not be able to work means that it gives rise to economic and care issues. It is hugely significant that it affects mainly women.

There is a problem with diagnosis and treatment. Sometimes patients are just parked on T4, which is synthetic thyroxine. Although many members of the medical profession will say that people do well on that, many people who are on it—as I was for many years—do not know that they are not doing well, because they are managing to function. They do not realise that things that they have such as fibromyalgia, difficulty getting up in the morning, thinning hair and dry skin are an indication that they are not doing that well on their T4. For a lot of patients on T3, like me, it makes a huge difference, because they might not convert T4 so well.

Another issue is whether desiccated thyroid hormone should be available. It is available in other countries, and a lot of patients in this country use the internet to get it, but they sometimes have problems with the cloning of cards and suchlike. Buying it from abroad is tempting, but personally I would not want to do that. GPs could prescribe it here, but they are concerned that there might be backlash repercussions. The availability of desiccated thyroid hormone is an important issue.

To cut to the chase, I refer to the choice of actions that the committee has in its paper on the petition. Given that the Public Petitions Committee has done a lot of work on the petition—I think that you have about 100 stories, which we got together really quickly, that tell the tale—it would be a shame if the committee closed the petition or even referred it to the Health and Sport Committee. I am

not saying that that is not an option, but I think that the petition is a bit more cross-cutting, particularly given the equality issues for women that are involved.

With regard to the possible actions in the committee's paper, the Scottish Government could try to extrapolate Scottish figures from the survey, although I do not think that the experience here will be particularly different from that in the rest of the UK. I know that the petitioner would like the committee to take evidence, if possible, from Dr John Midgley, who has a lot of good knowledge and experience to share and is willing to speak to the committee. The previous committee was thinking about that, and it is something that I would recommend.

For me, it would be ideal if the committee did its own inquiry or mini inquiry into the issue, although I do not know what the committee's workload or timescales are. However, the committee has taken a huge interest in the petition for such a long time and I think that the petitioner would think that an inquiry is worth doing. The thyroid issue also takes in other issues, such as fibromyalgia and myalgic encephalopathy. For example, figures show that quite a high proportion of people with ME have an underactive thyroid. So, the thyroid condition could be having an undiagnosed impact on other conditions.

I make a plea to the committee to build on the work that has been done over the past five years and see whether it can come to any conclusions or produce any outcomes.

Angus MacDonald: Clearly, the Public Petitions Committee has been looking at the petition for some time. I have said on the record in previous evidence sessions that I am unable to comprehend why desiccated thyroid hormone is not more freely available. It is beyond me why that is not the case, particularly when we hear of patients having to buy desiccated thyroid hormone from abroad on the internet—that is beyond belief. This is such an important issue and I would definitely be loth to close the petition. There is merit in Elaine Smith's suggestion of a mini inquiry. Perhaps we can keep the petition open until we have a look at our work programme and then bring it back to the committee at the first available opportunity afterwards.

The Convener: That seems sensible. In the meantime, it would probably be worth flagging up to the Scottish Government that we are interested in what it proposes to do around the petition and particularly whether it can take the Scottish figures out of Thyroid UK's survey. However, we can certainly look at the feasibility of having an evidence-taking session on the petition or something more substantial than that.

Rona Mackay: It would be useful to have Dr Midgley here for an evidence session to give us some medical guidance.

The Convener: Okay. Is it worth contacting him to ask whether he has written evidence that he could share with the committee?

Elaine Smith: Convener, the committee already has a lot of written evidence. The round table way back at the beginning was a bit establishment focused, whereas part of the issue is about not doing things in the way that they have always been done—it is about looking at things a bit differently and looking at other evidence that is out there. The medical establishment—big pharma—has the only products that can be used, such as T4. It is also worrying that there is only one manufacturer of T3 in the whole UK. I make a plea for us to get different evidence.

The Convener: We will look at the issue when we consider our work programme, but we will certainly write to the Scottish Government in the meantime.

Gender-neutral Human Papillomavirus Vaccination (PE1477)

10:45

The Convener: PE1477 calls for the extension of the human papillomavirus vaccination programme to boys. The session 4 committee's legacy paper invited us to consider the petition in the light of an update from the Scottish Government on its position on implementing a gender-neutral HPV vaccination programme prior to any Joint Committee on Vaccination and Immunisation recommendation. The Scottish Government response has been received, as has a submission from the petitioner. I am interested in members' views on the next steps.

Angus MacDonald: I note the submission from the petitioner, Jamie Rae, on behalf of the Throat Cancer Foundation. He has asked us to write to the Secretary of State for Health in England to highlight

"concern about the narrowness of the JCVI's approach"

and he asks for the secretary of state to explore

"ways to broaden"

the JCVI's

"assessment of the evidence to take account of all ... issues"

that are pertinent to HPV vaccination policy. I do not think that it is within the committee's remit to write to secretaries of state in England. The committee has exhausted all avenues on the issue, so perhaps the petition should be referred to the Health and Sport Committee.

Rona Mackay: I support referral of the petition to the Health and Sport Committee. I am not sure what other route we can go down. I take Angus MacDonald's point about the committee's involvement in public health in England.

The Convener: We recognise the concerns that the petition raises and our view is that it would be most usefully directed to the Health and Sport Committee. Is that agreed?

Members indicated agreement.

Alzheimer's and Dementia Awareness (PE1480)

Social Care (Charges) (PE1533)

The Convener: The next petitions are PE1480, on Alzheimer's and dementia awareness, and PE1533, on abolishing non-residential social care charges for older people and disabled people. The session 4 committee agreed to consider the petitions together, as they both concern fairness in social care charging. The first petition is by Amanda Kopel, on behalf of the Frank Kopel Alzheimer's awareness campaign, and the second is by Jeff Adamson, on behalf of Scotland against the care tax.

The Government has been undertaking a review of fairness in social care charging and one option is to seek an update on any action that is being taken in relation to the petitions. I invite members' views on how we take the petitions forward.

For what it is worth, I think that the petitions raise huge issues. During the election campaign, at least four of the five parties that are represented in the Parliament made general commitments on charging, without being specific. In the previous parliamentary session, my colleague Siobhan McMahon pursued a member's bill to abolish non-residential social care charges. We can see from our papers that a wide range of organisations are concerned about the reality of people's care support. Another question is whether human rights are involved, because some decisions are determined by age. Do members have views on what we might want to do?

Rona Mackay: I agree that it is a huge issue and I can only think that it has to be referred to the Scottish Government to get its input. I cannot see a clear route for us to go down at the moment.

Brian Whittle: I am glad that you said that before I did—from wading through the papers, I can see that it is a huge issue.

The Convener: I think that the Frank Kopel awareness campaign flagged up just what it can mean for people if they get the condition when they are younger. Also, there is the whole question of care charging and the difference in the levels of

charging in different parts of our communities. It may be too much at this stage for the Public Petitions Committee to take on. In order to reflect the seriousness of the issues that have been flagged up to us, it may be worth while, at least as a first step, to ask the Scottish Government for an update on its review of fairness in social care charging and whether it is minded to take the action called for in both petitions, given that it has some manifesto commitments in the area. It would be interesting to know how the Government plans to take things forward, at least. Would that be appropriate?

Rona Mackay: I think that that is the right route to go down initially.

The Convener: Is that agreed?

Members *indicated agreement.*

A83 (Rest and Be Thankful) (PE1540)

The Convener: We move on to PE1540, which is calling for a permanent solution to the issues with landslides on the A83 at the Rest and Be Thankful. The briefing summarises where developments on this issue have got to so far, but it is clear that there are outstanding concerns about the measures that are being taken.

I should indicate that the local constituency MSP, Mike Russell, has flagged up his support for the petition.

I think that it would be worth while getting an update on planned improvement works from the Government. Do members have a view on that or any other suggestions? There is no doubt that it has a massive impact at a local level on tourism, the local community and the local economy. Clearly, quite a significant amount of work has already been done. I would welcome any comments.

Angus MacDonald: It has been past practice on this committee that, if a local member asks for a particular petition to be kept open and gives a good reason for it, the request is usually accepted. There are a lot of outstanding issues with regard to the A83 and that particular section of it, so it would be good to get a further response from the Scottish Government.

The Convener: Is that agreed?

Members *indicated agreement.*

The Convener: I think that keeping the petition open is a recognition of just how significant the matter is to the local economy and, as with other issues that have been flagged up, we want to signal that we regard it as important and we would welcome a response from the Scottish Government.

Residential Care (Severely Learning-disabled People) (PE1545)

The Convener: PE1545, on residential care provision for the severely learning disabled, is by Ann Maxwell, on behalf of the Muir Maxwell Trust.

The Scottish Government has been working with the petitioner to identify measures that could be taken to address the issues raised in the petition, and the most appropriate course of action at this stage may be to seek an update on the progress that has been made. Again, I would be interested in hearing members' views.

Angus MacDonald: I agree that we need to seek an update on progress.

The Convener: Is that agreed?

Members *indicated agreement.*

Rona Mackay: I agree that it is a really important issue, and our first port of call is to find out what stage we are at with it.

The Convener: Yes. There is an issue about the extent to which there is an assessment of the level of need, and there is also an issue about the effective assessment of the condition.

Sewage Sludge (PE1563)

The Convener: PE1563 calls for a ban on the spreading of sewage sludge. The background to the issue and the work that has taken place on reviewing the use of sludge is summarised in the briefing.

A number of commitments have been made on actions to take forward improvements in relation to the use of sludge, but it is clear that the Scottish Government does not support a ban. I am aware that Angus MacDonald has an interest in the matter, so, before I ask for general views, it would be useful for him to comment on the issues that have been raised.

Angus MacDonald: Clearly, I have a local interest, but the issue has been affecting other parts of the country, such as the central belt and down Ayrshire way, too. I would be keen to keep the petition open until we have had sight of the responses to the consultations and an indication of what legislative changes would be required or will be introduced.

Since submitting the petition, the petitioners have engaged with the Scottish Government, especially the environmental quality division, and that engagement has been welcomed by everyone. However, I would ask that the committee keep a watching brief on progress as the issue is far from resolved. In short, I do not want to let the Government off the hook on this one. I should say that I do not want to let the

Government off the hook on anything, but I am particularly keen to make sure that we keep a watching brief here.

Rona Mackay: I agree.

The Convener: We would want to keep the petition open, even though we recognise that the Government does not support what the petition is calling for. The Scottish Government says that it plans to strengthen the regulatory framework in the area. What is your view on that?

Angus MacDonald: Clearly, that is welcome. The point is how much the Government will strengthen the framework. It may be that we could ask the petitioners to comment further on any progress that is made to strengthen the legislation. If the petition were to be closed today—although I would rather that were not the case—another option would be for the petitioners to come back with another petition in the future on that issue.

The Convener: Given that we have a new Scottish Government and, perhaps, there are new conditions, I suggest that we write to it to ask whether its view is the same and what it will do to strengthen the regulatory framework. We could then take a decision at that point. Would that be fair?

Angus MacDonald: That would be fair enough.

Members *indicated agreement.*

NHS Centre for Integrative Care (PE1568)

The Convener: The penultimate petition on our agenda today, PE1568, is on the funding, access and promotion of the NHS centre for integrative care, which is located at Gartnavel in Glasgow.

On the basis of the information that we have been provided with, it would be helpful to seek a bit of clarity from NHS Greater Glasgow and Clyde about the outcome of the service reviews that have been undertaken in relation to the CIC. It might also be helpful to ask the Government to confirm whether any changes to the provision of services would change its view on providing national funding for the CIC, and for an update on the national service for chronic pain.

Do members have any comments? We have significant correspondence on the petition. Elaine, do you want to comment?

Elaine Smith: I would not want to jump in front of committee members, so you may wish to take them first.

The Convener: It would inform our thinking if we first hear what you have to say.

Elaine Smith: Okay—thank you.

Again, this petition has been going on for some time, and the Public Petitions Committee in the previous session did quite a bit of work on it. At times, I came along to its meetings. I had constituency interests, because the Coatbridge CIC was being shut and other constituents had an interest in the Glasgow situation. I still take an interest in the petition for the wider Central Scotland region.

The information—for example, the evidence from the health board—does not quite match up to the evidence the previous committee heard. It would be tragic for the many people who depend on the clinic if it were to be lost as a national centre. It is a shame about the outreach clinics, too, because people's conditions can be improved with such assistance. The issue is not all about homoeopathic treatment, which is the danger that people can fall into when thinking about the centre for integrative care. It is about far more than that; pain management is important, too.

I was interested in reading the submission from our colleague, Alex Neil, who, of course, was previously a health minister. His submission on the issue is powerful. I know that the committee has a recommendation to refer the petition to the Health and Sport Committee, and maybe that is something that you would wish to consider. However, the previous committee did an awful lot of work on the topic and perhaps it would be a good idea to get further information for this committee.

The Convener: Are there any other views?

11:00

Rona Mackay: It is important that we ask the health board for an update on exactly where we are with the matter. I agree with what Elaine Smith says. We should refer the petition to the Health and Sport Committee but, before that, we should speak to NHS Greater Glasgow and Clyde.

The Convener: We would be asking the health board for clarification of its position. We do not have the authority to quiz it about decisions that it makes on its budgets. However, the consequence of any decision that it makes relates to whether the Scottish Government is prepared to fund the centre. If the Government is not prepared to do that, that would be an indication of health policy.

We should contact the health board, but we should also contact the Scottish Government to ask what its position is. After that, we should refer the petition to the Health and Sport Committee because the issue is about the health benefits of the kind of approach that the centre provides. That is not simply something for the Public Petitions Committee to take a view on; the Health and Sport Committee is much more where the judgment lies.

Elaine Smith might be right that an argument about homoeopathy might be part of the situation, but the centre might provide more than that.

Brian Whittle: Homoeopathy is a much-debated treatment, but there is nothing wrong with “acupuncture, counselling and dietary advice.”

It seems that people are focusing on homoeopathy as the reason to shut the centre, rather than all the other treatments that are available there.

Elaine Smith: I do not wish to suggest that it is deliberate, but it is sometimes convenient to focus on homoeopathy. The centre offers a far wider range of treatments to people. It can make people economically active who were not before. That brings us back to thyroid conditions, too. The centre can be helpful for people with conditions such as fibromyalgia that come about through issues such as thyroid conditions. Those things seem to tie in.

The centre provides a hugely valuable service. It undoubtedly saves the economy and the health service money because people are able to use the services that it provides and gain out of it. The situation is unfortunate. Personally, I think that there is a lot to be said for homoeopathy in certain circumstances. If people find it helpful—even if it is only a placebo effect—that surely must be a good thing. However, it is controversial and there is a lot of focus on that, which detracts from other aspects of the centre’s work.

The people who use the centre are deeply concerned about losing services or not having the pain clinic that is promised. If I might be bold, I suggest that the committee look back at the evidence session that the predecessor committee had to see what was said then and match it up to what seems to be being said now.

The Convener: I confirm that we will write to the health board to clarify what is happening, write to the Scottish Government to ask whether it will review its position on funding in light of the possible changes to the provision of services, and refer the petition to the Health and Sport Committee. We should also look back at the evidence session. Perhaps we should do that as part of our away day so that we can reflect then on whether we can do anything further, given what was said in the past. That is useful.

Rona Mackay: This might be a minor detail, but I suggest that we write to the health board to ask for the update and wait for its response before we contact the Scottish Government to ask it anything. We need clarification from the board so that, when we go to the Government, we can tell it what we have just been told. If we write to both at once, we will be surmising what the board will say

because we will not have had anything back from it.

The Convener: I suspect that the Scottish Government will have read the same reports that we have read about what the health board plans to do and might be in conversation with it. If it is not, I presume that our letter will prompt it to ask, and it might get a speedier response than we would.

Rona Mackay: That is a point, convener.

The Convener: To expedite matters, we will do both at the same time, but we recognise that one follows on the other. Is that agreed?

Members indicated agreement.

Food Banks (Funding) (PE1571)

The Convener: The final petition that we will consider today, PE1571, calls for direct funding of food banks. I should indicate that the petitioner is John Beattie, who is also somebody I have worked with. He is involved in community activity in Govan in Glasgow and has raised the issue of food banks with me directly as well as through the petition.

The Scottish Government does not support the call in the petition to fund food banks directly. I am interested in members’ comments on the petition. One suggestion might be to refer it to the Social Security Committee to enable food banks to be considered in the wider policy context of social security.

Food banks are clearly an informal way in which communities are protecting people but they obviously reflect need as well. Do members have a view on the petition?

Angus MacDonald: The salient point in the argument is that we are trying to get to the stage at which nobody has to rely on food banks. That came out in the evidence sessions. However, I agree that we should refer the petition to the Social Security Committee.

The Convener: We should do that without taking a view on whether food banks should be directly funded. However, any social security system tries to reflect where the need is, and the growth of food banks tells us something. We are not totally clear what it tells us, but it certainly tells us that there is a need that is being met by voluntary means. It might simply reflect the failures and weaknesses of the current system.

Do we agree to refer the petition to the Social Security Committee with those comments?

Members indicated agreement.

The Convener: In that case, we have come to the conclusion of our business—timeously, I am glad to say. I put on record our thanks to the witnesses who came today, all the petitioners who

provided so much food for thought, members for their contributions, and the clerks for all the work that is involved even in just bringing the agenda together. I wish everyone all the best for the recess and look forward to seeing everyone soon.

Meeting closed at 11:06.

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