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Thursday 10 November 2022

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Scottish Parliament

Thursday 10 November 2022

[The Presiding Officer opened the meeting at 11:40]

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time. Question 1 has not been lodged.

Childminders (Reduction in Numbers)

2. **Stuart McMillan (Greenock and Inverclyde) (SNP):** To ask the Scottish Government what its response is to the reported reduction in the number of childminders working in Scotland. (S6O-01533)

The Minister for Children and Young People (Clare Haughey): The Scottish Government recognises that childminders are an important element of the Scottish childcare sector, offering families a high-quality, unique and flexible experience of childcare. That is why we are supporting an innovative childminder recruitment pilot, which the Scottish Childminding Association and its partners are leading and which aims to recruit and train more than 100 new childminders in remote and rural areas. With the recruitment of those additional childminders, up to 900 childcare places may be created. We have also provided targeted financial support to childminders during the pandemic, including issuing more than 3,000 grants, each worth £950, through the childcare sector omicron impacts fund.

We will continue to work with our partners to increase the number of childminders in Scotland through the implementation of our commitment to childminding action plan, which was published in 2021.

Stuart McMillan: I warmly welcome the fact that the Scottish Government's policy of providing 1,140 hours of early learning and childcare is saving families an average of £5,000 per child per year. However, it is also crucial that free early learning and childcare is flexible so that it meets the needs of parents, which is why the loss of 1,671 childminding businesses in Scotland over the past five years is extremely worrying. Will the minister outline what further steps the Scottish Government is taking to increase the ELC workforce, as we will need private and voluntary childcare settings, including childminders, if we are to continue to expand free funded childcare for children and families?

Clare Haughey: We want families to be able to access the flexible, supportive and high-quality childcare that childminders can provide, including as part of the funded early learning and childcare entitlement.

It was encouraging that the Scottish Childminding Association's 2020-21 audit showed an annual increase in the number of childminders delivering funded ELC. We are working with the national childminding sector to explore how to encourage more childminders to offer ELC, including by identifying opportunities for reducing burdens on childminders that might prevent them from offering such provision. We are also working to identify the reasons for the decline in the number of childminders, including by ensuring that the sector's interests are represented on national forums such as the childcare sector working group and the new national provider forum. Such work helps us to identify where practical support can be provided across the sector.

Martin Whitfield (South Scotland) (Lab): Will the minister go further by explaining how its outreach to the childminding sector and private providers within the ELC arrangements is occurring? Will she also confirm that the correct weight will be given to that evidence? The crisis in early years provision is getting worse. As we move into the winter period, and especially as the cost of living crisis hits businesses, we could see a massive drop in the number of places happening very quickly.

Clare Haughey: I apologise to the member if I have misunderstood his question. We support ELC providers and childminding businesses across the piece through our national forums. We ensure that their representative bodies are included on the forums, which look at the training and development needed to ensure that there is a highly skilled workforce across the sector that we can recruit and retain. If I have misunderstood the member's question, I will be more than happy to write to him.

Beatrice Wishart (Shetland Islands) (LD): Funded ELC entitlement can be used at childminders, nurseries or playgroups, but parental choice is limited by the availability of such services in their area. The value of childminding for children's development should not be ignored. It has low adult to child ratios and enables children of different ages to learn and play together. What further support can the Scottish Government offer to ensure that there is adequate childminding provision across the country, including in Shetland, where there are now only three childminders?

Clare Haughey: I am very aware of the support that we are providing to remote and rural communities with regard to access to childcare.

We will continue to work with partners and local authorities to understand the needs of our remote, rural and island communities. Those needs will be taken into account as we develop our strategic framework for Scotland's childcare profession, in which we will explore with partners a range of issues under themes such as recruitment and retention of ELC professionals across Scotland.

The member might also be—

The Presiding Officer: Briefly, minister.

Clare Haughey: —interested to know that I will be visiting the ELC and childminding sectors in remote and rural communities before Christmas and engaging and hearing from ELC professionals directly.

Capital Projects (Inflation and Public Sector Spending Reductions)

3. **Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** To ask the Scottish Government what assessment it has made of whether inflation and any possible reductions to public sector spending by the United Kingdom Government will impact on prospective capital projects in Midlothian South, Tweeddale and Lauderdale. (S6O-01534)

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): The level of inflation seen over the past few months is unprecedented in modern times. That, combined with increases in delivery times for materials due to the combined effects of Covid, Brexit and the illegal war in Ukraine, is placing significant pressure on budgets and the delivery of infrastructure projects across the country, including those in Midlothian South, Tweeddale and Lauderdale. That will be reflected in our latest six-monthly reporting on major capital projects, which will be published in the coming weeks.

Any reduction to our capital budget by the UK Government would exacerbate the situation further. I therefore urge the UK Government to protect and enhance Scotland's capital allocation in the upcoming autumn statement to allow our capital programmes to continue at the required pace.

Christine Grahame: Two such projects in the Midlothian South, Tweeddale and Lauderdale constituency that spring to mind are the proposed extension to the Borders railway and the redesign and construction of the Sheriffhall roundabout. I know that the minister is going to report on the issue, but can he advise whether there will be any specific impact on those projects as a result of raging inflation following the Conservatives' mismanagement of the UK economy?

Tom Arthur: Despite the UK Government's cuts to Scotland's capital allocation and uncertainty with regard to future allocations, the Scottish Government remains committed to investing in road improvements such as the grade separation of the Sheriffhall roundabout. Transport Scotland continues to progress the proposed scheme through the statutory process, and the public inquiry is now scheduled to start on 30 January 2023 for a period of two weeks.

The same is true of our commitment to decarbonising our railways, with the decarbonisation of the existing Borders railway estimated to commence in 2023.

Fire and Rescue Officers (Decontamination Facilities)

4. **Pauline McNeill (Glasgow) (Lab):** To ask the Scottish Government what action it is taking to ensure that all fire and rescue officers have the appropriate decontamination facilities available to them. (S6O-01535)

The Minister for Community Safety (Elena Whitham): The safety and wellbeing of all fire and rescue officers is of utmost importance to the Scottish Government. This year, we increased funding to the Scottish Fire and Rescue Service by £9.5 million, but decisions on the allocation of its £352.7 million budget is a matter for the SFRS board and chief officer.

I am aware that the SFRS has been engaged with the Fire Brigades Union and the work undertaken by the University of Central Lancashire for a number of years now, and its well-established contamination working group has taken action across all aspects of operations to reduce exposure to harmful contaminants, including investment in new fire appliances and fire station facilities.

Pauline McNeill: I take this opportunity to welcome the new minister to her post.

Last week, Professor Anna Stec of the University of Central Lancashire presented to MSPs the shocking results of her research into the impact of contaminants on firefighters, showing that United Kingdom firefighters are four times more likely to get cancer during their lifetime than the general population. Moreover, the World Health Organization has classified firefighting as a carcinogenic occupation. Canada, the USA and Poland have put in place presumptive legislation that tracks links between the workplace and exposure to carcinogens. What action is being taken to ensure that the Scottish Fire and Rescue Service protects firefighters, and is the minister prepared to discuss with me the possibility of pursuing presumptive legislation?

Elena Whitham: I am aware of Professor Stec's work and its valuable contribution to building our knowledge and understanding of contaminants that could be harmful to firefighters, and I am absolutely happy to meet the member and discuss the issue further. I know that the Scottish Fire and Rescue Service has implemented enhanced cancer-focused screenings, with questions being asked and discussions had during routine medical assessments, and the health and wellbeing department continues to provide a service for post-diagnosis support in relation to employees with cancer. As I have said, I am very happy to meet the member to discuss the issue further.

Russell Findlay (West Scotland) (Con): I, too, welcome the new minister to her role.

Scottish National Party budget cuts could lead to one in four firefighters being axed and one in four fire engines being taken off the road. More than £500 million is needed just to bring buildings up to scratch, with 14 stations being in a dangerous condition.

In light of those realities, is it not the case that firefighters will be sceptical of whatever decontamination commitments they might hear from the new minister today?

Elena Whitham: As the member knows, any negotiations for pay are done at a United Kingdom level. As things stand, our budget allocation for the fire service has increased year on year. As yet, we are not engaged in budget negotiations.

Equally Safe Strategy

5. **Bill Kidd (Glasgow Anniesland) (SNP):** To ask the Scottish Government whether it will provide an update on progress with its commitment to challenge men's demand for prostitution, as part of the equally safe strategy. (S6O-01536)

The Minister for Community Safety (Elena Whitham): We are taking work forward through a framework for Scotland to challenge men's demand for prostitution and support those with experience of prostitution. To underpin the framework, we have worked with an expert group of stakeholders to develop fundamental principles that will ensure that equality, human rights and safety are at its heart. Work is progressing well and, once finalised, the principles will be adopted and published.

In designing the framework, we will reflect the key aims of the equally safe strategy and the vision for justice in Scotland, including how best to effect delivery.

Bill Kidd: I thank the new minister for that response. All Scottish National Party Governments have clearly stated that sexual exploitation—including pornography, strip dancing and prostitution—is a form of violence against women and girls. That exploitation can stem from power inequalities, poverty, coercion such as threatening the lives of relatives, abusive relationships that become pimping, and sexual trafficking, whether that be domestic or international.

Significant work has already been done through the equally safe strategy. Can the minister confirm whether she will meet the organisers of the "A Model for Scotland" campaign before the next parliamentary recess in order to hear from the voices of trafficking survivors about how that exploitation can be effectively tackled?

Elena Whitham: First, I want to take this opportunity to thank those who are involved in the "A Model for Scotland" campaign group for their work in raising awareness of this key issue. I am aware that they have representation on the reference group that has supported the development of the fundamental principles that, once finalised, will underpin our future framework for Scotland to challenge men's demand for prostitution and support those who experience it.

I am committed to continuing to work across the Scottish Government, the Scottish Parliament and stakeholders as our collective approach to tackling prostitution further develops, contributing to our aim to be a society that treats all with kindness, dignity and compassion. That will, of course, include continuing to engage with the "A Model for Scotland" campaign. I look forward to continuing that work with the campaign, and I will meet the people involved in it, and those with lived experience, as soon as I can.

Sarah Boyack (Lothian) (Lab): I, too, welcome the minister to her new role.

The minister might be aware that, earlier this year, the City of Edinburgh Council decided to put in place a nil cap as part of its sexual entertainment licence scheme. Since that decision was taken, the council has faced challenges, including in court, on its policy. Given that stripping is classified by the Scottish Government, under its equally safe policy, as violence against women, what support is the Government providing to councils that have taken the decision to put in place a nil cap as part of their licensing scheme, but are now being challenged for doing so?

Elena Whitham: The Scottish Government provided new powers to local authorities specifically to make the sort of decisions about sexual entertainment venues in their areas that the member has outlined, and I am committed to ensuring that we can take the legislation forward and support local authorities on the way. I would be happy to meet local authorities to discuss that matter.

Ruth Maguire (Cunninghame South) (SNP): In September, Thai and Chinese women who suffered a horrendous ordeal as they were prostituted in brothels across Glasgow saw justice as their traffickers were convicted in the High Court. I am sure that the minister will join me in commending the bravery of the women who testified against their abusers and the care and professionalism of those who supported them to do that, and in welcoming the convictions.

Does the minister agree that, to end the violence of prostitution, we must end the male demand that fuels that cruel trade?

Elena Whitham: I join Ruth Maguire in commending the bravery of any victim of sexual exploitation in coming forward with their experiences—I know how hard that is—and I commend the work across the public sector and the third sector to support them. Any form of sexual exploitation is completely unacceptable.

I am equally of the view that prostitution cannot be considered in isolation. The developing framework to challenge men's demand for prostitution and support those with experience of prostitution will have direct relevance to tackling wider forms of commercial sexual exploitation, including human trafficking.

Hydrogen Innovation Scheme (Uptake)

6. **Marie McNair (Clydebank and Milngavie) (SNP):** To ask the Scottish Government whether it will provide an update on the uptake of the hydrogen innovation scheme by private companies, since its launch in June 2022. (S6O-01537)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): The application window for the hydrogen innovation scheme, which was launched to support innovation in renewable hydrogen production, storage and distribution, closed on 31 October. The scheme received a high level of interest from private companies as well as academic institutions, with more than 70 applications received in total. Applications to the fund are currently being processed, and successful projects will be announced in the new year.

Marie McNair: Residents in my Clydebank and Milngavie constituency have approached me with concerns about the application that has been submitted by Peel NRE to build a plastic-to-hydrogen facility and hydrogen vehicle-refuelling station in Clydebank. The proposed developments include a thermal conversion plant that will utilise an advanced thermal treatment process involving gasification to convert waste plastic into hydrogen, electricity and potentially heat. Many of the concerns that have been raised have been about the potential hazards and the unknown level of pollution that that might cause. I am on the side of my constituents, who also feel that they have not been consulted on the proposal. Does the minister agree that the views of my constituents are of paramount importance in considering that proposal?

Ivan McKee: As outlined in our draft hydrogen action plan, which was published last year, our £100 million hydrogen investment programme is targeted at supporting renewable hydrogen production projects only. For the purposes of our hydrogen innovation scheme, we have defined that as hydrogen that is produced using renewable energy and zero carbon at the point of production. Therefore, all applications to the hydrogen innovation scheme will be assessed against their potential environmental, societal and economic impacts. Those may include impacts on areas such as carbon emissions reduction, jobs or skills creation, export potential, contribution to achieving a just transition, and the development of the hydrogen economy in Scotland.

Fatal Accident Inquiries

7. **Richard Leonard (Central Scotland) (Lab):** To ask the Scottish Government what its position is on whether fatal accident inquiries are fit for purpose. (S6O-01538)

The Minister for Community Safety (Elena Whitham): We have every confidence in the system that is in place for fatal accident inquiries. We keep matters under review in consultation with the Crown Office and Procurator Fiscal Service, and we continually consider and evaluate whether there are ways in which the system can be improved further.

The Crown Office has significantly reformed its processes to reduce the time taken to investigate deaths and to bring FAIs to court more quickly. Those reforms have already resulted in reductions in the duration of death investigations, and it is expected that they will continue to do so. Parliament considered and modernised the law on FAIs in 2016, and there are currently no plans to revisit the legislation.

Richard Leonard: Over a year ago, when I asked the Cabinet Secretary for Justice and Veterans a question about the entirely avoidable death in custody of Allan Marshall, he said:

> "Improvements have already been made, further improvements are being made and we will continue to improve the system."—[*Official Report*, 6 October 2021; c 10.]

Can the minister tell us what improvements have been made in the past year, what confidence we can have that further improvements are being

made, and what exactly is being done to prevent the deaths of those in custody?

Elena Whitham: I have deep sympathy for the family in that tragic case. However, that is a matter for the Lord Advocate. As Richard Leonard said, separate work is being carried out in relation to deaths in custody.

Each death investigation that is over two years old and every death in custody is carefully managed through the now well-established case management panel process. In addition to the new Covid deaths investigation team, the Crown Office and Procurator Fiscal Service has recently set up a specialist custody deaths unit to investigate deaths in custody. The Scottish fatalities investigation unit has significantly modernised its processes to reduce the time taken to investigate all deaths and to bring FAIs to court more quickly. A similar project has commenced in relation to the health and safety investigation unit.

The views of a family are always taken into consideration and account in deciding whether a discretionary FAI should be held.

Jamie Greene (West Scotland) (Con): The leading cause of death in custody, sadly, is suicide. I am particularly concerned about young people in custody. We know that, in Cornton Vale, we have one mental health nurse per 25 residents; in Polmont, it I believe that it is one mental health nurse per 81 residents. The disparity is quite stark. We are simply not supporting those young people enough and the suicide rate is far too high. What is the minister going to do about it?

Elena Whitham: I would agree that any death in custody needs to be taken seriously and we have to pay cognisance to the fact that mental health issues while in custody are very important. I will undertake to do everything that I can to ensure that we make progress on that matter.

The Presiding Officer: Thank you. That concludes general question time. Before we move to First Minister's question time, I invite members to join me in welcoming to the gallery the Hon Anthony Rota MP, Speaker of the House of Commons of Canada. [*Applause*.]

First Minister's Question Time

12:00

Nursing (Industrial Action)

1. **Douglas Ross (Highlands and Islands) (Con):** Tomorrow, and on Sunday, we will pause to remember those who lost their lives fighting for our country. I know that the whole chamber will want to show our respect to those who made the ultimate sacrifice defending our freedoms, and those who continue to defend us and our allies around the world.

For the first time ever, nurses who work tirelessly in Scotland's national health service have voted to go on strike. It is not only about pay; they are incredibly worried about the crisis in Scotland's health service. This morning, Hilary Nelson from the Royal College of Nursing Scotland had this grave warning when she said:

> "Things are not safe for patients."

Deputy First Minister, what has the health secretary, Humza Yousaf, done to address the concerns from nurses about staff shortages and patient safety?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Before I address the question from Mr Ross, I should explain that the First Minister is meeting the Prime Minister today in advance of the British-Irish Council summit and she has asked me to answer questions on her behalf.

I associate myself entirely with Mr Ross's remarks in relation to the moment of remembrance over the weekend. We will all fall silent on Sunday. Tomorrow, in my constituency in the city of Perth, I will attend a remembrance event at 11 o'clock to mark the sacrifice of individuals throughout all conflict. As we speak, my Cabinet colleague Keith Brown, who is himself a distinguished veteran, is in the Falklands on the 40th anniversary of his active service in the Falkland Islands conflict. We remember the suffering of individuals and the sacrifices of their families and their loved ones and we pay tribute to those who continue to endure that suffering today because of the injuries that they have suffered and the experiences that they have had.

There are many challenges in our health service and I recognise the concerns expressed by members of staff through the ballots that have taken place. There have been extensive negotiations, which the health secretary and I have also been involved in, to try to resolve the pay issues. We have put forward a record pay deal which, on average, will offer members of staff

a 7 per cent increase and, for those on the lowest of incomes, an 11 per cent increase, recognising the enormous contribution that health service staff make to our society and the enormous cost of living pressures that they are wrestling with.

In addition to that contribution to resolving the issues, the health secretary has been actively involved in discussions to address some of the challenges in our health service, principally around the issue of delayed discharge, which we recognise to be one of the most significant factors impeding the flow of patients through accident and emergency to other aspects of the health service, which, ideally, then ensure that those individuals are supported appropriately within the community.

There are of course challenges around the availability of members of staff to do that; we have record employment in the health service just now, but we also have vacancies, and we have vacancies in social care—a situation that has of course not been helped by the fact that we have lost free movement of citizens, which was helping us to deal with the issues that Mr Ross raises.

I assure Mr Ross that the Government is entirely focused on all the issues, with very clear direction from the health secretary and the active support of the First Minister and myself, to make sure that we address the challenges that we face.

Douglas Ross: That is the Scottish National Party's defence for what it is doing. Let us hear from nurses. Dawn Marr from RCN Scotland said this:

> "We have been in talks ... for months and months and months, and it has got to the point now where nursing staff are having to stand up not only for ourselves but for our patients as well, because this Government is not listening".

It is now beyond doubt that the health secretary has failed.

Dr Peel, who is chair of the British Medical Association Scotland's junior doctors committee said this week:

> "Right now, it's been so awful for so long we're simply broken. Overwhelmed, exhausted, with nothing left to give. As far as I can see the NHS is collapsing around us. Staff are leaving in their droves to protect themselves."

The facts confirm that our NHS is on its knees. This week's statistics revealed that the situation at accident and emergency departments is at its worst ever level. More patients are waiting longer than ever before. That is a new low, but it is the 14th time since Humza Yousaf became health secretary that waiting times have hit their worst ever levels. Every time we think it cannot get any worse in the NHS under his leadership, it does. Deputy First Minister, surely you agree that that is a damning indictment of the health secretary's time in charge of Scotland's NHS?

The Presiding Officer (Alison Johnstone): Members should always speak through the chair, please.

John Swinney: I accept that there are significant challenges in the national health service right across the United Kingdom. Mr Ross's point about accident and emergency is important, but it has to be considered in its proper context: although there are challenges in A and E departments in Scotland, we have the best performing A and E system in the United Kingdom.

On his question whether Governments listen, yes, this Government listens, which is why we have offered NHS staff in Scotland the best pay deal of any system in the United Kingdom. On his question of the future of the national health service, resources are absolutely fundamental. That is why it is laughable for Douglas Ross to come here and raise those issues with me when, only seven weeks ago, he wanted me to cut tax during the folly that was taken forward by Liz Truss, which would have damaged public investment in our health service.

Douglas Ross: John Swinney wants to consider the statistics and facts in the round, so let us make sure that he is speaking about the correct figures. We know that there have been reports from a whistleblower this week that as many as 2,000 patients per month are being missed off A and E waiting times in just one hospital in Scotland. If the Deputy First Minister is going to come to the chamber and quote figures, he needs to make sure that they are the correct ones, because this is the most serious of issues. Lives are on the line because the health secretary keeps failing to bring forward any solutions.

We spoke to one lady this week who called an ambulance when she had a suspected heart attack. She waited for an hour for the ambulance to arrive. When the ambulance got to the hospital, she waited outside for three hours. When she got inside, she waited for 36 hours to get a bed. The lady who was involved and her family are full of praise for the staff, but it is clear that she had a suspected heart attack—a tragedy was avoided in her case. I know that every MSP in the chamber, including those who applauded the Deputy First Minister's response, has heard of cases like that in their areas. However, this morning, the health secretary, Humza Yousaf, said:

> "Our recovery plan is a five-year recovery plan. We are already seeing elements of recovery."

"Elements of recovery." What planet is he on? Deputy First Minister, can you tell the chamber, patients and staff in our NHS, what are the elements of recovery within our NHS?

The Presiding Officer: I remind members to speak through the chair, please.

John Swinney: In relation to the circumstances that Mr Ross has recounted, it is, of course, of the deepest concern that a member of the public has had to wait that long for access to an ambulance and to the accident and emergency department. I say to Mr Ross that the median time for the arrival of an ambulance is of the order of 45 minutes, so the circumstances that he has recounted are unacceptable.

There is congestion in A and E departments, which is caused by the volume of presentations and by the obstacle that is created by the number of patients who are in hospital but who should be discharged. That is a focal point of significant activity across Government: to ensure that we reduce delayed discharges. Indeed, the health secretary and I spent a significant amount of our time yesterday in discussion with partners about practical steps to address that.

In relation to the question of improvements in the national health service, the Government has invested £600 million in the winter resilience support package; we are helping to recruit 1,000 healthcare staff to support staff in their activities; and we are investing £50 million in urgent and unscheduled care, to help to improve A and E performance. When it comes to the progress that has been made, Mr Ross should be familiar with the fact that the longer waits for treatment are reducing significantly in relation to the two-year position, which was one of the priorities that was set by the health secretary.

I accept that there are challenges in the national health service, but I take the opportunity to pay tribute to the members of staff who are working phenomenally hard on the back of a pandemic that Mr Ross never acknowledged in its significance—[*Interruption*.]

The Presiding Officer: I ask members to remember that our code of conduct requires that we treat one another with courtesy and respect. That means that we hear one another when we are speaking.

John Swinney: Thank you, Presiding Officer. I pay tribute to members of staff who are working phenomenally hard on the back of a pandemic that Mr Ross never mentioned and that has put a huge strain on our national health service. Staff in the national health service—the largest number of staff ever provided in the NHS, by this Government—are doing their level best to support the people of our country.

Douglas Ross: I will always praise our NHS staff. I highlighted in the case study that I used as an example that the family, rightly, praised our NHS staff. However, John Swinney, like his boss, is using Covid as a deflection from his Government's failures.

Karren Morrison, the secretary of Unison for Forth Valley, described the situation at Forth Valley royal hospital as

"far worse than we had in the pandemic, a million times worse".

Stop using the pandemic as an excuse for your failures, and start dealing with things, because—

The Presiding Officer: Speak through the chair, please.

Douglas Ross: From day 1, we have said to John Swinney, the Scottish National Party and the Government that Humza Yousaf's recovery plan was hopeless. It was flimsy: there was no detail and no substance. The SNP insisted that it would get Scotland's NHS back on track. However, this is what its recovery plan has delivered: record vacancies; the longest-ever waiting times; patients struggling to see their general practitioner; nurses voting to strike for the first time ever; and the worst A and E waiting time statistics on record.

Scotland's NHS is in crisis and, whoever the SNP tries to blame, it is obvious that the man responsible is sitting right next to the Deputy First Minister. Humza Yousaf has failed, and all he can do is spin that the NHS is in recovery, when, in reality, it is at breaking point. Just how much worse does it have to get for patients and staff in Scotland before he takes responsibility? I say to the Deputy First Minister: Scotland's NHS deserves better than Humza Yousaf. When will this health secretary be sacked?

John Swinney: Given the absolutely totally chaotic turmoil of ministerial resignations and dismissals in the United Kingdom Government, what a laughable proposition to put to me this morning!

I have been active in politics for many years and a member of parliament for a quarter of a century. We know that someone has run out of road when they start playing the man and not the ball on an issue, which is what Douglas Ross is doing just now. [*Interruption*.]

John Swinney: Yes, there are challenges in the national health service, but there is a record pay deal on offer from the Scottish Government—[*Interruption*.]

The Presiding Officer: Deputy First Minister, I am being gesticulated at from across the chamber, and members are shouting. I would be grateful if we could remember that, as parliamentarians, we have a duty to adhere to a code of conduct, which requires that we treat one another with courtesy and respect. I ask all members to remember that at all times.

John Swinney: I will tell Douglas Ross about the situation that we are facing and experiencing.

We have the best pay deal for health and care staff on offer in the United Kingdom; we have the best record of A and E performance of any health system in the United Kingdom; and we have record numbers of staff in the national health service.

What is not helping is the folly of Brexit, which has reduced the number of staff available, because of the loss of free movement.

The other fact that is not helping is that the United Kingdom Government is not recognising the public spending pressures that exist because of the inflation that it has fuelled by its stupid economic decisions. As a consequence, public budgets are under enormous pressure. If Douglas Ross wants to make himself useful, he can ask the United Kingdom Government to increase the budget for the Scottish Government, so that we can support the health service to a greater extent and start addressing the issues facing members of the public.

Royal College of Nursing (Industrial Action)

2. **Anas Sarwar (Glasgow) (Lab):** Tomorrow is 11 November and, as we head towards remembrance Sunday, we remember all those who have made the ultimate sacrifice in defence of our country. We also thank all those who have served and continue to serve in our armed forces. We pledge to support them, their families and their communities. We must never forget.

For the first time in its history, the Royal College of Nursing has voted for strike action. The strike is not just about pay; nurses have been underpaid, undervalued and underresourced since long before the pandemic. These are the words of Julie Lamberth, the chair of RCN Scotland. She said:

> "The Scottish Government needs to face up to the reality that their failure to focus on workforce planning and to properly value those ... in health and social care over the last decade is the root cause of the staffing crisis we face. The result of our strike ballot is a wake-up call that must not be ignored."

Does the Deputy First Minister agree with Julie Lamberth and thousands of nurses across the country?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I associate myself with Mr Sarwar's remarks in relation to remembrance day.

In relation to the situation in the national health service and the comments that he recounted from the Royal College of Nursing, I make it absolutely clear that the Government remains committed to, and willing to engage in, dialogue and negotiation with the Royal College of Nursing and the other affected and interested trade unions, as we have been doing for some considerable time. Notwithstanding the decisions that have been made by members of the RCN, we will continue that dialogue, and I commit the Government to that today.

In relation to workforce planning, we have record staffing levels in the national health service. Those staffing levels have been the product of sustained investment by the Government, despite the climate of austerity in which we have been operating for some considerable time. The Government will continue to sustain that investment to ensure that we have adequate staffing levels.

The Government is firmly restricted in what it can do by the financial context in which we are operating and by the pressures on the public finances. However, I assure Mr Sarwar and the Parliament that the Government will do everything in our power to properly support the health service workforce and ensure that we have adequate numbers of staff in our national health service.

Anas Sarwar: Let me start on a point of agreement: I agree that we are in the midst of an economic and inflation crisis that has been created by a rotten Tory Government at Westminster. It should pay the price for that, and it will pay the price come the general election.

However, the Deputy First Minister missed the point of what Julie Lamberth was saying—there has been a decade of failure and a decade of not supporting, long before the past seven weeks of economic crisis, before the pandemic and even before Brexit. This Government gives the same old platitude about more numbers when we have record vacancies in the NHS under its watch.

The action is as much for patients as it is for nurses. For years, nurses have been warning that staff shortages risk patient safety. Let us look at just one health board—NHS Greater Glasgow and Clyde. In just one year, it reported 216 investigations into significant adverse events. Those are events that

> "could have contributed or did result in, harm to people or groups of people."

Among the top reasons for why they happened are workload, staffing levels and delays in referral and treatment. The same report reveals that six people died due to those unintended incidents.

Nurses are saying that a lack of resources is putting patients at risk. Lives are being lost and health boards are reporting the consequences, but the Government's failure to workforce plan means that there are 6,000 nursing and midwifery vacancies. Why has the Government let it come to this?

John Swinney: Mr Sarwar's comments are not borne out by the evidence that I have marshalled in my answers today.

Anas Sarwar: Those are Glasgow's comments.

John Swinney: I am addressing the question from Mr Sarwar, who has raised the issue of workforce planning. Today, we find ourselves with record levels of staffing in our national health service. That is a product of workforce planning, which has been designed to boost recruitment levels.

Over the past 10 years, we have seen an increase in nursing and midwifery admissions as a consequence of the investment that the Government has made. There has also been an increase in the number of consultants who are operating in the NHS, and we have 8.3 qualified nurses and midwives per 1,000 of population in Scotland compared with 6 per 1,000 of population in England. All of that comparative data shows Scotland to be in a better and stronger position.

What I do not think helps the situation are the comments that were made at the weekend by the leader of the United Kingdom Labour Party, who said:

"I think we are recruiting too many people from overseas in, for example, the health service".

I listened to those comments with incredulity. What is hampering us in the national health service is the Brexit that was inflicted on us by the Conservatives, which ended the free movement of individuals and resulted in members of staff being lost from our national health service. We need to reverse that; we need an approach that is open to migration so that we can boost recruitment into our national health service. The comments from Keir Starmer are a disastrous signal to send to hard-working members of staff.

Anas Sarwar: Let me address that final point. I have led a cross-party campaign in the Parliament against racial and religious prejudice, so no one should mischaracterise my position or the position of my party. [*Interruption*.] Members might want to heckle, but they should listen.

The Presiding Officer: Thank you. We will hear Mr Sarwar.

Anas Sarwar: Let me be clear: migrants are an invaluable part of our NHS—they always have been and they always would be. I also say that people who come to work in our NHS are not migrants; they are equal Scots, just like the rest of us. However, that should not prevent us from having a credible workforce plan that means that we train more doctors and nurses here.

In the past few days, the First Minister has rightly been calling for more action on loss and damage in relation to climate change, so we should not pretend that taking doctors and nurses from developing countries does not cause loss and damage to healthcare systems in those countries. Let us not create a climate of fear, let us not play on that rhetoric—which is beneath the Deputy First Minister—and let us talk about what is happening here right now on the Scottish National Party's watch.

I listened to the answer that the Deputy First Minister gave. His head is in the sand. If it is so good and so rosy, why are nurses taking strike action for the first time in the RCN's history? For years—since long before the pandemic—nurses have been crying out about the problems. Let us not forget that it was those staff who kept going even when their lives were at risk from a deadly virus. They are now being forced into action to try to save their patients' lives. Week after week, tragic stories come to the Parliament and, week after week, we get the same old excuses. This health secretary and this Government are clearly out of their depth.

After 15 years in government, with 750,000 Scots on an NHS waiting list, the worst-ever waits at accident and emergency departments and now the Royal College of Nursing going on strike for the first time in its history, does the Deputy First Minister accept that our NHS has not faced a crisis like this in its history, that this is the worst that it has ever been and that it is all happening on the SNP's watch?

John Swinney: First of all, I think that I touched a very raw nerve with my comments about Keir Starmer. Anyone who looks at my track record, throughout all my public service, will find that I have always—always—been on the side of openness and welcoming people from other countries into our society.

The point that I am making to Anas Sarwar is that our ability to recruit staff and provide the necessary means for people to work in our national health service has been totally undermined by Brexit and the Conservative Government. Keir Starmer, through his comments at the weekend and his hostility to addressing any migration issues, is simply taking the same line as the Tories, and that is an absolute disgrace.

Any international recruitment that is undertaken by the Scottish Government is done through an ethical route. We do not actively recruit staff from any of the World Health Organization's red list countries.

I have acknowledged this afternoon, as my colleagues have done on other occasions, that there are huge pressures on the national health service, because we have had a pandemic. We are recovering from that pandemic and are

experiencing enormous strain in the process of so doing. In that sense, I accept the points that Mr Sarwar raises about the seriousness of the situation that we face.

However, let me tell Mr Sarwar that the Scottish Government is absolutely focused on giving the necessary leadership and resources to address those circumstances, and we will continue to do so. The reactions and support that we have received from people in Scotland over successive elections show that they are supportive of the work that we undertake.

The Presiding Officer: I am going to move to question 3 and take supplementaries at the end. In order to reach those supplementaries, I ask for short and concise questions—and responses to match.

Wildfires (Government Action)

3. **Maggie Chapman (North East Scotland) (Green):** To ask the Deputy First Minister what action the Scottish Government is taking to mitigate the impact and prevalence of fires in Scotland caused by accelerating climate change such as those seen during the high temperatures last summer. (S6F-01506)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Climate change is identified as a strategic priority in the Scottish Government's 2022 fire framework. The framework requires the Scottish Fire and Rescue Service to invest in the provision of specialist resources and in technological advancements, and to undertake prevention and public awareness activity, to enhance its response to the increased flooding and wildfires that are associated with climate change.

The Government is responding to the full range of climate risks that have been identified for Scotland through its 2019 climate change adaptation programme, which sets out more than 170 policies and proposals to build resilience to the impact of global climate change as part of our just transition to net zero emissions by 2045. We are preparing our next programme in response to the most recent United Kingdom climate change risk assessment. That programme is to be published in 2024.

Maggie Chapman: In spring and summer this year, we were repeatedly warned of extreme wildfires across Scotland, and we saw blazes spread rapidly through urban areas in England.

Research shows that firefighters come into regular contact with carcinogenic combustion products. They are at high risk of getting cancer, and they get those cancers earlier in life than the general population. In fact, the World Health Organization recently classified firefighting as a carcinogenic profession. Clearly, we have a responsibility to ensure that our firefighters, who tackle these blazes, are safe.

What is the Scottish Government doing to ensure that our firefighters have the equipment that they need to keep themselves safe? What plans are in place to ensure that fire stations have the necessary decontamination equipment? Will the Scottish Government consider routine health screening for firefighters, to catch any illnesses as early as possible?

John Swinney: There are a range of points in the questions that Maggie Chapman's poses. They are properly operational matters for the chief fire officer and the SFRS board in allocating the £352.7 million of budget provision that we make available to them, which looks at the whole range of improvements and enhancements that have to be made in the Scottish Fire and Rescue Service.

I am aware that the Scottish Fire and Rescue Service contaminants group is taking action across all aspects of operations to reduce exposure to harmful contaminants. I also understand that that group met Professor Anna Stec of the University of Central Lancashire to hear directly of the important research work that she is undertaking on these questions and to offer SFRS co-operation on that work.

The Presiding Officer: Before I take a supplementary, I remind members that supplementary questions should be brief and should not consist of multiple questions.

I call Siobhian Brown.

Cybersecurity

4. **Siobhian Brown (Ayr) (SNP):** To ask the Deputy First Minister what measures are in place to protect Scotland from any potential risks to cybersecurity. (S6F-01502)

The Presiding Officer: My apologies—that was question 4, not a supplementary.

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Cyber resilience underpins everything that we deliver as a Government and is crucial to fully realising Scotland's digital ambitions. Cybersecurity policy is reserved. However, in recent years, we have worked steadily with key partners to build Scotland's cyber resilience. In 2021, we published "The Strategic Framework for a Cyber Resilient Scotland", which sets out a vision for a digitally secure and resilient Scotland and builds on our initial strategy, which was published in 2015.

Siobhian Brown: Cybersecurity is flourishing in Scotland, with the first cyber Scotland summit taking place only a few weeks ago and Edinburgh

aiming to become the data capital of Europe. What will we do to continue that positive path through building cyber resilience in the public sector?

John Swinney: The Scottish Government has been working directly with public bodies to improve their cyber resilience. Through the roll-out of the public sector cyber resilience framework, more public bodies are regularly testing their incident management and business continuity plans. That can only help to improve their resistance to cyberattacks.

We are also progressing with the establishment of the Scottish cyber co-ordination centre, which draws together the work of Police Scotland, the National Cyber Security Centre and other organisations to enhance Scotland's ability to prepare for and respond to cyber incidents.

The Presiding Officer: I call Liz Smith.

Liz Smith (Mid Scotland and Fife) (Con): Will the Scottish Government commission a full independent inquiry into the medical negligence of former Professor Sam Eljamel at NHS Tayside and the related governance issues, given that more and more patients are coming forward to tell their horrific stories?

The Presiding Officer: That is not a supplementary to question 4. We might have time to come back to general constituency supplementaries at the end of First Minister's questions.

Island Air Routes (Viability)

5. **Graham Simpson (Central Scotland) (Con):** To ask the Deputy First Minister what the Scottish Government's response is to the reported comments by Highlands and Islands Enterprise that cheaper air travel for business passengers could help to strengthen the viability of island routes. (S6F-01504)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): We recognise that reliable and affordable transport to and from our islands helps to maintain thriving communities and local economies. That is why we provide significant funding to make air travel to our remote communities, including the islands, more affordable.

This year, we have allocated more than £77 million to support air services in the Highlands and Islands. That includes funding to Highlands and Islands Airports Ltd to maintain its airports and funding for the air discount scheme, which provides island residents with a 50 per cent discount on fares to and from the mainland. It also includes a subsidy for the air services from Glasgow to Campbeltown, Tiree and Barra.

Graham Simpson: We know that things are bad when a Scottish Government agency speaks of people moving away from the islands because the links are so poor. At least Highlands and Islands Enterprise understands the desperation of islanders—so much so, that it is giving £15,000 to some of them to look into how to run their own ferry services.

HIE says that many island businesses rely on planes to get them on and off the islands. That is largely because the ferries are so unreliable. Therefore, cheaper air fares for businesses would bolster vital air routes. HIE also says that better links for everyone will help to stop depopulation. It points to chronic issues on the west coast ferry fleet and the need to help island councils that run their own services to replace their fleets.

Will the Government do anything more on air fares, and will it help the councils to fund new ferries? When will the Government pull its finger out, tell us how it wants to run ferries in the future and set out a proper ferry replacement plan?

John Swinney: As I set out in my original answer, the Government is significantly funding air services in the Highlands and Islands, to the tune of £77 million. It is a bit rich for Mr Simpson to argue for more money to be spent on those services, since seven weeks ago the Conservatives were asking me to reduce taxes, which would have come at the expense of public expenditure—[*Interruption*.] No amount of agitated explaining from Rachael Hamilton will deter me from pointing out that the Conservatives come to the chamber with absolutely hypocritical propositions about lowering taxes and increasing spending at the same time.

On public expenditure on ferries, the Government was spending £139 million on ferry services about 10 years ago; we are now spending £315 million on those services and expanding the routes and services that people can rely on.

Liam McArthur (Orkney Islands) (LD): In 2011, Scottish National Party ministers removed island businesses from the air discount scheme with no prior consultation. Ministers desperately tried to blame the European Union—which was still used as an SNP bogeyman back in 2011—but they eventually admitted that it was a cost-cutting measure.

HIE's assessment backs the Highlands and Islands Transport Partnership's early analysis that the ADS cut negatively impacted staff productivity, turnover and operating costs. Given that assessment, will the Government now reverse the cut and allow businesses in the Highlands and Islands the chance to compete on a level playing field?

John Swinney: The Government makes substantial investments in the Highlands and Islands air network. As I have set out, £77 million is being spent to support that network. Obviously, the Government will engage constructively with local communities, as I and other ministers do constantly. However, we have to make choices about the availability of resources and concentrate those resources in the most effective way to ensure that we support island communities.

As I announced in the emergency budget review last week, we are putting additional financial support into island communities to support the recovery from Covid.

National Health Service (Staff Levels)

6. **Paul O'Kane (West Scotland) (Lab):** To ask the Deputy First Minister what urgent steps are being taken to ensure safe staffing across the national health service, in light of recent reports of staff shortages potentially contributing to patient deaths. (S6F-01498)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government is taking a number of measures to ensure safe staffing across the NHS, which include providing funding to health boards to support the recruitment of additional staff, measures to make it easier to retain and rehire experienced staff, and measures to improve health system flow, timely discharge from hospital and patient safety.

Paul O'Kane: Today's smokescreen excuses of Brexit and Covid do not wash. The Deputy First Minister would do well to listen to Professor Paul Gray, the former chief executive officer of NHS Scotland, who has stated that our NHS

"was going to be overwhelmed regardless of Covid".

The Deputy First Minister's excuses do not explain why the First Minister slashed training places for nurses and midwives in 2012 when she was health secretary. They do not explain why the Scottish Government missed its own target of recruiting 700 new student nurses this year or why, for the first time in history, nurses have voted overwhelmingly in favour of strike action—a dispute that is about not just pay but better working conditions and higher standards on wards. The responsibility for that situation lies at the door of the Government and its failing health secretary.

Two people died at the Queen Elizabeth university hospital in only one month this summer, with their deaths linked to short staffing. Our health service is on its knees due to the Government's incompetence. When will the Deputy First Minister commit to an urgent investigation into those two deaths? When will he commit to getting a grip on safe staffing and ensure that all our hard-working staff are supported, with dignity and respect?

John Swinney: I regret any loss of life. Questions about the investigation of individual deaths are not a matter for me; they are a matter for the Crown to decide on, should it choose to do so.

Mr O'Kane does a disservice to the topic by brushing aside the implications of Brexit and Covid. We must live in the real world and consider the pressures that have arisen from the implications of the pandemic and from the significant loss of access to staff that has come about as a consequence of Brexit.

The Government is investing significantly to create a position in which we have record numbers of staff in the NHS, and we are working to reduce delayed discharge, because that is one of the identifiable ways of improving performance in the health service and ensuring patient safety. Those efforts will continue to be the focus of intervention by Scottish ministers.

Disability Benefits (Means Testing)

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I have been contacted by constituents who are in receipt of disability benefits. They are worried and alarmed over the comments of the United Kingdom Secretary of State for Work and Pensions, Mel Stride, who has refused to rule out means testing of disability benefits for claimants elsewhere in the UK. I ask the Deputy First Minister to offer his reassurances to people who are in receipt of such benefits in Scotland that means testing will not be introduced here. Will he consider how either Social Security Scotland or the Scottish Government can reach out to Scottish claimants who are worried to get that message out loud and clear?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): As Mr Doris will know, when the legislation was put through the Parliament to establish Social Security Scotland and handle the benefits that are now the responsibility of the Scottish Government, we legislated for dignity, compassion and respect to underpin the approach that we would take to the exercise of our responsibilities in relation to social security. I assure Mr Doris and the Parliament that those values will underpin all the actions of Social Security Scotland, and we will communicate them widely, because they are the foundation for any decent and respectful social security system.

Professor Eljamel

Liz Smith (Mid Scotland and Fife) (Con): Will the Scottish Government now commission a full

independent inquiry into the medical negligence of Professor Eljamel, the disgraced surgeon who formerly worked at NHS Tayside, and governance issues, given that more and more patients are coming forward with horrific stories about what happened to them?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I recognise the seriousness of the issue that Liz Smith has raised, and I express my regret to anybody who has suffered as a consequence of the practice of Professor Eljamel. The Cabinet Secretary for Health and Social Care has already met Liz Smith to discuss the issue, as she knows, and he has also met some of the people who have been affected by the actions of Professor Eljamel.

As Liz Smith will know, because the issues were professional ones that affected Professor Eljamel's clinical practice, NHS Tayside commissioned a review from the Royal College of Surgeons into his practice and, as a consequence, restricted his clinical responsibilities.

The health secretary has made it clear to NHS Tayside that he expects it to meet the people who have been affected and, where possible, to answer any questions that remain unanswered, given the fact that the issues have already been thoroughly examined by the Royal College of Surgeons at the request of NHS Tayside.

Scottish Health Survey (Mental Wellbeing)

Carol Mochan (South Scotland) (Lab): The results of the Scottish health survey for 2021 were published earlier this week. The summary report says:

> "Average levels of mental wellbeing ... were lower in 2021 than in 2019".

The survey highlights that the experience of

> "Depression, anxiety ... attempted suicide and ... self-harm ... were ... more common in the most deprived areas."

The figures highlight the Scottish Government's failure to address the root causes of mental health difficulties, which has had a direct and detrimental impact on the mental health and wellbeing of the Scottish population. Importantly, the Government is failing to address the health inequalities that impact the most vulnerable people in our society. Will the Deputy First Minister clearly outline how the Scottish Government, across Government portfolios, plans to improve mental wellbeing in Scotland? Will he set out a timeline for ministers to report back on how the Scottish Government will eradicate the health inequalities that are deepening divisions in communities across my South Scotland region?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Government has a range of measures to tackle health inequalities in all our communities, which include the work that we undertake in relation to the eradication of child poverty, as captured in the child poverty delivery plan that the Parliament considered earlier this year. At its heart, the plan addresses some of the fundamental issues that Carol Mochan puts to me.

That is supplemented by the work that is undertaken to tackle and address addiction in our communities, whether that is drug addiction or alcohol addiction, through the various measures that have been put in place in that respect.

In addition, the Government has achieved the objectives on the recruitment of staff in relation to the provision of counselling services in our schools and in the wider community as a consequence of the projects and priorities that we set out.

I acknowledge the importance of the issues that Carol Mochan raises, and I assure her of the Government's commitment, across a range of portfolios, to addressing those issues, because the questions of health inequalities are directly connected to the questions of poverty and wider inequality in our society. Through its agenda, the Government is determined to address those questions.

Food Banks

Natalie Don (Renfrewshire North and West) (SNP): As the Tory-made cost of living crisis soars, sadly, it will come as little surprise that the Trussell Trust has said today that it recorded its busiest-ever period between April and September 2022, when it distributed around 116,000 parcels in Scotland. Does the Deputy First Minister believe that the increasing reliance not only on food banks but, now, even on warm banks is illustrative of a Westminster system that is not working for people across Scotland?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I agree with the point that Natalie Don puts to me. [*Interruption*.]

The Presiding Officer: Thank you, members. Let us hear one another.

John Swinney: I agree with Natalie Don, and my principal ally in providing me with material to support that position is none other than the chairman of the Scottish Conservative Party. Mr Craig Hoy said:

> "Liz Truss made the wrong decision in going for growth in the way that she did and I think there is a price tag attached to that. I think we have to be realistic about the consequence of that, which may be tax cuts or public spending cuts."

The only bit of that comment that I disagree with Mr Hoy about is that I do not think that the consequence of that will be either tax cuts or public spending cuts; I suspect that it will be both. That will be the unbridled responsibility of the Conservative Party, which, when that stupid budget came out, demanded that I follow that course of action. That would have inflicted misery on the public in Scotland. That budget, coupled with the Tories' inaction on energy costs over the summer, means that the Tories are responsible for the cost of living crisis, and they should pay a price for it.

Endometriosis Treatment (Fife)

Roz McCall (Mid Scotland and Fife) (Con): For more than two years, women in Fife with endometriosis have had no access to a dedicated specialist gynaecology department since the closure of the ward at the Victoria hospital. Constituents have informed me that, as a result, patients are being admitted to a section of the maternity ward, which is leading to the appalling situation in which women who have just suffered a miscarriage are separated from women nursing new-born children with nothing more than a curtain.

The Deputy First Minister will be aware that it takes, on average, eight years for endometriosis to be diagnosed, which means that women are living in severe pain, suffering with excess bleeding, being put on painkillers for excessive periods of time and needing surgery. When will the vital services at the Victoria hospital be reinstated so that those women can get access to the care that they so desperately need?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I understand the point that Roz McCall makes. The challenges that are faced on service provision around the country in areas of care in which a high degree of specialism is involved can be affected by movement of staff around the country and various other circumstances. Obviously, the health service works as hard as possible to minimise any disruption of such care. I recognise the seriousness of the point that Roz McCall puts to me.

One of the initial priorities of the women's health plan is to improve access for women to appropriate support, diagnosis and the best treatment for endometriosis, and to improve the care pathways that are involved. The Government will focus on those particular issues, and I will look specifically at the issues relating to NHS Fife that Roz McCall has raised.

School Capacity (Renfrewshire)

Neil Bibby (West Scotland) (Lab): A catastrophic blunder at Renfrewshire Council means that the newly built Dargavel primary school is half the size that it needs to be. It was built for a capacity of around 450 pupils, but the estimated roll is set to be 1,100. Children who were promised a new school now face learning in Portakabins; parents are appalled and have lost confidence in Renfrewshire Council. The mistake will cost millions of pounds from Renfrewshire's already squeezed education budget. It is a colossal waste.

Will the Deputy First Minister meet me and parents to discuss what solutions can be provided for local children, to ensure that there is accountability for what has gone wrong and to ensure that no other child in Renfrewshire loses out because of any resulting shortfall in school budgets?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Such issues are a matter for concern. Mr Bibby's points sit against a backdrop of widespread improvements in the school estate across the whole of Scotland. When this Government came into office, 63 per cent of children were being educated in buildings rated as good or satisfactory; that figure is now in excess of 90 per cent as a consequence of the investment that the Government has made. Mr Bibby raises an individual problem about one school, but the general nature of the school estate in Scotland is improving.

I will happily meet Mr Bibby and his constituents to consider the issues that he has raised, but I encourage him to recognise that, although issues can emerge in the planning of individual projects, that is against a backdrop of sustained investment by the Government and the quality of the school estate is improving across the country.

The Presiding Officer: That concludes First Minister's questions.

Point of Order

12:51

Alex Cole-Hamilton (Edinburgh Western) (LD): On a point of order, Presiding Officer. I once again seek your guidance on the procedure surrounding corrections to the *Official Report*.

Yesterday, the think tank These Islands revealed that a key Government statistic is false. It is a claim that will be familiar to every MSP in the chamber: that Scotland has 25 per cent of Europe's potential offshore wind resource. Over the years, that has been referred to countless times, both inside and outside Parliament, by Scottish National Party ministers and MSPs. Those who have said so in this chamber include successive environment secretaries, First Minister Alex Salmond and Deputy First Minister John Swinney. The current First Minister, constitution secretary and net zero secretary have all made the claim to other audiences and it was reheated just yesterday by Green environment minister Lorna Slater in the *Edinburgh Evening News*.

That statistic has now been proved to be false, and is based on bogus analysis of a mixture of reports dating all the way back to 1993, when the technology was in its infancy, and uses a definition of Europe that excluded renewables powerhouses such as Sweden, Norway and Finland. It is not the case that the figure was accurate in 2010, as a spokesperson claimed this week. It was never accurate.

Civil servants have been privately warning against use of that figure for at least two years, saying that it has "never been properly sourced" and that the figures have been "recycled robotically" without being really checked.

The true figure for Scotland's share of offshore wind potential is thought to be around 5 per cent, yet the 25 per cent claim still appeared in the Cabinet Secretary for Finance and the Economy's national strategy for economic transformation in March and appeared again many times in the SNP-led debate on independence in the House of Commons last week, when it was stated by SNP leader Ian Blackford, and by Ronnie Cowan and Kirsten Oswald.

I cannot recall a comparable situation in which a completely fictitious statistic has been relied on so often and so widely. That matters because the Scottish Government has put that claim at the heart of the debates on Scotland's energy security, independence and meeting our climate targets. I fully support the expansion of Scotland's renewables sector and I desperately want to see Scotland fulfil its renewables potential, but the strong case for that is not helped when figures used by the Scottish Government leave it open to charges of misleading and misrepresentation.

Presiding Officer, I seek your guidance on how the *Official Report* should be corrected in all circumstances where there has been a pattern of misinformation dating back for more than a decade and leaving bogus claims littered across the transcripts of numerous sittings of this Parliament. I ask whether any members of the Scottish Government have approached you about making a statement to correct the record, given the provisions of point 5 of the guidance on correcting inaccuracies in information provided during parliamentary proceedings.

The Presiding Officer (Alison Johnstone): I thank Mr Cole-Hamilton for his point of order.

It is, of course, a matter of courtesy and respect that members ensure that contributions to proceedings are accurate. It is the responsibility of the member to ensure that such contributions are accurate. However, in the event that a member becomes aware that they have provided inaccurate information, they can seek to make use of the corrections mechanism within 20 working days of publication of the original *Official Report*. The mechanism sets out what the Parliament has agreed are the appropriate steps to make other members aware that a correction has been made. Corrections are also highlighted in the *Business Bulletin* and on the Parliament's website, where they are published to ensure transparency.

The corrections procedure allows members to seek to make a statement to the Parliament if they realise that a significant error has been made. The decision whether to seek to make such a statement is a matter for the member. No such request has been made to me on this point.

That concludes First Minister's question time. There will be a brief pause before we move on to members' business.

Mental Health (Workplace Stigma)

12:56

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a members' business debate on motion S6M-05911, in the name of Emma Roddick, on mental health stigma in the workplace. The debate will be concluded without any question being put.

Motion debated,

That the Parliament is concerned by what it sees as continued stigmatisation of mental health issues and those who experience them; considers that, while wider understanding of depression and anxiety is progressing, organisations such as the Royal College of Psychiatrists have noted a pervasive stigma relating to personality, dissociative, and psychosis-related disorders; understands that this stigma is particularly concentrated in the world of work, meaning that people with psychiatric conditions are less likely to be employed or remain so; notes efforts such as SeeMe Scotland's See Me in Work scheme, which aim to support employers to tackle mental health discrimination; understands that a survey by SeeMe was explored in a recent report, Mental Health—Exploring the Current Landscape, published by Centred, a mental health charity based in the Highlands of Scotland, which showed around half of people believe someone would not disclose a mental illness at work for fear of adverse effects on their employment; considers that this report contains valuable research around stigma, rural mental health, and the overall situation in Scotland; further notes the belief that this demonstrates that more work needs to be done by employers, public health agencies and government to tackle mental health stigma, and notes the calls for these issues to be addressed in the new Scottish Government Mental Health Strategy.

12:57

Emma Roddick (Highlands and Islands) (SNP): I thank all members who supported the motion in my name. It means a lot to me that there were signatures from members from every party. That makes me feel supported in my own workplace—one that can often feel like the wrong place in which to have any sort of perceived weakness, and where my disability is frequently used as an adjective by some people to describe things that they do not like.

I am the first member of the Scottish Parliament to be elected with a known personality disorder. I have my problems with that term, but it is important to me to have a part in making things better for other people who suffer not just the same symptoms but the same judgment and stigma that come with such a diagnosis.

Therefore, when I read a report by Centred, a mental health organisation in my region, which referenced See Me Scotland's recent Scottish mental illness stigma study, I knew that I had to share it with members. When around half of the people who were surveyed still believe that someone would keep a mental illness to themselves at work for fear of being passed over for promotion, bullied or even fired, it should be clear to everyone that there is still a huge problem to overcome. Centred's report is well worth reading. Since I lodged the motion for the debate, it has published even more research into the experience of young people in the Highlands and Islands. It is particularly important to highlight its recommendation that more qualitative research be done on such stigma to enable us to better understand where we are now—particularly on how it affects women and minority groups differently. I hope that the minister will be able to specifically respond to that ask in his reply to the debate.

During my time as an MSP, I have met representatives of more than 30 organisations who work in the mental health field. This summer, I went to Portree to spend some time with service users at Skye and Lochalsh Mental Health Association, where I sat for a couple hours listening to them talk about what the organisation meant to them. I remember, in particular, a common theme: why they loved coming to spend time there. "It's like a family," one person said, "but without the judgment." Most were not looking for specialist services; they just needed a place where they could be themselves, free of stigma.

Another organisation that works closely with people in my region is Support in Mind Scotland, which, ahead of the debate, wrote to members about the need for training to overcome workplace stigma. One of the first things that my office manager and I did last year was to take the training provided by the Scottish Association for Mental Health, and I am working on getting my whole office similar training. I want my team to be able to come to me or their manager with concerns. Equally, I want people who are in my role after me to feel that mental illness will not stand in their way.

There is already an assumption that, as a young woman, I am not smart or strong enough to do this job, and it gets worse when it becomes public knowledge that you have mental health issues. During last year's election campaign, there were letters to editors, blog posts and even Reddit threads discussing how incapable I might be, listing symptoms that can be associated with my diagnosis and asking, "Does that sound like an MSP?" Well, I hope that it does now. [*Applause*.]

I honestly believe that understanding of depression and anxiety is improving, and I think that acceptance is, too. However, when it comes to severe and enduring illnesses such as personality disorders and schizophrenia—

diagnoses that people still find scary—there is still a severe and enduring belief that those of us who suffer from them are dangerous, cannot work or should be avoided.

Gillian Martin (Aberdeenshire East) (SNP): In the spirit of what the member has just been saying, I want to say that I am one of those people who has never publicly said that they have a mental health diagnosis. I think, therefore, that this might be a good time to say that I have been an MSP for the past six years; I suffer from depression; and no one has noticed. [*Applause*.]

Emma Roddick: I thank Gillian Martin very much for that contribution, which absolutely makes the point.

I know how tough it is to get away from the trope of the crazy person, especially the crazy, lonely and traumatised old woman, as the easy baddie in the story, and I think that it is hard to overstate the importance of language in perpetuating such an attitude. In questions to the minister recently following the publication of the suicide prevention strategy, I heard many colleagues talk about the importance of responsible reporting and the need for media outlets to follow well-known and highly-publicised guidelines on reporting suicide, mental health and bereavement. Then I sat in meetings in this very building and listened to colleagues describe things as "crazy", "insane", "madness" and people as "nutters" and "psychos" or talk about "political suicide" or even wanting to "slit their wrists".

Language actually matters. Nobody should understand that more than us, because we deal in words. We use words to make and win arguments, change laws and convince people to wander out on a rainy Thursday to vote for us. Our words have even more power than most and, as someone with a mental illness, I do not think that it is asking too much that those words be chosen with care. When we use language irresponsibly, when we make mental illness something scary or something to laugh at and when we talk down a colleague by saying "She's crazy", "She can't cope" or "I wouldn't want to be left alone in a room with her", we perpetuate stigma.

It is important that we as MSPs and, indeed, employers across sectors recognise the importance of responsible language. See Me Scotland has outlined the need for people to be able to talk openly about their mental health if we are going to overcome stigma. There will be many MSPs and members of staff in this building who have mental health issues and who flinch every time they hear derogatory comments from people in power. They might withdraw a bit, become a bit less likely to ask for help or feel that they are not welcome in their workplace. That is not okay.

I am grateful to all who tweet on world mental health day or who suggest that they want to raise awareness of mental illness or to prevent suicide, but if, in their workplaces, those same people turn around and repeat stigmatising tropes or make offensive comments about colleagues with illnesses, they are part of the problem. Every time they use a diagnosis as an insult or a punchline, they ensure that we will not succeed in tackling stigma.

I am not saying this to offend or call out anyone in particular. It is a long process, and I count myself among those who need to do better. Over the years, I have worked to replace some of the words and phrases that I learned growing up with ones that do not relate to disability. Instead of saying "That's mental", I might say "That's wild" or "That's ridiculous." Let us all do better and lead the way in Scotland becoming a more accepting country that does not stigmatise those with mental illness in their workplaces.

The hardest thing is that I could talk for probably 12 hours about my experience of this issue, the experience of constituents and the different impact in the Highlands and Islands and on rural and island communities. However, I am out of time, so that will need to be it for today. I look forward to the other contributions to the debate and thank everyone who has stayed behind to contribute or to listen. [*Applause*.]

The Deputy Presiding Officer: I call Karen Adam, who is joining us remotely.

13:04

Karen Adam (Banffshire and Buchan Coast) (SNP): I thank my colleague Emma Roddick for bringing the motion to Parliament for debate and for clearly setting out many of the issues surrounding mental health support in the workplace. It is quite apparent that I have a mental health condition; I have panic disorder due to post-traumatic stress disorder, as was apparent when I gave my first speech in Parliament and my legs did not work. I am therefore glad that we are talking about this issue today.

Stigma and discrimination can have a devastating impact on the lives of people with mental health problems. They can stop people reaching out for the right help and support and can leave people feeling isolated or living in fear of judgment and dismissal. The worry is always there that they might be thought of as being incapable of doing their job. I am certainly in that bracket but, like my colleague Emma Roddick, I am very capable. However, someone who discloses their personal mental health struggle will always have that underlying worry. That is the reality for many people.

The workplace is a huge part of our lives. Just as our home life and social interactions need to provide us with safety and security, our workplace should do the same, and we should take steps to improve working conditions.

Over the decades, there have been improvements in the workplace in relation to health and safety. That has mostly involved physical health and safety, but I think that we should also improve the situation with regard to mental health and safety. Providing much-needed support around prevention and intervention for employees that is easy to access is crucial. Reducing stigma and raising awareness in the workplace can be transformational, and education is key to addressing that. I feel empowered by giving this speech today, and I am grateful for the opportunity to do so. If we create a culture from the ground up, we ensure that employees are educated, and that helps to get everybody on board, which is, surely, vital. We cannot tackle mental health issues in the workplace without addressing bullying and ignorance. How we act in relation to one another is vital.

I have been encouraged by the outstanding work of See Me Scotland, and I warmly welcome its partnership involvement with vulnerable groups that, according to statistics, experience mental ill health the most. For example, its work to tackle mental health stigma and discrimination in the LGBT community is pioneering. It is important to note the holistic approach that is needed to tackle mental health stigma. Often, there are complex layers to the issue, so casting a wider eye over it is vital.

For example, I represent a coastal and rural constituency with unique mental health challenges being faced by farmers and fishers, and by people in those wider industries. I commend the work of NFU Scotland and the SeaFit programme, which work to protect the mental wellbeing of everyone who works in those industries and offer much-needed support and vital services. Work to reduce stigma must come from within those industries, as those organisations know their members best.

I want to take a moment to recognise the individuals who work incredibly hard to raise awareness and provide support. There are too many for me to mention all of them, but they work hard to amplify the message that we are sending today. Many of them have been impacted by mental health issues, either personally or in relation to someone they love.

I would like to mention one of my constituents, Danny Thain, from Fraserburgh, who will take to the streets of Aberdeen to sleep rough for a month, relying on the kindness of strangers for food and drink, to raise awareness of mental health issues and to raise funds for a mental health retreat, after his devastating experience of losing three close friends to suicide.

In conclusion, we must encourage and work with employers and other stakeholders to ensure that a workplace culture allows employees to prioritise their mental health and wellbeing without fear of stigma. I am proud that, in Scotland, we are moving towards a fundamental and progressive shift towards a human rights-based policy approach. Being much closer to complying with international human rights standards will address many of the issues that are raised in the motion. Of course, that alone will not help. We need that foundational cultural change as a priority, and it begins with all of us.

13:08

Sue Webber (Lothian) (Con): Mental health stigma in the workplace is an important issue, and I thank Emma Roddick for bringing it to the chamber and for her personal, empowered and heartfelt speech.

As we all know, the Covid-19 pandemic had a negative impact on the population’s mental health. Although that has raised public awareness and increased the number of conversations that take place about mental illness, we are still a long way from eradicating the stigma that surrounds it. That can be particularly true in the workplace, where it is still common for employees to experience discriminating and unfair treatment, often because of pre-existing attitudes towards mental health conditions. Unfortunately, that stigma and the fear of judgment often prevent employees from disclosing their mental illness or seeking help.

Emma Roddick’s motion highlights a report that was published by Centred, which is a mental health charity in the Highlands. The report showed that about half of people believe that someone would not disclose a mental illness at work for fear of adverse effects on their employment.

Support in Mind Scotland believes that mental health training is a key element in establishing a flourishing workplace and that training staff in mental health can help to break down stigma and discrimination and build awareness. It delivers the rural connections project, which aims to improve mental health and wellbeing and reduce mental health stigma throughout rural Scotland by providing introductory mental health awareness training. Following that training, 87 per cent of participants reported that they felt more confident in talking about mental health with their staff or colleagues. That evidence highlights that mental health training is invaluable in reducing stigma in the workplace by increasing people’s knowledge and breaking stereotypes.

It can be difficult for employers to put themselves in the shoes of those who are suffering from mental health issues. Knowing what to say and what to do and what not to say and what not to do is key. I know that only too well. On reflection, I know that, when I managed a large group of remote workers in a previous life, I had team members who were struggling with issues that I could have handled better. That was almost 20 years ago, and much has changed since then in respect of awareness, human resources policies, and training and awareness for leaders. However, what I could call a mental health crisis of my own gave me empathy and understanding of the issues, the challenges, the fear and the anxiety that come from a person disclosing that they are struggling at work.

I was fortunate that help was available through our employee assistance programme. After a short period of absence from work, I went back on a phased return. The support from colleagues and customers surprised me, and I can still recall how I felt going back to work. As I said, I was fortunate. Understanding and empathy go a long way towards reducing stigma.

It is important to highlight statistics that show how poor mental health in the workplace can impact our economy. Almost 13 per cent of sickness absence days in the United Kingdom can be attributed to mental health conditions. It can cost Scotland's economy £8.8 billion a year. Reducing the stigma is therefore an important strategy for supporting people with poor mental health to stay in or return to the workforce. Changing our workforce culture plays a huge part in that.

I do not believe that anyone can disagree that the stigma surrounding mental health issues is wrong and unfair. As we have heard—we will no doubt hear more about this—more work needs to be done by employers, public health agencies and the Scottish Government to tackle that stigma. However, that starts with each and every one of us taking a leadership role. I, too, would welcome those issues being addressed in the new Scottish Government mental health strategy.

13:13

Carol Mochan (South Scotland) (Lab): I thank Emma Roddick for bringing this important debate to the chamber. I hope that she knows that I greatly admire her honesty on the issue and the way in which she champions it. Although we may have some political differences, I find her contributions in the chamber to be excellent. I have heard from many people that she works very hard throughout her region.

It would be welcome if, in the future, mental health were debated in the Government's debating time, as that would show the Government's commitment to improving mental health services in Scotland. I do not think that the minister will be surprised by my adding that the scrutiny of services is key to how we improve them. Perhaps the minister could come back to that in his closing remarks.

There are few more important things than the mental health and wellbeing of the population, and there are few more important places in which to remove the stigma surrounding mental health difficulties and discussions surrounding them than the workplace. We spend much of our time in the workplace, and we should feel safe and secure in it and able to open up, if we require to do so.

That is why it is important that we listen to the words of some of the organisations that have done excellent research. See Me, as mentioned in the motion, the Royal College of Psychiatrists and Unison the trade union have consistently called for greater action on mental health matters and on taking mental health matters seriously in the workplace.

In general, the impacts of the Covid-19 pandemic are well known, including the economic impact, but the impacts on the mental health of the Scottish population are perhaps not always what comes to the front of people's minds.

SAMH produced an excellent report that included the comment that, during the pandemic,

> "people reported feeling like a burden and anxious about adding to the pressure of the health service by asking for help and support."

It is significant that, even though we were putting out the message that health services were open, people thought that they should not approach those services with mental health issues. It is sad that people felt that they should not come forward to ask for help with mental health.

We have to remove the stigma. Struggling with mental health does not make an individual a burden, but our reluctance to talk about mental health in the workplace and in wider society shows how much further we have to go and highlights how badly we are letting people down, including our own colleagues, who desperately need to talk at times, but can be made to feel that it is uncomfortable or inappropriate to do so in the workplace. That is not good enough.

Moreover, we must look at the pressures on our mental health workforce in Scotland, for which the Government may have responsibility. Unison in the Scottish Borders has called on the Scottish Government to deliver a staffing strategy that will alleviate at least some of the significant pressures facing our health and social care workforce on a

daily basis—pressures that undoubtedly will impact negatively on the mental health of those workers.

It is important that we talk about the workforces that we manage, and yesterday marked a historic moment as nurses in every health board across Scotland, including over 92 per cent of the Royal College of Nursing members who voted in my area of NHS Ayrshire and Arran, supported strike action. We note that much of what the workforce is talking about is to do with the pressures in the workplace.

That decision has been taken by a national health service workforce who for years have worked in an understaffed and underresourced service and been underpaid and undervalued. They have now said loudly and clearly that the pressures of working in the NHS at this time, including the pressures on their mental health—as has been well reported—are too great for the pay, terms and conditions that they receive from the Government. The RCN, the wider trade union movement, and those workers have my full support in that, and I hope that they also have support from other members who are in the chamber.

The Royal College of Psychiatrists, which gave us a briefing, believes that mental health should be treated as highly as winter pressures on the NHS—that is how important the issue is. We must remove stigma. I again thank Emma Roddick for bringing the debate to the chamber.

13:18

Gillian Mackay (Central Scotland) (Green): I, too, thank Emma Roddick for bringing this important debate to the chamber, and I agree whole-heartedly with the points that she raised in her speech. Her honesty never fails to inspire me. I do not have a mental ill health diagnosis but, as a youngish woman who has a disability and who has, in this job, faced language that attempted to rubbish my impairment, I have a lot of empathy with the experience that Emma Roddick outlined. We cannot overestimate the power that our actions have over others' ability to engage in a safe and sustainable way. Emma Roddick's points on language should be taken on board by us all.

According to See Me Scotland, 56 per cent of people with a mental health issue have experienced stigma and discrimination. The Scottish mental illness stigma study, which was published in September 2022, reported that 77 per cent of survey respondents felt that they had been unfairly treated at work due to mental health stigma. That clearly shows that, although understanding of mental health issues is increasing, people are still being treated unfairly in their place of work.

Although employers may make commitments to being inclusive, that does not always result in better experiences for employees. The 2022 mental illness stigma study, which was conducted by the Mental Health Foundation Scotland, See Me and others, revealed that, although employers claimed to be inclusive or had national accreditation, some respondents described that as "a box-ticking exercise".

Commitments mean nothing if they are not followed through in practice. A workplace culture in which people are penalised for having mental health issues and where many are too afraid to speak about their diagnosis clearly persists. Some respondents to the study spoke about being forced out of employment or being treated differently after taking sickness leave. It is shocking that, in 2022, people are still being forced out of work due to mental health issues. Clearly, much more work still needs to be done to ensure that employers understand and, most importantly, carry out their responsibilities to employees who are experiencing mental health issues.

As the motion states, people with certain mental health conditions are more likely to experience discrimination. According to the Royal College of Psychiatrists, the employment rate among people with more common mental health conditions is around 60 per cent, and the rate for people with schizophrenia is around 10 per cent. It is not enough to raise awareness of workplace stress, anxiety and depression. Although it is extremely important that we continue that work, we also need to improve the understanding of mental health conditions such as schizophrenia, bipolar disorder and personality disorders.

One respondent to See Me's study spoke about failing a workplace medical for a teaching role because of her bipolar disorder diagnosis. Her would-be employers quoted the Glasgow bin lorry tragedy as their rationale, implying that her condition made her dangerous. That the employer felt justified in denying the respondent employment because of her diagnosis shows a complete lack of understanding of the rights of people with mental health conditions and of how discrimination works. How are people supposed to feel comfortable revealing mental health issues or conditions when they know that it could result in a loss of employment, workplace discrimination, loss of wages and so on?

The study's recommendations are clear: improved resourcing, prioritisation, knowledge, awareness and understanding lie at the heart of respondents' views on how to achieve change. It calls for dedicated training in specific settings such as workplaces, as well as accountability for

individuals or organisations that perpetuate stigma and discrimination. We need to create a culture in which employers are informed, understanding and responsible and where inclusion is seen not as a box-ticking exercise but as an integral part of an employer's responsibility to its employees. Crucially, we need to ensure that bad practice is identified and addressed, and that training is delivered where necessary. I whole-heartedly agree with the wording of the motion, which says that

"more work needs to be done by employers, public health agencies and government to tackle mental health stigma".

I thank everyone who has contributed their experiences to the debate. That is never easy to do, but it is brave and, in itself, it is helping to reduce stigma.

13:22

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): I, too, congratulate my colleague Emma Roddick on securing the debate, and thank her for raising the profile of such an important issue.

On 7 July 1988, I was a young officer who was looking forward to a long weekend off duty when I learned of the horror of the night before: the Piper Alpha oil platform disaster. A phone call that followed recalled me to duty and within a couple of hours, I was deployed, along with colleagues, to Aberdeen airport to await the arrival of the first of the personnel who had been lost in the explosion and recovered in the early stages of the emergency response. Our duties took us into an environment where those personnel had been taken to await their final journey back to their loved ones. I put on my oversized white paper suit and disposable gloves, and was given a clipboard and deployed into the area. I took a deep breath: the sense of dread and emotion was overwhelming, but I had to be brave—I just had to be.

Nothing, and no one, prepared me for what was to come in the days ahead. I considered myself to be a strong and resilient woman, but the psychological trauma for many—myself included—and the stigma that was associated with seeking help was profound. However, that attitude was of its day. I was lucky that I was able to access specialist support from an eminent psychiatrist, whose pioneering work on PTSD in police populations at that time was in its early stages. Since then, policing research has consistently shown that those who are most impacted by poor mental health are less likely to receive services, and that stigma and attitudes about treatment are factors in that.

Recently, the Criminal Justice Committee has been considering police mental wellbeing. We have taken evidence from stakeholders and police officers and have heard about the challenges and organisational factors that officers face, such as long hours, workload, organisational culture and the fact that, often, the removal of stigma relies on the values and attitudes of individual supervisors. We heard about the slow burn of deteriorating mental health and the failure of supervisors to recognise change and act on it to help officers to access the right support at the right time. The lack of clear pathways into specialist care was also concerning.

However, we also heard about very positive experiences of a supportive culture, attitudes and stigma being tackled in one policing division, and informal sessions being run to offer officers a space in which to talk about their mental health. Police Scotland is working incredibly hard to respond to mental wellbeing issues and, within that, to tackle stigma and negative attitudes and beliefs about those who have mental illness. It has strong partnerships with many organisations that work to tackle mental health stigma, including SAMH, See Me and many more.

However, there is much to do. The committee has written to Police Scotland and the Scottish Police Authority to highlight our findings and suggest follow-up work, particularly on training and robust data collection. We are keen to support the work that is required to improve awareness, create pathways to support, and address stigma in the workplace—which still impacts on so many and, ultimately, can result in people leaving the career that they love. I am determined to continue that work and to support tangible progress, with the tackling of stigma sitting at the heart of our efforts.

I thank Emma Roddick for providing me with the opportunity to contribute, and I wish her well in her efforts to eliminate workplace stigma once and for all.

13:26

Graham Simpson (Central Scotland) (Con): I, too, thank Emma Roddick for bringing the debate, and for her powerful words—as I thank other members for theirs.

Over the past few years, I have been visiting Our Lady's high school in Motherwell, talking to its higher politics students about various tricky subjects. A few years ago, I set them a challenge to write a speech for me—which they did, and which I delivered here—about bereavement services. Today, my speech has been written by higher politics student Eleyza Mohammed, who attends Taylor high school but joins the class at Our Lady's. I thank her for doing that, and for coming along to listen to it. There she is in the gallery—I am embarrassing her.

Anxiety disorders are the most common and pervasive mental disorders. That is why this debate is so important. See Me Scotland's "See me in work" four-stage programme helps employers to improve cultures, policies and practices in relation to mental health. The programme can save money for employers and improve the working lives of every one of their employees. The national programme to eliminate mental health stigma and discrimination has been awarded £5 million of Scottish Government funding for five years. The continuing investment in See Me, which has been announced alongside the launch of its new strategy "With Fairness in Mind", will allow it to carry on its important work as part of the wider national response to the mental health impact of the Covid-19 pandemic.

Wendy Halliday, who is See Me's director, said:

"Stigma and discrimination can have a devastating impact on the lives of people with mental health problems. It can stop people from getting the right help and support, it can cause people to lose their jobs, it can leave people isolated and, for young people, they can find themselves being judged and dismissed when trying to reach out.

That's why the launch of our new five-year strategy ... and the continued investment in the See Me Programme from the Scottish Government is so important. There must be this ongoing commitment to ending the deep rooted stigma that exists in Scottish society, especially in workplaces, education, health and social care and communities."

She is right. See Me wants a change in the way that support and treatment for mental health is thought about. It believes that

"Tackling stigma and discrimination and addressing the barriers they create must be central to any action to improve mental health."

It is right about that, because the figures are stark: 70 per cent of people polled believe that people with mental health conditions experience stigma and discrimination in their lives and workplaces.

People who live in rural and remote areas can feel particularly isolated, and that can contribute to anxiety and depression. According to the results from a 2020 national survey on drug use and health,

"approximately 7.7 million nonmetropolitan adults reported having any mental illness ... accounting for 20.5% of nonmetropolitan adults. In addition, 1.8 million, or 4.8%, of adults in nonmetropolitan areas reported having serious thoughts of suicide"

annually. Those are frightening figures.

Half of people in problem debt have a mental health problem. There are several ways in which the rising cost of living can affect people's health. Being unable to afford sufficient food leaves people malnourished, and being unable to keep their home warm leaves them at risk of developing diseases and, importantly, can affect their mental health: almost 40 per cent of people with a mental health problem say their financial situation worsens their mental health problems, so it becomes a vicious circle. That demonstrates that more work needs to be done by employers, public health agencies and Government to tackle mental health stigma, and those issues must be addressed in any Government mental health strategy.

I thank Eleyza Mohammed once again. [*Applause*.]

13:32

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): The debate has been thoughtful, personal and empathetic. Such debates show Parliament at its very best, and I thank Emma Roddick for raising awareness of this important issue in Parliament. I do not think that anyone out there could say that she is "not smart or strong enough" to be in the chamber, and I think that we all have a duty to show people out there that all of us can come here and contribute, no matter who or what we are.

I will highlight something else to Ms Roddick—I am deviating slightly from the subject here, Presiding Officer. As we have this debate, we are obviously being watched by many people. Somebody has sent me a message to say that it is great that we are having the debate about discrimination and stigma in mental health but that we also need to do better in tackling stigma and discrimination in the workplace for people who have autism or are neurodivergent. That might be a debate for another day, but we are doing the right thing by talking about the issues here today.

I offer my plaudits to the folk who have told us about the issues that they have faced: Gillian Martin, Karen Adam, Sue Webber, Audrey Nicoll and Emma Roddick. The three of us who represent Aberdeen constituencies are at the front of the chamber today. I know that, whenever we hear about Piper Alpha, that gives us goose bumps. I know people who should have been helped to a greater extent after that tragedy, but they were not, and the trauma has remained with many folk for a long time. We must do better.

During my tenure as Minister for Mental Wellbeing and Social Care, I have had the great privilege of speaking with many people who have lived experience of mental health and wellbeing challenges. I know at first hand the detrimental impact that stigma and discrimination can have on people's lives, whether in relationships, employment, healthcare settings or other areas of life. That can also make it much harder for people to seek support when they need it most. However, when we remove those barriers, people can better

access services and support, and they feel valued, included and respected.

Tackling stigma and discrimination around mental health remains a key priority for the Government. As others have mentioned, last year, we announced £5 million of funding over five years for See Me's campaign. That shows the value that we place on See Me and its important work on tackling stigma in workplaces and communities across our country.

Evidence shows that, during the pandemic, there was a shift in how society discusses mental health. A poll of 1,000 people in Scotland in August by See Me and Censuswide found a 60 percentage point increase in the proportion of people who say that they would have the confidence to start a conversation with someone about their mental health. That is up from 24 per cent 20 years ago to 84 per cent today. Almost eight in 10 of those who were questioned agreed that they would have the confidence to talk about their own mental health today, and 96 per cent of people said that they would be willing to support someone who was struggling with their mental health.

However, although it is positive that people now talk more openly, this debate proves that discrimination and stigma have not gone away. As noted by the Royal College of Psychiatrists and Centred's research, it is clear that the stigma can be particularly challenging for those with mental health conditions. That is why I am pleased that See Me broke new ground in developing the recent Scottish mental illness stigma survey, which was published in September. Sadly, the survey highlights how people with severe mental illness have been impacted in so many aspects of their lives, from relationships to employment and many areas beyond.

Mercedes Villalba (North East Scotland) (Lab): As we have heard today, the workplace can often be a major contributor to poor mental health, particularly due to low pay, insecure work and poor working conditions. At this year's congress of the Scottish Trades Union Congress, the Union of Shop, Distributive and Allied Workers—USDAW—highlighted how strong collective bargaining rights are crucial to better terms and conditions and better support for mental health at work. Does the minister agree that trade union recognition and collective bargaining should be promoted through the Scottish Government's fair work approach to improve workplace mental health support?

Kevin Stewart: I should declare an interest as a member of Unison, before I continue. The work that I am doing on the national care service shows, I think, the importance of central bargaining. I have been a trade unionist for many a year, and I would encourage people to join unions. Fair work is at the heart of resolving some of the issues that we are discussing today. Through our refreshed fair work action plan, which will be published this year, we want to ensure that those facing barriers to employment can access the support that they need.

In August, I visited WGM Engineering in Livingston, where we discussed the importance of challenging stigma in the workplace. I had the opportunity to hear about the company's approach to supporting good mental health and wellbeing at work. Businesses are at different stages of developing mental health strategies in their workplaces, which is why we are working to ensure that employers have the support that they need to promote good practice.

This year, together with Public Health Scotland, business organisations, trade unions and mental health charities, the Government launched a digital platform signposting people to a range of free mental health and wellbeing resources for employees of all sizes across a range of sectors. That work complements the "See Me in Work" portal and programme for employers, and I encourage all members to look at that and promote those very valuable tools.

Today, there has also been talk about the stigma and discrimination that exist in certain sectors and communities. We must do more on that. I will write to members about what we are doing with ethnic minority communities, women and rural communities, which were mentioned earlier.

This is an extremely important area. As members know, we are investing heavily in community mental health and wellbeing. We made that investment in See Me to ensure that we get it right.

I said at the very beginning of my speech that it had been a thoughtful, personal and empathetic debate. People have told us about the challenges that they have faced. None of us should be afraid to discuss those challenges. I give plaudits to those who have done that, and to Emma Roddick for being so open, and for bringing the debate to the chamber. There is no doubt that she is smart enough and strong enough to be here.

One of the politicians whom I admire the most is someone who many of you will not have come across: Jim Kiddie. He was an SNP councillor in the city of Aberdeen, who had previously been a Labour councillor in the Grampian region. He always told his story about the challenges that he faced with his mental health. He served on the Millan committee that looked at mental health in Scotland. I looked up to him because he was open and honest and told people how it was. We should all be a bit more like that. If we were, we would be

in a much better place when discussing mental health and wellbeing—not only in workplaces, but right across our country.

13:41

Meeting suspended.

14:30

On resuming—

Portfolio Question Time

Social Justice, Housing and Local Government

The Deputy Presiding Officer (Liam McArthur): The next item of business is portfolio question time, and the portfolio this afternoon is social justice, housing and local government.

I ask members who wish to ask a supplementary question to please press their request-to-speak button or to enter the letters "RTS" in the chat function during the relevant question.

Given the demand for supplementaries today, I make the usual plea for questions and answers that are as brief as possible.

Tenant Grant Fund

1. **Neil Bibby (West Scotland) (Lab):** I offer my sincere apologies for the fact that, for personal reasons, I have to leave after my question.

To ask the Scottish Government whether it will provide an update on expenditure in West Scotland from the tenant grant fund, including whether funding has been renewed as a result of its programme for government announcement to widen eligibility. (S6O-01524)

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): Tenant grant fund spend data to the end of January 2022, broken down by local authority, was published in March 2022. Since then, all local authorities have been asked to provide up-to-date reports covering quarter 4 of financial year 2021-22, as well as for the first two quarters of this year. That information is being collated and quality assured and will be published by the end of the year.

As per the programme for government, local authorities will be able to use any unspent funds to support people who have built up more recent arrears, and guidance will shortly be issued to local authorities.

Neil Bibby: Scottish Labour welcomes the fact that the Government widened eligibility for the fund in the programme for government. We called for that measure in our cost of living plan in August, and the Government adopted it.

However, the Government has not published its updated guidance on widening the scheme; more critically, the £10 million has not been renewed. Given that three of the six councils that are wholly

in the West Scotland region have exhausted the additional funding and the other three have just £35,000 between them, that empty gesture will do nothing to help tenants who are struggling with arrears as a result of the cost of living crisis. Will the minister, therefore, renew the funding and ensure that the grant fund is fit for purpose?

Patrick Harvie: I welcome Neil Bibby's support for the move, even if it was short lived, given that he seemed to not welcome it by the end of his question.

The fund was set up to support tenants during Covid and it was announced that we would extend eligibility in the way that Mr Bibby explained.

Before considering applications that relate to more recent years, local authorities have to consider outstanding applications that relate to arrears that were accrued during the Covid pandemic. That will be made clear in updated communications to local authorities and in the guidance.

However, none of us has to look far to find areas of the Scottish budget into which we would all like to put more money. I hope that Labour colleagues will join us in calling on the UK Government to inflation-proof the Scottish budget to enable us to do that.

Marie McNair (Clydebank and Milngavie) (SNP): Will the minister outline how the Scottish Government intends to make sure that the private rented sector remains affordable and sustainable over this winter?

Patrick Harvie: We have asked local authorities to ensure that the private rented sector is able to benefit from the tenant grant fund, as well as from the other support that we make available. The information and data that are currently being collected by local authorities will be collated and published later this year, and that will show us whether that emphasis has had the desired impact.

I hope that we all recognise that the Scottish Government is putting substantial funding into supporting tenants in all parts of the rented sector during these difficult times.

Affordable Housing (Effects of Inflation)

2. **Kenneth Gibson (Cunninghame North) (SNP):** To ask the Scottish Government what impact inflation is having on its affordable housing programme. (S6O-01525)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): We are aware of the global issues affecting construction, including the war in Ukraine and rising inflation; those effects have been exacerbated by Brexit and the current cost crisis. We are working closely with the construction industry and housing partners to mitigate those effects where possible and achieve our shared goal of delivering more affordable homes for Scotland. That includes operating a flexible grant system that can take account of increased costs. I am heartened that the affordable housing sector continues to show signs of recovery, with completions having risen by 17 per cent, compared with the previous year to June 2021.

Kenneth Gibson: Does the cabinet secretary agree that new affordable home construction has been undermined by the United Kingdom Tory Government cutting Scotland's capital grant this year from £4,973 million to less than £4,469 million, which is a fall of more than 10 per cent and amounts to £504.1 million? Does she also agree that unless it reverses that double whammy of cuts to our capital grant coupled with rising inflation due to Tory economic incompetence, there will be further reductions in new builds, and that next week's UK budget would be a good place to start reversing those cuts?

Shona Robison: Yes. Inflation and the economic chaos that has been caused by the UK Government mean that our annual budget today is worth £1.7 billion less than it was last December. We are facing an enormous strain at the same time as we are focusing on protecting people from the cost of living crisis and mitigating many of the UK Government's cuts, particularly those that impact child poverty and people on low incomes.

We have urged the UK Government, instead of cutting Scotland's capital grant, to release additional public spending on infrastructure and to consider other measures to ease those pressures and allow our capital programme to continue at the required pace. I agree with Kenny Gibson that the UK budget would be a good place to start.

Miles Briggs (Lothian) (Con): Housing associations across Scotland are reporting that the Scottish Government's rent control scheme is resulting in chaos and the need to rewrite their economic plans for new construction. How many fewer homes does the cabinet secretary think will now be delivered?

Shona Robison: At the moment, the big impacts on the social rented sector and local authorities are from high interest rates, which affect their loans, and rampant inflation, which has been exacerbated by the actions of the UK Tory Government.

On the rent freeze, as the member knows well, we are working closely with the sector to establish the key considerations for any cap on rents beyond 31 March next year. There has been no impact on rents in the social sector this year because they were already set, so we are talking

about the period from 1 April next year. We have said that we will provide certainty by 14 January at the very latest.

In the meantime, we operate a flexible grant system, which we expect will allow the continued delivery of affordable homes. We are working closely with the sector to help it to address some of the challenges. However, as I said in my initial answer to Kenny Gibson, completions have risen by 17 per cent, compared with the previous year to June 2021. We are still seeing projects come in, and I encourage registered social landlords to continue to submit them.

Willie Rennie (North East Fife) (LD): I am keen to understand where mid-market rentals sit with regard to the rent cap legislation. Do they sit in the affordable sector or the private sector? I am keen for mid-market rental properties to be built, but we need certainty for that to happen. Where do they sit?

Shona Robison: I will write to Willie Rennie with further detail, but, in essence, some mid-market rental properties sit in the private residential sector, having been built by the private sector, and some sit in the social rented sector, having been built by RSLs. It depends, but I am happy to write to Willie Rennie with more details, if he would find that helpful.

Poverty Relief (Support for Local Authorities)

3. **Siobhian Brown (Ayr) (SNP):** To ask the Scottish Government how it is supporting local authorities to deliver relief for residents at risk of poverty during the cost of living crisis and in light of rising energy costs. (S6O-01526)

The Minister for Social Security and Local Government (Ben Macpherson): We are working with local authority partners to support people who are facing the cost of living crisis. Through the emergency budget review, we have taken a number of actions, including allocating almost £20 million of additional funding to double the December Scottish child payment bridging payment to £260, which will benefit around 145,000 eligible children.

We are making up to £86.6 million available for discretionary housing payments, thereby mitigating the United Kingdom Government's unfair bedroom tax and benefit cap, and we are giving local authorities more flexibility to support people with energy bills.

We are also providing more than £260 million to support council employee pay rises, which especially benefits lower-paid workers.

Siobhian Brown: In July this year, concerned with the looming energy crisis, I met local churches to discuss the idea of providing warm welcome spaces for the winter. I am glad to see that the idea is being rolled out throughout churches in Ayr, Prestwick and Troon.

I note that, during these difficult times, local authorities are putting in place measures to assist local communities. Scottish National Party-run North Ayrshire Council has launched a massive £450,000 fund to help out residents during the cost of living crisis. Does the minster agree that all councils in Scotland should take similar steps?

Ben Macpherson: I know that all councils are considering these matters. Many local authorities are working to help people with the cost of living crisis using their own resources and powers. That includes exploring the establishment of warm spaces as well as the fund that North Ayrshire Council has set up. If I recall correctly, Glasgow City Council has created a £3 million fund, including £1 million for fuel top-up cards. Midlothian Council has put £29,000 into a heat and eat fund to help families that are not eligible for Scottish welfare fund support. Falkirk Council has allocated more than £500,000 for its household support fund, which has provided cash-first support to 1,000 households since September 2022. A number of actions are taking place, and that symbolises how we all need to work together during the cost of living crisis to support people.

The Deputy Presiding Officer: There are a couple of supplementaries.

Jeremy Balfour (Lothian) (Con): The minister will be aware that one of the best ways to help people is to get them appropriate social security benefits. Social Security Scotland announced yesterday that for four days next week it will be taking no online applications and people will not be able to apply for benefits during that period. Does the minister think that is that acceptable? What measures will he take to make sure that my constituents, and his, are not adversely affected by that?

Ben Macpherson: Social Security Scotland is providing more benefits to people in Scotland than are available elsewhere in the United Kingdom. The reason why Social Security Scotland is having to pause applications that are made electronically through its systems during the period stipulated by Mr Balfour is because there are system upgrades and processes that need to be run through in order to deliver the really significant intervention, on Monday 14 November, of our Scottish child payment, which is available only in Scotland, going up to £25 per week per child for eligible children and being extended to eligible children who are under 16. That intervention will take the possible take-up of the benefit from around 100,000 children to an eligibility figure of 400,000.

We are focused on running really good systems and doing things correctly. That involves making sure that the information technology and operational systems in Social Security Scotland are all running as they need to be for Monday 14 November and will help all the people that they can.

Pam Duncan-Glancy (Glasgow) (Lab): A Scottish Public Services Ombudsman report has found

“a 36.7% increase in Scottish Welfare Fund independent review applications received from the previous year”.

When will the minister be able to tell us about the review of the Scottish welfare fund, and when will the review be complete?

The Deputy Presiding Officer: As briefly as possible, minister.

Ben Macpherson: I thank Pam Duncan-Glancy and other members for their interest in this important area. The Scottish welfare fund is an important aspect of how we help people every year, but especially this year. I will be updating the committee very shortly on that review—I look forward to doing so.

Housing Strategy

4. **Alasdair Allan (Na h-Eileanan an Iar) (SNP):** To ask the Scottish Government what its response is regarding the implications for its housing strategy to the latest Registers of Scotland United Kingdom house price index figures, which were published on 19 October 2022. (S6O-01527)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): “Housing to 2040”, our long-term housing strategy, is designed to be agile. We assess progress and make adjustments as needed. Recognising wider market conditions, in August we increased the thresholds for our open market shared equity scheme by an average of 9 per cent, to support more first-time buyers and priority groups into home ownership. We also operate a flexible grant system, which can take account of increased costs to partners when they are purchasing properties on the open market for affordable use. The economic chaos of recent months that was caused by the UK Government has, of course, not helped.

Alasdair Allan: The latest report showed an annual increase in house prices of nearly 28 per cent in the Western Isles. That is part of a trend that has seen local house prices there rise by more than 81 per cent since 2015, which is more than in any other local authority area. Meanwhile, in areas such as Harris, something like one fifth of the housing stock is tied up in second homes and short-term lets.

Is the cabinet secretary willing to meet me and partners at Comhairle nan Eilean Siar to discuss possible solutions to this serious problem?

Shona Robison: Yes, of course. I am always open to discussing housing issues that are raised by members and councils. I am happy to arrange that.

It is worth noting that £43.3 million has been made available in this parliamentary session through the affordable housing programme in the Western Isles. I would expect the council to work closely with relevant partners to ensure delivery of the affordable housing that local communities need. My officials are working closely with the council to achieve that. They are meeting in the islands next week, as well as progressing the development of a remote rural and island housing action plan to support housing delivery in rural Scotland. We will get the meeting that the member requests established as soon as we can.

Housing (Highlands and Islands)

5. **Donald Cameron (Highlands and Islands) (Con):** I refer members to my entry in the register of members’ interests.

To ask the Scottish Government what its response is to the recent Highlands and Islands Enterprise survey in which 76 per cent of people who responded said that “there aren’t enough affordable houses for rent or to buy locally”. (S6O-01528)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Although we delivered 3,417 affordable homes in the Highlands and Islands over the previous session of Parliament, we recognise that challenges remain. I am pleased that we are making available more than £422 million to support the delivery of affordable homes in the region during the current session. In recognition of the challenges that are faced in our more remote communities, we are working with stakeholders to develop a remote rural and island housing action plan, which will be published in the spring.

Donald Cameron: It is clear that the lack of affordable housing is one of the main drivers of depopulation in the Highlands and Islands. There are now more than 9,000 households on the waiting list for social homes in the Highland Council area alone. Given that the Scottish Government has continually failed to meet its targets for building affordable homes, what action will the cabinet secretary take to help people in the Highlands and Islands to get homes?

Shona Robison: There are a couple of things to say. First, we have made available to Highland Council a 25 per cent increase on the funding provided over the previous session of Parliament—more than £240 million—and we have the rural and island housing fund. We have also delivered more than 1,600 more homes in rural and remote Scotland in this session of Parliament. There is an increase in the number of homes being provided in remote and rural Scotland.

Secondly, Donald Cameron and his Tory colleagues need to be consistent. He mentioned the need for affordable houses to rent or buy locally. One of the issues of which he will be aware is the loss of homes to holiday and short-term lets. When we introduced legislation to address that and avoid the loss of homes in his and other members' areas to short-term and holiday lets, to address some of the issues that he raises, he and his colleagues voted against it. We need a bit of consistency from Donald Cameron and others. I do not understand why, when we develop and deliver the levers to address some of the problems that he mentions, he and his colleagues vote against them. There is no consistency in their position.

The Deputy Presiding Officer: We also need slightly shorter answers.

Gillian Martin (Aberdeenshire East) (SNP): Notwithstanding the cost issues that Kenny Gibson outlined, will the cabinet secretary comment on the progress of the affordable housing supply programme that has been undertaken to ensure that the Government meets its target of 10 per cent of the proposed 110,000 affordable houses being built in rural and island communities?

Shona Robison (Dundee City East) (SNP): Gillian Martin raises an important issue. The target of 110,000 affordable homes has been really important. It builds on the 113,000 affordable homes that have been delivered since 2007, more than 6,000 of which have been in rural and island communities. However, we recognise that there are particular barriers to delivering affordable housing in rural Scotland, which is why the remote rural and island housing action plan, which will be published in the spring, is so important. It specifically addresses how we can remove those barriers to speed up the process of delivering affordable homes in rural Scotland. I am sure that, when she sees it, Gillian Martin will recognise the importance of that plan.

Moveable Transactions (Scotland) Bill (Ministerial Discussions)

6. **Carol Mochan (South Scotland) (Lab):** To ask the Scottish Government what discussions the Cabinet Secretary for Social Justice, Housing and Local Government has had with ministerial colleagues on any potential impact on levels of personal debt of the inclusion of individual consumers under the Moveable Transactions (Scotland) Bill. (S6O-01529)

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): The bill is a long-overdue reform of the law of security relating to moveable property, which makes it a matter for the economy portfolio rather than the social justice portfolio.

The main reform in the bill that might impact on individual consumers is the introduction of the statutory pledge. I am in no doubt that it should not be possible to grant a statutory pledge over ordinary household goods, so the impact of that measure on individual consumers is expected to be limited. However, I recently met Citizens Advice Scotland and other debt advice agencies and listened carefully to what they had to say on the matter, and I can confirm to Carol Mochan that I am very well disposed towards strengthening the consumer protections in the bill.

Carol Mochan: As the minister has said, the bill as currently constituted would allow people who are in very difficult financial circumstances to borrow money on the basis of a valuation of their items of around £1,000. It seems that, as you have said, almost every consumer debt and money advice organisation has highlighted the serious pitfalls that that presents for people who are struggling with debt—in short, a bill that is designed to help businesses is suddenly incentivising irresponsible lenders to target individuals in financial distress.

I am glad of the minister's answer. However, will he seek to speak with colleagues in other portfolios to amend the bill accordingly?

The Deputy Presiding Officer: As briefly as possible, minister.

Tom Arthur: I am happy to engage directly with the member. I am now awaiting the report of the Delegated Powers and Law Reform Committee, to which I gave evidence last week. I want to consider its recommendations carefully. I recognise and am considering the concerns that have been raised, and I will consider the report carefully. I am happy to meet any member ahead of the stage 1 debate to discuss these matters further.

Homelessness (Children in Temporary Accommodation)

7. **Miles Briggs (Lothian) (Con):** To ask the Scottish Government what actions are being taken to end the practice of children living in temporary

accommodation, in light of recent homelessness statistics. (S6O-01530)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): We want everyone to have the stability of a settled home that meets their needs and to ensure that the time that is spent in temporary accommodation is as short as possible. Our strong homelessness legislation means that homeless households, including those with children, have a right to temporary accommodation, which provides an important safety net.

However, I have asked an expert group that is chaired by Shelter Scotland and the Association of Local Authority Chief Housing Officers for an action plan to reduce the number of people in temporary accommodation, with a strong focus on households with children. The group will produce final recommendations in early 2023.

Miles Briggs: Shelter Scotland says that our "housing system is broken". Last year alone, the number of children who were stuck in temporary accommodation rose by 17 per cent—a doubling of the number since 2014 and the highest number since records began.

The situation in Edinburgh is now beyond crisis levels, with more than a quarter of all children in Scotland who are living in temporary accommodation living in the capital. We need to see an emergency response. Will the cabinet secretary agree today to personally chair and establish an emergency task force for the capital, to look at the specific issues that are faced by children who are living in temporary accommodation here?

Shona Robison: We already have an expert group—it is chaired by the very Shelter Scotland that the member just mentioned, along with ALACHO—that is looking at Edinburgh and the rest of Scotland, and we should allow it to get on with that work.

In relation to Edinburgh specifically, in the summer, I met the housing conveners for Edinburgh and the other local authorities that are under the most pressure, and I have recently written to the housing conveners in both Edinburgh and Glasgow to follow up on those discussions. I reiterated the ask that they submit proposals that would relieve some of the pressure on temporary accommodation. I have committed to considering all options that are brought forward in order to help with the pressures on temporary accommodation—I have an open door to respond to them, but they need to be brought forward.

Finally, Miles Briggs and the members on the Conservative benches need to recognise that people ending up in temporary accommodation is linked to poverty. People ending up in debt and poverty is, along with the cost of living crisis, a major factor in that situation. We will do what we need to do, but I urge the member to make representations to the United Kingdom Government to support people at this difficult time.

Front-line Public Services (Discussions)

8. **Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government what discussions the local government minister has had with local authorities regarding running effective consultations on the delivery of front-line public services. (S6O-01531)

The Minister for Social Security and Local Government (Ben Macpherson): I regularly speak to representatives of local government on a variety of issues regarding front-line services.

Consultations are important for ensuring that local people and communities have a meaningful say in decisions on public services. However, councils are independent of the Scottish Government and, as long as they are meeting any consultation statutory requirements, it is entirely a matter for councils how they carry out consultations. The Scottish Government has no involvement in those processes.

If Jenni Minto is concerned about a particular issue or service, I will be happy to consider it and ask the relevant portfolio minister to respond separately, as appropriate.

Jenni Minto: I thank the minister for his helpful response. As he will know, Argyll and Bute is a hugely diverse area with no two communities the same, and consultations can be held on topics as diverse as education change and the improvement of pier infrastructure, so, when it comes to consulting on local services, one size does not fit all. What guidance would the Scottish Government offer to local authorities to ensure that consultations get the responses that best reflect communities' needs?

Ben Macpherson: I agree that the diversity of the needs of Scotland's communities is an important aspect to consider when carrying out consultations, which is why councils are best placed to determine the local needs in each consultation. The Scottish Government has its own consultation guidance, and we seek to engage with a wide range of stakeholders in order to take on a broad range of views and experiences to inform policy and decision making. I would be happy to have further correspondence with Jenni Minto on ways in which the Scottish Government can assist her more in her area.

The Deputy Presiding Officer: That concludes portfolio question time. I remind members that those who participate in portfolio question time or any debate are expected to stay in the chamber

for the duration of the question time or debate, except if they have been given prior consent to leave early. I noticed that a couple of members dashed out during the course of proceedings, and I would appreciate it if that did not happen in the future.

Alternative Pathways to Primary Care

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a debate on motion S6M-06702, in the name of Gillian Martin, on behalf of the Health, Social Care and Sport Committee, on its inquiry into alternative pathways to primary care. I invite members who wish to speak in the debate to press their request-to-speak button.

14:57

Gillian Martin (Aberdeenshire East) (SNP): As the convener of the Health, Social Care and Sport Committee, I am pleased to open the debate on the committee's inquiry into alternative pathways to primary care. I thank everyone who engaged with the inquiry, whether that was through the call for views, the public survey or the formal and informal evidence sessions. Being able to engage with so many different people in so many different ways, as the committee always strives to do, has been invaluable in helping us to reach our final recommendations.

Primary care services are the front door of the national health service. When a person seeks healthcare, their first point of contact has traditionally been a general practitioner. However, our inquiry focused on other routes to accessing healthcare in the community, which, for the purposes of our inquiry and report, we termed "alternative pathways". Those various pathways include seeing a different and, often, specialist health practitioner—for example, a physiotherapist, urgent care practitioner or nurse—who is located in the GP practice or the local community.

A patient's route to treatment might be through social prescribing, which aims to improve health and wellbeing through activities such as talking therapy groups, social and physical activity groups that are run by the third sector, and volunteering. There is also the option to use helplines or online services to access additional information or therapy. There are pathways on our high streets, where Government-funded specialist healthcare is offered via pharmacists, podiatrists, optometrists and hearing services, for example.

The Government's vision is that people who need care are informed, empowered and able to access the right professional at the right time. The committee supports the primary care reforms and the Scottish Government's vision to widen the primary care pathway. However, through our inquiry, we found that there are a number of obstacles to achieving that vision. Those include limited public understanding of primary care

reform and what it means for the public; the workforce and capacity issues that non-GP primary care practitioners face; poor signposting to alternative pathways, including inaccurate information about locally available community services; digital exclusion of certain people in our society and variable availability of digital health and care services; and patient record systems that do not align with one another to enable shared data that is easily accessible by multiple healthcare professionals working with shared patients.

Evidence that was submitted to the inquiry suggests that primary care reform and the reasons for it are still not well understood by the public. Many people still expect to be able to see their GP for every health issue, no matter how minor. Limited public awareness of primary care reform seems to be the main cause of that. When they are presented with the idea of alternative pathways, people often say that they feel fobbed off when, in fact, they have been directed to the right type of care. One witness told the committee that there has been a

"failure in getting over to the public that general practice is changing, why it is changing, why it needs to change and what will be put in place to ensure that healthcare needs are fully taken account of."—[*Official Report, Health, Social Care and Sport Committee*, 8 March 2022; c 5.]

It is imperative that the public understand the reasons behind primary care reform. Rather than preventing them from seeing their GP, primary care reform is about making sure that they get quick and easy access to the best person to support their needs. Until that is understood, there will continue to be issues with the public making proper use of alternative pathways.

The Cabinet Secretary for Health and Social Care told us that the Scottish Government has undertaken public information work to inform people about primary care reform. Although the committee welcomes that, we believe that more must be done to increase the general public's understanding of such reform and what it means for them. We recommend that the Scottish Government implement a co-ordinated communications plan to look at where such awareness is lacking and to address it. That should include targeted national and local elements and be accompanied by a robust methodology for monitoring and evaluation of those communication efforts.

The Scottish Government's intention is that the shift to multidisciplinary working will reduce pressures on services and ensure improved outcomes for patients, while freeing up GPs to spend more time with patients with acute conditions or urgent health concerns who need their expertise. That being the case, a key aim of our inquiry was to establish the extent to which primary healthcare professionals other than GPs have the capacity to take on more patients and accommodate an increase in referrals.

Refocusing GPs to take on an expert medical generalist role is contingent on the recruitment of a range of practitioners into multidisciplinary teams, or MDTs, as I will refer to them from now on. Before the start of the Covid-19 pandemic, Audit Scotland reported that health and social care partnerships were having difficulties in recruiting practitioners to, and retaining them within, GP practice MDTs. The inquiry also highlighted a shortage of available capacity in non-GP primary healthcare professions, including pharmacy, audiology and psychiatry, although some bodies, such as Optometry Scotland, claimed that they had untapped capacity and the ability to take on more referrals. We did not hear from representatives of every discipline, so I wonder how many more bodies out there are in the same position as Optometry Scotland.

The committee has concerns that, in the short term, workforce constraints and recruitment delays will limit the capacity of non-GP professions to take on increased referrals. There is a danger that, if those referrals are not successful, patients might not want to use alternative pathways in the future and will revert back to their GP. The committee firmly believes that better recruitment and retention of professionals is crucial to the success of alternative pathways, notwithstanding the workforce pressures that we all know about.

Accelerated training and recruitment to increase workforce capacity are essential. We must make known the varied career routes that exist to young people who express an interest in healthcare as early as secondary school.

I turn to what the committee has termed, for ease of reference, the single electronic patient record. Such a record has long been seen as having the potential to transform multidisciplinary team working and to give people consistent access to the best care by allowing seamless transition between services. Throughout our alternative pathways to primary care inquiry and other inquiries that we have undertaken, the committee has heard that access to data across different health specialities can be difficult, inconsistent and time consuming, which leads to frustration for practitioners and patients. There was broad agreement among many contributors to the inquiry on the need for better integration.

The cabinet secretary has said that work is already under way to produce a single electronic patient record, but it is incumbent on him and the Government to accelerate that work. Since the report was published, I have appeared at several round tables on the issue. We might need not a

single record but a single interface that ties systems together, and we might need to calibrate our language around that. Practitioners should not have to log in to multiple systems that do not talk to one another, and patients should expect that the range of clinicians who treat them will be able to see the right information about the patient in front of them, so that they do not have to recount their story over and over to different people. A single interface could bring records together, and the commitment to that is most welcome.

I welcome the cabinet secretary's response to our report and what he said about working together to address the challenges. I hope that, by carrying out the inquiry, we have shown that there is a live discussion about access to alternative pathways and the better use of those pathways. We must continue making reforms to make that process seamless for patients. I hope that that will enable us to achieve the better health outcomes that we all want primary care reform to deliver for the Scottish public.

I move,

That the Parliament notes the conclusions and recommendations contained in the Health, Social Care and Sport Committee's 9th Report, 2022 (Session 6), *Alternative pathways to primary care* (SP Paper 201).

The Deputy Presiding Officer: I remind members who wish to speak in the debate to check that they have pressed their request-to-speak button.

15:06

The Minister for Public Health, Women's Health and Sport (Maree Todd): As the public health minister, I welcome the opportunity to open this debate on alternative pathways to primary care. I commend the committee for its timely inquiry into a topic of such high importance and thank the many stakeholders and members of the public whose views informed the committee's final report. My portfolio means that I am all too aware of the health challenges that Scotland faces. As the front door of the NHS, primary care, which sits in the heart of our communities, is at the forefront of our efforts to tackle those challenges.

Primary care has changed significantly in the past few years. Since 2018, we have committed more than £0.5 billion for employing many more healthcare professionals to work in multidisciplinary teams. There has been a major culture shift away from a model of care in which a doctor is often the first point of contact, to one in which patients benefit from access to a whole team of health professionals. In general practice, that means that an increasing number of patients receive the care that they need from pharmacists, advanced practitioner nurses, mental health workers, physiotherapists and community link workers. Through our reforms, we have recruited 3,220 of those professionals to work in primary care multidisciplinary teams since 2018. In the wider primary care system, more patients access the care and advice that they need from community pharmacists.

At the same time, we remain committed to increasing the number of GPs in Scotland by 800 by the end of 2027. We envisage a person-centred primary care system in which GPs occupy the role of expert medical generalist, supported by a multidisciplinary team that provides holistic care to patients. It is important to recognise the commitment from our skilled workforce that has made that culture change possible, so I welcome the committee's recognition of the hard work that that has involved.

That fits into our wider reform agenda within primary care, and our aim of transforming the system to ensure that people are seeing the right professional at the right time. Reforms to improve patient experience are under way across Scotland. The new GP contract and the expansion of multidisciplinary teams in general practice include new or re-imagined roles such as community link workers or care navigators. At the centre of all of that work is a commitment to ensure that patients and their experience of primary care come first.

Martin Whitfield (South Scotland) (Lab): Are we are aware of how many full-time-equivalent GPs currently deliver primary care in the NHS? Are we aware of how many full-time-equivalent community link workers are currently working across Scotland?

Maree Todd: I can get that data for the member. I am sure that the cabinet secretary will include it in his summing up. I know that we have increased the number of GPs working in Scotland and that, as we have said many times, Scotland has more health professionals of all kinds per head of population than the other parts of the United Kingdom.

One of the most important innovations that we have seen in primary care—and one in which I am especially interested—is the move away from a purely medical model of care. We know that many of the forces that shape a person's health and wellbeing issues are their social and economic circumstances. That is where community link workers in general practice and other social prescribing professionals in other community settings have played such a key role. Having specialist staff who can work with an individual to get to the heart of their experiences and then identify and help them to access through the system the community support, financial help or practical guidance that they need not only benefits that individual but helps to ensure that clinical staff

are free to focus on cases that require a clinical approach.

The introduction of such workers was timely, as they played a truly invaluable role within their communities during the pandemic, and demonstrated admirable ability to adapt to a rapidly developing situation. I was pleased to see acknowledgement of their work not just from the committee but from several independent research and evaluation studies. We are extremely grateful for the efforts of our community link workers during a challenging time and will continue to support their work, which forms a key part of our recovery from the pandemic.

We have developed other primary care roles to help to guide patients through that complex system. Our care navigators are absolutely key in that regard. As front-of-house staff, they are often a patient's first encounter with primary care. In recognition of the importance of their role, we are working to upskill our care navigators and to ensure that those changes are communicated to the public through the receptionist campaign that was launched earlier this year.

As well as the more varied workforce that has been developed, there are now more diverse pathways and methods to enable people to access care and support. Telephone consultations have long been part of general practice, and the pandemic has certainly increased their use. Other changes have arisen from digital innovations that were often accelerated by the pandemic. We are working to ensure that patients have as many user-friendly options to access support as possible. Increases in funding have allowed NHS 24 to move from being a predominantly out-of-hours service to one that operates 24/7. People can access telephone support through a number of pathways, including the mental health hub, the Police Scotland pathway for people in mental health distress, the wellbeing helpline and the urgent care pathway.

An increasing number of digital pathways is available to patients. We are continuing to roll out gp.scot, which is a user-friendly website that provides practices with a consistent NHS website for patients to access up-to-date health information and which will support online prescription ordering. NHS Inform, which was established in collaboration with Public Health Scotland, has seen usage of up to 12 million site visits per month to access the up-to-date self-help advice and guidance that are on offer. That is a phenomenal resource. The experience of the pandemic increased many people's familiarity with such digital pathways, and we are working to fill gaps in digital literacy to prevent any inequality of access.

I am mindful of the fact that not everyone will benefit equally from those changes. What for one person is a positive ability to choose the care that they feel they need might just feel to another like a confusing array of options, which might create anxiety for them or dissuade them from seeking the help that they need. We are also very aware of the need to avoid change that might unintentionally widen health inequalities.

Of course, new pathways to care and an expanded workforce have needed considerable investment. The key enabler for multidisciplinary teams has been the Scottish Government's primary care improvement fund, which has grown continuously since its introduction in 2018. To embed the progress that has been made and to expand upon it we have increased its funding to a new record level of £170 million for the year 2022-23, which will form a minimum budgeted position that will ensure continuity of funding going forward.

The committee's report highlighted areas in which our reform agenda has delivered improvements for patients, as well as those in which we need to continue our collective efforts. I think that all of us are realistic that this winter will bring unprecedented challenges across the whole health and care system. However, those tests should not lessen our commitment to ensure that we are doing all that we can, with the resources at our disposal, to improve health outcomes through offering patients alternative routes to the care that they need.

I welcome the debate as an opportunity for us to reaffirm our commitment to ensuring that patients and their experience sit at the heart of primary care and that primary care sits at the heart of our health system.

15:15

Sandesh Gulhane (Glasgow) (Con): Primary care is the backbone of the NHS, and it is at breaking point. With increasing demands and limited capacity, it is in a perpetual extreme winter. The expectations that are being placed on GPs and their practices are causing burn-out and demoralisation and are, ultimately, forcing doctors to leave a profession that they love.

This is a typical Monday in a GP surgery. I am in for 8 am and start with paperwork—and, believe me, there is a lot to plough through. In the background, I hear the volley of ringing phones and our fantastic surgery staff handling call after call—and, indeed, dealing with a lot of abuse, too. They are really under the cosh.

By about 8.30, I have started to see patients. Some on a long waiting list for surgery will be struggling in pain, while others will have chronic conditions like chronic obstructive pulmonary

disease or diabetes. There might be a happy mum-to-be, but there might also be patients who need to be seen by a specialist in hospital immediately. GPs cannot afford to miss a sign that someone is going into crisis.

By lunch, I have had 30 patient contacts. After stretching my legs at a house call and catching some fresh air, I go back to the surgery, where, over the afternoon, I will usually have another 25 patient contacts. During the day, I will be checking blood results from the laboratory and overseeing other clinical staff including advanced nurse practitioners, allied health professionals and paramedics. There will be questions from pharmacists—and what about repeat prescriptions? In Scotland, all practices—or at least the vast majority—have an online request system, but unfortunately each and every prescription must be wet-signed. In other words, we must sign prescriptions with a pen, and I do about 300 in a day.

That is a typical day for GPs across our country, so alternative pathways to primary care provide a vital way of alleviating the burden on overstretched GPs and other healthcare professionals. I appreciate that we are focusing on primary care pathways today, but we should be mindful of the wider NHS that GP practices are part of. Primary care cannot and does not function in isolation.

The British Medical Association Scotland has made it clear that the NHS is struggling under workload pressures and workforce issues. Pressures that doctors were used to dealing with in the winter are now affecting the NHS all year round, with staff now feeling as if they are working in a perpetual winter. As for general staff welfare, we need only consider surveys by the Medical and Dental Defence Union of Scotland. According to those surveys, 78 per cent of junior doctors in Scotland have experienced burn-out; 42 per cent say that a lack of access to nutritious food at work is a contributing factor; and 66 per cent report that they fear patient safety is at risk when hungry and tired. That is really worrying, and it is symptomatic of a management culture that does not prioritise front-line healthcare workers.

Dr Andrew Buist, chair of the BMA's Scottish GP committee, has said:

"Failure to support general practice now could have dire consequences for patient care across the country this winter."

He goes on to say that the Scottish Government

"pledged a £30 million sustainability support package for general practice, to be paid in two instalments."

The trouble is that, last month, the BMA was informed that the second £15 million "was being cut" to £10 million. Dr Buist says:

"That announcement came shortly after more than £50 million intended to support the development of health board teams within GP practices—-such as pharmacists, nurses, physiotherapists and mental health specialists—was withdrawn."

As for alternative pathways to primary care, we need to be frank and ask whether we are doing enough to provide and communicate alternatives to GPs as the first port of call. Let us consider high street optometrists, who are well equipped with highly-specialised equipment to monitor and treat eye issues. However, a lack of funding is a barrier to these high street specialists acting as an alternative pathway. According to Optometry Scotland, the sector would, with additional funding, be able to offer an enhanced range of services and thereby ease pressures not just on general practice but on secondary care.

Then there are link workers. Glasgow health and social care partnership has said that the recruitment of community link workers is stymied by a lack of funding.

On social prescribing, Alison Leitch of the Scottish Social Prescribing Network has said that a lack of leadership in Scotland is holding social prescribing back. She said:

"no one, sadly, is taking charge of social prescribing. That is where Scotland falls down. In England, there is a head of social prescribing in the NHS; in Wales, that is dealt with through public health."—[*Official Report*, *Health, Social Care and Sport Committee*, 22 March 2022; c 9.]

The Scottish Government is aware of that problem.

On dentistry, by cutting the funding multiplier that is paid to dentists, the cabinet secretary is presiding over the death of NHS dentistry in Scotland. In August, the BBC reported that, in Scotland, 82 per cent of NHS dental practices are now not accepting any new adult patients and that 79 per cent are not accepting new child patients.

On communication, the Scottish Government talks about promoting alternative pathways such as going directly to opticians, physiotherapists, podiatrists and pharmacists for support and even treatment, but the public are largely in the dark about that. According to The Royal Pharmaceutical Society, there is a lack of public awareness among patients about using alternative pathways. There has been no meaningful national publicity around changes to the GP practice teams and the roles of different professionals within the team. People become aware of that only when they are directed to the pharmacist, for example, as part of routine contact.

The Scottish Conservatives want to work constructively on alternative pathways and get them flowing. We would invest 11 per cent of the overall NHS budget in general practice by the end of this parliamentary session. We would also

increase the number of training places to deliver the 800 more GPs by 2027 that we were promised, and we would ensure that all GPs are supported by a multidisciplinary team.

Emma Harper (South Scotland) (SNP): Some of what the member is saying is interesting, and some of it is in the report. However, it seems as if what he is proposing is not what the report was about. Could he provide some clarity about the part of the report that he is referring to?

Sandesh Gulhane: I am referring to the professionals whom I am in contact with every day. This debate is about alternative pathways; it is not purely about the report that was produced.

If we increased the budget for GPs in the way that I outlined, that would enable GPs to offer longer appointments to those who need them.

We want alternative pathways to be rolled out in order to ease the pressure on GPs. We would train more independent prescribers to enable pharmacists to treat a wider range of common conditions, and we want social prescribing to be embedded in primary care, including through the rolling out of community link workers and links to advice services more widely. For example, embedding citizens advice bureaux in primary care facilities makes a huge difference.

I draw members' attention to my entry in the register of members' interests, which states that I am a practising GP.

15:22

Carol Mochan (South Scotland) (Lab): I take this opportunity to thank all my colleagues on the Health, Social Care and Sport Committee for the work that they put into the report. I am pleased to open the debate for Scottish Labour. My party fully supports the report and looks forward to seeing its recommendations coming to fruition.

There is a lot in the report that the Government must act on. If it fails to do so, it will let down many people who would benefit from the great reform that is outlined.

I am confident that we can, with the right approach and good will, take into account the testimony of experts and the public on matters as important as self-referral and patient records, and that we can, in doing so, make Scotland a real pioneer in championing alternative pathways to primary care.

A key takeaway from the report is that the Scottish Government has failed to explain and promote its vision for primary care and to say how it will adequately inform patients of how to access alternative pathways directly. That is something that the committee heard time and again from people who deal with patients day in and day out.

The narrative that is spun by the Government—that there is wide public awareness of reforms to primary care—is simply not true, as is backed up in the report. Few patients fully understand the self-referral process. That is, in large part, due to a failure to properly inform the public of the changes and of how they can access services and make sense of the arrangements. We must do better on those points.

From Dumfries to Thurso, the way in which people can self-refer varies significantly—from location to location and from category to category. We need to help people to understand the processes in their areas so that they can access the services that they need. For example, although the option to self-refer to pharmacists, opticians and dentists is reasonably well understood in many areas, there is far less public awareness of the option to self-refer to services including audiology and mental health services. Given that the mental health services backlog is growing day by day, it strikes me that changes in that area could be of great benefit to many people throughout Scotland who are struggling. It would not be especially costly to the public purse to help people to navigate the system for mental health wellbeing and support.

The lack of a single electronic patient record is, of course, key to all the blockages. We heard that time and again, and the committee convener referred to it. Single electronic patient records would streamline the process by which people are referred to, and self-refer to, the alternatives to primary care. That is probably the single recommendation that we heard most consistently during the creation of the report. Although there is no doubt that there are serious logistical barriers, they can be overcome, so we must do better on that. Until that issue is resolved, wider understanding and use of the pathways will be limited. That begs the question why that is not the Government's top priority: it has to be. I ask the cabinet secretary to respond directly to that in his closing remarks.

The Government has made commitments on workforce numbers and on increasing capacity in primary care. Time and again, those commitments have not been met in any serious way. Therefore, it is perfectly understandable that services that deal with referrals and advice are often overwhelmed. Understaffing leads to an unfair perception of the services among the public. We heard that as we collected evidence on how the public interact with the people who provide the services—in particular, in the new pathways. We cannot expect a first-class health service when staff are overworked and overtired, and when the

patients and service users who come through are not fully aware of how the service works.

I have no doubt that the prevailing economic climate makes life difficult for all aspects of our NHS—not least staffing. However, the cuts that were announced last week are not justified. Some £400 million was slashed from key health and social care budgets. The direct impact of that will be incredibly harmful for some of the most vulnerable people who are in need of care, and it will make work on what is in the report all the more difficult. It is remarkable to me that, on the same day as the Scottish Government launched an awareness campaign encouraging people to get the right care in the right place, Scottish National Party ministers cut the primary care budget by £65 million and the mental health budget by £38 million. The reality of those cuts to ordinary people will be devastating, and they will make it very difficult for people to do their job of building sustainable first-class services.

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I thank Carol Mochan for taking an intervention during what I think is a really helpful speech. If we have to mitigate £650 million of inflationary pressure and have to give a fair pay deal to NHS workers, but we do not reprofile money from somewhere else, where can we get the money from, in this financial year?

Carol Mochan: The cabinet secretary will know that I absolutely agree that one of the biggest challenges that we face in Scotland is the current climate of austerity from the Tory UK Government. However, we must have more honesty in Parliament about the SNP's inaction and inability to produce a vision of how we can make changes happen. It is really important that the Government health team looks at what can be done, as opposed to constantly talking about what happens because of Westminster and the Tories. I want the SNP to have a vision and to talk about the things that it can do. I understand that there are inflationary pressures, but one of the biggest things that we could do, of course, is ensure that we get a Labour Government when we get the chance. I ask SNP members to help with that, if they get the chance, at all.

As I have said, Scottish Labour is committed to getting primary care right for patients and staff. I ask the Government to reconsider the cuts and to ensure that we can make headway with the report and the excellent outcomes that we could have from it in Scotland.

15:29

Willie Rennie (North East Fife) (LD): I will come to the pretty impressive committee report, but we simply cannot ignore the context. I have never seen primary care in the state that it is in now. Patients call repeatedly day after day to get appointments. Doctors are under incredible strain and are often burned out. Many are leaving the profession or going part time, and practices are closing down. All that puts more strain on those who remain.

Even pharmacies are closing down. The ramifications for the rest of the NHS are evident, too, with ambulances queueing up outside hospitals, long waits at accident and emergency departments, long waits for treatment and even longer waits for mental health treatment.

On social care, there are thousands of people without care packages who are stuck at home or stuck in hospital, which also compounds the problem for the NHS. Now the nurses are on the verge of a strike: nurses never go on strike. That is how bad it has become. The situation is incredibly dark. The BMA talks of people being at breaking point, about burnout, about demoralisation and about departure.

Yes, the pandemic has had an impact. I agree with the health secretary on that, but the Government's negligence and complacency over many years are far bigger factors.

Former NHS Scotland chief executive Paul Gray says that the problems have been building for years, since well before the pandemic. Let us remind ourselves of what he has said, which was that

"The current system was going to be overwhelmed regardless of Covid. The virus has simply brought the date of that event forward".

The reasons for that, after 15 years of this Government, include inadequate reforms, poor workforce planning for the multidisciplinary team—

Gillian Martin: Will the member take an intervention?

Willie Rennie: I will not just now.

The reasons include refusing for years to recruit enough GPs, cutting the number of nurse training places, failing to eradicate delayed discharge, which the Government promised to do, by 2016—

Gillian Martin: Will the member give way?

Willie Rennie: The member should listen to this list. It is important.

The reasons include undervaluing of social care year after year after year, and delaying the mental health strategy and the spending that would be associated with it.

Action 15 of the mental health strategy committed £35 million for additional mental health workers in A and E departments, police custody suites and general practices, but ministers now

cannot even tell us whether the target has been met. The explanation, in a parliamentary answer, is that the Government does not “hold the data”.

I will take an intervention from the minister.

Maree Todd: I wonder, as I listen to Willie Rennie’s litany of failures by the SNP Government, whether he has reflected, at all, on his party’s role in bringing in austerity when it went into government with the Tories in 2010? That Government brought us austerity, which, as we now all know—and academics have proved—has shortened the lives of people who live in Scotland.

Willie Rennie: We must pray that, at some point, the SNP Government will accept responsibility for its own powers and its decisions over the past 15 years, including what we heard today about people who have died in hospital because of this Government’s inadequate performance over the past 15 years—

Gillian Martin: Will the member give way?

Willie Rennie: I am sorry, I do not have time.

Gillian Martin: As the convener of the committee—

Willie Rennie: No. I am sorry: I am not taking an intervention.

From my discussions with the police and GPs, I think that there is very little evidence that the action on additional mental health workers in various places has been delivered.

To compound the problems in primary care, we have heard about the cuts, including the cut of £5 million to the sustainability support package, just when primary care is absolutely on its knees, and the cutting of £50 million that was intended to support the development of health board teams within GP practices, including pharmacists, nurses, physiotherapists and mental health specialists—

Gillian Martin: On a point of order, Presiding Officer.

Speaking as the convener of the committee that produced the report, I say that it is very frustrating when members come to a committee debate for which we have secured time but then do not speak to the motion or the report. I seek your advice as to whether they should.

The Deputy Presiding Officer: I thank Ms Martin for her point of order. The debate is focused on the “Alternative pathways to primary care” report, but it is quite a wide subject area and it is not for the chair to police, in effect, members on the extent to which their contributions have relevance to the broad subject at hand.

However, I am sure that Mr Rennie has heard the concern from the health committee convener and perhaps will wish to address specifically some of the issues in the committee’s report, which is the subject of the debate today.

Willie Rennie: I understand why SNP members do not want to talk about this stuff, because their failure over the past 15 years has been lamentable. It has been a disgrace and—of course—it has had a direct impact on delivery of alternative pathways to primary care. If the core service is not working properly, of course it will not be possible to change the service in the way that the committee quite rightly identifies as being necessary.

This is something that I have passionately believed in for a long time. I have done a lot of work on social prescribing and on making sure that we have mental health professionals alongside GPs in general practices. However, the context is deeply damaging. I understand that the Government and its SNP back benchers do not want to talk about it, but I certainly will, because I have a responsibility to make sure that people understand the failings of the Government.

In saying that, I will give the health secretary a bit of credit. I note that he responded positively to the calls from the BMA for pension contributions with a new recycled employer contribution—REC—scheme to make sure that staff are not deterred from working extra hours, because they were, in effect, paying for the privilege of working for the NHS. I am thankful that the cabinet secretary has agreed to that change, which means that we will be able to free up extra capacity for doctors to help the NHS. That is a positive change.

I have other positive suggestions that the cabinet secretary could also adopt. Resolution of the pay dispute with nurses would be good, as would retaining and recruiting the promised 800 GPs by 2027. He could sort out social care problems, which are so fundamental to the operation of our national care service, deliver the mental health strategy and the 800 additional workers that have been promised. He could lead a programme to help to inform patients about how to access primary care with alternative pathways, in order to make sure that that system works, too. He could improve easy access to, and knowledge and provision of, alternative services, including social prescribing.

I hope that the cabinet secretary will do all those things. I support the committee’s recommendations on self referral, ALISS, the role of the receptionist, the single patient record and digital improvements. I am enthusiastic about those things and am an enthusiastic advocate for those things. Health professionals are, too, but

they have very little time to breathe at the present time, which is why all those issues need to be resolved.

I will conclude on a letter that I received from the Auchtermuchty health centre, in my constituency. The letter talks of the system being fragile, and of there being bigger patient lists but fewer staff, and it talks about astonishment at cuts to funds. Finally, the letter says:

"In future, when your constituents complain to you about the lack of GP appointments and services at Auchtermuchty Health Centre, we hope you will ... be honest with them about the limitations of general practice in Scotland and who is responsible for the policy decisions which have led to, and exacerbated, the crisis...."

I hope that I have done that today.

15:37

Paul McLennan (East Lothian) (SNP): I thank Gillian Martin and her committee colleagues for producing the report for debate and I thank the clerks for their help.

In the time that I have today, I want to focus on the role of social prescribing. I have met the Minister for Public Health, Women's Health and Sport, Maree Todd, about the issue on a number of occasions, as well as hosting a parliamentary reception with the Scottish Social Prescribing Network, which was attended by many organisations from the sector. I thank the minister for the meeting.

As part of the inquiry, the committee was interested in understanding the levels of awareness of social prescribing among patients and health practitioners, and the extent to which effective use is currently being made of social prescribing. Social prescribing is described as a

"means of enabling ... health ... professionals to refer people to a range of local, non-clinical services."

In its national clinical strategy for Scotland in 2016, the Scottish Government noted that multiple long-term health conditions can result in complex needs, many of which would be best addressed by social rather than medical interventions. To deliver the vision that

"people are able to live more years in good health, and that we reduce the inequalities in healthy life expectancy"

the Scottish Government argues that

"our efforts need to shift towards even greater prevention and early intervention and to local, community-based support across Scotland."

In 2019, the Health and Sport Committee published its inquiry report, "Social Prescribing: physical activity is an investment, not a cost". The report explored opportunities and challenges for social prescribing in Scotland. It concluded that social prescribing has clear benefits for the Scottish population and health services. Social prescribing and primary prevention approaches can help to prevent long-term conditions and dependence on pharmaceutical prescriptions. They also have the potential to ease the pressure on existing health and social care services, as well as to reduce waiting times, unplanned admissions to hospital and delayed discharges. The report also noted that there are costs involved, but said that they should be considered to be an investment.

So, what is the potential for social prescribing? Many of the witnesses contributing to this inquiry—

Craig Hoy (South Scotland) (Con): Will the member take an intervention?

Paul McLennan: Yes.

Craig Hoy: [*Inaudible*.]

The Deputy Presiding Officer: I think that Mr Hoy's card is not in.

Craig Hoy: Does Paul McLennan recognise that, in many instances, social prescribing will focus on sport and leisure, and does he share my concern about the real-terms cuts to council budgets over the past decade, which have impeded councils' ability to deliver the services that can be used in the context of social prescribing?

Paul McLennan: Yes. Social prescribing is delivered in many ways. I was involved professionally in football for 15 or 20 years and in other aspects of sport. Social prescribing involves not only councils but the third sector. I will come to that a little later.

Many of the witnesses who contributed to the inquiry identified significant potential for social prescribing to patient—in particular, for those who present with problems that are rooted in non-medical issues. Clients experienced decreased social isolation, improved or new housing, the addressing of financial and benefits issues, and increased confidence, awareness, and empowerment. By using local resources, people can become more connected to their community, which increases their sense of belonging.

For GPs, there was a reduction in patient contact with medical services, provision of more options for patients, awareness raising of non-clinical services and increased GP productivity.

In further evidence, Clare Cook from SPRING Social Prescribing and the Scottish Social Prescribing Network argued there should not be a one-size-fits-all approach to social prescribing; programmes must be responsive to local needs.

We have also heard from Alison Leitch, from the Edinburgh community link worker programme, the

argument that we need a clear overall lead on social prescribing and that efforts should be made to promote that.

The committee heard evidence that mapping work that is currently being undertaken by the Scottish Social Prescribing Network and Scottish community link worker networks would provide a clearer overview of social prescribing provision across the country. Current mapping shows that most local authority areas have existing social prescribing programmes.

The Cabinet Secretary for Health and Social Care mentioned that he is

“a real believer in the ability of social prescribing to have a positive impact on people”—[*Official Report, Health, Social Care and Sport Committee,* 29 March 2022; c 17.]—

and expressed the hope that, the more people access social prescribing, the more they will see its value and promote its benefit to others.

What are the barriers to greater uptake? Evidence to the inquiry suggests that at least some of the barriers to greater use of social prescribing remain. The committee heard social prescribing being described as

“the biggest cultural shift in healthcare and medicine that we have had”—[*Official Report, Health, Social Care and Sport Committee*, 22 March 2022; c 12.]

At the same time, it was acknowledged that the services are not universally available throughout the country, and that that is a barrier to promoting them at the national level. The committee also noted that there is no national lead on social prescribing, given that responsibility for it is shared between two Scottish Government ministerial portfolios. The committee commends the work that is currently being undertaken by social prescribing networks to map availability of social prescribing pathways across the country.

So what is next for social prescribing? The potential for social prescribing is endless, but it must be embedded fully in health and social care in order to achieve that potential. We must have robust evaluation processes to measure the impact that it has on individual lives and on communities. We need to work in partnership with the third sector, which provides most of the community services, because social prescribing can be only as good as the services that are available for people to be referred to.

We need primary care and the third sector to work more closely together to meet the challenges that society faces. We need to work with medical students to embed social prescribing in the medical degree, so that the GPs of the future can see, early on, that a toolbox of multidisciplinary professions is available to them in order to achieve the best outcomes for patients.

Recently, the Welsh Government carried out an ambitious consultation on a framework for social prescribing. England and Northern Ireland already have frameworks in place.

The social prescribing movement in Scotland is being recognised as part of a global social prescribing alliance, through the existing networks. However, it is important that we have an overarching structure that is designed for Scotland, by Scotland, and for the people of Scotland. Ownership is essential to ensuring that the momentum is built on.

15:43

Sue Webber (Lothian) (Con): I was a member of the Health, Social Care and Sport committee when the inquiry started. I acknowledge and thank all those who gave evidence, and I thank my fellow committee members for what was a very eye-opening and informative time in the formal and informal sessions. I found most of the informal sessions to be even more relevant and revealing. I thank everyone for making them so impactful.

As the British Medical Association has said, primary care is the backbone of the NHS. However, it is at breaking point through increasing demands and limited capacity. The expectations that are being placed on GPs and their practices are causing burnout and demoralisation and, ultimately, are forcing doctors to leave the profession. It is therefore very important that we had the inquiry into alternative pathways to primary care—which after all, is for patients; it is a pathway to accessing diagnosis and/or treatment.

Pressures that doctors were previously used to dealing with in winter are now affecting them all year round. As Dr Gulhane said earlier, staff feel like they are working in a perpetual winter, and that has been the case for the past 18 months. The SNP Government is not doing enough to provide alternative pathways right now for the primary care workforce. That makes the report that we are debating even more timely and relevant, and it is why all of its recommendations must be implemented.

One of my constituents wrote to me about his struggles to get an appointment to get a key diagnosis. He got to see his GP, but what came after was a path of confusion and challenging timelines for him. He was initially referred to the Royal infirmary of Edinburgh by his GP, but received a letter saying that he had been triaged by a professor and categorised as “general”. When he inquired what that meant, he found out that it might mean a six-month wait to see a cardiologist. Forgive me for maybe being a bit too controversial, but I am concerned that some

pathways are being used as a stalling tactic to prevent people from accessing acute care.

Understandably, my constituent was concerned, so he sought an appointment at the Spire hospital and saw a cardiologist within a week, but that came with a high cost. After an extensive echocardiogram and an electrocardiogram, he was diagnosed with a stenosed heart valve and heart failure, which can be very serious. Thankfully, after an adjustment to his medication, he is feeling a lot better, and the cardiologist has agreed to see him again at his NHS clinic at St John's hospital at the beginning of March.

My constituent is in a rare cohort, because he understands self-referrals and how the processes in NHS acute and primary care work. He is also very aware of the challenges that all healthcare professionals are facing, but he knew that he needed the diagnosis. People should not have to seek that route in order to access healthcare and get the treatments and diagnoses that are needed to save their lives. Luckily, my constituent was able to do that, but many people are not. The consequences are that Scotland's healthcare is turning into an unfair two-tier system in which care depends on what people can afford. That is not the alternative pathway that we are here to discuss today, but it is the reality.

The NHS staffing crisis is all around us, and one branch of the service in which we could do more—in order to alleviate pressure on hospitals—is primary care, whose practitioners are the backbone of and gateway to the system, as the minister stated in her remarks. That branch of the service is in as much crisis as the care system, and the list of practitioners, including GPs, allied health professionals, nurses and podiatrists is extremely extensive.

Again, the number of qualified medical staff cannot keep pace with growing demand from an ageing population and the expansion of housing estates. At 3,600 full-time equivalents, the number of GPs is virtually unchanged, while the population has risen to 5.47 million and is expected to grow by another 10,000 in the next six years.

Housing developers happily commit to building new GP surgeries in their sprawling new estates, but with no idea of where qualified medics will be found. Why should they have any idea? As 5,000 homes go up around Winchburgh, it is not the responsibility of Cala Homes or Taylor Wimpey to source doctors and nurses.

Scotland's GP workforce shrank in the six years leading up to the pandemic. In 2017, the SNP Government pledged to increase by 800 the number of GPs in Scotland by 2027, but it is not on track to achieve that. We want to see an increase in training places, in order to deliver the 800 more GPs by 2027 that were promised and to ensure that all GPs are supported by a wider—and invaluable—multidisciplinary team. That would enable GPs to offer longer appointments to people who need them.

We would train more independent prescribers to enable pharmacists to treat a wider range of common conditions and we want social prescribing to be embedded in primary care. That includes rolling out community link workers and making links to advice services more widely available.

Alternative pathways to primary care provide a vital way to alleviate the burden on overstretched GPs and other healthcare professionals. The pandemic might not have been the genesis of all those issues, but its shock waves have exacerbated them to the state of urgency and crisis that we face now. More work is needed in order to roll out alternative pathways, ease the pressure on GPs and take cognisance of all the report's recommendations. They are all welcomed and we support them today.

15:50

Evelyn Tweed (Stirling) (SNP): I was very pleased to be involved in the alternative pathways to primary care inquiry, and I thank everyone who engaged with the committee on that work.

Although recent research by the Nuffield Trust shows that Scotland has a record number of GPs and the highest number per head of population in the UK—76 GPs per 100,000 people compared with a UK average of 60—there is no doubt that they are under pressure.

Alternative pathways to primary care are freeing up resources. For example, through the pharmacy first service, local pharmacies can now treat minor conditions that would previously have required a GP appointment. By autumn 2022, pharmacy teams had already carried out more than 3 million consultations for minor illnesses while referring less than 5 per cent of cases to other healthcare services.

I will use my local health board to demonstrate the benefits of alternative pathways. The population is growing, and the number of residents aged over 65 is increasing even more rapidly. However, NHS Forth Valley has already been able to extend GP appointments from 10 to 15 minutes through, for example, piloting the use of physiotherapists and mental health nurses in local GP practices.

Children are being vaccinated in the community by dedicated immunisation teams, and there is an innovative website that supports social prescribing for both patients and healthcare staff, which

provides details of a range of alternative resources.

As part of the 2018 GP contract, more than 3,000 whole-time-equivalent multidisciplinary team members have been recruited, including pharmacists, mental health workers and physios. That has great potential to ease the pressure on GPs and to promote greater use of alternative pathways through the creation of MDTs that carry out primary care functions in a patient-centred manner.

Carol Mochan: Will the member take an intervention?

Evelyn Tweed: I will not at the moment, but maybe soon.

However, key elements of the contract have been delayed due to the Covid-19 pandemic.

As the convener noted, through a survey, the committee saw evidence from the public that highlighted a lack of awareness of services as a problem. For a long time, GP services have been the clear first port of call for healthcare, and the survey revealed a high level of awareness of opportunities to self-refer for some services, such as dentistry and optometry. However, awareness of the opportunities of self-referral for other services, such as audiology and mental health, was much lower.

It is clear that many people value GP services highly and feel dismissed when sent on an alternative pathway. The "Right care, right place" campaign, which included radio and television broadcasts as well as a booklet that was sent to all households across Scotland in January 2021, has not fully addressed public understanding or acceptance of, for example, the enhanced role of GP receptionists and options for self-referral. Perhaps a similar campaign needs to be re-run while the lessons that have been highlighted are learned in order to support that significant culture shift. I am encouraged by the cabinet secretary's response and openness to continued dialogue with the committee on that matter.

I am pleased that the Scottish Government is also exploring the potential for standardising training for administration staff who work in primary care, in order to improve relationships between admin staff and patients. It is also good to see that, after such a challenging few years, £8 million is being invested by the Scottish Government to support the physical, mental and emotional needs of the workforce.

Thanks to the reckless and self-serving decisions of the Westminster Conservative Government, the Scottish health budget—[*Interruption*.] I hear groans from across the chamber, but the Scottish health budget is now worth around £650 million less than it was in December 2021. In addition, austerity has had a terrible effect on—and has shortened—the lives of Scottish people. Our committee knows that, because we took evidence on it.

The Scottish Government's promotion of alternative pathways to primary care cannot make up for Westminster's incompetence and austerity, but it can—

Tess White (North East Scotland) (Con): On a point of order, Presiding Officer.

The Deputy Presiding Officer: Ms Tweed, would you please take your seat? Tess White has a point of order.

Tess White: I did not know that that was in the committee report. Thank you.

The Deputy Presiding Officer: Ms White, I am not clear what that—

Tess White: I am just questioning the relevance.

The Deputy Presiding Officer: The relevance of what?

Tess White: The relevance of Westminster. The United Kingdom Government has no bearing on the committee report. Thank you.

The Deputy Presiding Officer: Thank you for your point of order, Ms White. As I said to Gillian Martin, in response to her point of order, I, as the chair, am not here to police the contributions of members as long as they bear broad-brush relevance to the subject at hand. That is what I said in response to Ms Martin's concern about the previous speaker's contribution, and that is the answer that I give you, Ms White.

Ms Tweed, please continue.

Evelyn Tweed: Thank you, Presiding Officer. I will finish on that last point.

The Scottish Government's promotion of alternative pathways to primary care cannot make up for Westminster's incompetence and austerity, but it can help to better distribute resources and capacity in healthcare to ensure that everyone gets the care that they need from the most appropriate practitioner.

15:56

Sarah Boyack (Lothian) (Lab): I thank the committee for its report, because it is vital work. The speeches by Carol Mochan and Willie Rennie were powerful in highlighting the pressures that primary care faces today. In my contribution, I want to make the links between the ambition of identifying alternative pathways to care and delivering to communities across Scotland. I also

want to take the opportunity to talk about the evidence that we have had in the Constitution, Europe, External Affairs and Culture Committee and the work that I have been doing with the culture sector, in which social prescribing has come up in discussions time and again as something that is considered to be crucial for supporting people's health and wellbeing.

On one level, it is inspiring to see the work in our communities. On another level, it is incredibly frustrating that it is now over a decade since the Christie commission's recommendations on investing in prevention were made and we have not seen fast enough progress. So, I very much support the committee's recommendation to map availability across Scotland. I think that that is important.

When we questioned the Cabinet Secretary for Health and Sport at our Constitution, Europe, External Affairs and Culture Committee evidence session in March, his timetable for action in social prescribing was to ensure that,

"by 2026, every general practitioner practice will have access to a mental health and wellbeing service,"

with the aim of helping

"to grow community mental health resilience and direct social prescribing at a grassroots level".—[*Official Report, Constitution, Europe, External Affairs and Culture Committee,* 17 March 2022; c 20-21.]

Although I welcome the ambition, it is years late. My frustration is that, although the cultural sector in Scotland is already providing fantastic wellbeing activities that are targeted to support people and help their wellbeing—even as the sector faces a perfect storm—we do not have a connecting delivery strategy to make the links between health and culture that we really need now.

We know from research that social prescribing works; we just need to get on with mainstreaming it and making it available to those who need it. Therefore, I very much welcome the health committee's recommendations that we are debating today. In particular, I welcome the acknowledgment that cost is a key barrier for people on low incomes.

A University of Glasgow report from 2020 examined the impact of the link worker programme, which was a social prescribing initiative for areas of high deprivation in Glasgow that was designed to address health inequalities. Interviews were conducted with community organisation representatives and community links practitioners. The empirical evidence of the positive impact in areas of deprivation is really important to highlight. Social prescribing allowed people to be engaged who would otherwise not have benefited from services outside formal primary healthcare. A powerful quote from the research was that the challenge is in

"Reaching the people who are hardest to reach. The people that don't realise that—although they might be aware of us, they don't realise that we could actually help them."

The study also reported an increase in the need for services at the same time as funding cuts have left organisations with massively reduced resource.

"Projectism" is what we call it in the CEEAC Committee, from the evidence that we have had. It is how cultural organisations have described the challenge that they face. With rising demand, organisations are focused on getting through crisis after crisis, but they are not able to do the long-term work on building relationships with the people who need it. From other research that was published last year, we know the challenge that social prescribing co-ordinators face following the shift towards delivering services digitally, so there is an awful lot that needs to be addressed now.

I highlight the point that social prescribing links our health and cultural sectors. It is crucial for post-Covid recovery to support people through the pressures and anxiety that are now coming through the cost of living crisis. It would be a practical way to promote health and wellbeing now and to avoid people getting further and further into the health system when there is a way to enable them to be supported now.

Practical work is being done now. Over the past 12 months, I have been able to hear from various organisations about the benefits that they are delivering with joined-up approaches. I had the pleasure of sponsoring the exhibition and reception to celebrate the incredible work that Art in Healthcare does to improve health and wellbeing by using visual art in healthcare settings, humanising our medical environments to support staff and patients. The University of Edinburgh's prescribe culture pilot is aimed at increasing access, and the brochure for its take 30 together virtual programme is available and free to download. At a recent meeting of the cross-party group on culture and communities, we heard from people involved in the archive services at the University of Dundee about the huge benefits that social prescribing had for their mental health. Then there is the excellent work of the Tayside Healthcare Arts Trust.

I also highlight the fantastic work of National Museums Scotland on its museum socials. For seven years, as part of its learning programme, its community engagement team has hosted museum socials for people who live with dementia. They are an informal learning experience and give participants a range of opportunities to engage with national collections and wider social activities. The socials also support their family members.

The report that National Museums Scotland has done on health and wellbeing is superb. It is definitely well worth reading. We also have National Galleries of Scotland's work on access to mindfulness, dementia-friendly access and a commitment to autism and sensory-friendly access.

That work needs continuing support, and we need similar projects right across the country so that every local community can access them. Although it is not just a question of funding, multiyear and predictable funding is essential. That is the constant message that we get from the cultural sector. After that, making links with the health sector is essential. I strongly support the committee's call for action to support voluntary sector providers to address long-term financial viability. We are in a perfect storm, and the Scottish Government needs to address the issue now.

Physical activity prescribing is becoming more common and is delivering benefits for people and our health service, but we need culture prescribing to become legitimate, with clear political leadership from ministers, as the committee recommends. The committee's suggestion of work to deliver a targeted communication strategy to raise awareness of the positive impact of social prescribing is really important. I hope that ministers will take that up.

16:03

Stephanie Callaghan (Uddingston and Bellshill) (SNP): I thank primary care staff and everyone who provided evidence to our committee, including patients who told us their personal stories. I also thank the other members of the committee, especially our convener, Gillian Martin.

As other members have said, primary care is the backbone of our health service. One of the points that came up was the question: what is primary care? When asked, most people will say that it is about their GP but, as we have heard, it is about much more than that. It includes community nurses, physiotherapists, occupational therapists, dentists, those who provide end-of-life care, health visitors and many others. That is not to forget the invisible support staff who back them all up.

Primary care is the first point of contact with healthcare for most people, and strong primary care is central to an effective and sustainable health service. In general practice, our GPs are busier than they have ever been. GPs and their teams are striving to meet spiralling patient demand and to establish key primary care networks. In Lanarkshire, there has been an increase of between 40 per cent and 50 per cent in demand for patient appointments.

The challenges of Brexit, the pandemic and 12 years of austerity have all hit really hard, and the current level of inflation is yet another threat that we face.

The need to reform general practice and deliver alternative pathways has never been as pressing as it is today. However, it is a challenging area for reform, both in Scotland and internationally. Our access to primary care is deeply affected by many factors, including resources, staffing and planning. A lot goes on in primary care: as we heard repeatedly in the committee, services are working really hard to adapt at a time when resources are already stretched to the limit, which is compounding the barriers to sustainable and effective change. However, that does not mean that we need to slow down; rather, it means that we need to work even harder to ensure that we meet those challenges head on.

We also need to be mindful that the public are being asked to adapt, too, at a time when they have never been more anxious or confused about access to care. The public might think that the process has started just because of Covid, so we need to get the recognition out there that it started before then. It is not just a response to Covid; it is the right thing to do.

Transformation is needed, and the success of our NHS will depend, to some extent, on our ability to increase access to, and awareness of, alternative pathways to primary care. Those pathways include receiving advice or treatment from allied health professionals, using social prescribing initiatives and accessing websites or using telephone services. People can do those things instead of going directly to their GP every time.

The term "alternative pathways" might be slightly confusing, because we really mean effective pathways to receiving better care. We might need to communicate that a bit more coherently.

During the inquiry, the majority of people did not quite understand why we were reforming general practice. Again, we really need to talk about that message. A general practice is a community asset that should act as the glue that connects all other healthcare services and professionals, rather than being the single focal point with patients dependant on a particular GP.

There is so much more in the report, and we have heard so much about it already today, but I want to touch on three bits of it: community social prescribing, digital opportunities and recruitment challenges. In some cases, there was an increase in uptake of social prescribing during the

pandemic. The comments that we got from patients were really positive. They noted

"quicker and better health outcomes".

However, the evidence suggests that some people were

"reverting back to their GP",

so we need to take on board that it will take time for behaviours to change.

In my constituency in Lanarkshire, the community link workers programme offers full coverage across all practices. This year, more than half of Lanarkshire's GP services referred into the GP community link workers programme, with just under 300 referrals. The most common reasons related to mental health issues, but we know that social prescribing can be effective for physical health and fitness, too—it can have a huge impact in that regard. I would welcome an update on any plans that the Scottish Government has to develop social prescribing further in order to build on that success, particularly around a national lead to improve delivery.

On digital opportunities, our report highlights that digital progress will be key to transforming healthcare for patients and health professionals. I read the recent Scottish Government report, "Care in the Digital Age", which sets out the delivery plan as we move through the rest of this year to 2023.

We want to see easy-to-use patient apps that provide easy access to appointments and test results. That is a huge thing. A single electronic patient record is another huge thing. If health and care professionals across the NHS and social care could access such a record, that would make a huge difference not just to them but to their patients.

The reality on the ground is that a lot of time and money is being invested, but, just now, a lot of that is going into information technology systems on strengthening cybersecurity and training up staff. Although I recognise the complexities and level of background work in that area, I hope that the cabinet secretary will offer a bit of reassurance that developing digital apps and records will be a priority for the future. I know that it is challenging, but it is vitally important.

I will briefly mention recruitment, which is a really challenging area, as other members have said. However, to touch on some positives, I welcome the Scottish Government's winter plan, which commits to recruiting 1,000 additional staff, including 750 nurses and 250 support staff, over the winter season.

The Presiding Officer (Alison Johnstone): Please conclude, Ms Callaghan.

Stephanie Callaghan: Alternative pathways to primary care can help to ease some of the pressures on GPs and on other areas of the NHS. There is still a lot of work to do, and I call on the cabinet secretary—

The Presiding Officer: Ms Callaghan, you must conclude.

Stephanie Callaghan: —to focus on building those pathways and to keep the committee and the Parliament updated.

16:10

Gillian Mackay (Central Scotland) (Green): As many other members have done, I thank the clerks, my colleagues on the committee and the people who gave formal, informal and written evidence to the committee.

The way in which services are delivered has changed significantly over the past few years, with both primary care reform and the pandemic having an impact.

In written evidence, the Royal College of Physicians and Surgeons of Glasgow indicated that the understanding of alternative pathways to healthcare is poor among patients. It noted that, although

"patients may be aware generally about alternative pathways, it may be limited about specific pathways. It may also be guided by personal experience of both practitioners and patients and what is available locally."

The Royal Pharmaceutical Society also highlighted limited patient awareness of alternative pathways and multidisciplinary teams. A greater emphasis must be put on advertising and normalising the use of multidisciplinary teams and alternative pathways. There is a particularly acute need for that ahead of winter to ensure that everyone gets the help that they need.

We must ensure that advertisement of alternative pathways reaches everyone. Many people do not use social media, and some will not see adverts on television because they use only streaming services, so we must ensure that the ways in which we communicate are accessible and clear and show the multiple pathways that people can take, to truly ensure that there is a no-wrong-door approach.

Glasgow city HSCP argued for action to encourage a change in behaviour from people automatically seeking help from GPs in the first instance. However, it acknowledged that such changes can take significant amounts of time to become embedded in practice.

Evidence was given to the committee of a good understanding of how and when to self-refer to dentists, optometrists and pharmacists. However,

there is a lack of awareness of the full range of services that those practitioners offer.

Patients are not currently afforded the same level of access to audiology services, and the National Community Hearing Association Scotland outlined current obstacles to self-referral for patients with non-urgent ear and hearing problems. It said:

> "The current model of NHS care means each year patients are forced to see their GP for non-medical ear and hearing problems, which can be better managed in primary care audiology settings."

It also said:

> "in some cases, the GP in a pathway adds costs without adding value, resulting in an overall loss of scarce NHS resources. This is particularly true for most ear and hearing problems where primary care audiology is, in the same way as optometrists for eye care problems, much better suited to managing needs, freeing up GP capacity to address medical issues."

Many people will experience hearing loss over the course of their life, and we must ensure that there is parity of access to services, no matter the sensory issue that people are dealing with. As someone with a hearing impairment, I might be slightly biased on that, but I note that I can often get easier access to eye tests than I can to primary care support for changes to my hearing. People often do not need support from the hospital audiology team, and being able to refer straight to primary care audiology would save time for GPs and secondary care teams.

I recognise the issue of potential duplication of effort, which was raised by the Royal College of General Practitioners in its evidence. There is always potential for patients to be signposted or self-refer to a service that does not wholly fit with the issues that they are experiencing, and I am sure that many GPs would say that, sometimes, the issue that a patient comes in with is not exactly what they think it is. However, for patients, there is an issue of ownership of their own care. In evidence, the suggestion was made of a system to request fast-track follow-up by a GP for patients who need it. That might offer a sensible solution but, if put in place, it would need close monitoring and evaluation involving patients and clinicians.

There is a lot to cover in the committee's report, and I do not think that I can do it justice in the time that I have remaining. I will use the remainder of my time to focus on one of my favourite topics: data.

One of the barriers to allowing smooth sharing of data between multidisciplinary teams is the lack of ability to share data easily. As many members have said, many of our witnesses cited a single electronic patient record as being transformational in allowing seamless access between services. We also heard from patients that such a record would prevent them from having to retell their story multiple times. It is exhausting, sometimes really upsetting and, for some people, retraumatising—especially for those who need to access mental health support or on-going support because of an impairment—to have to retell their story and to explain how they came to experience their symptoms and what led them to access the service. A single patient record is essential in ensuring that we do not retraumatise people.

There are also very practical reasons for single patient records, such as the fact that they allow people to take all their information with them when they move, rather than having to request that a copy of their records be sent to their new GP. Thousands of people move away from their current GP practice area every week and, in 2022, it should be simpler for them to move their data. I was pleased to hear the cabinet secretary indicate to the committee that that is a priority, and I would welcome any update that he can provide on that.

I again thank everyone who gave evidence to the committee and the people who continue to support us in our on-going work.

16:16

Craig Hoy (South Scotland) (Con): The Health, Social Care and Sport Committee's report on alternative pathways to primary care highlights a crisis in our primary care sector and it makes a number of recommendations that I hope that the Scottish Government will act on. I thank the committee for its report, which serves only to highlight the challenges that face our NHS and the staff who work in it under the current SNP Government.

The problems are long running and they are well known, including to Scottish ministers. Staff are overstretched and undervalued. Routine primary care appointments are being cancelled up and down the country, and many patients are struggling to access primary care. Self-referral pathways are not clear and they are not advertised well enough; the primary care sector is unable to keep up with rising demand as a result of poor workforce planning by the SNP Government; and, now, for the first time, nurses—the beating heart of our NHS—are set to strike.

In my region, we can see at first hand the problems. GP patients face challenges in booking appointments in areas such as Gullane, Port Seton and North Berwick. Pharmacies in Haddington and Galashiels have faced repeated unscheduled closures. Boots pharmacy in Haddington frequently has a closed sign pinned to its door, which means that it is shut to patients who need prescriptions or access to the services

that are delivered through pharmacies. Those are important pathways and they should remain open.

The British Medical Association has warned that primary care in Scotland faces a “critical workforce supply problem” and that the Scottish Government needs to have a credible plan. Just last month, I warned that a rise in unexpected pharmacy closures as a result of the Scottish pharmacy contract is an issue of concern. The pharmacy contract means that the Scottish Government continues to pay for pharmacies to stay open even when they are closed without any reason. The Pharmacists Defence Association has warned that some large pharmaceutical chains, such as Boots and Lloyds, may be exploiting that loophole—without facing any consequences—to maximise profits at the expense of people who need pharmacy care. As the report makes clear, the root of that problem is, yet again, poor workforce planning by the SNP Government.

The Government also needs to put in place an adequate strategy to recruit and retain GPs. It is vital that the Government takes action on that. In 2019, Audit Scotland warned that, by 2027, the Scottish Government’s target of recruiting a net total of an additional 800 GPs would not be met. The number of GPs who are coming through the front door is being offset by the number who are leaving. In a report this year, Audit Scotland continued to warn that the Government should give more priority to the recruitment and retention of GPs, and, indeed, to that of staff throughout the health service.

There is also the issue of mental health. Signposting in the workplace continues to be poor. Every year, up to 650 people in the UK take their own lives as a result of work-related mental health issues. A survey by See Me Scotland this year found that 77 per cent of respondents with poor mental health said that they had experienced unfair treatment in the workplace because of their mental health.

Support in Mind Scotland’s director, Jim Hume, has said:

> “Training staff in mental health can help to break down stigma and discrimination, build awareness, develop skills and enhance confidence ... Findings from the project have demonstrated that 91% of people who participated say they have an increased awareness and understanding of mental health following the training; and 87% of participants feel more confident to talk about mental health with their staff/and or colleagues.”

He added that the

> “evidence highlights how mental health training is a valuable resource to build resilience and reduce stigma in the workplace by increasing people’s knowledge of mental health, breaking stereotypes and building people’s confidence to be a ‘first responder’.”

The committee’s report rightly stresses the important role that community link workers and primary care receptionists play in signposting patients, but it is vital that services are there once that signposting takes place. There is concern about Government cuts, particularly in relation to the mental health budget. During the previous session of Parliament, the SNP broke its manifesto pledge to recruit 250 more community link workers to GP practices. Will the Government ensure that filling those vacancies is a priority?

Sadly, that is part of a pattern of empty promises and shallow words by the health secretary and his Government when it comes to Scotland’s health system and, most important, to the hugely valuable staff who work in it. We need action to support primary care and invest in health care up and down the country. When we offer alternative pathways through, for example, sport and leisure, as I said to Mr McLennan, we must ensure that we properly fund community organisations and councils to deliver those, rather than get the real-terms cuts that we have seen in good times and during the current turbulence.

Local health and social care services continue to be decimated by this SNP Government. In South Scotland last year, we saw the closure of North Berwick’s Edington cottage hospital. GPs worked very closely with that hospital to ensure that local need was met. The closure took place without any consultation with local residents or primary healthcare professionals. We now see such behaviour writ large in the SNP’s plan to plough ahead with a national care service, against the advice of third-sector organisations and social care experts. Any problems in social care will only add to the pressures that we already see in our stretched primary care sector.

This Government is ignoring the crisis in primary care and the wider crisis in our NHS. Yet again, its priorities, and those of Humza Yousaf, lie elsewhere. He has taken his eye off the ball and it is time that he was removed from the pitch.

The Presiding Officer: Emma Harper is the final speaker in the open debate.

16:22

Emma Harper (South Scotland) (SNP): As a member of the committee, I welcome the opportunity to highlight and focus on our report. It has been interesting to hear others’ contributions.

The report highlights that primary health is vital in ensuring people are seen by the most relevant professional for their needs and is crucial in relieving pressure on secondary care, particularly when our NHS is under the greatest pressure that it has experienced in its 74-year lifetime as we emerge and recover from the pandemic.

We looked at a wide variety of areas in our report on alternative pathways to primary care. I thank the witnesses, clerks and my colleagues for their input. We heard about community link workers; ALISS, which is an online local digital system for signposting and supporting people; the role of digital health and care; single electronic patient records; third sector involvement; and a lot more besides. I will focus on social prescribing and recruitment.

Social prescribing was not a widely used term during the previous session of Parliament, but more and more people now understand what that is and what its benefits are. In our report, the committee welcomed the increased uptake of social prescribing during the pandemic and the positive lived experience that those who have used it told us about. The evidence that we heard shows that social prescribing is effective in targeting the causes of health inequalities and that it can vastly improve mental health and wellbeing. We have heard others highlight that during the debate.

However, the committee took evidence that patients who used social prescribing during Covid recovery are now reverting to contacting their GP in the first instance, even though on-going use of social prescribing could offer better outcomes.

We heard how cost is a critical barrier to people accessing social prescribing pathways, particularly in areas of multiple deprivation. One point that came up is that there is no single national lead on social prescribing because responsibility for it is shared between two Scottish Government ministerial portfolios. I ask the minister to provide an update on the Government's work to simplify the national approach to social prescribing and to better align ministerial portfolios so that there can be leadership and accountability on social prescribing in alternative pathways to primary care.

I turn to recruitment. The committee heard evidence to suggest that sustainable long-term workforce planning will be a critical prerequisite for encouraging greater use of alternative pathways to primary care in the future. Evidence that was submitted to us suggests that that must include consideration of how roles and skills requirements are likely to change as a result of advances in technology and the on-going evolution of services and their delivery.

I agree with Alison Keir of the Allied Health Professionals Federation Scotland and others who have indicated that it is really important not to look at workforce planning around team members but to understand it from the point of view of population-health need. We must plan the workforce from that perspective rather than say that we need X physiotherapists, occupational therapists, dieticians and so on.

I welcome the Cabinet Secretary for Health and Social Care's launch of a new GP recruitment campaign this June, as part of the Scottish Government's commitment to increase the number of GPs in Scotland by 2027. By highlighting the flexible, supportive and collaborative environment that is available here, the campaign seeks to encourage GPs from the rest of the UK to relocate to Scotland. That campaign is in addition to the Scottish graduate entry to medicine programme—ScotGEM—which allows graduates with healthcare and science degrees to train to be GPs with a particular focus on rural medicine. Dumfries and Galloway is part of the programme, and feedback from that areas ScotGEM lead is extremely positive.

Scotland is struggling to recruit in social care and nursing. A fall in the size of the working-age population and the ending of free movement of people as a result of Brexit have contributed to those challenges. Although the Scottish Government's steps are welcome, recruitment and retention of the workforce across multidisciplinary teams will be crucial to our success in promoting greater use of alternative pathways to primary care. That will be a particular interest of mine as we scrutinise the National Care Service (Scotland) Bill. The committee's report recommended that the Scottish Government provide an update on its work to assist health boards in developing an integrated approach to workforce planning and overcoming recruitment challenges.

The report also describes strengthening people's understanding of the role of medical receptionists, who are critical in signposting folk to get the support that they need. I welcome the Scottish Government's right care, right place campaign, which aims to increase that understanding. I am sure that lots of work has gone into creating the campaign, but my concern is that it mibbe isnae reaching the public as effectively as it could. Perhaps it needs a relaunch and for its messages to be shared again. I will use my social media accounts to share them and I encourage colleagues to do the same with theirs.

There is loads to read in the report, which was published in June. Securing parliamentary time to debate our committee reports is crucial. I encourage all members to read the report and to share its contents, because it has a lot of worthwhile material in it.

The Presiding Officer: We move to winding-up speeches.

16:28

Martin Whitfield (South Scotland) (Lab): It is a pleasure to close this fascinating committee debate on behalf of Scottish Labour.

I express my deep appreciation for the Health, Social Care and Sport Committee's work on its report. Some of the statistics in it will be challenging for members to read, but I think that it is the sign of a mature Parliament that we are prepared to go out and find such information and then address it. My huge compliments go to the committee's support staff and its members both past and present. I echo my colleague Carol Mochan in saying that Scottish Labour supports the findings of the committee's report.

Before I deal with some of the contributions, which I think have been interesting for a committee debate, I want to pick out two aspects, because of my own interests—and I look to the cabinet secretary for comments, given that the research that I will refer to in a moment has been funded by the Scottish Government.

First, was any attempt made in the committee's report to capture the primary care experiences of children under 18? After all, their journey to adulthood is often, I am sad to say, shaped by too many journeys to the GP surgery, too many journeys to the dentist and, in the case of my young children, far too frequent visits to accident and emergency.

Gillian Martin: I commend to Martin Whitfield our other report on access to healthcare for children and young people, which contains a lot more detail on that.

Martin Whitfield: I whole-heartedly accept that invitation.

The other aspect of the statistics that I want to highlight—and I want to point out, in a nerdy way, that I am going to talk about figure 15 on page 25 of a certain Scottish Government survey—is the fact that the experience of 18 to 29-year-olds is different from that of almost any other demographic. That is a concern; for example, with regard to the question,

"Thinking about your work, family and other commitments, how difficult or easy is it being available for appointments during opening hours?",

the 18 to 29-year-olds were the only group for whom it was far more difficult to attend an appointment during opening hours.

In fact, that point has been highlighted in a number of contributions, to which I will now turn. I think that some very powerful speeches were made this afternoon. Sandesh Gulhane was able to give us the real lived experience of a GP's day, and his comments certainly echoed what the many GPs to whom I have spoken have told me about the challenges that exist. I also want to highlight—and rightly so—Carol Mochan's very powerful speech on the same issue.

I want to pause at Willie Rennie's speech. I hope that he is not concerned about my being detrimental about him, because I, too, think it important to look at the background to the report. We do the report an injustice if we do not recognise the challenges in our health service. Just to echo the latter part of Mr Rennie's speech, I think that we have, without doubt, the opportunity to find a pathway to a better future, but it will be a very hard journey, and I urge the Government to recognise the challenges, which I hear so often raised in the chamber, to ensure that those working across the whole of our national health service, in primary care and in our communities get the support that is so often promised.

I must apologise to Paul McLennan, as I had to step out of the chamber on to an alternative primary pathway—that of my family—but I will read his speech. That said, I caught the end of it, and I was interested in the point that he made about promoting community prescribing to GPs in training. I do not underestimate the challenge of alternating undergraduate courses, having tried to do the same in teaching, but I think that a recognition of that very valuable service would be an important element of how we might train a better group of professionals.

I must pause at Sarah Boyack's speech to bring into the discussion the hugely important issue of culture. Culture has played a role in protecting our community's mental health by giving us art that we hate as well as art that we love, music that is too loud for our parents as well as music that is the best we have ever heard, dancing that annoys the boys, poetry that sometimes annoys the girls—particularly in February with Valentine's cards—and so on. The role of culture in supporting a human being to be a human being should not be underestimated, and we recognise its crucial value in prescribing it outwith traditional drugs or other treatment. It could be a great missed opportunity, particularly at this time.

Stephanie Callaghan's incredibly powerful contribution captured one of the biggest discussion points in today's debate: the challenge of taking this information out to our communities and the need to do so. We have plenty of good examples to draw on. Covid brought back to us the simple pleasure of walking outside or by the sea, but giving people an understanding of what a GP does and what primary care is will be crucial to our making any of this work. In that respect, the member's call to review how that sort of thing is announced and put out to our communities is crucially important.

In the few seconds that I have left, I want to mention the GPs who contacted me this morning to say that there is a discussion that must be had about the GP contract. They tell me that they are disappointed by the Scottish Government's "reneging" on the GP contract as a result of the cuts in funding that have been announced. I know that there is a massive pressure on Government budgets because of inflation, but that same inflation is hitting every GP surgery, pharmacist, dental surgery, ophthalmology department and community across Scotland. The people of Scotland understand the challenge that the Scottish Government has, and I hope that the Scottish Government hears the challenge that the people of Scotland are putting to it, about how to make the situation better and move forward.

16:35

Tess White (North East Scotland) (Con): I am pleased to close the debate on behalf of the Scottish Conservatives. We all agree on the importance of the work that the committee has done.

The undeniable reality is that our NHS is severely overstretched, and that is especially the case in primary care. Despite the best efforts of GPs and front-line staff in surgeries across Scotland, primary care is struggling to keep pace with demand and increasingly complex patient needs. Stephanie Callaghan quite rightly talked about the value of the personal stories that the committee heard. Evelyn Tweed said that there is no doubt that primary care is under pressure. That is a massive understatement. The deputy chair of the BMA's Scottish GP committee put it bluntly, as she rightly should. She said:

"This is a particularly terrible time for general practice."

There is a wider issue, which is that the whole system is overwhelmed, from GP practices to A and E. We are seeing record waiting times month after month, and things are getting worse, not better. The NHS is on its knees.

Earlier, the committee's convener highlighted workforce and capacity issues, poor signposting, digital exclusion, limited public awareness of the changes and the fact that people feel that they have been fobbed off. There simply is not the necessary capacity in place, yet public messaging from Humza Yousaf and health boards such as NHS Grampian in my region is directing patients away from emergency departments to non-critical care. As the Royal College of General Practitioners says, that approach means that

"pressure is not relieved, only reallocated."

The question is how we navigate through this crisis so that patients receive the timely, targeted and high-quality care that they need and so that primary healthcare professionals do not experience burnout. It is here that the Health, Social Care and Sport Committee's work on alternative pathways to primary care makes an important contribution.

As we have heard during today's debate, the Scottish Conservatives believe that alternative pathways to primary care provide a vital way to alleviate the burden on overstretched GPs and other healthcare professionals. My colleague Craig Hoy warned again of a rise in unexplained pharmacy closures due to the Scottish pharmacy contract—I stress that pharmacies are a key alternative pathway to primary care. In the first five months of this year alone, staff shortages caused pharmacies to close almost 1,800 times.

Gillian Martin: Will the member take an intervention?

Tess White: I have a lot to get through, if I may.

Sue Webber raised relevant and revealing inputs to the committee, such as the appalling case of her constituent who was struggling to get an appointment with a cardiologist to diagnose a heart condition and who had to seek private treatment at significant cost.

Maree Todd calls primary care services the front door to the NHS. The Scottish Government feels that it has communicated well with the Scottish public around seeing physios, pharmacists, optometrists and podiatrists. However, as Sandesh Gulhane said, the public, largely, do not know about the changes. That is a huge concern.

Dr Gulhane also tells us that 42 per cent of junior doctors lack access to nutritious food at work, which, obviously, leads to burn-out.

The renegotiated GP contract in 2018 changed the delivery of primary care so that GPs would provide fewer services directly and multidisciplinary team working would be enhanced. However, the committee's report highlighted concerns that public awareness of those changes is limited. That has certainly been my experience of talking to constituents in the region that I represent. It is heartbreaking.

In his passionate words, Willie Rennie said that we must pray that, at some point, the Government will take some responsibility.

Gillian Martin outlined the need for advertising. I agree with that. Patients are bewildered by signposting to alternative health practitioners when they have simply requested to speak to their GP. They do not understand why their winter vaccinations are being delivered an hour away and their bus has not come again, as they usually just nip down the road to their local surgery. They are getting frustrated with practice receptionists, who are often the faces of systemic change that

has been poorly managed and poorly communicated to the public by the SNP Government.

The most recent health and care experience survey should be a wake-up call to the Scottish Government. Only 67 per cent of patients said that they were positive about the overall level of care provided by their GP. That is down by 12 per cent on the previous year and is the lowest level since the survey began.

Primary care needs to be reformed, but that process needs to be clearly articulated to the public. It needs to be patient centred, not just system focused.

As my colleague Carol Mochan has pointed out, the Scottish Government has failed to communicate its vision. She said that the narrative of the SNP Government "is simply not true". Services are overwhelmed.

We know, of course, that Scotland is in the middle of a primary care workforce crisis. The British Medical Association has warned about that. The minister's front door to the NHS is off its hinges, and a gale is blowing. The BMA is clear. It has said:

> "without additional health professionals across a range of areas it will be near impossible for primary care to offer the range of services communities need or expect."

The crisis is a crisis of the SNP's making over many years. The health secretary simply is not doing enough to provide the resources that alternative pathways to primary care desperately need to ease the pressure on GPs.

As winter approaches, the crisis cannot become a catastrophe under the SNP Government. I thank Martin Whitfield, who highlighted the importance of people—people in the NHS who are watching us today and people who are receiving life-saving services. Patient safety and the wellbeing of staff are at stake—and so are people's lives.

16:42

The Cabinet Secretary for Health and Social Care (Humza Yousaf): The debate has generally been quite a good one, and lots of important themes have been highlighted.

I thank all the members of the Health, Social Care and Sport Committee for an excellent report. I also thank all those who gave evidence and, of course, the committee clerks, who, as we know, do the real hard work. I am just kidding—members do fantastic work, of course, but we know that the clerks are instrumental in producing such excellent and high-quality reports.

I will reflect on some of the common themes that members across the chamber have mentioned.

Almost every member has spoken about the really challenging context of primary care. Dr Gulhane gave a personal example of a day in the life of a GP. It will not surprise him that I have met many a GP in that role who has described similar workload challenges. Last week, I met Dr Andrew Buist of the BMA's Scottish general practitioners committee, who described again the really challenging pressures. Members will not have any denial from me, as the health secretary, of the scale of the challenge, because I regularly meet general practitioners and others in primary care.

Willie Rennie and other members attempted to set some context. The entire health and social care system—not just primary care—has been hit in the past few years by huge shock waves. In fact, there has been at least a triple whammy—there have probably been even more than three shock waves. Brexit has undoubtedly caused huge impacts, particularly in social care. I know that Willie Rennie recognises that. He was right, as were a number of other members. The convener of the Health, Social Care and Sport Committee, Gillian Martin, referred to social care, as did a number of other members. Social care has been hit particularly hard because of the impact and effect of Brexit. If members talk to any care home provider or those who represent the care home sector, such as Donald Macaskill, whom I spoke to yesterday, they will tell them about the enormity of the impact of Brexit.

Obviously, we have had the pandemic, as well, and there is no way that I could do justice to the scale of the impact that the pandemic has had. I completely accept that there were challenges pre-pandemic—I am not suggesting that there were not—but there is a world of difference between the challenges pre-pandemic and the challenges now. For example, pre-pandemic, we were not quite meeting the 95 per cent target for A and E; we were a few per cent—maybe 5 per cent—off. Performance now is not where I would like it to be: it is in the 60th percentile, and in England it is somewhere in the 50s. That is a world away from where we were pre-pandemic, so the scale of the challenge has clearly been impacted by the pandemic.

Willie Rennie: That is slightly at odds with what Paul Gray, the former chief executive of NHS Scotland, said. He said that this day was coming—it has been building for years—it is just that Covid brought it forward. Does the cabinet secretary not accept that?

Humza Yousaf: I do not think that what I have said is at odds with that, because I am accepting that there were clearly challenges pre-pandemic. There is a debate and a discussion to be had about how we reform our services while preserving that central ethos—which I believe in,

and which Willie Rennie undoubtedly believes in—of ensuring that our NHS is free at the point of use.

However, I do not think that we know the full impact of the pandemic yet; we know only a certain amount of that impact. This goes back to a point that a number of members across the chamber made. We are seeing patients presenting—whether it is in primary care, which is rightly the focus of this report, or in secondary care—with a higher acuity level. That is, they are sicker and therefore need more complex intervention than perhaps they needed before.

The third shock wave that has hit our primary care services and, indeed, our whole health and social care system is the cost crisis, which has come about because of the UK Government's complete mismanagement of public finances and the economy. High inflation is impacting public finances and budgets, and I would suggest that the cost crisis is actually a public health crisis.

We are now seeing that triple whammy hitting primary care. When colleagues—whether it is Sandesh Gulhane and Carol Mochan or others—challenge us on budgets, they are, of course, right to do so. That is, absolutely, the job of the Opposition. I want them to know that, as cabinet secretary for both health and social care, I do not take these decisions lightly. However, they are necessary, given that our budget is now worth £650 million less than it was when it was set in December last year.

If we want to pay NHS workers fairly, as I do, putting forward a record pay deal that is higher than the pay deal that is being offered in England and higher than the pay deal that is being offered in Wales, we have to be able to afford that. I heard Dr Gulhane speaking on the radio this morning, and he was challenged about where the money for that would come from. He was unable to say, and he started talking about the fact that we have apparently privatised rail, which is not what we have done—in fact, we have brought it into public ownership.

I agree with Carol Mochan's point about vision, but I am sorry to say that, when I challenged her about what she said in relation to the budget, she was unable to identify a single penny that she would put towards that £650 million inflationary cost or, indeed, towards a pay deal.

I agree with members' point about having a focus on the whole system, and I give an absolute guarantee that, when it comes to trying to alleviate the pressures on primary care and those alternatives, I hear what members are saying about the communication issue. That is a very fair point, which was made by the committee in its report and was well made by Emma Harper, by the convener of the committee and by many other members right across the chamber today. We can do more around communication.

Gillian Mackay was absolutely right in saying that we should go to where people are. We should make sure that we are on the platforms that they use and that we are in the places that they frequent. She mentioned using streaming services, for example, and we are considering what more we can do in relation to those, because I think there is no disagreement that those pathways are necessary and effective.

Many members raised the issue of social prescribing, and I give an absolute assurance that we are looking at the recommendations of the report. Maree Todd and I have asked officials to consider the point about a national lead for social prescribing. There is, understandably, a wide portfolio interest in social prescribing, but I am not opposed in principle to the idea of potentially examining and exploring the option of a national lead.

On the issue of a single electronic patient record—again, a theme that came up regularly from colleagues right across the chamber—I refer members to our Scottish health and care strategy. As the health committee's convener highlighted very well in her speech, we intend to have medical records stored, linked and shared securely according to the information that is needed. In terms of how people will do that, we intend to publish a delivery plan in the coming weeks, and I will make sure that the plan is shared with members who have an interest in the area.

Many other points were raised, but—forgive me, Presiding Officer—I have not been able to cover them all.

I once again commend the committee for a fantastic report and thank members for their speeches today.

The Presiding Officer: Thank you. I call Paul O'Kane to wind up the debate on behalf of the Health, Social Care and Sport Committee.

16:50

Paul O'Kane (West Scotland) (Lab): I am pleased to close this important debate on behalf of the Health, Social Care and Sport Committee. In common with my colleagues across the chamber, I put on record my thanks to the committee clerks, support staff and all committee colleagues for their work and contributions to the inquiry and the report.

As we have heard in the debate, the inquiry has highlighted several challenges to the implementation of primary care reform and to improving access to and uptake of alternative

pathways to primary care. We have had a good debate, and I thank all colleagues for their contributions, many of which highlighted issues in members' local communities across Scotland and also noted where alternative pathways are proving successful, and where some are still struggling to take hold. It was important to hear the breadth and depth of what is happening across the country.

From our public survey, which was part of the inquiry, the committee heard that there were high levels of uncertainty among respondents about the availability of health practitioners locally and that very few respondents had self-referred directly to most non-GP health practitioners. We heard about some of that during the debate today. Members' comments in the debate have shown that there are on-going issues with the uptake of alternative pathways to primary care.

Many members, particularly in the opening speeches, sought to provide something of the wider context, including Sandesh Gulhane, Carol Mochan and Willie Rennie. As Martin Whitfield said in his closing speech, we cannot get away from the context, and it is important to debate that, but we must ensure that we look at all aspects of what is going on in this space and ensure that we engage in a constructive manner.

I will turn to the Government's contributions from Maree Todd and the cabinet secretary's closing speech. I welcome the cabinet secretary's written response to the inquiry and, indeed, his contribution to the debate, in which he, alongside Maree Todd, outlined the Scottish Government's ambitions, the progress that it is making and the progress that it intends to make in the future. I know that the committee will continue to take a keen interest in the dialogue and in holding the Government to account on those issues. We have to ensure that patients can access the right healthcare professional in the right place and at the right time. I think that that front-door approach—

Gillian Martin: This leads on nicely from what Mr O'Kane has just said. Sometimes, members in the debate talked about diverting people away from GPs as the primary reason for alternative pathways, when it is actually about getting people the right care at the right time and with specialists who have the right equipment.

Paul O'Kane: That is important to acknowledge. Sometimes, it is difficult in this context to take a step back and understand that this is about holistic services and people getting support, because of the pressures that we know that GPs face. We heard from Maree Todd and others about the front-door approach and the no-wrong-door approach, and we have to ensure that that is at the heart of everything that we are doing—it is not simply about diverting patients from one place to another.

Many non-GP primary healthcare practitioners in Scotland are available to give patients the help that they need. However, as has been highlighted in the debate, there is still much to do to ensure that we reach that outcome. I recognise Martin Whitfield's contribution on children and young people, and I endorse the convener's intervention recommending that he look at the committee's report on access to healthcare for children and young people, which I know he will do.

During the committee's inquiry into the health and wellbeing of young people, we heard from young people who had encountered real challenges when trying to access support at a time when they were experiencing crisis, particularly with their mental health. Very often, we heard about problems that they had had with being believed or taken seriously. The ability to self-refer to a mental health professional would provide a lifeline for people in that situation and would enable them to get access more quickly and easily to the help that they need when they need it. It would also help them to not always feel overly medicalised in that space.

It was highlighted to the committee that mental health services were particularly difficult for patients to self-refer to and that self-referral was not an option in most health board areas. However, Dr Jess Sussmann of the Royal College of Psychiatrists told us that that is possible in Glasgow, where 46 per cent of referrals to primary care mental health teams are self-referrals. Those mental health teams can then assess whether the patient has a mild to moderate mental health problem or something more serious, in which case they would be referred to secondary care.

The committee believes that self-referral to mental health services is an important step, and that all health boards should be making that available. I see that the Minister for Mental Wellbeing and Social Care is in his place, and I am sure that he will be keen to engage with boards in that respect. To be fair, it is not without its challenges, but Glasgow has shown what can be achieved when it is done successfully.

The cabinet secretary told the inquiry that promoting self-referral to appropriate support is one element of the new multidisciplinary mental health and wellbeing services in primary care due to be implemented this year. The committee welcomes that commitment and looks forward to it becoming a reality very soon.

During the debate, many members spoke about the benefits of social prescribing. There were some excellent contributions on that. I highlight in particular Sarah Boyack's passionate advocacy for

therapeutic intervention through culture. We can all recognise something in that, including the importance of making it more mainstream and better supported.

I support all the comments on social prescribing. Many of the witnesses whom we saw in the committee identified significant potential for wider social prescribing, particularly for people who present with problems that are rooted in non-medical issues. However, again, the committee heard that a key barrier to the greater use of social prescribing is the reliability of information on services that are available locally. From members across the chamber, we have heard that broad theme about getting it right when it comes to how we communicate with people, how we tell them what is available and how we ensure that they have access.

Citizens Advice Scotland told the committee:

"Social prescribing is beneficial for a certain group ... the 'savvy' group, which is the group that is aware that self-care works and that social activities can help and can alleviate issues—but it does not seem to work for the other groups. That is down to a lack of public awareness ... if people knew what was available to them ... it might increase the uptake".—[*Official Report*, *Health, Social Care and Sport Committee*, 8 March 2022; c 13.]

The issue of poor signposting was raised many times during the inquiry and has been raised again during the debate. Certainly, my committee colleagues Stephanie Callaghan and Gillian Mackay made strong contributions on that. We need to have reliable, comprehensive and up-to-date information about local and national services. That would greatly assist in the signposting of patients and would encourage greater use of alternative pathways.

We have had some contributions on ALISS—a local information system for Scotland, which is a database that is run by Health and Social Care Alliance Scotland and funded by the Government. In the committee, my colleague Emma Harper is always a strong advocate for its use and for interrogating the ways in which it—or local versions of such a library—could work better.

Although the committee recognises the value of such a database and sees the potential for ALISS to improve signposting, there are concerns about the constantly changing landscape of providers and non-GP primary care services, which may limit the reliability of the information that is available, and about the need for constant monitoring and updating. The committee believes that, through a significant improvement to the general awareness of ALISS among health practitioners and to the accuracy, reliability and comprehensiveness of the information that it contains, ALISS has the potential to become an authoritative source of data for those who seek to signpost patients towards alternative pathways to primary care. Our report calls on the Scottish Government to work in partnership with the ALLIANCE to undertake an assessment of the actions and associated funding that are required in order to achieve that, and I am pleased to note from the cabinet secretary's written submission that he has since met the ALLIANCE to progress that work. We look forward to further information on that.

In drawing my remarks to a close, I again thank everyone who contributed to the debate, and I echo the convener's words of gratitude for the contributions that we received during the inquiry. Despite, it is fair to say, the debate being sparky at times, we have managed to agree that we all share the principle of primary care reform: people getting care at the right time and in the right place. However, it is clear that, for that to happen, a number of important challenges must be overcome.

The public must have greater confidence that, in many instances, their GP might not be the first port of call, and that using an alternative pathway might give them quicker and easier access to the treatment that they need.

The option of self-referral needs to be more widely available and accessible, and better understood. Information needs to be up to date and available to all, both online and offline, because we cannot forget about a whole section of society that does not have access to the internet and still finds it challenging to access information in that space.

By addressing those challenges, alternative pathways have the potential to transform how patients experience primary care, because they shift the focus towards a more preventative approach, with quicker and better outcomes for everyone.

Clearly, today is not a full stop but a comma in our debate and discussion on those issues. We look forward to continuing to progress the report's recommendations.

Parliamentary Bureau Motion

17:00

The Presiding Officer (Alison Johnstone): The next item of business is consideration of a Parliamentary Bureau motion. I ask George Adam, on behalf of the Parliamentary Bureau, to move motion S6M-06711, on approval of a Scottish statutory instrument.

Motion moved,

That the Parliament agrees that the Social Security (Miscellaneous Amendment and Transitional Provision) (Scotland) Regulations 2022 [draft] be approved.—[*George Adam*]

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

Decision Time

17:00

The Presiding Officer (Alison Johnstone): There are two questions to be put as a result of today's business. The first question is, that motion S6M-06702, in the name of Gillian Martin, on behalf of the Health, Social Care and Sport Committee, on its inquiry into alternative pathways to primary care, be agreed to.

Motion agreed to,

That the Parliament notes the conclusions and recommendations contained in the Health, Social Care and Sport Committee's 9th Report, 2022 (Session 6), *Alternative pathways to primary care* (SP Paper 201).

The Presiding Officer: The next question is, that motion S6M-06711, in the name of George Adam, on approval of a Scottish statutory instrument, be agreed to.

Motion agreed to,

That the Parliament agrees that the Social Security (Miscellaneous Amendment and Transitional Provision) (Scotland) Regulations 2022 [draft] be approved.

Meeting closed at 17:01.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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