

# **MEETING OF THE PARLIAMENT**

Thursday 6 July 2000

Volume 7 No 10

£5.00

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## Scottish Parliament

Thursday 6 July 2000

[THE PRESIDING OFFICER *opened the meeting at 09:30*]

### Enterprise Networks

**The Presiding Officer (Sir David Steel):** Good morning. The first item of business this morning is a statement by Henry McLeish on a review of the enterprise networks. The minister will take questions at the end of the statement, so there should be no interventions during it.

09:30

**The Minister for Enterprise and Lifelong Learning (Henry McLeish):** I announce this morning the interim conclusions from my review of the enterprise networks. Following on from the framework for economic development published last week, the review is another important step towards the most comprehensive assessment of economic development policy in a generation.

The assessment takes place against a positive background. The economy is in good shape. The economic fundamentals are sound. However, we face major challenges. The e-revolution requires a step change in the way we deliver economic development. Even more important, we must ensure that our business community seizes the opportunities. All of us need to recognise in a real and significant way that the e-revolution is here. It is vitally important therefore that our economic development system is capable of meeting the challenge.

The review was built on extensive consultation, analysis and evidence. There is a shared vision about the need for effective and focused economic development. That vision is of economic development bodies that have a clear sense of direction and a clear task to perform; that have milestones and targets to ensure that they are on course to deliver the vision; that have 21<sup>st</sup> century Government approaches to 21<sup>st</sup> century problems; that are customer focused, responsive and relevant to the business, trainees and communities they serve; and that are accountable to the Executive and to the Parliament.

There is consensus about what is wrong at the moment. We need a better and more focused strategy. Previous Governments were unwilling and ideologically opposed to making economic development policy. There should no longer be a policy vacuum for the enterprise networks.

We need more comprehensive targets and milestones. We need to marshal our public sector agencies behind clear and challenging targets. However, we need to go much further. No one should be in any doubt about how serious I am about that. The outcome-led approach has to be a top priority. We should be adding value to the economy and getting value for the taxpayer.

We need more flexible enterprise networks that can adapt and evolve—1980s systems are trying to tackle 21<sup>st</sup> century problems. The enterprise networks need to be more streamlined and more focused on delivering the strategy set to them. They need to be more customer focused, responsive and relevant. They should be more business orientated, not less. They should be more focused on jobs, skills and new company growth to deliver employment opportunity for all.

We need more effective partnerships between the enterprise networks and the range of other players in economic development. There is duplication and overlap. Organisations pull against each other, rather than together to achieve a shared vision. Enterprise networks must be more accountable, with effective mechanisms for dealing with appointments and ensuring the highest standards of propriety.

There is consensus about the vision and the problems. It is for the Executive to provide the solutions and the prescriptions. The solution is a better strategy. We will accept the responsibility to set the lead on economic development. The framework for economic development provides the high level. A new strategy for enterprise is urgently required to turn that into action.

The strategy will set out the Government's action plan for economic development. It will establish clearly what the enterprise networks will do to create economic opportunity for all, to foster the knowledge economy and a culture of enterprise and to promote the learning revolution, sustainable development and social inclusion.

I want to see a clear thread running from our framework at national level through all economic development activity at national and local level. The enterprise networks will stimulate the dynamic competitiveness of enterprise, by promoting new markets, inward investment, indigenous enterprise, innovation and commercialisation.

The enterprise networks will help deliver a fairer Scotland, focusing on employability and employment—developing, advocating and implementing work-based solutions to social problems. They will help build the organisational effectiveness of our social economy and tackle the digital divide.

The strategy will set clear, well thought-out but tough targets for those agencies and will ensure

that they pull together and in the same direction, so that we can make the most of the available resources. It will be a strategy for enterprise, to build a sustainable, successful economy, and to play an important role in building a fairer society and achieving employment opportunity for people in every part of Scotland.

I want the strategy to be in place by the end of the year, and to that effect I am establishing a high level expert group to achieve that. It will report to me and will bring together the expertise of the Executive, Scottish Enterprise, Highlands and Islands Enterprise, the tourist boards and the funding councils in higher and further education.

The key challenges for the enterprise networks are to reduce the productivity gap, the skills gap, the e-commerce gap, the entrepreneurship gap and, as part of that, the business start-up gap. No one should be in any doubt as to the priorities of the Executive and of the Parliament. Ultimately, we must try to close the jobs gap across the country. We will bring together the major agencies to ensure that all of them are absolutely clear about their role.

To deliver the strategy, there was an option to set up new organisations and shift responsibilities between agencies. I do not share that view. Structural change will be a distraction of management effort from delivery of our vision and strategy. Structural change misses the point. The focus is on customers, not on structures, and Scotland cannot afford to lose that focus even for a year. That is why the interim conclusions that I am announcing today are about evolution. Let no one be in any doubt that I expect the strategy to lead to significant change. Some of that change is already under way.

The solution is to develop more effective ways of working. That means new management approaches, new people, better development of existing staff and a radical shake-up in our style, approach and attitude. In a sense, we need a wake-up call to everyone involved in economic delivery. The enterprise networks need to adapt. I have backed and encouraged the change in the Scottish enterprise networks that is being driven through by Sir Ian Wood and Robert Crawford. They are delivering greater coherence, effectiveness and customer focus.

At national level, Robert Crawford has undertaken a thorough review of operations at Bothwell Street. He has eliminated duplication and overlap and has created seven key directorates that report directly to him, bringing together network operations, international operations, e-commerce, knowledge management, finance, customer relations and human resources. He has also taken advantage of the greater coherence of the network to develop sharing of support services

such as finance and human resources. That allows significant improvements in efficiency, but I want to push them further. I want to see real improvements in appraisal and evaluation, and we must have more transparency.

Local enterprise companies are burdened by the last vestiges of the failed internal market introduced a decade ago, which creates unnecessary red tape and transaction costs. As Crawford Beveridge said in response to our consultation, we

“need to decide whether the economic development strategy for Scotland is simply the aggregate of all the local development strategies, or whether you start with a National Strategy and manage it locally”.

He goes on to say that if

“the second is the intent . . . then the notion of independent companies, limited by guarantee is nonsense.”

The second is my intent, and I agree with him. I will remove the anomaly of the LECs’ status as companies limited by guarantee. That will allow greater efficiency and streamlining, switching resources from the back office to the front line. It will also create the opportunity for a significant increase in real local responsibility.

I want to take this opportunity to thank all the LEC board members for their contribution over the years to developing their local economies. They give their time for nothing. I want to remove unnecessary barriers to help them make an even more effective contribution.

The Highlands and Islands Enterprise network had a different starting point and chose different ways of working. Overall, it has stood the test of time better. That message has come through very clearly from people in the Highland community and I respect their wishes. I applaud the work of Jim Hunter and Iain Robertson. We will encourage them to play a bigger part in the debate on national issues.

The Scottish Tourist Board also needs to meet the challenges in the new strategy for Scottish tourism. I expect a report from the board by December on how that will be achieved. Tourism will take its proper place in national economic development, and it must also play a full part locally. Area tourist boards must enthusiastically implement our new strategy for tourism, and I expect them to tighten the effectiveness of their visitor services and local marketing functions.

In the autumn, we will respond in full to the conclusion of the Enterprise and Lifelong Learning Committee’s report into local economic development. There is much in the report to support, but it says that there is duplication and confusion at local level and we need to sort that.

Part of the solution is the small business

gateway, which was launched yesterday. It will bring consistent and improved standards to the delivery of small business advice and it will ensure that the various agencies that deliver advice do so in partnership with one another. It is a first and important step.

However, we must go further. I want to see coherence and clarity at local level and I will charge local economic forums with achieving that. We will work up our vision for the forums over the summer and will issue guidelines in the autumn, when I intend to discuss this and other important issues flowing from our framework in a major conference. I invite the Enterprise and Lifelong Learning Committee, led by John Swinney, to get involved in that process.

Local economic forums will not be talking shops, they will not be another layer of bureaucracy and they will not be replacements for the LECs. We will look to the LECs to take the lead in setting up the local economic forums. The LECs have a key role in addressing the dynamic competitiveness of Scottish business, but our ambition, which is set out in the framework, is much wider than that.

I want the forums to focus on what they can do to remove the barriers to regional and social development for all individuals, promote opportunities for economic activity to prosper and help people to access those opportunities and take full advantage of them. I intend to set challenging targets on those matters for the forums, such as ensuring employment opportunity for all, improving adult basic education and widening access to further and higher education. We will therefore implement local economic forums, which will work to address overlap and duplication amongst partners. I will set a clear time scale for the forums to deliver to me what they can do to address this issue.

Forums will ensure that all the relevant local agencies pull together, including the ATBs, and will share best practice across the country. Again taking a lead from the Enterprise and Lifelong Learning Committee, I will look at incentives for good performance. We must demand value for money in the use of public funds—that is an imperative, which underpins the statement this morning. Forums will be locally driven and provide local solutions within a national framework.

In conclusion, we will: produce a strategy for enterprise by December; improve national co-ordination; streamline the enterprise networks; require better appraisal and evaluation; and cut unnecessary red tape in the networks by changing the LECs' legal status. Local economic forums will bring more coherence in local economic development.

I commend this statement to the Parliament.

**Mr John Swinney (North Tayside) (SNP):** I thank Henry McLeish for his statement and the courtesy of giving advance notice of its contents.

I take issue with one point that the minister made at the beginning of his speech, which was that the economic fundamentals are sound. He may not have picked up on this morning's report from the Fraser of Allander Institute, which highlighted the fact that the Scottish economy went into reverse in the last quarter of 1999. We must be realistic about the economic conditions that we face.

I welcome the minister's comments on e-commerce and its application to business, but it is important that, in responding to that challenge, we do not ignore the requirements of our traditional economic base and its transformation.

I also welcome the minister's announcement yesterday of the small business gateway, which reflects concern across the country that when an individual wants to start a business, they want to go to one clearly defined contact point to get the answers that they require.

The minister has announced a fairly fundamental change to Government thinking about the responsibilities of the Scottish Executive in relation to economic policy. He has said that the solution to the problems, on which we all agree, is better strategy. I suggest that we must see a national strategy for Scotland that is implemented, which would make a pleasant change.

I welcome the fact that the Executive is prepared to accept responsibility and I welcome the minister's comments about how serious he is about implementing this. However, the minister must tell Parliament today how he intends to enforce this strategy and change the nature of the relationships between the Executive and the enterprise agencies to guarantee that they follow the strategy that the Executive and Parliament dictate. Parliament would also benefit from further information about the content and the remit of the high level expert group that he intends to announce to take this task forward.

Much in this statement is to be welcomed, but I am surprised that it is only the interim conclusions of the minister's review and that it does not go into more detail about what will change in the arrangements for economic development in Scotland. Our business community and the many agencies that have a stake in economic development want the talking to come to an end and the action to begin.

I hope that the minister will tell us exactly what is going to happen, and give us an absolute guarantee that the implementation mechanisms will have begun by the autumn and that by then agencies will be doing the work that they should

be doing instead of reflecting on the issues yet again.

Finally, when will the minister tell Parliament about the format and structures of the targets and milestones for the agencies, and how those targets will be enforced if agencies cannot perform against them?

**Henry McLeish:** Sir David, you would not expect me to agree with John Swinney's analysis of the state of the Scottish economy. I am always impressed by unemployment figures that are at a 24-year low, employment rates that are at a 34-year high, low interest rates, low inflation rates, and a Chancellor of the Exchequer who wants to underpin our science and technology base by investing an extra £1 billion, from which Scotland will derive significant benefits. In essence, John Swinney has highlighted what we want to avoid. We know that there will be differences in emphasis over macro-economic policy, but today we seek unity and consensus on how local economic delivery should progress in Scotland.

I am grateful for John Swinney's comments on several issues. I certainly agree with him about e-commerce. I also agree that we must seek to move traditional industry into e-business while acknowledging what it contributes from, in some cases, a non-technological point of view. I welcome his comments about the gateway. It is intended to provide a single focus and I think that it will be successful.

In December, we committed ourselves to an enterprise review and, a few weeks ago, we announced the economic framework. Sir Ian Wood and Robert Crawford are introducing major structural changes in Scottish Enterprise. Today we are holding a review. The time scale is not long, as by the end of the year the talking will have stopped. As I have told John Swinney, we intend to hold a conference in the autumn. We will ensure that the high level expert group will work out the strategy for enterprise, which will provide the targets and the milestones. They will be tough, as Scotland cannot afford the luxury of talking up targets and not delivering in added value and value for the taxpayer. I agree entirely with the urgency that John Swinney is injecting into this matter.

A supplementary paper on the changes that we have announced today will be available this morning. I think that John Swinney already has a copy. We will detail more information over the coming weeks. Today's statement is constrained by time. I hope to progress matters in consultation with the business community, John Swinney and other members of the Enterprise and Lifelong Learning Committee.

We are introducing some fairly significant

changes. This is a wake-up call. Scotland will not prosper in the future if it continues to talk a good game without implementing change. Every LEC and forum, and every member of the Enterprise and Lifelong Learning Committee, the Parliament and the Executive, should be aware that the Scottish economy is vital for prosperity and that we now need to register our interest in making it a real success.

**Miss Annabel Goldie (West of Scotland) (Con):** I welcome the minister's certainty of pronouncement that the talking will stop. Although that is a worthy aspiration, I fear that, as long as we have politicians in Scotland, it is one that will never be implemented in practice.

I join John Swinney in thanking the minister for the early copy of his statement. There is much in the statement that is helpful and positive. However, I will share a reservation. The statement is entitled "Statement for launch of the enterprise networks review interim conclusions". I looked for something meaty; something I could grasp. I thought that nuts would be cracked, and kernels would appear. However, the statement falls slightly short of what I had hoped for in identifying the objectives of the announcement. I will draw attention to certain features of the statement and ask three specific questions.

The minister said:

"The outcome-led approach has to be a top priority. We should be adding value to the economy and getting value for the taxpayer."

I support that priority, as it is very important. Will the minister confirm that an outcome-led approach is synonymous with customer-driven requirements? In this case, the customer is the enterprise sector of Scotland—our businesses need to know where they are. Will the minister also confirm that there is not a danger of the whole brave new world of review of the enterprise networks being a mere systematic substitution of one form of bureaucracy for another? It is important that the minister can reassure the business community about that.

I listened carefully to what the minister said about structural change. Page 7 of his statement states:

"Structural change will be a distraction of management effort from delivery of our vision and strategy. Structural change misses the point. The focus is on customers, not on structures."

I agree with that conclusion, but I am slightly less easy with the definition.

Later on in the statement, the minister says that he is engaging in structural change of the local enterprise companies. Is it appropriate to have an unacceptable level of the enterprise budget being spent on administration? Of itself, that may not



merit structural change, but it does merit careful examination of what is happening in the provision of enterprise services through our enterprise network.

Page 9 mentions the minister's intended treatment of the LECs. The statement says:

"I will remove the anomaly of the LECs' status as companies limited by guarantee."

I am, however, unclear what will replace the LECs' structure. There is a need to reassure not only the people employed in our LECs, who in many cases do a very good job at local level, but also local business communities that they are not losing out on an essential point of contact with like minds, and that they will not be confronted with some massive bureaucracy emanating from Bothwell Street.

Finally, I am reassured that the minister welcomes certain aspects of the report of the Enterprise and Lifelong Learning Committee on business development at local level. The minister embraces, in particular, the concept of local economic forums. However, is it not the case that the whole process would make a lot more sense if we waited until the autumn, so that the minister could give his full response to the report? Then, not only the Enterprise and Lifelong Learning Committee, but the business people of Scotland would know how all the bits of the jigsaw fit together. There is a distinct danger that this fragmented approach will lead to a dislocation of effort and, I suspect, an incoherent perception among the business community of what the minister is trying to do, however worthy it may be.

**Henry McLeish:** I thought things were going well until the end.

It is difficult at times, but we must look at the bigger picture. Within a year, we have had the first-ever framework for economic development in Scotland and huge changes are taking place in Scottish Enterprise. To be fair to Annabel Goldie, it may be important for me to invite either the chairman of Scottish Enterprise or Robert Crawford to give a presentation, first to the Enterprise and Lifelong Learning Committee and then perhaps to the Parliament, on the huge changes that are taking place. That would go some way to explaining some of the general concerns.

This will be a year of consultation and of change, but from January 2001 we will get on with the action. In that sense, I do not think that the approach is fragmented. Indeed, I believe that it is fairly coherent, because we are dealing with not only an enormous amount of expenditure—nearly £1 billion—but with the future of jobs, prosperity and the business community.

Annabel Goldie raised the issue of the new status of the LECs. I met the chairmen of most of the local enterprise companies yesterday in Lanarkshire to talk through some of the changes that we are outlining. I reassured them that the system would be more business led and more hard-headed, because the LECs will now have to be the tough edge of business implementation of the national strategy, through Scottish Enterprise and Highlands and Islands Enterprise. I told them that removing the status was something that I wanted to do, which would mean, at the end of the day, that they would have more flexibility at local level to implement the strategy. I made it quite clear to them that there is a national strategy, going downwards, which they will be asked to implement at local level. They were also reassured by the fact that they will be involved, as part of the consultation, in working out what the new model for and status of the LECs and their activities will be. I hope that they were reassured by that.

I entirely agree with Annabel Goldie that far too much is being spent on administration and not enough on front-line services. However, Robert Crawford has introduced far-reaching changes, one of which is to streamline the structure, which means that 150 fewer employees will be involved in the next few months in delivering that strategy.

Annabel Goldie asked whether the strategy would be customer focused. The customer is king; the customer is the business community. If we want more business start-ups, more skills in the workplace, more e-commerce, we must involve business. The customer focus will be resurrected to ensure that no one is in any doubt as to the way forward.

Annabel Goldie suggested that the document had no meat. We have a framework for economic development—something that we have never had before. There are fundamental internal reviews of Scottish Enterprise. There are new economic forums at local level with an ambitious agenda, embracing the Enterprise and Lifelong Learning Committee's desire to tackle duplication. We have the business gateway to which John Swinney referred. We will identify a new range of outcomes and we will set tough targets. That is a tough, radical programme. However, at the end of the day, that programme must work. When the strategy is implemented, we will ensure that we have the means to measure progress.

**George Lyon (Argyll and Bute) (LD):** On behalf of the Scottish Liberal Democrats, I welcome the minister's statement. I want to consider more closely the Executive's announcement that it is to set up economic forums across the country. The conclusions that the Enterprise and Lifelong Learning Committee reached, which underpinned our recommendation

for the establishment of economic forums, were based on evidence that was gathered from around the country. In Aberdeenshire and North Ayrshire in particular, we saw evidence of best practice working. The forums in those areas showed real partnership between the agencies. However, when we took evidence, it was generally recognised that we cannot legislate for good will. Agencies must come to the table in a spirit of willingness, co-operation and a desire to strip out duplication and overlap.

The Enterprise and Lifelong Learning Committee recognised the importance of real sanctions, evaluations and monitoring of the economic forums once they have been established. Will the minister clarify what action the Executive proposes to take to ensure that the forums deliver the elimination of overlap, duplication and competition between agencies? What action will he take if he finds that major agencies treat the forum as no more than a talking shop and use it as an excuse to defend their own territory? That is the crucial issue; it is the nut that we must crack. We must ensure that partnership works.

**Henry McLeish:** I agree with much of what George Lyon has said. First, I want to work out the guidance that we provide for the creation of the economic forums. There are examples of good practice, such as those in Grampian, Ayrshire and the Borders. We must build on that. Secondly, we must detail what the forums will be doing. I make no apology for that. We have a national framework and we must ensure that the local forums are part of that. We will outline the outcomes that we expect from the forums. Thirdly, we will specifically charge the forums with the Enterprise and Lifelong Learning Committee's main concerns about duplication, confusion and waste of public funds.

Fourthly, I have used the phrase "financial incentives", which has both a positive and negative element. If we want to encourage rather than criticise, we should try to find some way of challenge funding local developments, so that those who are enterprising, interested, coherent and committed will benefit, while those who simply pay lip service will not. Let me send a strong message to any potential player in the economic forums. I want to disabuse them of the idea that such forums are talking shops. Scotland cannot afford any more talking shops at national or local level. I assure George Lyon that that is the spirit in which I will pursue this agenda.

**The Presiding Officer:** In theory, we have only just over a minute for back-bench questions, but as it is an important statement, I will let the discussion run on a bit. I urge members to keep questions and answers short.

**Marilyn Livingstone (Kirkcaldy) (Lab):** I welcome the minister's statement and the changes

to the structure of Scottish Enterprise. I was going to ask a very similar question to that asked by George Lyon about the local economic forums, and the minister's comments about more effective partnerships being welcome. How will the local economic forums interface with the small business gateway, and how will the minister ensure effective delivery at that level?

**Henry McLeish:** I was absolutely determined to ensure that, with these changes, we did not lose the business focus. That is why I told Annabel Goldie that, although we have the framework with the two agencies—Highlands and Islands Enterprise and Scottish Enterprise—a key business focus must run straight through to the LECs. However, we acknowledge that key players put hard finance and commitment into the delivery of business support services. Although the gateway is focused on the LECs, certain players in the local community have a business role and should be tied into the process. That said, the main point was to keep things tidy to avoid confusion between what the players in the forum were trying to achieve and Scottish Enterprise's delivery of hard-edged business aspects, which will be a function of the LECs. The small business gateway is an acknowledgement of that concern, and I hope that it will be supported throughout Scotland.

**Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP):** By what date will the forums be established and who will serve on them? Will the business and voluntary organisation voice be in the majority? If not, how will the minister ensure that the forums deliver their intended purpose, which is to remove duplication and overlap? What, precisely, are the mechanisms for ensuring that rationalisation takes place? Having read the statement and the supplementary statement, and speaking as a confirmed carnivore, I am left feeling that the question today is, "Where's the beef?"

**Henry McLeish:** With the greatest respect I can muster, I have to say that nothing Fergus Ewing ever says in this Parliament surprises me. When we talk about raising the economic game in Scotland, it is high time Fergus Ewing faced up to some of the changes and acknowledged in a tiny, tiny way that some progress has been made. Although I do not think that I will live long enough to see that happen, I will nevertheless leave the thought with Fergus Ewing for him to savour for the rest of the day. I hope that it might make some difference.

I covered the points about guidance and tough targets in my response to George Lyon, because he asked a question—

**Mr Swinney:** The same question?

**Henry McLeish:** Yes, indeed; the same question, which I answered.

**Mr Swinney:** Slightly more.

**Henry McLeish:** John Swinney says, "Slightly more" but he did not finish the sentence—and I know why.

**Mr Swinney:** Slightly more tough.

**Henry McLeish:** Slightly more irrelevant. If one answers a question, one expects some people to absorb the answer.

That said, I will try to keep consensual.

**The Minister for Children and Education (Mr Sam Galbraith):** Why?

**Henry McLeish:** I refer Fergus Ewing to my answer to George Lyon.

We want to discuss with key players and partners the issues that Fergus Ewing has raised. My target is to get the forums up and running by 1 January 2001. The guidance will be available in the autumn. We want the work to start. As I have said, Scotland does not have the time to stand around when there is so much good work to be done—which is a major reason for establishing the forums. We will examine the composition, targets and outcomes of the forums. As this Parliament is about participation and inclusivity, I am offering the Enterprise and Lifelong Learning Committee and the business world an opportunity to shape that kind of destiny with the local authorities, the area tourist boards and other key social and economic partners.

**Helen Eadie (Dunfermline East) (Lab):** I welcome the minister's statement this morning, particularly its reference to changing the legal status of LECs. I saw a ripple of pleasure among my Labour colleagues when that was mentioned.

I want to ask the minister about the working group and the strategy that he is hoping to implement by the end of this year. Given the members' business debate on Standard Life's mutuality and the development of co-operatives, can we perhaps speak to universities and colleges in Scotland to cascade that message of co-operative development? I think that that way forward provides real hope for the people of Scotland.

**Henry McLeish:** I have been in correspondence with Helen Eadie on the co-operative idea. I hope that it is taken further as a developmental idea at a local level. One of the key issues for the forum is employment opportunities for all. What Helen Eadie talks about is a good model of how they can be created.

As part of the exercise, we considered other countries. Israel, Finland, Ireland, Bavaria,

Catalonia and other places have a range of good models, including the co-operative development models. I hope that, as well as having a firm national strategy, we will have creative diversity at a local level that is in tune with the national strategy and includes a flavour of certain areas of Scotland that have enormously differing economic difficulties—which is demonstrated by the approaches of Highlands and Islands Enterprise and Scottish Enterprise.

**Alex Neil (Central Scotland) (SNP):** I ask the minister to set realistic expectations of what the enterprise network can do. He says that it will be charged with closing the productivity gap, the skills gap, the e-commerce gap, the business start-up gap—everything but the Watford gap. We must bear in mind the fact that the total budget for the enterprise network is less than 1 per cent of Scottish gross domestic product. We should focus on the things the enterprise network can do best and not give it so wide a remit that it is unable to achieve anything.

Regarding the strategy, where will the jobs come from? That is the key question. Scotland relies on three or four sectors for around three quarters of its exports. We need to diversify the Scottish economy and move into growth areas. Will the minister give a guarantee that the strategy will seriously address that?

Will the minister clarify the new status of LECs? I applaud his decision to remove their current status, but I ask him to clarify what the relationship will now be between local enterprise companies—which are no longer to be companies—and Scottish Enterprise.

**Henry McLeish:** I have partly answered Alex Neil's last point already. We have changed the name to local economic bodies. As a matter of urgency, we will have a discussion about the new status, the new constitution and the new description of those bodies.

I could not agree more with Alex Neil's point about widening our employment base. Our success is concentrated on a small number of companies in a few narrow sectors, especially in relation to exports. As part of the Scottish Enterprise review that Robert Crawford is conducting, we want to sharpen up the Locate in Scotland export drive. We are also preparing an export strategy for the five years from 2001. That will address the issue.

Alex Neil asked about employment opportunities for all in each of the areas. Given that unemployment in Scotland is at 4.9 per cent and falling, I do not want unemployment to be at 10.6 per cent in Dunbartonshire, 9 per cent in North Lanarkshire and at a similarly high level in Ayrshire and so on. The Executive and every

economic forum must think creatively of ways of remedying that situation.

Alex Neil's first point was about focus. Our business advisers said that the framework for national economic development concentrates on productivity. Alex Neil knows that productivity is the product of a number of other things. Productivity is crucial and we have decided to give the hard-edged business focus to the LECs. Alex Neil is right to say that we can facilitate some improvement, but the bulk of the changes will come from the private sector.

In terms of skills, e-commerce, entrepreneurship and business start-ups, we do not compare favourably with other countries or other parts of the UK. That is part of the focus, but the overwhelming objective is productivity. I am sure that Alex Neil will agree that we should unite around that issue.

**Irene Oldfather (Cunninghame South) (Lab):** I welcome the minister's statement. Does he agree that to foster the dynamic enterprise environment that he has spoken about, we must do two things: foster entrepreneurship in primary schools and encourage responsible risk taking in the small and medium enterprise sector. Does the minister agree that, too often, this country—unlike the United States—does not give entrepreneurs a second chance?

**Henry McLeish:** I agree entirely with Irene Oldfather's comments. We are developing new ideas for taking entrepreneurship into primary schools and right through to the university sector. We want to engage the best entrepreneurs in Scotland to give that lead. That issue will be addressed.

Part of the focus of LECs will be to step up their activities to ensure that small and medium enterprises are entrepreneurial. As part of yesterday's announcement on the small business gateway, we announced grants of £500 for e-commerce activities. Bigger aspirations are part of entrepreneurship. Why should not Scotland be a nation in which we take considered risks? Why should not we be a nation that wants to invest for the future? Entrepreneurship is crucial, not only in terms of substance but in changing the culture of Scotland, which really needs to be changed quickly.

**Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD):** The minister made no specific mention of our local enterprise trusts. Kincardine and Deeside Enterprise Trust, which is in my constituency, is concerned about its future. Could he comment on how he envisages the future of the trusts, as there is some uncertainty about that? It would be beneficial if he were able to make a statement about them.

**Henry McLeish:** I will make two points about Mike Rumbles's comments on trusts. Yesterday, we considered the partners who will contribute to the business gateway. The trusts are involved in that partnership.

The economic forum will be a key way in which the trusts will further involve themselves. I say this to Mike Rumbles and to every organisation that is participating in the gateway: "If you can add value, provide value for money, avoid duplication and confusion and be part of the new surge at a local level to get the kind of success that I want, we are with you, but we will be tough on any organisation that receives public sector funding and simply does not deliver." Our approach will be as tough and as clinical as that, so the challenge to every organisation is to respond to that.

**Nick Johnston (Mid Scotland and Fife) (Con):** We thought, when we came to the chamber this morning, that we might cross the rubicon, but we are actually on a stepping stone in the middle. It would be churlish of me, however, not to acknowledge that at least we are half way across the divide, if not the whole way.

I want to ask the minister a specific question about the high-level expert group. While we welcome the establishment of that group—it is a move forward—one or two key players seem to be missing. I am thinking of the role of the transport infrastructure in economic development. Will the transport authorities be involved in that group—or local authorities, which are often responsible for quite a lot of the duplication and confusion that the Enterprise and Lifelong Learning Committee found during its deliberations? There should also be input into the high-level expert group from business organisations.

**Henry McLeish:** I will take that half way, half-hearted welcome from the Conservative group as a slight compliment.

The high-level group is being established to get the strategy for the enterprise network in place as quickly as possible. We have identified core groups but, to be fair, I want the strategy largely to be driven by the head of Scottish Enterprise, Robert Crawford. Scottish Enterprise has already done a lot of work on setting some powerful targets. That work will be enriched by other organisations.

The electronic, physical and transport infrastructure will be a crucial part of the Executive's role, and of the Parliament's role. I imagine that infrastructure will become a key specialism in the local economic forums in different parts of the country.

I am not sure that the high-level expert group will be able to make a contribution to the targets for LECs, but we want to involve it as much as

possible in the work of the forums and in the Executive's—and the Parliament's—further work on this issue.

**The Presiding Officer:** I apologise to those members whom I have not called. I allowed the time to run on beyond the usual half hour, but I must protect the time available for the main debate of the day.

## National Health Service

**The Presiding Officer (Sir David Steel):** We now come to the debate on the modernisation of the national health service. Although it is not stated precisely in the business bulletin, it is intended that the debate should be interrupted at half-past 12 for a short debate on the Government Resources and Accounts Bill. The debate on the national health service will continue during the afternoon.

10:14

**The Minister for Health and Community Care (Susan Deacon):** We live in interesting times. More important, we live in challenging times. Fifty-two years ago this week, the national health service was created. Fifty-two weeks ago, the Scottish Parliament took up its powers. It was new politics, a new system of government and a new opportunity to improve the health of the Scottish people and to address the needs of the people's health service. It was a chance to look afresh at the big picture and to address the big challenges. That is what today's debate should be about.

Let us all remember that the NHS is our biggest and most important public service. It is our country's biggest employer. It has more than 135,000 staff, 5 million patients and a £5 billion budget. That is the scale of the task and, more important, the scale of the opportunity.

There has been a lot of talk over the past week about £34 million. I will return to that later. For those who are interested in numbers, the important figure is the £5 billion—the five thousand million pounds—that is being invested in the NHS and in the health of our people in the current year. The important issue is what is being done with that investment. That is what NHS modernisation is about—matching investment with reform; not just about spending more, but about spending better. It is not just about tinkering at the margins of change, but undertaking the root-and-branch reform that is necessary to build a health service fit for the future; not by yet more restructuring, but by rethinking and reorganising services around the needs of patients.

**Mr John Swinney (North Tayside) (SNP):** Some of the numbers particularly interest my constituents. In Tayside, we may face six years of austerity because of a projected overspend in the Tayside University Hospitals NHS Trust. Is the minister able to give a commitment today that some of the underspend from last year will be allocated to support the trust in coming to grips with the very difficult circumstances that it faces, to guarantee that my constituents and those of my

colleagues who represent Tayside and Fife are not prejudiced by a reduction in the availability of health care in Tayside?

**Susan Deacon:** I am pleased to say that more than £20 million in additional resources has already gone into the NHS in Tayside. It is precisely because I want that additional investment to be used effectively and to be managed wisely that I have taken action. It is why I responded to the report published last week by the task force on the management of NHS services in Tayside. It is why I will continue to act on the information that I have received to ensure that people throughout Tayside get the services they need and deserve.

People in Tayside, as in every other part of Scotland, need a modernised health service. That takes time to deliver. It takes investment, energy, commitment, determination, vision, pragmatism and principles—all in equal measure. That does not reduce to soundbites or to a single spending decision, but the results are real. The 568 extra heart bypass operations performed in the past year are real. The 50,000 more operations performed in the NHS in Scotland this year are real. The quarter of a million more contacts made by community nurses and by health visitors to people in their homes this year are real. The faster diagnosis and treatment now being delivered by more than 140 one-stop clinics across the country is real. The 62,000 more out-patient attendances at hospitals this year are real.

I can tell members what else is real: the commitment of this minister and of every minister in this Executive to invest in and to build in Scotland an NHS that is truly fit for the future.

**Alex Neil (Central Scotland) (SNP):** Will the minister give way?

**Susan Deacon:** That is why we made clear in the programme for government our commitment to deliver substantially increased real-terms spending on the NHS; to shape a modern NHS that cares as well as it cures; to improve the patient's journey and to strengthen the voice of patients, staff and the public; and to tackle the root causes of ill health in radical and innovative ways.

**Christine Grahame (South of Scotland) (SNP):** Will the minister take an intervention?

**Susan Deacon:** In just one year of this Administration, we have made progress on all those things. I will give just some examples: the building of eight new state-of-the-art hospitals; the investment of more than £30 million in community health centres and general practices to provide modern, integrated health and social care services; the linking of GP practices and hospitals to NHS net—with pharmacies to follow—so that patients can get faster appointments, test results

and prescriptions; major developments in telemedicine, which benefits rural communities in particular; investment in the Scottish NHS Direct service to provide 24-hour health and social care advice, with services to be launched later this year.

There has also been investment in staff.

**Mr Alex Salmond (Banff and Buchan) (SNP):** Will the minister give way?

**Susan Deacon:** I cannot resist the temptation.

**Mr Salmond:** If the Minister for Health and Community Care is speaking on behalf of all her colleagues in the Executive, why did the First Minister feel it necessary to issue the no-spinning edict that seems to have been directed at her?

**Susan Deacon:** Once again, the SNP leader disappoints but does not surprise. I said at the beginning of my speech that this debate is about the big issues, and it is the big issues in the NHS in Scotland that we are focusing on because those are what matter.

**Brian Adam (North-East Scotland) (SNP):** Will the minister give way?

**Susan Deacon:** We are investing £6 million in a new NHS education, training and lifelong learning strategy and we are taking action to reduce junior doctors' hours. We are ensuring better pay, to recruit and retain nurses in the service, and £8.4 million was announced last week for more doctors and nurses, allocating skills and resources to the areas of greatest need, such as intensive care, accident and emergency services and our communities.

**Mrs Margaret Ewing (Moray) (SNP):** Will the minister give way?

**Susan Deacon:** We are placing emphasis on and providing investment in the NHS's clinical priorities of cancer, coronary heart disease and mental health, and we are providing £13.5 million for new cancer equipment.

As further evidence of our commitment to invest wisely, I am pleased to announce that we are allocating an additional £30 million for equipment for the NHS. That money, which is part of the additional resource that was received as a consequence of the chancellor's March budget, will be targeted specifically on much-needed X-ray equipment and scanners to provide better, faster diagnosis. It will also be used for sterilisation equipment, to take effective action to reduce the risk of hospital acquired infection.

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** Will the minister give way?

**Susan Deacon:** All those improvements and so many more are delivering real benefits to patients

throughout the country and are rewarding the innovation and creativity that is taking place in the NHS throughout Scotland.

We are doing much more besides. The redesigning of services is delivering improved care and faster treatment, and preparations are under way for the launch in the autumn of our patients project to improve communications with patients and to strengthen their voice. In addition, we have been responsible for the learning disability review, the work of the Scottish Partnership Forum, the establishment of the Clinical Standards Board for Scotland and the Health Technology Board for Scotland, and the launch of the carers' strategy for Scotland. Much has been done over the past year, but there is much more still to do. I am not, have never been, nor will ever be complacent about that.

The NHS in Scotland delivers high quality care. In the main, it provides a service of which we can be proud. However, we all know that people are waiting too long for care and treatment and that too many people still do not get the right treatment in the right place at the right time. Today, I expect that the Opposition will yet again have much to say about problems. Instead, I would like to focus on solutions.

Money is always suggested as the solution. Of course investment is key. That is why almost £500 million more is being spent on health in Scotland this year than last, and why we have given a commitment to increase spending on health in Scotland by £400 million to £500 million in each of the next three years. That will take total spending on health in Scotland to more than £6.5 billion by 2003.

**John Young (West of Scotland) (Con):** Will the minister give way?

**Susan Deacon:** None the less, let us nail here and now the myth that money is the only answer. New investment will not, of itself, deliver the change that our people need.

**John Young:** Will the minister give way?

**Susan Deacon:** As well as investment, we need reform in the NHS. Money will not, of itself, overcome the traditional cultural, institutional and professional barriers that have, for too long, militated against the delivery of effective patient care. Money, of itself, will not get rid of the blockages and bureaucracy, the professional demarcations or the gaps and duplication that still exist in the NHS.

**Alex Neil:** Will the minister give way?

**Susan Deacon:** Too often, still, the way services are delivered owes more to the needs of the service than the needs of patient. That is why the NHS needs modernisation, investment and

reform.

Since the turn of the year, we have been mapping out our modernisation programme for the NHS in Scotland. I want to set it out to the Parliament today. In February, at a conference of the leaders of the NHS in Scotland, I set out the three broad themes of our modernisation programme. The first is a commitment to modernise the process of policy development. The second is to modernise service delivery, to transform the way services are designed and delivered. The third is to modernise the governance of the NHS in Scotland; to clarify roles and accountabilities and ensure that local health systems operate as a partnership to deliver seamless patient care. Work is now progressing on all those areas.

**Mr Hamilton:** Will the minister give way?

**Susan Deacon:** As I agreed with the service in February, we are now taking forward the development of a national health improvement programme for Scotland to provide a clear strategic framework for the development of the NHS. We are developing a more open and inclusive approach to policy development and service design, locally and nationally, involving people in important decisions about the future of their local services. Sustainable change needs real involvement of communities, staff and other interests. The local acute services reviews taking place at present are prime examples of that approach.

We have identified key target areas for action, including shortening waiting times and speeding up treatment and radically improving the links between health and social care to ensure genuinely seamless services, especially for the elderly. We are moving towards launching our first walk-in, walk-out hospitals and we are harnessing modern communications technologies to drive and facilitate new ways of working. All that progress is now being accelerated, with clear objectives and time scales that over the past few months have been agreed with every health board in Scotland. It is a significant and ambitious programme of work that we are committed to taking forward.

A modern NHS also requires changes in the way the service is managed. Attitudes, behaviours and processes left over from the internal market persist. They must be replaced with practices and accountabilities that befit a 21st century, patient-centred NHS in Scotland. That is why we are developing and improving the appointments system for NHS trust and board members. That is why we are extending the governance framework for health boards and trusts. That is why we are ensuring that corporate contracts encompass wider health and social inclusion objectives, so that health boards work much more closely with

their partners outside the NHS.

**Mr Hamilton** *rose*—

**Members:** Sit down.

**The Deputy Presiding Officer (Patricia Ferguson):** Order

**The Minister for Parliament (Mr Tom McCabe):** Sit down.

**Mr Salmond:** Are you chairing this? Mr McCabe is giving instructions to the chair.

**Mr McCabe:** No—are you chairing it?

**The Deputy Presiding Officer:** We will not have members addressing one another across the chamber. Members will address the chair.

Please continue, minister.

**Susan Deacon:** I am grateful for your intervention, Presiding Officer. It is important that Parliament has the opportunity today to hear what the Executive is doing to drive forward modernisation and improvement in the NHS.

I have spoken about investment. I emphasise that it is being used to support and lever effective change. The £60 million of additional resources that was released to health boards last week is being linked to the delivery of specific priorities such as tackling waiting times and reducing delayed discharges from hospitals to the community.

**Mr Hamilton:** Will the minister give way?

**Susan Deacon:** To drive forward this formidable programme of work, we need to have the people and processes in place. Yesterday, the first meeting of the new NHS Modernisation Board for Scotland took place. The board will help drive forward our modernisation programme. It will also build on and co-ordinate the work of our national network and project groups, which bring together people from across the service to address issues such as waiting times, winter performance, delayed discharge and capital planning.

The members of the modernisation board are talented, knowledgeable and effective individuals—champions for change. They are people who will bring a fresh perspective to our thinking on modernising services.

We also need wider involvement in our work. That is why, in the autumn, we will hold the first meeting of the new NHS modernisation forum. It will bring together a wide range of key NHS stakeholders to ensure that they have the opportunity to have meaningful involvement in shaping the future of our NHS in Scotland. Professionals, NHS staff, trade unions, patients, carers and people working in social care will all have a seat at the table.

Of course we have a long way to go—transformation on such an ambitious scale takes time and commitment from politicians, professionals and partners in the health and social care system. Already our approach to the modernisation of health services, locally and nationally, is changing people's day-to-day experience of the NHS. The transformation is already under way all over Scotland as the staff who deliver services come together to design new services in response to local needs.

**Tricia Marwick (Mid Scotland and Fife) (SNP):** Will the minister give way?

**Susan Deacon:** New partnership-based structures have been put in place in the NHS. Those structures are empowering our professionals and liberating their skills. That is happening throughout the NHS in Scotland.

One of the real privileges of my job is being able to see at close quarters the work that is being done in the NHS. I hope that we in this chamber can get better at celebrating and championing that work. We need to remember how much has been achieved.

**Brian Adam:** Will the minister give way?

**Susan Deacon:** Of course more is still to be done. Of course we need to work hard to improve further people's experience of the NHS. Of course we must do more to turn around the divided and underfunded system that we inherited. I do not condone service failures and I do not condone services that build in waiting and anxiety, with the result that patients who might have benefited from early treatment are let down badly. That is not the sort of NHS that I want for my constituents and it is not the sort of NHS that I want for my family. However, neither do I condone those who would capitalise on such failures. I certainly have no truck with those who—often in a bid to win political points—only undermine patient confidence.

**Christine Grahame:** Will the minister give way?

**Roseanna Cunningham (Perth) (SNP):** Will the minister give way?

**Susan Deacon:** Scotland has a long history of clinical excellence that stands comparison with any other nation. We have staff throughout the NHS in Scotland who are capable of excellent work and excellent innovation. It takes courage to press on with NHS reform and it takes conviction to drive change forward, especially in an organisation as large and complex as the NHS in Scotland. There are vested interests and resistance to change, but there is also a growing demand for change and growing support for it, both among the general public and, crucially, within the NHS itself. People want practical, positive change. I want practical, positive change.



This Executive wants practical, positive change. That is why we are backing that commitment with real investment.

Let me return to the debate—or, rather, the sideshow—of the past week. Let me set out the facts. Opposition members may care to listen for a moment to learn those facts.

**Shona Robison (North-East Scotland) (SNP):** Will the minister give way?

**Alex Neil:** Will the minister give way?

**Susan Deacon:** In a health budget of around £5 billion, £135 million—that is, around 2.5 per cent—was carried over from last year to this. Much the same has been the case in previous years. That money is not an underspend and it is not surplus money. In the main, it is continuing spend on continuing capital projects and continuing planned expenditure by health boards on continuing local services. Of that money, £101 million is carrying over within the health budget to be spent, as planned, on committed NHS expenditure. The remaining—and much talked about—£34 million is, as the Deputy First Minister stated clearly and unequivocally this week, being set aside for health-related projects.

**Alex Neil:** Will the minister give way?

**Susan Deacon:** This Executive wants a Scotland in which fewer people need health care because there is less illness. That is why we held a healthy Scotland convention this week, to bring ministers with different portfolios together with people with skills, expertise and perspectives from right across Scotland.

It is only by pulling together policies and resources across the Executive that we can deliver real health improvements to the Scottish people, such as action on drugs and homelessness and action for the elderly. People cannot have it both ways. They cannot call on the Executive to deliver joined-up government and then castigate us when we do.

Health improvement cannot be delivered simply by spend in the NHS, and the NHS cannot be improved simply by spend in the health service. As the Minister for Health and Community Care I am delighted that £10 million—almost one third of the much vaunted £34 million carry over from last year—is being directed towards improved community care. We have already allocated extra money to health boards for that purpose. Now the additional £10 million will help tackle the community care end of the problem. Those, quite simply, are the facts.

In closing today, I lay down a challenge to Opposition members—a challenge based perhaps more on hope than on expectation. I say to them, “Raise your game. Raise the debate. Rise to the

real challenges of tomorrow rather than the cheap jibes of today.” The national health service is more important than any political party. It is certainly far more important than any individual politician. The NHS is about people—the people who work in it and the people who use it. It is their interests and their future that matters.

I move,

That the Parliament recognises the Scottish Executive's commitment to the NHS in Scotland and to improving the health of the Scottish people; supports the Scottish Executive's commitment to build on the founding principles of the NHS and to providing a modern health service designed around the needs of patients; recognises that the delivery of a modern NHS requires both resources and reform; welcomes the Scottish Executive's commitment to target its record investment in the NHS to areas of greatest need and to those changes which have greatest benefits for patients, and supports the Scottish Executive's plans for the modernisation of the NHS in Scotland.

10:37

**Kay Ullrich (West of Scotland) (SNP):** What a tired, flat performance that was from the minister. Perhaps under the circumstances it was all that could be expected.

Today I want to examine the Executive's record on health over the past year and to suggest a way forward for the long-term future of the health service in Scotland. Tired though the minister's speech was, I must say that her performance must make her a major contender for the brass neck of the year award. However, this minister has had plenty of practice when it comes to defending the indefensible. For nigh on 14 months, we have been subjected to the same old complacency—the same old self-congratulatory doublespeak.

Of course, today's debate was never meant to be like this. It was meant to be the climax to a long-planned series of announcements designed to convince the people of Scotland that the health service was indeed safe in new Labour's hands. In order to achieve that aim, the spin machine department was put on double time. All the old announcements were dusted down and the venues were selected. It was to be Deacon's fightback to public credibility. Instead, what we have witnessed is more akin to Custer's last stand.

The minister had not reckoned on her wee pal Jack coming along with a perfectly planted knife right between the shoulder blades. Just after the minister had said last week with great fanfare what she was going to do with £8.4 million, along came her colleague the Minister for Finance, who told us not only that the health budget had been underspent by £135 million, but that the Minister for Health and Community Care had agreed that 25 per cent of the underspend was to be given to him for areas other than health.

**Members:** No.

**Dr Richard Simpson (Ochil) (Lab):** Lies. Absolute nonsense.

**The Deputy Presiding Officer:** Order.

**Kay Ullrich:** Did the minister not realise that it was accepted practice that all underspend on health should be retained in the health budget?

**Dr Simpson:** Nonsense. That is not true.

**Kay Ullrich:** Can the minister explain why she saw fit to relinquish so easily £34 million of much-needed money for the health service? Even the hastily cobbled-together compromise was made purely in the interests of Ms Deacon and Mr McConnell's careers—such as they are—rather than in the interests of Scotland's patients. As if that was not bad enough, remember that this was supposed to be a week of glorious headlines for Labour in the build-up to today's debate. The actual headlines recorded the stark reality of Scotland's health service under Ms Deacon's stewardship.

**Dr Simpson:** I feel constrained to speak, because the facts are being completely distorted. There has been an underspend in the NHS every year, certainly since I started in the health service. Every year, health boards used to rush to spend the money in March on all sorts of crazy things that were totally unnecessary to the service. The Finance Committee of the Parliament, in negotiations with the Minister for Finance, agreed that all spending departments—[MEMBERS: "Speech."] All spending departments—

**Kay Ullrich:** I think that we have got the message.

**Dr Simpson:** The facts need to be corrected.

**The Deputy Presiding Officer:** Order.

**Kay Ullrich:** As I said, we have got the message—

**Dr Simpson:** The member allowed the intervention. Unless the Presiding Officer stops me, I have the right to conclude.

**The Deputy Presiding Officer:** Order.

**Dr Simpson:** Twenty-five per cent of all spending departments—

**Kay Ullrich:** Presiding Officer, can you stop this? The member is making a speech.

**Dr Simpson:** I am just asking whether the member believes—

**The Deputy Presiding Officer:** Order. Please sit down, Dr Simpson.

**Kay Ullrich:** The fact is that both local government and justice retained 100 per cent of

their underspend. Why did Susan Deacon not fight for Scotland's health service?

After that speech from Dr Simpson, I will continue. The Tayside task force reported and revealed its concern over the standard of monitoring by Ms Deacon's department. The task force indicated that, had the management executive been doing its job effectively, the situation in Tayside could have been remedied much earlier.

Then there was the British Medical Association conference. Dr John Garner, chair of the BMA in Scotland, not only pointed out the fact that Scotland was not getting the 6.1 per cent uplift that was promised in the budget, but accused the Executive of indulging in

"sound bite politics linked to . . . a headline on the early evening news and in the morning papers."

The minister has certainly grabbed the headlines this morning.

Then came the publication of details—which have been known for some time—about the scandal of cancer patients in Scotland having to wait for up to 13 weeks for life-saving radiotherapy treatment.

Only this week, a clinical director of Lothian Primary Care NHS Trust, Dr Anna Glasier, compared conditions in her clinic to those in developing countries and said that she was ashamed to treat patients in such an environment.

Instead of today being the minister's opportunity to regain her credibility, we have a beleaguered minister. Not only has she been mugged by the Minister for Finance and shown the yellow card by the First Minister, her dismal stewardship of the health service in Scotland has been laid bare for all to see.

Let us take a look at that stewardship over the past year. We all remember the winter crisis, when we saw the classic Deacon approach. No matter that all elective surgery was cancelled and that seriously ill patients were being ferried around Scotland in search of intensive care beds, the Minister for Health and Community Care adopted what has become her standard response—deny that there is a problem, accuse the SNP of scaremongering and bang on about the new money that new Labour is putting into the health service. The truth, of course, is that the health service in Scotland was able to cope during the winter crisis only thanks to the dedication and good will of health service staff. Those staff worked extra hours, forwent days off and, in many cases, worked back-to-back shifts.

On Monday, we heard the evidence from a Unison survey that showed the increased work load for health service staff since 1995. In 1995,

there was one doctor for every 92 patients; today, one doctor has to look after 110 patients. In 1995, there was one nurse for 18 patients; today, one nurse has 24 patients to care for. In 1995, there was one domestic—who are important people—for every 211 patients; today, there is one domestic for every 301 patients. And we wonder why there has been an increase in hospital-acquired infections.

**Hugh Henry (Paisley South) (Lab):** Will the member give way?

**Kay Ullrich:** No. I will be like the Minister for Health and Community Care and continue.

That is the reality of being a worker in the health service under new Labour. Even worse, those figures show the reality of the decline in patient care as a result of Miss Deacon's mismanagement of the health service in Scotland.

**Mrs Margaret Smith (Edinburgh West) (LD):** Will the member give way?

**Mr Andy Kerr (East Kilbride) (Lab):** Will the member give way?

**Kay Ullrich:** I will give way to Margaret Smith.

**Mrs Smith:** Rather than stand there attacking people, will Kay Ullrich say what the SNP would do to improve the health service in Scotland? Given that the latest figures show that SNP spending pledges so far are around £3 billion, which would be an extra 15p on income tax, and that the Executive is already spending double what the SNP promised in its manifesto, what would the SNP do to improve the health service?

**Kay Ullrich:** I will tell the chamber one thing—if we were sitting on the amount of money that the minister is sitting on, the health service in Scotland would not be in the state that it is in today. *[Interruption.]* Presiding Officer, will you deal with the rabble?

**The Deputy Presiding Officer:** I will make the chairing suggestions, thank you.

**Kay Ullrich:** There are many examples of Miss Deacon's do-nothing approach.

**Mrs Smith:** Answer the question.

**Kay Ullrich:** I have answered the question.

For example, the debacle—*[Interruption.]*

**The Deputy Presiding Officer:** Order.

**Kay Ullrich:** This is serious stuff. The people out there want to hear about it. These are the issues that people care about. For example, we had the debacle of the closure of Scotland's only heart transplant unit. Members will remember Miss Deacon's discomfort as she ducked and dived during the debate on that matter. Members will

also remember that she never answered the questions that we asked that day. I will ask them again—Scotland's heart patients deserve to know.

When did the minister know of the crisis at the unit? Was it when she first took over the health portfolio 52 weeks ago? After all, the unit was nationally funded, and it had been operating with only one surgeon since 1995. Alternatively, did the minister first become aware of the crisis last summer, when the sole surgeon asked for another to be appointed? Did the minister know in January, when all transplant surgery ceased, or was it when she opened her paper on the morning of 3 May? Was it the case that, by 10 May, she realised that she must be seen to be doing something, and gave the trust a whole two days to present an action plan? Either the minister was unaware of the situation, or she knew and failed to act. Either way, the only conclusion that can be drawn is of a minister not in control of her brief. When did the minister know? I will take her intervention now.

**Hugh Henry** *rose*—

**Kay Ullrich:** Do not look now, Susan; he is after your job.

**Ms Margaret Curran (Glasgow Baillieston) (Lab)** *rose*—

**Kay Ullrich:** Last week—*[Interruption.]*

**Alex Neil:** On a point of order, Presiding Officer. Will you control Labour and Liberal Democrat members?

**Kay Ullrich:** I have lost three minutes because of this.

**The Deputy Presiding Officer:** Carry on, Miss Ullrich.

**Kay Ullrich:** Last week, we had the publication of the research study in Glasgow that highlighted the fact that cancer patients were having to wait an unacceptably long time for radiotherapy. Again, that should not have been news to the minister. In September 1999, the Royal College of Radiologists issued a report on the shortage of linear accelerators and consultant radiologists. That was followed quickly by a *British Medical Journal* report, which showed that the UK has fewer radiotherapists per head than Poland and fewer medical oncologists than any nation in western Europe.

**Dr Simpson** *rose*—

**Kay Ullrich:** I am sorry, we do not have time for another speech.

**Dr Simpson:** It will not be another speech.

**Kay Ullrich:** This is serious stuff. As a doctor, Richard Simpson should understand that.

During the 3 February health debate, I raised the

issue of waiting times at the Beatson oncology clinic. That day, I highlighted the plight of a patient who was diagnosed with lung cancer on 19 November last year and given a start date for radiotherapy treatment of 24 January this year. The situation at the Beatson was not news to the health minister. What was her reaction when that scandalous situation became public knowledge last week? She said that it was up to the trust to plan appropriately. No it is not. The buck does not stop with the trust; it stops with the minister.

Here we have a health minister whose modus operandi seems to be to deny, to ignore, to blame someone else and, if pushed into a corner, suddenly to appear to be taking action—more in an attempt to be seen to be doing something than actually to address a problem.

**Trish Godman (West Renfrewshire) (Lab):** On a point of order, Presiding Officer. We are supposed to be discussing the modernisation of the national health service, not giving a tirade against Susan Deacon.

**The Deputy Presiding Officer:** That is not a point of order. Carry on, Miss Ullrich.

**Kay Ullrich:** I have already lost three minutes because of the behaviour of the other parties.

**The Deputy Presiding Officer:** I will be the judge of the time, Miss Ullrich. Please carry on.

**Kay Ullrich:** I am coming to the end-of-term report for the minister. I am afraid that the report that she must take home today will read, "Susan's coat is on a very shooglie nail." As we all know, it is not just the SNP that is saying that. The truth is that new Labour is in deep trouble over its handling of the health service. That is why we are seeing such a flurry of activity.

Money is being found from the depths of already-announced budgets—reannouncements and more reannouncements. Where, I must ask, is the long-term planning? Where is the long-term strategy for the delivery of health care in Scotland?

**Robert Brown (Glasgow) (LD):** On a point of order, Presiding Officer.

**The Deputy Presiding Officer:** Is it a genuine point of order, Mr Brown?

**Robert Brown:** Is it in order for members to speak to a motion that calls for action and for new and imaginative methods without giving us some insight as to what those are and what the alternatives are?

**The Deputy Presiding Officer:** That is not a point of order, Mr Brown. Miss Ullrich, please carry on. I am keeping a close watch on your time.

**Kay Ullrich:** Every action and every

announcement by the health minister is for the short-term benefit of new Labour, or Susan Deacon, or both. Last week's events provide a clear example of what a political football the health service has become, not just between political parties but, here in Scotland, between Labour ministers seeking election to what we shall call a promoted post. This short-termism must stop. Health is too important to be subject to the constraints of electoral terms of office.

There is, however, a small glimmer of hope in what the minister said today about the modernisation board. That goes some way towards embracing the SNP policy of establishing a national health care commission. The minister has failed to understand one crucial element of that SNP policy. [*Interruption.*] Members have been saying that they want to hear what SNP policy is, so they should now listen.

The one crucial element is to include cross-party representation of MSPs. After all, surely no one in this chamber does not want the health service in Scotland to rate alongside the best in the world. With cross-party representation on a health care commission, we could develop a long-term strategy with a consensual approach to ensure that the maximum health care benefit is achieved for the people of Scotland. Cross-party representation would allow us to move away from the current headline-grabbing, short-term approach of the Executive. Cross-party representation would also allow for a consistent approach to spending and commitments, in line with the long-term strategies developed by the commission. That would remove the tendency towards big spending rises in election years. It is no coincidence that new Labour's current panic about the health service coincides with the forthcoming Westminster election. Only a consensual approach will ensure that Scotland's health record is brought closer to European averages.

**The Deputy Presiding Officer:** Will you wind up, please?

**Kay Ullrich:** It is unacceptable that despite the Executive's exaggerated claims—[*Interruption.*]

**The Deputy Presiding Officer:** Order.

**Kay Ullrich:** If members listen, they will learn something.

According to World Health Organisation figures for expenditure on health as a percentage of gross domestic product, Scotland ranks below nations such as Costa Rica, Nicaragua, Honduras, Panama, Namibia and Mozambique. The minister cannot—

**Hugh Henry:** Will the member give way?

**Kay Ullrich:** I am winding up.

The minister cannot seriously believe that, given the dreadful record of the her stewardship of the health service in Scotland over the past year, anyone other than the whipped masses behind her could support that self-congratulating fiction of a motion.

Susan Deacon will be glad to hear that the SNP is not calling for her resignation today. She may wish to listen to public opinion, or indeed the First Minister's opinion, and take it on herself to consider her position. However, let her be in no doubt—today the Parliament has put her on a final warning.

I move amendment S1M-1091.1, to leave out from first "Scottish" to end and insert:

"failure of the Scottish Executive to tackle the chronic problems which currently exist in the health service in Scotland; calls upon the First Minister to take immediate action to address the situation; condemns the mismanagement and inaction on the part of the Executive, and demands new and imaginative methods of ensuring that the NHS in Scotland is run on the basis of patient need and not political expediency."

10:56

**Mary Scanlon (Highlands and Islands) (Con):** We come to this debate in the fourth year of a Labour Government with a chancellor's war chest of £18 billion and a further £22.5 billion from the mobile phone auction. The Government said that it would hit the ground running; it has been running ever since. The bigger the problems, the faster it runs in the opposite direction, towards focus groups, commissions, inquiries, glossy brochures, working groups, consultation—anything that prevents it from addressing the problem. Never before have we heard daily of so many problems. Never before has the medical profession been so outspoken about those problems.

**Maureen Macmillan (Highlands and Islands) (Lab):** Will Mary Scanlon give way?

**Mary Scanlon:** I have not even started. Maureen Macmillan should sit down and listen to what I have to say.

Today we are faced with a motion that does not address the crisis; it is self-congratulatory and ill deserving in the extreme. It is insulting and wholly insensitive to those working in the national health service and the patients whose lives depend upon it. The Executive will not be forgiven for its arrogance, complacency and total lack of sensitivity to NHS staff and their patients.

**Hugh Henry** *rose*—

**Mary Scanlon:** The motion refers to "commitment to the NHS". Would that be the commitment to the £135 million underspend, to the ever-rising financial deficits, to the 135 vacancies

for consultants, or to more spin and fewer doctors?

**Hugh Henry** *rose*—

**Mary Scanlon:** The voice of Scotland's doctors states that the Executive is all spin and no doctors.

**Hugh Henry:** Will the member give way?

**Mary Scanlon:** If I had been going to give way, I would have done so by now. [*Laughter.*] It is the last day of term—Hugh has had a busy year and should have a rest.

The motion refers to

"improving the health of the Scottish people"

at a time when the cure rate for lung cancer in Scotland is half that of France. Would that be the improvement in waiting lists, which have increased by 17 per cent in the past 12 months? Could it mean the Executive sitting on £135 million while cancer patients die as they wait for treatment?

The motion mentions "a modern health service". This modern health service cannot afford training and has had to slash investment in medical equipment and technology. This modern health service cannot even reply to the man who invented keyhole surgery, which is now practised throughout the world—he cannot get a reply to his letters, despite being promised funding by the previous health minister, Sam Galbraith. This modern health service cannot even give Scotland's 26 medical directors their terms and conditions of employment, despite the fact that they have been in post for 16 months. At a time when the aim is to change the way in which clinicians practise, who better than the medical directors to bring about that change? When they move, the doctors move, and, until the doctors move, no one moves.

The motion says that the Parliament

"welcomes the Scottish Executive's commitment to target its . . . investment . . . to areas of greatest need".

How would Susan Deacon know the areas of greatest need? She does not even talk to the British Medical Association. John Garner said at the BMA's national conference:

"We currently have no significant involvement in the development and direction of health policy."

While the minister talked of partnership, John Garner went on to say that

"the BMA in Scotland has had no dialogue at all with the Executive over the new monies . . . But we are not alone, the other health professions and indeed the public are equally frozen out from the process."

As for targeting resources, the minister called the members of the Health and Community Care Committee numpties when they dared to disagree with her over the Arbuthnott report. It would seem

that the modernisation board can propose anything so long as Susan agrees.

**Mrs Smith:** On a point of order.

**The Deputy Presiding Officer:** I hope that it is a genuine point of order, Mrs Smith.

**Mrs Smith:** I think that Mrs Scanlon will find that she has made an error in saying—[*Interruption.*]

**The Deputy Presiding Officer:** Order. If members will allow me to hear Mrs Smith's point of order, I will be able to make a judgment on it. Mrs Smith, do you wish to continue with your point of order?

**Mrs Smith:** I think that Mrs Scanlon will find that the minister did not call committee members that name.

**The Deputy Presiding Officer:** That is an intervention, not a point of order, Mrs Smith. Carry on please, Mrs Scanlon.

**Mary Scanlon:** The spin-doctors have to apologise for that, as it was published throughout Scotland.

There is not even a pharmacist on the modernisation board, despite the fact that Scotland's pharmacists see 600,000 people every day. What are the modernisation plans? Is there a plan? Is there a vision? Is there a strategy? Or is it the case, as John Garner of the BMA said, that everything is being done by

"a new army of special advisors, civil servants and spin-doctors"?

The BMA is the voice of Scotland's doctors. John Garner went on to say:

"We believe it is vital that the Executive understands that those who work in the service, those who pay for the service and most importantly, those who use the service, are central to modernising the service. Scotland needs a long-term strategic plan of expansion and modernisation involving meaningful and constructive dialogue".

One would not have thought that the Executive needed to be told that.

**Hugh Henry:** Will Mrs Scanlon give way?

**Mary Scanlon:** John Garner went on to say that, rather than sound-bite politics—

**Hugh Henry:** Will Mrs Scanlon give way?

**Mary Scanlon:** Hugh Henry is so persistent that I shall give way.

**Hugh Henry:** I am grateful to Mary Scanlon; she is always the lady.

Mary Scanlon mentioned paying for the service. Does she agree with Ann Widdecombe, who stated that, if someone wants to pay to see their GP, they should be encouraged to do so? If she agrees, what advice does she have for those who

cannot pay?

**Mary Scanlon:** I am delighted to say that William Hague has given us carte blanche to make health policy in Scotland to suit Scotland's needs and Scotland's patients. Ann Widdecombe is not the health minister; the next time that Hugh stands up with his wee interventions he should remember that. We are talking about something called devolution. I know that it is difficult for Tony Blair to understand, but that is what it is called.

All the shortcomings that John Garner described come from an Executive in which one is sacked for leaking but keeps one's job for incompetence. If the minister had discussed with the professionals how best to use the money for Scotland's health, she might have used £80 million to invest in and modernise the aging diagnostic equipment to bring it up to satisfactory minimum standards. A written answer to a question from Kenny Gibson confirmed the huge reduction in investment in medical equipment. How can trusts invest when they have to transfer capital to revenue budgets to meet political, rather than clinical, targets?

Money could have been invested in training, by revitalising the study-leave budgets that, over the past five years, have continually decreased in real terms. Even £50,000—a drop in the ocean—could fund a Scottish course to train tutors of lip-reading, which would benefit 370,000 hearing-impaired adults in Scotland.

Surely, as a management consultant, the minister must recognise that change must be managed. However, the clinical director of Tayside University Hospitals NHS Trust, who quit after 40 years of service, described

"the stress of trying to run clinical services when instructions from the centre, particularly the Health Minister, are incompatible with running that service".

When the minister wants to talk about partnership, I suggest that she starts by looking for a dictionary definition and then works on that.

The £135 million underspend is a result of sheer hard work by staff in the NHS who, as Kay Ullrich said, were under the illusion that it would be ploughed back into the health service. Many of those staff worked 16-hour shifts to get the NHS through the winter. It is hardly surprising that good will and trust has now been broken and that morale is seriously dented. Is it any wonder that staff in the NHS are feeling let down, angry and frustrated? This should be about clinical priorities, not political priorities. Let the health service get on with managing. Let NHS staff get on with treating the patient—they know what needs to be done.

The £135 million underspend did not just appear on 31 March. When did the minister know of the potential underspend? Was it when patients in Inverness were being offered the nearest intensive

care bed in Birmingham? Did she know of the underspend when the cancer patients in Tayside and Glasgow found out that their tumours had grown too big to be treated? Did she know of the £135 million underspend when services were cut at Stracathro month by month? Why was it that justice, local government, the Parliament and administration all negotiated to keep the full underspend with no clawback? Previous practice was that the health service retained 100 per cent of any underspend, not 75 per cent. Why did the budget rules change this year? Why did the minister agree to a £34 million loss to the core services of the NHS? Did the civil servants not tell her about common practice, or is Jack McConnell a little bit too smart for her? If she cannot fight to retain £34 million in its rightful place in our NHS, how can she be trusted to represent Scotland's interests in negotiating the Barnett formula for our funding from Westminster?

However, the Minister for Health and Community Care has a contingency plan. When things go wrong, she blames the managers. If that does not work, she threatens to sack them and to dock their pay. If that does not work, she threatens to cull them. If that does not work, she blames the doctors and consultants. If that does not work, she blames the GPs. If that does not work, she blames the patient. If that does not work, she blames Jack McConnell.

Those policies sound like the rhyme "Solomon Grundy". They are born on a Monday, leaked on a Tuesday, spun on a Wednesday, denied on a Thursday, rejected on a Friday, dead on a Saturday, buried on a Sunday. That is not the end of Solomon Grundy, however, because it is all reannounced the following Monday. Surely the time has come for the Executive to put Scotland's patients before ministers' career prospects.

I move amendment S1M-1091.2, to leave out from first "the Scottish" to end and insert:

"that the delivery of a modern NHS requires both resources and reform; calls upon the Scottish Executive to abandon those policies which foster a spirit of divisiveness, to adopt policies which will restore the morale of the health service workers at all levels and to work with medical professionals and relevant authorities to address the need for investment in equipment and training and ensure that the £135 million underspend is fully committed to benefit patient care, and further calls for the development of a new approach to long-term and community care through unified health and social work budgets."

11:08

**Nora Radcliffe (Gordon) (LD):** The motion asks us to note

"that the delivery of a modern NHS requires both resources and reform."

I reiterate what I have said on every possible

occasion since I was elected. I say yes to resources, yes to reform, but please do not reorganise the NHS. Leave the structure alone and let us and the NHS staff concentrate on what is important, which is service delivery.

What are the essential elements of a modernised NHS? I have come up with three. It must be carefully and consciously people-centred, it must be equitable and its resources must be used effectively. I say people-centred rather than patient-centred because it should be a health service, not a treatment for ill health service. We say that prevention is better than cure, but the phrase is so familiar that we sometimes ignore the truth of it. I will say more about that when I speak about the effective use of resources.

Being people-centred demands a willingness to consult people about their needs and wants, to listen to what they say, to take that seriously and to act in accordance with people's wishes rather than one's own. That can be difficult for any professional, medical or otherwise. It is much easier to take a nanny-knows-best attitude than to take the time and trouble to find out what a patient wants or—often more pertinently—what the patient does not want. As part of that exercise, a patient must be given the information that he or she requires to make an informed decision. Barriers to understanding should be recognised and overcome. How often are our health professionals given the time with patients and, where necessary, the support of translation or patient advocacy services to consult patients properly? Perhaps they are sometimes, but certainly not always.

Feedback from those who have been through the system highlights time and again that people want to be kept informed and to be involved in decisions about their care. It would be good to involve people in decisions about what care should be available, but it is notoriously difficult to persuade the public to enter into a dialogue about setting priorities. They are only too happy to leave such difficult debates to others.

The public interrelate with the health service via the local health council. In 1975, there were 48 local health councils, but several years ago that number was reduced to 15—one in each health board area. There is a strong case for increasing the number of members in each local health council. In that way—as used to be the case—each community is more likely to have a local health council member living in it, who is better known to people in the community. The public could have more direct influence through directly elected health boards.

Being people-centred means delivering services in a way that is convenient for people. Considerable effort has been made in recent years

to move service delivery as near as possible to people's homes. That raises issues that have to be addressed. Resources—funding and personnel—have to be moved from large centralised hospitals to general practices, which requires the rationalisation of hospital services. It is necessary to preserve critical mass to maintain skills levels in different techniques.

As more services are moved away from hospitals and into the community, health professionals will need to be trained differently. If minor surgery is to be carried out by general practitioners, hospital surgeons' time will be freed up, but that means that only the more difficult and complex surgery will be done in hospitals. Implications arise from that because the balance of the work load will change. Also, a nurse who treats patients in their homes needs a different set of skills from a nurse who works in a large hospital.

By moving health service delivery into the community, we highlight the importance of relating health to all the factors that affect well-being, which emphasises how important it is that all the professionals whose services affect people's lives co-operate with one another. The most obvious partners are health and social work and much joint working is being developed. Grampian Health Board and Grampian Regional Council were producing a joint community care plan about 10 years ago. Although the north-east was well ahead of the game at that time, such joint planning is now happening more widely. It is easy to list numerous local authority responsibilities that impact on health—responsibilities that relate to environmental health, leisure and recreation, education and housing. Co-operation in those areas reinforces the benefits of each and enhances people's well-being.

As well as the increase in work that is done with outside professionals, a welcome start has been made on breaking down divisions between health professionals. The old, blinkered attitude that doctors were the only health professionals has given way to greater recognition of the professions that are allied to medicine, such as physiotherapy, chiropody, speech and language therapy, occupational therapy, dietetics and so on. Pharmacists play a greater role in advising doctors on prescribing. Increasingly, the value of the amount of contact that community pharmacists have with the public and the way in which that can be used to disseminate health information and advice is being recognised. Nurses are being given more responsibility and their skills are being given higher status.

I want to mention one or two staffing issues. One of the strengths—or weaknesses—of the health service is the status of doctors as self-

employed contractors. That situation arose for reasons that are history, but the issue has been skirted around for many years. It is, perhaps, time to grasp the nettle and have a debate about whether that is the best or only option.

In recent months there have been instances when it has proved impossible to fill vacancies at specialist and consultant level, which suggests a supply shortfall. It is necessary to reconsider how the number of training places is calculated, because the gender balance in medicine has shifted dramatically. More than half of medical students are female, so provision for maternity leave and career breaks to raise families must be factored into the calculation of the number of trainees that is required to ensure an adequate number of consultants and specialists.

Continuing professional development for doctors is reasonably well organised and funded, but a lot more needs to be done to afford other health professionals similar opportunities. It might be of interest to members to know that student nurses from Napier University are in the gallery. I hope that they find today's proceedings edifying. We wish them well in their future careers in the new, modern NHS.

The second essential element of a modernised NHS is that it is equitable. I will start with the allocation of resources to health boards. The Scottish health authorities revenue equalisation—SHARE—system dates from the late 1970s and was ready for an overhaul. Professor Sir John Arbuthnott was asked to chair a committee to review resource allocation and produce recommendations on methods of allocating resources that were as objective and needs-based as the available data and techniques permitted. He did that, but in the light of the difficulties it faced in completing its work, the review committee identified the need for considerably more research to improve understanding of the causes of the clear inequalities in health care, between affluent and deprived and between urban and rural communities. The review also identified the need to find effective and cost-effective policies to tackle such inequalities.

Good decision making depends on good information. Much more information is needed on who falls through the net and why and on how to facilitate access to services for those who may be barred by lack of information, lack of language skills, disability, poverty, disaffection, remoteness, or even the attitudes of the professionals whose services they need.

Effective use of resources is also helped by good information. A lot of work has gone into moving towards evidence-based medicine, whereby drug treatments and procedures are evaluated much more critically. It takes time to do



such investigations and every drug and procedure cannot be covered just like that. Even when the evidence has been gathered, the task of disseminating the information and persuading practitioners to take cognisance of it is lengthy and difficult. Through the work of the Scottish intercollegiate guidelines network and the clinical outturns group, the process has begun well and should gather momentum.

Clinical governance is very much to the fore these days and can be assisted by the ease of statistical comparison in the computer age. In recent weeks, the effectiveness of clinical governance mechanisms has been demonstrated by the acute hospital trust that serves my area, where problems that can be dealt with now were identified.

There is currently a belt-and-braces approach to medical competence—the General Medical Council is embarking on a revalidation initiative to provide regular and robust evidence of fitness to practise throughout a doctor's career.

A more contentious area, in which there is scope for more effective use of resources, is organ donation. There have been dramatic advances in transplantation in recent years, but thousands of people still die from conditions that could be overcome by the transplant of a donor organ. The BMA's medical ethics committee recently published a report entitled "Organ Donation in the 21<sup>st</sup> Century: Time for a consolidated approach", with which it hopes to stimulate debate and encourage action.

In time, transplants might be rendered obsolete by gene modification, either to eliminate congenital conditions or to clone spare parts from animals. Realistically, however, that is years away. In the meantime, there is groundwork to be done in educating the public.

At a recent Aberdeen University graduation ceremony, Professor Neil Gow of the department of molecular and cell biology is reported as saying:

"Scientists must help society understand technological advances so the public does not reject them out of fear"

and that

"it was ironic that scientists and doctors had become the object of suspicion and lack of trust."

He also said:

"Genetic engineering, GM foods, human genetics, genetically manipulated micro-organisms are just some of the controversial scientific realities that face a society in which too few of its citizens are comfortable or capable of making the kind of informed decisions that our technological advances demand of us."

**The Deputy Presiding Officer:** Please wind up.

**Nora Radcliffe:** He also said:

"It is a tremendous irony that, in an era where science and medicine are yielding so many advances, that scientists and doctors have become for some the objects of unprecedented suspicion and perhaps even lack of trust. Education has therefore become of paramount importance in framing and explaining the issue."

The other contentious debate is on fluoridation of water to improve dental health, but I mention that without rehearsing the pros and cons.

When we talk of effective use of resources, we should not forget the enormous part that is played by the voluntary sector.

**The Deputy Presiding Officer:** Please come to a close.

**Nora Radcliffe:** The voluntary sector can range from large organisations, such as Macmillan Cancer Relief—which provides highly trained specialist nursing care—to the local volunteer who drives visitors to hospital.

In recent years there have been increasing pressures on health budgets and local authority budgets, so funding for the voluntary sector has been badly squeezed. It is a trend that must be reversed because the returns on a relatively small investment are absolutely huge. We should also be conscious—particularly if we are to be as people-centred as we would like to think—that we might depend too heavily on volunteers.

**The Deputy Presiding Officer:** Please close now.

**Nora Radcliffe:** Sorry?

**The Deputy Presiding Officer:** Please bring your speech to a close.

**Nora Radcliffe:** I thought that I had 18 minutes.

**The Deputy Presiding Officer:** No, you have 12 minutes.

**Nora Radcliffe:** We need to do more for carers. Early intervention makes sense—money spent on that saves money later. We should support parents in establishing healthy eating habits in young children. Sensible health education in schools prevents unplanned pregnancies and helps to prevent young people from taking up smoking or being persuaded into drug or alcohol abuse. Helping people to stop smoking, eat better and to take more exercise is an effective use of resources.

When health services become more integrated into the community, develop stronger co-operation with other agencies, involve people more in their own health care and take a more holistic view of health, we will arrive at a modernised health service and, more important, we will have a healthier population.

**The Deputy Presiding Officer:** We move to the

open part of the debate. The time limit for speeches is four minutes.

11:23

**Mrs Margaret Ewing (Moray) (SNP):** This is a serious debate and the fact that so many members have attended it is an indication of the importance that we attach to the health service. We must remember that we are speaking not only among ourselves, but to the people of Scotland who are looking to us to deliver the national health service. I have worked in politics for many years—sometimes more years than I care to remember—and have seen many changes enacted by various Westminster Governments. Some of those changes have been for the better and some have been for the worse. One of the Scottish Parliament's greatest challenges was to ensure that the national health service in Scotland was put in the safe hands of the 129 members who serve here. Our constituents want us to deal with the complexities of the NHS and to deliver its services efficiently and competently.

As Kay Ullrich pointed out, members should ensure that Scotland has a health service that is a success—a world-beater. Some of the changes that have taken place over the years seem to have been carried out merely for the sake of change and so that the Government is seen to be doing something. We must instil a sense of confidence in the Scottish public about how Parliament is dealing with issues.

Despite my intention to be constructive in my speech, I am sorry to say that during the past week, the most sympathetic observers and kindest critics of the Executive cannot have seen anything other than a week of utter confusion over the NHS. It has been almost like "The Paul Daniels Magic Show"—now you see it, now you don't; now you need it, now you don't. I therefore want to emphasise the crucial points for those outside the chamber who are genuinely concerned, because politics is about people.

To whom do we turn first when we are not feeling well? Kids usually turn to their parents, who are full of homespun remedies, but the first real port of call for us all is our general practitioner and the surgery in our local community. GPs do not want to be seen as Dr Finlays and Dr Camerons any more than nurses want to be described as angels. GPs and the ancillary staff who work with them, such as practice nurses, midwives, district nurses, health visitors, ambulance services and psychiatric nurses are vital to all of us. Those front-line people comfort, counsel and—if necessary—refer us to hospital for care.

Too often, our debates centre on hospitals and consultants and we do not talk about the daily

work that is done so willingly by surgery staff. Every member in the chamber should display a great deal of support for the front-line troops in the health service.

GP co-operatives represent an important structural change and are vital to our communities, particularly in rural areas. There should be more emphasis on local practices and I ask the minister to consider the possibility of developing schemes to train more triage nurses to co-ordinate administration for GPs, especially for important out-of-hours services.

**The Deputy Presiding Officer:** Wind up, please.?

**Mrs Ewing:** I have lots to say. However, unlike Nora Radcliffe, I did not think that I was getting 18 minutes. I will miss out some of my speech—I can always write to the minister, as I do from time to time, although I am still waiting for replies to some of my letters

I tried to intervene in the minister's speech on the issue of mental health. I noticed that she gave way only twice during her speech, despite the fact that there were about 20 other attempts to intervene. I want to pay tribute to the Deputy Minister for Community Care, Iain Gray, who brings genuine commitment to mental health—a very complex area in which we share an interest. As Nora Radcliffe is asking an oral question this afternoon on the crisis in the mental health service, I will not pre-empt the issue. However, is not it possible for Iain Gray and Susan Deacon—if they can stop their private conversation for a moment—to thaw the freeze on the Mental Welfare Commission's budget and the mental illness specific grant? Money needs to be spent on that important area; it should not be seen as a cinderella service.

11:30

**Dr Richard Simpson (Ochil) (Lab):** I will start with a declaration of interests, as I believe that one must do so. I am a member of the British Medical Association, the Royal College of General Practitioners and the Scottish Association for Mental Health and I am a fellow of the Royal College of Psychiatrists. I perform occasional consultancy work for pharmaceutical companies. I have directorships of Nursing Home Management, which has nursing home beds in England and of the Forth valley primary care research group.

Today's debate has been a good example of Dr Jekyll and Miss or Mrs Hyde. In the Health and Community Care Committee, Kay Ullrich and Mary Scanlon are co-operative and acknowledge the changes that the Executive is attempting to make. When we come into the chamber, everything they say is negative and regressive. They do not

mention the eight new hospitals that have been commenced or the health centres that have been built. Four of the 10 health centres in my constituency are being renewed and another two are planned. They do not mention the advances in cancer treatment or the new intensive treatment unit beds that we will open and the staff who will support them. They do not mention the investment that was made last September in a linear accelerator, which cannot be created in a few months. They want all that to have been done yesterday. They acknowledge none of what has been done—all they do is attack.

The unprecedented boost in funding for the NHS over the next three years provides a unique opportunity to modernise the service for the benefit of patients. That was not taken up by Mary Scanlon or Kay Ullrich. A partnership between patients, carers, health professionals and management is being forged through the forum that was announced by the minister, the board of which met the other day. That forum has a heavy responsibility to challenge and improve accepted practice. If it fails to meet that challenge, there is unlikely to be another chance to improve practice in the foreseeable future.

The easy route would be to throw money at acute trusts, such as the Tayside primary care NHS trust, which has shown ineptitude and an inability to live within its budget that is almost unique. Such an approach would be perverse and must be avoided.

**Shona Robison:** Does the member acknowledge that, although some responsibility for the case that he mentions must lie with the local managers, the interim report also criticised the management executive, for which the Minister for Health and Community Care is responsible, for its handling of the situation in Tayside?

**Dr Simpson:** The Minister for Health and Community Care announced the establishment of a task force within a few months of taking office. Again, that was not acknowledged by the Opposition. The task force has taken a few months to establish what is going on, which shows how poor the reporting systems in that trust were. That is made absolutely clear in the report.

As Nora Radcliffe said, the process of modernisation must begin with the journey that a patient is required to make. Patients should not have to struggle to find the appropriate route to services. The Scottish version of NHS Direct—which we have not introduced rapidly, but have taken time to examine in a considered way—will provide a single point of access to the primary and emergency services. Too many professionals find themselves overwhelmed by demands. The Scottish NHS Direct will provide expert advice and could ensure that only those who need to see a

health professional will do so.

**Christine Grahame:** I call upon the member's professional expertise. In a letter to *The Herald* on 9 June, Andrew Muirhead, a consultant orthopaedic surgeon at Ayr Hospital, referring to a 67 per cent cut in the funding for nursing homes in his unit, said:

"I would like to record a vote of 'No Confidence' in the present Labour administration, which has undermined the NHS in our area."

The minister would not comment on that. Will Dr Simpson?

**Dr Simpson:** There has not been a cut in funding. If a cut in resources has been reported by that surgeon, that health board must be called to account.

The patient should be able to obtain the highest standard of care from the right professional, as close to home as is practical. Across Scotland and the UK, there are many examples of good practice. Those examples need to be spread across the whole of the service. In Lothian, some patients have almost immediate access to minor surgery of the highest quality, provided by GPs in their local health centre. Elsewhere in Scotland, patients have to travel many miles to hospital for the same service, unnecessarily taking up the time of people such as the surgeon whom Christine Grahame mentioned. Many problems can be dealt with easily if we get the case mix and the skill mix right. That has to be managed locally.

**Ben Wallace (North-East Scotland) (Con):** Will the member give way?

**Dr Simpson:** No—I have taken quite a few interventions. I might give way if I get more time, but I doubt whether that will happen.

In Liverpool and Bradford, a variety of endoscopic procedures are carried out on patients safely and to the highest standards in a local health centre, while other patients must wait for months for a hospital appointment in the same cities, because the hospital will not consider developing the skills that are required.

This country has a unique primary care system, yet its potential to provide a high-quality service has been completely, or largely, unfulfilled. If we do not grasp the opportunity now, we will be in real trouble.

**The Deputy Presiding Officer:** Please come to a close.

**Dr Simpson:** Every survey of public opinion shows a high level of regard for doctors and nurses, but patients who need medical advice need more than seven minutes for a consultation. We must release our professionals to deal with the real and serious problems—that is as true for

hospital staff as it is for primary care staff.

It is absolutely imperative that we tackle again the amount of bureaucracy and paperwork, which was being reduced but which is beginning to grow again and which plagues the system.

The Labour party's vision for the renewal of the NHS in Scotland places the user at the centre of services. We will encourage a partnership between health professionals and the patient that provides as quickly as possible the highest quality of service close to the patient's home.

Yes, there are problems, and yes, the service is not perfect. However, at least we have a vision of the future. Our vision is achievable if we grasp the opportunity now.

11:36

**Robert Brown (Glasgow) (LD):** Margaret Ewing's and Dr Richard Simpson's speeches were a welcome contrast to that of Kay Ullrich and the negativity and vitriol that went with it. The challenge of government is to control the direction of events, to remedy the problems and to use the instruments of public policy to deliver something better. Behind all the clamour of the chattering classes and the SNP's vitriol, that is exactly what the Scottish Parliament and the Scottish Executive are beginning to do.

Foremost among the radical changes is the raft of measures to improve public health, which was a major demand of the Liberal Democrats at the election and which is coming through in increasing measure in decision after decision from the minister.

**Ben Wallace:** Will the member give way?

**Robert Brown:** I want to get started before members begin to intervene.

Among those public health promotion measures are the minister's recent announcement of the establishment of the public health institute; the health promotion fund, which is backed by some of the funds from the hypothecated tobacco tax—also called for by Liberal Democrats at the election—the national free fruit scheme for Scottish schoolchildren, which is a major innovatory initiative; and support for the reduction in smoking addiction, not least through the prescription of new drugs. When 35 people a day die in Scotland as a result of smoking, to my mind, it is offensive in the extreme that the most public contribution of the Conservative party should be the cigarettes and alcohol party that was hosted by the Conservative education spokesman: some spokesman; some education.

**Dorothy-Grace Elder (Glasgow) (SNP):** Is not the Minister for Health and Community Care

dependent on smokers continuing to smoke at the same rate, so that the Government can claw back the tobacco tax to put into the health service?

**Robert Brown:** The short answer is no. There is a linkage; I am trying to stress the present investment in changes for the better in Scotland's health.

Major changes are taking place that will revolutionise the NHS. Richard Simpson touched on some of them. There are shifts and balances between the primary and secondary care sectors, as well as the issues of tackling the drugs budget to get more out of it, better health spending and husbandry of resources and so on. However, no magic wand can make those changes happen overnight, by tomorrow or by the end of the parliamentary recess. The changes will take time, perseverance and leadership.

I offer one piece of advice to the Scottish Executive and to the Minister for Health and Community Care: trust the people on this issue. Far more damaging to the credibility of the NHS and the Government is the perception that health board consultations are a sham, and that they result in preordained decisions taken by the great and the good. The Scottish Executive must insist that effective ways are found to bring to bear the force of informed public opinion in developing options and in the ownership of the consultation process—what a friend of mine calls the democracy of complex decisions.

**Brian Adam:** Mr Brown referred to leadership in the NHS. Is he content with the leadership that our current health minister is giving to the NHS?

**Robert Brown:** We all have to make our contribution.

I was talking about the situation at the level of the local trust and trust board. There is a consultation in south Glasgow on the acute services review. There are lots of pamphlets and public meetings—a much more sophisticated campaign than those that health boards have usually conducted.

That is soured by the perception that the decision appears to have been taken by the health board before the consultation, rather than as a result of it, and that all the effort is going not towards consulting the public, but towards persuading the public, which is the wrong way to go about it. I suggest to the minister that the proper way to proceed is by an approach in which the public are partners in this great enterprise of the NHS, not spectators on the sidelines at some arcane, occult ceremony.

What does the SNP have to offer on health spending? A fanfare of negativity, abuse, mismanagement, inaction and all the rest of it. We

are still waiting to hear a call for new, imaginative methods, and the SNP will certainly need them to pay for its spending pledges, which currently stand at £3.6 billion, which is equivalent, as Margaret Smith said, to 15p on income tax.

The statistics show that the Scottish Executive and the Scottish Parliament are delivering on health spending. We have to make sure that the money is well spent and does the trick in its results. This is not an issue for spin doctors and counter-spin doctors; it is about what happens with regard to ill health and to the health of the people of this country, not least in my constituency of Glasgow.

**Tricia Marwick:** Will Robert Brown give way?

**Ms Sandra White (Glasgow) (SNP):** Will Robert Brown take an intervention?

**Robert Brown:** No, I am finishing.

Let us ensure that the efforts of every member of the Scottish Parliament are directed towards success, rather than towards point scoring on the great and liberating enterprise that is the national health service in Scotland. Let some people take some lessons from that approach.

11:42

**Nick Johnston (Mid Scotland and Fife) (Con):** It would be very easy for the debate to degenerate into a rant against the Executive, but we in the Conservative party wish to move the debate forward.

The Labour party has succeeded in doing certain things. Over the past three years, it has managed to convince the people of Scotland that they no longer have a health service that they can trust. It has destroyed the confidence and morale of medical staff at all levels, and it has systematically undermined the work of professional managers in the service by interference and bullying.

Most of the modernisation initiatives are either a continuation of Conservative policies or part of the natural progression, spun with more momentum than a candy floss machine. It is an insult to hard-working, dedicated staff such as Dr Simpson to suggest that improvements, changes and development have been taking place only since Tony Blair ascended to the throne in 1997. The staff in the NHS, if allowed freedom to manage, will always move to modernise the service.

Let us examine the facts at the root of modernisation. Ms Deacon likes facts. Fact 1: of the eight hospitals being built, seven were approved in 1998 or before. The four major private finance initiative proposals were all well under way when Labour came to power, and required only

the signature of the secretary of state.

Fact 2: the business case for the Royal infirmary of Edinburgh was approved by Ian Lang in 1994, and the invitation to tender was approved in 1996.

**Alex Neil:** Will Nick Johnston take an intervention?

**Nick Johnston:** In a minute.

Fact 3: the outline business case for Hairmyres hospital in East Kilbride was approved by Ian Lang in March 1994, and the tender was approved by Michael Forsyth in August 1995.

Fact 4: the outline business case for Law hospital in Wishaw was approved by Ian Lang in March 1994, and the tender was approved by Michael Forsyth in 1995.

Fact 5: Michael Forsyth signed off the business case for East Ayrshire community hospital in 1995—Donald Dewar simply signed the contract.

**Alex Neil:** Will Nick Johnston give way?

**Nick Johnston:** Will it move the debate on?

**Alex Neil:** Nick Johnston is boasting about the PFI, another Tory policy adopted by new Labour. Lothian University Hospitals NHS Trust has pointed out, with regard to the Royal infirmary of Edinburgh, that the additional cost of such funding, over traditional funding, is equivalent to the cost of 19 consultants. Is that something to boast about?

**Nick Johnston:** It is certainly something that we have to take into account. We also have to take into account the fact that we would not be getting those hospitals if it were not for public-private partnership.

Let us consider service delivery. I want to be a little parochial, and discuss the situation in Tayside. Against the background of management incompetence, overspending, sacking and resignations, the acute services review is a shambles. We now read that consultation has been put back until early 2001, that doctors are at odds over the proposals, and that the review has angered medical professionals, patient groups, GPs, health visitors and local authorities. Dr Foster, a consultant anaesthetist, was quoted thus in *The Courier and Advertiser*, on 27 June:

"Unfortunately there is no sound evidence which will allow us to reassure the public of Perth and Kinross and Angus that they will not be placed at increased risk by centralisation of maternity services."

If that is improved service delivery, I do not know where we are going.

**Dr Simpson:** There has been no decision on that yet.

**Nick Johnston:** That is a proposal, as Richard Simpson knows.

The Executive's forward planning consists of switching resources from patient care to trees, but people in my region are faced with the prospect of swingeing cuts in services to fund the incompetence of the Executive in monitoring public health budgets.

I have two more brief points to make. First, a modern health service must take alternative medicine more seriously, as 10 per cent of the health service budget is spent on drugs. Why are GPs who want to train in alternative medicine neither funded nor paid to administer such treatment? Secondly, will the minister tell us when she intends to fulfil the stated aim to introduce price controls for generic drugs?

The NHS is now at risk from the Executive, which is being short-changed by a minister who promises but cannot deliver, and who appears to have lost the faith of her colleagues. It is hampered by a minister who wants to interfere in the provision of services but will not take responsibility for them. Surely the people of Scotland deserve recognition of the fact that the Executive has a first-class staff running a second-class health service. Perhaps ministers should consider their position and paraphrase the words of Henry—not Hugh Henry, but Henry II: “Will no one rid us of this turbulent Deacon?”

11:47

**Karen Whitefield (Airdrie and Shotts) (Lab):** I am pleased that the final Executive debate before the recess is on an issue that is of great importance to the people of Scotland. I welcome the fact that, despite the sniping of the Opposition parties, the Scottish people will benefit from record levels of investment in the national health service over the next few years and a hospital building programme that is unprecedented in this country's history.

My colleagues have covered many of the organisational, structural and technological improvements that are taking place in the NHS. The NHS is becoming more responsive to the needs of patients and is taking active steps to consult its users. The abolition of the internal market was a key move towards designing a truly patient-centred health service. Other initiatives, such as the establishment of one-stop clinics, the extension of out-of-hours services and the ending of mixed-sex wards are reshaping the NHS, so that it is fit for the 21<sup>st</sup> century.

However, today I would like to touch on another important aspect of our modernisation programme—the need to improve our nation's health. Modernising the NHS is not only about building new hospitals, purchasing new equipment and employing more staff. Improving the health of

Scots is probably the single most important step that we can take towards truly modernising our health service.

The people from Scotland's most deprived communities suffer the worst health and are significantly more likely to suffer from coronary heart disease, strokes, cancer and mental illness than people from more affluent areas. The rate of mortality from coronary heart disease among those from the most deprived areas is more than 2.5 times that among people from the least deprived areas.

**Fiona Hyslop (Lothians) (SNP):** As Karen Whitefield is especially concerned about Lanarkshire, she will know that there are concerns about coronary heart disease in the mining communities of West Lothian, which borders on Lanarkshire. Does she agree with me, and with many members, that the Arbuthnott report desperately needs to be re-examined so that the rates of cancer and coronary heart disease that she is talking about in Lanarkshire can be addressed in other deprived areas such as West Lothian? The problem is that they are not being addressed, and the Executive's initial proposals on the Arbuthnott report are consequently failing Scotland.

**Karen Whitefield:** Not surprisingly, I disagree with Miss Hyslop. The Scottish Executive is tackling heart disease with projects such as “Heart of Scotland”.

More than 13,000 Scots die from smoking each year, and thousands more are hospitalised. The cost to the NHS of smoking is estimated at £140 million spent on hospital treatment for diseases caused by tobacco use. If we have an impact on those figures, we will not only improve the health of Scots, but we will free up vast sums to use elsewhere in the health service.

I welcome the policy document “Towards a Healthier Scotland”, which sets out a comprehensive programme of action to improve the health of Scotland. A network of healthy living centres will target some of Scotland's poorest communities, promoting healthy eating and challenging life-threatening habits such as smoking and alcohol abuse. The Executive's commitment to tackling poverty and improving the living conditions of all Scots will have a profound effect on the health of the nation.

Truly modernising the NHS is about ensuring a cross-departmental and cross-ministerial approach. Health boards are already working hard to improve public health. My local health board in Lanarkshire is developing innovative ways to encourage healthy living, working in partnership with agencies such as Central Scotland Countryside Trust to promote walking in the woods

around Torbothie and Eastfield, which as members of the press and insiders will be aware, are some of the important surrounding villages in my constituency.

Predictably, we have heard scare stories from the Opposition parties: that the Executive is not spending enough, or spending in the right place, or, most ironically, that it is not managing its budget. We do not need lectures from the nationalists and Conservatives; we are in the process of truly modernising our health service, ensuring that it remains true to its founding principles and relevant to the needs of the new millennium.

11:52

**Shona Robison (North-East Scotland) (SNP):**

The debate could be better entitled "Saving the NHS" if *The Courier and Advertiser* headlines are anything to go by: "Tayside patients face six years of 'austerity'"; "Another Tayside health chief goes"; "Health crisis: enough is enough, Deacon told"; "Don't blame me, says Minister". "Don't blame me" sums up the minister's attitude to the situation in Tayside. For months, she told concerned local MSPs from all parties that we were scaremongering. Pleas for her intervention were ignored as we were told time and again that it was a problem for local health managers to sort out. It was a case of, "Crisis? What crisis?"

Finally after nine months—nine months, I tell Richard Simpson—of speculation and anxiety from patients and staff, the minister announced that a task force would be sent in to sort out the problems. At last the minister acknowledged that the £11 million deficit in Tayside's acute hospitals was "clear cause for concern". Why did it take nine months to realise that? Why did she not act sooner? Why did she accuse local members of scaremongering when they were telling the truth and raising local concerns?

We now have the interim report of the Tayside task force, which confirms what we knew already: that there was a lack of effective financial control, an absence of leadership, a lack of team work and poor communication. The report states:

"many members of staff are disillusioned and dispirited, expressing a sense of frustration and anger at the lack of proper information and consultation."

Really. What a revelation. It has been clear to everyone in Tayside that staff morale has been at an all-time low for some time. What I cannot understand—and perhaps the minister will explain it—is what, given that the situation was so bad in Tayside, with a failure of the acute trust and the health board on most counts, the NHS management executive and the minister were doing during that time. Did they know about the

deep-rooted problems in Tayside? If not, why not? If they did, why did they not act sooner? Heads have rolled locally. Perhaps it is time for other heads to roll.

The so-called recovery plan has done little to alleviate concerns. Tayside people now face six years of austerity to pay back the projected £19 million deficit. I have talked to clinicians many times over the past few months. If the minister did so, they would tell her that it was totally unrealistic to say that that £19 million would be paid off within two years—unless there were swingeing cuts. Swingeing cuts, I tell the minister. She has claimed time and again that patient care in Tayside will not be affected. However, the recovery plan is based on a 15 per cent cut in hospital admissions in key areas. That means a cut of at least 1,000 referrals for accident and emergency, and a cut of 133 referrals for plastic surgery and treatment of burns injuries. Cuts are also planned in neurosurgery and general and respiratory medicine.

Is the minister really trying to tell us that a 15 per cent cut will not lead to a reduction in patient care? Staff, patients and local politicians know that it will; is she the only one who says that it will not? Robin Hunter of Unison has said that it is not possible to achieve a 15 per cent reduction in activity without affecting service users and losing jobs. Is the minister the only one who thinks otherwise? The people of Tayside should not be punished for the mistakes of others.

**Dr Simpson:** Will the member give way?

**Shona Robison:** I am sorry.

As I said earlier, local heads have rolled. However, we cannot just change the people at the top, give them the same leaky bucket to carry, and expect all to be well. The continuation of the huge deficit in Tayside means that people in a new team would be starting with their hands tied behind their backs.

The health minister could have given Tayside a fresh start by writing off the deficit. Tayside's per capita share of the £135 million underspend in the minister's budget would amount to £11 million, which is almost exactly the amount that is required to pay off the current deficit. Instead, the people of Tayside are expected to accept six years of austerity. What a missed opportunity.

11:57

**Des McNulty (Clydebank and Milngavie)**

**(Lab):** The NHS needs a fundamental reappraisal. Some big questions lie before us. Some of those questions are to do with long-term health trends—for example, the development of new treatments, and new demands for health and related services.

It is a disappointment that we are not having that debate. We must have that debate—it will not go away just because we do not have it today. There are fundamental issues that we must address.

The most important issue is probably the way in which the health service engages with broader society. In the past, the health service has essentially been a closed system, dominated by the idea of patients getting treatment. That is obviously an important dimension of the health service, but in future the health service will have to contribute towards—not provide on its own, but contribute towards—lifelong health care support for people with an increasingly diverse range of demands. The health service will have to reappraise what it does. It is no longer only about acute hospitals, or people going into general practitioners' surgeries. It is about how we support people to protect their health, and about how society can provide resources, mechanisms and skills, not just for doctors, nurses and managers, but for the general population.

**Mary Scanlon:** Does the member think that the closed system to which he refers can be opened up by the minister's refusing to enter into dialogue with the British Medical Association?

**Des McNulty:** Mary Scanlon has been doing well as the mouthpiece for the BMA over the past wee while. I counted the number of times that she mentioned Dr Garner, and I am sure that she is relaying his views effectively.

We need a step change in the debate. The debate should not be about only shortages and problems; it should be about the way in which we think about the health service. The health service needs to be thought about in a fundamentally different way. Is it sensible any more for GPs to act as gatekeepers for all kinds of health treatment? Is it not the case that we ought to be finding ways of enabling people to access health information and resources for themselves? Can we short-circuit the way in which we do things and have done them in the past, so that people can get the health resources that they require?

**Mr Hamilton:** Perhaps there is a problem with the acoustics, but we did not hear the answer to the question about the BMA. When the BMA says:

"In fact the BMA in Scotland has had no dialogue at all with the Executive over the new monies",

is it right or wrong?

**Des McNulty:** The member will have to ask the BMA what dialogue it has had with the Executive. I am sure that it is passing on information. The question should be addressed to the minister, rather than to me.

My contribution to the debate concerns how we change the way in which we do things. Duncan

Hamilton may not be interested in that; he may want instead to make small political points. However, I want to examine how we can work smart in the way in which we deliver health services.

We need to assist nurses and doctors to examine people's broad health requirements. Housing and education affect the way in which people's health is protected. One interesting way in which the Government is approaching its task is through the development of full-service schools, which integrate health service support with education in local communities. Health is no longer confined to hospitals or GP surgeries, but is being integrated with other things that people do. That is the way forward.

If we want to make a fundamental change in the way in which people's health is safeguarded in Scotland—I come from the west of Scotland and am a former member of Greater Glasgow Health Board—we need to think differently about how we go about that. We cannot confine ourselves to debates about hospitals and resources. Resources are important—they are fundamental to improving health—but we cannot think just about health service resources. We must think about how we use other resources in a way that promotes health. There should be a health audit of Scottish Executive expenditure across the board, to ensure that we get greater benefit from that money. That would be an important step forward in the debate on health modernisation.

12:02

**David Mundell (South of Scotland) (Con):** I am afraid that Susan Deacon's approach to facts does not work for me. When I go home and tell my wife that I have cut the grass, I do not find that the fact that I have said that—and I say it again and again—makes it true. Saying something repeatedly does not make it true.

When I asked to speak in this debate, I had hoped that there would be some discussion of what I regard as the modernisation of the health service—making better use of new technology. It is quite clear that that will happen only if the minister gives the necessary leadership. Although this morning she said the words, she did not provide the energy and leadership that is required.

**Dr Simpson:** Will the member give way?

**David Mundell:** As Richard Simpson has intervened during everyone else's speech, I regard it as an honour that he should intervene during mine.

**Dr Simpson:** I have intervened only once.

**David Mundell:** It seems like more.



**Dr Simpson:** Is the member aware that, as part of the modernisation strategy, there is a specific group dealing with information management and technology? I should have thought that he would have welcomed that.

**David Mundell:** I welcome it, but I welcome action over words. I do not think that enough is being done and that there are enough concrete examples across the country of information technology in use in the health service. The proper use and deployment of IT and telemedicine could save hundreds of millions of pounds that could be better invested in patient care. The minister should be making a priority the building of effective databases on patients and their requirements.

Karen Whitefield, with her website, is a great promoter of IT. I look forward to downloading Karen's speech from her site later. We heard from her about the need to promote health care, but I was amazed to find that in GP practices or health board areas no patient data are kept that can be properly used for the purposes of preventive medicine. It is not possible to find out how many high-risk patients, perhaps men over 50 who are liable to have a heart attack, live in a specific area and to start to target resources. Despite all the talk, that is not joined up. Information technology is in an excellent position to do that.

The second great role that IT can play is in changing the relationship between GPs or consultants and patients. In particular, I would like to see much more video-linking from GP surgeries—with the GP and the patient present—to allow discussions to take place directly with consultants. That would have great scope not only for cutting down the bureaucracy, but for providing a much better service for the patient.

Thirdly, there is enormous scope for IT in the whole system for appointments and timings. I know no system in the health service other than that by which when an appointment is made, someone writes down the date on a little piece of card. There must be enormous scope for moving to a much more sophisticated way of deploying—

**The Deputy Minister for Community Care (Iain Gray):** We have.

**David Mundell:** In that case, will the minister tell us about it when he sums up? He could give us the facts—details of places where that is happening and the patients who are benefiting—rather than just headline-grabbing statements. I do not see patients benefiting from electronic stuff. I see people with little cards.

We must put IT, and its use, at the heart of our health service. The ministers must demonstrate that they are committed not just to the soundbites that come with IT, but to the practice of it. At the moment, I see no evidence of that. I just hear the

soundbites.

12:07

**Dorothy-Grace Elder (Glasgow) (SNP):** May I remind the chamber that this is Labour's debate on the health service? Only about a dozen Labour members are here. I was glad to hear from our old friend from the surrounding villages—at least Karen Whitefield is flying the flag for Labour. Only a dozen of them are here, for a health debate that they initiated. It looks as if most of them are off for the recess already, but the recess does not begin until tonight.

Recesses can be very useful for contemplation, not just for constituency work. Someone once said that politicians are like a heap of manure. Heaped together, they can be pretty obnoxious, but in the recess, if the heap is spread out to fertilise the country, they might do a little good. [*Laughter.*]

I suggest that the Scottish Government spends some of the recess contemplating that defining moment in Blairism when it decided to grab £34 million from the health budget to spend on trees and fancy buildings instead of on sick people. That was Blairism at its worst—utterly immoral, as Mr Follett has said. Spinning followed. In London, Mr Follett, who is one of Mr Blair's ex-friends, called spinners the rent boys of politics. In Scotland, I protest and say, "What an insult that was—to rent boys."

However, yet another U-turn has been forced upon the Government. Thank goodness. Here, the public sees the value of a strong Opposition. It was only because of thunderous opposition from us that that £34 has gone back into the health service. At question time today, the Executive could not face another pasting.

Those of us who come from Glasgow sometimes feel that when we approach the Executive we are approaching a royal court that has been taking arrogance tips from King Louis XVI at Versailles. We know what happened to him and his worse half Marie-Antoinette. What was Jack the Rip-off thinking: let them look at trees, instead of getting their cancer fixed faster; let them admire baroque gargoyles, while the cardiac transport unit closes in Glasgow? It is utterly shameful that this Executive underspent £135 million on health. How many lives have been lost through that money being hoarded?

Radical action, not tiny droplets of money, is needed to break the link between poverty and bad health. In Glasgow, lung cancer patients wait an average of 13 weeks between their first hospital visit and the commencement of their treatment. One in five of those patients is beyond help by the time they receive their first treatment.

In Glasgow, a successful modernising idea is the back pain service at Glasgow royal infirmary, but the funding for its noble task of alleviating the pain of thousands is uncertain. Physiotherapists there have been so successful that only five back patients out of 1,000 need surgery, but the money runs out in January.

Glasgow is officially the worst place in Britain for infant mortality—

**Karen Whitefield (Airdrie and Shotts) (Lab):** Will the member give way?

**Dorothy-Grace Elder:** I do not get many chances to speak, so I will carry on.

Glasgow is the worst place in Britain for infant mortality, chronic illness and early death, which are linked to high unemployment and appalling housing. Last year, Phil Hanlon, professor of public health at the University of Glasgow, said that life expectancy in central Scotland was comparable to that in the former East Germany. Is that something to be proud of? Yet this Executive would have denied Glasgow, the sickest city in Britain, any crumbs from the £34 million. That is shameful. Morality must come into decisions on health budgets. With Blairism there is no moral concern for ordinary people. Labour must contemplate on that, with shame, during the recess.

12:13

**Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD):** Forgive me if I rub my nose. In the best traditions of method acting, I have brought a cold to the health debate. I look forward to the debates on alcoholism after the recess.

At the time of the Scottish Parliament referendum we said—although I am not sure how true it was—that there had been only one hour of debate at Westminster on Scottish health issues in the previous session. Now we have many debates, but a lot of them are confrontational and aggressive. There is a culture of blame, accusation and counter-accusation. We need to be more constructive, and look positively at the way ahead. While I appreciate that the SNP is the Opposition, negative motions such as its motion today throw doubt on the value of our chamber debates.

Those debates contrast with the work that is done in committee. For example, Margaret Smith, Malcolm Chisholm and Dorothy-Grace Elder spread themselves about the Borders the other day and found out about the problems that exist in the health service there. That, rather than the shouting and aggressive debate that we have today, has laid the groundwork for cross-party agreement in committee on how to tackle the

issue properly. That is the Scottish Parliament doing things that the old dispensation would not have done. The opportunity is there for us to do things better.

There are two important groups to consider in terms of the health service modernisation agenda. The health service, like the education service, is basically about people. I will start with the workers, three groups of whom have contacted me recently on constituency matters. Modernisation of the health service should not be something that happens to them; it should happen with them.

Ancillary workers genuinely feel themselves to be forgotten people in the health service. Their pay is low, their hours have been cut and there is more pressure on them. They play an important part and keep the service going. Laboratory staff, including people with honours degrees, have salaries that are not competitive. A modern health service depends absolutely on the excellence of laboratory test results and their quick and efficient delivery. We must pay attention to that staff grade. We must also continue to work to get the hours of junior hospital doctors down to the levels that we promised. Staff matters must be addressed early in the modernisation programme. Before we get on to all the other bits about structures, we must make the staff feel more comfortable and more valued.

Users of the service—patients and their relatives—want a service that provides appropriate, high-quality, accessible treatment. People want their health provision to be as close to them as possible. In communities like the Borders, we want GPs to have access to beds in community hospitals, so that patients do not have to be shipped inappropriately and unnecessarily to the district general hospital. Similarly, we want people to have a full range of high-quality services in the district general hospitals.

We worry about the erosion of services that might occur because there is a problem—I accept that—about the critical mass that is needed for certain specialities. There must be ways of keeping those kinds of services in the Borders so that folk from Hawick are not taken 50 or 60 miles up to Edinburgh when, with a wee bit of management and skill, the services could stay where they are now. People, of course, want access to centres of excellence and to specialist tertiary care when necessary and appropriate.

I welcome the minister's aims and objectives, and I genuinely welcome many of the initiatives. I also welcome her commitment to the consultation of both professionals and users. As Robert Brown said, we must ensure that the consultation is genuine. I am sure that the results of the consultation will demonstrate the need for improvements in staff salaries and conditions and

a genuine wish for services to be delivered as close to patients as possible. I urge the minister to address those needs as early as possible in the modernisation process.

12:18

**Irene Oldfather (Cunninghame South) (Lab):** Ian Jenkins's opening comments were very helpful. I welcome the opportunity to speak about Scotland's health and Scotland's Parliament. Many aspects of the health service have been covered in today's debate, but I would like to address my comments to the health promotion agenda—the opportunity for practical, positive change.

It would be easy to believe that that is a less important part of the service, because it is not demand led in the same way as other statutory provision. However, proper health promotion can not only reduce the incidence of ill health, it can save lives. We must not be deterred from that core message by the fact that health promotion is a long-term prospect and that we will not see the results in this year or next. The Health and Community Care Committee has learned that that is a radical agenda that can change the health of our nation.

Healthy living centres afford the opportunity for the community-based delivery of the message that prevention is better than cure. Community food initiatives and the Wester Hailes snack attack are innovative pilot projects. Their worth will not, however, be proven in one year or two. We will reap the benefits in future generations and that is why, on this agenda, we must move forward on faith.

We have evidence that the approach works. The Finnish experience, which the Health and Community Care Committee has been considering, merits mention and is an excellent example of what can be achieved. Finland has had similar health problems in the past, but it has begun to find the right solutions. Key to its approach are the principles that non-communicable disease can be prevented and that public health should focus on the entire population, rather than high-risk elements. That fits in with what Nora Radcliffe was saying about a people-centred, not just a patient-centred, service.

**Mr Hamilton:** Will Irene Oldfather accept that much of Finland's success is down to its consensual, cross-party approach? If she accepts that, will she back our call that the modernisation board should have cross-party representation?

**Irene Oldfather:** The Health and Community Care Committee has demonstrated cross-party working. We are all willing to support that and take it forward.

One major strand of health policy in Finland has been a drive for better nutrition. In 1986, Finland's long-term health policy promoted a unified food policy programme. Since then, dietary and catering guidelines have been published for sections of the population: from young to old and from patients to pensioners. Health food in school and other public sector canteens is heavily subsidised. Salad is often provided free.

The results have been striking. For men under 65, cardiovascular deaths are down by 68 per cent, lung cancer is down by 73 per cent and the death rate is down by 45 per cent. The Finnish experience has given the lie to those who condemn health promotion measures as no more than nanny state interference. It shows the real changes that can be made through co-ordinated effort.

The debate is not only about money; it is about how we spend money to ensure that the NHS remains responsive to the needs and the expectations of the Scottish people. In 1980, the Black report outlined how improvements in lifestyle and a commitment to the public health agenda could improve health. Unfortunately, the Government of the time did not act upon that. This Government is acting on public health.

I support the motion.

12:22

**Alex Neil (Central Scotland) (SNP):** I agree with Irene Oldfather when she points out that if we are to tackle health problems in this country, we have to take a broad, strategic approach and consider poor housing and poverty, and the related problems of deprivation and unemployment.

Today's debate focuses on the role of the national health service in tackling poor health in Scotland. I wish to make three points. First, everyone in the chamber should understand the level of frustration and anger in Scotland about the state of our health service. For the past 20 years, we have seen the health service get a lot of lip service but not the level of resources required to deal with the problems in our society.

We had 18 years under the Tories. For the first two or three years under new Labour, the health service was denied the level of resources required while big tax cuts were handed out to people throughout the country who did not need them. People do not understand why, on the one hand, politicians say that the health service is a top priority while, on the other hand, it has been starved of the resources required to do the job properly.

**Irene Oldfather:** Will the member give way?

**Alex Neil:** No, I do not have enough time.

We must put the debate in the context of 20 years of starvation of the resources required to deal with the problems of the health service. That brings me to the latest crisis of the past seven to 10 days. I do not care if there is a big battle between Jack McConnell—now known in Edinburgh's financial circles as the fiddler on the hoof—and Maiden Deacon on the leadership of the Labour party in Scotland and who succeeds Donald. That, quite frankly, does not matter.

What matters is that, throughout last year, there was £135 million in the kitty, while the Minister for Health and Community Care was telling people over 65 that they could not get a free flu jab because the money was not there. There was £135 million in the kitty, yet we are told that we are so short of radiotherapy units that people are dying of cancer unnecessarily in our country. That was the report from the oncology unit—

**Karen Whitefield** *rose*—

**Mary Scanlon** *rose*—

**Alex Neil:** I do not have time to accept interventions. There was £135 million, yet we are short of—

**Mary Scanlon:** Will Alex Neil give way?

**Alex Neil:** Very well, I shall give way to Mary Scanlon.

**Mary Scanlon:** Would the financial wizard from the SNP condone or condemn Jack McConnell, who started the year with a zero budget and now has £435 million?

**Alex Neil:** I will never condone Jack McConnell's economics. In fact, as the Finance Committee pointed out after reading his budget, he makes Houdini look positively arthritic. None of us would agree with Jack.

The fact is that £135 million was ready to be spent, yet all these crises were going on and people were being denied the treatment they required. The money was in the kitty all the time. That was bad enough, but handing over £34 million of it for trees was absolutely ridiculous. It is no wonder that people in Scotland are angry—angry at new Labour, angry at the Executive and angry at the Minister for Health and Community Care and the Minister for Finance. Even the First Minister is angry with them and ready to sack them. Unfortunately, he said that he would sack Susan Deacon only for disloyalty. I would have thought that the incompetence that she has demonstrated would already have justified her sacking.

Ministers keep telling us that we are getting lots of extra money for the health service in Scotland. If that is the case, how is it that the ratio of staff to

patients is getting worse and our cancer survival rates and waiting times for heart surgery are among the worst in Europe? If all that extra money is going in and the performance of the health service is so poor, there can be only one explanation—that the person in charge of the health service in Scotland is mismanaging the resources and letting down the people of Scotland.

I urge the Minister for Health and Community Care to use the recess to get on top of the job and ensure that the people of Scotland are never again denied expenditure on their health while she sits on £135 million.

12:28

**Malcolm Chisholm (Edinburgh North and Leith) (Lab):** In health debates, it is always easy to criticise and hard to make progress. We have seen that once again from the Opposition parties this morning. The killer question came from Margaret Smith, who asked what the SNP would do. Answer came there none. It was exactly the same from the Conservative front bench, notwithstanding a witty speech from Mary Scanlon.

I am proud of many achievements of the Executive and the Labour Government at Westminster, none more so than the national health service. One of the most important things that Labour and the partnership Administration have done is reassert the founding principles of the national health service. In no other area have the partnership parties been more radical. One of the most radical ideas of the partnership Executive and the Westminster Labour Government has been to say that the NHS cannot be improved simply by spending on health. The connection between health and social conditions is at the heart of the modernisation of health policy in Scotland. I am therefore delighted that the £34 million is going to be spent on health-related projects. I have yet to hear one Opposition party welcome that fact.

**Andrew Wilson** *rose*—

**Malcolm Chisholm:** Notwithstanding all the debate and argument about the £34 million, let us remember that it was only an addendum to the big health programme. Can we hear more about the main programme and less about the addendum? We have not heard a welcome from one Opposition member this morning for the £30 million for X-ray equipment, scanners and sterilisation equipment, which was the key announcement in the minister's speech. Why has the Opposition not welcomed that massive advance that we have had this morning? That leads into the issue of funding, which no doubt Andrew Wilson will raise.

**Andrew Wilson:** I am unspeakably grateful to Mr Chisholm for giving way. In this spirit of shoring up the Executive, does he hold to his statement on “Holyrood” on Sunday this week that the Executive has made major mistakes over the past week? Has it made major mistakes—or not?

**Malcolm Chisholm:** Andrew Wilson has tried to make the most of this. I certainly did not use the word major. In fact, the following morning, when I was on “Good Morning Scotland” with Andrew Wilson, I said that it was a small mistake.

We should concentrate on the big picture today, which is exactly what the SNP refuses to do. Money is part of the modernisation agenda; I repeat that never before in the history of the health service have we had such a big increase in health expenditure over a five-year period. However, let us not only deal with money this morning; we should also deal with what the money is being used for.

Three points that we want to emphasise—there are many others—are: improvements in the patient’s journey through the health service, which Richard Simpson and others have dealt with; strengthening the patient’s voice; and the new element that I would like to talk about, although Susan Deacon referred to it, which is the new quality agenda.

**Mr Hamilton:** On establishing exactly what Malcolm Chisholm said, he has been quoted as saying:

“It was quite clearly a presentational disaster.”

Was it? Who was to blame?

**Malcolm Chisholm:** That typifies the SNP’s approach. We are concerned with the substance of policy. The public are far more interested in that than whether presentational mistakes are sometimes made. It is the fact that the £34 million is now being spent on health-related projects that matters.

We have introduced massive new initiatives—of which Opposition parties seem to be unaware—on clinical governance, the Clinical Standards Board for Scotland and the new emphasis on patient focus. One of the most important announcements was that the patients project, which is to be launched in the autumn, will be given even greater importance. That has been widely welcomed by the health council movement and all who are concerned with the patient voice in the health service.

Those two agendas cross over. Clinical governance is about trusts being responsible for standards of clinical care, which did not happen before 1997. In the guidance on that, we include an emphasis on patient information and involvement as a key component. There is also

public involvement in the auditing process on the Clinical Standards Board and all standards of clinical care are being systematically audited. There is also an emphasis on patient focus in the generic standards of the Clinical Standards Board.

Some people do not want to hear about this wider agenda of the health service, but it is very important. I will pick up on what Dorothy-Grace Elder said. If we have a mission over the summer, perhaps we should all ensure that the public understand all these major new initiatives so that they are given reassurance. We will always be able to find things that are going wrong with individual patients or more generally; the difference is that with this Executive those problems are being addressed. Let us concentrate more on the solutions and less on the problems, which we will always be able to find.

**The Deputy Presiding Officer:** That brings this morning’s part of that debate to a close. It will continue after question time this afternoon.

## Government Resources and Accounts Bill

**The Deputy Presiding Officer (Patricia Ferguson):** The next item of business is a debate on motion S1M-1072, in the name of Mr Jack McConnell, on the Government Resources and Accounts Bill—UK legislation. This will be a short debate—it will last for just over 15 minutes. I intend to call opening speakers from the Executive and the main parties and a closing speaker from the Executive. Unfortunately, time constraints will not allow any other members to speak.

12:34

**The Minister for Finance (Mr Jack McConnell):** I welcome this debate, which follows the discussion that took place at the Finance Committee on Tuesday. It is a year since we made significant changes to the private finance initiative in Scotland and embarked on a radical programme to rebuild the infrastructure of many public services in Scotland through public-private partnerships. Central to that development is the need for high-quality advice and information on best practice and the need to reduce duplication and concentrate resources on the best possible schemes in terms of finance and contract management.

Partnerships UK will be a vital tool in that effort. It will be a UK-wide body that will achieve essential economies of scale and expertise. It will build on the work of the Treasury task force, which has been of significant assistance to public-private partnerships in Scotland. Partnerships UK will be a genuine public-private partnership. The public sector will have a 49 per cent stakeholding and the private sector will have a 51 per cent stakeholding. No one in Scotland will be under any obligation to use Partnerships UK or its expertise, but they will use it when it represents value for money to do so and when that expertise can be helpful.

I believe that Partnerships UK will make a genuine difference and that it will be a healthier and more useful organisation for us if we take a stake in it. The schools programme that Partnerships UK will assist in Scotland is worth a total of £160 million. The project for primary schools in Glasgow is worth more than £100 million and the projects for schools in East Lothian and Midlothian are each worth more than £30 million. If even 1 per cent of that cost is saved by the expertise on which we are able to call at Partnerships UK and by the influence that we will acquire by taking a stake, that saving will pay for the initial stake. The stake is small in comparison to the prize.

Today we are debating a power rather than a payment. I want the Executive to have the power to take a stake in this important new national body. The Scottish Executive is working across Scotland to rebuild the infrastructure that has been so damaged over the past 20 years. We are building new hospitals, schools and sewage works and we are developing new transport systems. Those are all vital projects that are being developed in the most cost-effective manner. The availability of a national resource of consultancy advice, support and contract management in financial deals will take that work much further forward.

**Mr John Swinney (North Tayside) (SNP):** As this is a short debate, I will make a short point. In arguing the case for bringing together a critical mass of expertise to support projects, did the minister consider whether that expertise existed in the Scottish financial and business services community and whether a self-standing venture that would have given priority and a greater return on investment to the Scottish Executive would have been more appropriate than our involvement in Partnerships UK?

**Mr McConnell:** I have no doubt that such a venture would have been more expensive. The economies of scale that can be gained by using Scottish skills and expertise and skills from elsewhere across the whole UK—particularly as the organisation will have only 20 or so members of staff—mean that Partnerships UK represents a better way forward.

The opposition of Mr Swinney and his colleagues to this proposal, which we expect to hear in the debate, is not based on Partnerships UK, on the power of the Parliament to take a stake in that organisation, or on the principles of that development of public services; it is an ideological obsession with opposition to public-private partnerships. That opposition would damage public sector infrastructure across Scotland.

The schools that I have mentioned in Glasgow, East Lothian and Midlothian are only part of the equation. There will be new hospitals in Edinburgh, Wishaw and East Kilbride.

**Tommy Sheridan (Glasgow) (SSP) rose—**

**Mr McConnell:** Five schools are due to be opened in Falkirk in August. Twenty-nine new schools in Glasgow are a prize that many have only dreamed of over the years. There will be new sewage works for Glasgow and Edinburgh and there will be a rapid transport scheme for Edinburgh.

Those are prizes that we can secure with best value for money through not just Partnerships UK, but the policies of this Executive. That would not happen if the nationalists were running Scotland, which would be a tragedy. I hope that members

will vote for the motion, confident that we are using national resources well.

I move,

That the Parliament endorses the principle of the creation of Partnerships UK; agrees that the Scottish Ministers should have the power to take a financial interest in that body to ensure that Scottish interests are safeguarded, and agrees that the relevant provisions in the Government Resources and Accounts Bill should be considered by the UK Parliament.

**Tommy Sheridan:** I have been waiting. I thought the minister was going to give way.

**The Deputy Presiding Officer:** He was not giving way, Mr Sheridan.

12:40

**Andrew Wilson (Central Scotland) (SNP):** I too welcome the opportunity to give this matter due parliamentary consideration, which it would not have had without today's debate.

Jack McConnell announced the Executive's intentions on 13 June, when he said in reply to a parliamentary question planted by Duncan McNeil:

"I am pleased to be able to announce that the Executive will take a financial interest in Partnerships UK".—[*Official Report, Written Answers*, 13 June 2000; Vol 7, p 78.]

Today, the Executive is finally coming to the Parliament for approval of an announcement that it made a month ago.

To correct Mr McConnell, who seems to see conflict wherever he goes, we believe that the principle of pooling projects to secure management improvements is sound. At the election, we called for such a model to be used to fund project management so that some of the PFI waste that has clearly happened under the Executive—the admission of which is in implicit in the setting up of the Partnerships UK project—could be locked down.

We see no value in obstructing the Executive's intentions at this stage. We believe that such a model should be given consideration for wider opportunities such as financing public projects much more cheaply than is possible through PFI. We believe that it is far more important for the Executive to focus on what can be done in the Scottish context and to sign up to the principle of devolution rather than piggyback on every London announcement—even London Cabinet crackdowns, as we have seen in the past week.

At the Finance Committee, the key questions that we wanted answered were not answered by the Minister for Finance, who seemed at best unprepared and at worst positively distracted by events elsewhere. Where is the cash to pay for this project coming from? The minister would not or could not tell us. Is it coming from existing

budgets, underspend or contingency reserves? It is coming from the health budget perhaps? Where is it coming from? How much is involved? When will we know?

**Mr McConnell:** Will the member confirm that the only person who was not prepared at the Finance Committee on Tuesday was him, when he got his sums wrong, describing 10 per cent of 49 per cent as 10 per cent rather than as 4.9 per cent? Will he also confirm that what we are debating today is the power to make the payment, not the payment itself? The Parliament retains control over the Scottish Executive's budget and it will make decisions on payments. Today we decide the power, not the payment.

**Andrew Wilson:** The minister is asking us to sign up to that power in a vacuum. If the power is going to be used, it is important for us to see exactly where the funding will come from. The questions that we have asked are serious and reasonable and we raise them at a reasonable time. It is the job of the Opposition to be reasonable and constructive and to probe the Executive's plans.

For the first time, the minister has told us that the organisation will have 20 staff and a budget of £20 million for what is essentially a people-based service. Is that £1 million a head for staff? How is the budget assigned? Where is the money going? We are buying project management skills, yet there are only 20 members of staff. That strikes me as somewhat questionable.

On Executive representation, we understand that we will be on the advisory council. How many people will be on the advisory council? Who are they and who will put them there? We will be a major stakeholder. Will we get a seat on the board? No, we will be consulted on who is on the board. How and when will we be consulted, and what form will that consultation take? Do we have a choice? Can we make nominations? Do we have a veto? All those questions remain unanswered, yet the Executive wants us to vote on the motion today.

My colleague, John Swinney, raised another question in committee. The Executive clearly has, and admits to having, a vested interest in the success of the organisation, yet we have heard absolutely nothing about whether the Executive will encourage or, indeed, demand that public sector departments, agencies and local government use the organisation.

We deserve answers to those big and reasonable questions, rather than having the motion railroaded through on the last day of term.

12:44

**Lord James Douglas-Hamilton (Lothians) (Con):** We support the motion. We are aware that Partnerships UK will support school projects for East Lothian, Midlothian and Edinburgh, the refurbishment of primary schools in Glasgow and an e-commerce project for the Scottish Tourist Board, all of which are worthy projects.

It is appropriate that the Scottish ministers have a financial stake in PUK. To secure that, an amendment to the Government Resources and Accounts Bill will be necessary. The agreement of Parliament to that amendment is being sought and we think it appropriate that it should be given.

We support the principle of resource accounting and measures in the bill that improve the authenticity, transparency and accountability of public accounts. However, support for the motion does not mean that we endorse the bill in its entirety. The UK bill is deficient because it gives the Treasury enormous powers to determine what is and what is not included in the accounts, establishes no clear principles for the accounting of income and expenditure and continues to permit the Treasury to omit large public assets and liabilities from the national balance sheet. For example, state pension liabilities appear to be excluded from the accounts and there are concerns about how to value Ministry of Defence assets correctly. Furthermore, the definition of public-private partnership effectively allows the Treasury to give funds to any project it wishes.

Some of our concerns were addressed through a few amendments to the bill, but the major concerns expressed by the principal Opposition in the Westminster Parliament have not been addressed. None the less, we support the motion as a sensible measure that will support the necessary schemes in Scotland.

12:46

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** We, too, support the motion to allow the Scottish Executive to take a stake in Partnerships UK, should it decide to do so. In the past, the Liberal Democrats have made clear our reservations about PFI-PPP projects. The partnership agreement and the programme for government make it clear that we support moves to improve the operation of PPP. We believe that taking a relatively small stake in PUK is one way in which to do that.

In the evidence session in the Finance Committee on Tuesday, it was clear that the ability to bundle projects and put them out to the market could lead to better value for money—the minister confirmed that. I am somewhat surprised that the SNP finance spokesman, Andrew Wilson, called

for this debate today, given his somewhat publicly embarrassing experience at the Finance Committee on Tuesday. He did not seem to know the size of the stake; either he had not read the committee papers, in which case that was negligence on his part, or he could not work out that 10 per cent of 49 per cent is 4.9 per cent. Perhaps that should not come as a surprise to us in view of the recent problems the SNP has had with its own finances and figures.

**Mr Swinney:** Will the member give way?

**Mr Raffan:** No.

This debate is not essential. We had a long evidence session on Tuesday at which nearly all the questions that Mr Wilson asked were answered. Frankly, it is ridiculous for the SNP to come to the chamber and attack the Executive on PFI-PPP when its public service trust policy is far from clear. The SNP keeps telling us that that policy is a work in progress, yet no progress has been announced for more than a year.

The SNP's policy is far from clear, yet its members rail against the Executive on PPP and PFI—and, in the past, SNP councils have taken advantage of PFI-PPP for such essential projects as the new council offices for Perth and Kinross, on which the SNP chief whip embarked. We all know how important it is that Mr Crawford should work out of a much bigger office. The SNP takes advantage of PFI-PPP—it says one thing in the Parliament and does something different on the ground.

It is clear from the health service debate this morning that the SNP must learn that the duty of an Opposition is not just to oppose, but to propose. I hope that its members have sufficient rest during the summer recess to come up with a policy on what the SNP would do and from where in the health service it would get the money that it keeps demanding. Perhaps the SNP will be able to develop and clarify its alternative to PFI-PPP and at last we might get the details of the Scottish public service trust policy—the grandiose name that so far has been fleshed out with no detail whatsoever.

12:49

**Mr McConnell:** I want to reiterate that it was made clear in the Finance Committee on Tuesday that the membership of the board will be decided in a normal manner. As a stakeholder in the company—if we choose to take up that power—we will have a say in the membership of the board. It is very important for Scotland to have that say, given that Scottish public service bodies will use Partnerships UK for their infrastructure developments.



We will have a seat on the advisory council. Of course the full membership of the council is not yet known, as that will be established by Partnerships UK when it is established in the autumn. No Scottish public agency will be forced to use Partnerships UK, but the facility will be available not just to bunch projects, as Mr Raffan pointed out, but to receive expert consultancy advice and assistance and to use projects to learn lessons across the public sector north and south of the border.

Those facilities are important and we have an important stake in the organisation. I am disappointed that on Tuesday afternoon and again today, despite the absence of any credible alternative from the nationalists, they are using an ideological obsession against public-private partnerships to damage this proposal. I hope that the chamber will vote for the motion and allow the Scottish Executive to have a stake in an important UK-wide body. It will show that devolution can work in practice for all of us.

## Business Motion

**The Deputy Presiding Officer (Patricia Ferguson):** The next item of business is consideration of business motion S1M-1085, in the name of Mr Tom McCabe on behalf of the Parliamentary Bureau, which sets out the business programme.

*Motion moved,*

That the Parliament agrees the following programme of business—

Wednesday 6 September 2000

2.30 pm Time for Reflection

*followed by* Business Motion

*followed by* Parliamentary Bureau Motions

*followed by* Stage 3 Debate on the Regulation of Investigatory Powers (Scotland) Bill

5.00 pm Decision Time

*followed by* Members' Business

Thursday 7 September 2000

9.30 am Executive Business

*followed by* Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Business

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business.—[Mr McCabe.]

**The Deputy Presiding Officer:** As no member has asked to speak against the motion, I will put the question to the chamber. The question is, that motion S1M-1085, in the name of Mr Tom McCabe, be agreed to.

*Motion agreed to.*

12:51

*Meeting suspended until 14:30.*

14:30

*On resuming—*

**The Presiding Officer (Sir David Steel):** Before we start, I must tell members that the Deputy Presiding Officer reported to me that the chamber was unduly rowdy this morning. I hope that that was just end-of-term spirit and that it will not last throughout the afternoon. I also advise members that I have given permission for the house photographer to operate in the gallery. There is no connection between those two statements—the photographs are for the annual report.

## Question Time

### SCOTTISH EXECUTIVE

#### National Health Service

**1. Dorothy-Grace Elder (Glasgow) (SNP):** To ask the Scottish Executive whether there are plans to set up back pain clinics throughout the NHS in Scotland similar to that at Glasgow royal infirmary. (S10-2115)

**The Minister for Health and Community Care (Susan Deacon):** The service to which the member refers is a good example of a service that puts patients' needs first, which means shorter waiting times, better access and more appropriate treatments. A number of similar chronic pain services are provided across Scotland.

**Dorothy-Grace Elder:** Does the minister appreciate that back pain is at almost epidemic levels in Scotland and that it equals Burns's description of toothache as

"the hell o' a' diseases"?

Eighty per cent of Scots suffer from back pain at some stage in their lives. Given that the minister praised the excellent work of Glasgow royal infirmary—and, I hope, that of physiotherapists—in that regard, I trust that she will be able to tell me why that pioneering back pain clinic will be without secure funding from January.

**Susan Deacon:** This is the second time that Dorothy-Grace Elder has raised this matter in the chamber today. I remind Ms Elder that the funding for that service is a matter for Greater Glasgow Health Board. Any local service must be decided on locally and funding decisions must be made locally. It is right and proper that local health boards should consider which services are most effective in meeting the needs of the population. It is important to recognise the suffering that can be caused by continual back pain and to continue to develop services that address such chronic

conditions.

#### Mental Health Services

**2. Nora Radcliffe (Gordon) (LD):** To ask the Scottish Executive what plans it has to improve access to mental health crisis services. (S10-2125)

**The Deputy Minister for Community Care (Iain Gray):** Continuous improvement in accessing specialist out-of-hours and crisis services is an ambition set out in our published policy for mental health. That ambition is being pursued by the care agencies.

**Nora Radcliffe:** I thank the minister for his answer. However, he must acknowledge that there are significant problems with the crisis services that are currently available. All parties—people with mental illness, their families and other services, such as the police—lack awareness of the available services and do not know how to access them. Will the recently established mental health and well-being support group investigate more effective ways of disseminating information to service users, carers and members of the public?

**Iain Gray:** To have a service in place but not to ensure that those who need it know that it exists and how to access it is a theme that runs through a number of developments in the health service in Scotland. A further example is the extension of the NHS helpline—the Scottish version of NHS Direct. The framework for mental health services, which calls for crisis services as part of the template for local services, has a six-year implementation period. The mental health and well-being support group has the task of advising on and helping to advance those developments. The group will take account of the point that Nora Radcliffe raised.

**Scott Barrie (Dunfermline West) (Lab):** Given the high incidence of mental health difficulties among looked-after children, does the minister have any plans to ensure that services are targeted towards that group?

**Iain Gray:** We are working together across ministerial briefs to ensure that various groups of people—for example, rough sleepers and looked-after children when they leave the care of the authorities—have the access and information about the wide-ranging services that they should have. Scott Barrie's point is important, and it runs as a theme through the developments that we are trying to make.

#### Railways

**3. Robert Brown (Glasgow) (LD):** To ask the Scottish Executive when it expects to have discussions with Strathclyde Passenger Transport regarding its plans for improving the railway

network in Glasgow. (S1O-2132)

**The Minister for Transport and the Environment (Sarah Boyack):** We will develop strategic priorities for Scotland's railways. In preparation for that, the Executive has already started discussions with SPT on railway developments.

**Robert Brown:** Is the minister aware of long-standing proposals such as the Glasgow airport link, the crossrail project and a tunnel project, all of which are essential features of the development of the railway network? Does she anticipate a time when decisions will be made to proceed with any or all of those projects?

**Sarah Boyack:** I am well aware of those and many other projects that are being considered. There are two ways in which to proceed with such developments. One is through the ScotRail franchise, about which we will start discussions later this year. The other is through the public transport fund. We are seeking applications from local authorities by 7 August. Through those approaches, and through the shadow strategic rail authority's rail passenger partnership fund, we can in a variety of ways develop such projects as those mentioned by Robert Brown.

**Ms Sandra White (Glasgow) (SNP):** Does the minister agree that such schemes as the Glasgow airport direct link and the north-south crossrail scheme will be a massive boost for the economy of Glasgow and areas further afield? Will she give an assurance that she will meet representatives of transport authorities? She has mentioned that applications should be forthcoming by 7 August—and she may get some answers—but will she assure us that, when she meets the transport authorities, she will obtain the support and investment necessary for those long-term plans to proceed?

**Sarah Boyack:** My answer to Robert Brown was that we were having precisely those discussions with Strathclyde Passenger Transport. Our job is to decide priorities across the whole of Scotland. In order to do that, we need to speak to SPT, the other transport authorities and local authorities throughout Scotland about what our strategic priorities should be when we discuss the ScotRail franchise. There are other ways in which we can pursue that, but I do not think that it would be appropriate for me to give carte blanche to every scheme that Ms White could raise with me. We will consider all the public transport fund applications and decide on the best one to take forward.

**John Young (West of Scotland) (Con):** Can the minister indicate whether difficulties still exist regarding the route of the proposed rail link to Glasgow airport? Local authorities and local

communities have expressed concern about that route going through certain open-space areas.

**Sarah Boyack:** We have conducted a survey on the future for Scotland's airports. We will be developing the whole issue of airport links—by rail and other means. I do not want to respond in detail on any matter that might be the subject of a future planning issue.

### Pension Schemes

**4. Dr Sylvia Jackson (Stirling) (Lab):** To ask the Scottish Executive, further to the answer by Sarah Boyack to question S1W-6117 on 26 June 2000, whether it will outline the process involved in winding up the two Scottish Transport Group pension schemes. (S1O-2149)

**The Minister for Transport and the Environment (Sarah Boyack):** Having secured new pension arrangements for their members, the trustees of the Scottish Transport Group pension schemes have responsibility for taking such steps as are necessary in order to wind up the pension schemes.

**Dr Jackson:** Given the growing concern over the matter not only in Stirling but throughout Scotland, given the fact that the issue concerns 12,000 pensioners and deferred pensioners—who are, obviously, not getting any younger—and given the grave concerns of the T & G over the whole affair, can the minister provide details on the role of the trustee or trustees and on what the Executive is actually doing?

**Sarah Boyack:** I am aware of the immense frustration among those who want the matter to be resolved. The Executive is attempting to expedite procedures and the trustees are working to wind up the funds this year. Complex tax and legal matters need to be completed. We hope to bring to the Parliament in the autumn an order that will achieve the wind-up of the STG. We are in discussion with the trustees and the Treasury to move matters forward.

**Dennis Canavan (Falkirk West):** Is the minister aware that this matter has been dragging on for seven years and that the 12,000 pensioners throughout Scotland are not only frustrated but very angry about what seems to be buck passing between the Treasury in London and the Scottish Executive? In view of the fact that MSPs from all parties have signed a motion asking for urgent action to be taken on this matter, will the minister ensure that the £129 million surplus is handed over to the pensioners so that justice is seen to be done? That might help to restore some credibility to the Scottish Executive, which is badly in need of restoration following recent events.

**Sarah Boyack:** The reassurance that I can give to Dennis Canavan is that I am well aware of the

concerns and frustration that exist. I refer him to the answer that I gave to Sylvia Jackson—that we hope to introduce an order in the autumn that will effect the wind-up of the STG pension schemes. That matter is for the Parliament to discuss and that is the way in which progress can be made in this matter.

### **Culture and Heritage (Access)**

#### **5. Allan Wilson (Cunninghame North) (Lab):**

To ask the Scottish Executive what measures Historic Scotland and the national heritage memorial fund have taken to develop access to culture and the built heritage. (S10-2142)

**The Deputy Minister for Culture and Sport (Rhona Brankin):** Both Historic Scotland and the trustees of the national heritage memorial fund, which incorporates the heritage lottery fund, have taken and continue to take an active and positive approach to increasing access to culture and the built heritage in Scotland for all groups of our population.

**Allan Wilson:** I thank the minister for her reply. How will the increasing access to which she refers be effected locally, particularly in respect of the perilous funding situation of the Carrick, the world's oldest clipper ship, which is a vital part of our maritime heritage? The Carrick is languishing in a state of disrepair in the Scottish Maritime Museum in Irvine.

**Rhona Brankin:** The Carrick is of considerable historical significance, but it will cost in the region of £10 million to make it seaworthy again. This may seem self-evident, but the Carrick is not a building, and so falls outwith the remit of the Historic Buildings Council for Scotland, which advises ministers on grant applications. However, there has been interest from the Australian Government and discussions have taken place with the National Museums of Scotland. I await the outcome of those discussions with interest.

**Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** Sadly, in this day and age we are apt to forget the disabled. What plans does the minister have to improve access to our culture and built heritage for that sector of society?

**Rhona Brankin:** Historic Scotland has drawn up specific plans to ensure that people who have physical disabilities or learning disabilities will have access to all its properties. It recently carried out an audit of its properties, and an action plan will be drawn up that will mean that every property that it owns will ensure the maximum access for people with disabilities. Historic Scotland attaches great importance to that work.

**Michael Russell (South of Scotland) (SNP):** I associate myself with Allan Wilson's remarks on the Carrick. However, I point out that the Carrick is

part of the Scottish Maritime Museum and that the funding of that museum is in an equally perilous position. Can the minister indicate the time scale according to which the national cultural strategy will begin to influence the work of Historic Scotland and the national heritage memorial fund in providing more secure funding for our industrial museums, which are a central part of our heritage but look like becoming history unless something is done?

**Rhona Brankin:** The national cultural strategy will be published in the second week of August, and will contain a section on Scotland's museums and a plan to audit collections with a view to possible restructuring.

**Miss Annabel Goldie (West of Scotland) (Con):** Can the minister confirm whether any of those measures has been, or will be, funded by the reallocated underspend in the health budget?

**Rhona Brankin:** I am not prepared to comment on that. The national cultural strategy will set out a strategic approach to the museums and heritage sector in Scotland.

### **Child Poverty**

#### **6. Ms Margaret Curran (Glasgow Baillieston)**

**(Lab):** To ask the Scottish Executive how it is monitoring progress in combating child poverty. (S10-2148)

**The Deputy Minister for Communities (Jackie Baillie):** The Executive's targets and milestones for measuring progress in tackling child poverty were set out in our social justice strategy. The first annual report, published later this year, will detail the progress made against the various indicators. The member may be interested to know that the number of children in households with very low earnings has already started to fall. We expect that 100,000 children in Scotland will have been lifted out of poverty by 2002.

**Ms Curran:** I welcome the minister's answer. However, does she share my concern at recent reports, by UNICEF and others, showing the persistently high numbers of Scottish children living in poverty? I recognise the progress that the Scottish Executive is making, but will the minister assure us that every effort will be used to reduce the extremely unacceptable number of children living in poverty?

**Jackie Baillie:** I certainly offer that assurance. The Executive is not complacent about the task ahead. However, the UNICEF information dates from 1995 and shows the legacy of two decades of the Conservative Government, under whose regime the number of people living in poverty doubled and the number of children living in households with low incomes more than doubled. There is a legacy of poverty, neglect and decline.

The Executive, working with the UK Government, will reverse that.

**Tommy Sheridan (Glasgow) (SSP):** Will the minister confirm that the Executive's targets rely on the maximum uptake of benefits, such as working families tax credit, to raise low-income families above the poverty threshold? Will she therefore comment on the amount of money that the Department of Social Security in Scotland is spending on benefit maximisation campaigns? Will she join me in asking the DSS to direct much more money to benefit maximisation and uptake and less on the frivolous expenditure of attacking alleged fraud—expenditure that has been proved to be out of proportion to actual fraud in the benefits system?

**Jackie Baillie:** Benefit uptake campaigns are being funded to a much higher level by the current UK Government than they have ever been in the past. Local government and the voluntary sector have key roles to play.

Let me challenge the assumption that this is simply a matter for the UK Government. The Scottish Executive has a key role to play in terms of education, health and enterprise. We are committing £1.5 billion to initiatives to tackle social exclusion and to lift people out of poverty. I stress that, by working together, both Governments will succeed in ending child poverty in 20 years.

### Health Services (Forth Valley)

**7. Mr Brian Monteith (Mid Scotland and Fife) (Con):** To ask the Scottish Executive whether it has met representatives of Forth Valley Health Board and Forth Valley Acute Hospitals NHS Trust to discuss their proposals for transferring maternity and other children's services from Stirling to Falkirk. (S10-2105)

**The Minister for Health and Community Care (Susan Deacon):** No. Those proposals arise from the Forth valley acute services review and are currently out to public consultation. I will consider a recommendation from Forth Valley Health Board after the consultation period ends on 8 September.

**Mr Monteith:** I am sure the minister cannot wait to meet representatives of Forth Valley Health Board; I am sure that the meeting will be more congenial than meetings with her colleagues—

**Members:** More! More!

**Mr John Swinney (North Tayside) (SNP):** Where's Tosh?

**The Presiding Officer:** Order. I have heard of leading with one's chin, but let us have a question.

**Mr Monteith:** I am sure that I will last longer than Savarese.

Given that current proposals would relocate Perth maternity services to Dundee and Stirling maternity services to Falkirk, will the minister consider taking a strategic view to ensure that either one or both of those services remains in either Perth or Stirling so that the people of west Perthshire have a local service?

**Susan Deacon:** It is wonderful to take lectures from Conservative members—and especially from Mr Monteith—on how to win friends and influence people in one's own party.

I am delighted to have the opportunity to comment on the important issue of maternity services. A number of reviews of maternity services are taking place across the country. There are good reasons for that, not least the falling birth rate and the need to provide the safest possible services. It is important to think about the country as a whole when considering maternity services and to give strategic direction at a national level. That is why we are developing the first-ever national framework for maternity services, which will be published in October—I am sure that it will be highly relevant to the many local discussions that are taking place.

**Michael Matheson (Central Scotland) (SNP):** Is the minister aware that the proposed reconfiguration of health services in Forth valley could have a financial impact on the local health trusts? In light of the decision by Forth Valley Primary Care NHS Trust to sell off its Bellsdyke site, will the minister assure me that the money that is raised will be reinvested in the local health service to ensure that we improve the overall health service in the Forth valley area and, in particular, that we have the necessary mental health services?

**Susan Deacon:** I am pleased that Michael Matheson's question implies—at least, I think that it does—a recognition of a need for change in the NHS. That is refreshing, because some Opposition members suggest that change in and of itself is a bad thing. It is important that we invest in change. That was the subject of our debate this morning and it is why almost £0.5 billion more is going into the NHS in Scotland this year. We want to work with local boards and trusts to ensure that people at the local level can make best use of the resources that are available to them.

**Mr Keith Raffan (Mid Scotland and Fife) (LD):** Is the minister aware of the widespread concern in the Forth Valley Health Board area that the proposals to move the maternity services from Stirling to Falkirk are based on a flawed interpretation of deprivation indices, and especially the index for Carstairs? The proposals would involve a major investment in maternity facilities in Falkirk when state-of-the-art facilities already exist in Stirling.

**Susan Deacon:** It is important to recognise, as I certainly do, that maternity services are an especially sensitive and important issue. It is therefore crucial to have effective consultation and discussion with local communities and, especially, with parents or parents-to-be. That said, we should not jump the gun and make judgments about processes that are not yet complete. As I have indicated, discussions are taking place at a local level and recommendations will come forward in due course. In the meantime, I hope that much of the constructive consultation and discussion in the Forth Valley Health Board area can continue.

### Fuel Prices

**8. Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP):** To ask the Scottish Executive whether it will make representations to Her Majesty's Government that ceilings should be introduced on fuel prices in areas of Scotland where it believes that monopoly conditions exist. (S10-2103)

**The Minister for Transport and the Environment (Sarah Boyack):** The Scottish Executive is investing record amounts in Scotland's rural transport and will continue to ensure that Scotland's interests are being placed firmly on the agenda of the UK Government through direct contacts with the Treasury and the Scotland Office.

**Fergus Ewing:** Is the minister aware that the Government in the Republic of Greece has, on numerous occasions, introduced price ceilings—maximum prices—for petrol in rural areas outwith Athens and Salonica? I cordially invite the minister to tour the Highlands and Islands by car during the summer recess to discover for herself that the fuel prices there are the highest in the world. Does she accept that, if ceilings are good enough for Greece, surely they are good enough for Scotland?

**Sarah Boyack:** That, once again, was an attempt to deal with a complex political challenge through a soundbite. We are well aware of the number of options for giving people better access to cheaper fuel—for example, the Powershift programme and support for rural petrol stations. The Scottish Executive is acting. I would like to remind Mr Fergus Ewing that I do not think that it is in our interest in the Scottish Parliament to debate these complex issues in soundbites. It is in our long-term interest that the private discussions that I have with the chancellor and with people in the Scotland Office remain private as we negotiate the options for Scotland.

**Mr Jamie McGrigor (Highlands and Islands) (Con):** Will the Executive make the point to the Treasury that areas of the Highlands and Islands

are paying not only the highest fuel prices in the world, but extra in VAT on their fuel bills? That means higher taxation in areas where people can least afford it.

**Sarah Boyack:** We are looking forward to the publication of the Office of Fair Trading report that was commissioned by Calum Macdonald, the Labour minister responsible for transport before devolution. This is a highly complex issue. I will want to examine the OFT's report and to continue discussions with Brian Wilson in the Scotland Office and with the Treasury. We need to see what we can do in the long term to tackle the issues that have been raised today.

**Rhoda Grant (Highlands and Islands) (Lab):** Is the minister aware that although in the past 16 months there have been substantial increases in petrol prices—around 20 per cent or more in parts of the Highlands and Islands—fuel tax has accounted for less than 2p of that increase? That is far less than the 15 per cent increase in taxation promised by the SNP in its budget for independence. What assurance can the minister give to the many people who live in areas such as mine, including elderly people, who have felt neglected by transport policies in the past because they do not drive?

**Sarah Boyack:** I could not agree more with the member about the sheer hypocrisy of those who claim to have a different solution to this problem. I am aware of four different suggestions from the SNP benches alone as to how we should tackle it. Through the public transport fund, we are delivering support for rural petrol stations and the highest-ever support for our lifeline ferry and air services. We are investing in Stornoway air terminal and providing support for Orkney. We are delivering an integrated transport system for people in rural areas.

**Mr John Munro (Ross, Skye and Inverness West) (LD):** The minister must accept that the high cost of fuel is having a detrimental effect on the economic well-being of our country and our citizens. Will she encourage members of the Scottish Executive to make strong representations to their Westminster colleagues about the possibility of reducing the fuel tax and VAT on petroleum products from their current extortionate levels?

**Sarah Boyack:** I am in regular contact with both the Scotland Office and the Treasury on matters such as this. That is one of the reasons why we are keen to promote the use of liquid petroleum gas in the Highlands and Islands—it is an environmentally friendly fuel that is much cheaper than the alternatives. We recognise that this issue is important and we are keen to act on it.

### Children's Fund

**9. Fiona McLeod (West of Scotland) (SNP):** To ask the Scottish Executive whether it is receiving an appropriate equivalent amount from Her Majesty's Treasury to that allocated to the children's fund in England and Wales and, if so, how much it is receiving and how it intends to spend any such funds. (S1O-2136)

**The Minister for Children and Education (Mr Sam Galbraith):** No money has been allocated to a children's fund in England and Wales. In his pre-budget statement last November, the chancellor announced that funding for a children's fund for England would be considered as part of the spending review. Decisions on how the consequentials should be spent will be a matter for us to decide in the context of our spending review.

**Fiona McLeod:** At a Treasury briefing a few months ago, voluntary organisations were told that a sum of between £100 million and £120 million would be allocated to a children's fund. Is the minister saying that that is not the case?

**Mr Galbraith:** I hope that the member was listening to what I said, because I can confirm that no money has been allocated to a children's fund. The chancellor said that he would consider the matter in the light of his comprehensive spending review. After an announcement has been made, we will get the consequentials. The Executive will then decide what to do with that money. Unlike the nationalists, we will not be London led on this issue. [*Interruption.*]

**The Presiding Officer:** Order. It is the way he tells them.

### Ryder Cup

**10. Mr Kenneth Macintosh (Eastwood) (Lab):** To ask the Scottish Executive what progress it is making towards bringing the Ryder cup to Scotland in 2009. (S1O-2129)

**The Deputy Minister for Culture and Sport (Rhona Brankin):** We are committed to securing the Ryder cup for Scotland in 2009 and have now appointed Hastings International, a sports marketing agency, to assist with the preparation and promotion of Scotland's bid. We are working closely with the Scottish Tourist Board, Scottish Enterprise, sportscotland and the five Scottish courses that are interested in staging the competition to ensure that our bid is of the highest quality.

**Mr Macintosh:** Will the minister consult widely to ensure that the whole of Scotland benefits from hosting this international tournament? I suggest that, as part of that consultation process, she would be welcome to play a round in Eastwood. [*Laughter.*] She would be most welcome.

**Rhona Brankin:** I am afraid that I have my holidays arranged—but I would be delighted to play some golf in Eastwood at some stage.

We understand the importance of the Ryder cup to Scotland. Henry McLeish and I, with the aid of Colin Montgomerie, will launch the golf tourism strategy next week. I will also visit the European open in Ireland at the weekend and will speak to the Minister for Tourism, Sport and Recreation, Mr McDaid. I will seek support and information from him on how the successful bid was mounted for the Ryder cup at the K Club in 2005.

**Nicola Sturgeon (Glasgow) (SNP):** I welcome the progress that has been made, given that it was my colleague, Fiona McLeod, who first suggested a bid to bring the Ryder cup to Scotland. That proves that, occasionally, the Executive listens to good ideas. Will the minister confirm whether the contract to progress the bid includes the setting up and running of a junior Ryder cup, something else that was suggested by the SNP and enthusiastically supported by the minister last summer?

**Rhona Brankin:** That was, indeed, par for the course. There has been a suggestion that there would be a junior Ryder cup. I know that the Professional Golfers Association, and indeed Ryder Cup Ltd, is interested in that. If we are successful in our bid to get the Ryder cup to Scotland in 2009, that will be considered.

### Haemophilia

**11. Mr Andrew Welsh (Angus) (SNP):** To ask the Scottish Executive when the report of the internal investigation into the infection of Scottish haemophilia patients via contaminated blood products will be published. (S1O-2146)

**The Minister for Health and Community Care (Susan Deacon):** That report was completed recently by my department. I received the report recently and am considering it. I intend to publish the report, together with my response, as soon as possible.

**Mr Welsh:** Will the minister explain why people in Scotland were exposed to hepatitis virus C for some two to two and a half years after the problem was stopped in England and Wales? Will she also explain why the report has been delayed for more than eight months?

More important, will compensation be available to the innocent victims?

**Susan Deacon:** With the greatest of respect to Andrew Welsh, because I think that the issue is important, I must say that the first part of his question concerns precisely the issue that has been investigated as part of the report. It would, therefore, be inappropriate for me to comment on

it in advance of full publication.

As Mr Welsh indicates, the events in question go back a considerable number of years—in fact to the late 1980s and early 1990s. It has taken considerably longer than we expected to investigate what happened and to prepare the report. I give an assurance that the report will be published as soon as I am able to do so. As I have indicated, the Health and Community Care Committee will also get a copy for its consideration.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** The minister will be aware of one of my constituents, Mr Thomas McKissock, who recently petitioned the Parliament on hepatitis C, which he has contracted. Mr McKissock is not haemophilic, but contracted hepatitis C through a blood transfusion.

When the report is published, will it refer to such cases? If not, could the minister indicate what action might be possible in dealing with such situations?

**Susan Deacon:** The report to which the original question alluded is on the issue of hepatitis C and the heat treatment of blood products for haemophilia in the mid-1980s. That is distinct from the issue that Cathy Jamieson has just raised. I know that it is a sensitive issue. However, there is an important distinction to be drawn between the time when knowledge existed that enabled the isolation of specific viruses and the treatment of blood or blood products to avoid transmission of those viruses and the time when such practices were put into place. Those are sensitive issues. I have corresponded with a number of members on the issues and I am happy to continue to do so, but I have made an appropriate level of comment in the context of the chamber.

**Lord James Douglas-Hamilton (Lothians) (Con):** Will the minister say when the report was made available to her?

**Susan Deacon:** I received the final version of the report in the past few days and I have not yet had the opportunity to study it in detail.

#### Waiting Lists

**12. Kay Ullrich (West of Scotland) (SNP):** To ask the Scottish Executive how many people are currently on local authority waiting lists for placements in long-term care. (S10-2104)

**The Deputy Minister for Community Care (Iain Gray):** The information that Kay Ullrich requests is not held centrally. However, statistics on delayed discharges from national health service hospitals of patients awaiting places in nursing and residential homes are to be collected quarterly.

**Kay Ullrich:** I find it incredible that the Deputy Minister for Community Care does not have access to those figures. How can he hope to address the problem when he has no idea of its extent? Does the minister agree with Mr Bernard Devine, the chief executive of North Ayrshire Council, who states in a letter:

“It is quite obvious that local authorities throughout Scotland are unable to fund all persons assessed as requiring residential or nursing home care”?

**Iain Gray:** I do not usually respond to letters that I have not seen, but Mr Devine will be pleased to know that this week we have allocated an additional £10 million to local authorities to do what he requests in his letter. It is interesting to note that Annabel Goldie referred to the provenance of that £10 million and that it was referred to as funding for trees. The £10 million is being spent on doing exactly what was requested—to free up as many as 1,000 delayed discharge beds in the NHS.

**David Mundell (South of Scotland) (Con):** The minister will be aware that I raised with him the issue of waiting lists for long-term care placements in Dumfries and Galloway and how they have been prioritised. He will also be aware that there is an auditor's report on certain practices in Dumfries and Galloway Council's care homes. Can he tell me what progress has been made with that report? If not, will he undertake to ensure that the report is completed as expeditiously as possible?

**Iain Gray:** Mr Mundell has raised the matter previously at question time. I offered to discuss it with him, but he did not take up the opportunity to meet me. However, we expect the report to come soon and I will study it carefully when it arrives.

#### Drugs

**13. Phil Gallie (South of Scotland) (Con):** To ask the Scottish Executive what progress it is making on the introduction of legislation which will facilitate the confiscation of assets of individuals charged with drug dealing. (S10-2108)

**The Deputy Minister for Justice (Angus MacKay):** We are liaising closely with the Government about asset confiscation and recovery of the proceeds of crime in general. We will return to Parliament with specific proposals after the recess. It is likely that the proposals will relate to all crimes.

**Phil Gallie:** That is interesting. Will the minister follow the wishes of the Prime Minister and introduce a system of confiscation of assets through spot fines on drunks and hooligans? If so, will he undertake to spend a Saturday night in Glasgow assessing the system's implementation?

**Angus MacKay:** Mr Gallie leaves me



speechless because I could not discern a question that made any sense. No, we will not support spot fines, but as Mr Gallie knows, we are supporting a range of effective measures to crack down on the enforcement side of the drugs agenda. The Scottish Drug Enforcement Agency is funded to the tune of £10 million and the additional £8.9 million that we brought forward recently is sufficient to create record numbers of police officers in Scotland.

### Children's Panels

**15. Mrs Mary Mulligan (Linlithgow) (Lab):** To ask the Scottish Executive what plans it has to review the methods of selection and to augment training for children's panel members. (S10-2109)

**The Minister for Children and Education (Mr Sam Galbraith):** Potential panel members undergo various checks and interviews before being recommended for appointment. Those measures include checks with the Scottish Criminal Record Office. Panel members are required to undergo pre-service training prior to their appointment. They also undergo regular in-service training. Training requirements are frequently reviewed by children's panel training organisers in liaison with the Scottish Executive.

**Mrs Mulligan:** I thank the minister for his response. The selection process can be subject to local variation and the police checks to which the minister refers are effective only when an applicant has a police record. Would the minister be willing to set up a national register of volunteers for and employees of children's organisations and voluntary organisations that deal with children? That would allow a pattern to be shown if somebody were continually applying to such organisations and it would enable that pattern to be investigated.

**Mr Galbraith:** That is an issue about those who are not suitable to work with children, but who do not have criminal records. We have for some time been considering setting up the equivalent of a consultancy index and I hope to be able to make a statement about that very soon.

## First Minister's Question Time

### SCOTTISH EXECUTIVE

#### Secretary of State for Scotland (Meetings)

**1. Mr Alex Salmond (Banff and Buchan) (SNP):** To ask the acting First Minister when he next intends to meet the Secretary of State for Scotland and what issues are likely to be discussed. (S1F-482)

**The Deputy First Minister and Minister for Justice (Mr Jim Wallace):** I have no immediate plans to meet the Secretary of State for Scotland. I did, however, meet him—and indeed, his mother—on Tuesday.

**Mr Salmond:** I welcome the acting First Minister to his last question time in his current position. He might not be the only minister of whom that is true, if current events are to be believed.

On the subject of famous last words, does the acting First Minister recall telling the chamber last week that

"As we approach the anniversary of the Parliament, it is . . . the partnership parties of the coalition that are united."— [*Official Report*, 29 June 2000; Vol 7, c 994.]

Given the acting First Minister's responsibility for Cabinet unity, will he answer a specific question? Before the First Minister issued his extraordinary public rebuke to the other ministers, did he consult the acting First Minister?

**Mr Wallace:** Yes, I recall making that statement last week and I stand by it. As I have said, Mr Salmond knows the mark of the first year; he has only to look behind him to see the divisions in his party, as does Mr McLetchie. I would be involved in any discussions about a reshuffle, but as there are no proposals for a reshuffle, I was not involved in any such discussions.

**Mr Salmond:** The acting First Minister should look around himself, not behind me for evidence of divisions. If he was consulted, can he tell us at which ministers the public rebuke was aimed? Was it at the Minister for Health and Community Care? Was it at the Minister for Finance? Was it at the big Macs who I see are sitting together? Given the Government's interest in clarity and in naming and shaming schools and health boards, will the acting First Minister name the ministers who are shaming the Administration?

**Mr Wallace:** That is quite an amusing question. [MEMBERS: "Answer. Answer."] Far from feeling that any of the colleagues around me are shaming the Administration, I want to put on record my appreciation for the support and encouragement that they have given me during the past nine

weeks. Not only ministers, but Liberal Democrat and Labour members have worked together to deliver better services for Scotland and we are proud of doing that while Opposition members squabble.

**Mr Salmond:** Is the acting First Minister aware that the Minister for Parliament has told the parliamentary Labour party that the First Minister is incandescent with anger, that he has never been angrier and that he is threatening to sack ministers? The acting First Minister is also Minister for Justice—he has a responsibility to protect the innocent. Which ministers are involved? Is it one, several or all of them? Is the acting First Minister briefing against Ross Finnie? Parliament has a right to know which ministers are briefing against their colleagues and which are shaming the Parliament. Name and shame!

**Mr Wallace:** Not even Mr Salmond could keep a straight face as his question became increasingly ludicrous. It might come as a surprise to him—he has probably not read it on Ceefax at night—but I do not attend meetings of the Labour party. It is quite clear from the reaction of those who were at that meeting that Mr Salmond has the story wrong.

To return to Mr Salmond's first remark, this is indeed the last occasion in the parliamentary year on which I will take First Minister's questions. The First Minister told me that I would enjoy sparring with Mr Salmond—I never knew that I would enjoy it quite so much.

**The Deputy Minister for Local Government (Mr Frank McAveety):** Next, please.

#### **Joint Ministerial Committees (Meetings)**

**2. David McLetchie (Lothians) (Con):** Here is a bigger Mac.

To ask the First Minister whether there are any plans for future meetings of joint ministerial committees. (S1F-483)

**The Deputy First Minister and Minister for Justice (Mr Jim Wallace):** Further meetings of joint ministerial committees will take place in the coming months. The joint ministerial committee structure allows us to make devolution work for Scotland and for the rest of the United Kingdom by linking policy co-ordination of Scottish ministers, our Whitehall counterparts and the other devolved Administrations. We know that we achieve more by working together in the United Kingdom.

**David McLetchie:** I thank Mr Wallace for that answer. Judging by the headlines in the newspapers north and south of the border this week, there is a need for a joint ministerial committee on collective responsibility and Cabinet discipline.

Mr Wallace may well be a helpless bystander,

but is not the rather unseemly Cabinet dispute that we have witnessed a fitting epitaph for a year that has been characterised by Executive divisions, resignations, arrogance, incompetence and irrelevance? Will he tell us whether it will ever get better or will it be business as usual next term?

**Mr Wallace:** All I can say is that there were no resignations at my party's conference.

Mr McLetchie refers to the year that is awa. I remind him that during that year we passed legislation on standards in Scotland's schools, the abolition of the feudal system and adults with incapacity. We have established national parks, a social justice action plan, a framework for economic development and support for our rural areas. We have reintroduced student bursaries and abolished tuition fees. That is a record of which we can be proud.

**David McLetchie:** We have heard all that before. To be frank, it is Wallace in wonderland—the year that the acting First Minister has described is not the one that people recognise. Will the man who dismissed his party's manifesto pledges as mere election rhetoric acknowledge that a yawning credibility gap affects the Executive, which has led people in Scotland to conclude that Parliament has made little or no difference to their lives?

**Mr Wallace:** I know that Mr McLetchie was on holiday at some point, but I do not know where he was while all that legislation was being passed. As he himself once said, "Facts are chieils," but he did not add "that winna ding." The Executive's achievements during the past year are facts. He ought to wake up to the fact that the Executive is delivering for Scotland and its people. We are making devolution work.

#### **Health Services (Tayside)**

**3. Mr John Swinney (North Tayside) (SNP):** To ask the First Minister what the Scottish Executive's plans are for the governance of health services in Tayside in the light of the resignations of the chairpersons of Tayside University Hospitals NHS Trust and Tayside Health Board. (S1F-478)

**The Deputy First Minister and Minister for Justice (Mr Jim Wallace):** The vice chairs have automatically taken up the position of acting chairs of both organisations in accordance with NHS rules. We are holding discussions with them to ensure that effective interim arrangements are put in place until new permanent chairs are appointed. The process of seeking suitable candidates for the permanent posts of chair of Tayside University Hospitals NHS Trust and Tayside Health Board has already begun. Advertisements will appear in the national and local press this week and next week.

**Mr Swinney:** I thank the acting First Minister for his answer and I put on record the appreciation of many of us for the work of the chairmen who have resigned from the posts. In the light of the current deficit in Tayside University Hospitals NHS Trust and of the task force report that was commissioned by the Minister for Health and Community Care—which is sharply critical of the management executive in performing its supervisory role in Tayside—what action will the Scottish Executive take to improve the performance of the management executive so that people throughout Scotland are not exposed to uncertainty about health services such as that which my constituents currently suffer?

**Mr Wallace:** I recognise the seriousness of the matter and I acknowledge the seriousness with which Mr Swinney addresses it. It is in everyone's interests that that uncertainty is brought to an end as soon as possible and that morale and confidence are restored. As she indicated when the task force's interim report was published last week, Susan Deacon is considering carefully the way in which the Executive monitors trusts' performance. There are lessons to be learnt, including the need to examine the performance of the management system.

**Kate MacLean (Dundee West) (Lab):** Does the Deputy First Minister agree that it is unlikely that the resignation of the two non-executive chairpersons of Tayside University Hospitals NHS Trust and Tayside Health Board—I record my appreciation for their services to health provision in Tayside—will be sufficient to resolve the deep-rooted problems that exist in Tayside? Will he agree to consider whether we need a review of senior management in the NHS trust in Tayside, and possibly of the management executive?

**Mr Wallace:** As I have said, we must learn all the lessons from the findings of the interim report. I also record my appreciation of the services of the people who have chaired those two organisations. However, as Kate MacLean knows, the report was an interim report. Improvements are being put in place, including a rewritten health improvement programme—that contains a sharper definition of acute services—and the establishment of a joint management recovery forum. Those are important factors in trying to secure the increased confidence that I am sure Kate MacLean and other members who represent Tayside want to see.

**Mary Scanlon (Highlands and Islands) (Con):** Does the acting First Minister have some sympathy with the people of Tayside, who are now facing "six years of austerity," as Paul White, the chief executive of Tayside University Hospitals NHS Trust put it? Can he advise the people of Tayside how to overcome the £19 million deficit? Is he concerned about GP referrals to consultants

at Ninewells hospital being reduced by 19 per cent?

**Mr Wallace:** I can assure Mary Scanlon that, in the current year, £17.2 million has been allocated for hospitals and community health services in Tayside. Last week, coincidentally with the publication of the interim report, Susan Deacon announced that a further £4.7 million would be allocated to services in Tayside as consequential of the budget. In spite of the difficulties, the quality of the health services that are delivered in Tayside has been very good and I want to put on record the dedication of the health service staff—doctors, nurses and consultants—who have worked to deliver health services for the people of Tayside.

**Mr Andrew Welsh (Angus) (SNP):** The money must match up to the massive, endemic problems in the health service in Tayside, which can be dealt with only by a massive increase in cash allocations or by a massive programme of cuts and closures. Which will it be?

**Mr Wallace:** The interim report indicated that there were problems of financial management. Tayside University Hospitals NHS Trust has, with the task force, established the reasons for the deficit and identified the resources that are required to achieve financial stability. Everybody continues to work on specific proposals for financial recovery. As I said in my answer to Mary Scanlon, some £20 million of additional money has been allocated to Tayside this year for hospital and community health services.

### Mortgage Repossessions

**4. Mike Watson (Glasgow Cathcart) (Lab):** To ask the First Minister what plans the Scottish Executive has to offer further protection to those threatened with mortgage repossession. (S1F-494)

**The Deputy First Minister and Minister for Justice (Mr Jim Wallace):** The Executive fully supports the Mortgage Rights (Scotland) Bill, which Cathie Craigie introduced to Parliament on Monday 3 July. We have worked closely with her on the detail. The bill proposes to allow the courts to consider the individual circumstances of a debtor who faces repossession action. It would allow them to decide whether the debtor can get back on track and repay their mortgage or whether they should be given more time to arrange alternative accommodation, if that is a better solution for the debtor.

**Mike Watson:** I thank the acting First Minister for that reply. I welcome the Executive's support for Cathie Craigie's bill, which should allow approximately 2,000 families in Scotland a year the right to legal protection when they most need it. Does he also agree that the bill would allow the

courts to consider all aspects of a family's financial situation while they remain in their home, so that rather than being put out on to the street, many of them will be able to remain permanently in their homes?

**Mr Wallace:** It is important that debtors' financial circumstances will be examined. Much of that will be left to the discretion of the court. The bill's purpose is to avoid the drastic step of putting people out on the streets by allowing them an opportunity for debt management or the possibility of arranging alternative accommodation, when that is a feasible option.

**Cathie Craigie (Cumbernauld and Kilsyth) (Lab):** I thank the Deputy First Minister for offering the Executive's support for my bill. Does he agree that it will be a practical way of ensuring that we reduce the number of people who apply every year to local authorities under homelessness legislation and that it will thereby reduce the burden that is placed on local authority waiting lists?

**Mr Wallace:** I agree with Cathie Craigie and I wish her well as she pilots the bill through Parliament. It is a good example of a practical way in which Parliament can work for the benefit of ordinary people in Scotland.

**Miss Annabel Goldie (West of Scotland) (Con):** I speak as someone who, in private practice, was required to act for building societies in repossession work. That is an area of work that is never pleasant, but is unfortunately necessary at times. Does the acting First Minister accept that many of our major lending institutions in Scotland have effective and worthy schemes for consultation with borrowers when difficulties are first detected? When any legislation is considered it is extremely important that the understandable commercial risk that a lending institution may contemplate will not be prejudiced because of apparent difficulties in the enforcement of repossession cases. In other words, we do not want borrowers ultimately to be badly served by undue restriction in the protection of the security subjects.

**Mr Wallace:** Annabel Goldie makes the important point that some lenders try to engage positively with borrowers. I understand that Cathie Craigie, in preparing her bill, has also been taking into account the need to strike the right balance so that lenders will not be more reluctant to lend. That would not serve a useful purpose.

**Robert Brown (Glasgow) (LD):** Will the acting First Minister accept that it is important to make available effective and proactive advice to those who suffer financial difficulties in the context of mortgage or rent eviction? Does he agree that the courts should be routinely directed towards

making use of such a facility?

**Mr Wallace:** It is important to direct people, whether through the courts or otherwise. That could, perhaps, be done through citizens advice bureaux. People must get better advice when they are approaching serious debt or are in debt. We should accept and acknowledge that as an important part of the provision of legal services and as a way in which people who are in real difficulties can be helped.

**Fiona Hyslop (Lothians) (SNP):** The minister might be aware that three members from three different parties have tried to address mortgage repossession. Does he think it is appropriate that a member's bill will be used to plug a gap in Executive provisions, especially bearing in mind that there will not be a housing bill before Parliament until November? Will not he provide Executive time and resources to examine the issue, especially experiences relating to section 40 of the Bankruptcy (Scotland) Act 1985?

Why is the Executive backing Cathie Craigie's bill rather than Robert Brown's bill, which was the first to be published?

**Mr Wallace:** Fiona Hyslop almost answered her own question. She pointed out that the housing bill, which will incorporate many of the provisions that Robert Brown has pursued in his bill, will not be introduced until later. Cathie Craigie has prepared a bill. She has been working co-operatively with the Executive, which has given her its support in the preparation of the bill. The bill has been presented to the Parliament and is therefore more likely to get on track.

As far as I am aware, most of those who are interested in housing in Scotland are delighted that a housing bill that will be much larger than Cathie Craigie's bill will be introduced. It was important to take the matter out of the housing bill and to address it through a member's bill, because it is an immediate problem. I hope that Parliament will not regard members' bills as second rate. Cathie Craigie's bill is important and the Executive is happy to support it.

## Ferry Services

**5. Tavish Scott (Shetland) (LD):** To ask the First Minister what representations the Scottish Executive has made to encourage a speedy resolution to the dispute between P & O Scottish Ferries and the shipping officers' union, the National Union of Marine, Aviation and Shipping Transport Officers, in order to prevent industrial action disrupting the lifeline ferry services to Orkney and Shetland. (S1F-479)

**The Deputy First Minister and Minister for Justice (Mr Jim Wallace):** The dispute is a matter for P & O Scottish Ferries and NUMAST. I

understand that union members are being balloted on a revised offer. The Executive hopes that an amicable solution can be reached by negotiation and without disruption of ferry services to the islands.

**Tavish Scott:** I welcome the progress that is being made on the matter and I hope that there will be no disruption. Does the Deputy First Minister accept the importance of lifeline services and the Executive's commitment to supporting them financially? Given the importance of the services to the tourism industry and the fact that it is now the start of the school holidays, will he ensure that no action is taken that will disrupt those services?

**Mr Wallace:** I can give Mr Scott the assurance that he seeks that the Executive recognises the importance of lifeline ferry services to the islands. I am rather well placed to appreciate that and to give that assurance. The ferries are vital economic and social links. Under the current subsidy arrangements for P & O Scottish Ferries, there is a subsidy of £11 million a year. As Mr Scott will know, tenders are being evaluated for a follow-on franchise service. The Executive attaches importance to securing lifeline services to the northern isles, the western isles and Scotland's many other island communities.

## National Health Service

*Resumed debate.*

**The Presiding Officer (Sir David Steel):** We now return to the debate that was interrupted this morning, on motion S1M-1091, in the name of Susan Deacon, on modernisation of the national health service, and two amendments to that motion.

**Bristow Muldoon (Livingston) (Lab):** On a point of order, Presiding Officer. On 21 June, I raised a point of order about the language that Andrew Wilson used about the Chancellor of the Exchequer. Have you had an opportunity to reflect on that point of order since then?

**The Presiding Officer:** Yes. I refer members to the ruling that I gave on this matter on 16 March. We do not allow references in the chamber to lying when they apply to other members in the chamber. There was an example of that yesterday, which I regret, but the instance to which you refer did not apply to a member in the chamber.

**Ms Margo MacDonald (Lothians) (SNP):** On a point of order, Presiding Officer. Could you clarify what would be acceptable to the Presiding Officer in the event of a "terminological inexactitude" being deployed in the chamber?

**The Presiding Officer:** I am surprised that Ms MacDonald should echo Churchillian phrases from another chamber. Such a phrase has not been used, but I will ponder on that point.

The next speaker in the debate is Andrew Wilson.

15:34

**Andrew Wilson (Central Scotland) (SNP):** I assure members that I will be a harbinger of truth in all matters.

On Wednesday last week, I emerged from my much-needed beauty slumber to hear the Minister for Health and Community Care talking on the radio about £8 million of new funding for nurses and doctors. That was the beginning of a wonderful week for Susan Deacon, who, I see, is engaged in deep discussions with Cabinet colleagues, which I hope are convivial. Perhaps she will reflect on what was the most difficult week for Government health policy. No sooner had we emerged from our breakfasts than the Executive was preparing another announcement, saying that four times that amount was to be taken from the health budget, as we heard that afternoon.

So began a week of disgraceful Executive behaviour. On the next day, Susan Deacon stood

up from the seat in which she is now sitting to tell the chamber that there was no problem and that the £34 million was merely an example of good financial management.

It is odd, then, that the next day, in *The Courier and Advertiser* in Dundee, Malcolm Chisholm, perhaps one of the most respected Labour members, said that

“mistakes had been made in the way the cash was moved”.

He said:

“It was quite clearly a presentational disaster.”

He went on to say:

“Some modifications are needed for the arrangements we have for underspends.”

The first question that I hope the minister will address in summing up is about what modifications are planned to meet the demands of Labour back benchers.

We were told that financial management had been good and that there was no problem, but then we emerged into the weekend. We got up on Sunday morning to find that Susan Deacon had briefed the Sunday papers. The headline in the *Sunday Herald* was, “Deacon: give the NHS back £34m”. The article stated that Ms Deacon was

“believed to have secured backing from cabinet colleagues and the wider party in a power play expected to leave McConnell isolated, after he blundered over cuts in health spending.”

We are supposed to trust the Executive with the NHS, yet people are at war within the Cabinet, using our NHS—our doctors, nurses and hospitals—as a political football in an internal wrangle and unseemly battle to replace Donald Dewar before he has moved on from his position.

Did the Minister for Health and Community Care, or anyone in her employ, brief the *Sunday Herald* and, if not, has she complained to the Press Complaints Commission or written a letter to the newspaper’s editor to complain about the article, which clearly outlines an attack on the £34 million being taken from the health service?

Rising at 7 am on Sunday morning—as I always do—not only did I read the article but, minutes later, I turned on Radio Scotland to find that the Executive’s position had changed again. Donald Dewar, the First Minister, dismissed Ms Deacon’s statements and said that the money would remain in the contingency fund. We should not be surprised, of course, because today, on what is perhaps the most important day of Ms Deacon’s parliamentary career to date—an important full-day debate on the health service—what has Mr Dewar authorised his spin-doctor to do? He has authorised him to produce a headline, which says, “Furious Dewar threatens to sack Deacon for

disloyalty”.

If Mr Dewar cannot trust his health minister in the most important parliamentary debate of her career, how can anyone in Scotland trust Labour with the NHS? It is a scandalous week, which has left Ms Deacon with absolutely no credibility.

In today’s edition of *The Scotsman*, a senior Labour figure is quoted—I assume that Susan Deacon will correct this if it is wrong—as saying:

“The slap down wasn’t being delivered to the group because the group is united, it was made quite clear the First Minister was cracking the whip with his cabinet – and it was obviously aimed at Susan.”

What did the health minister do to require such a slap down from the First Minister? At question time it was clear that Jim Wallace was unwilling to tell us, but if people are to bring ministers to account, they are entitled to know exactly what has been going on during the past week. I have outlined the story—the context in which this health debate is taking place. People are entitled to know what has gone on. Has the minister been slapped down or not? If not, who has been? It is time the truth was told about this very sorry episode.

15:38

**Margaret Jamieson (Kilmarnock and Loudoun) (Lab):** I will direct my comments to the work being undertaken within the health service in Scotland.

I welcome the opportunity to participate in today’s debate, which allows me to share with members the positive effects of the Executive’s modernisation of the national health service, in particular in Ayrshire and Arran.

Last Friday, my colleague Cathy Jamieson and I observed presentations by representatives of all the local health care co-operatives in Ayrshire and Arran. The changes taking place now and in the near future are a breath of fresh air—and that comes from someone who has always been somewhat sceptical of general practitioners. The central theme of the presentations overturned any previously held views of the GP as God, directing patients around the various services—those were the words of the GPs from the local health care co-operatives, not mine.

The new emphasis is on the patient having access to all in the primary care team, all of whom are equal partners, working in partnership for the benefit of patients. It is worth noting that the General Medical Council’s recent publication, “Changing times, changing culture”, states:

“we are not prepared to accept attitudes to service which seem to favour doctors more than patients.”

I urge other professions to take off the blinkers and lift the barriers, to focus on patients. However,

I hope that those professions do not take the amount of time that the GMC took before waking up and promoting patient-centred care in our communities. It is not enough that those at the coal face embrace the modernisation of the national health service. In some cases, the attitude and level of competence of trustees on trust boards and health boards are a barrier to delivering the modernisation programme. I urge the minister to consider urgently the commitment of those trustees. It is unfair to burden executive trustees on their own with that responsibility.

It is unfortunate that some members fail to accept the many changes that have taken place in the delivery of health care in Scotland—the advances in technology, the new drug regimes and the greater expectations of patients. Many trusts have redesigned services for the benefit of patients. Ayrshire and Arran Acute Hospitals Trust has recently been awarded the Association of Health Care Human Resources Management partnership in health care award 2000 for the Ayrshire cataract service. I hope that members will join me in congratulating the trust and its staff on achieving such national recognition and in encouraging others in the service to consider the process of health care delivery from all perspectives. The improvements to patients are immense: fewer journeys to hospital; fewer members of staff encountered by the patient; waiting time subsequently reduced and the time that patients spend in hospital reduced from days to hours. Buildings and beds were not high on the agenda of the patients who helped to redesign services in Ayrshire and Arran.

The Scottish people expect their health service to reflect their needs and expectations. It is our responsibility to ensure that they receive quality service with positive outcomes, meeting needs and expectations, in a modern health service.

**Mrs Margaret Ewing (Moray) (SNP):** On a point of order. How will we ensure a balance in the debate, given that no Liberal Democrats are present for the opening speeches?

**The Deputy Presiding Officer (Patricia Ferguson):** I assure Mrs Ewing that the Presiding Officer takes such matters into consideration when calling members to speak.

15:42

**John Scott (Ayr) (Con):** I welcome Donald Gorrie, who has just returned to the chamber.

In the 1997 election, Labour promised to hit the ground running. However, in respect of the health service, Labour has been running either on the spot or backwards ever since.

Today, I want to make some points about health

service provision for the elderly—or the lack of it. Many elderly people feel neglected by the health service. At the very time when they most need it, the people who have worked all their lives to build it, pay for it and make it what it is today fear that it is not there for them. Elderly people feel that there is an agist culture in the NHS and that agism is replacing racism as a social evil. They feel—with good reason—that the system discriminates against them. Medicines are rationed, services are poorer and “do not resuscitate”—DNR—is being found on medical notes. Indeed, Age Concern is calling on the Government to investigate those specific issues—I echo that call.

Beds are blocked—I know that that is not the right usage. There are almost 2,400 blocked beds in Scotland; that number rises as surely as night follows day and has risen hugely since Labour came to power.

I accept that, as the minister pointed out at question time, £10 million has been given to address the problem. Will that be enough or will it be too little, too late? Let us face it: that money was given grudgingly. After all, before last week, it had not been Ms Deacon's intention to spend it on delayed discharge. One has to ask whether it will solve the problem. The real problem is that health boards and social work departments cannot get their acts together; the underlying problem will remain and once the £10 million is used up, the problem will recur. As Age Concern points out, the Government must accept that there are different standards of treatment for the elderly.

The Government must accept the principles of the Sutherland report, which have already been adopted by the Tories, and produce a single health and social work budget so that we can start to address those issues.

**Christine Grahame (South of Scotland) (SNP):** Given the late but welcome conversion of the Tories to Sir Stewart Sutherland's report, will they now support my proposed Alzheimer's and dementia care bill, which has Sir Stewart's support and completely implements his recommendation to make payment for personal care illegal to ensure that dementia sufferers are treated like every other sufferer?

**John Scott:** I am advised by Mary Scanlon on my left that we will certainly consider Christine Grahame's bill.

**The Deputy Minister for Community Care (Iain Gray):** Will the member take an intervention?

**John Scott:** Indeed. [*Interruption.*] Well, I do want to finish.

**Iain Gray:** I have a genuine point.

**John Scott:** I am sorry. I am advised that I should not take the intervention.

With regard to the Sutherland report—

**Margaret Jamieson:** On a point of order, Presiding Officer. Is not it for individual members to make up their own mind whether they will take interventions, or do they have to look to their health spokespersons to do so?

**The Deputy Presiding Officer:** I presume that Mr Scott was making up his own mind. Mr Scott, will you proceed?

**John Scott:** I will proceed, if I may.

It has already been mentioned this morning that waiting lists and waiting times are another problem. Many elderly people suspect that they are being put to the back of the queue in the hospital's hope that if they wait long enough, they will no longer be a problem. Perhaps they are not being put to the end of the queue; perhaps it is just that the queue is too long in the first place. However, the fact is that many routine operations that affect the elderly are simply not being performed in Ayrshire, as Christine Grahame pointed out this morning, and indeed throughout the country.

For those reasons and others that time does not allow me to address, it is little wonder that the elderly feel that the so-called modernisation of the health service has passed them by. Our society will have failed if we neglect our elderly; and this society, this generation and this Government are currently failing for that reason.

**Margaret Jamieson:** Will the member give way?

**John Scott:** No, I cannot.

I urge members to treat the Executive's self-congratulatory motion with the contempt that it deserves and to reject it.

15:47

**Tommy Sheridan (Glasgow) (SSP):** I will certainly support the SNP amendment, because the Executive motion is far too self-congratulatory and does not recognise the major problems that still exist within the health service in Scotland.

However, before making my main points, I should say that I will not take any lectures from the Tories about neglecting the elderly. I remind John Scott that, in 1980, a previous Tory Government led by Mrs Thatcher implemented one of the most damaging pieces of legislation when it disgracefully broke the link between pensions and earnings, with the result that single pensioners are now worse off by £27 a week, and pensioner couples by £35 a week. I hope that the member will consider that point.

**Ben Wallace (North-East Scotland) (Con):** I

acknowledge Tommy Sheridan's point, and should point out that even new Labour has been unable to restore that link. How would Tommy fund the link between earnings and pensions if it were reinstated?

**Tommy Sheridan:** I could be here all day giving Ben Wallace ideas. However, first of all, I would impose a wealth tax so that the friends whom the Tory Government buttered up would pay appropriate and fair taxes instead of getting away with blue murder.

In this morning's debate, several members were unfairly criticised because they raised some of the British Medical Association's very genuine criticisms about the lack of consultation on the Executive's proposals and the preponderance of spin over substance in the announcement of new moneys for the health service. Those criticisms deserve to be taken on board, and I hope that the minister will refer to them.

I want to raise other criticisms, and no doubt I will be criticised for repeating the criticisms of Unison. However, those criticisms are also genuine. That union does not think that it is being consulted and does not feel that it is part of a partnership, although it is the largest union for health workers in Scotland.

We were asked this morning to welcome the fact that the £34 million that is at the core of today's debate is at least going to health-based projects. I will not welcome that, because those health-based projects are receiving that money at the expense of mainstream expenditure that is required in the health service to address some of the most serious problems that it faces: staffing levels and staff-to-patient ratios.

This week, Unison released figures that show that, between 1985 and 1999, staff-to-patient ratios reached totally unacceptable levels. The doctor-to-patient ration fell from 1:70 in 1985 to 1:110 in 1999. The nurse-to-patient ratio fell from 1:13 to 1:24. Worst of all is the ratio for cleaning staff to patients. In 1985, it was 1:60; in 1999, it was 1:301. No wonder there are increasing complaints about cleanliness in hospitals and no wonder people contract diseases in our hospitals. There is a clear lack of domestic and cleaning staff. We need those resources to be mainstreamed if we are to retain staff and recruit essential new staff. Most of all, we need the minister to announce that he and Susan Deacon will set minimum standards and levels of staffing in every hospital, department and health discipline. I hope that he will assure us that he will do so.

Unison's Scottish organiser for health said that the figures that I have just mentioned

"should place into focus the debate that is presently taking place in the Scottish Executive about the £34 million that



was taken away from Health last week. This money needs to be returned as a matter of urgency to the Health Service and minimum staffing levels for every ward, department and discipline should be established throughout Scotland."

I ask the minister to announce today that the Executive will establish minimum staffing levels in all those areas.

15:53

**Brian Adam (North-East Scotland) (SNP):** I am disappointed that, yet again, we are talking about one of the buzzwords from Labour's lexicon. Today's buzzword is modernisation. I do not know what is meant by that word in relation to the matter that we are discussing, which shows the devaluation of language that is typical of this Administration.

I see that, just as the junior partners in the coalition did not have the courtesy to be present at the start of the debate, the Deputy Minister for Community Care does not want to listen. Perhaps he does not like what we are saying.

**Iain Gray:** I ask Mr Adam to withdraw that remark, which was patently untrue. I did not leave the chamber and I was listening to every word that he said.

**Brian Adam:** I am pleased that the minister has returned to his chair.

I draw the minister's attention to the word modernisation. Some of us remember the council housing that was built in the 1960s and 1970s, much of which is no longer here. When it was built, it was thought to be wonderful and modern. It might have been modern, but it was not wonderful and it was not much of an improvement. I suggest that many of the things that the Executive thinks to be modern will not be judged to have been much of an improvement.

I want to raise a point about clinical governance that Malcolm Chisholm has raised previously. There have been a series of failures of clinical performance recently. Many of them have come to light as a result of clinical governance and audit. While it may be sad, or unfortunate, that those problems have been highlighted, including a number in Grampian, where we have had problems with the radiology service, cardiac surgery and some of the dental services, at least clinical governance and clinical audit have picked them up. I ask the minister to address the question how we are to turn round those situations, when senior members of staff often end up either not practising or suspended for long periods. The consequence is deterioration of services, and that part of the problem has yet to be addressed.

Tayside has seen a significant result of such practices. The clinical performance of two senior

members of staff was called into question and they are no longer practising, with the result that acute services at Stracathro hospital have been grossly undermined. That is part and parcel of the overall problem that exists in Tayside, but I ask the minister to put his mind to the question how we are to turn round such situations more quickly, with the provision of appropriate retraining and support. That would prevent the deterioration of services as a result of the inevitable discovery of poor performance through clinical audit and clinical governance, in a way that need not impinge on the quality of services or the length of waiting times.

I have taken up enough time.

15:56

**Paul Martin (Glasgow Springburn) (Lab):** As a Labour MSP for Glasgow, which, health statistics show, is suffering, I welcome the debate as an opportunity to speak on the important issue of the modernisation of the national health service.

It is quite right for members of Opposition parties to question the Government, which, with ministers, should be accountable. Opposition members want answers to many of the questions that have been raised today, but it is about time that we heard some answers from those members about what they would do if they were in Iain Gray's position. What would they do to advance the NHS agenda? We need a clear answer to that. Perhaps the world debating champion, Duncan Hamilton, wishes to intervene with an answer to that question—I would be happy to give way to him if he wished to provide that answer.

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** I thank Paul Martin for the build-up.

On our specific proposals, perhaps Paul Martin did not hear Kay Ullrich's opening speech, which dealt with the idea of taking the debate on the health service out of party politics and towards a cross-party approach.

If Paul Martin, like Irene Oldfather, supports that approach, he should say that he does. If so, can we count on his support, as a member of an Executive party, in our attempt to persuade the minister to take on board all the SNP's ideas, not just some of them?

**Paul Martin:** Duncan Hamilton should discuss that with his colleague, Andrew Wilson, whose four-minute speech was based on the gossip columns of Scotland. These are serious issues, and this is serious politics. People in Scotland want us to propose genuine ideas for a constructive way forward.

**Shona Robison (North-East Scotland) (SNP):** Will the member give way?

**Paul Martin:** I will not take any more interventions, but I thank Shona Robison for her attempt.

I want to make a constructive suggestion that came about as a result of consulting local GP practices and consultants. David Mundell made a constructive point about the information technology systems that are in place in the national health service. When I, with colleagues, met Greater Glasgow Health Board recently, we were concerned to learn that it takes a pretty fragmented approach to the IT systems that are available throughout the health board area. For example, many of the trusts have implemented individual IT systems, and there is no cohesive approach towards that work. It is important for the minister to take on board that issue, to ensure that a cohesive approach is taken towards the procuring and building of an IT system to serve the health board area.

We should also consider another issue that David Mundell touched on: videoconferencing, which would give GPs the opportunity of conveying information to consultants without having to go through an appointments system that does not serve the public at the moment.

The existing management structure of the health boards and trusts is complicated. In Glasgow, there is Greater Glasgow Health Board, the local hospital trusts, the primary care trust and many other health care organisations. We must consider whether those organisations are actually serving local communities. I call on the minister to consider the possibility of a study being carried out—

**Michael Russell (South of Scotland) (SNP):** On a point of order, Presiding Officer. What is the procedure for calling for a quorum count in the chamber? There are, I think, 11 representatives of the Executive parties out of 71, which I think is very few for a debate of this seriousness.

**The Deputy Presiding Officer:** I can assure you that there is a quorum: the quorum for a meeting of the Parliament is three.

**Paul Martin:** I would welcome consideration of an independent study on whether those management structures—the local health boards, the trusts and other organisations—are serving local communities properly, with what must be described as the substantial additional resources that have been made available to them.

I welcome the debate. If we are genuinely to move forward, we will have to work together for the betterment of the national health service in Scotland.

16:01

**Donald Gorrie (Central Scotland) (LD):** I will first explain to you, Presiding Officer, and to the rest of the chamber, the reason why the Liberal Democrats were away from the chamber for a short time. It was the only opportunity in the day that could be found for us to give a presentation to Jim Wallace in recognition of his very good performance as acting First Minister. It may interest Brian Adam, who took us to task on the subject, that the presentation took the form of the original of a newspaper cartoon showing Jim Wallace as a gladiator, thoroughly defeating Mr Alex Salmond in the arena of the coliseum in Rome.

I will just make an introductory remark about the overall issue of the funding of the national health service, and of how that has been dealt with. I was one of those who did not vote for the formation of the coalition. Since the coalition was formed, I have been a loyal but critical supporter of it, to the extent of performing my first-ever karaoke last night—and the ineptitude obviously showed. However, the spirit was willing, with the help of an excellent Labour MSP, Sylvia Jackson.

I think that I am in a position to say, politely, that some of the Labour ministers should learn to control their ambitions and refrain from spinning in a way that harms the work of the coalition Government. The spinning of some Labour ministers during the negotiations on student fees and during the section 2A disputations did not help greatly; neither did the spinning about the health money. The Executive has a much better story to tell than that. It has made an honest attempt to deal with the very great problems of health. It has produced some more money and it has some very good plans and intentions, which I am happy to support.

**Ms Sandra White (Glasgow) (SNP):** Regarding the karaoke, was one of the songs “Things Can Only Get Better”?

**Donald Gorrie:** No, our song was “True Love”. It was very symbolic, and was carefully chosen.

I will now make a few specific points, some of which have been alluded to by other speakers.

First, one way to improve the health service is to reduce the amount of bureaucracy and paperwork that floods into it, and into all other departments of our activity. I have already volunteered to be a bumf tsar and to help to reduce the paperwork. I am sure that somebody else could do it better, but it must be done.

Secondly, we should properly consider the efficiency of the health service. When visiting councils, I often get the impression that councillors and council officials feel that councils have been

under the spotlight of much more scrutiny for many years than has the health service, and that savings could be made in the health service without compromising standards. We must get stuck into that.

Finally—and although this is a point that I always make, it is important—we should consider the preventive or community medicine argument. Medicine is still dominated by the influence of skilled people in hospitals who demand the latest expensive equipment. We must certainly do what we can in that direction, but much more money needs to be put into our communities, especially the poorer ones. Our children are becoming couch potatoes; they do not play enough sport. We do not provide enough backing for voluntary organisations that support people suffering from stress in deprived areas. Much more money, thought, help and co-operation must go into communities and into helping people to be healthier. The current plans contain some intention to do that, but they should be much more focused, to combat the understandable enthusiasm of the specialists for all their expensive equipment.

I am happy to support the good intentions of the Minister for Health and Community Care and the Deputy Minister for Community Care. I wish them success in the future. We will support them and keep an eagle eye on them.

16:07

**Christine Grahame (South of Scotland) (SNP):** Paul Martin called this a serious debate. It is very serious for Scotland's ill when the attendance of Executive members is such as we have this afternoon. I want to raise serious issues concerning the older people in Scotland.

On 17 December, I asked in a written parliamentary question whether the Executive had evidence of age discrimination in the NHS, and whether it would initiate a full and comprehensive investigation. Susan Deacon answered:

"There is no evidence to suggest that elderly people are being refused NHS care solely on the grounds of age."—*[Official Report, Written Answers, 17 December 1999; Vol 3, p 302.]*

I have here some evidence of such discrimination, which I shall present in the format that is used by the Minister for Health and Community Care. Fact 1: more than three quarters of family doctors believe that the NHS discriminates against elderly people. Fact 2: two thirds of family doctors support an inquiry into agism in the NHS. Fact 3: 43 per cent of GPs would be worried if a frail and elderly relative went into hospital.

I also have quotations to support that evidence. Dr Brian Williams, the president of the British

Geriatrics Society, says:

"There is good evidence to say that the NHS harbours institutionalised ageism which is morally indefensible."

Dr Bill O'Neill, the Scottish secretary of the British Medical Association, says:

"There is ageism in the society and the NHS is not immune from it."

Here is more evidence. Fact 1: breast cancer screening is rarely offered to the over-65s, although more than two thirds of the mortalities from breast cancer are within that age group. Fact 2: one third of coronary care units refuse to admit over-65s who are referred to them by GPs, thus forcing them into general wards. Fact 3: elderly people are routinely excluded from drug trials, although the drugs that are being tested may help them. I ask members to remember Jill Baker, aged 67, who read in her case notes—for the first time—that she was not to be resuscitated in the event of her having a stroke. That was written by a junior doctor who never met her.

I shall now speak on long-term care for the elderly. In March, Dr Williams and the heads of the Royal College of Physicians in Edinburgh, Glasgow and London branded long-term care of the elderly a national disgrace. Sir Stewart Sutherland's report gathers dust. The truth is that, if someone has Alzheimer's, they are subjected to the worst age discrimination of all—paying for nursing that is free to people suffering from all other illnesses. People who have Alzheimer's are compelled to sell their homes to pay for nursing care or—what a choice—confined to a hospital bed because there is no money in the social work budget to pay for their care costs. The only treatment someone suffering from Alzheimer's can be guaranteed is to be treated as a non-person.

Of course there is rationing. The Dundonald GP who spoke so frankly at the recent BMA conference was saying what we already know to be the case. If there is to be rationing because of medical progress and limited resources, let it be on the basis of assessed individual ability to benefit, not on the basis of age any more than it would be on the basis of skin colour.

My speech is bursting at the seams with evidence and I have only a minute and a bit to go. The cure for the ailment is for older people to be seen by politicians and society as the individuals that they are and that we see ourselves as. I have a poem for the minister, for the holidays. It is on individual rights and called "Warning".

When I am an old woman I shall wear purple  
With a red hat which doesn't go, and doesn't suit me,  
And I shall spend my pension on brandy and summer  
gloves  
And satin sandals, and say we've no money for butter.

I shall sit down on the pavement when I'm tired

And gobble up samples in shops and press alarm bells  
And run my stick along the public railings  
And make up for the sobriety of my youth.

I shall go out in my slippers in the rain  
And pick the flowers in other people's gardens  
And learn to spit.

16:11

**John Young (West of Scotland) (Con):** I very much appreciate what Christine Grahame said about the elderly. As the second-oldest member of the Parliament I thank her. However, I have never been a patient in hospital, although members of my family and colleagues have. According to a recent ICM poll, some 63 per cent of those questioned ranked the NHS as the most valuable institution in this country. Around two thirds of them believed that the health service needed to be improved "quite a lot". In February an Angus Reid poll of 17 countries showed that the UK was unique in that a majority was in favour of paying higher taxes to ensure better public services, particularly a better NHS.

Recently five parliamentarians—Lord McColl of Dulwich, a Tory peer and a surgeon before he entered the House of Lords, Alan Milburn MP, the Secretary of State for Health, Liam Fox MP, the health spokesman for the Tories at Westminster and a medical practitioner, Nick Harvey MP, the Liberal Democrat spokesman on health, and Frank Field MP—put forward a series of proposals for the modernisation of the NHS. Despite diverse political views, their shared priorities were new ways of providing treatment, an examination of funding and patient guarantees. Those three points are crucial to modernisation of the NHS.

Let us look at funding. As we have heard, cash is available if Gordon Brown releases it. We know about the £18 billion. A further £22.5 billion is supposed to be coming the way of the NHS following the recent auction of mobile phone licences. I have never understood why the lottery funding rules are not changed to allow a considerable sum of money from the lottery to go into the NHS. I hope that the rules are changed. Other countries permit that.

Unison, which is one of the biggest unions in this country, has always expressed concern about private finance initiatives or public-private partnerships. Why does it not take some of its massive assets and invest in some of the hospital projects? That would give it a stakeholder's presence.

**Tommy Sheridan:** Will the minister give way? [*Laughter.*]

**John Young:** Tommy.

**Tommy Sheridan:** Because I have known John for a long time I think he is a minister. Would he

agree with me that given the current budget surplus of £18 billion and the additional £22 billion, rather than Unison investing its money it would be better for new Labour to invest money?

**John Young:** I welcome money from any sphere. My point was that it would give Unison a stakeholding.

**Cathy Jamieson (Carrick, Cumnock and Doon Valley) (Lab):** Will the member give way?

**John Young:** I am sorry. I am very limited for time.

Unfortunately, Dr Richard Simpson and I did not manage to complete our conversation outside on the pavement at lunchtime, but I had time to mention to him that a German former colleague of mine had said that, in the likes of Duisburg, which is in an industrial area where the population is heavily concentrated, general purpose surgeries were established many years ago. Not only was there a physician, there was a lung expert, a urologist, and a person dealing with heart disease. They were all in the one surgery. In addition, when it was feasible, the surgeries got the necessary equipment, although that is not to say that they had the equipment that a hospital would have.

When in doctors' surgeries, I have often thought that they lack something. I feel that some senior nursing sisters have more experience than some junior practitioners. Why is it not possible to see them rather than waiting to see the doctor? At the moment in my area, it takes between one and a half and two weeks before a patient can see a doctor. Problems such as that should be considered.

**The Deputy Presiding Officer:** Will you wind up now, Mr Young?

**John Young:** Frank Field has talked about a little-known European Union provision that Dr Simpson, Sam Galbraith and some others will no doubt know about. The E112 form allows United Kingdom citizens to have certain operations within the EU. In this day and age, greater movement could take place within the union on that basis.

We know that we need equipment and we know that the elderly population is increasing. The site of Canniesburn hospital is being sold and we are told that its value is £21 million. All profits from such sales must be reinvested in necessary NHS equipment.

I have one final point for Iain Gray.

**The Deputy Presiding Officer:** You must come to a close, Mr Young.

**John Young:** The most deprived area in Scotland is the south side of Glasgow and parts of east Renfrewshire. Apart from the maternity hospital in Rutherglen, which lasted only 20 years

until it was closed, we have not had a new hospital built since Queen Victoria was on the throne. The last time that a hospital was built in the south side of Glasgow was in 1890, and it serves a population catchment area of 430,000. I hope that Iain Gray will pass that on to Susan Deacon.

16:17

**Michael Russell (South of Scotland) (SNP):** We have all been surprised in this debate. Despite the barrage of criticism aimed at the Labour front bench, all that we have received have been the usual sour looks, the usual lectures and the usual implications that everybody is out of step except our Susan and, of course, our Iain.

**Kay Ullrich (West of Scotland) (SNP):** And she is not here.

**Michael Russell:** And she is not here. She must have got tired of it.

The real verdict on the health services in Scotland does not come from this chamber; it comes from the people we meet on the street, it comes from our own experiences and it comes from anecdotal evidence that we might get when talking to people at a party or in the pub.

During the Ayr by-election, which Mr Scott won, it was not possible to walk down Ayr High Street without someone wanting to stop and talk. Three subjects came up. One was the Carrick Street day centre, which we all remember and which is responsible for Mr Scott's being here, so he has a lot to thank a Labour local authority for. Pensions was another subject for discussion, but the one that people were really concerned about was their personal treatment in the NHS. They did not speak with resentment or anger, because they knew that they were getting the best service that they were allowed to get by whatever Government was in power.

In Susan Deacon's opening remarks this morning, I was horrified to hear an accusation that the SNP and the Conservatives were, in some sense, talking down the staff, or talking down the patients, or scaremongering. Those are weak and silly arguments. Iain Gray was nodding his head—he seems to agree with those arguments. However, the leadership of the NHS in Scotland, as represented by the front bench, thinks that that is the right way in which to conduct the debate—telling everybody who criticises: "Oh, no. Those are weak and silly arguments. We know best."

We have heard the arguments, and we have heard the single transferable spending announcement that dots around the chamber. Richard Simpson is shaking his head—he also knows best. I like Richard Simpson, but it is that arrogant manner that people in Scotland resent. It

is that arrogant manner in which the health service is being run. I shall make no comment on any minister who may happen to be entering the chamber as I speak.

The problem is that there is a lack of trust in the political leadership. We could go through a raft of statistics, or the way in which announcements are made. The other day I was looking into something called the waiting times support force. I am no expert in these matters. However, apparently the minister is not either, because the waiting times support force is a mythical concept that is pulled out from time to time when she has nothing else to announce.

On 14 September 1999 the minister said in a press release:

"when this national review is completed, we will set public targets for speeding treatment and reducing waiting times before the end of December."

On 6 October she stated:

"I will announce action based on this work before the end of this year."

On 21 October she repeated that there would be an announcement

"by the end of the year."

On 4 November she said:

"By the end of December we will set public targets".

However, on 16 December—so close to the deadline, with the Executive about to go off on its holidays—she announced:

"Agreed maximum waiting times in key clinical priorities will become one of the key planks of the Executive's agenda to speed treatment."

We have never heard another announcement about the waiting times support force. The more people hear that type of spin and single transferable spending announcements, the less they trust what they hear. The important point is that people have lost faith in the leadership of the health service in Scotland. That leadership sits on the Executive benches. Until the people have faith in politicians and what they can achieve, things will just get worse.

16:21

**Bristow Muldoon (Livingston) (Lab):** I was amused by Mr Russell's point of order a couple of minutes ago, in which he drew attention to the number of members present on the Labour benches. I recall that at one point during yesterday afternoon's debate the number of members on the SNP benches had fallen to four, and that Mr Russell was not one of them, after having argued for extra time.

On a couple of occasions members have

referred to criticism of the minister by the British Medical Association. I happen to have to hand a copy of Michael Foot's biography of Aneurin Bevan, an excellent book that I would recommend to people. At one point Aneurin Bevan reflected:

"it can hardly be suggested that conflict between the British Medical Association and the Minister of the day is a consequence of any deficiencies that I possess, because we have never been able yet to appoint a Minister of Health with whom the B.M.A. agreed."—[*Official Report, House of Commons*, 9 February 1948; Vol 447, c 36.]

I do not think that much has changed on that score in the past 50 years.

**Mr Hamilton:** Will the member give way?

**Bristow Muldoon:** I have only three and a half minutes.

Today was an opportunity for us to focus on the modernisation and improvement of the national health service, but to a large extent that opportunity has been missed, particularly by the Opposition parties. It is widely accepted that the national health service is not perfect. Ministers accept that there is a need for us to improve and modernise the NHS. Opposition parties have an opportunity to engage in that process, but they have singularly failed to do so.

**Ms MacDonald:** Will Bristow Muldoon take an intervention from a member of an Opposition party?

**Bristow Muldoon:** I will have to pass, as I have only another minute and a half.

**Ms MacDonald:** I tried all morning—

**The Deputy Presiding Officer (Mr George Reid):** The member is not giving way.

**Bristow Muldoon:** I want to highlight a few of the areas where positive developments are taking place in the health service, as well as a couple of issues that we still need to address.

In my constituency we are seeing the benefits of the extra investment that is going into the national health service. A large chunk of the extra money that was allocated to accident and emergency services has gone to the accident and emergency unit at St John's Hospital in Livingston, to take account of the fact that usage of the unit is now at twice the level for which it was designed. Another £400,000 has been invested in a new resource centre in Broxburn. That is bringing together best practice by bringing the national health service, West Lothian Council, GPs and voluntary organisations under one roof and encouraging greater joint working. We are investing in a new partnership across Lothian called the healthy respect initiative, which is aimed at bringing together the national health service, local authorities, schools, GPs and voluntary

organisations in a programme aimed at reducing the incidence of teenage pregnancies and sexually transmitted diseases among young people. Those are all good, positive developments in the health service.

In the last 30 seconds of my speech, I will throw in a few issues on which we still need to move forward. Some parts of the health service still reflect the compromise that was made at the time of its establishment. We need to re-examine the way in which consultants work—the way in which some consultants are able to move between NHS practice and private practice. I am sure that all members have had constituents bring that issue to their attention. GPs needed to be brought into the system more and to be made more accountable. The ability of GPs to strike people off their lists without having to explain that or to account for it to anyone is a problem that I have come across in the past.

Many members have mentioned delayed discharge. The money that has gone into dealing with that problem is welcome, but again we need to focus on how to solve the problem—how to ensure that the health service and local authorities work much more closely together to deal with the problem—in the long term.

There is opportunity for everyone to engage constructively in the debate. I think if the Opposition parties were ever to take that opportunity, that would be very much welcomed by the Minister for Health and Community Care.

**The Deputy Presiding Officer:** My apologies to Margo MacDonald, who was in the last position on the SNP speaking list. In consequence, she drops off the list.

16:25

**Mrs Margaret Smith (Edinburgh West) (LD):** If we are to have a truly modern health service, we must resource it properly. That is fundamental. We must also reform it with imagination and commitment. The minister outlined today some of the many ways in which the Executive is trying to do just that. She also acknowledged that there was a long way to go. I think we would all agree with that. Certainly I think that all members, like John Young, would agree that the health service remains our most important, and probably our best-loved, institution.

This has been a turbulent and petulant week. As convener of the Health and Community Care Committee, I wrote to the minister to express concerns, shared by many others, about the consequences of last year's underspend. Richard Simpson was right to say that there is always an underspend. The minister's speedy response to my letter makes it clear that the underspend is

caused by a range of factors, including slippage in capital programmes.

In the past, that underspend would have been returned to the UK Treasury. We now have a new system and it may well be that, as a result of what has happened this year, we will look again at how we deal with the underspend in future years. The new system allows us to make decisions about what we wish to do with the £135 million underspend. I think that we are sending a clear message: the people of Scotland, and members of all parties in the chamber, have said that they want health underspends to be spent on health.

I welcome the fact that the £34 million will be spent on health-related initiatives such as community care, drugs programmes and tackling homelessness. No one in the chamber doubts that health outcomes can, and must be, delivered by a range of departments, not just by health. Meanwhile, it is prudent to hold some of the reserves to deal with health-related situations such as winter pressures that develop during any year.

I will turn to the motion. At the heart of the modernisation process must be a willingness to move services closer to patients and clients through new walk-in-walk-out hospitals, one-stop clinics, NHS Direct or healthy living centres. We are starting on that process. That means providing services closer to where people live and giving people best access. It also means that we must make best use of our staff's talents. Tommy Sheridan and others mentioned the staff in the health service; modernisation will put an incredible burden on those staff. Consider the difference in the role of nurses, for example, over the past decade. We are asking more and more from our nurses and from other members of staff.

I was in the Borders recently, at Borders general hospital, and the plight of the domestics there was made very clear to me, not only by members of the domestic staff but by the chief geriatric consultant at the hospital. Staff at the hospital know the difficulties that are faced in their wards if there are not enough domestics to cover requirements in terms of the spread of infection and so on.

We must put the patient at the heart of the process, but it is also important that we put the staff at the heart of the process. That means not just paying lip service to them. Neither patients nor staff can be taken on board if we do not take them on board from the beginning of any process that involves modernisation and change. I agree with Margaret Ewing that we should not embark on change for change's sake, but as a way of improving the quality of care that patients receive. The Executive's role is to ensure that there is constant monitoring of that care.

We are now into the second year of structural change involving local health care co-operatives and others. We know that some of the LHCCs are doing good work; we also know that in other parts of the country they have not been taken up, for whatever reason. Although we have ended the internal market, quite rightly, we should be ensuring that we find ways of giving GPs and practices some incentives. That might mean ensuring that the joint investment fund, for example, has some money in it. If we want to change the way that services are provided, we must look seriously at double funding of services while the period of change is being managed.

Across Scotland, a number of consultation exercises are going on. Robert Brown pointed out that when the Health and Community Care Committee examined the issue of consultation, it found that the present system is flawed. Managers need to be given the resources, tools, training and guidance to inform, engage and consult the public on the necessary service changes that the modernisation agenda brings.

Direct elections to health boards might go some way toward increasing public confidence in the decisions that are taken by them. However, we all have to play our part. Even I am wedded sometimes to the idea of bricks and mortar, but we should be wedded to the idea of the best place in which to deliver patient care. Sometimes that will be in a general practitioner's practice; sometimes that will be in an out-patient clinic; sometimes that will be in a community hospital; and sometimes that will be in an acute bed.

We heard from Christine Grahame and others about instances in which people are being treated inappropriately in the acute sector when they ought to be in the community. I welcome the £10 million. I welcome £10 million from wherever it comes and in whatever circumstances. If it is more money for community care and more money to tackle the problem of delayed discharge, I welcome it. I hope that, in the coming weeks, we will have an announcement that the Sutherland report will be implemented in full.

We have heard a mixed debate today. A number of members have made good speeches. I would like to address Paul Martin's point. Modernising the service also means modernising the equipment. One of the key equipment areas is information technology. We have to ensure not only that health boards, authorities and the Executive talk to each other through their computer systems, but that a link is made with social work. We can do that.

I hate to finish on a sour note—it is not my normal practice—but Kay Ullrich's performance today was negative and sour. No one party has all the answers to all the questions on the delivery of

health care. I asked the question earlier and I am still awaiting an answer: what would the SNP do that would be any better?

**The Deputy Presiding Officer:** Before I call the next speaker, I have a point of rectification to make about the point of order that Michael Russell raised about the quorum for a meeting of the Parliament. The Presiding Officer said that the quorum is three. For the record, that figure relates to committee meetings. There is no quorum for a meeting of Parliament.

I call Ben Wallace to wind up for the Scottish Conservatives. You have seven minutes.

16:32

**Ben Wallace (North-East Scotland) (Con):** Last week, I attended the NHS Confederation conference in Glasgow, as did the Minister for Health and Community Care. It was full of people with new ideas about modernising the NHS. I listened to the minister's speech. In it—she alluded to it today—she talked about two anniversaries: the anniversary of the Scottish Parliament and how we have all done terribly well and the 52<sup>nd</sup> anniversary of the founding of the NHS. There was a third anniversary, which she left out—it was not last year that Labour came to power and started to make changes in the NHS, but more than three years ago. To be precise, it was three years plus the 48 hours before the general election, because at that time it was said that there were 48 hours to save the NHS.

What have we got as a result? For all the promises, we see waiting list targets failing. We see that 7 per cent of staffed beds are inappropriately blocked. We see that the number of people who are waiting more than 18 weeks following a referral by their GP is up by 60 per cent. We see that 135 consultant posts are unfilled. We have seen spending crises, bed crises and even winter crises. In fact, it has been crisis after crisis.

It was not under a Tory Government that halls in Perthshire—and now in the Forth valley and Angus—were packed with people who felt unconsulted and unsure about the future of the health service. It was not under a Tory Government that tabloids in Scotland ran campaigns to save the NHS.

**Mr Andrew Welsh (Angus) (SNP):** Will the member give way?

**Ben Wallace:** No, I will not.

For all the spin, the truth is that the situation has got worse, not better. Of course, the minister will look for blame elsewhere, but if it is not resources and it is not policy what else can it be? There is only one suspect, but it is easier for her and back

benchers to blame the Tories. Let us consider that. On record investment, Labour has increased health spending by 23.7 per cent since it came to power, but from 1992 to 1996 we increased health spending by 23.3 per cent.

While we welcome the extra spending, let us not pretend that the magic wand of billions and billions is any more out of context than the increase in spending line on line. To answer the charge that we had no modernisation programme, I point out that we had a thing called the patients charter. Its aims were almost identical to Labour's alliance for patients. Almost every aim is the same, except that Labour's aims have failed more quickly than the patients charter.

Perhaps we should blame the doctors. Dr Simpson made a Jekyll and Hyde comment, so let us ask him, as a member of the British Medical Association, whether he speaks in accordance with the BMA or as a Labour MSP. If he supports the BMA, he will agree with Dr Garner.

**Dr Richard Simpson (Ochil) (Lab):** Will the member give way?

**Ben Wallace:** No.

**The Deputy Presiding Officer:** Order. Mr Wallace, if you are challenging Dr Simpson and inviting him to reply you should afford him the chance to intervene briefly.

**Dr Simpson:** The difference is—

**Ben Wallace:** I have not given way.

**The Deputy Presiding Officer:** Mr Wallace, I cannot force you to give way, but I suggest that if you put questions to Dr Simpson you should allow him to respond.

**Ben Wallace:** I have not finished my question, Presiding Officer.

Will Dr Simpson support Dr Garner's statement that

"Unlike in England, we have no intensive dialogue with politicians over how the money should be invested. In fact the BMA in Scotland has no dialogue at all over the investment of new monies"?

Does Dr Simpson support that statement, yes or no?

**Dr Simpson:** My response must be slightly longer than yes or no.

**Ben Wallace:** It is an intervention, not a speech.

**Dr Simpson:** Mr Wallace asked me a question; I will answer it. The answer is that the BMA will be consulted as part of the modernisation forum. It is represented there. John Garner is expressing sour grapes—and I say that even though I am a member of the BMA—because he is not on the modernisation board. There are doctors on that



board, however, and the BMA is being consulted. Dr Garner is wrong.

**Ben Wallace:** That is an example of professional courtesy at its extreme.

There is the word going, as in going to be consulted. Going. We have had more than three years to consult the BMA, but we are going to do it. Unison, hardly a friend of the Tories, says that the Executive pay deals will not work and that morale is at its lowest for many years.

Perhaps we should blame the patients. In Tayside, the reduction of referrals by the arbitrary level of 14 per cent sends the message that under Labour people should not be ill, should not go to the doctor and should not go to hospital.

The minister will say that reform takes time. Do not forget that Labour was in opposition for 18 years and has been in power for three. If it cannot come up with a decent proposal in 21 years, it should go back into opposition.

The Sutherland report has been sitting there since March 1999. The Conservative party took its time, looked at how the report's recommendations could be funded, and has agreed to adopt it. I hope that the Executive will adopt it as soon as it possibly can.

The other person to blame is Jack—big, old evil Jack McConnell. The minister was part of that Cabinet decision. She cannot pretend that she was not because she was in Cabinet, part of the collective Cabinet decision, when those rules were agreed to. She was so unaware of her budget that when I caught her after her speech at the NHS Confederation, she was briefing about her new money being spent on staffing levels. At the same time, Jack McConnell was deciding how to spend it elsewhere.

In one year, the minister has driven a wedge between patients, the professionals and the public. She rarely answers questions directly. She attacks challenges arrogantly. For example, she claimed that the BMA was talking nonsense. She should know; Dr Garner has worked in the health service all his life and she is a management consultant. There we are: there is the professionalism in it. Susan Deacon is a bit like the school girl who comes home with a report card at the end of term that says E5 and tells her mother that E means excellent and that 5 means that she is fifth from top. She asks what the teachers know anyhow and says that she is being bullied by Jack, the playground bully.

In summary, the minister is too weak to get her £34 million back into direct NHS spend. All she could eventually achieve in the climb-down was health-related spending. That will not buy the equipment that is so desperately needed in

Glasgow. Nor will health-related topics bail out budget deficits in health boards across Scotland. That spending will relate very little to the actual, direct needs of the NHS right now.

New Labour promised so much to so many people in such a short period of time more than three years ago. The Executive cannot pretend that it did not make medicine into a political football. It comes here with its high morals and pretends that we should all grow up, but it politicised the issue. It promised 48 hours to save the NHS. Now, it has to reap the results.

How long will it be before the people of Scotland realise that the spin of the Labour party is actually about explaining away bad management, bad leadership and bad policy? At the end of the day, not much has changed for the people on the ground in the NHS. In fact, it has got worse, not better.

16:40

**Mr Duncan Hamilton (Highlands and Islands) (SNP):** It is not a particular pleasure to close the debate because it has been quite ugly, but I am delighted to see the minister back from her sojourn—we were so lonely without her. It was suggested that predictions in *The Scotsman* had come true at half time in the debate.

There has been some suggestion that the modernisation process, which is the subject of the motion, has nothing to do with funding and managerial competence. I wish to make clear from the start the link between the two. For all the talk of modernisation—and there has not been a great deal of substantial talk from the Executive on what it thinks modernisation means—and all the alleged action, without the funding and without managerial competence at the heart of government, it will be for nothing.

**Mr Andy Kerr (East Kilbride) (Lab):** Will Mr Hamilton give way?

**Mr Hamilton:** No thanks.

That is why we are trying to tie the two together at this stage.

On the minister's speech—

**Karen Whitefield (Airdrie and Shotts) (Lab):** Will Mr Hamilton give way?

**Mr Hamilton:** No thanks.

The essence of the speech was "Aren't we doing well?" That is an odd attitude for the minister to take, given that it flies in the face of all the facts that have been presented throughout the day. If the minister were doing so well and were to be paid a glowing tribute by her boss, I would suggest a bunch of flowers, a box of chocolates or even a

bonus. If I was doing a fantastic job and was universally regarded as a rip-roaring success, I would not expect to wake up to headlines in *The Scotsman* suggesting that I was about to be sacked. It suggests that the minister is not doing as well as she pretends.

I am sorry for coming back to it, but Malcolm Chisholm commented on "Holyrood" that one of the lessons of politics is never to defend the indefensible. That is exactly what the minister tried to do in her speech this morning. Of all the programmes that she would not miss, I would have thought that "Holyrood" is one of them.

If we consider funding, the Executive's real crisis in the past week due to a division in the Cabinet, the backbiting and the treatment of the NHS as a political football, this has been more about naked political ambition than about moving on the debate on the national health service.

Despite what the minister has—or has not—said today, questions that the Scottish National Party and the Conservatives have been pushing remain unanswered. When was the minister aware that the underspend existed? I will give the minister time to think and will let her in on that. As Scottish health minister, why did she not fight to retain 100 per cent of the NHS budget? Is it not the job of the Scottish health minister to ensure that, like local government and the department of justice, her department keeps 100 per cent, to push forward the basis of Scottish health?

The fact that the minister has no intention of standing up and justifying that position speaks volumes for the fact that she knows she has been found out.

**Mr Kenneth Macintosh (Eastwood) (Lab):** Will Mr Hamilton give way?

**Mr Hamilton:** No thanks.

To anyone listening to the debate, the matter of the £34 million displays managerial incompetence. I am loth to take suggestions from the *Daily Record*, but it was suggested by a Labour "insider" that there has been a cock-up rather than a conspiracy. Well, great—is that supposed to put our minds at rest that there is no great conspiracy in the Executive; it is just that it cannot do its job? Is that meant to make everybody relax? Is that meant to give everybody confidence in the health team? Whether it is a cock-up or a conspiracy, it is not sustainable or defensible and the minister owes the Parliament an apology.

This debate has been more about Labour splits—the split between the front bench and the back bench—than about the national health service. Malcolm Chisholm said that the matter was a major mistake and a presentational disaster—until he was rapped across the knuckles

and changed that to a small mistake and a presentational blip.

Then there was a split between the ministers. Jack McConnell, who was here earlier to give ocular proof of the close connection between himself and Susan Deacon, has decided to leg it for this afternoon's debate. There is a split in the Cabinet between health and finance, and the First Minister, who is meant to be convalescing, has had his convalescence period interrupted because he has had to come back to resolve that internal Labour party squabble.

I suggest that that tells us quite a lot about the role and status of the acting First Minister. He did not have the authority or the remit—and he certainly did not have the ear of his Cabinet colleagues—to resolve the dispute. We are always told that the acting First Minister acts like a First Minister and that deputies deputise, but Jim Wallace was incapable of deputising. Perhaps his Liberal colleagues, when giving him awards this afternoon, might want to reflect on the fact that he was incapable of resolving this central Cabinet dispute.

I want to reflect on the useful point that Margaret Ewing made. She tried to move us away from the idea that the debate is about party politics—and the central thrust of Kay Ullrich's speech this morning was about the importance of having a cross-party alliance. I welcome the support that some members on the Labour back benches have expressed for the idea. Let me give an example of why it might work. The reason education has progressed in Ireland is that—

**Mr Kerr:** We are supposed to be talking about health.

**Mr Hamilton:** I know we are; if the member bears with me he will understand my example. The reason for progress was that, on a cross-party basis and regardless of changes in Government, successive parties and Governments in Ireland decided that education was to be a No 1 priority. That is a model for what we can achieve in health. If we have cross-party consensus, we can take health out of the party political arena and put it on to the national agenda.

In the cacophony of self-congratulation, the minister must be aware of some of the examples of real failure in the health service that have been mentioned in the debate. It should be a matter for regret, at the very least, that we have heard of cancer patients who are not getting treatment in time, which impacts on their lives and well-being.

**Mr Kerr:** Will Mr Hamilton give way?

**Mr Hamilton:** If Mr Kerr wants to defend that situation, he can have a go.

**Mr Kerr:** I had the privilege of attending a

Lanarkshire Health Board meeting at which members of the board were discussing how to spend an extra £2 million. As I looked out of the window, I could see the new Hairmyres hospital, which is already six months ahead of schedule. Seventy-five per cent of the equipment that goes into that hospital will be brand new. That is what is happening in the NHS—not the drivel that Duncan Hamilton has been giving us.

**Mr Hamilton:** With that kind of biting logic, what chance do I have? Is Mr Kerr seriously suggesting that he is happy with the current position in the health service?

**Ms MacDonald:** Will Duncan Hamilton accept an intervention?

**Mr Hamilton:** If it will help.

**Ms MacDonald:** I think it might. I did not attend a meeting of Lanarkshire Health Board this morning; I spent the whole morning having a bone scan at Edinburgh royal infirmary. If we are considering the modernisation of radiology, ultrasound and nuclear medicine facilities in Edinburgh, I plead with the minister to give consultants, nurses and patients the resources that they know are required.

I was treated in time because there was no trauma. The moment there is a trauma and the one computed tomography scanner or the one magnetic resonance imaging scanner is knocked out of use, patients like me are left waiting in the corridors and wards. I plead with the Executive to modernise and provide two scanners to the new hospital.

**Mr Hamilton:** I thank Margo MacDonald for that contribution, which takes us back to the reality of the health service in Scotland. Her comments also give me the opportunity to move on to the modernising agenda. There has been a great deal of talk about the suggestion that the SNP has nothing to bring to this debate. We are the only party in the debate that has brought forward a constructive proposal, saying that we want to make health a cross-party issue. We support the idea of the modernisation board, but it could be made even better by going the whole hog and having cross-party support so that funding decisions can be taken on the correct basis.

The central part of any modernising process must be consultation. Quite frankly, it demeaned Dr Simpson to say what he said about the British Medical Association, and particularly about John Garner. There is no place for such comments in a debate such as this. The idea that the British Medical Association is just slightly out of sorts because one of its members has not been able to contribute to the debate simply does not wash.

We must take this debate away from one

politician shouting at another. I would like to finish by quoting to the minister what real people in real organisations have said. One is from Paul Leslie:

“Health Minister Susan Deacon is simply not up to the job, and it is she who has failed to show true leadership or understanding of what is required to modernise the NHS.”

Another is from Dr Hepworth:

“It is time the people of Scotland laid the blame where it belongs, and for the health minister, Susan Deacon, to accept responsibility for the crisis in the NHS in Scotland”.

I suggest that the minister has lost the confidence of the people and what we are voting on today is whether she has also lost the confidence of the chamber.

16:50

**The Deputy Minister for Community Care (Iain Gray):** In the first meeting of Parliament after the summer recess last year we debated health and we are debating health in the last meeting of Parliament before this summer recess. Health has been the top and hem of this Parliament's first year. We have debated it on many occasions; it has featured heavily in question time and in members' business.

There has often been a sense of *déjà vu* or, as Duncan Hamilton would say, *déjà entendu*. Unfortunately he has never yet reached the stage of *déjà compris*. He understands nothing more now than he did a year ago.

In the past year, what has the health service been doing while we talk? It has carried out 50,000 more operations than it did the year before. It has carried out 13 per cent more heart bypasses, more hip operations and started pancreas transplants. Accident and emergency departments have seen 43,500 more people; consultant clinics have carried out 62,000 more appointments and there have been 50,000 more at out-patient clinics. Mental health teams—as Susan Deacon said—made 85,000 more visits and community nurses and health visitors made an astonishing 277,000 more visits. More dentists are practising in Scotland than a year ago and fewer consultant posts are vacant than were a year ago.

Every day the NHS is serving our people and serving them well. It is not complacent to recognise that; it is right. I have to say it must be worth a prize if it gets us accused of arrogance by Mike Russell.

**Mr Jamie McGrigor (Highlands and Islands) (Con):** In the light of the £135 million underspend, does the minister understand the anger and frustration felt by members of the rural communities surrounding Dalmally in Argyll and Bute, whose doctor resigned because she could not get a part-time partner, which would have cost

about £20,000? Will he give a reason as to why that happened?

**Iain Gray:** There is no underspend. There is a rollover; 100 per cent of it is spent in the NHS. The problem with understanding is the lack of understanding of the Opposition.

**Mr McGrigor:** Understanding is going to—

**The Deputy Presiding Officer:** Order.

**Iain Gray:** As I said, every day the NHS serves our people, but it can serve them better and it wants to serve them better. That is why, in the past year, we have acted where the service needs it. As Richard Simpson said, £13.2 million has been invested in linear accelerators for cancer care. Mary Scanlon talked about intensive care and high-dependency wards; £6.8 million has been invested in that. Recently, £60 million was invested to reduce waiting times and reduce delayed discharge, which Christine Grahame mentioned.

We recently agreed £4.5 million of incentive payments for GPs as incentives for flu vaccination for next year. That was negotiated directly with the BMA. Another matter that we are addressing with the professions is that raised by Brian Adam: what happens following suspension of members of staff. There may be an opportunity to talk in more detail about that at another time.

Margo MacDonald mentioned investment in diagnostic equipment. This morning, Susan Deacon announced that £30 million would be invested in diagnostic equipment such as CT scanners.

Statutory controls on generic drugs have been mentioned. At 12 noon today, Lord Hunt announced that statutory controls will be imposed on generic drugs. In a full year, that will save the Scottish health service as much as £20 million.

We have lifted NHS spending to an unprecedented £5.42 billion. However, the NHS can and wants to serve better. That is why in the past year we have begun the reforms that will allow it to do that. Margaret Jamieson reminded us of the redesign of cataract services in Ayrshire, which is underpinned by the changing attitudes in the profession.

David Mundell and Paul Martin talked about the need to use IT. As an example of telemedicine, there is the teleradiology link to the Garrick hospital in Stranraer, in David Mundell's constituency, which he will be able to see for himself within the year. If he goes to any GP surgery, he will see the IT equipment that has been provided since the Labour Government was elected in 1997.

Other reforms include the introduction of joint

appointments such as that of child health manager of Highland Health Board and Highland Council, and the other examples in Lothian to which Bristow Muldoon referred. There is a new national cervical screening programme. I could go on. Anyone who tries to dismiss those improvements as soundbites simply insults those who make them work, day in and day out.

**Shona Robison:** Will the minister give way?

**Iain Gray:** No.

This is long-term improvement and it now has the leadership of the modernisation board and the engine of the modernisation forum, which includes the BMA, to drive it forward in partnership with those who make our service what it is.

**Tommy Sheridan:** What about minimum staffing levels?

**Iain Gray:** I am coming to that.

Ian Jenkins and Tommy Sheridan talked about the need to take staff with us. That is one of the primary things that we have to do. That is why the modernisation board was preceded by the Scottish partnership forum, which had Unison at its heart and which discussed exactly the issues that Tommy Sheridan raised, such as staffing.

There has been much talk about a positive approach and giving alternatives. When I saw that the SNP amendment talked about "new and imaginative methods" for the NHS, I thought that perhaps the SNP shared our vision for the NHS. I listened for new and imaginative ideas from Kay Ullrich, and I heard one. If I understood it, it was to put her on the modernisation board. We have discussed it and, I am sorry, the answer is no.

**Kay Ullrich rose—**

**Iain Gray:** Mind you, that was an idea. Andrew Wilson and Duncan Hamilton managed two whole speeches with barely a mention of the health service at all, never mind a new idea.

**Mrs Margaret Ewing:** Will the minister give way?

**Iain Gray:** No, I do not have time.

This week, there was a chance to engage in the building of a healthier Scotland. On Monday, we held the first healthier Scotland convention. In many ways, it was an inspiring day, which had at its heart a vision of what is possible for our people if we have the will. Kay Ullrich, Duncan Hamilton, Mary Scanlon and Ben Wallace were invited, but they could not make it.

**Mrs Ewing rose—**

**Kay Ullrich rose—**

**Iain Gray:** It is true that the notice that was

given was short, but it was the same for everyone. Five ministers and 150 leaders from the NHS, local authorities and the voluntary sector were there. Some Health and Community Care Committee members were on committee business in the Borders, but Kay Ullrich, Duncan Hamilton and Mary Scanlon were not. What was it that they were so busy doing?

**Mrs Ewing:** On a point of order, Presiding Officer. It was my understanding of a previous ruling that you gave today that when a member is mentioned by name in the chamber, that member has the right to respond.

**The Deputy Presiding Officer:** I did not say that a member had the right to respond. In the specific case of Dr Simpson, I suggested that it would be helpful to the debate if he were allowed to intervene.

**Iain Gray:** We know what they were doing, because we could read the quotations they gave that evening and the following day. Their priority is not health, but headlines.

**Mary Scanlon (Highlands and Islands) (Con):** Will the minister give way?

**Iain Gray:** No, I do not have time.

**Ben Wallace:** Will the minister give way?

**Iain Gray:** No.

**The Deputy Presiding Officer:** It is perfectly clear that the minister is winding up. I will give him about another two and a half minutes.

**Iain Gray:** There has been much talk of the £34 million. I can see why it is an important sum of money for the SNP; in its 1997 manifesto, it is all the additional money the SNP would have allocated to the health service. Compare that with the almost £0.5 billion that we provide. As for the Tories, they would either use the money for tax cuts, as David McLetchie said last Thursday, or give it back to the Treasury, as he was suggesting by Sunday. Perhaps the Tories would use it to subsidise private health insurance so that they can charge for hip replacements and cataract operations, which is what Liam Fox was talking about in Glasgow last week.

**Mary Scanlon** *rose*—

**Iain Gray:** I will give way to Mary Scanlon. I ask her please to tell us what she was saying.

**Ben Wallace:** Can I say something?

**Iain Gray:** No. I will give way to Mrs Scanlon if she wants me to.

**Mary Scanlon:** I thank the minister.

**The Presiding Officer (Sir David Steel):** With respect, minister, you should not give way to

anyone. We are over time. I ask the minister to conclude.

**Iain Gray:** Mrs Scanlon, health may be devolved, but regulation of the insurance sector is not. The real reason—*[Interruption.]*

**The Presiding Officer:** Order. Members should allow the minister to finish.

**Iain Gray:** The real reason the SNP talks so much about the £34 million is that it is a conjuring trick. It gets people to look at the £34 million on the one hand in the hope that they will not notice the £5.4 billion on the other.

The Tories have a conjuring trick too. Theirs is the one where you put the watch—the NHS—in the hankie and smash it to bits. They would smash the health boards, the primary care trusts and the local health co-operatives, but the people know that the Tories are the Tommy Coopers of politics—when they give the hankie back, the watch is still smashed.

**Mr Brian Monteith (Mid Scotland and Fife) (Con):** Will the minister take an intervention?

**Iain Gray:** I am winding up.

**Phil Gallie (South of Scotland) (Con):** On a point of order.

**Members:** Oh.

**The Presiding Officer:** Order. I want to hear the point of order.

**Phil Gallie:** When this Parliament was set up a year ago, it was supposed to be different from Westminster. Is not the rabble on the Labour benches reminiscent of scenes at Westminster?

**The Presiding Officer:** That is not a point of order. *[Interruption.]* Order. The chamber must come to order. We are past the time for decision time. I want the minister to conclude. There is other business to deal with before we come to decision time.

**Iain Gray:** Those who made it to the health summit would have heard Professor Phil Hanlon talk about an important factor in life expectancy—hope and optimism. I was reminded of a Chinese saying, not from Mao Tse Tung—I will leave that to Keith Raffan—but from Confucius, who said that a leader must deal in hope. The Opposition fails that test.

The SNP deals in despondency—it says that there is crisis and chaos and catastrophe. There is not. The Tories deal in despair. They tell us that we will have to go private, that the public NHS cannot cope and cannot handle it. Well, it can. The NHS was born in the hope of a better society. Every day, our people use it with the hope of better lives. This Executive—this partnership—

deals in hope in the certainty that we can have a better NHS. We will not be deflected.

**Andrew Wilson:** On a point of order.

**The Presiding Officer:** Points of order at this stage only delay proceedings further.

**Andrew Wilson:** With the greatest respect, Presiding Officer, at 17:01 it was announced that there would be two minutes until the end of the minister's speech. It is now 17:04:40. The minister rose in time to complete his speech within time. He received four minutes extra. Will you clarify how the rules apply?

**The Presiding Officer:** I understand that the minister was interrupted quite a lot during his speech and I made allowances for that.

**Karen Gillon (Clydesdale) (Lab):** On a point of order. Is it in order for members to tap their microphones during a speech? Presiding Officer, will you rule whether that conduct is becoming of members of the Scottish Parliament and whether such conduct demeans the Parliament and detracts from the serious subject under debate?

**The Presiding Officer:** Tapping microphones has little effect—the only live microphone is that of the member who is speaking.

## Code of Conduct

**The Presiding Officer (Sir David Steel):** The next item of business is motion S1M-1087, in the name of Mike Rumbles, on behalf of the Standards Committee, on the code of conduct for members and relationships between MSPs.

*Motion moved,*

That the Parliament agrees to amend the Code of Conduct for Members of the Scottish Parliament as follows:

a) in Section 9.2, after "Equal Opportunities", insert:

### **'Relationships Between MSPs**

9.2.3 The Scottish Parliament consists of both constituency and regional list MSPs. All MSPs have equal formal and legal status. Guidance on the relationships between MSPs is attached as Annexe 5';

b) renumber all following paragraphs accordingly, and

c) as Annexe 5 to the Code, insert the following:

### **RELATIONSHIPS BETWEEN MSPs: GUIDANCE FROM THE PRESIDING OFFICER**

1. This note offers guidance to Members on handling constituency interests. It aims to build on the close and constructive relationships developing between Members in Parliament. It has been agreed after work by an all-party group which reported to the Presiding Officer and in consultation with the business managers of the main parties. Further guidance will be issued in due course on the working relationships between MSPs and MPs.
2. Some of the guidance is presented as if being addressed to constituents or agencies. It is intended therefore to make it available to the wider Scottish public in appropriate forms.
3. Members must ensure that their staff in the Parliament and locally, and others working on their behalf with constituents and agencies, are aware of, and conform to, this guidance.

#### **Key principles**

4. The guidance is founded on five key principles:

**I One constituency MSP and seven list MSPs are elected in the wider region. All eight MSPs have a duty to be accessible to the people of the areas for which they have been elected to serve and to represent their interests conscientiously.**

**II The wishes of constituents and/or the interests of a constituency or locality are of paramount importance.**

**III All MSPs have equal formal and legal status.**

**IV MSPs should not misrepresent the basis on which they are elected or the area they serve.**

**V No MSP should deal with a matter relating to a constituent, constituency case or constituency issue outwith his or her constituency or region (as the case may be), unless by prior agreement.**

5. What follows is guidance on how those principles should be applied in practice.

#### **Dealing with individual constituents' cases**

6. The basic principle is that the wishes of the constituent are paramount. In particular, a constituent has the right to approach his or her constituency MSP, or any of the seven regional MSPs elected in his or her region. They also have the right to expect an MSP to take on a case though the MSP must be able to judge how best to do so. It is expected, however, that, in practice, the usual point of contact for a constituent raising a specific personal or local matter will be his or her constituency MSP. In the event that a regional ('list') MSP does raise a constituency case (for example with a Minister or local authority) he or she must notify the relevant constituency MSP at the outset unless the consent of the constituent is withheld. A suggested pro-forma for this purpose is attached at Appendix A.

7. Ministers or agencies such as local authorities and health boards, who are in correspondence with MSPs on such constituency issues, should not notify other MSPs representing the area. That would breach the confidential nature of the relationship between constituent and MSP. The only exception is where constituency cases raise more general issues of relevance to the whole constituency or area. In those circumstances, a Minister or agency may judge it appropriate to notify other MSPs with an interest of the general issue. They should not, however, refer to, or identify, individual constituents in doing so. Staff working on behalf of Ministers or agencies should be made aware of and apply these guidelines.

#### **Dealing with Ministers**

8. Any Member is entitled to raise with the relevant Minister in the Scottish Executive a matter on behalf of a constituent in the area for which they were elected. The Minister would be expected only to reply to the MSP raising the matter. It is for that MSP to notify others, taking into account, of course, the views of the constituent as in paragraph 6 above. The guidance on relationships between MPs and MSPs will contain further guidance on dealing with Ministers, especially those of the UK Government.
9. Ministers planning to visit constituencies should, as a matter of course, only notify the constituency MSP. At their discretion, they may also notify regional Members representing the area.

#### **Dealing with constituency/regional issues**

10. Any MSP is entitled to take an interest in or take up a matter affecting the constituency or region for which they were elected. MSPs are likely to have a greater impact where they work collectively for a common cause, as their constituents would expect them to. That may not be possible in some instances because of perfectly legitimate political differences but MSPs may wish to contact one another, as a matter of courtesy, where they are involved or planning to become involved in a major local issue.

#### **Dealing with local agencies and dealing with national agencies operating locally**

11. Any MSP elected to represent an area has the right to be expected to be consulted as appropriate by local or national agencies operating in that area. It is recognised that this might involve such agencies (NDPBs, local authorities, health boards etc) in dealing with potentially large numbers of MSPs, in particular, where agency

boundaries cross regional boundaries. The expectation therefore is that the constituency Member or Members will be involved as a matter of course and that agencies will make appropriate arrangements to maintain contact and consult with regional list MSPs which have relevant regional representation perhaps through a representative regional list MSP nominated by each party. Agencies are free to inform or consult these nominated members either jointly with constituency members, or separately. This does not affect the right of any Member representing a constituency or area to raise a matter on behalf of a constituent.

#### **School visits**

12. Where schools visit the Parliament, constituency Members should be invited to attend as a matter of course. The Education Centre in the Parliament should notify regional Members who will be expected to agree on a maximum of one regional Member from each party within the region to attend such visits.

#### **Telephone enquiries**

13. Members of the public calling the Parliament's public enquiry unit for a particular Member or the Member for a particular constituency will be put through only to the Member concerned. If the Member is unavailable the person calling will be given the option of leaving a message. Members of the public will not be put through to regional Members where constituency Members are unavailable unless they ask to speak to a named regional Member.

#### **Describing Members**

14. Regional Members and constituency Members must describe themselves accurately so as not to confuse those with whom they deal.

Constituency Members should always describe themselves as:

"[Name], Member of the Scottish Parliament for [x] constituency."

Regional Members should always describe themselves as:

"[Name], Member of the Scottish Parliament for [y] region."

15. Regional Members must not describe themselves as a "local" Member for (or having a particular interest in) only part of the region for which they were elected. Constituency Members should not describe themselves as the sole MSP for a particular area or constituency. Guidance for Members on regional and constituency office signage can be found in section 5 of the document 'Standards and Procedures for Use of the Scottish Parliament Logo and Stationery'. This document is located on SPEIR at the following address: <http://intranet/speir/isystems/msp-bdgl.htm#5>. Further guidance may be issued by the Presiding Officer as appropriate in the context of a period prior to an election.

16. Members are obviously aware that, once elected, they represent all the people living in their constituency or region. For that reason members are strongly discouraged from identifying party affiliation on stationery and other items provided out of public funds including Parliament headed letter paper, surgery advertisements and business cards.

#### **Regional Members operating in their regions**

17. It follows from the first and second principles and from what is said above that regional Members have responsibility to all those in the region for which they were

elected. It is important therefore that they recognise this in the way in which they operate within the region. This is an issue of fundamental importance in the relationship between constituency and regional Members. The following is of critical relevance in dealing with any complaints regarding these matters. Regional Members are expected to work in more than 2 constituencies within their region. Evidence that they were doing so would include holding surgeries in more than 2 constituencies (though regional Members do have the option of holding surgeries in their Party's regional office only) and dealing with local authorities and other agencies and constituents in more than 2 constituencies within their region. Regional Members would also, of course, be expected to deal (as appropriate) with any matter raised by any constituent within their region.

#### **MSPs' staff**

18. Members should ensure that staff working on their behalf are aware of and apply these guidelines.

#### **Enforcement**

19. Any complaint against a Member (including one about their staff or others working for them) in respect of this guidance should in the first instance be made to the Presiding Officer. The Presiding Officer will, as appropriate, contact the Member or Members involved and, if necessary, their respective Party Business Managers. Where the matter cannot be resolved informally in this way, where the matter is of sufficient seriousness to warrant a more formal investigation, or where any MSP directly involved remains dissatisfied the Presiding Officer will raise the matter with the Convener of the Standards Committee. The Standards Committee would then consider the matter as it judges appropriate in accordance with its procedures and its remit to consider and report on the conduct of members in carrying out their Parliamentary duties. It is fundamental to the success of this document that the Standards Committee will as a matter of course, treat all breaches of these principles with the utmost seriousness. Members should note that raising matters in any way other than that described above (in particular via the media) may well prejudice their case.

#### **APPENDIX A**

Member for [X] Constituency  
 Scottish Parliament  
 EDINBURGH  
 EH99 1SP  
 (or Constituency address as appropriate)

#### **MATTER RAISED BY [NAME OF CONSTITUENT]**

I am writing to notify you that [name of constituent] has raised a matter concerning [brief general description of issue] with me. I am taking this forward as appropriate.

**[Name of Regional Member]**—[*Mr Rumbles.*]

## **Political Parties, Elections and Referendums Bill**

**The Presiding Officer (Sir David Steel):** The next item of business is motion S1M-1073, in the name of Mr Frank McAveety, on the UK Political Parties, Elections and Referendums Bill.

*Motion moved,*

That the Parliament endorses the principle of replacing section 93 of the Representation of the People Act 1983 with a provision placing a duty on broadcasters to draw up a code of practice as respects the involvement of candidates in broadcasts pending an election, and agrees that provision to this end in the case of local government elections in Scotland should be considered by the United Kingdom Parliament as part of the Political Parties, Elections and Referendums Bill.—[*Mr McAveety.*]



## Witness Expenses and Allowances

**The Presiding Officer (Sir David Steel):** The next item is consideration of motion S1M-1086, in the name of Robert Brown, on behalf of the Scottish Parliamentary Corporate Body, on witness expenses and allowances, and amendment S1M-1086.1, in the name of Dr Richard Simpson.

17:06

**Robert Brown (Glasgow) (LD):** The allowances were based on the court rates. The corporate body is quite happy to accept the amendment in Dr Simpson's name, which presents a sensible point.

I move,

That the Parliament determines that:

(a) allowances and expenses in respect of the matters set out in column (1) below be paid or payable, as the case may be, in accordance with Rule 2.6.2 or 12.4.3 of the Standing Orders, as the case may be, to a person who attends proceedings of the Parliament for the purpose of giving evidence or who produces documents in his or her custody or under his or her control;

(b) said allowances and expenses be at the rates set out in column (2) opposite the respective entries in column (1);

(c) the rates set out in column (2) be uprated in accordance with column (3);

(d) the SPCB be directed to issue guidance and provide claim forms in connection with the payment of such allowances and expenses; and

(e) that the qualifying date for such expenses and allowances be 1 July 1999.

*[The table appears as annexe 1 after column 1306.]*

17:07

**Dr Richard Simpson (Ochil) (Lab):** I am delighted that the amendment to increase child care rates to a more appropriate level—above the minimum wage—will be accepted.

I move amendment S1M-1086.1, in the line beginning "childcare costs, specially incurred", in column (2), leave out "£2.50 per hour" and insert:

"up to £5 per hour".

## Point of Order

**Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD):** On a point of order. I refer to the motion on the timetabling of the Regulation of Investigatory Powers Bill stage 3 debate on 6 September. I spoke to the Minister for Parliament and asked him to move the debate back one day so that the Subordinate Legislation Committee—which is meeting on 5 September—could report to Parliament before the debate took place. Mr McCabe said that he was unable to move the debate. This is one of those timetabling awkwardnesses that need to be taken into account. It is possible that we will have to call the minister and his civil servants to the committee meeting to let him know before the stage 3 debate what the Subordinate Legislation Committee thinks about the bill.

**The Presiding Officer (Sir David Steel):** Perhaps Mr McCabe will respond to that point.

**The Minister for Parliament (Mr Tom McCabe):** The business motion for the week after the recess is fairly slack. Only one debate has been timetabled and that is stage 3 of the Regulation of Investigatory Powers Bill. The matter was not raised at the Parliamentary Bureau, but we can discuss the issue with the clerking directorate. If there is a genuine problem, we can move the debate back, if that would assist the committee.

**The Presiding Officer:** Are you happy with that response, Mr Jenkins?

**Ian Jenkins:** Yes. Thank you.

## Decision Time

17:08

**The Presiding Officer (Sir David Steel):** There are eight questions to be put as a result of today's business.

The first question is, that amendment S1M-1091.1, in the name of Kay Ullrich, which seeks to amend the motion S1M-1091, in the name of Susan Deacon, on modernisation in the NHS, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

### FOR

Adam, Brian (North-East Scotland) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Fergusson, Alex (South of Scotland) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeod, Fiona (West of Scotland) (SNP)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Mundell, David (South of Scotland) (Con)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Wallace, Ben (North-East Scotland) (Con)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)  
 Young, John (West of Scotland) (Con)

### AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gillon, Karen (Clydesdale) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacKay, Angus (Edinburgh South) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McLeish, Henry (Central Fife) (Lab)  
 McMahan, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

**The Presiding Officer:** The result of the division is: For 50, Against 64, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The second question is, that amendment S1M-1091.2, in the name of Mary Scanlon, which seeks to amend motion S1M-1091, in the name of Susan Deacon, on modernisation in the NHS, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**FOR**

Aitken, Bill (Glasgow) (Con)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Fergusson, Alex (South of Scotland) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Mundell, David (South of Scotland) (Con)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Young, John (West of Scotland) (Con)

**AGAINST**

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gillon, Karen (Clydesdale) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Etrick and Lauderdale) (LD)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 Mackay, Angus (Edinburgh South) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)

McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McLeish, Henry (Central Fife) (Lab)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

**ABSTENTIONS**

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 18, Against 65, Abstentions 32.

*Amendment disagreed to.*

**The Presiding Officer:** The third question is, that motion S1M-1091, in the name of Susan

Deacon, on modernisation in the NHS, be agreed to. Are we agreed?

**Members: No.**

**The Presiding Officer:** There will be a division.

**FOR**

Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gillon, Karen (Clydesdale) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacKay, Angus (Edinburgh South) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McLeish, Henry (Central Fife) (Lab)  
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Wallace, Mr Jim (Orkney) (LD)

Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)

**AGAINST**

Adam, Brian (North-East Scotland) (SNP)  
 Aitken, Bill (Glasgow) (Con)  
 Campbell, Colin (West of Scotland) (SNP)  
 Canavan, Dennis (Falkirk West)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Fergusson, Alex (South of Scotland) (Con)  
 Gallie, Phil (South of Scotland) (Con)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeod, Fiona (West of Scotland) (SNP)  
 McLetchie, David (Lothians) (Con)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Mundell, David (South of Scotland) (Con)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Sheridan, Tommy (Glasgow) (SSP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Wallace, Ben (North-East Scotland) (Con)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)  
 Young, John (West of Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 64, Against 51, Abstentions 0.

*Motion agreed to.*

That the Parliament recognises the Scottish Executive's commitment to the NHS in Scotland and to improving the health of the Scottish people; supports the Scottish Executive's commitment to build on the founding principles of the NHS and to providing a modern health service designed around the needs of patients; recognises that the delivery of a modern NHS requires both resources and reform; welcomes the Scottish Executive's commitment to target its record investment in the NHS to areas of greatest need and to those changes which have greatest benefits for patients, and supports the Scottish Executive's plans for

the modernisation of the NHS in Scotland.

**The Presiding Officer:** The fourth question is, that motion S1M-1072, in the name of Mr Jack McConnell, on the Government Resources and Accounts Bill, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

**FOR**

Aitken, Bill (Glasgow) (Con)  
 Alexander, Ms Wendy (Paisley North) (Lab)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Barrie, Scott (Dunfermline West) (Lab)  
 Boyack, Sarah (Edinburgh Central) (Lab)  
 Brankin, Rhona (Midlothian) (Lab)  
 Brown, Robert (Glasgow) (LD)  
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)  
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)  
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)  
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)  
 Douglas-Hamilton, Lord James (Lothians) (Con)  
 Eadie, Helen (Dunfermline East) (Lab)  
 Ferguson, Patricia (Glasgow Maryhill) (Lab)  
 Fergusson, Alex (South of Scotland) (Con)  
 Finnie, Ross (West of Scotland) (LD)  
 Galbraith, Mr Sam (Strathkelvin and Bearsden) (Lab)  
 Gallie, Phil (South of Scotland) (Con)  
 Gillon, Karen (Clydesdale) (Lab)  
 Godman, Trish (West Renfrewshire) (Lab)  
 Goldie, Miss Annabel (West of Scotland) (Con)  
 Gorrie, Donald (Central Scotland) (LD)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (Edinburgh Pentlands) (Lab)  
 Harding, Mr Keith (Mid Scotland and Fife) (Con)  
 Henry, Hugh (Paisley South) (Lab)  
 Home Robertson, Mr John (East Lothian) (Lab)  
 Hughes, Janis (Glasgow Rutherglen) (Lab)  
 Jackson, Dr Sylvia (Stirling) (Lab)  
 Jackson, Gordon (Glasgow Govan) (Lab)  
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)  
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)  
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)  
 Johnston, Nick (Mid Scotland and Fife) (Con)  
 Johnstone, Alex (North-East Scotland) (Con)  
 Kerr, Mr Andy (East Kilbride) (Lab)  
 Lamont, Johann (Glasgow Pollok) (Lab)  
 Livingstone, Marilyn (Kirkcaldy) (Lab)  
 Lyon, George (Argyll and Bute) (LD)  
 Macdonald, Lewis (Aberdeen Central) (Lab)  
 Macintosh, Mr Kenneth (Eastwood) (Lab)  
 MacKay, Angus (Edinburgh South) (Lab)  
 MacLean, Kate (Dundee West) (Lab)  
 Martin, Paul (Glasgow Springburn) (Lab)  
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)  
 McCabe, Mr Tom (Hamilton South) (Lab)  
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)  
 McGrigor, Mr Jamie (Highlands and Islands) (Con)  
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)  
 McLeish, Henry (Central Fife) (Lab)  
 McLetchie, David (Lothians) (Con)  
 McMahan, Mr Michael (Hamilton North and Bellshill) (Lab)  
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)  
 McNeill, Pauline (Glasgow Kelvin) (Lab)  
 McNulty, Des (Clydebank and Milngavie) (Lab)  
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)  
 Morrison, Mr Alasdair (Western Isles) (Lab)  
 Muldoon, Bristow (Livingston) (Lab)  
 Mulligan, Mrs Mary (Linlithgow) (Lab)

Mundell, David (South of Scotland) (Con)  
 Munro, Mr John (Ross, Skye and Inverness West) (LD)  
 Murray, Dr Elaine (Dumfries) (Lab)  
 Oldfather, Irene (Cunninghame South) (Lab)  
 Peacock, Peter (Highlands and Islands) (Lab)  
 Radcliffe, Nora (Gordon) (LD)  
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)  
 Robson, Euan (Roxburgh and Berwickshire) (LD)  
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)  
 Scanlon, Mary (Highlands and Islands) (Con)  
 Scott, John (Ayr) (Con)  
 Scott, Tavish (Shetland) (LD)  
 Simpson, Dr Richard (Ochil) (Lab)  
 Smith, Iain (North-East Fife) (LD)  
 Smith, Margaret (Edinburgh West) (LD)  
 Stephen, Nicol (Aberdeen South) (LD)  
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)  
 Thomson, Elaine (Aberdeen North) (Lab)  
 Tosh, Mr Murray (South of Scotland) (Con)  
 Wallace, Ben (North-East Scotland) (Con)  
 Wallace, Mr Jim (Orkney) (LD)  
 Watson, Mike (Glasgow Cathcart) (Lab)  
 Whitefield, Karen (Airdrie and Shotts) (Lab)  
 Wilson, Allan (Cunninghame North) (Lab)  
 Young, John (West of Scotland) (Con)

**AGAINST**

Canavan, Dennis (Falkirk West)  
 Elder, Dorothy-Grace (Glasgow) (SNP)  
 MacDonald, Ms Margo (Lothians) (SNP)  
 Quinan, Mr Lloyd (West of Scotland) (SNP)  
 Sheridan, Tommy (Glasgow) (SSP)

**ABSTENTIONS**

Adam, Brian (North-East Scotland) (SNP)  
 Campbell, Colin (West of Scotland) (SNP)  
 Ewing, Dr Winnie (Highlands and Islands) (SNP)  
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)  
 Ewing, Mrs Margaret (Moray) (SNP)  
 Fabiani, Linda (Central Scotland) (SNP)  
 Grahame, Christine (South of Scotland) (SNP)  
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)  
 Hyslop, Fiona (Lothians) (SNP)  
 Ingram, Mr Adam (South of Scotland) (SNP)  
 Lochhead, Richard (North-East Scotland) (SNP)  
 Marwick, Tricia (Mid Scotland and Fife) (SNP)  
 Matheson, Michael (Central Scotland) (SNP)  
 McGugan, Irene (North-East Scotland) (SNP)  
 McLeod, Fiona (West of Scotland) (SNP)  
 Neil, Alex (Central Scotland) (SNP)  
 Paterson, Mr Gil (Central Scotland) (SNP)  
 Reid, Mr George (Mid Scotland and Fife) (SNP)  
 Robison, Shona (North-East Scotland) (SNP)  
 Russell, Michael (South of Scotland) (SNP)  
 Salmond, Mr Alex (Banff and Buchan) (SNP)  
 Sturgeon, Nicola (Glasgow) (SNP)  
 Swinney, Mr John (North Tayside) (SNP)  
 Ullrich, Kay (West of Scotland) (SNP)  
 Welsh, Mr Andrew (Angus) (SNP)  
 White, Ms Sandra (Glasgow) (SNP)  
 Wilson, Andrew (Central Scotland) (SNP)

**The Presiding Officer:** The result of the division is: For 84, Against 5, Abstentions 27.

*Motion agreed to.*

That the Parliament endorses the principle of the creation of Partnerships UK; agrees that the Scottish Ministers should have the power to take a financial interest in that body to ensure that Scottish interests are safeguarded, and

agrees that the relevant provisions in the Government Resources and Accounts Bill should be considered by the UK Parliament.

**The Presiding Officer:** The fifth question is, that motion S1M-1087, in the name of Mike Rumbles, on behalf of the Standards Committee, on the code of conduct for members and relationships between MSPs, be agreed to.

*Motion agreed to.*

That the Parliament agrees to amend the Code of Conduct for Members of the Scottish Parliament as follows:

a) in Section 9.2, after "Equal Opportunities", insert:

**'Relationships Between MSPs**

9.2.3 The Scottish Parliament consists of both constituency and regional list MSPs. All MSPs have equal formal and legal status. Guidance on the relationships between MSPs is attached as Annexe 5';

b) renumber all following paragraphs accordingly, and

c) as Annexe 5 to the Code, insert the following:

**RELATIONSHIPS BETWEEN MSPs: GUIDANCE FROM THE PRESIDING OFFICER**

1. This note offers guidance to Members on handling constituency interests. It aims to build on the close and constructive relationships developing between Members in Parliament. It has been agreed after work by an all-party group which reported to the Presiding Officer and in consultation with the business managers of the main parties. Further guidance will be issued in due course on the working relationships between MSPs and MPs.
2. Some of the guidance is presented as if being addressed to constituents or agencies. It is intended therefore to make it available to the wider Scottish public in appropriate forms.
3. Members must ensure that their staff in the Parliament and locally, and others working on their behalf with constituents and agencies, are aware of, and conform to, this guidance.

**Key principles**

4. The guidance is founded on five key principles:
  - I **One constituency MSP and seven list MSPs are elected in the wider region. All eight MSPs have a duty to be accessible to the people of the areas for which they have been elected to serve and to represent their interests conscientiously.**
  - II **The wishes of constituents and/or the interests of a constituency or locality are of paramount importance.**
  - III **All MSPs have equal formal and legal status.**
  - IV **MSPs should not misrepresent the basis on which they are elected or the area they serve.**
  - V **No MSP should deal with a matter relating to a constituent, constituency case or constituency issue outwith his or her constituency or region (as the case may be), unless by prior agreement.**
5. What follows is guidance on how those principles

should be applied in practice.

**Dealing with individual constituents' cases**

6. The basic principle is that the wishes of the constituent are paramount. In particular, a constituent has the right to approach his or her constituency MSP, or any of the seven regional MSPs elected in his or her region. They also have the right to expect an MSP to take on a case though the MSP must be able to judge how best to do so. It is expected, however, that, in practice, the usual point of contact for a constituent raising a specific personal or local matter will be his or her constituency MSP. In the event that a regional ('list') MSP does raise a constituency case (for example with a Minister or local authority) he or she must notify the relevant constituency MSP at the outset unless the consent of the constituent is withheld. A suggested pro-forma for this purpose is attached at Appendix A.
7. Ministers or agencies such as local authorities and health boards, who are in correspondence with MSPs on such constituency issues, should not notify other MSPs representing the area. That would breach the confidential nature of the relationship between constituent and MSP. The only exception is where constituency cases raise more general issues of relevance to the whole constituency or area. In those circumstances, a Minister or agency may judge it appropriate to notify other MSPs with an interest of the general issue. They should not, however, refer to, or identify, individual constituents in doing so. Staff working on behalf of Ministers or agencies should be made aware of and apply these guidelines.

**Dealing with Ministers**

8. Any Member is entitled to raise with the relevant Minister in the Scottish Executive a matter on behalf of a constituent in the area for which they were elected. The Minister would be expected only to reply to the MSP raising the matter. It is for that MSP to notify others, taking into account, of course, the views of the constituent as in paragraph 6 above. The guidance on relationships between MPs and MSPs will contain further guidance on dealing with Ministers, especially those of the UK Government.
9. Ministers planning to visit constituencies should, as a matter of course, only notify the constituency MSP. At their discretion, they may also notify regional Members representing the area.

**Dealing with constituency/regional issues**

10. Any MSP is entitled to take an interest in or take up a matter affecting the constituency or region for which they were elected. MSPs are likely to have a greater impact where they work collectively for a common cause, as their constituents would expect them to. That may not be possible in some instances because of perfectly legitimate political differences but MSPs may wish to contact one another, as a matter of courtesy, where they are involved or planning to become involved in a major local issue.

**Dealing with local agencies and dealing with national agencies operating locally**

11. Any MSP elected to represent an area has the right to be expected to be consulted as appropriate by local or national agencies operating in that area. It is recognised that this might involve such agencies (NDPBs, local authorities, health boards etc) in dealing with potentially large numbers of MSPs, in particular, where agency boundaries cross regional boundaries. The expectation therefore is that the constituency Member or Members will be involved as a matter of course and that agencies will make appropriate arrangements to maintain contact and

consult with regional list MSPs which have relevant regional representation perhaps through a representative regional list MSP nominated by each party. Agencies are free to inform or consult these nominated members either jointly with constituency members, or separately. This does not affect the right of any Member representing a constituency or area to raise a matter on behalf of a constituent.

#### School visits

12. Where schools visit the Parliament, constituency Members should be invited to attend as a matter of course. The Education Centre in the Parliament should notify regional Members who will be expected to agree on a maximum of one regional Member from each party within the region to attend such visits.

#### Telephone enquiries

13. Members of the public calling the Parliament's public enquiry unit for a particular Member or the Member for a particular constituency will be put through only to the Member concerned. If the Member is unavailable the person calling will be given the option of leaving a message. Members of the public will not be put through to regional Members where constituency Members are unavailable unless they ask to speak to a named regional Member.

#### Describing Members

14. Regional Members and constituency Members must describe themselves accurately so as not to confuse those with whom they deal.

Constituency Members should always describe themselves as:

"[Name], Member of the Scottish Parliament for [x] constituency."

Regional Members should always describe themselves as:

"[Name], Member of the Scottish Parliament for [y] region."

15. Regional Members must not describe themselves as a "local" Member for (or having a particular interest in) only part of the region for which they were elected. Constituency Members should not describe themselves as the sole MSP for a particular area or constituency. Guidance for Members on regional and constituency office signage can be found in section 5 of the document 'Standards and Procedures for Use of the Scottish Parliament Logo and Stationery'. This document is located on SPEIR at the following address: <http://intranet/speir/isystems/msp-bdgl.htm#5>. Further guidance may be issued by the Presiding Officer as appropriate in the context of a period prior to an election.

16. Members are obviously aware that, once elected, they represent all the people living in their constituency or region. For that reason members are strongly discouraged from identifying party affiliation on stationery and other items provided out of public funds including Parliament headed letter paper, surgery advertisements and business cards.

#### Regional Members operating in their regions

17. It follows from the first and second principles and from what is said above that regional Members have responsibility to all those in the region for which they were elected. It is important therefore that they recognise this in the way in which they operate within the region. This is an

issue of fundamental importance in the relationship between constituency and regional Members. The following is of critical relevance in dealing with any complaints regarding these matters. Regional Members are expected to work in more than 2 constituencies within their region. Evidence that they were doing so would include holding surgeries in more than 2 constituencies (though regional Members do have the option of holding surgeries in their Party's regional office only) and dealing with local authorities and other agencies and constituents in more than 2 constituencies within their region. Regional Members would also, of course, be expected to deal (as appropriate) with any matter raised by any constituent within their region.

#### MSPs' staff

18. Members should ensure that staff working on their behalf are aware of and apply these guidelines.

#### Enforcement

19. Any complaint against a Member (including one about their staff or others working for them) in respect of this guidance should in the first instance be made to the Presiding Officer. The Presiding Officer will, as appropriate, contact the Member or Members involved and, if necessary, their respective Party Business Managers. Where the matter cannot be resolved informally in this way, where the matter is of sufficient seriousness to warrant a more formal investigation, or where any MSP directly involved remains dissatisfied the Presiding Officer will raise the matter with the Convener of the Standards Committee. The Standards Committee would then consider the matter as it judges appropriate in accordance with its procedures and its remit to consider and report on the conduct of members in carrying out their Parliamentary duties. It is fundamental to the success of this document that the Standards Committee will as a matter of course, treat all breaches of these principles with the utmost seriousness. Members should note that raising matters in any way other than that described above (in particular via the media) may well prejudice their case.

#### APPENDIX A

Member for [X] Constituency  
Scottish Parliament  
EDINBURGH  
EH99 1SP

(or Constituency address as appropriate)

#### MATTER RAISED BY [NAME OF CONSTITUENT]

I am writing to notify you that [name of constituent] has raised a matter concerning [brief general description of issue] with me. I am taking this forward as appropriate.

[Name of Regional Member]

**The Presiding Officer:** The sixth question is, that motion S1M-1073, in the name of Frank McAveety, on the Political Parties, Elections and Referendums Bill, be agreed to.

*Motion agreed to.*

That the Parliament endorses the principle of replacing section 93 of the Representation of the People Act 1983 with a provision placing a duty on broadcasters to draw up a code of practice as respects the involvement of

candidates in broadcasts pending an election, and agrees that provision to this end in the case of local government elections in Scotland should be considered by the United Kingdom Parliament as part of the Political Parties, Elections and Referendums Bill.

**The Presiding Officer:** The seventh question is, that amendment S1M-1086.1, in the name of Dr Richard Simpson, seeking to amend Scottish Parliamentary Corporate Body motion S1M-1086, on witness expenses and allowances, be agreed to.

*Amendment agreed to.*

**The Presiding Officer:** The eighth question is, that motion S1M-1086, in the name of Robert Brown, on behalf of the Scottish Parliamentary Corporate Body, as amended, be agreed to.

*Motion, as amended, agreed to.*

*Resolved,*

That the Parliament determines that:

(a) allowances and expenses in respect of the matters set out in column (1) below be paid or payable, as the case may be, in accordance with Rule 2.6.2 or 12.4.3 of the Standing Orders, as the case may be, to a person who attends proceedings of the Parliament for the purpose of giving evidence or who produces documents in his or her custody or under his or her control;

(b) said allowances and expenses be at the rates set out in column (2) opposite the respective entries in column (1);

(c) the rates set out in column (2) be uprated in accordance with column (3);

(d) the SPCB be directed to issue guidance and provide claim forms in connection with the payment of such allowances and expenses; and

(e) that the qualifying date for such expenses and allowances be 1 July 1999.

*[The amended table appears as annexe 2 after column 1306.]*

## University of the Highlands and Islands

**The Presiding Officer (Sir David Steel):** The final item today is a members' business debate on motion S1M-1009, in the name of George Lyon, on the University of the Highlands and Islands.

*Motion debated,*

That the Parliament notes with concern that UHI, the company promoting the University of the Highlands and Islands project, has not yet been designated as a provider of higher education, eligible for funding by the Scottish Higher Education Funding Council; notes that this is a flagship project for the Highlands and Islands and a long held dream by many of its communities, and gives its wholehearted support to this vitally important project.

17:14

**George Lyon (Argyll and Bute) (LD):** I think it very appropriate that the last debate of this parliamentary year before the summer recess should be on the subject of the future of the university of the Highlands and Islands. As the motion states, that university is

“a flagship project for the Highlands and Islands and a long-held dream for many of its communities”.

I hope that the Parliament will give its wholehearted support to this vital project.

It is quite clear to anyone who has been reading the press since 10 June that all is not well with the project, which is my main reason for bringing the motion before Parliament today. A number of key questions need to be addressed. I hope that this debate will draw a line under the press speculation and that this chamber will support the project and ensure that it goes forward and comes to fruition.

First of all—*[Interruption.]* First of all, I will ask the minister to switch off his mobile phone.

Secondly, I ask the minister whether the Scottish Executive is still fully behind the UHI project. It is important that he make a clear statement of the Executive's support. What criteria does the project still have to meet to ensure that it is granted university status? I have asked a number of written questions on that, but the criteria are still unclear to me. How long is it likely to be before university status is reached and accreditation is granted?

It is important that we get an explanation of what is going on inside the UHI project team. The newspapers suggest that not all is well. On 10 June, we read that there had been allegations of mismanagement, intimidation and autocratic leadership. UHI issued a statement denying that any of the staff had made a formal complaint. That denial was repeated publicly on a number of



occasions. At the end of last week, Sir Fraser Morrison, the chairman of UHI, announced the establishment of an independent inquiry into staff complaints against Brian Duffield, the chief executive of UHI. Are those the same complaints that UHI denied existed on June 10? If so, why the denial? Will the inquiry publish its findings? If there are problems with the project, we need to be told what they are. If the allegations are upheld, what action will be taken? What role—if any—does the Scottish Executive envisage playing in the investigation? We also have to be told whether the person who has been appointed to conduct that investigation will be independent. Concerns have been raised about the role of Sir Fraser Morrison in the investigation. The investigation would be more helpful if it was seen to be independent.

I am not raising those questions to try to damage the project. Quite the reverse—I want the debate to air the issues so that we can draw a line under some of the damaging speculation that surrounds the project. Make no mistake: the project is supported by everyone who represents Highlands and Islands seats—in my party, at any rate. I hope that we get cross-party support on the issue today.

It is important that the speculation comes to an end and that the Parliament and the Executive send a strong message to all concerned that they must sort out their differences, use all their energies and resources and ensure that the project goes ahead as quickly as possible and that the long-held dream of the people of the area comes to fruition so that, in the near future, a university of the Highlands and Islands can be set up.

**The Presiding Officer:** Thank you for taking less than your allotted time, Mr Lyon. Six members would like to speak before the minister. If all of them are to get in, they will have two and a half minutes each. Whether they all get in is entirely up to members.

17:19

**Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP):** The SNP has always supported the concept of a university of the Highlands and Islands and will continue to do so. I would be surprised if any party in this chamber took a different view. This debate, which I welcome, gives us an opportunity before the recess to obtain from the Executive an idea of what the barriers are to the achievement of that goal.

I hope that we will receive a candid and detailed reply from the minister. When he responds to the debate, will he indicate whether an alternative method of obtaining university status is open for consideration, namely that of seeking a royal

charter? If that route is open, would it, if followed, allow the more rapid achievement of university status?

I echo George Lyon's comment that the review into the complaints to which he referred would have been better if it had been fully independent. I understand that the review that is being instituted will consider only the UHI processes—whatever that may mean—and not the substance of the complaints. If complaints are made, they should be investigated carefully, especially if they are complaints from staff.

There is a stark contrast between the funding that has been made available to the university of the Highlands and Islands project of around £9.86 million, which includes just over £2 million on the project's executive office, and the underfunding—or deficits—that are faced by a number of colleges. For example, it is notable that Inverness College has a deficit of £5 million, as the staff of the college have regularly pointed out to me. While staff at that institution are facing job cuts as a result of problems that arose from previous management errors, the university of the Highlands and Islands project is extremely well funded. I hope that the minister will address that point in his reply.

All parties hope that university status is achieved by UHI as quickly as possible and that any difficulties are resolved. I hope that the Executive is taking an active part in seeking to ensure that those difficulties are resolved as soon as possible.

17:22

**Mary Scanlon (Highlands and Islands) (Con):**

I am delighted to have the opportunity of speaking in this debate, which I thank George Lyon for initiating. Last week, I promised students from Inverness College that I would lodge a motion on this subject, but the next day George Lyon's motion was in the business bulletin. None the less, I welcome the debate.

I am sure that there will be cross-party support for George Lyon's motion, just as there was cross-party support when we visited the new facilities at Craig Dunain in Inverness on Monday. I make that point because the Minister for Health and Community Care seemed to think that I should have been in Glasgow. We all have different priorities and I think that the priorities of the Highlands are important.

It is in the interests of no one in the Highlands to see the demise of UHI, given that degrees were previously conferred by the University of Stirling. I am sorry that Sylvia Jackson is not here, because her husband, Professor Jackson, did so much, in partnership with Inverness College, to establish degree courses in the Highlands so that students,

including mature students, could gain the qualifications necessary to get local jobs. That partnership also helped colleges in the Highlands to stay open. Distance learning is all right, but we also need the personal approach. From my experience as a lecturer delivering a degree in business studies at Inverness College through that successful partnership, comparisons with the UHI became evident. This year, students of business studies at Inverness College are still graduating from the University of Stirling.

There is no doubt that the concerns about UHI—such as the claims of poor working relationships and poor management and the complaints that were mentioned by George Lyon—should be dealt with. Whatever the rights and wrongs of those difficulties, they must be overcome. There must be openness, transparency and accountability. It is not acceptable for us to read in newspapers such as the *Highland News* comments from unidentified UHI sources. If an institution receives public money, it should be publicly accountable. It is not sufficient to convene an independent inquiry into UHI grievance procedures. Surely the inquiry should also address the reasons for the grievance.

The fact that the UHI project will not receive university accreditation for five years is a concern. I am worried about a written answer to Fergus Ewing, which states that the many criteria for university status include student numbers. Is the criterion that 3,000 students are needed applied elsewhere in Scotland? If so, I would be seriously concerned.

As a lecturer at Inverness College, I found the experience disheartening: we were working harder and harder; we doubled, then trebled, class sizes; we could not get photocopies; and we had to stop using the phones. We did all that only to see more and more money pouring into the UHI.

We need greater understanding and a greater sense of partnership. More than anything, the UHI project must include and encompass all the students within it. As we speak, 15 people in Inverness are facing redundancy. The UHI project was not about 13 colleges obeying a centralised, bureaucratic structure. We fully support the UHI project and ask the minister fully to support getting the show back on the road with the right manager, who must have the appropriate skills to lead and to achieve that.

17:26

**Mr John Munro (Ross, Skye and Inverness West) (LD):** The concept of a university of the Highlands and Islands has been a long-held dream of the Liberals in the Highlands. The idea was first promoted by a youthful stalwart of Highland liberalism, when he was first elected to

Westminster more than 30 years ago. That young man was Russell Johnston, now elevated to the rank of Sir Russell Johnston.

**The Presiding Officer:** He is Lord Russell-Johnston, to be precise.

**Mr Munro:** His hard work, diligence and perseverance eventually resulted in approval being secured some five years ago to establish the UHI project.

Members will appreciate the many difficulties that would be encountered in co-ordinating the various teaching establishments throughout such a vast geographical area as the Highlands and Islands: from the northern isles of Shetland and Orkney to the western isles—from the Butt of Lewis to Barra head—and incorporating the mass of mainland Scotland from Caithness to Campbeltown. It was a monumental task, which could not be undertaken or implemented overnight. I am sure that everybody would agree on that.

I am pleased to say that much has been achieved in a very short time. I suggest that our Scottish Parliament should be encouraged to take a keen interest and a much more supportive role in strengthening and securing the degree of excellence which the university of the Highlands and Islands project will ultimately achieve, to the advantage of all who have a desire and aspiration for success and lifelong learning.

The management and staff of UHI are to be congratulated and commended for the very difficult task that they have undertaken and for the excellent work that they have done to launch the flagship enterprise. Much has been achieved, and much more will follow. The possible has been achieved, and the impossible will take a little longer. I ask this Parliament to have the good sense and the vision to give UHI its continuing and unstinting support for the benefit of all the Highlands and Islands.

17:28

**Rhoda Grant (Highlands and Islands) (Lab):** I am glad to have this opportunity to speak about UHI, and I congratulate George Lyon on securing the debate. It is such an innovative project, and was never just going to be rubber-stamped. It must show that it is as good as, if not better than, other universities.

I grew up in one of the more rural areas covered by UHI. Like many other people, I left home for further education. Some, however, did not, and that decision had to be made at a very early age. That is why it comes as no surprise to me that half the UHI students are over 25—around my own age. I dare say that most of them are accessing

further education for the first time. In the western isles, 70 per cent of school leavers go on to further education; 40 per cent go on to higher education, compared to the Scottish average of a third.

Before UHI was set up, all the students going on to higher education would have had to leave home. UHI will help stop the brain drain, as it allows young people to decide where they are going to study. Half UHI's students are full time and half are part time. That shows that people who are employed, or who are full-time carers, can also take the opportunity to study. That assists lifelong learning, which is possibly more important in rural areas because of a lack of choice in career opportunities.

The development of community learning centres in my constituency has met with overwhelming support. Education is now available in small villages, and there are more than 50 community learning centres. The access to those small community learning centres is the big picture, and we must never forget that. Certain personalities receive more attention from the press and politicians, but that is insignificant when compared with the thousands of people who will benefit from the UHI project. Designation as a university will come if we do not lose sight of the big picture. I hope that we can all unite behind UHI.

17:30

**Mr Jamie McGrigor (Highlands and Islands) (Con):** Any situation in which there are 13 principals is bound to give rise to some disagreements, but I do not think that we should allow disagreements to cloud the final goal in this case.

The university of the Highlands and Islands is a bold and distinctive educational initiative. I am proud of the fact that it was Michael Forsyth, the former Secretary of State for Scotland, who got the project going. The benefits of UHI are clear to see. The UHI development—based on a collaboration of communities, individuals and organisations operating locally—has grown over the past five years, creating employment and new prospects for all who live in the region. In an area that is a fifth of the size of the UK, UHI supports lifelong learning opportunities through the development of personal and professional skills. UHI is unique in drawing on and supporting the region's cultural and environmental heritage, serving as a major catalyst for economic and social regeneration. UHI brings enhanced educational opportunities to 500,000 people throughout the region, as well as serving the wider needs of local communities.

The UHI concept has captured the imaginations of many people, both in the region it is to serve

and well beyond its bounds. It is being talked about by people on the far side of the world. The mission of UHI—to establish for the Highlands and Islands of Scotland a collegiate university that will reach the highest standards—is an achievable goal. However, that goal is being placed at risk. If the people of the Highlands and Islands are to get a university of the highest standards, comparable to the world's best, higher education status must be conferred on the institution. It would not be an underestimation to suggest that the credibility of the whole operation is at stake over that decision.

UHI has passed with flying colours all the tests to which it was put by the Quality Assurance Agency for Higher Education. Indeed, the UHI network has been shown to possess the appropriate qualities systems and the necessary standards to be granted full university status. Therefore, I call on Henry McLeish and his famous deputy, Alasdair Morrison, to grant UHI full university status in the higher education structure.

17:33

**Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD):** I have three points to make. First, I suspect that the situation is not nearly half so bad as some people make out. Parliament surely knows better than most people in Scotland what a rough time can be had at the hands of some of our friends in the press. You know that yourself, Sir David.

Secondly, Jamie McGrigor rightly touched on the issue of international fame and renown, and the key word is excellence. I have no doubt that the UHI will be an excellent university. There has been speculation as to whether Prince William will go to the University of Edinburgh or the University of St Andrews, and as to whether Oxford University and Cambridge University are doing their job. However, the fact is that real quality will be hugely important in selling the UHI, not only to Britain but throughout the world. We must never take our eye off that ball.

Thirdly, this concept is not an easy one to grasp. It is a radical one, and a huge amount of work has been put in to realise it. I used to be unconvinced by it, as Mr Peacock will remember. Over the years, however, I have become totally convinced by it. It should be remembered that, when the Open University was launched by Anthony Wedgwood Benn, there were many sceptics—not least one Margaret Thatcher, who eventually came round to it and saw it for what it was.

This scheme is designed to underpin the Highland economy. If it can attract students from Britain and the rest of the world to study aquaculture, the environment, engineering or whatever, that will bring money into the fragile

local economy and will keep our young people there. It is all about keeping those we love in the Highlands. I believe that it will be a big step towards ending the Highland diaspora. Let us keep our young people in the beautiful Highlands that we love so well.

**The Presiding Officer:** If I may say so, you have set a wonderful example of inter-party co-operation and self-discipline to the rest of the Parliament. Highlands and Islands members obviously have something going for them.

17:35

**The Deputy Minister for Highlands and Islands and Gaelic (Mr Alasdair Morrison):** I totally agree, Sir David. It is significant that our final debate before recess is on a matter of fundamental importance to the people of the Highlands and Islands. It demonstrates why so many of us campaigned for a devolved Parliament. Over the past year I have found myself standing here on many occasions responding to debates initiated by colleagues in the Highlands and Islands, and always joined by the clan Ewing having a family gathering.

To pick up on some of the points made, I emphasise to Mary Scanlon that we are not talking about the demise, or anything like it, of the UHI. My friend Fergus Ewing ended on a positive note—a welcome departure from his usual contributions. On his point about the royal charter, it is a matter for the Privy Council. There is no tradition of the royal charter as a means to establish a Scottish university. Rhoda Grant's points were relevant and I share her ambitions. In the western isles we are, as she rightly pointed out, achieving record numbers of entrants to higher education. I agree that we must never lose sight of the big picture. I endorse what Jamie McGrigor said in his opening remarks. As Jamie Stone rightly said, the key word has to be excellence.

The recent adverse publicity has obscured the facts and has created alarm and confusion, quite unnecessarily. So I am particularly glad to have this opportunity to clear some of the fog of misunderstanding, underline the Executive's commitment to support a university of the Highlands and Islands, and clear up the role of UHI in achieving this goal. That is important not only to the Executive, but to everyone in this chamber. I am pleased that it has such widespread support, as demonstrated here tonight. I welcome the opportunity to affirm the Executive's commitment to an institution that will give the people of the Highlands and Islands high-quality higher education without, as Rhoda Grant said, having to leave home.

But there is misunderstanding about what UHI is trying to do, what the Executive is asking and where matters stand. First, it may be helpful if I explain to colleagues what we mean by designation. An institution is designated as a provider of higher education, eligible for funding by the Scottish Higher Education Funding Council. Designation only gives access to funding by the SHEFC; it does not convey university status. UK higher education institutions work toward university status step by step. Designation is the necessary first step for any higher education provider hoping for university status. That is why the issue of designation is so important.

UHI, the company promoting the university of the Highlands and Islands project, applied for designation of its proposed higher education institution in December 1998. It hoped that ministers would be able to reach a decision by the end of 1999, and we shared that hope. But there has never been a fixed deadline for a decision, nor should there be—better to get it right than to make a premature judgement.

The department for enterprise and lifelong learning launched a consultation exercise on the designation application in April 1999. Responses highlighted a number of issues that needed to be resolved. We do not believe that any of those issues presents an insuperable obstacle, but they are important and must be resolved before a decision is reached.

The issues are both technical and constitutional. The former relate mainly to service level agreements between UHI, which will be the provider of higher education, and its academic partners, which will undertake the teaching of the UHI curriculum to UHI's students. The constitutional issues are about the respective roles and responsibilities of UHI and its academic partners. We need to be sure that those roles are absolutely clear and transparent and fully consistent with UHI's position as the provider of higher education.

Our officials set out the issues in a clear agenda for UHI to address with its academic partners. That agenda was contained in a letter of 6 April 2000. It did not specify a time frame for UHI and its academic partners to complete the necessary work. Obviously, it is in everyone's interests that that be done quickly, but there must be no room for misunderstanding. UHI is far too important for that. We will expect a detailed account of the action taken, and we will need to be satisfied that UHI and its academic partners are clear about the solutions and are happy with them.

**Mr Stone:** Given what the minister has just said, does he agree that there might be some value in Highland MSPs, on a cross-party basis, meeting him and UHI management to discuss progress?

**Mr Morrison:** I would be happy, during the summer or after the recess, to meet all colleagues from the Highlands and Islands. We can do that as a matter of urgency as soon as we resume in September.

Henry McLeish met Sir Fraser Morrison, chairman of UHI, on 9 June, and Sir Fraser was able to give him an encouraging report on the progress that UHI is making. Henry McLeish and I plan to meet the UHI board in the autumn, and we are confident that we will hear of further progress. I suspect that shortly after that would be an excellent time to brief colleagues from across the Highlands and Islands.

I should point out that what we were asked to designate was not the university of the Highlands and Islands project. We were asked to designate a new institution called simply UHI. That is not an acronym. UHI will not be a university on designation, but it will have taken the first crucial step on the path to university status. There are exacting requirements that all UK institutions aspiring to university status have to meet—exacting, but achievable. That is the public's guarantee that universities have a proven track record of quality and that they are large enough, and diverse enough, to have earned the title. How long it will take UHI to get there is up to UHI. That, surprisingly, is not well understood.

I can certainly confirm the Executive's commitment to this very important initiative. At the meeting of the Convention of the Highlands and Islands earlier this year, the First Minister announced an initial £1 million extra funding support for UHI towards remaining development work. That is on top of development funding totalling £9.86 million that has been made available to UHI over the four years since 1996 by the Scottish Executive and the former Scottish Office. That surely underlines the strength of our commitment to seeing good-quality higher education across the Highlands and Islands.

I quite accept that all this may take a little longer than everyone had hoped for. But it is because of the importance of the project that we are being so careful over UHI's designation application. Its future students deserve no less.

**Fergus Ewing:** Will the minister give way?

**Mr Morrison:** I am about to sum up, Mr Ewing.

**Fergus Ewing:** It was precisely because I realised that the minister was about to sum up that I thought that he might wish to take an intervention.

**The Presiding Officer:** Are you giving way, Mr Morrison?

**Mr Morrison:** Yes.

**Fergus Ewing:** I am grateful. I wondered whether the minister was going to cover the other point of substance that I raised. Does he feel that the public, and all those with an interest in the UHI, can have confidence in the scope and extent of the review that was announced by Dr Donnie Munro and Sir Fraser Morrison into the complaints about which we have read in the press, but the substance of which we know little or nothing about? Is the minister confident in that process, or does he agree that there should be a more independent inquiry into those matters?

**Mr Morrison:** I want to put it on public record that I have absolute confidence in what has been initiated. It is surely better for the future of higher education in the Highlands and Islands that its long-awaited higher education institution be set up on sure foundations. That way, this very important initiative will be able to go forward with confidence.

**Mary Scanlon:** Will the minister give way?

**Mr Morrison:** I am into my last minute.

We intend to see realised the dream that so many in the Highlands and Islands have held for so long. UHI is taking that dream to reality, and we are committed to supporting it. Sir David, with your permission, I would like to conclude with a few sentences in Gaelic. I will, of course, make a full translation available.

**The Presiding Officer:** I will ask you to repeat it in English for the benefit of people like me.

**Mr Morrison:** I most certainly shall.

**The Presiding Officer:** I had a grandfather who spoke Gaelic, but it did not descend to me, I am afraid.

**Mr Morrison:** Tha mi toilichte gu bheil sinn air cothrom fhaighinn suidheachadh Oilthigh na Gàidhealtachd agus nan Eilean a dheasbad air an latha mu dheireadh den chiad bliadhna do Phàrlamaid ùr na h-Alba. Nach eil e iomachaidh gun iad na faclan mu dheireadh a chluinnear anns an t-seòmar seo anns a' bhliadhna shònraichte seo, cànan nan Gaidheal? An urrain dhomh a radha as leth an Riaghaltais gun robh sinn taiceil don Oilthigh? Tha sinn taiceil agus cumaidh sinn e a stri airson nì a tha iomadachadh neach thairis mòran bhliadhnachan air a bhi ag iarraidh—Oilthigh air Ghàidhealtachd.

Sir David, I provided an adequate translation of what I have just said in the previous seven minutes of my speech.

**The Presiding Officer:** That concludes the debate. I close the meeting with best wishes to all members for a fruitful, enjoyable and productive recess.

*Meeting closed at 17:45.*

## Annexe 1

### Witness Expenses and Allowances: table

Column (1) Allowances and expenses	Column (2) Rate of payment	Column (3) Uprating provision
Travelling expenses, using public transport including taxi and plane (for plane with prior approval); or by private car, motor cycle or pedal cycle.	Public transport, actual fare Private car: 36p per mile Motor cycle: 23p per mile Pedal cycle: 12p per mile.	Annually on 1 April based on the Retail Price Index
Subsistence costs, that is the costs of meals and other subsistence required and of overnight accommodation.	Actual costs up to a maximum of - overnight:- £80; daytime - under 5 hours: nil 5 – 10 hours: £4.25 10 hours or over: £9.30	As above
Loss of earnings	Actual sum lost up to a maximum of £160 per half day including travelling time, but not where the witness is giving evidence in the course of his or her employment	As above
Travelling expenses, subsistence costs and loss of earnings, of any person, who is acting as a carer, whom the person attending the proceedings of the Parliament to give evidence requires to accompany him or her	Travelling expenses and subsistence: as above.  Loss of earnings: actual sum lost up to a maximum of £160 per half day including travelling time.	As above
Childcare costs, specially incurred	£2.50 per hour.	As above
Photocopying documents which are required or invited to be produced and any other reasonable costs associated with the production of such documents.	Actual photocopying costs up to a maximum of 10p per sheet.  Postage at cost.	As above

## Annexe 2

### Witness Expenses and Allowances: table (as amended)

Column (1) Allowances and expenses	Column (2) Rate of payment	Column (3) Uprating provision
Travelling expenses, using public transport including taxi and plane (for plane with prior approval); or by private car, motor cycle or pedal cycle.	Public transport, actual fare Private car: 36p per mile Motor cycle: 23p per mile Pedal cycle: 12p per mile.	Annually on 1 April based on the Retail Price Index
Subsistence costs, that is the costs of meals and other subsistence required and of overnight accommodation.	Actual costs up to a maximum of - overnight:- £80; daytime - under 5 hours: nil 5 – 10 hours: £4.25 10 hours or over: £9.30	As above
Loss of earnings	Actual sum lost up to a maximum of £160 per half day including travelling time, but not where the witness is giving evidence in the course of his or her employment	As above
Travelling expenses, subsistence costs and loss of earnings, of any person, who is acting as a carer, whom the person attending the proceedings of the Parliament to give evidence requires to accompany him or her	Travelling expenses and subsistence: as above.  Loss of earnings: actual sum lost up to a maximum of £160 per half day including travelling time.	As above
Childcare costs, specially incurred	Up to £5 per hour.	As above
Photocopying documents which are required or invited to be produced and any other reasonable costs associated with the production of such documents.	Actual photocopying costs up to a maximum of 10p per sheet.  Postage at cost.	As above





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