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Tuesday 24 November 2020

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Scottish Parliament

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[The Presiding Officer opened the meeting at 14:00]

Time for Reflection

The Presiding Officer (Ken Macintosh): Good afternoon, colleagues. We begin business today with time for reflection. Our time for reflection leader is the Rev Teri C Peterson, who is the minister at St John's church in Gourock.

The Rev Teri C Peterson (St John's Church, Gourock): Presiding Officer and members of the Scottish Parliament, I thank you for the opportunity to address you today, especially as an immigrant who made Scotland my home three and a half years ago because I value so much the Scottish ethos of welcome and hospitality, fairness, looking out for each other, and being humble about how brilliant you are. Thank you for welcoming me and for making me feel at home here.

I came to serve as a minister in the Church of Scotland, and like many Christians, I am currently preparing for the season of Advent, which begins this Sunday. Advent is the four weeks leading up to Christmas, and is a season of preparation and waiting, in contrast with the culture of instant gratification. During Advent, we get ourselves ready for the coming of Jesus, who is love in the flesh, living among us in the world.

In a normal year, it is easy to be overwhelmed by preparations for the festive season and its trappings of parties and gifts. This year, when things are far from normal, it is easy to be overwhelmed by the sense of loss and anxiety about how different it will be—but perhaps that gives us a chance to reclaim the meaning of Advent and Christmas, which are a celebration of love that changes the world.

Several years ago, I asked one of my good friends, who is a rabbi, what it means to her and her fellow Jews to be waiting for the Messiah. She said, "To say we are waiting for the Messiah is to say that the world is not yet as it should be, and we still have work to do." I think that that is also at the heart of Advent—and how much more than usual do we feel that this year? The world is not as it should be, and we have work to do.

Jesus was born more than 2,000 years ago already, and now we who celebrate Christmas use Advent to wait for that same world-changing love to be born in us. We hear the call of the prophets—ancient and contemporary—to prepare the way by valuing the voices of those who have been marginalised, putting the needs of others ahead of our comforts, welcoming the stranger, caring for the earth, and ensuring that all have a place to call home. May our Advent preparation bring a blessing for all.

Thank you.

Topical Question Time

Covid-19 (Care Homes)

1. **Neil Findlay (Lothian) (Lab):** To ask the Scottish Government for what reason it is allowing the discharge of Covid-19-positive hospital patients to care homes. (S5T-02539)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Covid-19-positive patients are not routinely being discharged to care homes. In a very small number of exceptional cases, only when the clinician has judged that it is in the best interests of their patient's care, discharge without a negative test can be undertaken when steps including clinical risk assessment are undertaken.

The Scottish Government's guidance, which was issued in May, states:

> "residents being admitted to a care home should have a negative test before admission unless it is in the clinical interests of the person to be moved and then only after a full risk assessment."

The policy has not changed.

The Public Health Scotland guidance that was issued in October mirrors that, and states:

> "The presumption should be that residents being admitted to a care home should have a consented PCR test before or on admission unless it is in the clinical interests of the person to be moved and a risk assessment can support this; local HPTs can advise in more complex situations."

Neil Findlay: Last Tuesday, my constituent was admitted to hospital from her care home. She tested positive for Covid on Wednesday and was discharged back to the care home on Thursday. When I raised that at First Minister's question time and asked whether we were back to discharging Covid-positive patients to care homes, Nicola Sturgeon was emphatic in her answer, saying:

> "With ... respect, I do not accept that. There is no such policy and there will not be one."—[*Official Report*, 19 November 2020; c 22.]

In a previous parliamentary answer to Miles Briggs about care home discharge, the cabinet secretary said:

> "no one should be discharged from hospital who has a positive test for Covid-19. If they are in hospital ..., they should remain there and be treated for the virus."—[*Official Report, Health and Sport Committee,* 4 June 2020; c 18.]

That was another emphatic answer, with no caveats.

Since Thursday, I have spoken to families, care staff and a care home manager from another establishment who all told me of Covid-positive hospital discharges to care homes that are not end-of-life cases and for which no, or a very limited, risk assessment has been carried out. I have also been advised by care home staff that they are repeatedly being asked to accept Covid-positive patients, with no negative test, and are being told just to isolate them for 14 days, instead. Did the First Minister mislead Parliament on Thursday, or did she not know what her own Government guidance was?

Jeane Freeman: Neither the First Minister nor I have misled Parliament. The guidance has been clear. I read out the relevant sections from the guidance that was issued in May, and from the Public Health Scotland guidance that was issued in October, both of which include exceptional circumstances that are based on clinical judgment.

As I have said in the chamber before, and will repeat now, it is entirely right in this, as in other instances of medical care, that we allow doctors, on the basis of their clinical knowledge of the patient and their experience, expertise and many years of training, to exercise clinical judgment. It would not be right for this politician, or for any politician of any stripe, to take away the capacity of clinicians to exercise clinical judgment.

The guidance has been clear and includes detailed guidance on exceptional circumstances. It says that clinicians will consult the patient—if possible—and will consult their family and the care home on what is in the patient's clinical interests. A full risk assessment will be carried out on any transfer, and appropriate mitigation actions and support will be put in place. A 14-day period of isolation must be completed in all circumstances. The risk assessment would consider specifically whether the care home is able to support that 14-day isolation period. A care plan for what happens on completion of the isolation period is also required.

All that is clear in the guidance. We all need to understand that nothing has changed since we introduced the requirement for testing before patients or residents are admitted to care homes, whether from hospital or from the community. It is not the role of ministers—nor should it be—to take individual discharge decisions. That is entirely properly the role of doctors and others in the clinical team.

Neil Findlay: It appears that across the country the guidelines are being repeatedly flouted.

However, what about the rights of the other care home residents? The guidance says that visiting should take place only when it is established and declared by local health protection teams, 28 days after the last positive test, that a care home is free of Covid cases. The cabinet secretary knows only too well of the anguish of residents who cannot be visited, and of the families who cannot see their loved ones. However, the guidance builds in further isolation and entrenches isolation from

family. If someone who is Covid-positive is put back into the home, there is a 28-day period when they can have no visitors. What about the rights of the existing care home residents and their families to have connections and to see each other?

Jeane Freeman: I will make two points in response to that question.

If Mr Findlay has evidence that the guidelines and protocol that I have just read out in summary are being flouted, I want that evidence in order that we can investigate those matters, as we did with the case of the constituent that he raised at First Minister's questions. He will have had a response from me to explain what happened in that situation.

On the 28-day period, Mr Findlay is correct. Relatives of people in care homes have raised that issue with me, and this morning so, too, did colleagues who are chief officers of health and social care partnerships. I am happy to inform members that our chief medical officer is leading a discussion with clinicians to see whether, given our developing knowledge of the epidemiology of the virus, it is possible to safely reduce the current length of time. Depending on that advice, I will act, but I will not act in defiance of clinical advice.

Emma Harper (South Scotland) (SNP): The cabinet secretary touched on the importance of clinical expertise in her response, but that importance is worth emphasising. Discharge decisions have been made, and must continue to be led, by clinicians who decide on the best care option for each individual. Can the cabinet secretary expand on some of the factors that clinicians have to take into consideration? I remind members that I am a registered nurse.

Jeane Freeman: As Emma Harper said, it is entirely proper that doctors and clinical teams are charged with making those decisions. They make such decisions and judgments every day in many circumstances, and no one should underestimate how difficult that is for them. The type of exceptional circumstances in which they would consider the position that was highlighted in the original question might, for example, involve an individual who cannot take the test because the clinical judgment is that it would be too distressing for them to do so, but it is no longer necessary for them to stay in hospital for clinical care.

Alternatively, an individual might have reached the end of their life and be determined to go where they want to go. It might be their expressed wish or that of their family—we should remember that those conversations have to take place—that they be discharged home, or to a care home, with appropriate palliative care.

We should also remember that, although testing is really important, care homes undertake, and put a great deal of time and effort into, a range of other important infection prevention and control measures to ensure that their residents are cared for as well as they can be, and that everything possible is done to prevent transmission of the virus in the home. That includes staff testing. I hope that members will be relieved and pleased to hear about the additional measures that I will set out tomorrow in my statement on testing.

Donald Cameron (Highlands and Islands) (Con): A few weeks ago, the Scottish Parliament voted for the Scottish Government to hold a public inquiry into care home deaths at once. Rather than delay things further by waiting to hear back from other United Kingdom nations, will the cabinet secretary now respect the will of Parliament and commit the Government to holding its own public inquiry immediately?

Jeane Freeman: I would never disrespect the will of Parliament. As I have explained to individual members, I have sought to find out whether it is possible to have a public inquiry that rests, at least in part, on the four nations, because that would make a great deal of sense. However, I regret that I have not had a response on that, so we will now begin to take steps.

Nonetheless, members should be under no illusion: setting up a public inquiry is not a quick exercise. Significant steps need to be taken that involve the Lord President, the Lord Advocate and others. We will take those steps, as we continue to deliver a vaccine programme and an enhanced testing programme; as we continue to support our national health service and social care; and as we continue to deal with the levels of virus prevalence and cases that threaten our citizens across Scotland every single day.

Covid-19 (Restrictions over Christmas)

2. **Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con):** To ask the Scottish Government whether it will provide an update on any relaxation of restrictions over the Christmas period. (S5T-02550)

The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney): The Scottish Government has been discussing with counterparts in the United Kingdom Government, the Welsh Government and the Northern Ireland Executive a slight and careful easing of measures for a few days over the festive period. The Scottish Government's proposed approach is still to be finalised, and the First Minister will take part in discussions on a four-nations basis later this afternoon.

We hope to reach an agreement in principle across the four nations that will allow people to travel to spend time with friends and family for a

short period over Christmas. We are considering that because we recognise that isolation and loneliness can hit people particularly hard over the Christmas period. Of course, any relaxation carries with it a level of transmission risk and, when we set out the rules that will apply over the period, we will be asking people to think very carefully about what they can do to limit their social interactions and the opportunity for the virus to spread.

Rachael Hamilton: We all agree that, although people are looking forward to celebrating Christmas, we must do so carefully, given that the pandemic is still with us.

Throughout the past eight months, we have had to balance the risk of the virus with the impact of social isolation and loneliness. A report by the British Red Cross found that, sadly, 32 per cent of adults in the United Kingdom

"worry something will happen to them and no one will notice."

We cannot let that happen over Christmas. Would the Deputy First Minister agree that, over the festive period, that balance is more important than ever, especially for people who have not seen their family in months?

John Swinney: Those are all entirely understandable and significant issues. As we have rehearsed in the chamber consistently over the past eight months, there are many competing pressures and risks in the handling of coronavirus. There is the immediate health risk that is faced by individuals as a consequence of the virus; there are the implications of isolation, which can affect individuals; and there are issues around economic loss, social harm and social wellbeing.

Those issues are all considered by the Government, and that thinking will be brought to bear in the judgments that we make at Christmas time. I wish to be very clear with the Parliament that we are talking about a very limited relaxation of restrictions, to ensure that we do not in any way fuel the spread of the virus. Any amount of human interaction helps to spread the virus—that is the nature of the virus—but we will be trying to minimise that through the advice that we give out, based on the decisions that we take.

Rachael Hamilton: To ensure that as many people as possible can see their families, we need a four-nations approach. It is vital that there is a coherent set of rules across the United Kingdom so that people can have the confidence to celebrate Christmas safely. We must ensure that people understand the risks and the trade-offs. Will the Deputy First Minister indicate whether the forthcoming details will include information on any subsequent restrictions in January?

John Swinney: We are trying to operate on a four-nations basis in the Christmas period, as we recognise that families are spread right across the United Kingdom, and we have to have coherent arrangements in place to enable people to interact.

It is important to stress, however, that wherever individuals go during the Christmas period, they will have to follow the rules in that locality. That will certainly be the insistence of the Scottish Government: whatever rules pertain in the area to which people come must be followed. Any subsequent decisions in the aftermath of the Christmas period will be for each part of the United Kingdom to make, as we have done so far.

This Government has taken a set of steps that have resulted in a reduction in the prevalence of coronavirus over recent weeks. We took further significant decisions just last week, and we will continue to monitor the effect of those and to make subsequent judgments with regard to the prevalence of the virus.

The point on which I agree with Rachael Hamilton is that we must be very careful that, in whatever we do at Christmas, we do not fuel the virus.

Covid-19

The Presiding Officer (Ken Macintosh): The next item of business is a statement from the First Minister, Nicola Sturgeon, on Covid-19.

14:19

The First Minister (Nicola Sturgeon): I will start with a brief summary of the Covid statistics that were published just a short time ago. The total number of positive cases reported yesterday was 771, which is 8.6 per cent of the tests carried out yesterday. That takes the total number of cases to 90,081.

There are now 1,197 people in hospital, which is a decrease of 11 from yesterday, and 84 people are in intensive care, which is the same as yesterday. I regret to report that in the past 24 hours, a further 41 deaths have been registered of patients who first tested positive over the previous 28 days. The total number of deaths under that measure is now 3,544. Those figures remind us of the grief that the virus continues to cause. Once again, I offer my deepest condolences to all those who have lost a loved one.

I now turn to the allocation of levels. With the exception of East Lothian, which this morning moved from level 3 to level 2, I confirm that the Scottish Government is not proposing any changes today to the levels that currently apply to each local authority area. The latest data shows that the restrictions are having an impact across Scotland and within most local authority areas.

As I have reported over the past few weeks, the number of new cases across the country has stabilised in recent weeks. We now have grounds for cautious optimism that numbers may be declining. There is also evidence that admissions to hospital and intensive care units are now declining, too, although it is important to note that those figures fluctuate daily. Independent estimates place Scotland's R number between 0.8 and 1, which suggests that infections may now be declining.

However, as I set out to Parliament last week, the national picture, which is positive, masks some regional variations. That is why we took action last week to put 11 local authority areas into the toughest restrictions. That was to try to ensure that case numbers in those parts of central and western Scotland would fall more markedly. At the time, I indicated that those restrictions would remain in place for three weeks, until 11 December, and so there are no changes for those local authorities this week. That means that the City of Glasgow, Renfrewshire, East Renfrewshire, East Dunbartonshire, West Dunbartonshire, North Lanarkshire, South Lanarkshire, East Ayrshire, South Ayrshire, Stirling and West Lothian will all remain in level 4. People living in those areas should stay at home as much as possible until 11 December and should not travel outside their own local authority area unless that is for an essential purpose.

We have also adopted a cautious approach to the levels in the rest of Scotland this week. Orkney, Shetland, the Western Isles, Moray and the Highlands will remain in level 1. All those areas continue to have low levels of infection. Aberdeen City, Aberdeenshire, the Borders, Dumfries and Galloway, and Argyll and Bute will remain at level 2. In Dumfries and Galloway and Argyll and Bute, the prevalence of the virus continues to fall or to stabilise at low levels. If that progress is maintained, we will take a view in the coming weeks as to whether those areas should move to level 1.

There have been recent rises in case numbers in both Aberdeenshire and Aberdeen City. However, in large part, we have been able to attribute those cases to specific outbreaks, which are being managed by local public health teams, and so our judgment is that those areas do not require a change in level, although we continue to monitor them carefully. In addition, the City of Edinburgh, Clackmannanshire, Falkirk, Inverclyde, North Ayrshire, Dundee, Fife, Perth and Kinross and Angus will all remain at level 3 for now. I should advise Parliament that we are monitoring Clackmannanshire and Perth and Kinross particularly carefully, given recent increases in cases in those areas.

The two local authorities that I want to say a bit more about are Midlothian and East Lothian. I indicated last week that both those areas would move from level 3 to level 2 unless data suggested that the epidemic in those areas was becoming worse. I am pleased to say that case numbers have continued to decline in East Lothian and it therefore moved from level 3 to level 2 at 6 am today. However, in recent days we have seen an increase in case numbers in Midlothian—from 61 new cases per 100,000 to just over 97. It is important to say that that is still well below the national average. However, a 50 per cent increase in one week is clearly a source of concern. In addition, test positivity has increased to 5.7 per cent. As a precaution, therefore, we have taken the decision that Midlothian should not move down a level but should stay in level 3 for a further period.

I realise that that will be disappointing for individuals and also for businesses that have made preparations for reopening or for extending their hours. However, we believe that adopting a cautious approach is preferable to a situation where Midlothian moves to level 2 while cases are

rising, only to face a move back again almost immediately if they continue to rise. Discretionary funding was made available last week to local authorities and any business in Midlothian that needs to do so should approach the council to find out what support is available to it.

That concludes our assessment of the levels for each local authority for this week. However, our approach to managing the virus is not simply about applying different levels of restrictions; it also involves measures to improve compliance, expand testing and, as soon as possible, distribute and administer vaccines.

Last week, the Cabinet Secretary for Health and Sport updated Parliament on our plans for a population-wide vaccination programme and, yesterday, we heard more good news from the University of Oxford-AstraZeneca clinical trials. I take the opportunity to congratulate the team there on the exceptional progress that has been made.

There is no doubt that the light at the end of the tunnel that we have been talking about for the past couple of weeks is getting brighter. For now, though, we must continue to do all we can to keep the virus at bay as we navigate our way through what will be a tough winter. As part of that, the health secretary will set out to Parliament tomorrow our plans to extend asymptomatic testing. I confirm that we are now working with the 11 councils and five health boards that are in level 4 to develop and deliver targeted geographical testing in a number of communities. The health secretary will also give an update tomorrow on our plans to extend testing to designated visitors to care homes, care-at-home workers, and further groups of national health service staff. She will also give an update on the on-going preparations to start testing students through the use of lateral flow devices to support their return home for Christmas.

All students who wish to return home for Christmas will be offered two Covid tests a few days apart. I confirm that the student testing programme will get under way next week. I strongly recommend that any student who is due to return home over the holiday period gets tested first. In addition, students should take extra care in the two weeks before travel; for example, by reducing their social contact and going out only for essential reasons. By taking extra care and getting tested before travel, students can help to make the Christmas period as safe as possible for themselves and their families.

The issue of ensuring that Christmas is safe is the final point that I will touch on today. As the chamber just heard from the Deputy First Minister, the Christmas period is the subject of on-going discussions among the four United Kingdom nations. I will take part in a COBRA meeting later today at which it is hoped that we will agree a common framework, albeit that some details—for example, on the precise definition of "household"—might differ to reflect the circumstances in each nation.

I know that everyone has a desire to see loved ones over the festive period; however, there is also a very real and legitimate anxiety that doing so could put those we love at risk, set back our progress as a country and result in unnecessary deaths and suffering. That would always be a worry, but it is perhaps especially acute when we also know that we might be within weeks of being able to vaccinate a significant proportion of the population. The arrangements that we put in place for the festive period will seek to balance those concerns. Any easing of restrictions will be temporary, limited and accompanied by advice on the precautions that we should take to minimise risk. We will continue to ask people to err on the side of caution. Our overall advice will be for people to use any flexibility carefully and only if they believe it right and necessary for their personal circumstances.

That advice will recognise that all of us now have an even greater incentive and motivation to make the months ahead as safe as possible. As I indicated earlier, we have all been heartened in recent days by the increasingly positive news about vaccine development. There is now a very distinct possibility that the first vaccines could be administered before Christmas and that, by the spring of next year, we will have vaccinated our way back to something much closer to normal life.

However, although an end to the pandemic may now be in sight, we have not yet reached that end point, and the winter period ahead will be difficult. At the moment, Covid is still widespread, it is still highly infectious and it is still causing heartbreak to families each and every day. Although it is hard, we must therefore continue to do what is necessary to keep ourselves and our loved ones safe. Please, continue to stick to the rules. Do not meet in each other's homes. If you meet outdoors or in public indoor places, please stick to the limit of six people from two households. Abide by the travel restrictions that are now in law. If you live in a level 3 or 4 area, do not leave your local authority area unless for an essential purpose; if you live elsewhere, do not travel into a level 3 or level 4 area. Remember FACTS, the five rules that will help keep us all safe in our day-to-day lives: wear face coverings; avoid crowded places; clean hands and hard surfaces; keep 2m distance from anybody in other households; and self-isolate and book a test if you have symptoms.

By sticking to all those difficult rules now, we can protect ourselves, our loved ones, and our communities. We will also help to protect our NHS

over the winter and we will all be able to look forward to the better days that lie ahead. Please, stick with it.

The Presiding Officer: The First Minister will now take questions.

Ruth Davidson (Edinburgh Central) (Con): The First Minister talked about the vaccine programme starting this side of Christmas. In her statement last week, the Cabinet Secretary for Health and Sport outlined plans to vaccinate around a million people by the end of January, with that initial phase to begin as soon as supplies of the vaccine, purchased by the UK Government, become available and are distributed across the four home nations.

In that statement, the cabinet secretary also outlined the expected process for vaccine delivery in Scotland. Its elements include the setting up of vaccination centres and mobile delivery units and the use of some of the existing flu infrastructure and general practitioner surgeries.

Clearly, we all want every phase of vaccination to be delivered as quickly and smoothly as possible to the target groups who need it most, no matter where they live. However, it is also clear that it is an enormous logistical exercise that will depend in large part on the ability of central Government and health boards to equip, resource and staff facilities such as GP practices, which are already under huge strain as a result of normal winter pressures and the extra pressure of treating Covid patients.

Is the First Minister satisfied that every health board is in a suitably enhanced state of readiness? What contingency plans are being put in place for those parts of the health service that are most at risk from competing pressures?

The cabinet secretary also stated that

"we will need over 2,000 vaccinators and support staff by the end of January".—[*Official Report*, 19 November 2020; c 38.]

What was not made clear was how many of the 2,000 will be existing healthcare workers who have been removed from other duties, and how many need to be recruited from outwith the NHS. Will the First Minister give us clarity on that point and any further information about progress on recruitment?

The First Minister: It is right to say that this vaccination programme will be perhaps the biggest logistical exercise and challenge that has been undertaken. Although it is absolutely right and proper that the Parliament, now and as we go through the vaccination programme, scrutinises its delivery, progress and effectiveness, I want to give an assurance that neither I nor the health secretary needs to be reminded of how big a challenge and responsibility it is to get this right.

The health secretary set out a number of details last week. She also very candidly said that we will require to update Parliament further as those details develop. There are two significant unknowns that are less unknown than they were just a few weeks ago, but which still have a degree of uncertainty around them.

The first unknown is the final licensing and certification of the vaccines as safe; the quantities of supply; and the pace at which they will be delivered to us. The UK Government is procuring on behalf of all four nations, but, although we have indications about the supply of each vaccine, we do not yet have certainty.

The second unknown is, as I have said, less unknown than it was, because the Joint Committee on Vaccination and Immunisation, which advises on clinical prioritisation, has put forward some initial recommendations. Although those may change, they have given us an early sense of priorities. In the first phase of priority, of course, will be care home workers and residents, people over 80 and front-line health workers.

We want to get the programme up and running, and the first phase completed, as quickly as possible. However, let me be very clear that we want to vaccinate the entire adult population as quickly as is feasible. We will continue to make more details available as and when we can.

The other uncertainty—and one of the reasons why the news yesterday on the Oxford AstraZeneca vaccine was so good—is that each vaccine has its own requirements for storage, including temperature, and for transportation logistics. The AstraZeneca vaccine appears to be more straightforward than some of the others, which is why that was good news.

We will continue to update on the recruitment of the vaccinators. Obviously, right now, the on-going flu vaccination programme is well under way. Around half that programme is already done, and it will complete in the weeks to come. Those who are working on that programme will then shift over to the Covid vaccination programme. There will be a mixture of people who are taken and redeployed from other roles and those who are recruited in a new capacity.

We have the assistance of the military, should we need it, which will be very welcome. We also have an agreement with local authority leaders that local authorities will make their resources available, as required.

We will continue to update the Parliament regularly. I want to give an assurance on the direct question whether I am satisfied that every health

board is in the position in which it needs to be at this point. Yes, but that is not a judgment that is fixed in a moment of time; we will continue to monitor the situation and work with health boards to make sure that, as some of the uncertainties become clearer, all parts of the system are doing what they need to do to ensure the successful delivery of the vaccination programme.

Richard Leonard (Central Scotland) (Lab): Like too many businesses across the country, businesses in Midlothian are on their knees. We all accept that the situation can be fast moving and that the evidence can move in the wrong direction. However, decisions such as today's need to be genuinely co-produced between the local elected council, the local business community, workers and trade unions.

In Midlothian, people were told, over the past week and as recently as last Friday, that they would move to level 2. It was only at 10.45 yesterday morning that they were told that they might not move to level 2, and it was only at 16.29 that the Deputy First Minister told them that they definitely would not move to level 2.

As a result, stock that businesses ordered will go to waste, safety measures that have been invested in will lie idle and staff who have been rehired will be laid off again. For some business owners, enough is enough. They are throwing in the towel and closing down for good, making staff redundant. They simply wanted certainty, and they did not get it.

In the extraordinary circumstances that face the economy and people of Midlothian, will the First Minister provide additional funding, over and beyond the £30 million that was announced last week, which is to cover the whole of Scotland? Will the Government act to compensate and support the businesses and working people who have been caught out by its 11th hour decision?

The First Minister: I will go into funding, specifically, in a second.

I know how difficult the general situation is for individuals, for businesses and for everybody right now, and I will never seek to sugar coat that; this is a torrid period for all of us to be living through. I recognise that a big part of the difficulty is the uncertainty that is inherent in dealing with something of this nature—a virus that, unfortunately, does not, at all times, behave in the way in which we want it to behave. Therefore, to protect the population—to try to limit the health impact and limit the number of people who die—we have to be prepared to be flexible.

That is why, when I was standing here in the chamber this time last week, I made very clear that the decision to allow East Lothian and Midlothian to move from level 3 to level 2 was contingent on there not being a deterioration in the data. We have been monitoring the position over the course of the week; of course, figures are published daily by Public Health Scotland. The deterioration in the position in Midlothian was such that, as recently as yesterday morning, the national incident management team discussed the matter and came to the conclusion that it would not be sensible, given the rise in cases, to take Midlothian down a level.

There were discussions between the council and the Deputy First Minister. When we have such discussions, we invite councils to put a different point of view, because these decisions are always finely balanced. However, I think that the overall view was that, while cases were rising, it would not make sense to have Midlothian go down a level, only to go back up a level immediately in a week's time, if the situation continued. That is not ideal, but it perhaps offers greater stability than the alternative would have done.

I cannot stand here, any week, and guarantee that there will be no changes to our planning, because if we are not prepared to stay flexible, the virus will too quickly get the better of us.

The reason why we announced, last week, a £30 million discretionary fund for local authorities was to give local authorities more ability to act flexibly, in terms of not just the decisions that we took last week but unforeseen developments. Midlothian will have a share of that £30 million and will be able to consider whether any particular business that had planned to re-open today has had losses because of the situation. That is why, in my statement, I encouraged businesses in Midlothian to contact the council to explore what support is available to them.

This is a difficult, uncertain, unpredictable situation. I know that that makes it difficult for everybody, but we have to continue to take decisions based on what is best to protect the country if we are to get through these next few months—hopefully, these final few months—as safely as we can.

Alison Johnstone (Lothian) (Green): The First Minister confirmed in her statement that 8.6 per cent of recent tests have proved positive, which is above the World Health Organization threshold of 5 per cent, at which point the WHO states that the virus is out of control. We all very much understand that any loosening of restrictions over Christmas is a trade-off. Will the First Minister ensure that the Scottish Government publishes the evidence base behind the arrangements, and can she ensure that that includes modelling of the impact that the arrangements will have on the number of new infections over the Christmas period? For example, what level of increase in infection will be considered acceptable?

The First Minister: We will continue to publish evidence and modelling, as we think that that is helpful and appropriate.

There is an important point about being candid with people. I think that, across the UK, we all recognise that this will be difficult but important to communicate. We are seeking to give people the option, should their personal circumstances require it, of a bit of flexibility over Christmas, whether that is providing a window of time or some flexibility in the number of households that can come together. What we are absolutely not doing is encouraging everybody to go out and use that to the maximum. This is about people continuing to make judgments.

I would say to anybody who thinks that they can get through the Christmas period without mixing more than we are advising right now that they should do that. The intention is to acknowledge that, for some people, particularly at Christmas, social isolation and relatives being on their own and distant is much more difficult. However, saying that something might be permissible is not the same as an encouragement to use that flexibility to the maximum. That will be difficult to recognise, but if we are all very careful, we can minimise any impact.

As other Governments will be doing, the Scottish Government is, of course, considering the implications of that for the advice that we might give people who see other people—what they might do before, during and after that—and what advice and precautions we might recommend for the post-festive period. While we will hopefully come to an overall agreement with other UK nations today, we will continue to develop the guidance around the issue in the days to follow.

Alex Cole-Hamilton (Edinburgh Western) (LD): The balanced and proportionate enforcement of travel restrictions by Police Scotland is vital to ensuring compliance with the restrictions. That duty is Police Scotland's and only Police Scotland's. The First Minister will have seen the disgraceful tweet from Ian Blackford to his 100,000 followers last night, singling out and bullying a private citizen who had relocated here from England. Does she support such vigilante action from her MPs, and what steps is she taking to address Mr Blackford's behaviour?

Beyond that, what consideration has her Government given to mass testing of those living in level 4 so that travel restrictions might finally be relaxed?

The First Minister: On the first point, I suspect that people watching have myriad things that they want to hear addressed in the Parliament, and hopefully they will do so this afternoon. I am not sure that that would have been at the top of the list. I saw that Ian Blackford had apologised for doing something that he recognised he should not have done on Twitter. When people get something wrong, the right thing is to readily apologise for it. That is the grace and dignity that I associate with Ian Blackford every day of the week.

The travel restrictions are in law for a good reason right now. If we are to maintain a proportionate, targeted approach across the country, we must not take the virus from high to low-prevalence areas or have people from low-prevalence areas travelling to high-prevalence areas and taking the virus back with them. That necessitates travel restrictions.

The early indication that I have from the weekend is that, as I would have expected, people have responded magnificently. We have information that suggests that in level 4 areas, road traffic reduced by more than 30 per cent compared to the previous Sunday, and in level 3 areas, it was down by more than 10 per cent. That reduction is the case across different modes of transport and shows that people are doing the right thing for what they understand to be the right reasons.

We keep the regulatory basis of travel restrictions under review as we move parts of the country in and out of levels. We will not keep those restrictions in place for any longer than is absolutely necessary, but I will be very clear: we deem them to be absolutely necessary at this stage.

The Presiding Officer: I see that around 17 members wish to ask a question. This item of business will not run any later than 3.05 pm, so please keep your questions and answers concise.

Bruce Crawford (Stirling) (SNP): I am sure that the First Minister will understand that there was considerable disappointment that the Stirling area was placed in level 4 restrictions last week, but given that the seven-day positivity rate per 100,000 rose from 214 on the day of the decision to 224 on Sunday past, I believe that the decision was correct in order to save lives. Will the First Minister join me in sincerely thanking staff of NHS Forth Valley, Stirling Council and the Scottish Ambulance Service for carrying out mass community testing in areas such as Bannockburn, Fallin, Cowie and Plean in my Stirling constituency, in order to identify people in the community with the Covid-19 virus, including those who are asymptomatic, save as many lives as possible and protect the NHS?

The First Minister: I will readily join Bruce Crawford in thanking those working in the NHS, the Ambulance Service and in front-line roles more generally who do a number of things to keep the population safe. The decision to place any part of

the country into level 4 last week was not taken lightly, and Bruce Crawford has demonstrated, through the figures, why that was the right decision to take in relation to Stirling. We hope that the restrictions will, over the next couple of weeks, start to cause case numbers and test positivity to fall.

As I said earlier on—this is relevant to Bruce Crawford's question—the health secretary will set out tomorrow detail of the work that we have been undertaking with the 11 local authorities and five health boards across the level 4 areas about targeted geographic mass testing, which will be a mixture of polymerase chain reaction and lateral flow testing and which will, by definition, include people who are asymptomatic. That is a part of the overall approach that we need to take in addition to the restrictions that we are asking people to abide by to get the infection levels down, and I am sure that the chamber will be interested in the detail of that when the health secretary sets it out tomorrow.

Maurice Golden (West Scotland) (Con): Many hard-pressed businesses are still waiting to receive support a week after restrictions were announced, which is all the more frustrating given the 11-day wait the last time. Will the First Minister agree to publishing regular data on the grants that businesses have received?

The First Minister: Yes, I am sure that, as we did previously, we will make that information available. It is important that it is available.

The money is made available through and administered by local authorities, and those grants have been open for application since last week. Significant financial support is available for businesses, but I do not pretend that it will compensate every business for every loss that they are making. I know that this is a much more severe situation than would allow for that, which is why it is important to get levels of the virus down so that we can start allowing businesses to trade more normally again.

We have not only sought to match the business support that has been made available in the rest of the UK by the UK Government, but in a number of ways exceeded that. The discretionary funding that I set out last week exceeds the relevant and comparable schemes in England, as I understand it. I have seen some commentary that I think was from a select committee in the UK Parliament over the past few days about steps that we had taken in Scotland to make support available for newly self-employed people, which is not available in some other parts of the UK. We will continue to make sure that support is available to the maximum that we can provide it and that that support is accessible for businesses as quickly and effectively as possible.

George Adam (Paisley) (SNP): Tomorrow marks the annual international day for the elimination of violence against women. The Covid-19 pandemic has highlighted to us all the importance of protecting women and girls who find themselves isolated and vulnerable because of the actions of an abusive partner. In what ways will the Scottish Government continue to tackle domestic abuse?

The First Minister: A major concern for all of us during the pandemic has been that people might be subject to domestic abuse and that people who had been subject to domestic abuse would become more susceptible to it. We asked people to stay at home when, for some, home was not a place of safety.

During the crisis, we have seen it as a priority to highlight the front-line services that can help people. We allocated additional resourcing to some such services so that they could respond to an increase in demand from victims of abuse. It is important that anyone who experiences domestic abuse knows that help is available, that the services are there and that Police Scotland is there for them, too.

We have published today the final report on equally safe, which is our joint strategy with the Convention of Scottish Local Authorities to prevent and eradicate violence against women and girls. That report details the response to Covid and outlines key actions to date. It shows that we have continued to make progress to tackle domestic abuse and overcome the challenges of the past year, many of which have been heightened by the challenges of the pandemic.

Jackie Baillie (Dumbarton) (Lab): I welcome the extension of testing to care-at-home workers and to family care givers and the additional testing capacity to allow for 65,000 tests a day by the end of the year. I understand that 13,000 tests were carried out yesterday, which represents just over a third of the available capacity. Given that the announcement that testing would be extended to care-at-home workers and family care givers was made a month ago, on 23 October, why is such testing not yet happening in my area, which is in a level 4 lockdown because of the prevalence of Covid?

The First Minister: Jackie Baillie raised a few issues that it is important to disentangle. The 65,000 capacity, which we are on track to meet and—I hope—to exceed by the end of the year, is for PCR testing. The main PCR programme, on which we report testing numbers every day, is largely demand driven—although it has exceptions, such as care home weekly testing—so, when the prevalence of the virus reduces, demand for testing falls.

On the extension of testing, it sometimes frustrates me—as much as I know that it frustrates other people—that it takes time to put into practice substantial programmes of testing delivery. That is why the health secretary will give an update on that tomorrow. Care-at-home workers and designated care home visitors will soon be tested. However, the bit to disentangle is how we will increasingly use lateral flow testing, which is different and has a different processing requirement from PCR testing.

The availability of lateral flow testing will allow us to substantially extend the reach of mass testing, particularly to asymptomatic groups. A constraint on lateral flow testing, which we hope will change soon, is that it is not yet licensed for unsupervised use—we cannot yet give tests to groups of people and ask them to do the tests themselves, although that will become possible in time.

A number of interrelated and technological issues are at play in testing. However, as the health secretary will demonstrate tomorrow, we continue to make good progress in expanding the reach of testing and seeing testing as part of the variety of tools that we have to combat the virus until we can vaccinate against it.

Emma Harper (South Scotland) (SNP): The Deputy First Minister just responded to a topical question that my question is similar to. How will the Scottish Government continue to support people in rural communities, including those in Dumfries and Galloway, to ensure that they do not suffer from loneliness and social isolation over the Christmas season because of the restrictions to deal with Covid-19?

The First Minister: The Deputy First Minister just addressed that in response to a topical question. One reason for seeking agreement with the other UK nations on some flexibility over the Christmas period is to recognise that social isolation and loneliness can be exacerbated over Christmas, although it is important to recognise that that is an issue for people who are on their own not just at Christmas but all year round. That is a key thing that we are doing to deal with the situation in the coming period.

We support a number of initiatives, including mental health initiatives such as the Clear Your Head campaign. Our supporting communities fund has supported a range of national and local organisations to help people who are directly impacted by Covid, which includes people who are suffering from loneliness and social isolation.

Last week, I mentioned organisations that we have supported and which do very good work, including Generations Working Together, the Scottish Pensioners Forum, Outside the Box, Hourglass and Age Scotland. The additional funding that we have made available helps them to increase their work to provide support, advice and friendship to people. Initial figures for the first phase of our connecting Scotland digital programme, to get people online and connected, have shown that more than 40 per cent of people who have benefited from that are over 60 years old. We will continue to act in a range of ways to mitigate the impact of loneliness, not just at Christmas, but perhaps particularly over the next few weeks.

Donald Cameron (Highlands and Islands) (Con): The figures for suicides in Scotland in 2019 were released today. They show that the number of suicides has risen to its highest level for almost a decade. Given those deeply concerning statistics from last year, combined with the impact of Covid-19 on people's mental health this year, can the First Minister today commit to publishing more up-to-date figures on suicides? What specific action is her Government taking on suicide prevention during the pandemic?

The First Minister: The figures today are very distressing and give us cause for extreme concern, not least because they predate the pandemic and we know that there has been an additional impact on people's mental health over the course of the pandemic. Figures on suicides are published annually, but we will consider whether there is anything that we can do, consistent with the publication of robust and reliable statistics, to publish statistics, particularly for the pandemic period, more regularly or frequently. I cannot give a commitment to that today, but I am happy to ask for that to be considered.

The Minister for Mental Health has already set out detail of the work that we are doing through the mental health transition programme to recover mental health services and to look at the additional work that needs to be done to respond to the pandemic. That will include suicide prevention work, but I know that the minister will want to respond in full to today's statistics and to set out in more detail the work that we will be doing over the coming period, as we seek to recover in many ways from what Covid has thrown at us.

Annabelle Ewing (Cowdenbeath) (SNP): A while back, the First Minister referred to the excellent compliance that there has been with the level 3 and 4 travel restrictions thus far. However, with a view to ensuring that that remains the case, I ask the First Minister to underscore for my constituents in Cowdenbeath and people across Fife and Scotland the reason for such restrictions, what they are designed to do and the vital importance of folk adhering to them, particularly in the run-up to Christmas.

The First Minister: Given how restrictive those rules are on people's day-to-day lives, it is important to take every opportunity to explain and underline the reasons for them. As people know, we are seeking to avoid the whole country being in level 4 and having the same restrictions because, from a purely epidemiological public health perspective, the spread of the virus in each part of the country does not necessitate that. However, if we are to maintain a targeted approach, whereby we have higher levels of restriction in areas where the virus is at higher levels but lower levels of restriction in areas where prevalence is not as great, we must avoid the virus spreading from area to area.

Therefore, it is very important that people who live in level 3 or level 4 areas, where prevalence is higher, do not travel outside of those areas, because doing so risks taking the virus to other areas and makes it more likely that they will need tougher restrictions in the weeks to come. People who live in an area where the levels of the virus are lower should not go to higher-level areas, because they might get the virus there and take it back, and that same problem with spread will happen. Therefore, if we are to maintain a targeted approach, travel restrictions are essential. That is true internationally and domestically when we face an infectious virus.

As I indicated earlier, the figures that we have for travel across all modes of transport over the weekend show that people are complying with the restrictions; there was a significant reduction in the use of roads, buses and trains over the weekend, particularly in and out of level 3 and level 4 areas. We might not have looked at those figures quite as robustly as the way in which Transport Scotland monitors travel. However, we have also looked at, for example, figures for shopping centres in level 3 areas that are adjacent to those in level 4, to give assurance that there has not been a displacement effect. We found that, on the contrary, it looks as though footfall there was down, even in level 3 areas.

We continue to monitor all such matters carefully. However, let me be clear. If we are to maintain our targeted approach, it is essential that people abide by the travel restrictions.

Colin Smyth (South Scotland) (Lab): People who live in areas with restrictions at levels 1 and 2 are able to travel to other parts of Scotland that have similar levels of restriction—for example, to meet up with their loved ones. However, even when the lockdown south of the border is lifted in the next week, if those loved ones happen to live in England and in an area with a tier restriction that is equivalent to our level 1 or 2, travel from Scotland to meet them in England will still be against the law.

Will the First Minister set out the science that justifies why my constituents and other people in, for example, Dumfries and Galloway, the Scottish Borders and East Lothian can travel within the boundaries of those areas to meet their loved ones but, if their families happen to live south of the border, it would be a criminal offence for them to visit them in England, even in an area that is covered by a tier similar to a low Scottish level?

The First Minister: I will come on to the science in a second. I am not going to stand here and suggest that I am an expert on the detail of the regulations in England, but people have to be aware that there are restrictions on travel there as well. Aside from whether they would be breaching the law were they to travel from Scotland to England in such circumstances, they might be breaching the current law in England, which is, of course, that people should remain within their own homes unless there is an essential reason for them to travel. Various parts of the UK might have slightly different restrictions on travel in place, but such restrictions are in place in all such parts right now.

That brings me to the science. I understand people's constant demand for us to give them scientific proof. However, if they were to take a step back from the situation, they would see that we have here an infectious virus that spreads between people so, unfortunately, the way to stop it doing so is for people to stay apart from each other and to minimise their contact and travel. That is most important when we are dealing with high-prevalence areas, which is why we put some aspects of the restrictions into law.

Difficult though it is, my general advice to people is that, in the midst of a global pandemic, they should not travel right now unless they really need to. That is hard to say, and it is also hard for people to hear. However, let us just remind ourselves that we are in the midst of a global pandemic that involves an infectious virus. The general advice to people—wherever they intend to go—is that, if their trip is not necessary right now, they should think twice about taking it.

Stuart McMillan (Greenock and Inverclyde) (SNP): On a number of occasions, the First Minister has said that the virus will not stop just because it is Christmas. Further, as my constituent Mrs McShand said to me yesterday,

"You can't relax a virus."

To protect our NHS in January, what steps are being taken—and what steps could we all take—to mitigate any increase in case numbers as a consequence of more people meeting over the Christmas period?

The First Minister: First and foremost, people should think carefully about what they find it

necessary to do over Christmas. I hope that this afternoon we will agree some permissibility on gatherings, which is not there right now. However, that does not mean that everyone has to exercise such a freedom. It is there to recognise that there are some family situations in which people will want to come together—for example, where a loved one will be on their own, or where a family has a loved one who is nearing the end of their life and might not be with them next Christmas. It is important to do what we can to recognise such situations and to allow that. However, if others can get through this Christmas without coming together with other households, and they would rather wait until Easter, by which time it is to be hoped that lots of us will have been vaccinated, I encourage them to do so.

This is a situation in which it is difficult for anyone in my position to legislate—I use that word colloquially as well as literally—for every eventuality. We are trying to strike a balance that recognises the particular circumstances of family interaction over the Christmas period while still asking people to be sensible and not to do things that they do not really have to, because a risk is attached to everything that we do.

We will also be very clear with people about the precautions that they should take in the run-up to any interaction and when they come together. I am not standing here suggesting that it will be easy for anybody, if they are with family members on Christmas day, to remember about hand hygiene and cleaning hard surfaces and to perhaps open a window in the depths of December to allow for some ventilation, but those things will all be important.

We all have to remember our individual responsibilities in the midst of this to minimise risk as much as possible. I will do what I can from now until Christmas to get the advice, messages and understanding across to people.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): In answer to a question that I asked a few weeks ago, the First Minister confirmed, on behalf of her Government, that vitamin D would be available to anyone in the shielding category and that the situation for supply in care homes was being considered. Can the First Minister confirm that a four-month supply of vitamin D has now been deployed to people in the shielding category? Will she also confirm her Government's position on the supply to care home residents?

The First Minister: If I get any of this wrong in any way, I will clarify the position with Rachael Hamilton after the session, but I do not believe that the situation has changed since I answered her previously. When she asked me the question previously, I believe, from memory, that we had just sent the text to people in the shielding category to make them aware that they could request a four-month supply of vitamin D. That is the case. People in the shielding category should have had that text, and they can get that supply. There is also advice that people should be wary about any interaction with other medication.

When it is judged that there is a clinical need for someone in a care home to have vitamin D, they will get that supply. Of course, individual advice will be given, because many people in care homes will be on other medication and any interactions have to be taken account of.

I think that I narrated that position the previous time the question was asked. I do not think that the position has changed but, if there has been any change that I am not remembering right now, I will advise Rachael Hamilton of it as soon as possible.

The Presiding Officer: I am afraid that we have to conclude the questions on the statement. I apologise to the members whom we were not able to reach.

Supply and Demand for Medicines

The Deputy Presiding Officer (Christine Grahame): The next item of business is a debate on motion S5M-23342, in the name of Lewis Macdonald, on the Health and Sport Committee's report "Supply and Demand for Medicines". I call Lewis Macdonald to speak, on behalf of the Health and Sport Committee.

15:08

Lewis Macdonald (North East Scotland) (Lab): I am delighted to open, on behalf of the Health and Sport Committee, the debate on the report of our inquiry into the supply and demand for medicines.

I start by thanking all those who gave evidence to our committee in person or in writing, the committee's clerks, the Scottish Parliament information centre researchers and other parliamentary staff who assisted. We could not have made the report without all those people. All our recommendations were agreed unanimously by all members from all parties.

I am sure that members will all agree that I should extend our thanks to all the people who work in health and care, who have done so much to keep so many people from harm in recent months. The report is focused on what needs to change to give those dedicated staff the best chance of success in the future, although the Health and Sport Committee has never lost sight of the vital work that is done every day in the care sector and in the national health service.

Our core job as a parliamentary committee is to support those who work in our public services and those who use them by seeking ways to strengthen services, both by improving services to the public and by delivering them more effectively and efficiently. That scrutiny is right at the heart of our parliamentary democracy.

The well-earned respect for our health and care workers must not be used as a barrier to scrutiny and constructive criticism of health and care systems as a whole. Our job is to ask difficult and searching questions, and to draw conclusions from the answers, which will help to make a difference.

The Government's job is to respond to those conclusions; in this case, extracting a full response from ministers to this substantial report has proved to be a challenge in itself. It is important to put on the record that the Government's full response to the recommendations of our report—which was published in June—was received by committee clerks and members only yesterday afternoon. The proper working of Parliament's committee system requires the full engagement of Government ministers with the work that we do, and it is a fundamental requirement of a democratic Government that it be fully accountable to Parliament at all times. Ministers did reply to our recommendations before our debate today, but it is disappointing that it took them until the last possible day to do so.

This is a large and substantial report that covers a range of complex topics—drugs budgets, prescribing practice and dispensing and consumption of medicines. Each of those four areas could easily have justified a major report in its own right. However, we took the view that they are so interrelated that change in one area would inevitably lead to change in the others.

We wanted to shine a light on the reasons for the continuing rise in the cost of medicines to the national health service, which now stands at more than £1.8 billion per year. Our attention was soon drawn to a report by KPMG, which showed that up to half of all medicines that are prescribed and dispensed were not actually consumed as directed. That is clearly an enormous and annually recurring issue, yet we could find little evidence of anyone taking any concerted action to address it.

Altogether, we made 129 recommendations on how medicines management in Scotland can be improved—from straightforward adjustments to more fundamental changes in how the system performs.

Much of the process of approving new medicines is done at United Kingdom level. Therefore, we also looked at reserved areas. Scottish ministers, or their representatives, had a seat at the table in every area that we examined. The decisions that they take, the input that they make and the influence that they wield make a difference and have real-life consequences here in Scotland. They are therefore accountable for those actions to this Parliament. It is one of the great strengths of parliamentary committees that we are free to follow the evidence wherever it takes us, so I encourage ministers to welcome our scrutiny on that basis.

The most important conclusion of our report is that the system of supply and demand for medicines in Scotland does not focus on patients. It is therefore disappointing that at no point in the very substantial response from the Scottish Government is that conclusion addressed. Perhaps the minister will indicate in his speech whether he agrees with the committee on that central point.

Throughout our inquiry we were presented with issues that pointed to that conclusion, and many of the issues appeared to go beyond medicines to point to wider-ranging problems in the NHS. The

most prominent of those are the way that information about the patient experience is collected and the infrastructure that is used to store, share and analyse the information.

Lack of information on the outcomes of prescribed medicines is of huge concern. The impact on individual patients of taking medicines is not examined and—even worse—is not routinely sought. Patients in primary care are not receiving follow-up care to ensure that the medicines that they have been prescribed are effective, or even to find out whether they are taken at all.

We found that the lack of effort to understand people's experiences of taking medicines impacts on the system at every stage. Evidence described the improvements that could be gained from collection of outcomes data during research and development, through to consumption by the patient. As we stated at the beginning of our report, we are clear that gathering, analysing and sharing that information in a comprehensive and systematic way across Scotland would be the single most beneficial action to result from the inquiry, so we urge the Scottish Government to highlight how it will do that.

A lack of suitable data and information technology has the potential to cause harm to patients. Systems that are designed to transition people between primary and secondary care are not sophisticated enough: the then chief pharmaceutical officer told us that most harm happens on the crossing of boundaries between care settings. We welcome the work that is being done on that, but we are concerned about what is happening for patients in the meantime.

We found that patients who were ready for discharge from hospital could face hours of delay—sometimes resulting in an additional night spent in hospital—because of delays in preparing their medicines. When we challenged the lack of action on that, we were given a list of reasons to explain why a doctor's prescription in hospital takes so many hours to fulfil. That glaring example of lack of patient focus seems currently to be beyond the ability of NHS leaders to resolve.

We have recommended that relevant medical records be made available to all health professionals who need them, and we have again emphasised that it should be patients who own that data. We note the speed with which record sharing has rightly been put in place to meet the challenges of the Covid-19 pandemic; we want to see equally swift and decisive action to make records fully available to all professionals at all times.

Our report considered the implementation of the hospital electronic prescribing and medicines administration, or HEPMA, system. Its commendable core purpose is to generate data and outcomes. The business case was agreed in 2016, but not a single health board is yet in a position to gather that data. Many boards are still in procurement and many are using different software. The few systems that are in use are not being fully utilised to analyse information on outcomes.

The cabinet secretary wrote to us earlier this month and said that

"good progress is being made in implementing HEPMA,"

and that the implementation date across the country is not, in fact, March of next year. Perhaps the minister could clarify when he expects all boards to have functioning systems delivering information and when they will all be using that tool to its full effect.

HEPMA is a perfect example of one of the other key concerns that arose throughout the inquiry: a lack of effective leadership in the NHS. Evidence that was presented to us by senior health leaders detailed issues and problems throughout the system, but rarely explained how those problems would be addressed. We heard repeated acknowledgements that systems and governance were not in place to cover the various aspects of a medicine's journey from research to patient. We also observed a lack of willingness to take responsibility to deliver change.

We heard that reviews of prescriptions are not taking place as a matter of course, which contributes to potential harm to patients, as well as to waste. One director of pharmacy told us:

"A medicine that is prescribed but which goes to waste is, in effect, the most expensive medicine we could buy."—[*Official Report, Health and Sport Committee,* 4 February 2020; c 2.]

We also heard evidence that a lack of knowledge about non-medicine options leads to a continuing failure to maximise the potential of social prescribing.

In this year's budget inquiry, we found that just over £19.5 million out of £8.5 billion that was allocated to integration joint boards will be spent on social prescribing. That is less than 1 per cent. Our report in February recommended that that figure should be at least 5 per cent, and the Government accepted that recommendation.

We found in a number of areas gaps between Scottish Government expectations and what happens in reality in general practitioners' surgeries. Those areas include prescription reviews, social prescribing and realistic medicine. That caused us to wonder how the policy objectives that are set by the Government are communicated, measured and evaluated.

The obvious vehicle for requiring behaviour change is, in the view of the committee, the general medical services contract. The contract does not, however, appear to require adherence to those policies. Evaluation of the contract seems to be a long-term project; it will be three years before monitoring and evaluation priorities are even determined, and not all the changes that were made to the contract in 2018 will be subjects of monitoring and evaluation.

We are concerned by the lack of evaluation of both the role that GPs play in our primary care system and of the freedom that they have to decide whether to adhere to national policy. They are the recipients of almost a billion pounds of public funding, but the levels of accountability for GPs are surprisingly low.

The report recommends consideration of how the contract can be amended to require better systems—for example, for prescription reviews. Similarly, the committee believes that the community pharmacy contract could do more to require pharmacists to undertake monitoring and evaluation to maximise the work that they do in communicating with patients on their medicines. Many excellent opportunities for data to be collected on the patient experience are not being taken, simply because that is not mandated by the contract.

I will not speak for the minister—he will speak for himself—but the Government's response to many of our challenges appears to be defensive. However, I hope that, on reflection, ministers will agree with our central proposition, which is that if patients are truly put at the heart of the system for supply and consumption of medicine, we will get a more efficient system and deliver a better service to patients.

On that basis, I will move the motion in my name on behalf of the Health and Sport Committee.

I move,

That the Parliament notes the conclusions and recommendations contained in the Health and Sport Committee's 6th Report 2019 (Session 5), Supply and demand for medicines (SP Paper 774).

15:20

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): I start by agreeing with the convener of the Health and Sport Committee on that central and important premise of patient-centredness.

I want to put the report that we are discussing into context. With regards to timing, it is important to note that the evidence sessions on which the report is based concluded at the start of the Covid-19 pandemic. I take this opportunity to acknowledge the remarkable job that the health and social care system has done, and continues to do, in moving quickly and effectively to manage the threat that is posed by the Covid-19 pandemic. I think that the convener agrees with that point.

Since the evidence sessions closed, working practices across our health and social care system have adapted rapidly to minimise the threat to life. It is those very systems, under the same leadership that the committee's report criticises, that have ensured that medicines have continued to be provided to patients safely and effectively in unprecedented times. In the face of heightened global demand for medicines as a consequence of the Covid-19 pandemic, Scotland's NHS managed the tremendously difficult job of balancing supply and demand to ensure that it did not run out of medicines.

I echo the disappointment that the Cabinet Secretary for Health and Sport expressed in her response to the report when she said that it

"risks damaging the people of Scotland's trust in the NHS and the care that it provides."

I know that that was not the committee's intention, as I think the convener made clear in his opening remarks. However, the Government's view is that the report goes far beyond the published remit. Some of the evidence that was presented at the hearings has been misunderstood or presented inaccurately. Some of the highlighted areas are reserved to the UK Government and, much as we would like to act on them, we simply do not have the powers to do so at this time.

Lewis Macdonald: I acknowledge the points that the minister makes, but does he accept that it is for a parliamentary committee to determine how to interpret its remit, rather than for the Government? Does he accept that, where the Scottish Government has an input to UK-wide discussions, it is entirely legitimate for a committee to hold the Government to account for that?

Joe FitzPatrick: Indeed—I was just about to make a point about the discussions that we have with the UK Government.

It is absolutely for the committee to set out its remit. My point was that perhaps the report goes beyond the remit as stated. The Government and others engaged with the committee on the basis of the remit as published and advertised, but the report perhaps goes to other places. However, Lewis Macdonald is absolutely right that it is for the committee to decide on that. That is why I was very clear in saying that that is our view. I hope that that is clear.

On discussions with the UK Government, we will of course continue to speak up for and protect the

people of Scotland in discussions with our UK counterparts. However, it is our view that the report represents such issues unfairly and does not fully capture the nuances of reserved and devolved responsibilities.

I will move on to some of the key themes that are identified in the report. On the topic of research and development, we welcome the therapeutic advancements in these areas and, in particular, the opportunities that they offer to personalise medicines for individual patients and their transformative potential, as they offer the possibility of long-term remission.

We are working to ensure that an overarching approach to considering advanced medical therapies is in place to facilitate a once-for-Scotland approach wherever possible. That includes horizon scanning, payment models and budgetary planning considerations.

On licensing and the acceptance of new medicines, as the committee will know, the regulation of the licensing of medicines is currently reserved to the UK Government and is the responsibility of the Medicines and Healthcare products Regulatory Agency. Because of the reserved nature of licensing of medicines, the Scottish Government will seek to collaborate with the UK Government and other stakeholders to encourage and incentivise companies in relation to licensing.

In addition to incentivising companies to submit applications for licensing, there are other opportunities to use licensed medicines outwith their original indication when there is a clinical need, such as off-label use. The report notes that an off-label cancer medicines programme, supported by Healthcare Improvement Scotland, published advice for NHS board area drug and therapeutics committees on the managed entry of off-label uses of cancer medicines. The learning from cancer medicines will, of course, be used to inform awareness and improve the quality of governance of off-label use in relation to other medicines.

The Scottish Government will initiate discussions with the UK Government and MHRA on streamlining and shortening the process for additional licences and healthcare technology assessments for new indications for existing drugs.

The report raises issues around purchasing and procurement, and again, the regulation of that activity is reserved to the UK Government. However, again, it is a Scottish Government policy objective to achieve, within our devolved competencies, the best possible prices for medicines. Medicine pricing is reserved and is regulated through the UK voluntary pricing and access scheme. However, a key objective that was achieved during the negotiations on the scheme was the establishment of binding commitments on Governments across the UK and the pharmaceutical industry to greater transparency and parity in medicine pricing.

The Scottish Government is pleased to see an explicit undertaking in the new agreement that the detail of national commercial arrangements agreed in one country will be made available on a confidential basis to the other purchasing authorities in the UK.

Through better practices in prescribing. dispensing and consumption, significant reductions in waste and costs can be generated by the better use of medicines.

At the patient level, caring for patients with multiple morbidities is an increasing global challenge, and a number of prescribing strategies have been published that lead to structured reviews of appropriateness, efficacy, tolerability and treatment.

The inquiry references many of the findings of the independent 2016 Montgomery review of access to new medicines. We should note that many of the review's recommendations have already been implemented, and steady progress is being made on the remaining recommendations.

The convener took some time to talk specifically about data. We are evolving our approach to medicines data with a view to enhancing Scotland's international reputation in health data research. Dr Montgomery's review recommends the development, agreement and implementation of a national cancer dataset, and the cancer medicines outcomes programme is a vital first step towards achieving that.

Good progress is being made across Scotland to improve the management of the supply of and demand for medicines, which was the intended focus of the inquiry. We have already significantly increased access to new medicines because of our recent reforms, and I look forward to continuing to work with the committee constructively to continue to make progress.

The Deputy Presiding Officer: I should say that there is a little time for interventions.

15:29

Donald Cameron (Highlands and Islands) (Con): I begin by referring to my entry in the register of members' interests, specifically those that relate to health technologies and pharmaceuticals.

I thank the members of and clerks to the Health and Sport Committee for a very thorough and

detailed report. Having joined the committee only in September, I did not participate in the evidence sessions or in writing the report itself, but I subscribe to its findings, along with my colleagues.

It is a particularly robust report and although the Scottish Conservatives broadly welcome its findings we acknowledge that a wider debate needs to occur in relation to its recommendations. I have looked, briefly, at the Scottish Government's response to the report, which was received yesterday. I find it disappointing that the Government did not respond more positively and I also have to say that it is inexcusable that its full response emerged only the day before the debate, leaving precious little time for it to be digested and properly considered before we debated it today.

As the convener alluded to in his opening remarks, the inquiry focused on the management of the medicines budget, including the clinical effectiveness and cost-effectiveness of prescribing. It honed in on the four key areas of purchasing and procurement, prescribing, dispensing and consumption. I will try to cover parts of those areas in my speech.

The report was scathing about what it described as

"the dismal failure of the NHS in Scotland to implement comprehensive IT systems which maximise the use of patient data to provide a better service".

It went on to state that

"where a lack of patient focus was acknowledged this was not followed by a solution or plan to take action, but simply left hanging for us to add to the list of issues with medicine management."

In my view, the report rightly called for the need to have

"consistent and uniform IT systems in operation".

The Royal College of General Practitioners Scotland argued that IT systems need to be

"improved in terms of reliability, speed, and interoperability to allow health care professionals working in different parts of the system to share data quickly and safely."

We agree with those findings. It is clear that there is an urgent need to drastically improve our IT systems in the NHS. They appear to be well behind systems used elsewhere in the UK.

The report also noted that significant action is required on reducing waste associated with the consumption of medicines. It noted several concerns in that area including overordering by patients, prescription of drugs that are ultimately ineffective, patients failing to adhere to prescriptions, and medicines that have been prescribed and dispensed but are then not taken and cannot be brought back into stock.

It stated that a PricewaterhouseCoopers report commissioned in 2016 noted that an

"estimated 50% of patients do not take medicines as directed".

That is half of patients and is a worrying figure. Aside from the obvious concern that patients in that position are not fully benefiting from treatment, it is also a colossal waste of resources and is something that the NHS in Scotland must tackle. That has been identified as a long-standing problem.

The committee urged the Scottish Government to work more closely with pharmacists to help improve adherence and the British Medical Association argued that health technologies could be better utilised, including the use of dosette boxes, apps and text messages as a means of reminding people to take their prescribed medication.

Other interesting suggestions that came up in the report and should be considered include that of AstraZeneca, which noted its work with NHS Greater Glasgow and Clyde to introduce a "smart inhaler" linked to an app that would help patients to keep to their prescribed regimen, and the University of Strathclyde said that

"new sensor and monitoring technologies will enable key stakeholders from health care professionals through to the pharma producers to engage more effectively with patients".

The report also raises issues around prescribing, arguing that the prescriber in Scotland wields "immense power" when it comes to making clinically effective and cost-effective decisions as to which medicines to prescribe. The committee took evidence that suggested that because

"prescribers have a significant degree of clinical independence to respond to patients' needs the 'system' cannot 'ensure' patients receive the most clinically and cost-effective treatments".

Perhaps most controversially, the committee said that prescribers are

"instinctively reaching for the prescription pad",

and not taking the time to discuss medicines with patients. That has turned out to be a particularly controversial statement. I note the comments from the BMA, which argued that it is an unfair characterisation, and that any return

"to a system of incentivising particular actions, accompanied with a high degree of scrutiny… would be a substantial backward step".

It is clearly a difficult area, requiring further discussion between the Scottish Government, the NHS and prescribers.

Emma Harper (South Scotland) (SNP): Would Donald Cameron agree that, while the BMA was very sensitive about comments such as

"reaching for the prescription pad",

work has already been undertaken to look at improving certain aspects? For example, where pharmacists are now embedded in general practitioner practices, GPs can look at polypharmacy as a way forward.

Donald Cameron: I certainly acknowledge Emma Harper's point about the BMA's sensitivity. We must all acknowledge and accept that, because prescribing is a difficult issue and there is a tension there.

I accept that work is being done, as Emma Harper said, but the committee's broad view was that more needs to be done. It argued, for instance, that—as Lewis Macdonald highlighted—the Scottish Government should examine the lack of leadership in

"proposing innovative, coherent and comprehensive solutions which ... would deliver efficiencies and savings"

in the system. In addition, it suggested that

"Little detail was offered as to how change might actually be brought about".

Although much of the report is understandably critical of many of the systems that are currently in place, it also suggests several solutions and makes recommendations. In my view, it marks an important milestone in the debate and signals a starting point for further dialogue with those in NHS Scotland and in Government, and those in the various representative organisations, about the way forward.

Let us hope that the report does not gather dust but acts as a spur to action. I reiterate my thanks to colleagues on the committee and to the clerks for their work. Although none of the recommendations is set in stone, I urge the Government and the minister to take the report seriously and work proactively to ensure that policy around medicine works, first and foremost for patients.

15:36

David Stewart (Highlands and Islands) (Lab): I am pleased to open for Labour on this important committee debate on the supply of and demand for medicines. As a member of the Health and Sport Committee, I read all the evidence and was present for all the witness sessions that formed the basis for our report.

As we have heard, the report is comprehensive and hard-hitting, and it does not pull its punches in respect of the Scottish Government. I would have hoped that we would have received a full response from the Government in ample time for the debate, rather than at the 11th hour. Perhaps ministers can explain and apologise for the delay and clarify why the Scottish Government felt that the committee had gone beyond the remit of its inquiry. That is not the Government's role, and it crosses the line with regard to the independence that Parliament rightly provides to committees.

As the convener and Donald Cameron pointed out, the key point in the report is that

"the system of supply and demand for medicines in Scotland does not have a focus on patients."

The report provides a damning analysis to support that assertion: It notes that the service

"is burdened by market forces"

and

"administrative bureaucracy",

and by

"reported under resourcing, inconsistent leadership and .... an almost complete absence of useable data."

Furthermore, the report states:

"The impact on individual patients of taking medicines is not being examined and worse, it is not routinely sought."

The committee found few, if any, details of any practical steps that were being taken to achieve change. Gaps were identified—for example, why was there little mention of integration joint boards as part of the solution? A common and recurring theme was the almost complete failure of the NHS to implement and manage comprehensive IT systems.

As the convener said, the committee took a keen interest in, and saw the potential of, HEPMA—the hospital electronic prescribing and medicines administration system. There are obvious and clear benefits of the system, which collects and shares data on prescribing. Those include:

"Improving the quality of prescribing";

a reduction in

"errors between primary and secondary care";

and

"Removing the ... manual audits of prescriptions ... which are resource intensive for staff."

The wider benefit is that HEPMA allows data to be compared across all hospitals in Scotland, which allows for improved management intelligence so that outliers can be identified and performance improved. That means better services for patients and more efficient use of resources, and it might also fight geographic inequalities.

The Scottish Government has made it clear, since the publication of its 2017 document "Achieving excellence in pharmaceutical care: a strategy for Scotland", that it is committed to

implementing HEPMA in every NHS board. However, as the committee report noted, progress has been "disappointing". Some boards have not yet started, and their five-year timescale to implement a system that has already been developed in other areas seems to be "excessive".

It is of course for each individual health board to procure and implement its own version of HEPMA. That appears to me to be inefficient; it does not allow for the economies of scale that would be part of a national procurement exercise.

The committee report said:

"In light of the benefits, it is disappointing to learn roll out of this system across Scotland is patchy, slow and proceeding at a snail's pace with a variety of systems being considered and individually designed and procured."

I will move on to social prescribing, which is a key area and was the subject of a separate inquiry by the committee. A number of submissions suggested that there was a culture of

"reaching for a prescription pad while failing to explore alternative options, which could be safer"

and that could bring more long-term gains for patients.

Argyll and Bute health and social care partnership suggested:

"Not all GPs support the concept of social prescribing".

Some GPs argued that there was a "lack of strong evidence" making a clear link to long-term gains from social prescribing.

We have to be realistic about the current landscape. Both the BMA and individual GPs—certainly those who I have met—would argue that they are under tremendous time pressures, stresses and demands, which have been placed on our practices during the Covid-19 pandemic.

The evidence suggests that a cultural change was needed to achieve higher levels of social prescribing. As Rose Marie Parr, the Scottish Government's chief pharmaceutical officer, said:

"We can educate people to not think that a prescription is the first thing. We have to look at not just self-care but aspects of talking therapies and social prescribing. That involves a mindset change for patients and the public".—[*Official Report, Health and Sport Committee*, 21 January 2020; c 7.]

I would welcome the minister's view and the Scottish Government's view on how they propose to manage the change so that social prescribing is perceived as an equal partner to the prescription pad.

The report is a vital contribution to the medicines debate. The committee is providing a valuable service to the Scottish Government in a number of areas, not least social prescribing, HEPMA and the comprehensive review of IT systems. That, after all, is the role of committees and Parliament: to keep the Executive in check and to provide advice, guidance and assistance. As Benjamin Franklin famously said,

"The best doctor gives the least medicines."

15:42

Alex Cole-Hamilton (Edinburgh Western) (LD): I start by sharing the concern that has been expressed by other committee members at the very late hour and the contemptuous nature of the Government's response to our inquiry, and particularly the suggestion that we have indulged in mission creep. I do not think that it is for the Government to tell committees of the Parliament how to conduct their business.

It is easy to take for granted the health advantages that we now enjoy, such as the eradication of smallpox and the development of the whooping cough vaccine that is given to pregnant mothers, protecting babies before they are even born. Modern medicine does not just save people's lives; it can also totally transform them.

Members may remember a constituent of mine, Murray Gray, who turned eight in August. Murray suffered many violent epileptic seizures every single day, due to a rare form of epilepsy. At first, clinicians tried several existing medicines in an effort to treat him. Sadly, Murray suffered even more with the horrible side effects. Sodium valproate caused a blood disorder when Murray was not producing enough red blood cells. Steroids caused him to gain 2 stone in weight in just three months. Then, Epidiolex, a cannabis derivative, caused serious diarrhoea all day and did not even stop the seizures. Murray missed school and the fun of childhood that he should have been enjoying.

Murray's mother, Karen, dedicated herself to researching a better way. She found that another cannabis derivative, Bedrocan, was a game changer. Murray has now not had a seizure for more than a year and a half. He is a happy boy, who has returned to a healthy weight and is enjoying school. That is entirely bankrolled by his parents, however, as the product is not legally prescribable at the moment. Legislation on medical cannabis is a debate that I would hope to have soon, but that is for another day.

My point is to illustrate the difficulties when our medicines supply system is not patient focused, when it gets entangled in wider criminal justice issues, or when it is market driven. Although we have come a long way, we can certainly do a lot better. As science better understands how we can treat illnesses and disease, we need to be fleet of foot in the supply of better drugs, while ensuring

that we get good value for the taxpayer and good treatment for the patient.

I would like to thank all those, including health board staff and medical industry workers, who came to present evidence to the committee, which ultimately led to the publication of the report in June.

The Government responded to our report but not to all the findings in the depth that we had wanted or hoped for. When we finally got a more detailed reply to our recommendations yesterday afternoon, I was disappointed, as I said at the start of my remarks, by the tone of the response and the rejection of our recommendations. I do not agree that the committee went beyond its remit, and I am surprised that the Government felt that it had to suggest that we did.

The fact that the committee made 129 recommendations in and of itself shows the scale of change that is required. That is not tinkering at the edges. We need creative and bold long-term strategic thinking if we are to update how we supply our medicines and improve the patient experience and the working practices for staff.

I do not have time to cover all the ground, or all the recommendations, so I will focus my remarks on a few areas of concern to me.

It is incumbent on politicians of all stripes to grow policy from an evidence base. Without good data, we will not get good practice. Unfortunately, that is the diagnosis for one of the main problems that we face.

If there is one thing that the Government should choose above all else to do with the report, that would be to start gathering information about people's experience of taking medicines and to analyse and share the information comprehensively across our territorial health boards.

We have 14 health boards. Managing them is hugely complex, but there is no need to operate in silos when it comes to good practice on medicines. We need to take a whole-systems approach. It benefits primary care to share pilot schemes and the data gathered. We can share the workload, ensure that there is not a patchy patient experience across the country and ensure that more up-to-date care is rolled out wherever possible.

I will give an example. When asked how often repeat prescriptions are reviewed, Dr Scott Jamieson from the Royal College of General Practitioners said in his evidence to committee:

"I do not know whether we have data on that at a national level. In primary care, it is an expectation of long-term condition care that medicines are regularly reviewed. I can say with confidence that that happens. Is there always the time to have the conversations that we would value? I cannot speak for every colleague in Scotland, so I cannot say whether that is the case."—[*Official Report*, *Health and Sport Committee*, 28 January 2020; c 22.]

That shows the downside of squeezing 10-minute appointments into the working days of GPs. Our average appointment lasts 9.2 minutes, which is one of the lowest average appointments for economically advanced countries in the world. Sweden averages 22 minutes for a consultation.

If we can alter the system so that GPs can routinely offer 15-minute appointments, they might be afforded more time to discuss important matters, such as reviewing long-term prescriptions. I think that some of the IT developments that have been brought by necessity as a result of the pandemic, such as NHS Near Me and online appointments, could go some way towards meeting that objective.

Speaking of GPs, we know from our casework at constituency level that many parts of the country need more of them. Even with the Government's commitment to deliver 800 additional GPs by 2027, there will still be a shortfall of more than 600.

Investing in workforce planning, looking to upgrade how much data we gather about the patient experience and making a real investment in better IT systems will help our beloved NHS handle the challenges of the demand and supply of medicines.

15:48

George Adam (Paisley) (SNP): The inquiry was of particular interest to me for a number of reasons. I will begin by going over some of the things that my committee colleagues have mentioned. David Stewart spoke about our work on social prescribing in tandem with our inquiry on supply and demand for medicines. The BMA might not like this, but one of the concerning things was that GPs were reaching for the prescription pad, rather than trying to deal with the person and their issue. That is one of the criticisms that is put to the BMA and to GPs. I say with great love and affection that there are other ways to deal with people's situations.

In considering the report, we must look at the timeline of what has happened. None of our evidence was taken after the Covid-19 pandemic started. We in the committee know that many of the barriers that were in the way have come down and that it has been a lot easier for people to work across the health service. If we held the same inquiry now, we might see that some of the issues that were so obvious then are not so obvious now. The issue now is to ensure that, post-Covid, we

are in a position to be able to deal with those matters.

Many of you will know that one of the other reasons for my interest in access to medicines is my wife, Stacey, who has multiple sclerosis. I do some work with the cross-party group on MS and I am quite sure that colleagues on the committee are sick of hearing various stories of Stacey's adventures in navigating the national health service, but I now and again manage to get a few of them in. The problem for conditions such as multiple sclerosis, and probably other complex conditions, is their very complexity. Large pharmaceutical companies say that it takes years to do research and that it costs them an almighty shedload of money. However, they more than make up for their costs when they license the products and they go to market. We then have the decision as to whether the medicines do what the big pharma companies say they can. There is also the cost, which can be astronomical, and the Scottish Medicines Consortium needs to make the very difficult decision as to whether the results are worth the cost. That is not helped by the fact that big pharmaceutical firms have by that stage gone into full sales mode and promised the earth to those living with long-term conditions.

During our inquiry, I also kept asking about branded and unbranded products. The branded products are the new, shiny, generic, state-of-the-art, expensive products, and the unbranded products are those that the companies are no longer making a massive amount of money on and are no longer licensing. Many consultants in the world of MS are looking at those unbranded products as a way of managing the condition, and they are looking at them for other conditions as well. Obviously, there is the advantage that they are cheaper than the branded products. There is also the fact that some products that have been used for one condition can now be used for something else, which is what the consultants are looking at. However, there is resistance to that from the industry, because the big money is in the shiny new product.

Neil Findlay (Lothian) (Lab): I have long believed that we should have state provision of those unbranded drugs—that the state should produce them centrally and drive down the costs so that we are not being ripped off by pharmaceutical companies. Does George Adam agree?

George Adam: We should perhaps continue to have that debate, and I think that the report is the starting point for it. That is one of the issues that we are dealing with because, at the end of the day, it is about people's lives, and the problem is how they get on with their lives. I am not saying that there is not a space for new medicines that can make similar differences to people's lives. The world has moved on considerably, with Covid-19 being the main topic of everyone's conversations. In that case, it appears that the large pharmaceutical companies have come up trumps with a vaccine. All I am saying is that we need to find a way that we can balance it out, because, currently, the vast majority of the balance is with the branded products.

In 2018-19, NHS Scotland spent around £1.7 billion on medicines, and most medicines—just over 103 million items at a cost of around £1.3 billion—were dispensed in the community. Although the total number of items that are dispensed to patients has steadily increased over the past decade, we have seen a fall of £6 million in the net cost of medicines since 2017-18, which is surely an example of how the Scottish Government is dealing with the issue and moving forward.

There is also the fact that the Scottish Government has made progress on the collection and use of data to improve patient outcomes, particularly in primary care, and it is important that we move that further on. We have to make sure that we have data for individuals available so that they get the right medication at the right time. It is also the right cause for health boards and for everyone else, as an important issue that came up during our inquiry was the need to significantly reduce waste and cost by generating better use of medicines. NHS Discovery provides comparative healthcare information for quality improvement, benchmarking, and performance management across the NHS in Scotland. We need to make sure that the barriers continue to come down. If Covid-19 has taught us anything, it is possibly that we can make this work, that we can make these things happen, and that we can bring down the barriers.

Looking at this report, I think that there is work for the Scottish Government and for us to do. However, let us remember that we are living in a brave new world and that things are completely different from when we wrote this report. We need to look at that when we are dealing with this and use this report as the basis for debate from here on in.

15:54

Miles Briggs (Lothian) (Con): I am pleased to take part in the debate, having served on the Health and Sport Committee during the time in which it undertook its important inquiry into the supply of and demand for medicines.

The inquiry focused on a number of themes including, notably, the need to use data more effectively and the desire to monitor patients'

outcomes in order to reduce waste and increase efficiency, on which I will concentrate my remarks. As Alex Cole-Hamilton has said, the key message that we heard loud and clear from all those who gave evidence to the committee was, overwhelmingly, that data is king, and that improving the collection and understanding of outcomes-focused data was critical to being able to improve patient care and to delivering a sustainable NHS.

We know that the NHS's ability to track certain patient conditions—and, in particular, how medicines impact on them—is really limited; that the ability to accurately capture patient outcomes and experiences is still a major challenge; and that, although some welcome progress has been made, there is still a real need to see a commitment and renewed focus from the Government in order to achieve that. If the minister takes away only one thing from listening to contributions today, I hope that it will be that call for data to be given a priority by the Government, because tracking a patient's care, from initial presentation in primary care, through to treatment and discharge from secondary care, while measuring any social care implications, would be incredibly valuable to the NHS, patients and their families and carers. Capturing and using that data will enable the health service to drive even greater efficiencies, and the better utilisation of the medicines budgets.

We really need to see progress on the use of flexible commercial arrangements with industry, to connect the price of a medicine more closely with its real-world performance. As Donald Cameron outlined, reduced medicines wastage, through the identification of inappropriate prescribing and increased adherence, is also vital, as are fewer hospital admissions and delayed discharges, the ability to treat more patients in the community through the use of preventative treatments, and, perhaps more controversially, the ability to address the overtreatment of individuals in our health service and the delivery of realistic medicine in practice.

As co-chair of the Scottish Parliament's cross-party group on cancer, I put on record some of the concerns that have been put to me by a number of the group's members, which relate specifically to the lack of data being collected on secondary breast cancer patients in Scotland. Many believe that improvements to the collection of outcome data would deliver real benefits, including refined treatment pathways to ensure that medicines are better matched to patients in Scotland, increased use of complex patient access schemes to enable faster access to the latest treatments and, perhaps most important, improved pathways to clinical trials.

I hope that the minister will take on board that ask, agree to review the current lack of data collection for secondary breast cancer patients in Scotland, and address that specifically in his closing remarks.

In its briefing ahead of today's debate, Cancer Research UK stated:

> "Every person diagnosed with cancer in Scotland should have equitable access to the"

best

> "evidence-based treatments for their condition".

I agree.

The impact of the pandemic on our NHS should not be underestimated, as George Adam has outlined. From what I have been told by patients, it is likely that we will see a significant negative impact on access to clinical trials—as we have already seen over the past nine months. My greatest concern is that the significant progress that we have made to date on cancer treatments, and the improvement of cancer outcomes, will have been undermined during the period and will be negatively impacted for years to come. That is why, at the start of the pandemic, I lobbied ministers to start urgently developing plans to restart cancer services and screening.

Perhaps most important, as we come out of the pandemic, is the need to address some of the known health inequalities that exist around hard-to-reach patients with lower screening attendance. I hope that ministers will look urgently to act on that issue, so as to address those growing concerns in the cancer sector in Scotland.

The committee's recommendations from the inquiry into supply of and demand for medicines are important. I hope that ministers will genuinely look at what the committee put forward, and will press ahead on the concerns that we outlined, regardless of the pressures that the pandemic has presented to Government.

To date, there have been delays in progressing innovative pricing arrangements and outcomes-based reimbursement. I understand that the Scottish Government has yet to involve industry or establish a task group to drive progress in those areas. We need to see progress urgently, to ensure that NHS Scotland can access the new drugs and treatments that we are starting to see on the horizon.

Our Scottish NHS must be able to secure value for money. It makes sense for the system to make sure that the NHS pays for medicines for which there is evidence of clinical improvement and benefit to patients' quality of life, while ensuring that industry can be involved in breakthroughs,

which will continue to be rewarded. At the end of the day, patients will gain from that.

To ensure the best outcomes for patients, Healthcare Improvement Scotland should endorse National Institute for Health and Care Excellence guidelines while up-to-date guidance from the Scottish intercollegiate guidelines network is on hold because of the pandemic.

The global Covid-19 pandemic has demonstrated the positive relationship that can exist between Governments and the pharmaceutical industry. The sensational work to develop vaccines is an example of the pioneering and rapid progress that we all want to see.

More flexible medicines pricing schemes, such as outcome-based payment, must be taken forward, to give NHS Scotland an opportunity to target spending at the treatments that are most clinically effective.

In the spirit of working together collectively to deliver for Scottish patients, I hope that a new relationship will be developed that meets the medical community's aspirations to deliver access to the world-leading medicines and treatments that we all want to see.

16:01

Elaine Smith (Central Scotland) (Lab): I thank the Health and Sport Committee for its report, and I thank the committee clerks and others for their work and contributions.

In a short debate, there is no time to address fully the many issues in the report or the Scottish Government's astonishing response. The Government has had the report since June, but it waited until the evening before the debate to tell us:

> "Whilst the Scottish Government acknowledges that the report highlights numerous important issues related to the supply and demand for medicines, overall we believe that the report goes far beyond the published remit of the inquiry and contains misunderstandings, inaccuracies and inconsistencies."

Given those claims, the Parliament should afford the committee an opportunity to address the Government's response fully. The report should certainly not gather dust, as a member put it.

As an elected member who has spent many years campaigning for better medicine choices for sufferers of thyroid disease—and who has a personal interest, as a sufferer of Hashimoto's disease—I will consider parts of the report that pertain to issues on which I have advocated, to show the need for change.

In paragraph 1 of the executive summary, the committee summed up the experience of many thyroid sufferers when it said:

> "a fundamental problem has become apparent—the system of supply and demand for medicines in Scotland does not have a focus on patients."

Unfortunately, for thyroid patients, the focus recently has been very much on cost. Let me briefly summarise the problems that many people with hypothyroidism face. The most commonly prescribed drug is levothyroxine—T4—but it is acknowledged that at least 10 per cent of patients do not do well on that treatment. The only effective treatment for those patients is liothyronine—T3—which is routinely prescribed in the rest of the world.

In 2016, the 28-day NHS cost of liothyronine increased from around £4.50 to £258.19. That is an increase of almost 6,000 per cent. At the time, Concordia had a monopoly on the sale of liothyronine in the UK. Concordia has since been investigated by the Competition and Markets Authority, which found:

> "Concordia abused its dominant position to overcharge the NHS by millions"

when it supplied liothyronine.

A 2019 report in *The Lancet* found that in NHS England no major study or guideline has advocated a change in liothyronine prescribing and that a substantial reduction in prescribing seems to have been largely driven by cost. Three companies now produce T3, but the price remains high.

I am thankful that the committee's report confirms the need for greater public control over medicines research, development, production and sale. We cannot deliver healthcare and keep to the founding principles of the NHS when profits take precedence over patients, as the T3 situation shows and as Neil Findlay said in an intervention.

A not-for-profit, publicly owned pharmaceutical industry would be a good start to a move to develop more medicines that cure conditions rather than manage symptoms. If we aim to control the medicines budget and maintain cost effectiveness, such an approach must be considered.

I commend the committee for recognising the fundamental importance of greater public control. We really have to give further attention to how an industry that is underpinned by substantial public funding for research can then sell innovations back to us at grossly exaggerated prices. That might be very pertinent at the moment.

Turning back to thyroid issues, despite the minister stating previously that the Scottish Government's position is that T3 can be prescribed by an endocrinologist

> "if it is considered to be the safest and most effective course of treatment for an individual",

women are still struggling to get T3 prescribed. Many also have problems being diagnosed and in getting beyond their GP to a proper consultation with an endocrinologist. Even then, they might not be offered T3 due to the postcode lottery.

Another challenge for thyroid patients, who are principally women, is that the medical establishment often blames the menopause, routinely prescribes antidepressants or just does not listen and properly diagnose or treat the medical condition that is being presented. Of course, finding the right solutions for patients is not made any easier when, as the BMA points out in its response to the report, GPs are still working within the confines of 10-minute appointments due to ever-increasing demands on them. Women are left facing that additional obstacle to gaining the right treatment and prescription medicines. The inequality and disempowerment in health provision that women suffer can no longer be ignored. We must see major change.

To be able to measure progress, we need better collection of data. I note that that is acknowledged in the report, and other members have mentioned it. The report also correctly recognises that when we determine and cost the clinical effectiveness of a patient's treatment, we must listen to the patient. The report says that

"there is not a strict adherence to the principles of realistic medicine, patients are not equal partners in discussions on their treatment."

Thyroid patients not getting the correct treatment certainly struggle to be heard, despite the fact that they need suitable prescriptions to function or even stay alive. There is mention in the report of the benefits outweighing the cost, and that is clear with thyroid patients, who struggle to work without the correct medicine, which has a massive economic impact, both individually and for society.

Many of the recommendations in the report have the potential to make great improvements for patients, but I fear that without brave and radical actions at both the UK and the Scottish level, we will struggle to put patient health at the forefront. We need many of the reforms that are laid out in the report to ensure that the supply of and demand for medicines in Scotland actually has a focus on patients. Once again, I find it regrettable that the Government waited until the 11th hour to respond.

I thank the Health and Sport Committee for its hard work.

16:07

David Torrance (Kirkcaldy) (SNP): As a member of the Health and Sport Committee, I welcome the opportunity to speak in the debate. I offer my thanks to the clerks and the Scottish Parliament information centre, as well as to my fellow committee members for their hard work in contributing to the report. I also thank everyone who contributed to the inquiry and gave written and oral evidence to the committee.

As a committee, it is crucial that our work is informed by a wide range of experiences and views—especially when that information comes from those who are most directly affected by the issues in question. It is vital that we hear comments and thoughts from people from a wide range of backgrounds. I was pleased at the level of engagement and views from an extensive range of bodies and individuals in response to the committee's call for submissions late last year. It is only by listening to all those voices that we can effect real and meaningful change.

As we have heard, the committee's inquiry focused on four specific areas: purchasing, prescribing, dispensing and consumption. With an annual spend on medicines by NHS Scotland in 2018-19 of around £1.7 billion, most of which was dispensed in the community, we can see just how important it is that the health service, general practitioners and pharmacists all work to deliver effective prescribing for patients. The number of items issued in the community has steadily increased over the past decade from 89.3 million in 2009-10 to 103.4 million in 2018-19. It is testament to the work of healthcare professionals that, despite that increase over the past decade in the number of items dispensed to patients, there was a fall of £6 million in the net cost of medicines in 2017-18.

As a Fife MSP, I was particularly interested to read the written submission from NHS Fife area drug and therapeutics committee, which noted that

"other non-pharmacological treatment options would be preferable but access to those resources can be limited, constrained and challenging to access."

The committee has recently reported on a separate inquiry into social prescribing, and interest in the subject has continued to be prevalent during our work on medicines. A number of submissions suggested that we have a culture of instinctively reaching for a prescription pad and failing to explore alternative options that could be safer for patients and represent cost savings for the NHS.

Speaking on the subject of social prescribing, the Scottish Government's chief pharmaceutical officer said:

"We can educate people to not think that a prescription is the first thing. We have to look at not just self-care but aspects of talking therapies and social prescribing. That involves a mindset change for patients and the public, and a discussion about that needs to happen."—[*Official Report, Health and Sport Committee*, 21 January 2020; c 7.]

That is an important point, and it must continue to be addressed. The links between the benefits of physical activity and improving overall health and wellbeing are well documented and widely acknowledged.

Medicines are the most common intervention in our healthcare system, so it is important that we get the most from them for patients and for the NHS. It is clear that a significant reduction in waste and costs could be generated by better medicine use, and it is vital that we challenge inappropriate prescribing, overprescribing and waste.

A substantial component of waste is where medication is not taken when prescribed, which is often referred to as “non-adherence”. In Fife, that problem has been acknowledged, and positive action has been taken to reduce the estimated £2.1 million annual cost of medicine waste. The action includes the take stock communication campaign for the public and staff; a non-prescription order model that has been introduced for selected products; an improved care home medicine returns process; a trial of pharmacy support workers in 12 care homes to support the ordering process; and a one-stop dispensing model that has been introduced in hospital settings. GPs and pharmacists are carrying out visits to look at residents’ medication. The aim is not only to save on waste; deprescribing and considering what medicines a patient is on can make a huge difference to their safety, wellbeing and frailty and to their ability to be better aware of what is going on around them, which can improve their general quality of life.

The NHS Fife submission also highlighted the desire of health boards to treat people closer to home in a more patient-centred manner by working with companies to make higher-cost and more specialised medicines available through local community pharmacy networks, rather than have the patient travel to what are often considered distant hospitals to access treatment.

I strongly agree that any strategy that seeks to reduce demand by promoting patients’ greater involvement in their treatment is a far more promising approach than adding more financial resource to meet ever-increasing demand.

Scotland is leading the way in community pharmacy service provision. Our community pharmacists are our most accessible primary care providers, with 1,257 pharmacies all over Scotland and a higher concentration of pharmacies in deprived and highly populated areas. The pharmacy is a good place to have a conversation about the use of medicines, why people are taking their medication and, if they are not, why that medication is still being dispensed to them.

There is also a communication issue around ensuring that the right messages get to the right people. It was interesting to hear Claire Fernie, who is a public partner volunteer with NHS Fife, highlight that point during an evidence-gathering session. She discussed the impact of the absence of a joined-up approach to clinical issues and cost effectiveness, particularly in relation to IT systems and the sharing of information between general practices, community pharmacies and hospital services.

As we make progress and move away from only doctors having prescribing powers towards an increasing number of health professionals having such powers, effective communication will be key. We will achieve an integrated approach that is consistent and relevant only if the conversation is broad and inclusive.

I welcome the report, its recommendations and the response from the Scottish Government. I welcome the progress that has been made in the collection and use of data to improve patient outcomes, particularly in cancer treatment and primary care. I look forward to the Scottish Government’s continuing commitment to improving the health and wellbeing of people and communities across Scotland.

The Deputy Presiding Officer (Linda Fabiani): We move to the closing speeches; I hope that those who took part in the debate will shortly be back in the chamber. We have a wee bit of time to spare, so it is fine if members want to take interventions.

16:13

David Stewart: This has been an excellent debate with considered and thoughtful contributions from across the chamber. I had assumed in advance that it would be a warm and consensual discussion on the supply of and demand for medicines. However, it would be fair to say that the Scottish Government’s 11th-hour response to the committee’s deliberations caused some ripples in the calm waters of the debate.

The Scottish Government says that the committee has gone beyond the inquiry’s remit and strayed into reserved areas, but it has ignored our main findings on the lack of patient focus in the NHS medicines structure. As the convener, Lewis Macdonald, said, scrutiny is the heart of our task on the committee. The committee’s job is indeed to ask the “difficult and searching questions” and to “shine a light” on the costs. He identified the £1.8 billion cost of medicines, with half of all medicines not consumed correctly. The committee had a duty, rightly, to follow the evidence.

Donald Cameron made appropriate comments. He thinks that the report is thorough and detailed, and he subscribes to its findings—of course, he is a member of the committee now. He, too, was disappointed that the Scottish Government's response appeared only a day before today's debate. He was also scathing about the IT reforms and the lack of patient focus. A consistent approach is needed to IT.

Alex Cole-Hamilton made the strong point that there was no question of mission creep in the committee's activities. His strong speech included the vivid example of a constituency case that involved medical cannabis. He made the strong argument that we need better drugs that are good value to the taxpayer and benefit our patients, which is the key point. He said that the report's 129 recommendations showed the scale and scope of the problem.

George Adam made strong points about social prescribing, which is the other important form of prescribing. He talked about his experience from the CPG on MS and his first-hand experience with his wife, Stacey. He talked about the important distinction between branded and unbranded drugs and about the key issue of the licensing regime.

Miles Briggs said that data is king. Of course it helps with patient care; capturing patients' outcomes is crucial and challenging.

Elaine Smith described the delay in providing the Government's response as astonishing. She is well recognised for her campaigning work for thyroid sufferers.

The debate has been excellent. I echo the convener's thanks to our witnesses and the clerks for contributing to this comprehensive piece of work. I have always felt that a great strength of the Parliament's committee structure is that it keeps the executive in check, irrespective of who might form the executive, and provides advice, guidance and assistance to the Government—[*Interruption.*]

I believe that the philosophy of all committees is reflected in the words of Michael Specter, who said:

"Be sceptical, ask questions, demand proof. Demand evidence. Don't take anything for granted. But here's the thing: When you get proof, you need to accept the proof. And we're not that good at doing that."

The Deputy Presiding Officer: I am unaware of what the interruption was during Mr Stewart's speech, but I apologise if it was from this end.

16:17

Brian Whittle (South Scotland) (Con): I am pleased to close the debate for the Scottish Conservatives. The Health and Sport Committee's report is comprehensive and raises issues of which the Scottish Government should take cognisance, many of which members have raised in the debate.

The convener, Lewis Macdonald, highlighted that the Scottish Government took far too long to respond, which is a concern, given that committee scrutiny is a key driving force of Government policy. I hope that that does not indicate that the Scottish Government is not prepared to listen to the Parliament.

It is unfortunate that, instead of listening to the issues that this significant piece of work has raised, the minister seemed to retreat into the Scottish Government bunker and to suggest that the Government should tell cross-party committees what they should and should not investigate. I say to the minister that committee work is the foundation of our Parliament and should help to drive policy. The Scottish Government's response remains far from satisfactory.

Given the complexity of the issues that have been examined, I will focus my short speaking time on a couple of key points. The first is the committee's conclusion that

"the system of supply and demand for medicines in Scotland does not have a focus on patients",

which Donald Cameron and David Stewart raised. I link to that the committee's conclusion that

"The lack of data collection and analysis on outcomes achieved via the prescriptions of medicines is of huge concern."

Those points are crucial. Surely the purpose of prescribing any medication is to alleviate or help with a medical condition.

Without doubt, there is an overmedicalisation of conditions and not enough measurement of appropriate outcomes. There is significant wastage in prescribed medicines: something like 50 per cent of prescribed medicines go unused. That is increasingly important against a prescribed medicines bill of £1.4 billion, which has risen by more than 4 per cent since the previous year. To compound that, there has been an increase of more than 16 per cent in the items dispensed over the past decade. When we are always looking for ways to improve the funding in our health service, those numbers are significant.

Of course, the majority of those prescriptions are necessary but, without a proper and measured understanding of the effectiveness of those medicines on a patient, it is difficult to come to appropriate conclusions. That is one of the biggest criticisms of the current system in the committee report, which states:

"We found the lack of care taken to understand people's experience of taking medicines impacted the system at

every stage. We are clear that gathering, analysing and sharing this information in a comprehensive, systematic way across Scotland would be the single most beneficial action to result from this inquiry."

Other Health and Sport Committee investigations have come to similar conclusions about the lack of an IT infrastructure policy that would allow the gathering and extraction of appropriate data. To sustain quality healthcare, free at the point of need, the Scottish Government can no longer leave that issue unaddressed.

That takes me to the appropriateness of treatments that are prescribed, and at this point I will refer, as George Adam did, to the committee's report on social prescribing. Too often, patients are prescribed medication without alternatives being considered and, time and again, we hear evidence that tells us that an active, healthy lifestyle can have a huge impact on our physical and mental health. Members know that I have frequently asked questions around access for doctors to prescribe alternatives to medicines. In far too many cases, we look at the symptoms, not the underlying causes. Obesity, type 2 diabetes, addiction, poor mental health, chronic obstructive pulmonary disease, musculoskeletal conditions, arthritis and heart disease are often treatable or preventable, but we do not always give our healthcare professionals the tools that they need for their tool bag. It is not a new issue, but there is a lack of leadership and will from the Scottish Government to make those changes.

As two specific illustrations, I take the prescription of antidepressants for those who suffer anxiety and methadone for those who suffer addiction. Over and again, we hear evidence that patients remain on those medications for too long without a treatment plan to reduce the patient's need to remain on that medication.

I will make two key points. First, to ensure that prescribed medicines have the intended impact on patients requires an IT system that follows the patient. The HEPMA system in secondary health care is being rolled out across certain health boards and early indications are that hospital pharmacies will have a positive impact on delayed discharge. However, once a patient leaves hospital and moves into the jurisdiction of primary care, that prescription record does not follow them; that must change as soon as possible.

Secondly, when medicines are prescribed, it is important that all other options to treat the patient are considered, that other treatments that could augment medication are prescribed to ensure that the need for that medication is minimised, and that patient outcomes are of primary concern.

Of course, in addressing those issues, it stands to reason that the cost of those treatments will reduce, which will allow the Scottish Medicines Consortium to justify the costs of more medicines, thereby opening up further treatment pathways.

The Health and Sport Committee report, "Supply and Demand for Medicines", is a significant body of work and I join my colleagues in thanking all those who gave evidence and the clerks for their work. The report highlights where the Scottish Government needs to go and I hope that the Scottish Government takes the report seriously and acts on it.

The report is only one piece of a bigger jigsaw. Its conclusions directly link to all other reports that the committee has published, giving a three-dimensional look across health and sport in Scotland and shaping healthcare in the future. I mentioned the social prescribing report, but we could include addiction, primary care, social care and many other investigations. None of those reports should be considered in isolation. As the "Supply and Demand for Medicines" report states, patient outcomes should be what we measure.

The Deputy Presiding Officer: I call Joe FitzPatrick to close the debate for the Government. You have around seven minutes, minister.

16:24

Joe FitzPatrick: I thank members from all parties for their contributions to the debate, which, as David Stewart said, has been a good one.

A number of members mentioned the fact that the Government's full response was issued only yesterday. As Alex Cole-Hamilton said, the cabinet secretary initially responded to the high-level items on 11 September. I also point out that the debate was originally due to have been held later, so had we nevertheless managed to respond yesterday, it would not have been only on the day before the debate.

I put on record my thanks to all the Government officials who ensured that we could get a full response to the committee before today's debate. I also point out that they are the same officials who have been working day and night on our Covid strategy. Nonetheless, I recognise that it was unsatisfactory for the Parliament to receive the Government's response only the day before the debate and I apologise for that. Clearly, it would have been much better had there been the opportunity to consider the response for a longer period before the debate.

The debate has been informative, with much detailed questioning about why Scotland is not moving faster on a range of issues raised in the Health and Sport Committee's report. I will be clear that in the Scottish Government there is no lack of ambition regarding the supply of and

demand for medicines. As I noted earlier, the devolution settlement does not provide the Scottish ministers with full powers to act in many of the areas highlighted by the committee's report. However, we remain fully committed to progressing such important areas as far as is possible within our devolved powers and within the context of increasing capacity constraints as a result of the Covid-19 pandemic.

I was struck by the point that George Adam quite rightly made, that most of the evidence was gathered before the pandemic. He also said that that might have oiled the wheels and that during the pandemic some progress seemed to have been made on a number of issues. I absolutely understand the timescale constraints under which committees operate, but it is perhaps unfortunate that some of that evidence did not appear in the committee's report. I know that it was not the committee's intention, but a number of people who have been working really hard across our NHS felt that the report was unduly critical of them.

Lewis Macdonald *rose—*

Joe FitzPatrick: That is why it was good to hear the convener's words at the start of the debate, and also George Adam's recognition that, despite all the challenges presented by the Covid-19 pandemic, progress has been made. That is helpful.

Lewis Macdonald: I thank the minister for taking a further intervention. I reiterate that the committee's intention was to draw attention to the shortcomings in our health and care systems; it was not an attempt to demean or to take away from the fantastic work that is done by our health and care staff. Nonetheless, it remains critical that the Government and NHS leadership are willing and able to take on board constructive criticism that can improve services.

Joe FitzPatrick: The debate, which has been much more balanced, will help people to do so. In talking about the NHS, it is important that we remember all its levels, including its leadership. Folk at all levels of our health service have been working tirelessly for months now, and they really need our support. We should also recognise that the report came out just as staff were coming out of the toughest part of the pandemic. However, as I said, on balance, the debate has been positive and I am sure that it will be taken in that spirit.

Donald Cameron and others spoke about medicines data. I assure members that we are fully committed to improving that and to recognising the benefits of using real-world data to better patient outcomes. We have been taking a phased approach to improving data systems in Scotland. It is important to ensure that such systems are in place. Equally, though, achieving that aim will require cultural changes, staff changes and an understanding of real-world applications. Making steady progress will be key, as will be ensuring that we bring stakeholders with us. The programme for government announced a refresh of our digital health and care strategy in spring 2021, followed by the publication of our first data strategy, both of which will set out our plans for making Scotland a leader in the ways in which data is captured and utilised for the benefit of patient care, which must always be our central aim.

The convener and David Stewart asked about the HEPMA system. In order to support that system, officials continue to work with health boards to ensure that local and regional approaches are taken to delivery across all our boards, and we have established a national HEPMA implementation oversight board, so good progress is being made. To put that into context—

Brian Whittle: Will the minister take an intervention?

Joe FitzPatrick: I am right in the middle of my point, which I will finish, because it might answer the question.

I will say what that means. A number of health boards are already on board, and we expect the remaining boards to have implementation under way, but not necessarily completed, next year. That is the timescale. I expect full implementation to take two or three years. It is a really important piece of work, and it is good that all boards have a pathway to that work.

Brian Whittle: I have seen the HEPMA system at work in NHS Ayrshire and Arran. As the minister rightly said, it is an incredibly important piece of work. Does he agree that the prescriptions in secondary health care need to follow the patient into primary health care? Currently, that does not happen, so that work needs to be done.

Joe FitzPatrick: The member is absolutely right. We are making considerable progress in that area. If someone gets a prescription, any relevant person in our health system who needs to access their medical records should be able to do so. We have made considerable progress through the work on the pharmacy first service, but the member is right that what he said would make a huge difference. We recognise that primary care is far wider and involves far more than just GPs; a range of people work in the system. Enabling them to access appropriate data is important.

Alex Cole-Hamilton made some points about repeat prescriptions. The chronic medicine service, which was first introduced in community pharmacy in 2009 to promote a partnership approach between pharmacists and patients, is intended to help with that issue. We are refreshing

that process, and it will get a new name: the medicines care and review service. A small number of enhancements to how the service will operate are under way. Serial prescriptions will be an important tool in the remobilisation of our NHS through supporting GP practices and community pharmacies to more effectively manage workloads in relation to prescriptions.

Brian Whittle talked about social prescribing—as he often does, and rightly so—and David Stewart asked how we would change the culture to put non-medical treatment on a par with drugs. Both members should be aware, I hope, that we have committed to establishing a short-life working group to examine the social prescribing of physical activity. The aim is to identify and communicate examples of best practice and to co-produce resources for practitioners in the many roles that make up the overall system. We need to ensure that we are able to share best practice right across our system.

I put on record my recognition of Elaine Smith's personal and long-standing work in relation to thyroid patients. She raised the issue of T4 and T3 prescribing. The Government and I have been clear with clinicians that the prescribing of T3 should be based on patient need and that cost should not be a reason to not prescribe T3.

I see that I am at the end of the Presiding Officer's patience. In spite of some of my earlier contributions, this has been a good debate. There is a lot in the report that we can take forward in a constructive way and I assure the committee that we intend to do that. The Government and clinicians think that this work is really important, and we will be sure to keep the committee updated on progress.

16:34

Emma Harper (South Scotland) (SNP): As the deputy convener of the Health and Sport Committee, I welcome the opportunity to close the debate on its behalf. I remind the Parliament that I am still a registered nurse.

I thank all members, including committee members, for their contributions. I also thank the committee clerks, and acknowledge the work that they have done in preparing for scrutiny in the inquiry, and for preparing the report that we are discussing.

I also echo the thanks that were conveyed by the convener to all the people who provided evidence. It has been positive to have cross-party consensus on the report and its extensive recommendations, of which there are 129.

The report discusses medicines in great detail. We covered various areas—from the point of purchase and procurement through to prescribing, dispensing and consumption. It could easily have been four separate reports.

I want to take this opportunity to touch on some of the report's key findings and recommendations, and I will comment on the contributions from members. It is worth noting that the report and inquiry were, largely, carried out before the pandemic and during its early stages. Therefore, some practices and recommendations might have been expedited because of the challenges that have been posed by the pandemic.

It is a large report, and the committee convener and members have already presented much of the detail about what the inquiry found, including on the person-centred approach, HEPMA, joined-up leadership approaches, supply and demand, waste and prescribing. I welcome the minister's comment on a once-for-Scotland approach.

I also note the distinction between matters that are reserved to Westminster and those that are devolved to the Scottish Government, and I agree that it is important to make clear in communications and reports what is reserved and what is devolved. That will certainly help to give me greater understanding as, I am sure, it will do for others who read the report.

I accept the minister's apology for the late response to the report, and thank him and his officials for all their work since Covid-19. I am sure that they are working flat out to tackle the many issues that the pandemic has thrown at them.

Dave Stewart and Brian Whittle spoke about having a more connected HEPMA system. Dave Stewart mentioned that geographical inequalities might be addressed if we had a more connected HEPMA system, and both Dave and Brian spoke about social prescribing and mentioned our other report, which focused in more detail on social prescribing. George Adam talked about that, too.

Many committee members are keen that progress be made on further delivery of social-prescribing approaches. We have heard, for example, evidence on how type 2 diabetes can, through programmes of social prescribing, be mitigated to the point at which no type 2 meds are required.

Miles Briggs spoke about secondary breast cancer and access to new drugs for people who have it. I welcome his comments and his work on that in the cross-party group in the Scottish Parliament on cancer.

Donald Cameron spoke about the required improvement for IT systems—I will also speak about that—and Alex Cole-Hamilton talked about medicine prescription reviews. I want to thank Donald Cameron for taking my intervention. My

point was to clarify that a lot has happened since Covid and that we know that work is already being undertaken to embed pharmacists in general practices.

In undertaking the inquiry into supply and demand for medicines, the committee anticipated exploring issues relating to the efficiency of the system and the levels of waste that are generated by it. It is a stark fact that 50 per cent of medication is not taken as prescribed.

However, in considering the themes that were raised, the fundamental became apparent, which is that the system of supply and demand for medicines does not focus on patients—at least, it did not at the time of the inquiry. Dave Stewart described that well when he quoted the report, which says that the system

"is burdened by market forces",

by public sector

"administrative bureaucracy",

by

"under resourcing, inconsistent leadership"

and by a lack of comprehensive strategic thinking and imagination that is allied with

"an almost complete absence of useable data."

That was highlighted in paragraph 84 of the report, which suggests that drug companies and cancer voluntary sector organisations feel that the Scottish Medicines Consortium's processes are too long, and deny patients access to drugs for longer than should be the case. That is again conveyed when the report talks about how the processes of the SMC restrict patients' access to new treatments. Given that, the committee unanimously questioned whether market forces should dictate drug procurement.

The committee was also concerned throughout its inquiry by the lack of data collection and the lack of analysis of the outcomes that are achieved via prescribing. The impact that taking medicines has on individual patients was not being examined at the time of the inquiry, and evidence was not being routinely sought.

We heard that pharmacists are working directly with GPs and in general practice sites. I welcome that. They engage with patients on medication review and they address the issue of polypharmacy. That was highlighted by Alex Cole-Hamilton. It would be encouraging to hear that patients in primary care are receiving follow-up care to ensure that the medicines that are prescribed for them have been effective and have been used appropriately.

Lindsay McClure of NHS National Services Scotland said that better IT systems are required in order to collect outcomes data. The Association of the British Pharmaceutical Industry and the Medicines and Healthcare products Regulatory Agency spoke of the need for data on patients who would benefit from innovations in gene therapy and in medicine licensing.

The inquiry found that the lack of care that is taken in trying to understand people's experience of taking medicines has an impact at every stage of the system. Gathering, analysing and sharing that information in a comprehensive and systematic way across Scotland would be the most beneficial action that could result from the committee's inquiry. We agree that that should be urgently prioritised.

It is encouraging that the chief pharmaceutical officer stated that the Scottish Government is considering how the voluntary pricing and access scheme could contribute to innovative pricing, but problems of collecting data about patients' experiences were again raised. That was emphasised by Community Pharmacy Scotland's director of operations Matt Barclay, who noted that conversations with patients are taking place, but outcomes are not being recorded. Mr Barclay suggested that that could be contractualised.

During our evidence sessions, those whom the committee members considered should have the responsibility for solving problems and developing innovative solutions often recounted and identified the issues for us, but did not go on to propose accompanying ideas for change. The statements that we heard spoke of the need to do something, but they came without accompanying detail about how that could be achieved. That cannot be effective in driving forward innovation and change.

That was particularly clear with reference to collection of data and evidence. For example, the Right Medicine Pharmacy stated that the process for licensing medicines could be shortened, but did not state how to achieve that or what the role of the Scottish Government would be in doing so.

Area drugs and therapeutic committees and health board directors of pharmacy stated that they do not have power over the drugs that are in their formularies, but they failed to say who has that power and how that situation could be improved or changed.

Throughout the inquiry, the committee was offered little detail as to how change might be brought about, let alone how it might happen at a pace that is in proportion to the prize that is to be gained.

The committee urges the Scottish Government to consider strategically the IT and data requirements of the NHS across Scotland and, as a matter of urgency, to design systems that have long-term utility. The committee recognises the

size of that undertaking, especially given that we are still in the midst of a pandemic. However, we cannot keep producing reports that conclude that savings and efficiencies and, above all, better patient care are possible with modern IT that can gather, analyse and share data, unless we also expect urgent action.

The report clearly shows that better data collection, along with improved IT systems, will deliver improved outcomes for patients and improved access to and use of drugs and medicines.

The Deputy Presiding Officer: That concludes the debate on the supply and demand for medicines. We will shortly move on to the next item of business.

Business Motion

16:45

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-23447, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, which sets out a stage 3 timetable. In the absence of the minister, I call Miles Briggs, who is a member of the bureau, to move the motion.

Motion moved,

That the Parliament agrees that, during stage 3 of the Period Products (Free Provision) (Scotland) Bill, debate on groups of amendments shall, subject to Rule 9.8.4A, be brought to a conclusion by the time limit indicated, those time limits being calculated from when the stage begins and excluding any periods when other business is under consideration or when a meeting of the Parliament is suspended (other than a suspension following the first division in the stage being called) or otherwise not in progress:

Groups 1 to 5: 55 mins.—[*Miles Briggs*]

Motion agreed to.

Period Products (Free Provision) (Scotland) Bill: Stage 3

16:45

The Presiding Officer (Ken Macintosh): The next item is stage 3 proceedings on the Period Products (Free Provision) (Scotland) Bill. In dealing with the amendments, members should have with them the marshalled list and the groupings of amendments, as well as the bill as amended at stage 2. I remind members that the division bell will sound and proceedings will be suspended for five minutes for the first division of the afternoon. The period of voting for each division will be up to one minute.

Section 5—Education providers to ensure period products obtainable free of charge by pupils and students

The Presiding Officer: Group 1 is on "Duties on education providers—buildings where provision of period products mandatory, and consultation". Amendment 1, in the name of Monica Lennon, is grouped with amendments 2 to 6.

Monica Lennon (Central Scotland) (Lab): I am pleased to speak to the first of my stage 3 amendments.

Amendment 1 and the other amendments in the group that are in my name relate to section 5, which deals with period product provision in education settings, and specifically to the number of locations on student campuses where products should be available. At stage 2, the cabinet secretary initially proposed a statutory minimum of only one location on each student campus, but, after further discussions, I lodged an amendment that provided for a stronger minimum requirement of one location in each building that is normally used by pupils or students. I was pleased that that amendment was agreed to at stage 2 and is now section 5(3) of the amended bill.

At stage 2, concerns were raised that the amendment could make it necessary to provide period products in inappropriate buildings, such as farm buildings in an agricultural college or buildings in rural areas that are not frequently used. I acknowledged those concerns and gave a commitment to lodge amendments at stage 3 to try to improve the drafting.

Amendments 1 to 3 are minor drafting amendments that adjust section 5(3) to make it clear that the requirement to provide period products in a building that is normally used by pupils or students applies even if that is the institution's only building.

The main amendment in the group is amendment 4, which makes it clear that products do not have to be provided in a building, even if it is normally used by pupils or students, if that building is not suitable. For example, that might be because there are no toilets or changing facilities in the building. Amendment 4 also makes it clear that education providers must consult on the question of what makes a building suitable or unsuitable before a decision is taken, so that the views of students are paramount.

Amendments 5 and 6, which are in the name of the cabinet secretary and which I support, are consequential amendments to section 6D as a result of the consultation requirement in amendment 4.

I move amendment 1.

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): I would first like to say that it is testament to good and positive co-operation and the level of agreement that we have reached on the bill that there are so few amendments to consider today.

The amendments in the first group relate to section 5. Stage 3 gives us the chance to further fine tune provisions following amendment at stage 2. In order to create the best possible legislation, further improvement to drafting is sometimes required, even when the original intent is agreed. That is why the Scottish Government agrees with and supports amendments 1 to 3, in the name of Monica Lennon, which make the provision in section 5(3) clearer and simpler. As Monica Lennon said, the wording of section 5(3) was debated during stage 2, as concerns had been raised by stakeholders that, as drafted, the requirement was too restrictive. During stage 2, Ms Lennon and I committed to considering that further. Our teams have worked together to better understand stakeholders' concerns, and I believe that amendment 4 addresses them proportionately.

The Scottish Government strongly agrees that any exception to section 5(3) must be acceptable to pupils and students rather than education providers being able to unilaterally decide that the building is not suitable for the provision of free products. I am pleased that amendment 4 ensures that that is the case, and so we support it.

Ensuring that local voices are heard during the development of local arrangements to make period products obtainable free of charge is a cornerstone of the bill. The essential element of the consultation that is required by section 6D is consultation on where period products should be made obtainable free of charge. The changes to section 5 that are brought about by the addition of section 5(3) at stage 2 and the qualification of that

by amendment 4 mean that a consequential amendment to section 6D is required. Taken together, amendments 5 and 6 in my name will do that.

Amendment 5 is a technical amendment that amends section 6D(3)(b), which will now refer to the new subsection 6D(3A) that will be inserted by amendment 6. The new subsection contains all the provisions relating to consultation about which premises and where in those premises period products should be obtainable. Amendment 6 sets out revised consultation requirements in relation to buildings that are normally used by pupils or students, mandating that consultation covers the locations within those buildings where free period products should be provided.

Consultation under new section 6D(3A) is also required before building can be deemed to be unsuitable, as referred to in amendment 4. It also requires education providers to consult on whether free period products should be provided in any additional locations in the premises.

Finally, amendment 6 sets out separately in sections 6D(3A)(a) and 6D(3A)(c) the consultation requirements for local authorities and specified public service bodies with regard to the premises from which free period products should be obtainable. They are largely unchanged from the requirements that were originally set out.

Taken together, amendments 5 and 6 bring the consultation requirements for education providers into line with the amendments to the main duties under section 5, and I urge members to support them.

The Presiding Officer: No other member has indicated that they wish to speak on the group. I encourage all members who are joining us online to make sure that they type an R into the chat box if they wish to contribute on a group.

I invite Monica Lennon to wind up the group if she has anything further to say.

Monica Lennon: I am grateful to the cabinet secretary and her team for working closely with me and my team, and I am happy that we have made progress with the amendments.

Amendment 1 agreed to.

Amendments 2 to 4 moved—[Monica Lennon]—and agreed to.

Section 6A—Arrangements under sections 1, 5 and 6: particular requirements

The Presiding Officer: Group 2 is on additional requirements as to arrangements under sections 1, 5 and 6. Amendment 8, in the name of Sarah Boyack, is grouped with amendment 9. I call Sarah Boyack to move amendment 8 and speak to the other amendments in the group.

Sarah Boyack (Lothian) (Lab): Thank you, Presiding Officer, and I apologise that I was not in for the earlier amendments.

Amendment 8 is all about protecting privacy. In a letter to the Local Government and Communities Committee, the cabinet secretary argued that amendment 8 would be detrimental to the aim of reducing stigma around periods. That is in no way my intention. With amendment 8, we are trying to make sure that there is "reasonable privacy", which are the words that I put in my amendment. To me, that ensures that a person who needs products can get some privately if that is how they would prefer to get them. The lack of stigma does not need to override a personal preference for privacy.

From what the cabinet secretary has said, my understanding is that she believes that that would be covered under the dignity principle that is already in the bill, so I am keen for her to put on the record this afternoon how she thinks that would be ensured so that, when people are accessing period products, they do not need to be concerned about it.

The intention of amendment 9 is to ensure that at no point will receiving products free of charge be linked to receiving other benefits, both because that undermines the principle of the bill and because doing so would put additional burdens on people by requiring them to prove that they are entitled.

In her letter, the cabinet secretary explained that the wording of the amendment may hamper existing schemes that are linked to other services but not contingent on them, such as health visitor visits. I get that, but I want reassurance that people who need the products will not need to be concerned about it—that they will not have to prove their need or miss out on getting the products. I hope that the cabinet secretary will come back to me on that.

These are key issues and I am keen that the guidance for the public authorities that will implement the legislation encourages them to consult women who need the products, whether they are students—as previously discussed for the earlier amendments—or women more generally. It is critical that getting that feedback is built into the system and encouraged in the guidance, which we will be able to change over the years in the light of experience.

With those comments I will move amendment 8. However, I am keen to hear what the cabinet secretary says and I may not press my amendment, if she gives me the right answers—no pressure!

I move amendment 8.

Aileen Campbell: I understand the thinking behind both of Sarah Boyack's amendments, but we cannot support them. I will set out why and hope that it is the right answer for Sarah Boyack.

In relation to amendment 8, the requirement that was introduced to the bill at section 6A(a)(ii) for the arrangements that are put in place by responsible bodies to respect dignity already introduces protection in relation to privacy. That requirement will ensure that, if privacy is essential to ensuring dignity in certain circumstances, the need for it will have to be met. Therefore, a separate requirement for privacy is not necessary.

In response to the points that Sarah Boyack raised, we will make sure that we cover some of the issues around privacy in guidance and make it part and parcel of our approach in terms of hearing people's voices to shape and hone the approach that we take going forward. I hope that that gives some reassurance. Although we will not support the amendment, the points that Sarah Boyack raised will be critical to the practical implementation of the provisions.

Including privacy in the bill also risks stifling potential delivery models that may not meet a requirement for privacy. For example, having a stand in a student union or a stall in a community centre may not be considered to meet the requirement for "reasonable privacy" but would, nonetheless, probably be considered acceptable by most people. It is the unintended consequence of hindering the development of the policy that we are particularly concerned about, but we hope that we can give some reassurance in terms of the guidance that I mentioned.

More fundamentally, I believe that a requirement for privacy may inadvertently perpetuate the belief that periods and period products are something to be embarrassed by or ashamed of. My hope is that the work that we are doing to reduce the stigma means that accessing free period products becomes normality, so privacy would be unnecessary in every situation. We understand that that may be some time off, so I hope that the reassurance that we have given to Sarah Boyack is understood.

Turning to amendment 9, I understand that Sarah Boyack is seeking to ensure that the universality that underpins the bill is protected. We agree with that intent. Protecting universality was at the heart of the Scottish Government approach to amending the bill. However, we do not agree with this specific amendment.

Sections 1, 5 and 6 all clearly state that the duties on responsible bodies are to make period products obtainable by anyone who needs them, with "need" defined in section 9A as the need

"arising from menstruation by the person".

Therefore, the bill already makes it clear that anyone who menstruates must be able to obtain products. Trying to impose additional qualifying requirements, such as being in receipt of a benefit or accessing a service, would be in breach of those duties.

Amendment 9 could, unfortunately, have unintended consequences by stating that in no way can access to free period products be linked to entitlement for a service, goods or benefits. There is a real risk that local authorities could be prevented from making period products obtainable via services that are limited by eligibility—for example, services for homeless people—and we believe that that would be a backward step. I am sure that that is not what Sarah Boyack wants to see, regardless of how well intentioned the amendment is.

We therefore do not support amendments 8 and 9, but I hope that Sarah Boyack will accept our reassurance that we want to ensure that the universality principle is protected and that voices shape and hone the approach that we take regarding the dignity principle, which is so fundamental to the successful implementation of the bill.

17:00

Monica Lennon: I am grateful to Sarah Boyack for her amendments, and to Engender, which has worked with her to lodge them.

Amendment 8 provides that all responsible bodies should ensure that products are made obtainable not only "reasonably easily", as the bill now states, but "with reasonable privacy". Section 4 as introduced required products to be made available

"reasonably easily and with reasonable privacy",

so I understand why Sarah Boyack has lodged her amendment. However, the bill has already been amended to ensure that products are obtainable

"in a way that respects the dignity of persons obtaining them".

The reference to dignity was proposed by the cabinet secretary, on the basis that it not only covered the issue of privacy but applied more widely. I supported that approach at stage 2. I am confident that the aspirations behind amendment 8 can be achieved in the statutory guidance.

Amendment 9 partly replicates an amendment that Sarah Boyack lodged at stage 2. I fully support the intent behind the amendment but, having consulted the Convention of Scottish Local Authorities, I understand that using the language of "linked ... to" rather than "contingent on", for

example, may create some unnecessary barriers, which I do not think was intended in drafting the amendment. As the bill already allows any person to obtain products free of charge if they need them, there is no longer any reason to ask people who need products to go through any sort of prior process to establish their eligibility.

Sarah Boyack: With these amendments, I was attempting to test the wording in the bill. That is important work for us to do as legislators who are given this responsibility.

I wanted to pick up the issues that Engender had raised with me, as Monica Lennon highlighted. I also wanted to be sure that different approaches in different parts of the country, for example, would still be possible and that the guidance would enable different types of delivery while at all times ensuring dignity. I wanted to test the bill on the issue of privacy, and I am reassured by the cabinet secretary's comments this afternoon. With her assurance on the record that the issues that I have raised will be dealt with in guidance, I am minded not to press amendment 8.

I also welcome the comments from Monica Lennon. The bill is hugely aspirational, and it is important that people feel that it will deliver for them. That is what I was trying to test with amendment 9. People do not have to prove that they need these products—they merely need to turn up, and the organisations mandated by the bill will have those in place for them.

We would want to encourage feedback from, and consultation of, those who use the facilities. Like Monica Lennon, I welcome the fact that local authorities have been trying different ways to ensure that products are available. That is great, and they can learn from each other.

With those reassurances on the record, I seek to withdraw amendment 8, and I will not move amendment 9.

Amendment 8, by agreement, withdrawn.

Amendment 9 not moved.

Section 6B—Guidance

The Presiding Officer: Group 3 is on guidance on delivery models. Amendment 10, in the name of Alexander Stewart, is the only amendment in the group.

Alexander Stewart (Mid Scotland and Fife) (Con): I acknowledge the work that Monica Lennon has done on the bill and congratulate her on the achievements that she has secured so far. I look forward to the bill progressing further.

My amendment at stage 2 looked at the role of guidance, and my amendment at stage 3 seeks to require the first guidance that is issued to clarify the delivery model that local authorities could use for period products under the duties in section 1(3)(b).

I am aware that, once again, the cabinet secretary is not minded, and does not intend, to support my amendment, as she feels that it could and would be difficult to predict the uptake and costs associated with the option of postage. However, I acknowledge her support and her commitment to work with COSLA and councils on the implementation costs of the bill, and I note the reassurances that have been sought and discussed during the process. I also welcome the cabinet secretary's commitment to ensuring that the guidance is as helpful as possible for all the responsible bodies involved in the process.

I move amendment 10.

Aileen Campbell: Amendment 10 is very similar to the amendment that Mr Stewart lodged but did not move at stage 2. It seeks to mandate that the guidance that will be issued to local authorities under section 6B must specifically

"include guidance on delivery models that could be used by local authorities in relation to their functions under section 1(3)(b)".

That permissive paragraph (b) was included in section 1(3) to cover the eventuality that local authorities choose to include postal delivery as part of their arrangements as, otherwise, authorities would be legally obliged to bear the costs of packaging and delivery of products in all cases. Following consultation, local authorities will have the flexibility to decide to include an option for postal delivery of products among their arrangements to fulfil their functions.

Section 1(3)(b) allows local authorities in law—if they choose to include this option in their arrangements—to charge for the packaging and delivery of products. However, if postal delivery is the only way in which an individual might be able to access the free products through the arrangements that have been put in place, posting and packaging should be free. In both those instances, the products themselves must still be free of charge.

The effect of amendment 10 would be to mandate Scottish ministers to issue guidance in a manner that is disproportionate in relation to the existing guidance requirements, which cover all duties under section 1.

Although I sincerely appreciate Alexander Stewart's amendments and his interest in the bill, we do not support amendment 10. However, we can give him reassurance that we will continue to work with COSLA and local authorities on the issues that he has raised today.

Monica Lennon: I am grateful to Alexander Stewart for his support and his interest in the bill, and for allowing the issues covered by amendment 10 to be debated, but I am of the view that those issues can be addressed in the statutory guidance, rather than being required to appear in the bill.

Amendment 10 replicates the amendment lodged by Alexander Stewart at stage 2, whereby the guidance to local authorities would include specific guidance on the delivery of period products. At stage 2, I did not support his amendment, and I continue to be of the view that the issue should be adequately covered in the guidance that will be issued to local authorities. Indeed, it will be for local authorities to decide where postal or other types of delivery are appropriate and included in their arrangements.

On that basis, I ask Alexander Stewart not to press amendment 10.

Alexander Stewart: I acknowledge the responses from the cabinet secretary and from Monica Lennon. It was my intention to clarify the situation, and I have been assured that the matter will be looked into at council level and that COSLA will be involved in the process. That gives me the reassurance that I need in order to withdraw my amendment.

Amendment 10, by agreement, withdrawn.

Section 6D—Consultation

Amendments 5 and 6 moved—[Aileen Campbell]—and agreed to.

After section 7

The Presiding Officer: Group 4 concerns reports on exercise of functions. Amendment 11, in the name of Annie Wells, is the only amendment in the group.

Annie Wells (Glasgow) (Con): I am extremely supportive of the aims of this landmark bill. Having said that, I have sought reassurances since the beginning of the process that the programme will be adequately funded, fully costed and supported by a robust reporting mechanism to ensure that the bill fulfils its objectives. That is important to ensure the bill's success, which is something that all parties across the chamber want to see. I believe that it would also be welcomed by many stakeholders who have been involved in the creation of the bill.

In collaboration with stakeholders, I lodged amendments at stages 2 and 3 on the issue. Local authorities and other providers must have confidence that costings have been fully considered. That is necessary, as they require assurances that they can fulfil their duties to support individuals who need access to period products.

I move amendment 11.

Aileen Campbell: Amendment 11 seeks to place a duty on responsible bodies to publish a report on the total cost of meeting their duties under sections 1, 5, 6 and 7 in the first three years following commencement of those duties.

Although we absolutely agree that financial reporting is important, we do not consider that amendment 11 is necessary. That is because the Government has already reached an agreement with COSLA that local authorities will provide, for a period of three years following commencement, data on the costs arising from implementation of the legislation to ensure that they can be appropriately resourced based on the evidence as far as possible. There will also be a review 10 years after implementation. We will seek to reach a similar agreement with colleges and universities. We would expect the data to go into an agreed level of detail on the costs—for example, it should be split into how much was spent on products and how much was spent on administration and delivery of the duties.

There is a risk that, if the amendment were agreed to, local authorities will comply only with the minimum of what is legally asked, which would not allow the Government to fully assess the suitability or otherwise of the funding that they provide and the allocation method for that. More important, it would not enable future improvement of the policy.

Amendment 11 risks undermining our agreement with COSLA, which is practical and proportionate. Therefore, we do not support the amendment.

Monica Lennon: I am grateful to Annie Wells for her contribution and for her explanation behind amendment 11. Although I am sympathetic with the intention behind it, I am satisfied that the arrangement reached with COSLA to publish data will be more satisfactory than what is proposed in the amendment.

The key point for COSLA is that there must be transparent funding and sufficient flexibility to allow the great work that is already happening in many local authorities to continue and to allow the opportunity for good practice to be embedded across the country.

I am content with the commitments given by COSLA and the Scottish ministers on funding and on reporting costs. Like Annie Wells, I want the legislation to be successful in the long term and for the policy to be sustainable. I welcome her scrutiny and her support, but I am not in favour of amendment 11.

Annie Wells: As I said, I lodged a similar amendment at stage 2, and I worked with COSLA to try to ensure that we could get the right wording to allow the amendment to be supported. However, I am absolutely content with the cabinet secretary and Monica Lennon's remarks that what I am proposing will be done through work with COSLA. Therefore, I will not press my amendment.

Amendment 11, by agreement, withdrawn.

Section 11—Commencement

The Presiding Officer: Group 5 is on commencement. Amendment 7, in the name of the cabinet secretary, is the only amendment in the group.

Aileen Campbell: Amendment 7 is a minor amendment to correct an inconsistency arising from the insertion of section 9A by amendment at stage 2.

As drafted, section 11 provides that section 9A, on "Key definitions", and section 10, on "Interpretation", will come into force on different days. It will be preferable for all sections that contain definitions to come into force at the same time. Amendment 7 corrects that inconsistency and will ensure that section 9A will come into force along with section 10 on the day after the bill receives royal assent.

I move amendment 7.

The Presiding Officer: Does Ms Lennon want to add anything?

Monica Lennon: I have nothing to add on that technical amendment.

Amendment 7 agreed to.

The Presiding Officer: That ends consideration of the amendments.

As members may be aware, at this point in proceedings, I am required under standing orders to decide whether, in my view, any provision of the bill relates to a protected subject matter; that is, whether it would modify the electoral system or franchise for Scottish parliamentary elections. In my view, no provision of the Period Products (Free Provision) (Scotland) Bill relates to a protected subject matter; therefore, it does not require a supermajority to be passed at stage 3.

Period Products (Free Provision) (Scotland) Bill

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-23328, in the name of Monica Lennon, on the Period Products (Free Provision) (Scotland) Bill. I invite all members who wish to contribute to press their request-to-speak buttons, and I call Monica Lennon to speak to and move the motion.

17:15

Monica Lennon (Central Scotland) (Lab): I opened the stage 1 debate by saying:

"we are standing tall on the shoulders of previous generations of feminists, trade unionists and equality campaigners".—[*Official Report*, 25 February 2020; c 20.]

Nine months on, I am delighted to be standing here to open the final debate on the Period Products (Free Provision) (Scotland) Bill. We have got here because we have worked together. We have shown that this Parliament can be a force for progressive change when we collaborate. Our prize is the opportunity to consign period poverty to history. In these dark times, we can bring light and hope to the world this evening.

We have come a long way on this journey since 2016, when I first asked questions in Parliament about period poverty. Parliament has already supported the principles of universal access to free period products. If we pass the bill into law at decision time, nobody in Scotland will ever have to go without period products again. That matters now more than ever, because periods do not stop in a pandemic.

There are places around the world where campaigners and politicians have taken important steps to improve access to period products, but there is not yet a country in the world where gender equality has been achieved. Globally, the struggle for equal rights for women and girls continues. On the issue of period dignity, I am beyond proud that Scotland is leading the way and that we have moved at a fast pace in a short space of time.

When I posed questions to the Scottish Government in 2016 about what was being done to address period poverty, it was clear that United Kingdom-wide austerity was having an impact. Sadly, we know that, in times of economic crisis, women and girls are too often disproportionately disadvantaged. The thought of anyone having to go to a food bank for food, toiletries and essential period products remains unacceptable, and we have huge work to do to address wealth inequalities in our society. Four years on, that economic struggle has not got any better. In fact,

the impacts of the Covid-19 pandemic on public health and incomes only make the case for the bill even stronger. Periods do not stop for pandemics, and the work to improve access to essential tampons, pads and reusables has never been more important.

I am grateful that the bill has reached this final stage. For that, I pay heartfelt tribute for her collaboration to the Cabinet Secretary for Communities and Local Government, Aileen Campbell, and to her officials and my own team, who have worked together tirelessly on the bill, particularly in recent months and weeks. We have worked closely on amendments and achieved consensus.

I also express my thanks to the Local Government and Communities Committee and the exceptional non-Government bills unit, especially Andrew, Mary and Claudia. I also thank the president of the Convention of Scottish Local Authorities, Councillor Alison Evison, for her support and leadership. The dedication and hard work that are already happening on the ground across Scotland's councils has made progress possible. The bill is built on an equal partnership, and local authorities and education providers have demonstrated their commitment time and again.

Finally, I pay tribute to each and every one of the grass-roots campaigners who have brought periods out of the shadows. Instead of hiding tampons and pads up their sleeves, young people in Scotland in 2020 are more likely to be talking about periods on social media and lobbying their sports clubs, schools and workplaces for essential supplies. In contrast with the vibrant supporters' rally that energised Parliament and filled the public gallery just nine months ago, the heroes of the campaign are at home today, but their voices remain loud and clear—that Parliament should pass the Period Products (Free Provision) (Scotland) Bill.

Periods should never be a barrier to education or push anyone into poverty. Women, girls and all people who menstruate deserve period dignity. The bill is practical and progressive, and I hope that all MSPs will support it.

I move,

That the Parliament agrees that the Period Products (Free Provision) (Scotland) Bill be passed.

The Deputy Presiding Officer (Christine Grahame): Thank you very much, Ms Lennon. I now call Aileen Campbell to speak on behalf of the Scottish Government.

17:20

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): It is a great privilege to be here on the day on which we will commit to Scotland becoming the first country in the world to legislate to ensure that free period products are available to all who need them. The legislation will do much to advance equality and social justice here in Scotland—and elsewhere, as other countries seek to follow our path.

At stage 1, I committed to working to make the bill one that we could all support—MSPs and our partners, who will deliver the legislation, just as they have been delivering free products to pupils, students and those on low incomes in the past few years. I believe that we have accomplished that.

As Monica Lennon said, tonight the Parliament can be proud of collaborative working across parties to deliver ambitious and realistic legislation. It is a day on which we can all agree that devolution is working for the people of Scotland. The important lesson is that we can achieve great things in the Parliament when we work together and focus on what unites us.

I sincerely thank Monica Lennon and her team for working so closely with me and my team to make sure that Parliament will—I think—unanimously pass the bill. The pandemic did not get in the way of the phone calls that we often had as we tried to make sure that we got the bill to a place where we could all unite to support it.

I thank the convener and members—past and present—of the Local Government and Communities Committee for their diligence in getting us to this stage. I thank the clerks of the committee and the parliamentary staff who have helped to steer the bill through during a challenging pandemic. I extend my thanks and appreciation to my bill team and my private office staff, who have worked so hard throughout the process. In particular, I thank Elaine Moir, who has done an inordinate amount of work to make sure that we could get to this place.

I also thank some early campaigners, including Julie Hepburn and Gillian Martin, who tabled the motion at our Scottish National Party conference that set the ball rolling on the Scottish Government's work to introduce free period products. I thank my predecessor, Angela Constance, for overseeing the Government's first steps on the policy, with a pilot project in Aberdeen in 2017. We can see what we have achieved a few short years on from those first steps. Since the success of that pilot, we have rolled out provision nationally for those on low incomes; we have implemented free period products in educational establishments; and we have enabled local authorities to ensure that products are available within communities.

We have also made real progress in tackling the stigma and embarrassment that some feel when it

comes to periods through our let's call periods, periods campaign earlier this year. The bill cements Scotland's world-leading approach to period dignity.

Others have also played a critical part, such as the on the ball campaigners who have had success in persuading more than 100 football clubs to provide free period products in stadiums and the countless businesses that have started to do the same in workplaces, shops, bars and restaurants.

We have worked with the social enterprise Hey Girls to develop training materials to encourage period dignity in the workplace and a period products locator app, which, although delayed due to Covid, will be a vital resource in the future. Other organisations, including Young Scot, the Scottish Youth Parliament and Girlguiding Scotland, have also campaigned for period equality. The guides even introduced a period poverty badge.

We are seeing a real change in culture—a move away from stigma. It is becoming normal for period products to be available in a range of spaces. Monica Lennon's bill will lock in that progress. Despite the challenges of Covid, we have worked in collaboration with her and with stakeholders to ensure that the bill retains the general principle that anyone, whoever they are and wherever they are in Scotland, should be able to access free period products in a dignified way when they need them, whatever the circumstances, and in a cost-effective and deliverable way.

The bill will place a duty on local authorities to ensure that period products are obtainable in their areas free of charge to anyone who needs them. Local authorities are best placed to make that happen in their communities, but, importantly, the bill mandates consultation, ensuring that local voices are also heard. The principles of dignity and choice, which have underpinned all our work so far and are now protected by the bill, will help to maintain high standards in meeting that duty.

The eyes of the world have been watching us and learning from us. The insights that we have gained from implementing our policies have been shared with other UK nations and beyond. They directly informed New Zealand's provision of free products in high schools, which was announced in summer.

The bill is a world first in ensuring that, by law, anyone who needs free period products can access them, wherever in the country they live. It is a significant moment for gender equality. I sincerely hope that members of all parties will support the bill. I again pay tribute to Monica Lennon for her work in getting us to this place.

17:25

Annie Wells (Glasgow) (Con): I sincerely welcome the opportunity to speak in the debate on this important issue and I thank Monica Lennon and her team for their determined efforts to introduce this trailblazing bill in the Parliament, in collaboration with the Scottish Government, members of the Scottish Parliament and other partners.

Let me say from the outset that the Scottish Conservatives support the bill's overarching aims. It is essential to the dignity of those who use period products that products are made accessible when they are required. As many groups and organisations made clear during the bill process, there are obstacles that hinder many individuals' ability to access essential period products. We must tackle the issue head-on.

Obstacles to access to period products have a detrimental effect on the wellbeing of people who use them. More significant, not having such access can lead to serious health complications. Along with members across the Parliament, I am clear that no individual in Scotland should see their health, work or education suffer because they cannot, for whatever reason, access the products that they require to function as a human being. Therefore, the Scottish Conservatives and I will welcome any steps that are taken to improve accessibility.

I am pleased that a core provision of the bill will ensure that people who require them will be able to obtain period products free of charge. That is a positive step forward, as it will ensure that the appropriate products are available to people regardless of their financial circumstances.

Although I have supported the aims of this important bill throughout the bill process, I have sought assurances that the programme will be adequately funded, fully costed and supported by a robust reporting mechanism, to ensure that the bill meets its objectives. The amendments that I lodged at stages 2 and 3 aimed to ensure that that would be the case. Local authorities and other providers must have confidence that the costings have been fully considered, and I continue to believe that a strong reporting mechanism is essential.

I was glad to hear the commitments that were made in that regard this afternoon, and I am glad that, in the latter stages of the bill process, the Government took stock of the debate and had discussions with stakeholders, including COSLA, which agrees with me that financial reporting is important, albeit that the Government did not support my amendment 11. It is encouraging that reporting is being considered as seriously as it deserves to be. At the end of the day, we want the

bill to succeed and to support those who require period products. That is why I decided not to press amendment 11; agreement had been reached on the issue, which I welcome.

We have a chance to demonstrate Scotland's intention to champion period dignity and, I hope, inspire others to do the same. I again thank everyone who engaged constructively with this landmark bill, which demonstrates what the Parliament is capable of when members of different parties come together to fight a common battle for the betterment of Scotland's people. I am sure that we all welcome and would like to see more of that collaboration and consensus.

17:29

Sarah Boyack (Lothian) (Lab): Today, we are doing what this Parliament was designed to do: we are improving the lives of people in Scotland. We are also making history. I congratulate my Labour colleague Monica Lennon on getting the bill to this stage, and I recognise the tremendous amount of work that she and her team put into making this possible, over not just months but years.

It is also important to recognise the vital work of grass-roots campaigners, who made a fantastic contribution by pushing hard to influence the Government's approach to the bill. We heard from a range of trade unions, the Educational Institute of Scotland, Endometriosis UK, Children in Scotland, Barnardo's, the Poverty Alliance and Disability Equality Scotland. Many organisations wrote to us to say, "This issue is central to people's lives now—please get on and put the bill through Parliament."

I thank the Parliament's clerks for their assistance in drafting amendments for several of us to test the detail of the bill. Even if those amendments were not always passed, the test was important for us. The evidence that we scrutinised at stage 1 convinced me that this was a really important bill—not just symbolic, but one that would lead to a real increase in opportunities to access period products for many who were excluded. Even the fact that we have been discussing the bill is important, because it sends a clear message that we can and should not only think about access to period products but directly tackle the stigma.

Scottish Labour and the trade unions have been campaigning for legislation not just to eliminate period poverty but to deliver dignity and accessibility to period products across the country. The Scottish Trades Union Congress video on Twitter today is inspiring and brings home how the bill will impact people's lives.

I put on record my thanks for the contribution that our local authorities and universities and colleges have already made by getting out there, experimenting, seeing what works and making products available. I hope that that will encourage other employers to make period products available—not just those who will be required to by the legislation but more widely. Some of the trade unionists pointed out the difficulty in accessing period products.

I thank the Cabinet Secretary for Communities and Local Government, Aileen Campbell—she will not hear me say that every time I speak in a debate. Her constructive work, following stage 1, with my colleague Monica Lennon ensured that we ended up with a bill that, hopefully, the whole Parliament will support. The bill has been tested and was endlessly debated between the two of them, and when it came to committee we could support it. That was really important.

The pandemic has made the bill even more important, because people have lost incomes and their livelihoods, and many are struggling financially. The charity Bloody Good Period—what a good name—reports that it is now providing six times the amount of products that it did before the pandemic. That is because people are struggling. The charity has had to supply products to food banks, community support groups, women fleeing domestic violence, asylum seekers and refugees, homeless shelters and even NHS front-line workers who could not access products because of the hours that they were working and shortages in the shops. The bill will make a difference now. As Monica Lennon said, it reinforces the importance of local authorities working in our communities to deliver equality on the ground.

I hope that, when the cabinet secretary is involved in discussions for the upcoming budget, she will push for a harder, fairer long-term settlement to enable our local authorities to continue to be radical and deliver the ambitions in the bill not just now but in the future. Let us celebrate the passing of the bill today and the success of grass-roots campaigners in building the political and cross-party support to get us to this stage. Let us also work together to ensure that those responsible for implementing the legislation are given the financial support that they need.

17:33

Andy Wightman (Lothian) (Green): I, too, congratulate Monica Lennon for her spirited determination in pursuit of the bill, for her persistence in the face of difficulties and obstacles, and for her infectious enthusiasm and cheery disposition all along the way, which I am sure must have masked some disappointing moments.

I also commend the cabinet secretary for her constructive role in lodging amendments to the bill in order that it is capable of securing all-party support tonight, which I hope it will. I also congratulate all those who have supported Monica Lennon, many of whom have been mentioned by Sarah Boyack, from the trade unions to the sassy, smart and creative social enterprise Hey Girls.

The bill as introduced provided for a duty to be placed on ministers to create a scheme of universal provision of period products. It has ended up as a bill creating a duty on local authorities. I believe that that is a far more elegant solution, and I commend COSLA, in particular, for its commitment, hard work and engagement in what has been a slightly difficult conversation at times. The bill enshrines local flexibility and delivery by councils and their partners in the manner best suited to their demographics, geography and needs.

In many pre-modern societies, menstruation was celebrated and revered, but world religions and their associated patriarchy have condemned women and girls to a life of taboo, shame and indignity in far too many countries and cultures across the world. According to the World Bank,

> "At least 500 million women and girls globally lack adequate facilities for menstrual hygiene management",

and it is well established through a growing body of evidence that

> "girls' inability to manage their menstrual hygiene in schools results in school absenteeism, which in turn, has severe economic costs on their lives"

and on their communities. So I am proud that, today, the Scottish Parliament will—I hope it will—agree to Monica Lennon's bill. It not only provides a new rights-based framework for everyone who needs period products but sends an important signal to other societies, communities and countries that it is possible to break the taboos, end the patriarchy and uphold human dignity.

As a father, a husband and a son, I sincerely hope that, for all those girls in school today who are in some distress or suffering from shame, what we do today will be of some comfort, hope and justice. The Scottish Greens will be delighted to support the bill at decision time.

17:36

Alex Cole-Hamilton (Edinburgh Western) (LD): I will start on a personal note. Monica Lennon and I entered the Parliament on the same day, and we have had many of the same jobs. She is currently a shadow health spokesperson, as am I, and I cannot understand where she has found all the time to realise this important piece of legislation. She has driven it relentlessly, practically since the start of our term in office, and I salute her for that tremendous achievement and what it means for women, girls and everyone in this country who menstruates.

Unquestionably, the Liberal Democrats will support the bill at decision time. I was a signatory to the original draft member's bill, because strengthening the basic human rights and human dignity of our people is what the Parliament is primarily for and it is why, like colleagues across the chamber, I entered politics.

Forgive me for stating the obvious, but I am not a woman and I have never experienced the panic of being caught out by the onset of my period in a public place. Nor have I been in poverty to the extent that I have had to line my underwear with socks or toilet tissue because I could not afford to buy basic sanitary products, and I have never had to miss work or school because I could not afford those products. However, my lack of understanding of those experiences does not mean that I do not care passionately about ensuring that the bill is passed and that free sanitary products are provided across Scotland. I do not think it should take first-hand experience of menstruation or period poverty to understand that the bill is about basic human dignity, and I salute Monica Lennon for that.

It is estimated that the average period costs around £8 per month in sanitary supplies for one person. One charity has calculated that the average lifetime cost of a period is £4,800. As I heard Monica Lennon say on the radio this morning, no one would go into a public building and expect to have to bring their own toilet paper, so why should women be expected to bring their own sanitary products? For too many, the opportunity cost of period poverty presents impossible choices—it is £8 that does not go towards nappies for a young child or feeding the family, and it is £8 that cannot be used for the basic necessities of daily life. No one should be forced to make those choices.

The bill will make huge strides in addressing period inequality, but beyond that we need to start talking about periods as a part of everyday life that too many in society are uncomfortable discussing. We need to bring the subject out of the shadows. That, in turn, needs to be part of a wider commitment to opening discussion and understanding of even the most sensitive aspects of health and wellbeing.

It is with great pride that my party and I will support the bill at decision time. Once again, I heartily congratulate Monica Lennon on her achievement.

The Deputy Presiding Officer: I think that I am calling James Dornan next. Yes—I am.

17:39

James Dornan (Glasgow Cathcart) (SNP): I am delighted to hear that, Presiding Officer. Thank you.

As the only MSP who did not support the bill at stage 1, and as the convener of the Local Government and Communities Committee, I am delighted to speak today about my support for the bill as it is now, and about the committee's work in scrutinising what has become a truly collaborative piece of policy making. It is always good to see members and the Government working together across the political divide to create important legislation. The bill shows what can be achieved when we do that.

The Local Government and Communities Committee was the lead committee for scrutiny of the bill at stage 1 between September 2019 and February 2020, when we published our report. At the time, we commended Monica Lennon's work and her collaboration with the cabinet secretary. That joint work helped to highlight the issues of access and affordability in relation to period products, and to highlight the stigma that goes with them.

Following our stage 1 deliberations, we concluded that, although we unanimously supported the bill's intention to end the stigma of unequal access to period products, the majority of the committee could not support the bill as it was drafted, because of a number of concerns. The concerns were about the disparity between the costs that were presented in the financial memorandum and the costs that the Scottish Government estimated for implementing a universal scheme; the imposition of a duty on as-yet-unidentified public bodies that would have a cost that the Scottish Government was not compelled to fund; lack of support for the initially proposed voucher scheme; and the additional administrative burden and costs that were associated with postal delivery.

It has therefore been welcome to see a completely different picture emerge at stages 2 and 3. Many of the concerns were addressed, largely through collaboration between the member in charge of the bill and the cabinet secretary. Many of the stage 2 amendments that the committee agreed to had previously been jointly agreed by the cabinet secretary and the member in charge. There was only one vote during the committee's proceedings.

As a result, a far more workable bill is before us. It keeps Ms Lennon's principal aim of making period products available free by law to anyone who needs them, but it does so by allowing local authorities the freedom to do what is most appropriate locally to meet that stated aim. The principles of choice, privacy and removal of stigma have been maintained, but a flexible and sensible approach is being used.

It is worthy of note that a revised financial memorandum from the cabinet secretary has been finalised in collaboration with the member in charge. That is a welcome addition, given the committee's significant concerns about the costings.

I congratulate Ms Lennon again on introducing the bill, the cabinet secretary on her determination to ensure that the good work that had been done was built on, and all the organisations and individuals who have campaigned for the aim for so long, some of whom the cabinet secretary has mentioned. Today is a good day for all of them, it is a good day for women, young girls and all others—however they identify—who menstruate, and it is a good day for the Parliament.

17:42

Mary Fee (West Scotland) (Lab): There are many people and organisations to thank for bringing the bill to stage 3. My colleague Monica Lennon has worked hard and diligently to secure the bill's passage, and women and girls across Scotland will be grateful to her for her commitment to ending period poverty. I thank colleagues from across the chamber for their contributions to this short but nonetheless important and historic debate.

With the backing of a wide range of campaigners, third sector groups and trade unions, the bill has justifiable and widespread support across Scotland. It should be welcomed as a positive step towards the achievement of equality and social justice.

Entering work or education comes with many fears and anxieties, and lack of access to period products should not be one of them. No longer will one in four young women and girls, and trans boys and young trans men, struggle to access period products. That figure is from Young Scot's survey of 2,000 young people. No longer should anyone's physical health be at risk because of lack of access to period products. No longer should anyone feel shame or stigma about their period and the affordability of period products.

I thank the Scottish Government and many local authorities for voluntarily funding provision in areas across the country. The bill will make such provision a legal requirement. It shows again that Scotland can lead on equality and social justice.

The coronavirus pandemic has exposed poverty and job insecurities across Scotland. At a time when people are worried about their incomes and job security, the last thing that they should be

worried about is having to afford period products. Food banks have been tremendously supportive in providing a range of sanitary products throughout the pandemic, and long before it, but the legal requirements in the bill should help food banks to focus more on making sure that no one goes hungry. That is the sad reality that we have faced in the past decade of austerity.

Again, I offer my support and congratulations to Monica Lennon on the progress of the Period Products (Free Provision) (Scotland) Bill, and I look forward to Parliament voting to end period poverty at decision time today.

17:45

Alexander Stewart (Mid Scotland and Fife) (Con): I am pleased to close, for the Scottish Conservatives, this afternoon's debate on the important matter of free provision of period products.

First, I pay tribute to Monica Lennon for her tireless campaign to raise awareness of the issue and for seeking a positive solution.

We all agree that no one should struggle to access sanitary products due to poverty. However, many people in Scotland face that problem today. A survey for Plan International UK found that a significant one in seven had, at one time or another, struggled to afford sanitary products.

Period poverty has had a severe impact on the health and wellbeing of many women and girls, and affects their attendance at educational or vocational establishments. That issue needs to be addressed as a matter of urgency, and we are doing that today in Parliament.

As we discussed at earlier stages of the bill, I and other members of the committee had concerns about whether legislation would be the most appropriate way to address the issue. There were also concerns about a universal scheme and how to meet its costs, so I am delighted that the Government, Monica Lennon and other members worked together to ensure passage for the bill.

I am pleased that some of the concerns—which were addressed at stage 2 through amendments that were lodged by the cabinet secretary and Monica Lennon—were addressed, and that we now find that there are possibilities to ensure that many of them are allayed. In my view, many of the changes are to be welcomed.

My amendments at stage 2 and 3 sought to require clarity in the guidance, so I am delighted that the cabinet secretary took on board concerns and liaised with the Convention of Scottish Local Authorities and local government to ensure that that is included in the bill. I also welcome her commitment to ensuring that the guidance will ensure that the responsibilities of other bodies are taken on board.

I also welcome the agreement that the cabinet secretary has reached in relation to my colleague Annie Wells's amendment on reporting gathering more detail than simply the costs. Financial reporting is vitally important in ensuring that councils are properly funded to carry out the duties in the bill. It is important that we got that clarified.

There has been exceptional work, collaboration and co-operation among MSPs and across parties to ensure passage of the bill. I pay tribute to Sarah Boyack for what she brought forward in relation to dignity, access, privacy and guidance. That has now been secured and we look forward to seeing that work progressing and being discussed.

In conclusion, I say that the Scottish Conservatives are happy to support the bill at stage 3, and we welcome the improvements that were made to ensure its passage through Parliament, to this evening. Period poverty is an increasingly serious issue that must be addressed, and the bill will go far in ensuring that.

17:48

Aileen Campbell: Today, the Scottish Parliament takes an important step to protect in law the good work that the Scottish Government has already put in place.

I thank members for their many excellent contributions to the debate and their reflections on the importance of access to free period products. It is clear that everyone in the chamber agrees that no one in our society should have to suffer the indignity of not having the means to meet their basic needs, and that being able to access period products is fundamental to equality and dignity.

The legislation shows what can be done when the entire Parliament recognises a need to act and build on cross-party consensus and collaborative work. In particularly challenging times, it has been an example of the Parliament at its best, and I am proud to have been a part of that work.

Since the successful Aberdeen pilot, we have rolled out national provision for those on low incomes. We have also implemented the provision of free period products in education establishments around the country, enabled local authorities to ensure that such products are available in communities, and made progress in tackling the stigma and embarrassment that some people feel when it comes to periods.

I do not think that, a few years ago, any of us could have imagined a campaign to tackle the stigma that still surrounds periods in the way that our "Let's call periods, periods" campaign did earlier this year. It included posters on bus stops

and even a cinema advert that challenged the existing stereotypes. However, as Andy Wightman recognised, the social taboo and stigma associated with periods are still global challenges. Such recognition is right, and we must work collectively to tackle such challenges.

Of course, we all know that the bill whose passage we have been debating today is not the end of the hard work. I know that members will be interested in the next stage, as we seek to implement the act. As quickly as we can after royal assent, we will act to consult stakeholders to produce clear guidance, which will reflect all the views that we have heard today, to ensure that the duties and obligations on local authorities and education providers in respect of the legislation are understood, and so that all such bodies can strive to achieve the excellent examples of delivery that we have seen across the country.

In my opening remarks, I mentioned the global attention that has been focused on Scotland in relation to free period products. The passage of the bill will send a very important message about the kind of country that we want Scotland to be. It is a gender-equal Scotland, in which no one has to go through the indignity of using unsuitable materials to manage their periods, or to go without products in order to stretch household budgets further to enable them to buy other items for their children, or to miss out on education. It is also one in which no one has to hide a tampon up their sleeve. We want to create a country in which everyone is able to participate in society and achieve their potential.

Many people have played their part in getting us to this point. Before I close, I again pay tribute to those who have who have led us to this point: our delivery partners, individuals, campaigners, organisations, members across the Parliament and, of course, Monica Lennon. I thank her and her team for their collaborative working. They should rightly be proud of their achievement—just as we can all be proud that, today, Scotland remains a world leader in period dignity and the Parliament is united over the provision of free period products. As Chelsea Clinton tweeted in response to our landmark provision in education settings,

“Thank you Scotland ... for leading the way ... Hopefully Scotland is only the first country to do this, not the only”.

This year, 2020, has been a horribly traumatic one. As it comes to an end, by voting to support the bill we can look to a future in which lives will be improved and Scotland’s world-leading role will be continued.

I again thank all members who have taken part in the debate for helping us to make the bill what it is. I pay particular tribute to Monica Lennon for her work, and for working with us to ensure that we have a bill of which we can all be proud.

The Deputy Presiding Officer: I call Monica Lennon, the member in charge of the bill, to wind up the debate. Ms Lennon, you can take up till 6 o’clock if you wish. That is not imperative; it is just if you wish.

17:53

Monica Lennon: Thank you, Presiding Officer. As always, you are very kind.

I am so grateful to members for their contributions to the debate. I again thank the cabinet secretary for her comments and her commitment to the bill, and I associate myself with her remarks.

There are so many people to thank for their support for the legislation. There is so much to say, but so little time in which to do so, even though I might have an extra minute or two on the clock. Early pioneers such as South Lanarkshire College and North Ayrshire Council were among the first organisations to provide free period products before it became a welcome Scottish Government policy and when the parliamentary process for the bill was still very much in its infancy. I will be eternally grateful for their vision and commitment. They showed that this could be done. I am grateful, too, to the cabinet secretary’s predecessor, Angela Constance, for her initial work to get the pilot scheme under way in Aberdeen before she passed the baton on.

Over the years, I have visited dozens of amazing organisations, the length and breadth of Scotland, that have been playing their part to end the cycle of period poverty: the University of Dundee, Forth Valley College, Community Food Initiatives North East—CFINE—in Aberdeen, Lanarkshire Carers Centre and Community Links (South Lanarkshire) in my region, and too many more to mention in the few minutes that I have left. It is thanks to the energy and belief of Girlguiding Scotland, which has been a champion of the need for legislation, and to the pupils at Larbert high school, in Falkirk, who are behind the lady business group in their school. It is thanks to the Scottish Youth Parliament and the Children’s Parliament, and to Erin, Orlaith and Mikaela, who spearheaded the on the ball campaign, which put period products into football stadiums.

I thank the Equality Network and lesbian, gay, bisexual and transgender organisations for their solidarity and for ensuring that trans men and non-binary people will benefit from the bill, too. I thank campaigners such as Victoria Heaney, whose research helped people to see that period poverty is real. I thank Women for Independence for its passionate campaigning. I thank Perth and

Kinross Association of Voluntary Services, which invented the iconic tampon taxi, for transporting period products to those in need throughout lockdown.

I thank Simon Community Scotland for its innovative period-friendly points and its work on homelessness. I thank our local authorities, which have embraced change and made free period products more widely available in libraries, leisure centres and community halls.

I also thank the incredible campaigning from trade unionists across Scotland who believe in period dignity for all workers. The STUC continues to break down barriers around menstruation and menopause, and I am delighted that Roz Foyer and Mary Senior are committed to continuing that work.

Thanks to that amazing grass-roots activism, universal access to free period products has become a mainstream campaign that every political party in the chamber has embraced. We all agree that no one should have to worry about where their next tampon pad or reusable is coming from. We are on the brink of passing this world-leading bill. Scotland will not be the last country to consign period poverty to history, but we have the chance to be the first. This has been a long time coming, and I hope that Parliament will unite behind the bill.

The Deputy Presiding Officer: That concludes the debate on the Period Products (Free Provision) (Scotland) Bill. There will be a short pause before we move to the next item of business.

The Presiding Officer (Ken Macintosh): I am minded to accept a motion without notice to bring forward decision time to now. I invite the Minister for Parliamentary Business and Veterans to move the motion.

Motion moved,

That, under Rule 11.2.4, Decision Time be brought forward to 6.00 pm.—[*Graeme Dey*]

Motion agreed to.

Business Motion

17:58

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-23464, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees to the following revision to the programme of business on Thursday 26 November 2020—

after

2.30 pm Portfolio Questions: Health and Sport

insert

followed by Ministerial Statement: Independent Review of Grouse Moor Management

delete

6.00 pm Decision Time

insert

6.30 pm Decision Time—[*Graeme Dey*]

Motion agreed to.

Decision Time

17:59

The Presiding Officer (Ken Macintosh): There are two questions to be put at decision time. The first question is, that motion S5M-23342, in the name of Lewis Macdonald, on supply and demand for medicines, be agreed to.

Motion agreed to,

That the Parliament notes the conclusions and recommendations contained in the Health and Sport Committee's 6th Report 2019 (Session 5), *Supply and demand for medicines* (SP Paper 774).

The Presiding Officer: The next question is on a bill, so there will be a vote. I will suspend the meeting for a few minutes to allow all members, both in the chamber and online, to access the voting app.

17:59

Meeting suspended.

18:03

On resuming—

The Presiding Officer: Colleagues, we will move straight to the vote. The question is, that motion S5M-23328, in the name of Monica Lennon, on the Period Products (Free Provision) (Scotland) Bill at stage 3, be agreed to. Members may vote now. This will be a one-minute division.

The vote is now closed. If any member had any difficulty in voting they should indicate that with a point of order made here in the chamber or in the online chat function.

Daniel Johnson (Edinburgh Southern) (Lab): On a point of order, Presiding Officer. I would have voted for the motion to pass the bill.

The Presiding Officer: Thank you, Mr Johnson. I note that you would have voted in favour of the bill; your name will be added to the voting roll.

Fergus Ewing (Inverness and Nairn) (SNP): On a point of order, Presiding Officer. I would have voted for the bill. I did not get the pin number.

The Presiding Officer: Thank you, Mr Ewing. I note that you would have voted for the motion.

Clare Adamson (Motherwell and Wishaw) (SNP): On a point of order, Presiding Officer. I am afraid that I had problems with BlueJeans again. I would have voted yes.

The Presiding Officer: Thank you, Ms Adamson. You would have voted yes—and we all heard the dog in the background. Your name will be added to the voting roll.

I confirm that Fergus Ewing's name will also be added to the voting roll.

Maurice Corry (West Scotland) (Con): On a point of order, Presiding Officer. I, too, did not get the pin number. I would have voted yes.

The Presiding Officer: Thank you, Mr Corry. That is noted. You would have voted yes and your name will be added to the voting roll. Thank you for that confirmation.

For

Adam, George (Paisley) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Arthur, Tom (Renfrewshire South) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Balfour, Jeremy (Lothian) (Con)
Ballantyne, Michelle (South Scotland) (Ind)
Beamish, Claudia (South Scotland) (Lab)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Bibby, Neil (West Scotland) (Lab)
Bowman, Bill (North East Scotland) (Con)
Boyack, Sarah (Lothian) (Lab)
Briggs, Miles (Lothian) (Con)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burnett, Alexander (Aberdeenshire West) (Con)
Cameron, Donald (Highlands and Islands) (Con)
Campbell, Aileen (Clydesdale) (SNP)
Carlaw, Jackson (Eastwood) (Con)
Carson, Finlay (Galloway and West Dumfries) (Con)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Cole-Hamilton, Alex (Edinburgh Western) (LD)
Constance, Angela (Almond Valley) (SNP)
Corry, Maurice (West Scotland) (Con)
Crawford, Bruce (Stirling) (SNP)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Denham, Ash (Edinburgh Eastern) (SNP)
Dey, Graeme (Angus South) (SNP)
Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Ewing, Annabelle (Cowdenbeath) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Fee, Mary (West Scotland) (Lab)
Findlay, Neil (Lothian) (Lab)
Finnie, John (Highlands and Islands) (Green)
FitzPatrick, Joe (Dundee City West) (SNP)
Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Golden, Maurice (West Scotland) (Con)
Gougeon, Mairi (Angus North and Mearns) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Greene, Jamie (West Scotland) (Con)
Greer, Ross (West Scotland) (Green)
Griffin, Mark (Central Scotland) (Lab)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Harper, Emma (South Scotland) (SNP)
Harris, Alison (Central Scotland) (Con)
Harvie, Patrick (Glasgow) (Green)

Haughey, Clare (Rutherglen) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Johnson, Daniel (Edinburgh Southern) (Lab)
Halcro Johnston, Jamie (Highlands and Islands) (Con)
Johnstone, Alison (Lothian) (Green)
Kelly, James (Glasgow) (Lab)
Kerr, Liam (North East Scotland) (Con)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lamont, Johann (Glasgow) (Lab)
Lennon, Monica (Central Scotland) (Lab)
Leonard, Richard (Central Scotland) (Lab)
Lindhurst, Gordon (Lothian) (Con)
Lochhead, Richard (Moray) (SNP)
Lockhart, Dean (Mid Scotland and Fife) (Con)
Lyle, Richard (Uddingston and Bellshill) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Macdonald, Lewis (North East Scotland) (Lab)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Mackay, Rona (Strathkelvin and Bearsden) (SNP)
Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
Maguire, Ruth (Cunninghame South) (SNP)
Martin, Gillian (Aberdeenshire East) (SNP)
Mason, John (Glasgow Shettleston) (SNP)
Mason, Tom (North East Scotland) (Con)
Matheson, Michael (Falkirk West) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McDonald, Mark (Aberdeen Donside) (Ind)
McKee, Ivan (Glasgow Provan) (SNP)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McMillan, Stuart (Greenock and Inverclyde) (SNP)
McNeill, Pauline (Glasgow) (Lab)
Mitchell, Margaret (Central Scotland) (Con)
Mountain, Edward (Highlands and Islands) (Con)
Mundell, Oliver (Dumfriesshire) (Con)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Rennie, Willie (North East Fife) (LD)
Ross, Gail (Caithness, Sutherland and Ross) (SNP)
Rowley, Alex (Mid Scotland and Fife) (Lab)
Rumbles, Mike (North East Scotland) (LD)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Sarwar, Anas (Glasgow) (Lab)
Scott, John (Ayr) (Con)
Smith, Elaine (Central Scotland) (Lab)
Smith, Liz (Mid Scotland and Fife) (Con)
Smyth, Colin (South Scotland) (Lab)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, Alexander (Mid Scotland and Fife) (Con)
Stewart, David (Highlands and Islands) (Lab)
Stewart, Kevin (Aberdeen Central) (SNP)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Tomkins, Adam (Glasgow) (Con)
Torrance, David (Kirkcaldy) (SNP)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wells, Annie (Glasgow) (Con)
Wheelhouse, Paul (South Scotland) (SNP)
White, Sandra (Glasgow Kelvin) (SNP)
Whittle, Brian (South Scotland) (Con)
Wightman, Andy (Lothian) (Green)
Wishart, Beatrice (Shetland Islands) (LD)
Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on motion S5M-23328, in the name of Monica Lennon, on the Period Products (Free Provision) (Scotland) Bill at stage 3 is: For 121, Against 0, Abstentions 0.

The motion is agreed to and the bill is passed. [*Applause*.]

Motion agreed to,

That the Parliament agrees that the Period Products (Free Provision) (Scotland) Bill be passed.

The Presiding Officer: That concludes decision time. We will move shortly to members' business in the name of Rona Mackay. I encourage all members who are leaving the chamber to do so carefully, to observe social distancing, to wear their masks and to follow the one-way system that is in operation around the chamber.

18:10

Members' business will be published tomorrow, 25 November 2020, as soon as the text is available.

National Adoption Week 2020

The Deputy Presiding Officer (Lewis Macdonald): The final item of business is a members' business debate on motion S5M-22736, in the name of Rona Mackay, on national adoption week 2020. The debate will be concluded without any question being put.

Motion debated,

That the Parliament acknowledges National Adoption Week 2020, which runs from 14 to 20 October; understands that there are a range of events being held online, including fun family activities, as well as information sessions on foetal alcohol spectrum disorder and sibling relationships; commends the organisers for raising awareness of the benefits of adoption, including Adoption UK, which recently published the results of its April 2020 survey into the effects of lockdown on care experienced children, which highlighted that young people are experiencing increased anxiety and emotional distress, while many families reported enjoying spending more time together and some children appearing calmer than when attending school; acknowledges other research that highlighted that adopted children are 20 times more likely to be excluded than their peers, and notes the importance of these findings in tackling this inequality so that all children may have an equal start in life.

18:11

Rona Mackay (Strathkelvin and Bearsden) (SNP): What a privilege it is to follow such a great debate on history-making legislation. Well done to Monica Lennon and everyone else who was involved in getting the Period Products (Free Provision) (Scotland) Bill passed.

Virtual participation is not the ideal way to lead a members' business debate, but we are living in extraordinary times and needs must, given that I live in a level 4 area.

I am delighted to be able to lead—[*Inaudible*.]—and I thank members on all sides of the chamber who signed my motion on national adoption week. It is never too late to highlight the amazing work that is done by the adoption organisations and charities—[*Inaudible*.]—when Scottish adoption week was celebrated last week. As well as providing information on adopting, the themes this year focused on—[*Inaudible*.]—therapeutic parenting and foetal alcohol spectrum disorder—[*Inaudible*.]

Activities and events for Scottish adoption week had to be planned and held online, but huge congratulations must go to the organisers in the Adoption and Fostering Alliance Scotland, who worked their socks off to make the programme enjoyable—[*Inaudible*.].

The Deputy Presiding Officer: We seem to have a problem with Rona Mackay's connection. I will suspend the meeting for a moment and see whether we can sort it.

18:13

Meeting suspended.

18:17

On resuming—

The Deputy Presiding Officer: I am informed that Rona Mackay may now be in a position to recommence her speech.

Rona Mackay: Can you hear me, Presiding Officer?

The Deputy Presiding Officer: I am assured that the connection is now good. I ask you to start again, if you do not mind—I will give you the full time for your speech.

Rona Mackay: Members probably heard the first few paragraphs, so I will go back just a few lines, to save time.

Like everything else this year, activities and events for Scottish adoption week had to be planned and held online, but huge congratulations must go to the organisers in the Adoption and Fostering Alliance Scotland, who worked their socks off to make the programme as enjoyable and informative as always, despite the unusual circumstances.

There was a week of fantastic virtual events, which included a question-and-answer session with ministers Maree Todd and Joe FitzPatrick, a special message from the First Minister, and legal advice from Rhona Pollock. Great fun was had at the family events, which included a magic show and gymnastics, information sessions, a do-it-yourself tea party kit for hosting your own celebration, and much more.

There were sessions on attachment and relationship trauma, webinars on FASD and siblings, and podcasts on adoption and fostering, among other things. In fact, I cannot believe how much was packed into just one week, and it continues—members can look on the Adoption UK in Scotland website to see what is happening over the next few weeks. I do not have time to detail the terrific podcasts that are available online, but I urge members to visit the site and listen to some heart-warming and realistic no-holds-barred accounts from some amazing adopters.

Talking of amazing adopters, I would like to highlight the personal story of a friend and member of my staff team, whom many people in Parliament know. He and his—[*Inaudible*.]—18 weeks old—[*Inaudible*.]—interaction skills. Around one month later, I saw him again. Even in that short time, he was a different little boy, responding to his name, coming over for cuddles and doing all the things that children do. Right in front of me, I

saw proof of the difference that attachment and nurture make.

Shortly afterwards, the couple found out that the birth parents were pregnant with their second child and they decided to adopt their son's sister from birth to enable the siblings to be together. Sure, there were hiccups along the way—they were initially turned down because that was not the policy and that had not been done before—but, thankfully, a few months' later it was agreed that they could be approved as foster carers and they brought the little girl home to be with her brother. They tell me that that is a first for Glasgow adoptees.

If we fast-forward to today, they are progressing with the adoption. They are a loving family unit who are devoted to their two healthy, happy children. As if there was not enough toilet training to contend with, they have even added an adorable puppy to their family.

Apart from the obvious joy of that story, I tell it to illustrate that adoption can be an unpredictable and bumpy journey and that of course it is possible to keep siblings together. The one thing to remember is that professional and friendly support is always there for any situation that arises.

Children who are placed away from their home require high-quality care that addresses their emotional and wellbeing needs. Matching children to families who can provide that care is essential to supporting improved outcomes for children. Every child deserves a secure and happy home.

Foster care and adoption services are vital in assessing, improving and supporting foster carers and prospective adoptive parents to care for some of our most vulnerable children. On-going assessment and planning are crucial for the child and for the families.

The Care Inspectorate statistical bulletin, "Fostering and adoption 2018–19", states:

> "There were 3,758 approved foster care households at"

the end of 2018,

> "a total which has gradually decreased from 4,414 in 2015."

It continues:

> "In 2018, 286 children and young people were legally adopted, down from 328 in 2017. ... There were 280 new adoptive households approved in 2018, down from 317 in 2017 ... Of the new adoptive households, 28% were approved to adopt sibling groups of two, 2% were approved for sibling groups of three, and none were approved to adopt sibling groups of four or more."

Adoption can be a long process, but that is for good reason. However, I believe that there are ways in which it could be better streamlined, and a national framework might be the starting point for that. The minister might want to allude to that when winding up.

There is a wealth of information on the process online, including many documented statistics on adoption and fostering. However, the message is clear: children need a loving home. Fostering can provide that temporarily, but there is a desperate need for more foster families.

Adoption is a longer route that is not without its challenges, but the rewards far outweigh them, because people know that their love and nurture have helped a child to flourish. Who does not believe that every child should have the best chance in life and that every child deserves love and support, regardless of their background?

I look forward to hearing members' speeches, and I thank everyone again for supporting the motion. I apologise for the technical problems that we appear to be having.

18:23

Jamie Halcro Johnston (Highlands and Islands) (Con): I congratulate Rona Mackay on bringing the debate to the chamber following an important week that allows us to reflect on the work of a range of bodies that support children, as well as the work of adoptive parents and of the children who are adopted.

As it has done for so many other services, this year has created additional problems for individuals and organisations. The pandemic is far reaching, as Rona Mackay's motion suggests. It is right that we use this time not only to consider challenges, but to celebrate the good work that has taken place and encourage more people to consider whether adoption might be the right choice for them.

Many of the measures that benefit the system today are still relatively new. It is only in this century that statutory adoption leave has found its place alongside statutory maternity leave and, following that, statutory paternity leave. It was only in this decade that a Government-supported Scotland-wide adoption register emerged.

Many negative practices remain in place for looked-after children. The Education and Skills Committee has only recently been looking at redress for survivors of abuse, a great many of whom were left in the care of institutions that simply did not address their needs, failed to protect them and would not listen to them.

Too often, we see a high cost in lives for the failures of the past. Many looked-after children and adopted children have faced far too many negative experiences at a young age. Increasingly, we have recognised that adoption can be only the

beginning of providing a stable home environment and taking care of the needs of the child.

As this year's adoption week recognises, sibling groups are still split up by these processes. Since April 2018, at least 1,300 children across the United Kingdom have suffered that heartbreaking fate. We now rightly see that it is in the best interests of those family groups to enable them to stay together. Sadly, too often, that appears not to be seen as a viable option.

Adoption can be a difficult process for prospective parents, too. For many, becoming an adoptive parent is the end of a long period of preparation and engagement with local services. From assessment to matching, the process can be a tough, and sometimes disheartening, path.

I hope, and believe, that ministers are mindful of those issues. There is undoubtedly a need for a strong balance between finding the right people to adopt and matching them appropriately, and ensuring that, at all stages, the appropriate safeguarding takes place to protect the child's best interests. However, there are all too many cases in which people have faced unnecessary delays, which are often administrative. If anything, the timescales are even more important to the child, who stands at the centre of the process. Few would doubt the positive effects of the stability and permanence that adoption can bring.

The cliché that is often heard from parents that children grow up too fast is as true for looked-after children as it is for any other child. Their development is important, and past trauma can be compounded by a system that is slow moving, or where there are simply not enough families willing and ready to adopt. That would be true for any child, but, as we know, looked-after children are more likely to have faced trauma or to require additional support, love and care. As we heard, Adoption UK in Scotland has focused this year on foetal alcohol syndrome—a condition that can cause a range of learning difficulties, damage to a child's body and on-going additional needs throughout life on a broad spectrum of disability.

The adoption process is another problem that is faced by children who are already struggling with a wide range of challenges, and it can follow long periods in which their needs have often not been met. For children who have multiple support needs, the task of helping them can be difficult and expensive. Nonetheless, we should, when faced with the consequences where those needs go unmet, surely be driven to redouble our efforts to ensure that every child in Scotland receives the type of support that they need.

18:27

Kenneth Gibson (Cunninghame North) (SNP): I congratulate my colleague Rona Mackay on lodging her motion and bringing this important debate to the chamber.

Adoption is a huge decision for a family, couple or individual to make. However, the work that is done by all those who are involved in the organisation of adoption week 2020 does so much to demystify the process.

All children deserve the best possible start in life. Through continued efforts to support adopters and to encourage more people to consider adoption, we can ensure that children receive the care and support that they need to achieve their full potential. In 2018, 286 children and young people were legally adopted across Scotland, with a further 194 approved for adoption and waiting to be matched with an adoptive household. Every successful adoption requires a great deal of work from adoption services and adopters, and that deserves to be acknowledged and celebrated.

The Scottish Government is committed to continually improving the services, procedures and support that are available. Since 2011, it has funded Scotland's Adoption Register, which works with and supports agencies around Scotland to give children the best chance of being matched with a family. Its aim is to speed up, and ultimately increase, the number of adoptions in Scotland. In March this year, it celebrated the 600th match made through the register. The register has now been implemented by all local authorities, and since April 2016, all adoption agencies in Scotland use it to refer children and potential adopters.

A report that was published in July 2019 found that 90 per cent of fostering services and 95 per cent of adoption services were evaluated as "good" or "better" by inspectors. By celebrating those successes and listening to suggestions on where we can improve, we must continue to strive for a modern, responsive and child-centred adoption system that works for Scotland.

Adoption can be a rewarding experience for children and young people and for their adoptive families. That said, there are unique challenges that come with it. As part of adoption week, organisers from Adoption UK in Scotland and the Adoption and Fostering Alliance put together a range of information sessions. The week also featured fun family-focused events such as a virtual family disco and story-telling sessions. Such a wide range of events not only provides support for those who are navigating the long and often emotional process of adoption—it certainly does that—but is an unrivalled opportunity for children and families at all stages of their adoption journey to get to know each other.

The formal and informal support networks that arise from the events are a vital part of making the adoption process easier and more accessible, whether through learning from those who have been through the process, or through giving advice to others who are just starting off. They can even just be about someone letting off steam to people who know what they are going through. Those informal networks and events have helped many people through the hardest parts of a deeply—and necessarily—formalised process.

Having worked to increase awareness of foetal alcohol spectrum disorders through my members' business debate in September, I am pleased that FASD was one of this year's themes for adoption week. FASD is by no means unique to care-experienced or adopted children, but looked-after and adopted children are at a significantly increased risk, with 75 per cent of children who are referred for adoption having a history of alcohol exposure during pregnancy.

FASD has profound and lifelong effects on sufferers, with an estimated 90 per cent of them suffering mental health problems, 79 per cent experiencing unemployment and 60 per cent experiencing significant disruption to their school life. Inadequate support and misdiagnosis further increase the impact of FASD. Incredibly, people who are cognitively impaired to the degree of a formal learning disability often have better outcomes than those with less severe symptoms, as their needs are identified earlier. It is, therefore, hugely encouraging that FASD awareness is taking centre stage.

Adoption week featured specific events for professionals and prospective parents and offered insight into FASD from social work, education and parental perspectives. Bringing FASD into the conversations around adopting and raising children means that potential parents, professionals and the wider community are being given the tools to recognise its signs. That gives those who need it the opportunity to seek support and diagnosis, which have been so sorely lacking in the past.

I again thank Rona Mackay for bringing the debate to the chamber.

18:31

Mary Fee (West Scotland) (Lab): I thank Rona Mackay for securing this important debate. Adoption week gives us a unique opportunity to celebrate and strengthen the adoption service in Scotland.

I am sure that all members in the chamber agree that there can never be too many adoptions; it can certainly be argued that there are too few. There are so many families that are desperate to open their hearts and homes to children.

The pandemic has had an impact on adoption, with the process taking much longer than before. Adoption is a long and emotionally difficult experience for parents, too, as they make the necessary adaptations to their lives in order to complete the process. I hope that we all agree that the adoption service should be a top priority as we recover our services after the pandemic.

Parents who choose to adopt often take on an incredibly difficult task, as more than 70 per cent of children who are adopted have experienced abuse, neglect or trauma. Parents need all the support that we can offer to them, and organisations such as Adoption UK in Scotland do excellent work to provide resources and help.

Adoption is very rewarding. When parents are loving and nurturing and use techniques such as therapeutic reparenting, children can begin to recover from their experiences and go on to live happy and stable lives.

I want to talk about the adoption of older children. Statistics from the 2019 Care Inspectorate report highlight that, in 2017-18, of the 280 households that were approved for adoption, only 1 per cent were approved to adopt children who were older than 11, and fewer than five children older than 11 were adopted.

We know from evidence that children who are adopted experience far more positive health, education and wellbeing outcomes. Children who are not adopted usually spend the rest of their childhood in care, which can be tumultuous for them. The transition from being in care to being an independent person is incredibly difficult—and has been even more so during the past eight months.

Who Cares? Scotland has been carrying out invaluable work during the pandemic. Its most recent report makes for uncomfortable reading. There has been an increase in the number of care-experienced individuals using its advocacy services over lockdown, with many struggling with poverty as they made the transition into independent adulthood. We must ensure that more financial and emotional support and education is provided to care-experienced individuals as we come out of the pandemic.

I commend all parents of adoptive children, the organisations that work so hard to sustain the adoption service and support its users, and organisations such as Who Cares? Scotland that provide support to young people in care and to children who use many of its services. I hope that we can continue to strengthen the adoption service and celebrate the ways in which it radically changes children's lives for the better.

18:35

The Minister for Children and Young People (Maree Todd): I thank Rona Mackay for securing the debate, and I welcome the opportunity to make the closing remarks.

In her speech, Rona Mackay mentioned a framework, but I could not hear her terribly clearly. I would be grateful if she would write to me, as I will be happy to explore the issue with stakeholders.

However, I did hear Rona when she mentioned the family of her employee, and I was delighted that she raised the landmark process whereby her employee was able to take care of his wee boy's baby sister from birth and to keep the two siblings together. That was an excellent story to hear as part of the debate.

The adoption sector, like all parts of our society, has been challenged by the pandemic, but adoptive children, parents, foster carers and social workers have been inspiring in the way that they have risen to the challenge.

I thank Adoption UK in Scotland and the Adoption and Fostering Alliance Scotland for the wonderful timetable of events that they delivered last week. The purpose of the week is to raise awareness of adoption and the difference that it makes to the lives of thousands of people around the country. I congratulate everyone who was involved in making it a success.

This evening, we have heard discussion of Adoption UK's "Return to School Survey Report". Recognising the challenges that many care-experienced children and young people have faced over recent months, our return-to-school guidance prioritised young people's wellbeing as part of the plans to ensure that appropriate support was in place. We have allocated a further £135 million over the next two years to tackle the impact of coronavirus on our schools, which will include investment in teaching resources, and other work to support children and young people's health, wellbeing and attainment.

That funding is in addition to the £33 million that will be provided over this parliamentary session via the care-experienced children and young people fund. The fund supports initiatives and interventions that are aimed at improving educational outcomes for care-experienced children and young people. We know that some local authorities are using the funding to develop inclusion services and to reduce the number of exclusions. Other local authorities are using it to deliver mentoring programmes, alongside targeted and individualised support for children and young people and their families at the right time from the right person.

The debate provides a welcome opportunity to raise awareness of the challenges that many adoptive families face and to highlight the work that is under way in relation to the three main themes of adoption week, which are foetal alcohol spectrum disorder, therapeutic parenting and siblings.

Foetal alcohol spectrum disorder is a lifelong neurodevelopmental condition, which is caused by prenatal alcohol exposure and affects the development of the brain and body. It is estimated that 3 per cent of the population are affected, yet awareness of the condition remains low. That is why we recently launched an NHS Education for Scotland resource to support practitioners' understanding.

Last Wednesday, along with the Minister for Public Health, Sport and Wellbeing, I took part in an adoption week event that focused on important issues for families, including FASD. It was a powerful session that raised issues that lots of families are facing, and it highlighted the need for families to get the right support at the right time. That is why our support for the Adoption UK in Scotland FASD hub is so important. The hub is a tiered support service for all parents and carers of children and young people who have been, or might have been, affected by prenatal alcohol exposure.

The Scottish Government is committed to preventing and mitigating the impact of childhood adversity and trauma, which is an issue that Mary Fee has pursued throughout her time in Parliament. We are developing a trauma-informed and trauma-responsive workforce right across Scotland that can help to minimise distress, overcome barriers and build trust. Since 2018, we have invested more than £1.5 million in a national trauma training programme to support all sectors of the workforce and train and support staff in trauma-informed practice, as well as to embed and sustain that model of working.

Supporting brothers and sisters to maintain relationships is a key priority for the Scottish Government. That is why I was so pleased to hear Rona Mackay raise that story. The Children (Scotland) Act 2020 imposes a duty on local authorities to promote personal relationships between a child who has been taken into care and their siblings where that is in their best interest. Work to commence those provisions of the 2020 act is under way, as are preparations to create a new statutory provision in favour of brothers and sisters who are taken into care being placed together where that is in their best interest.

Although great progress has been made in adoption services in Scotland, we are aware of the challenges that remain. Research studies such as "Permanently Progressing?" and the adoption

barometer have shown that there is drift and delay in our systems. We are absolutely clear that, when a child is not able to remain with their birth parents decisions on permanence should be made as quickly as possible and always with the best interests of the child at their heart. Prospective adopters rightly go through a rigorous assessment that can take time, but we need to make sure that the assessment is both robust and timely so that children are placed in the security of their adoptive families without delay.

Adoptive families across Scotland are providing the love and security that children deserve and it is important that they receive the support that they need, when they need it most. The report of the independent care review made it clear that adoption has an important role in providing permanent, loving and nurturing homes and that adoption must continue to be supported in policy and planning. Part of that report, "The Promise", specified that an adoption placement should not be the conclusion of the support offered to adoptive families and, importantly, that the burden of obtaining support must not be placed primarily on adopting parents. They should be able to be part of reflective practices, supervision and peer support.

In accepting the conclusions that were contained in "The Promise", the First Minister committed the Government to work with all its energy and focus alongside partners and stakeholders to make the changes that the review considered necessary. This year's programme for government outlined the early steps that we are taking to ensure that we keep our promise to those people with lived experience. In closing, I reiterate our commitment to delivering the promise alongside incorporation of the United Nations Convention on the Rights of the Child to ensure a rights-based approach to meeting the needs of all young people.

Meeting closed at 18:43.

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