



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Wednesday 16 December 2020

Session 5



The Scottish Parliament
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.parliament.scot or by contacting Public Information on 0131 348 5000

Wednesday 16 December 2020

CONTENTS

	Col.
DECISION ON TAKING BUSINESS IN PRIVATE	1
CONTINUED PETITIONS	2
Essential Tremor (Treatment) (PE1723)	2
Prescribed Drug Dependence and Withdrawal (PE1651)	14
Tick-borne Diseases (Treatment) (PE1662).....	16
School Curriculum (British Sign Language) (PE1777)	21
Large Shops (Closure on New Year's Day) (PE1780)	23
Referendums (Scotland) Act 2020 (PE1791)	28
Access to Piers and Harbours (PE1792).....	28
Air Traffic Management Strategy Project (PE1804)	31
Trampolines (Regulations on Use) (PE1818).....	43
Paramedic Students (NHS Bursary) (PE1819)	46
Maternity Facilities (PE1825).....	48
NEW PETITIONS	51
Autism Support (PE1837).....	51
Maternity Models (Remote and Rural Areas) (PE1839).....	54
Racism in Education (PE1840).....	59
Care Homes (Designated Visitors) (PE1841).....	60

PUBLIC PETITIONS COMMITTEE

22nd Meeting 2020, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Gail Ross (Caithness, Sutherland and Ross) (SNP)

COMMITTEE MEMBERS

*Maurice Corry (West Scotland) (Con)

*Tom Mason (North East Scotland) (Con)

*David Torrance (Kirkcaldy) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Alexander Burnett (Aberdeenshire West) (Con)

Rhoda Grant (Highlands and Islands) (Lab)

Liam McArthur (Orkney Islands) (LD)

Dr Dipankar Nandi (Charing Cross Hospital and St Mary's Hospital)

CLERK TO THE COMMITTEE

Lynn Russell

LOCATION

Virtual Meeting

Scottish Parliament

Public Petitions Committee

Wednesday 16 December 2020

[The Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Convener (Johann Lamont): Good morning. I welcome everyone to the 22nd meeting in 2020 of the Public Petitions Committee. Our meeting is being held virtually.

Under agenda item 1, does the committee agree to take item 4 in private?

As no member has objected, that is agreed.

Continued Petitions

Essential Tremor (Treatment) (PE1723)

09:30

The Convener: Agenda item 2 is consideration of continued petitions. I welcome Rhoda Grant, who is attending for our discussion on the first continued petition. PE1723, which was lodged by Mary Ramsay, calls on the Scottish Government to raise awareness of essential tremor and to support introduction and use of a focused ultrasound scanner to treat people in Scotland who have the condition.

This morning, the committee will take evidence from Dr Dipankar Nandi, who is a consultant neurosurgeon and head of department at Charing Cross hospital and St Mary's hospital, and a professor at Imperial College London. I welcome the professor and thank him for taking time out of what I know is a busy and important schedule in order to provide evidence.

We will move straight to questions, Dr Nandi. The petition calls on the Scottish Government to support introduction and use of a focused ultrasound scanner to treat people in Scotland who have essential tremor. As a surgeon who carries out neurosurgery for NHS England, do you agree with that suggestion?

Dr Dipankar Nandi (Charing Cross Hospital and St Mary's Hospital): Good morning. The short answer is yes. Tremor is the commonest involuntary movement disorder and it gets more frequent with age. If we take the age of 40 as a cut-off point, up to 4 per cent of people who are over that age will have some kind of significant tremor. For people aged 60-plus, it is a sizeable number—nearly 8 per cent.

The vast majority of those patients will not really respond reliably to any medical treatment or drug therapy. Tremor mainly affects the hands, unfortunately, so people are left having to give up work-related stuff and leisure activities, or they become withdrawn socially because they have a dominant and obvious tremor. It is not just about embarrassment; it also affects day-to-day activities including writing, using a computer keyboard or mobile phone, drinking and using cutlery.

The Convener: Are there specific situations in which use of a focused ultrasound scanner would not be the best treatment?

Dr Nandi: Yes. The alternative is an operation—it is brain-lesion surgery—so I would not advocate doing it willy-nilly. All patients who go through the intervention go through a programme

of being assessed, reviewed and treated by neurologists who specialise in the condition.

There are many workarounds that can enable people to get on with their normal lives, albeit with some compromises. However, people can reach a situation in which tremor is clearly impacting on their quality of life, on their mental health and, for the younger age groups, on their employment. If they have received adequate medical treatment for a number of years, but it has failed, and if they are otherwise well, the treatment can be appropriate. That cohort of patients should be small, but for them the therapy can be life changing.

The Convener: Do you have an estimate of how many people in Scotland would require the treatment?

Dr Nandi: I assume that the population of Scotland is about 5 million.

The Convener: It is 5 million to 6 million.

Dr Nandi: Ten per cent of the population—that is, about 600,000 people—will have tremor of some sort by the time they are 60. If we divide that number again, about 100,000 people will have significant tremor, and about 10 per cent of them would benefit from the treatment. That would be about 10,000 people at a given time.

The Convener: That is helpful—thank you.

Gail Ross (Caithness, Sutherland and Ross) (SNP): I think that that is a much higher number than we anticipated.

You carry out magnetic resonance-guided focused ultrasound in England, and you gave the convener an outline of when it happens. How many years after the first appointment to try other interventions would you recommend that the procedure be carried out? It obviously comes with risks, but I suppose that, in this case, the benefits massively outweigh the risks. Do you agree with that?

Dr Nandi: I missed the last bit of the question. However, if someone reaches a point where, of their own accord, they feel that their quality of life is heavily compromised by the tremor and they would consider treatment, it is the first choice of intervention, although other surgical modalities are available—there is something that I do regularly called deep brain stimulation.

In many ways, the treatment is nothing new. The technology and the science behind making a lesion in a particular part of the thalamus is 50 to 60 years old. It predates magnetic resonance imaging and computed tomography scans, and it is an established principle clinically and scientifically that it works. It is fairly innocuous.

What focused ultrasound has done is to take safety to a new level. Rather than making a hole in the head and putting a probe inside, either to just make a lesion in a one-off or to put permanent electrodes in, with accessories such as the wires and the battery, ultrasound is a one-off treatment in which we do not make an incision in the brain. Nothing goes into the brain, so it is, as far as brain surgery goes, the safest situation that I can think of.

It does not involve ionising radiation like gamma knife or X-rays, so the safety profile is probably its biggest advantage, compared with what we would otherwise do. It also opens the door for treatment of some patients for whom we have, unfortunately, had no answer—people in their 70s and 80s and people with serious medical conditions, for whom one would not contemplate doing deep brain stimulation. They have been left pretty much to fend for themselves. They are the patients who would most benefit.

Other conditions can cause tremor; Parkinson's is a common example. In that case, ultrasound treatment is probably not the first choice. Deep brain stimulation is definitely superior because it is adjustable. It moves with the disease and it affords a lot of other options apart from dealing with tremor.

Focused ultrasound treatment is specifically for patients who have their dominant hand not working properly because of the shakes and who feel restrained in their quality of life socially, in doing things. As I said, the option is as safe as it gets. It is a one-off, there is no follow-up, and it can be done on an out-patient basis.

Gail Ross: Do you know how many hospitals in England currently carry out the procedure?

Dr Nandi: At the moment, my hospital is the only one. The treatment has been around in the world for six or seven years and the number of centres keeps growing. When we started four years ago, we were the eighth centre in Europe. Now there are about a dozen. Worldwide, there are about 30 to 35 centres, so it is not very common. Unfortunately, we are only one in the United Kingdom, so far.

Gail Ross: Given the number of people that we are talking about and the success of the procedure, I suppose that you would like it to be rolled out further. Do you have to have specific qualifications or can any neurosurgeon perform it?

Dr Nandi: As with most complex and new interventions, it is best done in the setting of a multidisciplinary team. Ironically, the surgeon is actually the least important person. It is the neurologists who are the key, because they can select the right patients, making sure that they

have adequately tried non-invasive drug therapy and so on.

We need that setting. It could be anywhere that treats people with Parkinson's, tremor and multiple sclerosis—that kind of neurosciences centre. Such a surgical set-up should be able to offer the whole range of treatments including DBS, lesioning with a probe and focused ultrasound. I am sure that there is the wherewithal in Edinburgh—and in Glasgow, to the best of my knowledge.

Gail Ross: We have been advised that NHS England is consulting on a draft clinical commissioning policy to provide the procedure for up to 150 patients a year and is recommending that it is funded as an in-year service development. Do you know of that consultation? Do you have any update on it?

Dr Nandi: Yes. Fortunately, as of four weeks ago, that has been authorised. That was the sticking point, and I guess that that is the reason why we are the only unit, because it is clearly difficult without funding. NHS England's clinical priorities advisory group was involved. We went through all the regulatory hoops and, ultimately, the treatment is now authorised for 150 patients a year in our unit, with the usual governance arrangements. I hope that other units will be doing similar things very soon.

Gail Ross: That is great news. Thank you.

David Torrance (Kirkcaldy) (SNP): The Scottish Government has advised the committee that, in June 2018, the National Institute for Health and Care Excellence published guidelines that concluded that, although the clinical evidence did not raise safety concerns, current evidence of benefits was limited, so evidence of patient benefit was too limited for the NHS. However, NICE has advised that, although the guidance represents its views, it is not mandatory, and it notes that decisions to fund procedures are made at the local NHS level, usually on a case-by-case basis. Do you agree with the Scottish Government's position on why treatment cannot currently be provided?

Dr Nandi: That is the problem with all new technology. We will never have the numbers to establish the case at the outset, but it is a moving field. As I suggested, the provenance and the scientific literature proofs are all there for the actual procedure—the act of making a precise lesion deep in the brain, in that part of the thalamus. The literature runs into hundreds of thousands of cases over the decades. Focused ultrasound has only made that a whole lot safer to do, because it does not involve incisions or putting anything inside the brain.

The risk of infection is, essentially, zero and the risk of a bleed is minuscule. Those are real risks for patients who undergo surgery—with deep brain

stimulation, there is a 1 per cent risk of a major stroke or death. I have been doing the procedure for 20 years, putting a probe inside the head and using it to generate a lesion. All such risks are obviated by the technology. I would say that, if one allows people to have lesions, which NHS England and NHS Scotland do, it would be remiss not to offer them focused ultrasound. Otherwise, we are essentially asking people to take on a risk that, in the modern day, they do not need to take.

David Torrance: The NICE guidelines cover Scotland and England. Can you see any reason why NHS England should move forward with providing the treatment but NHS Scotland should not? In your opinion, what needs to happen for the treatment to be provided by NHS Scotland?

Dr Nandi: I am sorry, Mr Torrance, but I missed the last bit of your sentence.

09:45

David Torrance: In your opinion, what needs to happen for the treatment to be provided by NHS Scotland?

Dr Nandi: It is capital intensive. The machine is expensive, although the running costs are very small. There are no hardware implantables to consider. To my knowledge, Scotland has two very eminent neurosciences centres that have the personnel who can deal with the treatment. I guess that all that is needed is funding for buying the machine, either in Edinburgh or Glasgow. One machine should suffice for the entire Scottish population.

Maurice Corry (West Scotland) (Con): The Scottish Government has also stated that the national specialist services committee was clear that, should the evidence base be further developed, MR-guided focused ultrasound could be recognised as a safe and effective intervention for the treatment of tremor. That has been followed by the opening of your clinic in London four weeks ago. Do you agree that further evidence is required on the safety and efficacy of the treatment?

Dr Nandi: I can confidently and comfortably state that that ship has sailed. The treatment got Food and Drug Administration approval five years ago, and it has Council of Europe approval. Clinically, in terms of the safety profile, it is a lot safer than the current gold standard of treatment, which is deep brain stimulation.

On efficacy, there is more literature on the surgery—thalamotomy, or the causing of a lesion in the thalamus to control tremor—than there is on surgery for cancer. Scientifically, there is little to establish. The only bone of contention might be cost effectiveness, but I point you to the fact that,

every time I put in a DBS device, the implant costs alone are £40,000. With the treatment that we are discussing, there are no implants and no consumables to speak of. There is an up-front capital cost to buy the machine. However, studies in peer-reviewed publications have looked at the cost effectiveness versus DBS, and once we reach 20 patients, we recoup the cost of the machine.

Maurice Corry: That is interesting. Are you involved with clinicians at NHS Tayside in Scotland in relation to the acquisition and installation of equipment? Have you been called on to advise on that?

Dr Nandi: Is that the one in Dundee?

Maurice Corry: Yes—I beg your pardon.

Dr Nandi: For a couple of years, the University of Dundee was trying to acquire a machine, and it managed to get charitable funding. It was going to start early this year, but the pandemic put paid to those plans. I met its neurosurgeon and its neurologist. I get the impression that they have a broader interest, including in work on brain tumours, but my answer is yes—I am aware of the work to that extent.

Maurice Corry: Have there been any thoughts about clinical trials in Scotland in relation to the procedure?

Dr Nandi: There have not to my knowledge. With all such interventions that involve newer technology and small numbers of patients, trials are best done with a multicentric, multinational background. We have been involved in a couple of trials. We were involved in multinational trials for tremor way back in 2016, which lasted for two years, and that involved 22 centres across the world. Currently, we are leading a trial for a subset of Parkinson's disease, and six centres are involved in that.

I am sure that any unit that starts the work in Scotland will be happy to join in, and we will be more than happy for it to join our hands in multicentric trials. I think that the numbers will be too small for a single unit to launch a trial.

Tom Mason (North East Scotland) (Con): I have two questions for Dr Nandi. The first is to do with the current situation. It may be some time before a Scottish unit really gets going. Is there any reason why patients from Scotland should not come down to your unit or some other unit in England in the meantime? Is there any barrier to that?

Dr Nandi: The short answer is no, but I point out that we are the only unit at the moment, and we have a waiting list that runs to about 300 patients who have been referred to us, and whom we have seen and assessed—and those are just

the patients who we feel are eligible and suitable for the treatment. Treating them will take time, whichever way one looks at it. The other thing, of course, relates to developing expertise and the service as a whole. I think that it will be attractive for neuroscientists and neurosurgeons in Scotland to have a centre where they can progress the field.

Tom Mason: As a matter of interest, what is the capital cost of a machine?

Dr Nandi: A broad figure—I am sure that it is open to negotiation with the company—is about €2 million to €2.5 million for the entire set-up.

Tom Mason: I will explore that a bit further. I have a vested interest here, because I am a Parkinson's sufferer. Interestingly, I was initially diagnosed with essential tremor and after about two years they decided that I had Parkinson's.

Can you describe the interface between essential tremor and Parkinson's? How many people who have essential tremor actually have Parkinson's? Is the treatment available to Parkinson's sufferers? I do not need it because I am on medication that seems to work quite well, although it makes my breakfast somewhat entertaining as I down pills. Can you elaborate on the issue of the divide between Parkinson's and essential tremor?

Dr Nandi: Of course. Thank you for the opportunity to do so. I have restricted my comments to tremor because that is the only FDA and NICE-approved indication. However, you are right to highlight Parkinson's disease, because it is the most commonly recognised condition where tremor happens. The number of people with essential tremor is around eight to 10 times the number of people with Parkinson's, but it is very common for one to be diagnosed as the other. In time, if the patient is in the hands of a good neurologist, the question of diagnosis is easy enough to settle. One never crosses over to the other: someone with essential tremor does not get Parkinson's necessarily, and the same applies the other way around.

There are some fine differences in relation to the type of tremor, but the treatment is like a final common pathway. Lesioning will work very well in Parkinson's too, as long as it is done to control particular symptoms. There is a definitely a role for the technology to be used in patients with Parkinson's, particularly those who suffer a lot from tremor, and sometimes even those with dyskinesia, which causes a lot of involuntary movements. Those patients have to take a lot of medication, which causes side effects.

The treatment is entirely safe. We are currently part of an international trial doing this, but there have been trials of lesioning using other means, with physical intracranial probes. It has been

established beyond doubt that lesioning has a very important role to play in treating Parkinson's, over and above DBS. I would say that it should be practised under the aegis of a neurosciences centre that specialises in movement disorders, but it has a definite application, and I am sure that, in time to come, more and more patients will avail themselves of it. People with Parkinson's in their 70s and 80s currently have zero recourse to any surgical treatment when medication fails, but this is one option.

Its use is also possible for other conditions, such as mood disorders or other conditions for which lesioning has been successfully trialled. However, I would not put them in the same category as tremor, because, as we know, what causes those conditions is much less apparent. A lot more research is needed, but its use is possible, certainly for very severe pain conditions—cancer pain and other kinds of intractable pain. There is a whole host of neurological conditions where it could be used.

The same technology—using ultrasound waves to make changes in the brain—could be important in chemotherapy for brain cancers, which the Dundee group wants to look at in further depth. That is another possibility.

This is not a one-trick pony, as it were. All that this technology does is accurately deliver controlled amounts of sound energy to a very precise part of the brain. The applications really are down to us as clinicians and neuroscientists.

Tom Mason: From what you have said, the acquisition of equipment is almost a no-brainer. Would that be right?

Dr Nandi: I could not agree with you more, but it has taken us two years since we started doing the lesions for NICE to approve it, and another three years for NHS England to approve the commissioning of the treatment in a setting where it did not have to pay for the machine. I understand that there are a lot of demands on the public purse, but this is one that I think is definitely value for money.

Tom Mason: It seems so. Thank you for your answers.

The Convener: I will bring in Rhoda Grant at this point. Rhoda, you will also have an opportunity to be part of the committee's discussion on what we will do next with the petition, but you may, if you want, ask a question now.

Rhoda Grant (Highlands and Islands) (Lab): I very much would like to ask a question. The evidence is fascinating. I have been working with my constituent, Mary Ramsay, on her petition. She has been campaigning for some time to bring this

technology to Scotland. I thought that I knew a fair amount about it until this morning, but it has been an education.

I will ask about waiting lists, Dr Nandi. You said that you had 300 people on the waiting list, but that is a tiny percentage of the people we could treat, given that there could be about 10,000 people in Scotland who might look at having the treatment. How long does the treatment take? You said that treating 20 patients would lead to the cost of the machine being recouped through savings. How many people could be treated in a day, and how much aftercare is required?

Dr Nandi: I am aware that you are spearheading this and I am grateful, on behalf of Mary Ramsay, who has done an enormous amount.

We owe the machine that we have in St Mary's hospital to a nurse who left a bequest. She worked for St Mary's for 30 years, and then she retired and invested very wisely in the US stock exchange. She left an entire fortune to be used, which is why we are in the position that we are in.

People can be given the treatment as out-patients; an overnight stay is a relative need. So far, we have been giving the treatment with an overnight stay for two reasons. One is that that was the stipulation of the clinical trial, which was FDA-approved. The FDA does not like any changes in its stipulations, so we have to keep patients overnight. The other reason is that most of our patients come from outside London—we have patients from Denmark, Ireland and Scotland—and we do not think that it is right for them to have to travel home on the day, having arrived early. Now that we are going to start treating NHS patients, we will definitely send local patients home on the same day.

The main constraint is the setting up of each individual patient. They have a frame put on under local anaesthetic and then they go into the magnetic resonance imaging machine, which is fixed, along with the ultrasound machine. Nowadays, it takes us about four to five hours from start to finish, during which they spend a couple of hours with that frame locked on to their head.

This is a learning curve. When we started, the first couple of patients took us eight to nine hours, so we are getting slick at this—the whole team is getting good at it, as with any other procedure. We cannot think of any complications to speak of.

You asked how many patients we could do. That is partly a question of resources. When it comes to the hardware, we have a single machine, and you need to remember that we are tying up the MRI scanner when we do this, which I think is an important consideration for NHS

Scotland. One treatment takes up about four to five hours of an MRI machine's use.

In April, when the NHS England funding kicks in, we hope to do at least two a week. With the service, the infrastructure and the personnel coming in, I cannot see why we cannot do one every working day of the week. It slightly depends on the people involved and how many can be spared, but the machine can take it. The machine can even take two a day. In Switzerland there is a commercial unit that treats international patients, and it treats two patients every day. It is entirely doable.

10:00

Rhoda Grant: It just seems that we are very short of machines. Given the waiting lists and the need for the technology, we could do with a lot more machines, and more people trained to use them, to meet the need that is out there.

Dr Nandi: Yes. I was being deliberately modest, because I can well understand the hesitancy of any funding agency. I completely respect the fact that this is taxpayers' money, and it is probably daunting to hear that you should have 10 machines in one go.

I said that 10,000 people might benefit, but patient choice is a very interesting thing in this. We are not talking about a cancer. I have been doing this work for 20 years, and about a third of our patients choose not to go ahead simply because they do not like the idea of having holes made in their head and wires put in for all time, despite the fact that they are supremely eligible for deep-brain stimulation and that it is available on the NHS, so it is free. There is a subset of patients who might well agree to have DBS—some have. However, even with the technology that we are talking about, there will be patients who think, "It is tremor and I am dealing with it. I would rather not have brain surgery."

Therefore, the total will not come to 10,000, but once the service is up and running and available, you will certainly see about 500 cases a year in Scotland.

Rhoda Grant: That is very interesting.

Gail Ross: I have a quick supplementary question about the efficacy rate. Does the treatment eliminate tremor 100 per cent, or is that not guaranteed? Does it depend on the individual case?

Dr Nandi: I think that a fair number to put up is up to 90 per cent—that is, up to 90 per cent of patients will have more than 80 per cent of their tremor controlled. Nobody gets cured—this is a control mechanism. To some degree, we measure tremor using objective clinical criteria, such as

making spirals, moving your hand and so on. However, individual patients concentrate on what matters to them. I had a patient who was a painter and as long as he could paint afterwards he did not care whether or not he could drink from a cup. Another was a retired Royal Air Force pilot, and all he wanted was to go out with his friends in the air force club and have a drink without spilling it. You have to factor in what would constitute success for individual patients. I would say confidently that up to 90 per cent of patients would be 90 per cent satisfied, but it is not a cure by any means.

The Convener: I think that we would all agree that this has been an exceptionally useful, interesting and thought-provoking evidence session.

The committee needs to think about what we want to do next. One suggestion is that we should reflect on the evidence, but I think that we have probably heard quite a lot already that we can act on. My first instinct is that we should write to the Scottish Government and ask the cabinet secretary to respond to the evidence that we have heard.

I will go around the committee, but I ask members to be brief. Rhoda Grant is first, because she is in close contact with the petitioner and may have specific suggestions for things that we could be usefully doing at this point.

Rhoda Grant: I have a couple of suggestions. Given that the treatment is going to be available on the NHS in England and the evidence that they have in England is the same as the evidence that we have, could we write to the Scottish Government and ask that the decision not to make the treatment available on the NHS in Scotland be reviewed? It seems to me that the evidence that we have heard this morning is absolutely overwhelming and that we need this technology in Scotland.

I may be wrong about this, so those in Dundee should come back to me if I am. The people in Dundee were fundraising for the technology. I do not think that they are there yet, but they are very close to having the funding in place.

The sticking point possibly is—it was for some time—that they need to be able to use the machine. I think that it is really important that we look at the treatment being available on the NHS in Scotland. As Dr Nandi alluded to, I think that people are very keen to research other uses for the technology. Some of it has been around for a long time, but people need to be able to use the machine for research, so perhaps we could also pursue whether research funding would be available for them to do that work.

I have listened to Mary Ramsay, and her experience is that she has to go to Newcastle for

her deep brain stimulation—it needs readjustment from time to time. The treatment will not help her because she has already had it, but I think that we really need to fight for our patients to have a one-off, non-invasive treatment.

Therefore, I think that we should look at research for other uses for the technology, and have the treatment signed off by the NHS in Scotland. The cost can be recouped after 20 patients have been treated—in fact, it is probably fewer than 20 in Scotland, if we take into account the cost of sending people across the border to get the treatment. There is not only the huge cost of the medical intervention, but the cost of travel and subsistence for patients and their families. I think that we need to push to make sure there is a level playing field for patients in Scotland and England.

The Convener: Thank you, Rhoda.

I want to see if we can get agreement on this. Members do not need to come in—I am just conscious of everybody's time.

We could write to the Scottish Government and the cabinet secretary on the question whether the treatment can be cleared for use in Scotland. We could list the benefits, including the crossover benefits—I think that the Parkinson's issue is particularly interesting—and ask the Government to reflect on that.

It would also be interesting to get a wee bit more on what is happening in Dundee.

If members want to come in with further suggestions, I ask them to indicate that. I am very conscious of the professor's time and I do not want to hold him too much longer. I think that all members are agreed.

The committee very much appreciates your time, professor. We have found the evidence really interesting, and we hope that, in contacting the Scottish Government and reflecting on the evidence that you have given us, we can get the progress that you would hope for. It makes sense, both in financial terms and in terms of treatment.

It is not often that we hear such a compelling case as we have heard this morning, and we want to make sure that the evidence is used to inform decisions made by the Scottish Government and the NHS in Scotland.

Thank you very much for your attendance this morning. It has really been appreciated. I also appreciate how busy you are, but you have managed to describe in lay terms a very important procedure.

Dr Nandi: It has been a pleasure. Thank you very much for the opportunity.

The Convener: I will suspend the meeting briefly. We will return at 10.13.

10:09

Meeting suspended.

10:13

On resuming—

Prescribed Drug Dependence and Withdrawal (PE1651)

The Convener: Our next continued petition is PE1651, on prescribed drug dependence and withdrawal, which was lodged by Marion Brown on behalf of Recovery and Renewal. The petition calls on the Scottish Government to take action to recognise appropriately and to support effectively individuals who have been affected and harmed by prescribed drug dependence and withdrawal. The petition, which was lodged in May 2017, was most recently considered by the committee on 7 March 2019, when the committee agreed to defer further consideration of it until after the short-life working group on prescription medicine dependence and withdrawal had reported its recommendations.

The committee has since received two submissions from the petitioner. The petitioner advises that the short-life working group's recommendations are due to be the subject of a Scottish Government public consultation from December 2020 to January 2021. Do members have any comments or suggestions for action?

10:15

Gail Ross: I have a number of opinions on the petition. It is not a secret that I have been off and on antidepressants my whole life. One of the things that the doctor tells you when they prescribe you a new antidepressant is, "Don't come off it immediately. If you're going to come off it, do it in a staged way or come back in and see us and we can discuss it." I have read through all the paperwork and I am a bit concerned that there are some general practitioners and health professionals who do not see drug dependence and withdrawal as symptoms. I was really surprised by that, because I thought that it was widely understood.

I think that it is good that the Government has taken the matter seriously by setting up a short-life working group. The consultation on its recommendations will come to an end in January, as the convener said. I do not know whether it would be worth our while to write to the Government about the working group's recommendations if the consultation only started

in December and we are hoping to get something in January.

I think that it would be worth our while to write to the Cabinet Secretary for Health and Sport to highlight the issues that have been raised in the petition and to request that they be considered alongside the consultation results. By the time we get a reply back from the cabinet secretary, we will be in a position to see what the consultation results are, but I certainly would not want us to just close the petition because, as I said, the Government has acknowledged that there is an issue—in fact, it is a huge issue—by setting up a working group.

That is my suggestion, but I am open to hearing other ones.

Maurice Corry: I entirely agree with what Gail Ross has bravely said. As the committee knows, Marion Brown is a constituent of mine, and we talk from time to time, because I have issues with my veterans portfolio, where this issue comes in. I am greatly concerned about the way in which antidepressants are given to patients by the medical profession, as it can sometimes be the start of a rocky road downwards, if people are not careful. I think that a lot more needs to be done to look at antidepressants and their role.

Therefore, I agree with Gail Ross that we should write to the Scottish Government. I want to find out what the results of the short-life working group are, because I am not absolutely certain that it is getting to the bottom of the question and all the factors around prescription of antidepressants. We have seen an increase in suicides, and some of the people involved have been taking such medication. I think that there is a lot more that needs to be talked about. Perhaps the terms of reference of the short-life working group should be looked at, too. However, we should wait to see what the results of the consultation are in January or thereabouts.

I also agree that we should write to the Cabinet Secretary for Health and Sport to highlight the issues that have been raised in the petition. I would like there to be more examination of prescribing of antidepressants, because I do not believe that we are even scratching the surface.

David Torrance: Like my colleagues, I am happy for us to keep the petition open. I would like to wait and find out what the results of the short-life working group are, and I definitely think that we should write to the Cabinet Secretary for Health and Sport to highlight the issues that the petition has raised.

The Convener: I apologise to Tom Mason for not noticing that he wanted to come back in at the end of our consideration of the previous petition.

Tom Mason: That is all right, convener.

I agree with my colleagues. We should wait to make sure that what comes out of the working group covers all the bases. As Maurice Corry says, there could well be gaps that need to be filled, but we can assess that once we have got the results of the working group. We should keep the petition open and make sure that the Government comes back with the information so that we can make further decisions.

The Convener: Thank you for that. I think that there is agreement that there is an issue here. We want to recognise that by getting an update on the work of the short-life working group and asking the cabinet secretary to reflect on the evidence that we have received, including the submissions from the petitioner and others.

If that is agreed, we will write to the Scottish Government and the cabinet secretary in those terms.

Tick-borne Diseases (Treatment) (PE1662)

The Convener: The next continued petition on our agenda is petition PE1662, on improving treatment for patients with Lyme disease and associated tick-borne diseases. It was lodged by Janey Cringean and Lorraine Murray on behalf of the Tick-borne Illness Campaign Scotland. I welcome Alexander Burnett to the committee for our consideration of the petition.

The petition calls on the Scottish Government

“to improve testing and treatment for Lyme Disease and associated tick-borne diseases by ensuring that medical professionals in Scotland are fully equipped to deal with the complexity of tick-borne infections, addressing the lack of reliability of tests, the full variety of species in Scotland, the presence of ‘persister’ bacteria which are difficult to eradicate, and the complexities caused by the presence of possibly multiple co-infections, and to complement this with a public awareness campaign.”

The petition was most recently considered in October 2020. Since that meeting, submissions have been received from the Minister for Public Health, Sport and Wellbeing; Dr Cruikshank, who was appointed as the Royal College of General Practitioners’ clinical champion for Lyme disease in 2018 and led the college’s Lyme disease spotlight project; Professor Lambert, an infectious disease specialist and clinician in tick-borne infections, who established a Lyme resource centre in Scotland in 2019 to address the lack of recognition of the impact that tick-borne infections are having in Scotland; and the petitioners. Their submissions, which have made useful reading for us all, are summarised in our papers.

I will call Alexander Burnett first, as that will help to inform the committee’s consideration of what it might be useful to do next.

Alexander Burnett (Aberdeenshire West)

(Con): I thank the committee for allowing me to speak today. I will not go over all the detail that has been given in the papers, but there are two main areas that I think justify keeping the petition alive and looking at the issue further.

The first of those relates to the medical side. As the summary in paragraph 23 of the committee's paper on the petition says, Dr Cruikshank talks about the fact that clinicians frequently report a limited understanding of the disease. It is clear that there are a lot more questions to be asked about the medical side of Lyme disease and its diagnosis. Over the past nine months, we have probably all become more knowledgeable about testing and various other aspects of viruses and recognition of such issues.

The second area relates to the raising of public awareness, which is mentioned in paragraph 27 of the committee's paper. Several members of the committee represent rural areas, as I do. I ask them what their experience is of seeing adverts or warnings about Lyme disease as they visit all parts of their constituencies and regions. My experience is that such warnings are non-existent, and questions to ministers would appear to confirm that there is little going on by way of a public awareness campaign.

Those two main issues, which relate to the medical side and the public-awareness side, are raised by Dr Cruikshank and Professor Lambert, and I think that they justify the committee continuing to look at the petition.

There are a couple of recommendations that the committee is invited to consider. There is also one from the petitioners, which I ask the committee to look at first, which is that the committee invite Professor Lambert and Dr Cruikshank to give evidence. The committee could then formulate further questions, which it could ask the Minister for Public Health, Sport and Wellbeing and the chief medical officer to respond to, along with the other evidence that has been submitted for today's meeting. In time, it would be proper for the minister and the CMO to give evidence, but at this stage—given the priorities that exist around the Covid vaccine—a fair process would be to allow some more questions to be formulated and for the minister and the CMO to reply in writing.

The Convener: That was very helpful. The issue that the committee will constantly struggle with throughout this period—which does not relate to the significance of individual petitions—is that we are coming up against the dissolution of Parliament, which means that there are processes with regard to which petitions can be taken forward and which ones we will not be able to do more work on. Therefore, our focus will be on how productive we can be in the time that we have left

on what we all acknowledge is a series of very important petitions. We have all found PE1662 to be important, and we recognise it as such.

I think that I mentioned this the last time we considered the petition, but I was walking in the Crieff area post-lockdown and what struck me was that the signs that I saw about Lyme disease looked as though they had been there for ever. In addition, they were not in prominent places, so somebody would not pay any attention to them unless they were looking for them. Therefore, public awareness is a big issue and one that I think that we can usefully pursue.

Maurice Corry: I welcome Alexander Burnett's statement, which was helpful, because it concurs strongly with much of what has been said in the submissions that we have had back from Professor Lambert and Dr Cruikshank.

I agree. I think that there is a lack of understanding on the part of GPs when people present with the problem, and public awareness is an issue. I am staggered by how little public awareness of Lyme disease there is in rural areas now that the public have a right to roam, and we need to make sure that that is addressed.

We must keep the petition open. I think that we should seek to invite the Minister for Public Health, Sport and Wellbeing and the chief medical officer to give evidence at a future meeting, and that we should write to the Minister for Minister for Public Health, Sport and Wellbeing and the CMO to invite them to respond to the evidence given in the submissions of Dr Cruikshank and Professor Lambert, for which I thank them.

It is very clear that this is by no means a done deal and that we need to look further into the matter and to engage on it with landowners, people who manage land and farmers. At the moment, I think that that is the next step that we should take, and I thank Mr Burnett for his input this morning.

David Torrance: Like my colleague, I think that we should invite the Minister for Public Health, Sport and Wellbeing and the chief medical officer to give evidence to the committee. It is really important that we tackle the issue, especially when it comes to public awareness and the medical profession's awareness.

As anybody who has dogs will know, there has been a huge increase in ticks this year, so if you take your dogs out, you have to get the ticks off. It is an extremely important issue for anybody who uses outdoor spaces. Given that the Government is promoting the need for everybody to get out and become fit and active, awareness of Lyme disease should be raised. Therefore, I am quite happy for us to ask the minister and the chief medical officer to come before us to give evidence.

Tom Mason: I agree with David Torrance on the influx of ticks, on dogs in particular. Awareness needs to be raised in the city, too, because knowledge in the city is not as great as it might be in the countryside.

Whatever is decided, I am worried about how we can keep the work on the issue going on a continuous basis. It is easy to make a noise at one point in time, but it is always difficult to keep the work on an issue going over many years. I would like to hear from the minister on how that can be achieved. It is important that we sit the minister and the chief medical officer down in front of us so that we can pin down the issues.

10:30

Gail Ross: I thank Alexander Burnett for coming—it has been useful.

This is yet another petition on which we have had evidence that good things are happening, but we have also had other evidence. The evidence from Dr Cruikshank and Professor Lambert is devastating. It points to GPs having limited experience or not being confident about diagnosing. Professor Lambert admits that there have been

“missed diagnoses’ of Lyme disease that could have been avoided through appropriate education”.

The issue affects people’s lives. I know a couple of people with Lyme disease and it is really debilitating. The reluctance to develop experience due to the

“inexplicable climate of controversy and litigation”

is worrying, too.

I agree that we should get the minister and chief medical officer in to speak to the committee. Although we are in a public health emergency with Covid, other things continue and life goes on. The issue will not go away. Given the amount of evidence that we have had that more can be done, we need a face-to-face session, so I agree with that course of action.

The Convener: You make a compelling argument for having a session with folk in front of us, although we must be alive to the fact that there will be a limited number of occasions when we can do that in the coming period. However, we have lots of information and it feels as though having people in the room to pursue questions would be useful.

I take Tom Mason’s point that this is an issue not just for people in rural areas but for people travelling into rural areas and the countryside. One might argue that, with Covid, people have been more likely to travel locally than abroad, so a visitor education programme would be useful.

Before we conclude on the petition, I ask Alexander Burnett whether he wants to come back in.

Alexander Burnett: Given what I believe the committee is about to agree on, the petitioners and I are happy that you will continue to keep the petition alive and that you will involve the minister and the CMO. You mentioned seeing awareness-raising signs, convener. Other members have experience of ticks on dogs or know people who have Lyme disease. That shows the extent of the issue and that members understand how it affects many parts of our lives.

You mentioned dissolution, convener. I can foresee petitioners getting in touch with us to ask what happens to their petitions when Parliament dissolves and what happens to the evidence and progress that has been made to date. I am sure that you probably want to explain what will happen to all petitioners who might be worried as we approach dissolution. I know that you have a full agenda, so you might want to write to the petitioners on that.

The Convener: We are agreeing to have the public session as has been described.

The committee always has a balancing act in dealing with the petitions in front of us while ensuring that we are not denying other petitioners the opportunity to access the system. In the normal way of things, when a petition is closed, the petitioner can bring back another one on the same subject in a year’s time. If a petition is closed and Parliament is then dissolved, petitioners can bring back a petition right away. The technical position is that we can carry over some petitions, but of course we want to make sure that the Parliament in the new session creates its own agenda on petitions. We will make a decision in our legacy paper about which petitions will be able to continue.

I underline to petitioners that, if a petition is closed, there is an opportunity to bring it back in the new session of Parliament. The wisdom, knowledge and information that is sitting in the system on the issues will continue to be there and can inform the thinking of whoever happens to be on the committee at that time. Although individual details about petitioners will not still be in the public domain, the actual information will be there to inform any thinking. I hope that that is helpful.

As I said, we are agreeing to have a public session of the committee as described before Parliament dissolves.

I thank Alexander Burnett for his attendance and for helping and informing our consideration of the petition.

School Curriculum (British Sign Language) (PE1777)

The Convener: Petition PE1777, which was lodged by Scott Macmillan, calls on the Scottish Government to introduce British Sign Language into the curriculum for excellence. The petition was last considered in October 2020. Since that meeting, we have received submissions from the Deputy First Minister and Cabinet Secretary for Education and Skills and the petitioner.

In his submission, the Deputy First Minister explains that it is for schools and local authorities to determine which languages are offered to pupils under the one-plus-two approach, depending on their local circumstances and the needs of their learners and communities. The Scottish Government is unable to intervene and set requirements about the choices that schools make, and it therefore cannot require schools and local authorities to teach BSL as a first language, or L2, rather than a second language, or L3. The Deputy First Minister also highlights the increase in the number of local authorities reporting that they delivered BSL in 2019.

The petitioner accepts that the Scottish Government cannot intervene in what schools and local authorities decide to teach in schools but states that more support is required to allow schools and local authorities to teach BSL, should they wish to do so.

The petition is interesting. I feel that the Scottish Government is pushing back rather than thinking about what enabler role it might have in encouraging the use of BSL. There is a comment in the papers that it cannot be done at secondary school because there is no qualification. If that is the case, why are we not asking the Scottish Qualifications Authority to provide a qualification? I feel that there are barriers that are not barriers at all.

The petition has effectively raised awareness, but there is a question about how much further we can take it at this point. In future, there might be a petition that will ask how we get to the point at which the language is treated sufficiently seriously that there is a qualification for it, rather than the lack of a qualification being used as an explanation for why it cannot be supported.

My feeling is that we need to close the petition at this point, but I have no doubt that there will be opportunities for the issue of BSL and its significance as a language and in enabling communication to be reflected more seriously.

David Torrance: I thank the petitioner, Scott Macmillan, for lodging the petition, which highlights the need for different languages to be

taught. BSL is used by a wide section of our community.

The Deputy First Minister's submission is detailed. British Sign Language is currently taught as part of the curriculum for excellence and the Scottish Government is unable to intervene in decisions by local authorities on what schools should teach.

I think that we need to close the petition under rule 15.7 of standing orders. Like you, convener, I wonder why there is no qualification for BSL. We have to ask that question. If the petitioner is not happy, he should bring back the petition in the new session of Parliament specifically on that question, to see if we can get a qualification.

Tom Mason: I am in a dilemma. There are issues that need to be expanded and continued, but I am not sure that we can necessarily make anything happen. I am drawn to the question of why a bursary for learning science, technology, engineering and mathematics subjects cannot be extended to include BSL. Getting more knowledge and use of the language as a general activity is useful, but I do not know whether we can do that through the petition. Closing it is the only solution at this stage, but the petitioner could come back on a very specific point about what can be improved.

One problem that I find with many petitions is that they are too broad brush and therefore we cannot make much progress. If we close it at this stage and encourage the petitioner to come back with clear specifics as to what can be achieved, we will have achieved something.

The Convener: I take your point. However, in my view, the petitioner has been asking for specific action and the explanation of the barriers that has come out of that would allow the petition to be more focused. The very fact that the petition exists has allowed us to get to that next stage, which is useful.

Gail Ross: That is absolutely spot on—I agree. The committee has probably taken the petition as far as we can. There is nothing to prevent the petitioner from coming back and asking the Scottish Qualifications Authority to consult on introducing a new qualification. I know that that is dependent on the number of learners and teachers and the demand, which can be looked into.

It is an interesting petition and I thank the petitioner. We have to close it, but it has opened up an avenue for him to come back with a more specific ask.

Maurice Corry: I fully endorse what my colleagues have said and what you said,

convener, in relation to the qualification and the SQA.

At this stage, we should close the petition under rule 15. 7 of standing orders. I agree that the petitioner should come back in future specifically on the point about a qualification, bearing in mind the need for research on uptake, teacher availability in schools and so on. I recommend that approach.

The Convener: We are agreed. We recognise that the petition has illuminated a lot of important issues and that the Government's response has brought an opportunity for a way forward for the petition.

We should be ensuring that people can learn to communicate in a language that is important to them. There is a broader question about the ability to give people the skills to communicate. A whole range of issues come out of that.

We have at least progressed an understanding of the question. We are agreeing to close the petition as indicated but, in the new session of Parliament, the petitioner might choose to bring a petition back in that regard. There are certainly opportunities to further pursue the important aims of the petition.

We will close the petition. I thank the petitioner very much for taking the time to engage with us. We have found it very useful.

Large Shops (Closure on New Year's Day) (PE1780)

The Convener: The next continued petition on our agenda today is PE1780, by Stewart Forrest on behalf of the Union of Shop, Distributive and Allied Workers, calling on the Scottish Government to launch a consultation on implementing legislation already in place to ban large shops from opening on new year's day.

The petition was last considered in October 2020. Since then, the committee has received submissions from the Minister for Business, Fair Work and Skills, the Scottish Retail Consortium, the Scottish Trades Union Congress and the petitioner.

In his submission, the minister explains that this is not the time to run a consultation, given the significant challenges that are faced by the retail sector in relation to the coronavirus pandemic and the on-going uncertainty regarding Brexit trade negotiations. However, the minister states that he will be

"seeking further views and opinions from unions and retailers and will advise the committee of my findings in due course."

Although the petitioner does not believe that the current coronavirus measures should be a factor, as the first possible date that a ban could be brought into force is on new year's day 2022, he welcomes the submission from the minister as he believes that it endorses the action called for in the petition. I know that my colleague Neil Bibby has been exploring the issue and has raised it with the First Minister.

10:45

My feeling is that things have changed completely from when this petition was first lodged. The legislation has been sitting on the shelf since 2006. I was in the Parliament when we discussed it at that time, the issue of what to do about Christmas was agreed, and we decided to consult on the new year issue. My view is that we are in particular and different times—I am aware that the Presiding Officer has said if a recommendation was laid, while it would be very unusual it could be considered—and I think that it is within the capacity of the Parliament to consider the possibility of large shops not being open this new year.

The reason why I think that that is important is that, although we hear a lot about front-line workers in health and social care—and we salute them—we must also remember the people keeping our streets clean, the posties and, in particular, I would argue, the shop workers who have been on the front line of dealing with this situation. It would be good if we could see whether it is possible for that decision to be made ahead of this new year. It is not in the remit of the Public Petitions Committee to do that; I accept that. However, I would like to be able to afford Parliament the opportunity of doing that.

I do not accept the minister's argument that this is not the time. We are putting through huge amounts of significant legislation and regulation quickly and we will be able to give the minister information to give an indication of what that consultation might result in. The Scottish Retail Consortium has said that it does not support the proposal, trade unions have said they do and I sense that the public will support it as well. Consultation could be done extremely quickly. As far as I know, there is nothing outlined in the legislation on how long the consultation will take. Given how fleet of foot we have proved ourselves to be during the coronavirus, I am sure that we could meet that.

My view is that the petition is important and we can accelerate the process, which would recognise the very particular circumstances that we are in. I want the committee to write to the Scottish Government and to the Presiding Officer to say that we believe that Parliament should be

afforded the opportunity to make a decision on this. While it is for the committee to decide whether it agrees with that or not, I think that we should be recognising the very important issues that are behind this petition.

Tom Mason: I will go along with that. We seem to have done an awful lot of things very quickly. We are not left with much time but, if it can be done, I will go along with that.

Gail Ross: I am unsighted on where such legislation sits and what would be needed for us to have the proposal in place by new year 2021, which is only a couple of weeks away. I know what you are saying about putting through other pieces of legislation at short notice, convener, but that has been done on the back of consultation and other bits and pieces being done. I am wary about doing something that has such a big impact, certainly economically and in regard to family life—which is what we have heard about from both sides of the argument—in such a short time without proper consultation. I would be nervous about doing that, but I am not fully sighted on whole the parliamentary process in terms of how that would work.

I do not think we should close the petition but I would want to write back to the minister and push a little bit more on the consultation, get a timescale, get an agreement that it will start at a certain point and absolutely know that we have all the ducks in a row for implementing the proposal in 2022. Time is against us now, given everything else that we will have to cram in before next week.

Maurice Corry: I fully understand the situation. I am happy to support your comments, convener, and recognise the fantastic work our retail staff have done in shops over the pandemic. We are very appreciative of it because they have been under enormous pressure. If we make sure that we get this right, and if the programme of Parliament can allow it, we should push ahead to get the proposal in place as soon as possible.

I agree with Gail Ross that we need to make sure that we have our facts right in relation to making sure that whatever is brought forward is absolutely bang on and is implementable and practical.

David Torrance: I fully support the petition because the large retail units have eroded our traditions that have been part of Scotland's hogmanay by forcing workers into work. Our workers have been great through Covid-19. The run-up to Christmas is the most hectic time for them and they deserve the time off to be with their families.

However, I do not know whether there is time now to put legislation through to allow people to take new year's day 2021 off. I am happy to try to

see whether it is possible but, like Gail Ross, I would like to see a timescale for the retail strategy so that this is definitely in place for the next year, I would like to hear from the Government on that.

The Convener: My understanding is that there is no obligation for the consultation to be a long process. The minister is saying that it will take too long, but we know what the trade unions think and we know what the Scottish Retail Consortium thinks, and the minister can make contact with them in a heartbeat. The other group that we would need to consult would be the local authorities. I am sure the minister has them on a database, it would take half an hour to contact them and to get a response back.

It may be that it is impossible but I think that Parliament should be allowed at least the opportunity to consider it. As the Presiding Officer has said, while time might be tight, it is possible and there is nothing stopping it happening except whether we can find the time to do it, which then becomes a matter of choice about what we want to do.

I hear what Gail Ross is saying. I would want to make sure that, if the consultation is not done this year, the process is started immediately for next year, but I would not want to rule out the possibility of it being done this year.

I accept the limited role of the Public Petitions Committee in this, but it seems to me that what we could at least do is write to the Government minister and say, "Here is the evidence we already have. There is no obligation on you to have a lengthy consultation." If this is not the right time to recognise the amount of pressure that retail workers are under, because of coronavirus, when is the right time? I am also conscious that a lot of these large businesses themselves have acknowledged that this has been a windfall time for them. They have stepped up to the mark. They have done well out of it but people in the retail sector still remain in relatively insecure work and are under a lot of pressure with no increased rights.

I hope that we can agree that we want to keep the petition open because we believe, at the very minimum, that it should be something that happens next time, and that we will write to the Scottish Government and the parliamentary authorities in the terms I have set out to ask whether it is possible to have a process that fulfils the obligations of the legislation to consult, but also saying that there is nothing that stops such a consultation happening right now. The worst that can happen is that the Government will come back and say no.

I am interested to hear what the rest of the committee thinks. It felt to me that it was precisely

the opposite response that we might expect from the minister. Rather than a can-do, “How do we sort this?” response, it was, “This is not the time.” I repeat: if this is not the time, when is?

Gail Ross: I agree with the petition, but I am nervous about the timescale. As I said before, I do not see any need for shops to be open on new year’s day. There was stuff in the petition about the start of the January sales. There is no such thing anymore—these days, the sales start before Christmas. As has been said thousands of times already, we are in unprecedented times. I am reluctant to tie up ministers and officials’ time with this when they are run ragged trying to save people’s jobs, save businesses and so on due to the pandemic, as well as Brexit—we do not know what will happen with that, either.

I fully agree with exploring what can be done. However, I think that we should push the minister for a timescale and get that commitment so that we know where we are going with it.

The Convener: There are two stages to this. We can at least ask how quickly a consultation can be done. In my view, it is insufficient to say that now is not the time, given that the issue has an impetus precisely because of the pressure that retail workers are under. We will say that, if it is impossible, then we want a very early consultation next year. I would at least want to test the issue with the Government and with the parliamentary authorities, who can give advice about regulation.

I think that we are agreed we will write to the Government minister to say that we recognise the urgency of the issue, and we will underline that by saying that there is a necessity for the issue to be sorted as soon as possible. If the consultation cannot be done for new year 2021, we do not want it drifting into the sand any longer, bearing in mind that this has been on the statute books since 2007.

Maurice Corry: I agree entirely with what you just said there about the timeframe. I support what Gail Ross is saying about getting a commitment to timings and things like that. I want to re-emphasise that; it is important that we see some movement.

The Convener: In that case we are agreeing to write to the Scottish Government in the terms that have been outlined. There are two stages: is there something that can be done now; and, if not, what other plans can be put in place as soon as possible thereafter. I would not want a further Public Petitions Committee to look at this next year and to discover that yet another year has passed without consultation taking place.

Referendums (Scotland) Act 2020 (PE1791)

The Convener: The next continued petition on our agenda today is PE1791, by Mike Fenwick, calling on the Scottish Government to recognise and respond to concerns that section 39 of the Referendums (Scotland) Act 2020 establishes a legal challenge, namely that it breaches protections afforded by the Human Rights Act 1998.

Submissions have been received from the Scottish Government and the petitioner. The Scottish Government’s submission advises:

“Section 39 specifically relates to court proceedings which are about ‘questioning the number of ballot papers counted or votes cast as certified by a counting officer or by the Chief Counting Officer’, section 39 does not cover court or other procedures relating to concerns relating to campaigning, or any other issue.”

Do members have any comments or suggestions for action? My own sense is that we have come to a natural conclusion on this one.

Gail Ross: I agree. We have had the response back to say that the eight-week limit applies only to the number of ballot papers counted or votes cast. The point that the petitioner has brought up is completely unaffected by the eight-week limit so hopefully that has answered the question.

I thank the petitioner for lodging the petition and propose that we close it under rule 15.7 of standing orders.

Maurice Corry: I agree fully with Gail Ross, and I move to close the petition under rule 15.7 of standing orders.

David Torrance: I agree with my colleagues. I am happy to close the petition under rule 15.7 of standing orders.

Tom Mason: I agree with that. We have gone as far as we can go with this.

The Convener: Thank you. We agree to close the petition as we have come to a conclusion. The Public Petitions Committee took the petition seriously and tested the argument that was being proposed by the petitioner. We thank the petitioner for his engagement with the committee.

Access to Piers and Harbours (PE1792)

11:00

The Convener: The next continued petition today is PE1792, by Thomas Butler, calling on the Scottish Government to ensure that local authorities and service providers give access to people with disabilities at public facilities such as piers and harbours.

Responses have been received from the Equality and Human Rights Commission and Highland Council. The clerks have attempted to contact the petitioner to seek his views in response to those submissions but nothing has been received to date.

Highland Council has provided a full response regarding its legal obligations and the specific issue of Uig port.

The EHRC has noted the council and Scottish Government responses without comment. It also notes more generally that efforts by organisations and public bodies to fulfil their legal obligations to improve public transport for disabled people are inconsistent.

Do members have any comments or suggestions for action?

Maurice Corry: The petition has run its course as far as the work that this committee can do is concerned. I am disappointed that there has been no response from the petitioner, despite the contact by our clerks. Obviously, I realise the massive delays with new ferries and so on, but I nevertheless suggest that we close the petition under rule 15.7 of standing orders on the basis that it appears that Highland Council has followed all the due processes for the Uig port development regarding access for those with disabilities and will further consult on the issue, which is important, when it is able to do so.

David Torrance: Given the detailed response from Highland Council, there is nowhere else for the petition to go. I am happy to close it under rule 15.7 of standing orders.

Tom Mason: We have had detailed responses from various authorities. The process is on-going and consultation is taking place. I think that we have achieved as much as we can and should close the petition.

Gail Ross: I was heartened to see the response from Highland Council. It recognises that disabled access to small boats is an issue. I am satisfied at the moment that it has decided that it will hold an additional consultation. What happens thereafter will depend on the outcome of that, given that nobody really seems to want to take responsibility for any additional modifications to the pier. I do not see that we can take the petition any further until we know that outcome. Of course, the petitioner can lodge another petition on the issue in the next session once that becomes clear. I feel that we have no choice but to close it.

The Convener: I have a request from Rhoda Grant to come in.

Rhoda Grant: I am sorry to come in so late, after you have had your discussion. This is something that I have been involved with for quite

some time. I have repeatedly asked the council to carry out an equality impact assessment. I know that there are difficulties in doing what is proposed, but I do not believe that it is impossible. In this day and age we should be looking at making facilities accessible to disabled people, especially new developments, because they will have to last 50 years or so.

The feedback that I have had from the community shows that people are keen to have disabled access. You will be aware that Skye is a big tourism area, which means that allowing people access to the water for sailing and boating is important. We should also bear in mind the level of investment. We all know what has happened with the new ferries and the amount of money that has been wasted in developing them. It seems strange, against that backdrop, that money cannot be made available to allow disabled people to get access to the water, given that the pier development is necessary because the new ferries will not be able to fit into the harbour as it is.

I know that the committee is keen to close the petition, but I would ask you to go back and ask for an equalities impact assessment because it is important we provide disabled access to water sports and sailing.

The Convener: Thank you, Rhoda. I understand that with old structures and buildings there is a limit to disabled access and a limit to the obligation. However, the obligation is very strong in relation to anything new. It cannot be beyond the wit of humanity—when you see what people with disabilities can do in climbing mountains and all sorts of things—to find a way, structurally, to find to find a way to make sure that people can access the water.

In terms of what the committee can do, it feels to me that we have come to a natural conclusion—I think that that is what members have been saying. We might, in closing the petition, suggest to the petitioner that he could pursue the issue further with his MSPs, whoever they might be, in the next session of Parliament.

We might also write to the council, as Rhoda Grant suggested, to ask whether it has done an equality impact assessment and, if not, why not, and to underline why that matters. If one is not done, you can get to the point where people say, “This is all too difficult, so we’re not going to do this”, whereas, in fact, the pressure is supposed to be in the opposite direction.

Would that be satisfactory to the committee? We are agreeing to close the petition and we have come to a natural conclusion. However, in closing it, we will write to Highland Council to highlight that we think that an equality impact assessment is essential, because of the point that Rhoda Grant

makes about the fact that the facilities are a new development and will be used for a long time to come.

I think that I see Maurice Corry wanting to come in.

Maurice Corry: I wanted to add that I agree with the point and I am sympathetic—being a yachtsman on the west coast of Scotland—to the issue about access to the water. I have not changed my mind about closing the petition but I agree with you, convener, about making the point to the council that you just mentioned and having it answer the questions that you outlined, in accordance with what Rhoda Grant said.

The Convener: One caveat is that the Public Petitions Committee is not able to engage directly with a local issue. However, what we will be asking Highland Council is whether, in developments such as the one that the petition is concerned with, its policy is to carry out an equality impact assessment and, if not, why not, and we will be stating that it is essential that it recognises that role, in relation to whatever it is doing.

We are agreeing to close the petition on those terms. We thank the petitioner for highlighting the issues, and we remind him that there is an opportunity to submit another petition to the Public Petitions Committee in the next session of Parliament.

Air Traffic Management Strategy Project (PE1804)

The Convener: The next continued petition is PE1804, by Alasdair MacEachen, John Doig and Peter Henderson on behalf of Benbecula community council. The petition calls on the Scottish Government to halt Highlands and Islands Airports Limited's air traffic management strategy project and to conduct an independent assessment of the decisions and decision-making process of the ATMS project.

I welcome back Rhoda Grant and Liam McArthur for the petition.

The petition was last considered in October 2020, when we took evidence from the petitioners. Since that meeting, we have received written submissions from the Cabinet Secretary for Transport, Infrastructure and Connectivity, Comhairle nan Eilean Siar, Dundee City Council, Highlands and Islands Enterprise, Highlands and Islands Airports Ltd, Loganair, Orkney Islands Council, Prospect and Shetland Islands Council. We have several written submissions from the petitioners, who have provided follow-up information to their evidence given on 1 October and have also responded to the other submissions

that we have received. Submissions have been received from a variety of organisations involved in the aviation industry. The committee has also received numerous anonymous submissions. Since our meeting papers were circulated, a further two anonymous submissions have been received, which were provided to the committee ahead of the meeting.

My first reflection is that there has been a huge response. My second comment is that I feel very strongly that we need to keep good-quality jobs in remote communities, otherwise how can those communities be sustained? I declare an interest as someone with family in the islands. It is not always economically sensible to do something that involves greater centralisation, and that is maybe what we are wrestling with today.

The committee is invited to discuss what to do with the petition.

Liam McArthur (Orkney Islands) (LD): I very much associate myself with your comments, convener. I have been engaged with the issue for a couple of years now, since the proposals first emerged, and I echo your sentiments about the importance of having skilled and well-paid jobs in our island communities.

However, from my discussions with people who take these roles, certainly in Orkney, I know that, although that is obviously a consideration, they feel that if the proposals that are being taken forward are right for the delivery of lifeline air services to Orkney and other parts of the Highlands and Islands, it will be difficult for them to stand in the way of them. I think that their fundamental concerns are around the deliverability of the proposals that HIAL has put forward and the sense that a centralised programme is being taken forward. That is perhaps a small but important distinction in terms of the argument that they are making. Nobody disputes the need for modernisation to provide the controlled airspace we need across the Highlands and Islands, and modernisation of the facilities that are there is certainly necessary—some would argue that it is long overdue. The issue is the model that HIAL is proposing to take forward—a centralised model that operates out of a remote tower in Inverness.

Throughout this morning, I have heard various colleagues refer to the issues that have arisen in relation to the building of two ferries at Ferguson Marine and the ballooning of cost to the point that they are, at the moment, I think, over twice the budgeted amount. There are uncomfortable echoes in that of what we are seeing in relation to this programme. Getting some kind of auditing handle on the costs in early course will be essential not just for the islands communities that I, Gail Ross and Rhoda Grant represent, but for the taxpayer as well. Given what we have seen

recently in relation to Ferguson's, I think that they would find it unforgiveable if that did not inform the approach that is being taken in relation to this project.

An example of that is the requirement, as I understand it, for primary radar at each of the airports, which will involve a cost that was never—*[Inaudible.]*—as far as I can tell with this project. The cost of the communications infrastructure that will be needed to deliver the project across the Highlands and Islands is eye watering. As HIAL's own consultants identified, it is the riskiest and the costliest of the options that are being considered, and what those costs are likely to be has never been satisfactorily nailed down.

The approach has been predicated largely on what is seen as a recruitment challenge for HIAL, and that needs to be taken seriously. However, if we look at the figures, we see that, at the moment, the recruitment challenge exists principally around Inverness. When HIAL has recruited from among the local workforce it has had to provide training, but it has had a fairly stable workforce. When it recruits ready-made replacements from Sweden, Finland or wherever, those people not unreasonably look to return to their homes in due course.

HIAL has never taken seriously the need to recruit locally, where there is more likelihood of achieving a stable workforce. At the moment, the problems in the network seem to be in Inverness, which is where HIAL now wants to concentrate the remote towers. Again, that element of the proposals does not stack up.

11:15

Finally—very briefly—we were promised an islands impact assessment, but HIAL has made it clear that it does not intend to change anything that it is doing on the back of whatever emerges from that impact assessment. I have to say that that seems to drive a coach and horses through the central tenets of the Scottish Government's Islands (Scotland) Act 2018. We were promised that impact assessment in the summer. Not unreasonably, with Covid, that has proved to be impossible; however, the Cabinet Secretary for Transport, Infrastructure and Connectivity was still indicating that he expected to see it by the end of September. On the basis of an email from HIAL's chief executive that I received yesterday, I am now led to believe that the board has received the assessment but will not be considering it formally until its board meeting in February, so the public will not see it until well into the new year, months after it was promised.

There is a litany of problems with the proposals, but the fundamental one is cost. Whatever position

we take on this, the public can be reassured that Parliament and the Government have good oversight of the costs, because we are already seeing signs that they are starting to spiral out of control.

The Convener: I will ask you one question. Maybe I should know this, but was there ever any consideration of centralising the process not in Inverness but in one of the islands?

I think that we have lost Liam McArthur. That might be something that he wants to come back in on.

Rhoda Grant: On your question about whether there was ever a plan to centralise the process anywhere, the answer is that there was not, initially. When we were first told of the plans, we were told that the service could be based anywhere. I said that I would put money on it that it would be in Inverness, and they never took me up on that. The issue is really that the recruitment problems are around Inverness, where they will move the whole service to, thereby giving themselves further recruitment problems.

I agree with everything that Liam McArthur and you have said, convener. HIAL is a Government-owned company that was set up to mitigate the disadvantage of remote rural and island communities; sadly, the policy that it is pursuing here flies in the very face of that. There will be an islands impact assessment, which will come into force on 23 December, but my understanding is that it will be about mitigating the damage that is caused through the policy rather than about looking at the policy through the eyes of an impact assessment.

The air traffic controllers are concerned about this. They are obviously concerned about their own futures, but they are concerned—because they are experts in the field—about how it will work. Unions are balloting their members now about industrial action because of the impact of the policy.

The technology is used in Norway and Sweden, but it is untested in island communities. What happens when the weather is poor in the islands? Ferries go first; flights tend to be a bit more resilient to the weather in that they can find times to fly. If there is a technical issue when the weather is bad, there is no way of getting technical expertise over to the islands, so they would be totally cut off—unlike in Norway and Sweden, where there are good road transport links. Norway and Sweden also have good hardwired broadband. I am told they have triple-redundant resilience, which means they have several fall-back positions. Even if R100 comes on and is a good system, there is no redundant capacity if it

goes down, and the link to the airports has gone down.

The other thing that we need to bear in mind is that, as part of this, and somewhat under the radar, they are looking to downgrade Benbecula and Wick. Regardless of centralisation, there will not be air traffic control at those airports. We know that the Benbecula area is used by the Ministry of Defence as a test range. It seems crazy to me that you would have the same number of flights going out of Stornoway and Benbecula plus all the different air activities that are taking place but with no air traffic control. As Gail Ross will tell you, Wick has experienced the decommissioning of Dounreay, so we should be doing everything possible to make Caithness more attractive by putting in more investment and locating new industry there. Making it less safe is not the way forward.

We also need to think about the pandemic. We have learned from the pandemic that putting lots of people into one place is not a good thing because of the need for infection control. If we had a centralised system at the moment, there would be real issues about the resilience of all the Highlands and Islands airports if everyone was together. It makes sense that people are separate for safe working, just because of what we have experienced through the pandemic.

Liam McArthur talked about the public purse and the prices. The proposal is hugely expensive. It is untested and there are cheaper ways of making the difference. Everyone wants better safety but nobody wants it at this cost. The staff have put forward ideas that are being ignored by the company, and they are the experts who would know.

I will give one example of how the technology is untested. People will be working with cameras, so you will have only the view that the camera provides. Imagine that camera working in high winds, when someone is looking at a screen, at a distance. Just the movement of the camera itself would make it very difficult for an air traffic controller to be able to watch for any length of time and make decisions.

We could look at delivering at a fraction of the price an air traffic control system that was safe and that would not damage the island economies. We are taking reasonably well-paid—compared to other island jobs—jobs out of the islands. And we are taking not only the air traffic controllers; we are taking their partners, who work in health, teaching and the like, out of those places, as well as their children. It is not just safety that is of concern; it is the huge economic impact. Therefore, I ask the committee to take evidence from the councils involved. You have had written evidence, but it

would be good to hear what the councils are saying, because of their concerns.

Liam McArthur skirted around the issue and perhaps did not make this plea directly, but is this something that the Auditor General should now be looking at? We have seen what happened with the ferries fiasco. This is a vanity project in exactly the same way. Can we get the Auditor General in to look at this very closely as well?

The Convener: I call Gail Ross on the basis that she has a constituency interest that I think would help to shape our thinking. We will then go back around the committee to look at how we can take the petition forward.

Gail Ross: Thanks convener. I appreciate that. Yes, I have written “audit” in big letters on my notes as well—I absolutely agree with Rhoda Grant on that.

A couple of things have come up. The first is whether the control centre was always going to be in Inverness. Rhoda Grant is absolutely right in saying that there was a consultation—I use that term very loosely, though, because we were all pretty certain that it was going to go to Inverness, so it was no surprise when that actually happened. I did push for it to come to Wick—sorry, islands—to see whether that would make any difference, and I got a couple of angry emails from a couple of people who were based in Inverness, saying, “Why on earth would we want to come and work in Caithness?” I found that a little bit ironic given that everybody is now being asked to work in Inverness.

This is probably one of the most contentious issues in my constituency at the moment. It is quite worrying that there is so much black and white: people are either for or completely against the proposal. I completely agree about the impact on the economy of losing people not just from the islands but from remote rural areas as well. There are so many aspects, which Liam McArthur and Rhoda Grant have covered really well.

There is also further discussion to be had about the safety aspect. A couple of local people have brought that up in very strong terms—Far North Aviation among others. When people like that are speaking in such strong terms, it cannot just be ignored or swept under the rug. We have certainly reached a position where there is now far too much opposition to the proposal not to take the petition further.

There is one correction that I want to make to our papers. The petitioners say in one of their submissions that the public service obligation for Wick is not due to be in place until 2023. That is not correct. We are looking at the budget in January with a view to its being in place next year,

timescales permitting. Hopefully, it will happen then.

There are several things that I would like to do. As Liam McArthur and Rhoda Grant said, the Auditor General should absolutely be keeping track of where all the public money is going. I would also like to write to the Civil Aviation Authority, to ask about the safety issue, because it is not going to pass the proposal unless it is absolutely solid. I would like to know what consultation has already taken place, what its views are and when the authority is going to report on the proposal in an official capacity.

I would like to get HIAL and Transport Scotland in for an evidence session. It is all very well getting written evidence, but I would like to question them. I think that there is enough evidence in front of us to enable us to question them face to face. Transport Scotland is obviously the bridge between HIAL and the minister. The minister seems satisfied with the plan, so I would like to know what Transport Scotland has seen to make it satisfied as well. Perhaps we can write to the minister when we have all that information.

We are now so far down this road that I think there is going to be no choice but to push to revisit the whole thing.

The Convener: The Public Audit and Post-legislative Scrutiny Committee has written, asking for suggestions for its work programme, and the committee might flag this up as something specific that we could ask it to look at, because there are concerns about the scale of the costs and the extent to which the proposal matches what was described before.

My feeling is that we should write to the CAA and the cabinet secretary, flagging up the issues. I would certainly support having HIAL and Transport Scotland in.

A separate issue that I want to flag up is that, a long time ago, there was a dispersal programme for civil service jobs, which I thought was very important. There was active work by the Government to disperse jobs out into remote and rural areas. That seems to have completely stopped, and, if the default position in the Highlands and Islands is centralisation in Inverness, there is a massive problem. I am aware that a lot of health provisions are being made where that is happening. My worry is that there is now an institutional mindset that thinks that Inverness is rural and that concentrating things there will have an impact. We need much more active Government work.

As long as such a project is safe, why does it need to be in Inverness? The truth is that, with modern technology, nothing needs to be in our big cities any more. It is one of my bugbears, but I

would like to see public policy reflect that flexibility. I would hope that we could at least flag that up with the cabinet secretary in our correspondence. I am very attracted to the idea of the Auditor General looking into the matter, and that might be the way to get into that.

I will allow Gail Ross, Liam McArthur and Rhoda Grant back in briefly, before we come to a conclusion, but I will first call David Torrance.

11:30

David Torrance: We can see by the huge number of responses to the petition that people are very passionate about this issue, not only in rural communities but in island communities. I am happy to go with all Gail Ross's recommendations because this is something that affects her area. She is more in touch with it than I am, so I am happy to go with her recommendations to the committee.

Tom Mason: This does worry me greatly. Major expenditure has been taking place in one area of Scotland and, although it involves only the northern part of Scotland, it has strategic implications for the whole of Scotland. I am a bit surprised that the Government is not more involved in the decision-making process. The fact that it looks as though it is going to go way over the estimated costs without anybody monitoring it also worries me. Added to which, there is so much mistrust on all sides. To put a project like this in place when there is so much mistrust is a great mistake.

Whatever happens, if the local community and other groups cannot buy into it, even with the best technology, it will not work effectively. Human intervention is always required and that needs to be factored in. I hate to say that we should not start from here, but we are where we are. We certainly need a lot more information on safety and finance, and to establish clearly the strategic element.

There is also development beyond what is proposed at the moment. This will be good for a few years. Where is it going to go in 15, 20 or 25 years? It does not seem to be part of the proposal. Therefore, we need this information coming in. We need to pin people down on what is going on. In fact, someone needs to sit back and sort out rationally the risk factors, the options and the finance potential for each so that some rational decisions can be made.

We are notorious in Scotland for getting these things wrong to the tune of millions of pounds and also to the disgruntlement of people and various groups in the community. We need these people in front of us to give us a public explanation of what is going on.

Maurice Corry: Yes, I agree entirely with what Tom Mason and my colleagues are saying, particularly Gail Ross, who knows the area extremely well. I have nothing to add other than to say that I agree that we should write to the local authority. We should canvass the secretary of transport and also invite representatives of HIAL to present to the committee. This is a major infrastructure issue. We do not want the sort of fiasco that we had with the two ferries that we have had built with lots of money being wasted. We want to get it right. I agree entirely with what Tom Mason is saying that we need some rational review on this and discussion on it to make sure we get it right.

We also need to engage with Loganair. I was interested in its comments and the actual operators should also be asked, however we might bring them in. I also think that Rhoda Grant's comparisons with Norway, Sweden and the backup situations are interesting because that has clearly not been addressed and I like that idea.

Also—and wearing my armed forces hat—the Benbecula ranges will always be operating. You cannot legislate for when operations take place—whether it is day or night. One of the submissions that refers to the safety around that and it also needs to be looked at.

The whole thing needs to be checked over and an audit done, to make sure that the points that the committee has considered are covered. The programme of dispersal of jobs to rural areas and the islands is a very good point indeed and the Government should be following up on that. Apart from that, I commend the points that we have all made.

The Convener: Perhaps I should flag up for my friends in Inverness that I am not arguing for work not to go to Inverness but that we should stop the safe option from being the central belt, and the safe option in the Highlands and Islands being Inverness. There are communities that should be liberated by modern technology, but that has not been harnessed efficiently.

I want to call Liam McArthur, Rhoda Grant and Gail Ross back in, and we will come to a conclusion after that. I am mindful that the committee has taken on a lot of work so we might want to think about what we can do with the petition now, or decide whether it should be a legacy petition. We will make a final decision on that.

Liam McArthur: I thank the committee for the seriousness with which it has taken the petition. I have been trying for some time to stimulate a wider interest in the matter. The scrutiny the Public Petitions Committee has brought to bear is

welcome and greatly appreciated by the communities that I, Rhoda Grant and Gail Ross represent.

Convener, your point about job dispersal is absolutely on the money. There is almost an assumption—and Gail Ross alluded to it in her earlier comments—that if the jobs remain in Inverness and, therefore, in the Highlands and Islands, that is all right but, frankly, if you want to live and work in the islands, you want to live and work in the islands. As soon as you get back on to the Scottish mainland, does it matter a great deal which part of the Scottish mainland you are in? If you were to ask many of my constituents, they would say no.

If those who are carrying out the roles that we are talking about are being required to move to the Scottish mainland, their chances of actually securing higher paid employment, whether at Prestwick, Glasgow, Aberdeen or further south, are far greater than they would be in Inverness, so addressing HIAL's recruitment challenge will not be done through this. In a sense, it might very well be that HIAL loses much of its expertise. Frankly, rooting such skilled and well-paid jobs in the islands and remoter communities is absolutely essential. It should be part of the ethos and the requirement that is placed upon the Scottish Government and Government agencies and HIAL falls into that category, so the points that the convener made about that are absolutely spot on.

I apologise to Rhoda Grant if I skirted around the point about audit. I was seeking to nail it. I think that the audit trail is absolutely crucial. We can make all the other arguments about safety, job creation and retention, economic impact and delivery of lifeline services but, frankly, the most worrying signs are in relation to audit. The project is already showing signs of being way over budget and we are barely beyond first base. If the committee, in the time that it has available, can focus on that, that will be worth its while in terms of the implications for jobs. HIAL, Loganair and all the rest absolutely ought to be asked to give evidence but local authorities and local communities will give you a better sense about the jobs' implications for them.

Rhoda Grant: I appreciate being called again. We need to be clear that we are against centralisation of those jobs because it is unsafe.

I am very clear that this is not about being pro-Inverness or anti-Inverness. I am not suggesting that the staff in Inverness should have to move any more than the staff in Wick, Stornoway or Orkney should have to. Those staff want to live and work where they are. That is where their families are based. That is where their partners work. It is important that this is not one community against another. It is about the rights of everybody

to remain living within their communities, and not just because we want them to live within their communities; I believe that that is the safest way.

Regardless of where air traffic controllers are based, even if they are all in Inverness, each of them would have to have training in each of the airports that they serve, so most likely they would be trained in working within two airports and that would create some resilience. There is no reason why air traffic controllers cannot be trained to work within two different airports so we could have that resilience.

Liam McArthur talked about what HIAL had done. HIAL is due a huge amount of credit for how it went about recruiting air traffic controllers in the past. It recruited young people within their communities and trained them up. Those people do not want to move; they want to live and work in their own communities. Those from the island communities are much more likely to stay in those communities. Once you are on the mainland, it is as easy for you to get from Inverness to how many other destinations. If you are working in Inverness, HIAL do not pay well in this area compared to other airports. Therefore, there is a work shortage and a huge market, so those who can, travel to do that work, and that is a big issue. Putting everybody in Inverness says to people, "Well, if you cannot live in Stornoway, you could be working in Dubai and being paid many times more than you are being paid where you are".

There was some talk about allowing the staff to work and commute, but that does not work within family life and it was suggested to me that HMRC would not tolerate that in the future. As a stop gap, HMRC would allow people to move but not into the future. Once you say to those people, "You have to move" the chances are that they will move, but they will move to where a lot of money can be made and from where they can commute.

I am pleased that the committee is taking the petition seriously. We need to make sure what we are doing is safe, and that we protect remote and island communities. I know that the committee is taking a lot of evidence and speaking to a lot of people but I think that councils would be a good starting place to talk about the economic impact. It might be good to get them in to give evidence to the committee because they could give an awful lot more information about what is happening within those communities. Councils are also speaking to their staff on the ground and have a good appreciation of what is at stake there. We need to get HIAL to have second thoughts. Yes, the infrastructure needs to be improved but this is just totally wrong-headed.

Gail Ross: The way I see it we have three main issues. We have the issue of public money, so we could ask the Public Audit and Post-legislative

Scrutiny Committee whether it can put that on its work programme, as was suggested. We have the safety aspect, so we can write to the CAA to ask where it is in its deliberations and when those will be published. Finally, we have the impact on the islands and remote rural communities, in terms of their economy and making people move, which would affect the air traffic controllers and their families.

I understand what Rhoda Grant and Liam McArthur are saying from an islands' perspective. If you go on to the mainland, you might as well work in Glasgow or Dubai or wherever you want to go. I can assure you that people in Caithness do not want to move to Inverness or to travel up and down to Inverness every day to go to a job either; I just wanted to put that on the record. A lot of people here in the far north that are not happy with the decision that has been made.

Convener, correct me if I am wrong but I think that we have evidence from affected local authorities. I suggest again that we should get HIAL and Transport Scotland in. I have too many questions now; I want to be able to ask them face to face and to hear what those organisations have to say.

11:45

What we get back from the CAA and any evidence from HIAL and Transport Scotland will form the basis of a letter that we can write to the minister with some other recommendations. I must say that, at this moment in time—probably along with Liam McArthur and Rhoda Grant—my recommendation would be to scrap the whole thing and start again. We will see where we go and what other members think but those would be my three suggestions for action.

The Convener: I think that that summarises effectively where people want to go on this. We want to look at audit, safety, and the economic impact. I will continue to bang on about the dispersal of public jobs because in truth in the past—and I think that instinctively still—there are people who would happily have all the top quality jobs in Edinburgh. It requires real political will not to do the easy thing. Inverness has benefited from that and that has been wonderful, but I would hope that we could see that creative approach going further, although it looks like we are going backwards.

As Gail Ross has highlighted, we can discuss with the clerks what a panel of witnesses would look like, and how realistic it would be to hold such a meeting before the end of the parliamentary year. Even if the petition was continuing into the new session, we would be highlighting,

underlining, emphasising and stressing that we regard this as an important issue.

There is a degree of urgency about it because, if there is to be an audit, that needs to be dealt with really quickly, because there comes a point at which, having gone this far and having spent this much, we need to ask whether we can really go back? We would hope that an audit could be addressed speedily.

We have come to a reasonable conclusion on that and I have no doubt whatsoever that colleagues who are visitors here with us today will continue to work with the Public Petitions Committee to make sure that we have scrutinised effectively the proposals and all the issues that have been highlighted. With that, I thank Liam McArthur and Rhoda Grant for attending—although I think that Rhoda is staying for another petition—and helping us with our thinking.

Trampolines (Regulations on Use) (PE1818)

The Convener: The next continued petition is PE1818, on introducing regulations on the residential use of trampolines, which was lodged by Stacey Clarke. The petition calls on the Scottish Government to implement regulations on ownership and use of residential trampolines.

Since the committee's previous consideration of the petition, submissions have been received from the Minister for Local Government, Housing and Planning, Scottish Gymnastics and Eddie McDonald, and two submissions have been received from the petitioner. Those submissions are summarised in the clerk's note.

The minister's submission advises that

"Temporary or moveable structures, such as trampolines, do not generally require planning permission and we have no plans either to extend the requirement for planning permission or to introduce a system of licensing for them".

There has been a bit of commentary and reaction from the petitioners on a comment that I made about trampolines and supporting regulations. I have experience of people coming to see me to complain about misuse of trampolines. Those complaints have been about trampolines being used wilfully late at night or adults using them. That is a form of antisocial behaviour. I am not dismissing people's experiences at all, because people whose behaviour is antisocial can be remarkably creative. However, for me, there is a tension in that trampolines are very important for a lot of families and young people in terms of their family activity and exercise. Perhaps they are even more important in the pandemic.

I still think that we have not heard an argument for saying that planning permission or regulation

are needed. However, active engagement with people who are making other people's lives a misery in the local community is needed. If people on trampolines are making other people's lives a misery, there are authorities that should be able to respond to that and take it seriously. That has been the bugbear of dealing with antisocial behaviour all my political life. The system does not necessarily recognise ways in which people's lives can be made difficult.

I am interested in what other committee members think about the petition, but I am not sure whether the solution that is offered in it would address the underlying general problem. We can make no comment on people's individual experiences. I might have had the experience of a family using a trampoline as a family would, but the noise might bother somebody else. It is like the balance in our communities between young people playing football and people having to listen to them. The issue is not always easy.

Tom Mason: Antisocial behaviour is always a difficult issue for neighbours. Each problem has its own characteristics, and things might never improve as time goes on because, unfortunately, the neighbours might not talk to each other.

I think that there is only one thing that we can offer in addition to the information that we have. People who have purchased trampolines might not realise the disturbance for their neighbours. Maybe sportscotland could issue or arrange for a code of conduct on the use of trampolines. That might be useful, and it could be included with the instruction manual when the trampoline is purchased. That is done in a number of areas. There are certain arrangements for the use and care of model aircraft and drones and their effect on neighbours. That could be encouraged.

However, I do not think that the committee can do too much at the moment. I think that we need to close the petition with the recommendation that some code be brought into existence so that people understand the disturbance that they could be causing to neighbours. The arrangements for noisy neighbours need to be improved generally, but that is a wholly different issue.

The Convener: I think that that is right. There is an issue to do with how antisocial behaviour is expressed rather than an issue in this specific area.

Gail Ross: As has been said, the issue is really difficult. Neighbour disputes happen all the time, and they can get quite nasty. Without the committee's going too far into who is right and who is wrong, the Scottish Government has said that it is not planning on introducing any kind of planning system for trampolines. It does not see that as a good use of public funds, and there are currently

protections through various pieces of legislation for local authorities to investigate complaints that fall into those categories.

I take on board the evidence from Scottish Gymnastics, which has said that a planning system would probably put a lot of people off. We want as many young people as possible getting the physical activity that comes with the fun of playing on a trampoline.

Although I have every sympathy with the request, I do not think that the committee can take the issue any further. We should thank the petitioner, suggest that she could continue to pursue the issue with her local elected representatives, and close the petition under rule 15.7 of the standing orders.

Maurice Corry: I concur with the points that have been made. To take up Tom Mason's problem, in the cross-party group on accident prevention and safety awareness, we have an issue in relation to the code of conduct for users of beach toys, such as lilos, inflatable toys and dinosaurs, which sometimes go out into the middle of the Clyde with a young child on them. How can the legislation on that be enforced? That is nearly impossible. Things have to be done through a code of conduct and manufacturers' conditions of use. The same applies in this context. The introduction of a code of conduct by the manufacturers and the people who sell the apparatuses to consumers would possibly be sensible.

From my experience as a councillor, such issues are covered under antisocial behaviour, noise and rowdiness issues between neighbours. I am comfortable that the legislation covers the issue, so I propose that we close the petition under the rule 15.7 of the standing orders on the basis that we have discussed.

David Torrance: I do not think that the committee can take the issue any further. The Government has no plans to extend the requirement for planning permission to trampolines or to introduce a system of licensing for them. I am therefore happy to close the petition under rule 15.7 of the standing orders.

The Convener: I think that there is agreement that we want to close the petition and that the proposed solution would not address the problem, which is to do with how people misuse equipment rather than something that is inevitably caused by having the equipment.

We remind the petitioner that she may wish to return to the committee in the new parliamentary session with a petition that tries to address that question, and we highlight the fact that, if people complain about antisocial behaviour and the authorities at the local level are not responding,

individual local MSPs would be able to take up those complaints.

We agree to close the petition, and we thank the petitioner very much for bringing the question before us. We recognise that antisocial behaviour, by its very nature, uses opportunities that are afforded, that it is expressed and read in different ways, and that it can be very difficult. There have been suggestions about how matters might be taken forward. We thank the petitioner for her engagement with us.

Paramedic Students (NHS Bursary) (PE1819)

The Convener: PE1819, which has been lodged by Rachel Taylor, calls on the Government to introduce a bursary for paramedic students in Scotland.

In her submission, the Cabinet Secretary for Health and Sport states:

"The Scottish Government agrees that the issue of financial support for students undertaking a degree in paramedic science is worth further consideration",

and reiterates that that it will form part of the planned allied health professions education review.

The cabinet secretary also states that the Government is "happy to engage" with the petitioner and her fellow campaigners, highlighting that the Minister for Health, Sport and Wellbeing has recently accepted an invitation to meet the campaign group.

In her response, the petitioner acknowledges the review, but explains that it might take some time and that student paramedics require financial support now. She believes that without increased support for student paramedics, the BSc paramedic science course will be accessible only to those who can support themselves.

Do members have any comments or suggestions for action? I think that at one point in her written evidence the cabinet secretary says that competition for places is very high. However, people with financial problems might not even be able to be part of that and are not getting the chance to compete—they are being excluded from the competition because of their financial situation.

I recall hearing effective evidence in our evidence-taking session a couple of months ago. I am encouraged that the cabinet secretary has committed to engage with the petitioner and that work is being done around the education review for the allied health professions. On that basis, we might want to think about closing the petition. However, I would want reassurances from the Government that it understands that access,

justice and fairness are all big issues in relation to training.

Gail Ross: I agree. In its response, the Government places a lot of emphasis on the support that paramedic students already get in Scotland, including there being no tuition fees and the starting salary. However, as the petitioner points out, why are paramedics treated different from nurses and midwives? They also must do on-the-job training, which prevents them from getting an additional job. Therefore, it is only people who can really afford it who can proceed. The petitioner is absolutely right that that is not equitable.

I agree that it is good to see that there will be engagement with the petitioner and that the issue is being considered. The committee has done quite a lot of work on the topic. Due to the petitioner's tenacity, the matter is being looked at and they should be congratulated for that. I do not know whether there is much more that we can do at the moment until we see where this is going.

I agree that we have no choice but to close the petition. However, I highlight to the petitioner that, if they are not happy with the direction of travel, they would not have to wait a year to bring the petition back as would normally be the case; they can do so in the new session of Parliament, which they might want to do.

12:00

Maurice Corry: I concur with Gail Ross, and seek to close the petition under rule 15.7. I have confidence in proposing the closure because I am encouraged by the Cabinet Secretary for Health and Sport's response of 20 October in which she is reasonably supportive of financial support and has agreed to consider the matter further.

The convener alluded to allied health professionals. In the process of closing the petition, perhaps we can correspond with the Government on the point that you raised.

David Torrance: I do not think that the committee can take the petition any further. The key point for me is that the Government is engaging directly with the petitioner, which is really good. It is also considering financial support for paramedic students. Therefore, I am quite happy to close the petition under rule 15.7 of standing orders.

Tom Mason: I agree with my colleagues. We need to close the petition because we have gone as far as we can go. However, if we can get some assurance as to the timescale of the review that might be useful, just to prod the process along a bit.

The Convener: We agree to close the petition under rule 15.7. We are reassured that the

Government is engaging with the petitioner. If that proves to be unsatisfactory, the petitioner clearly has the opportunity to return to us.

However, I want to write to the Government to highlight the equity issue—that is, even though lots of people might be competing for a place, some people are unable to take up the opportunity and are excluded from that competition because of their financial position. I also want to raise with the Government Gail Ross's point about other allied health professions getting bursaries. That question has never really been answered. It would not be sufficient to say, "Well, it is because it is popular", given that not getting bursaries excludes people. It rather begs the question why the Government has moved in that direction, given that people were able to work and learn on the job. However, that is a broader question.

In closing the petition, we recognise how far the petitioner and her fellow campaigners have taken the issue. We hope that they will keep the matter under review—I am sure that they will. There is an opportunity to come back if they consider that doing so would be useful. We will write to the Government to highlight and ask about the question of equity.

Maternity Facilities (PE1825)

The Convener: We move on to the final continued petition on our agenda today. PE1825 was lodged by Louise Caldwell, and calls on the Scottish Government to ensure that maternity departments have dedicated facilities for women experiencing unexpected pregnancy complications.

Since the petition was previously considered in October, we have received submissions from the Government, the Miscarriage Association, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, Sands, the Scottish Early Pregnancy Network and Tommy's. The submissions explain that the National Bereavement Care Pathway for pregnancy and baby loss has been developed in Scotland, and was launched in five early-adopter sites earlier this year.

The Scottish Government-sponsored project has developed pathways for five types of loss, one of which is miscarriage and ectopic molar pregnancy, in consultation with more than over 45 healthcare experts and 25 parent advisers. The aim of the project is to

"Ensure that the woman is cared for in the appropriate care environment by staff who are sensitive to her needs."

As part of the pathway, NBCP bereavement care standards have been set, which national health service boards are expected to meet. One

of the standards is that all units, whether in hospitals or smaller services, are expected to

“have access to a room where bereavement care can be provided in a suitable and sensitive environment.”

Do members have any comments or suggestions for action? This is a sensitive issue. There are some reassurances in the responses that we have received and it might be that we have gone as far as we can with the issue. We are providing an opportunity to highlight an issue that can be exceptionally difficult for mums and for families.

Maurice Corry: This is an extremely sensitive petition, as I think that we all understand. We thank the petitioner for raising this important issue, and for their submissions.

Since the petition was lodged, progress has been made with NHS hospitals and people’s understanding, particularly through the launch of the national bereavement care pathway for pregnancy and baby loss. The pathway sets the bereavement care standards for all NHS boards to meet—it is important that the boards meet them.

I think that we have taken the petition as far as we can. However, I have one point to add: psychological care is very important for the mother in such cases, particularly in the bereavement process. I would like to emphasise that if we can in this process, because I know how important that is.

I propose that we close the petition under rule 15.7 of standing orders on the basis that I have given: that we have a pathway for pregnancy and baby loss and that bereavement care standards for all NHS boards to meet have been set. However, I would hope that that would include psychological care as and when needed.

David Torrance: I agree with my colleagues. As a pathway has been developed and standards have been set for all NHS boards to meet, I am quite happy to close the petition under rule 15.7 of standing orders. The petitioner can always bring back the issue if they consider that any of the NHS boards have not met the standards or if there are any problems in those areas.

Tom Mason: I agree with my colleagues. Standards have been set, which I hope all the boards will aspire to. I accept Maurice Corry’s point that the training and attitude of personnel are all-important, but clearly the physical element is important, too. Sometimes, that is more important than the physical facilities that are available.

We cannot do much more, and the fact that the issue can be brought back later should be a comfort to the petitioner if things do not go quite right. It might be that the focus is narrowed to a

particular board as the standards are implemented.

Gail Ross: This is another really sensitive issue. Most of the organisations that we heard back from highlight the national bereavement care pathway, and I think that they are all satisfied that the physical and the psychological needs of women and families are being noted and that they are up to standard. The Royal College of Obstetricians and Gynaecologists also has its framework for maternity service standards.

I think that it just remains for us to thank the petitioner whole-heartedly for bringing this really important subject to the fore, and for making sure that we have a national approach and standards. It has been proven that we do.

If any of the health boards or individual healthcare facilities fall below the standards, we would certainly want to hear about that. As Tom Mason said, I encourage the petitioner, if her concerns have not been addressed through the actions taken, to bring back the issue, as is her right. I think that, as a committee, we have taken the matter as far as we can, and I am satisfied that the issues have been addressed, so I would close the petition under rule 15.7 of standing orders.

The Convener: We all agree that this is a sensitive and important petition. We note the interest in it, and the seriousness with which people have responded to us. We are encouraged that there is a pathway that recognises not just physical care, but psychological care.

We agree to close the petition on that basis. We thank the petitioner very much for engaging, particularly in the circumstances in which that was done.

I suspend the meeting for four minutes.

12:10

Meeting suspended.

12:14

On resuming—

New Petitions

Autism Support (PE1837)

The Convener: Item 3 is consideration of new petitions. The first new petition is PE1837, on providing clear direction and investment for autism support, which was lodged by Stephen Leighton. The petition calls on the Scottish Government to clarify how autistic people who do not have a learning disability and/or mental disorder can access support, and to allocate investment for autism support teams in every local authority or health and social care partnership in Scotland. I welcome Alexander Burnett MSP for this petition.

A submission has been received from the Scottish Government. The petitioner was invited to respond to that submission but has not done so to date. The Scottish Government highlights that support for autistic people is available from a wide range of sources, including health and social care partnerships, national organisations such as Scottish Autism and the National Autistic Society for Scotland, and local organisations including autistic-led organisations. The Scottish Government advises that it is also working collaboratively with the national autism charities and autistic-led organisations to deliver a national autism post-diagnostic support service.

I will call Alexander Burnett first, before we reflect on how we might take the petition forward.

Alexander Burnett: Thank you for having me back for a second time this morning. I would just like you to know my interest as a co-founder of the cross-party group on autism. I am sure that my colleagues on the committee will, as constituency or regional MSPs, have a huge amount of casework relating to autism. The scale of the subject is such that it requires further consideration on a number of points. I have noted the submissions and the response from the Government, and I also see the recommendation that the petition could be closed for three reasons. I would just like to address very briefly those reasons.

The first reason that is given is that the Scottish Government is working collaboratively to deliver a national autism post-diagnostic support service. That fails to recognise that one of the largest problems facing people with autism is diagnosis. The length of time to receive diagnosis is shocking. People do not get diagnosed in time, so subsequent services and support are delayed.

The second reason is that the Government has said that it has established a national autism

implementation team to support health and social care partnerships. I point out that the petitioner works in this sector and that his real, lived experience of how that is not working is why he has brought the petition.

The third point is about the £1.2 million of funding that the Government said was spent supporting a national mapping exercise with each local authority. I point out that the strategy was produced back in 2011. I read comments this morning from back then that said there was a realisation that a concerted effort was needed to make sure that something was done. We are nearly a decade on and, although much has changed in the landscape with the creation of integration authorities, it would be an extremely bold statement to say that the lives of autistic people have improved in that time.

I urge the committee to keep the petition alive and to give the petitioner a chance to respond, and also to invite the two organisations that are mentioned throughout a lot of the evidence that has been submitted, Scottish Autism and the National Autistic Society, to respond and clarify to the committee their views on some of the Government's comments. There is plenty of talk about things being done, but I think that the experience on the ground of those dealing with autism cases and corresponding with our various local authorities is that there is very little evidence to show that those things have materialised in local authorities or healthcare partnerships.

The Convener: I think that there is an issue. We asked the petitioner to respond and he has not done so; there may be very good reasons for that. I am alive to the fact that this is the first opportunity to discuss the petition, and the pressure on the committee is simply to try to work out whether there is something that we can do given that we will be operating only until March. Reflecting on what has just been said, I think that, if we close the petition, it will be because we do not have the time to do something serious with it, as it has been suggested that the reasons that the Scottish Government has given need further interrogation. When a Scottish Government responds at first opportunity to a petition and the argument that it makes is convincing and compelling, it is entirely reasonable to close the petition but, given that there has been some suggestion that that needs to be tested a bit further, I wonder whether there is something that we could do.

We have to make a judgment on it. We do not want to misrepresent what we can do, but I wonder whether we should at least give the petitioner the opportunity to respond. I will be very much guided by my colleagues and what they think on this. The big issues here will not go away

and it may be that, again, this is something that could be reintroduced in another session of Parliament. I am aware that this is only our first look at the petition, and it might be that we want to do something further with it, recognising the seriousness of the issues that have been flagged up.

David Torrance: Like you, I am in a bit of a dilemma with the petition, as I wonder whether the committee has time to do it justice but I would like to keep it open. I would like us to write to the Scottish Government about the issues that Alexander Burnett raised to see whether we can get some answers on them. We could decide once we have got some answers back from the Scottish Government. I am open to any other suggestions from committee members.

Tom Mason: We should keep the petition open. Alexander Burnett has raised some queries to the statements the Government has made. I think that we should certainly write to the Government again to get it to address the issues that he has raised in order to open them up and get a balanced discussion. Hopefully, the petitioner will make some statements as well. We have until March, which is a few months away yet, so there is time to get some written information in and make a decision at that point.

Gail Ross: Alexander Burnett has given strong evidence on behalf of the petitioner and I think that we should keep the petition open. I encourage the petitioner to get back in touch himself. I think that it would be interesting to hear the views of the organisations that specifically deal with autism, the National Autistic Society and Scottish Autism. I am open to writing back to the Scottish Government and the minister to get their views on what has come up during this meeting as well.

Maurice Corry: I am a member of the cross-party group on mental health and the cross-party group on dyslexia, so this subject is close to my heart. I welcome the strong points put over by Alexander Burnett this morning—thank you for those, Alexander. I believe that we should certainly keep the petition open, and I encourage the petitioner to respond if he can. I would also like to hear more from the appropriate organisations that deal with autism, because I think that this is a vitally important area. It is very important that we get a handle on the issue of people who go undiagnosed, and that the Government gets a handle on that through the medical world and support world. I suggest that we also seek evidence from those involved with children's panels. People with autism can come before those panels from time to time, and it would be very useful to have some practical input as well, just as background so that we know the full extent of this issue.

The Convener: I suggest that the first step is to write to organisations that support people with autism, to get their sense of whether what Alexander Burnett has said is accurate in their experience. It seems to me that the petitioner is somebody with autism but without learning disabilities, and he is finding himself going round and round in a system that is not reflecting his particular needs. There is also an issue of the wide range of needs; autism is a spectrum and, therefore, by definition, there is a wide range of needs. I find the argument about the issues around diagnosis compelling, because things follow from diagnosis, so if someone does not have a diagnosis, that is problematic.

I suggest to Maurice Corry that the issue of the children's hearings system might be the next stage, because it might not be the case that young people with autism but no learning disabilities are inappropriately supported and end up in a position where they cannot engage with schools. However, that is something that we or—if we are being realistic—a future committee might be able to look at.

I think that, in these circumstances, the agreement of the committee is that we want initially to write to the organisations that support people with autism to ask them to reflect on what has been said here and what has been said in the petition, and ask the petitioner to respond too. We recognise that we need to explore further with the Scottish Government whether what it has asserted to be the case may not be what people's experience of it is. Does Alexander Burnett want to make any last comments before we move on?

Alexander Burnett: No, other than to say that I am extremely grateful to the committee for keeping the petition open and delighted with the route that the committee is taking on it. Thank you very much.

The Convener: In that case, thank you very much too for your attendance.

Maternity Models (Remote and Rural Areas) (PE1839)

The Convener: The next new petition is PE1839, by Maria Aitken on behalf of Caithness Health Action Team, calling on the Scottish Government to review maternity models in remote and rural areas. The petition calls on the Scottish Government to ask all relevant health boards to review their maternity model to ensure that it meets the needs of remote and rural communities. In its submission, the Scottish Government explains that it is discussing changes in rural service provision and arrangements for obstetric transfers across Scotland. Furthermore, a maternity transport expert working group has been

convened to develop a tool to assist clinicians in their decision-making process.

The Scottish Government highlights that NHS Highland is part of the best start north steering group, which was set up to review maternity and neonatal services across NHS Shetland, NHS Orkney, NHS Highland and NHS Grampian. Inclusive of that programme of work, NHS Highland is undertaking a review of its perinatal mental health service and, with Scottish Government investment, will be looking to expand its current perinatal mental health service provision. The petitioner believes that the centralisation of maternity services, when there is a distance of over 100 miles to the nearest service, has a significant negative effect on mothers' perinatal mental health, their unborn babies, and children left separated from their main caregivers while mother and father are miles away. Rhoda Grant is here in support of the petition.

Rhoda Grant: Thank you, convener. I appreciate your calling me again. I think that this is the fourth petition that I am speaking to; I appreciate your forbearance. The petition is important and the petitioner has made her case well. I have been involved for a number of years with mothers' concerns about the maternity services in Caithness. In February 2019, at First Minister's question time, I asked about a case in which one twin was born in Golspie and the other in Inverness. That seems like a horrendous circumstance.

12:30

The staff available that night made sure that nothing went wrong and that the delivery was safe, but you can imagine the stress of travelling over 100 miles in a land ambulance, in labour, knowing that there are complications and that you need a hospital where there are obstetricians. I said when they changed Caithness from an obstetrics-led maternity unit to a midwife-led maternity unit that they should do a risk assessment of the transfer journeys to Raigmore that would be needed if there were complications in a woman's labour. I have looked at the matter in some depth, especially after the case that I cited, and it appears that if a woman is in labour, helicopter transport is not an option, because a helicopter is an unsuitable environment in which to give birth, because of the movement and the lack of space and the like.

I have also pursued the Scottish specialist transport and retrieval service—ScotSTAR—which is run by the Scottish Ambulance Service and which flies specialists to the area of need. They can also provide retrieval teams to fly people back to the specialist units. I know that they deal with

paediatrics, but I have been pursuing whether they could deal with obstetrics as well, and fly obstetricians out to places like Caithness General, rather than expecting the mum to travel 100 miles in the back of an ambulance with no safe delivery space between Caithness general hospital and Raigmore hospital in Inverness. The Scottish Government needs to look at that. I know that it is looking at best start, but the trouble is that the work has been stalled and no outcome has been forthcoming.

The difficulty is that this has gone on for a number of years. An added complication is that mums, knowing that there could be complications, or that there might be, are now opting for elective caesareans. A caesarean is a major operation, but that is the only way they can deal with family constraints, so that other children are looked after. They are booked in, which means that they have a time and a date when they will have to go to Inverness and they can make suitable arrangements. Having major surgery because you cannot access obstetric services on your doorstep is not safe, either.

I urge the committee to take the matter seriously, get in touch with the Government, put some speed around the best start review, and make sure that there are specialists available who can fly out to those mums, rather than having to put somebody in labour in the back of an ambulance without any realistic knowledge of whether they will give birth in the back of an ambulance on the road or reach their destination in time. There have also been stories of mums in labour reaching Raigmore in the back of an ambulance, being told that there is no room and having to go on further to Aberdeen, which is totally unacceptable. The petition is serious and it needs to be considered seriously.

The Convener: Edward Mountain has asked that we record his support for the petition. He cannot attend the meeting, as he is convening a Rural Economy Committee meeting. Members can bear that in mind.

Tom Mason: Treatment for newborns and mothers in rural areas is very important. Some serious thought is needed about what might go wrong to ensure that all eventualities are covered. There is a great amount of detail to be sorted through and planning to be done. If a review is taking place, we need a timescale on it. I remember, two years ago, asking the minister about best start; I did not get very satisfactory answers to some my questions. We should write to the Scottish Government again to ask what the timescale is for the review and make sure that all the bases are covered to the public's satisfaction.

The anxiety that must be experienced by expectant mothers in rural areas must sometimes

be quite terrifying. Fortunately, being a man, I do not have to go through that process, and I guess that I am lucky. I worry that there are problems in certain places that could be avoided. Natural births are always a risk, but I think that we can cover most of the risk much more satisfactorily than we do. We should keep the petition open, write to the Government to get a timescale on the review—and make sure that we get the right answers. We can take a view once we have answers from the Government.

Gail Ross: I absolutely support the petition in the round. I agree that all health boards and organisations should consider what would be the best services for local need. Nobody wants to send pregnant women 100 miles to give birth and I would love to see something provided locally, if there is a different way to do it. I said right at the start that I supported the recommendations in the NHS Highland review. I am not a medical expert, but the model had to change. I will point out that the petition states:

“In NHS Highland, the decision was made in November 2016 that the obstetric maternity model was ‘unsafe’ and that the maternity service at Caithness General Hospital in Wick was to be downgraded to a Community Midwifery Unit service.”

When the petition says that the review deemed the current model “unsafe”, that model was obstetrics without paediatrics. It was an unsafe model because a baby died. The review also pointed out that, under that model, there could have been other babies who died and who might have been saved. Using the word “unsafe” in the petition does a great disservice to the families who suffered because of that model of service delivery and who welcomed the reconfiguration to Caithness maternity unit.

We must take it into account that we have moved on since the reconfiguration. The review was published in 2016, and there has been a lot of progress since, both in the community and in NHS Highland. The service is not perfect—nothing is—and nobody says that anything is risk free. As I said, I absolutely agree that services provided anywhere—in urban, rural or island communities—should be what is appropriate for that community. I am content to write to the Scottish Government to find out whether what Rhoda Grant suggests would be possible. I am open to bringing on anything from other countries to try to make this less risky, if you want to use that word. I am absolutely alive to all the issues that have come up, and probably will continue to come up. There is a lot of work.

Local councillors are working with the NHS. Rhoda Grant and Edward Mountain obviously have regular contact with NHS Highland, as do I and other elected members. I agree that we

should write to the Scottish Government to ask for an update on the maternity transport working group and, as Tom Mason suggested, the best start review. Convener, you also said in your opening remarks that NHS Highland is undertaking a review of its perinatal mental health services, which is great. Work is on-going.

I think that there is a lot of feeling that, just because we are so far north, we have been left behind and services have all been centralised in Inverness. As opposed to the petition about HIAL that we discussed previously, where I did not agree with centralisation, the decision about CMU was not made just to send everybody to Inverness to give birth. The decision was made because of a massive safety issue. We need to keep that in mind, but of course be open to suggestions about how we make the service better.

Maurice Corry: I agree that we should write to the Scottish Government on the points that have already been raised by my colleagues. I support all that has been said. I also think that services must be appropriate to each community to minimise risk, but obviously safety is foremost and paramount to that. Yes, there is the question of centres of excellence. I know that that is the policy in Scotland and we also have that in the central belt, but nevertheless, the delivery of care in our communities is terribly important. We must not lose sight of that.

We must obviously deliver the very best care for our expectant mothers in every way or shape possible, and avoid having to travel 100-mile or more distances, or anything like that, to give birth. I support writing to the Scottish Government to confirm the timescales that will be implemented at the conclusion of the discussion and also the outcome of the work of the maternity transport expert working group. I support the petition remaining open until we can get clarification and feedback.

David Torrance: I am happy to go with my colleagues’ recommendations.

The Convener: In the interests of time, since we are under a bit of pressure, I will not call Rhoda Grant again, because I think that people have responded to what she said about writing to the Scottish Government. The issues to highlight would be those that are reflected in what she and other committee members have said.

Gail Ross made a challenging point about when centralisation is centralisation for its own sake, and when it is necessary. We had this argument about acute services in Glasgow, where people felt that the hospital being on the other side of the city was too far away. The issue is greatly amplified in remote, rural and fragile communities.

For the benefit of Rhoda Grant and Edward Mountain, I will say that the committee notes those points and that we will write to the Scottish Government in the terms that have been described. I thank Rhoda Grant for her attendance. I am not sure whether she is engaged in any more meetings. I would not be surprised.

Racism in Education (PE1840)

The Convener: The next new petition is PE1840, by Debora Kayembe on behalf of the freedom walk, calling on the Scottish Government to urgently address racism in the Scottish education system by implementing anti-racist education in the classroom, delivering anti-racist training to all school staff and recording, monitoring and addressing racist incidents in schools.

Submissions have been received from the Scottish Government and the petitioner.

The Scottish Government's submission notes that teachers are expected at all stages of their careers to demonstrate professional values and personal commitment to social justice and cultural diversity by engaging learners in real world issues. It also advises that the national framework for inclusion has been designed to ensure that all teachers are appropriately guided and supported throughout their careers towards gaining the required knowledge and understanding of inclusive education.

The petitioner's submission states:

"There is nothing within the Scottish Government response that demonstrates that anti-racist training is being provided to qualified teachers in a consistent and mandatory way."

Do members have any comments or suggestions for action?

Gail Ross: I found the petition interesting. I know that we have dealt with other petitions in a similar vein. We have a lot of submissions from organisations, including material from the Educational Institute of Scotland, from Education Scotland, "and we have "Respect for All: national approach to anti-bullying, which I was involved in as part of the Equalities and Human Rights Committee of the Scottish Parliament, which informed that new policy when we did our bullying in schools inquiry, which was a big eye-opener.

This is another situation—we have had them before, with many petitions—where we get the official line and then the petitioner comes back with an equally interesting couple of points. We should write back to the Scottish Government seeking clarity on the points that the petitioner has raised about anti-racism. There is a difference between promoting diversity and being anti-racist, as has been pointed out. I would be interested in

seeking further views. I think that the petition is too important to close straight away. That is the course of action that I recommend.

Maurice Corry: I agree entirely with Gail Ross. I agree that we should write to the Scottish Government to seek further views on the matter.

David Torrance: Like my colleagues, I am quite happy that we write to the Scottish Government seeking views on the petitioner's submission.

Tom Mason: [*Inaudible.*—views of Government on those issues. I think that it is appropriate. I agree that would be best.

The Convener: I think that there is a particular issue, which is not so much about what teachers teach. Other petitions have had quite a lot about, for instance, teaching history other than what would be regarded as mainstream history that excluded the experience of a range of groups of people. This petition talks specifically about training for teachers and whether it is consistent and mandatory.

12:45

Based on our discussion, I think that we are proposing to write to the Scottish Government seeking its views on the questions raised in the petitioner's submission of 8 December 2020.

Care Homes (Designated Visitors) (PE1841)

The Convener: The final new petition for consideration today is PE1841. It has been lodged by Natasha Hamilton on behalf of Care Home Relatives Scotland. The petition calls on the Scottish Government to allow designated visitors into care homes to support loved ones.

The Scottish Government's submission explains that given the significantly higher risks that Covid-19 poses for care home residents, it has been necessary to pursue a different relaxation of the restrictions to the relaxation of the restrictions for the general population. It stresses, however, that it must strike a balance between the risk that is posed by Covid-19 and the impact that family visits have on the wellbeing of residents.

The Government explains that guidance has regularly been updated to reflect new evidence, and with a view to opening up more opportunities for families and friends to visit, including, on 3 December, guidance that was specifically aimed at helping care homes to support visiting over the Christmas and new year period.

The Government also highlights that it is introducing lateral flow testing in care homes, which will be offered to designated visitors on the day of their visit. The tests were introduced in 14

early-adopter care homes in five local authority areas last week. Key learning from that will inform wider roll-out. Delivery of lateral flow testing kits to all care homes will start this week. Where care homes are unable to make use of those kits, PCR—polymerase chain reaction—testing of visitors will be available when necessary, in order to facilitate visiting over Christmas and new year.

The Government further highlights that care homes will now be closed to new admissions and visitors for 14 days rather than 28 days following an outbreak, which will avoid there being long periods when care homes are closed to visitors.

Since the meeting papers were published, we have received a written submission from the petitioner. In it, she states that there is currently a postcode lottery regarding visiting arrangements in care homes, and explains that the goal of the petition is legislation to guarantee that care home residents will never be isolated from family or friends for such a long period again.

I note that Monica Lennon MSP had hoped to be able to be here for consideration of the petition, but is unable to join us because of a clash of diary commitments.

I am interested to know what members think that we can do about this. It is a very big issue, and one that is shifting over time. The consequences for families and their loved ones are massive, but we recognise the risk. I wonder whether, even when the Government has provided guidance, things move on. Individual care homes have been risk-averse, perhaps because they do not have access to testing or proper PPE.

There is a question about what we can do, but it feels to me that this is an important issue, so just to close the petition without further action would perhaps minimise the seriousness of the issue more generally. It might be that the Government has more to say to us, particularly about the petitioner's suggestion about legislation that would guarantee that in the future residents would not be isolated from family and friends, even in extreme circumstances. I find that interesting. The petitioner is almost asking how we can learn not just what we could do in the short term, but in the long term, should there be another such crisis.

Maurice Corry: I declare that I am a member of the COVID-19 Committee, which scrutinises the Government's coronavirus legislation every week. This issue has been raised very often at that committee and we discuss it with the public health team of the Scottish Government and with ministers.

We have learned a lot from the pandemic; I think that something should be done through future regulations. I am against closing the petition and think that we need to take more action on it. I

would call on the Scottish Government to give us more information about timescales, what is being developed, and what the plan is. My experience from the COVID-19 Committee is that when we question and interrogate the Scottish Government and scrutinise the legislation, there is certainly a lot more that we can get on what the Government is thinking and doing. I recommend that we write to the Scottish Government, asking about plans and the way forward.

I thank the petitioner for lodging a very important petition. Progress is being made—there is no doubt about that, which I can say from being on the COVID-19 Committee. Some positive things are happening. Lateral flow testing is coming through, and the reduction of the length of closures from 28 days to 14 days is also welcome. However, there is still much that we can find out, so I ask that we write to the Government seeking more information.

David Torrance: This is a very emotive petition. It affects not only families and relatives, but the residents in care homes.

I have been in contact with a few care homes in my area about visiting. The issues that come across to do with letting people visit are the risk to residents and the duty of care for staff. I know that the Scottish Government is working to find ways and means to allow visiting. As Maurice Corry does, I think that we should write to the Government to ask about its plans and a timescale, but beyond that, can we take the petition anywhere? The subject is changing all the time.

I am minded to close the petition under rule 15.7 of standing orders, once we have written to the Scottish Government.

Tom Mason: I think that we should keep the petition open because the issues are very important. Some of the problems that we have had up to now have resulted from there being no initial framework for sorting the situation out but, in hindsight, we were dealing with something that nobody knew what to do about. As we move forward, we must assume that similar problems will occur in the future—from a different virus or another situation—so it is necessary to put a transparent legal framework in place. What that framework should be, I have no idea.

I think that we should try to get out of the Government what its plans are for reviewing what has been done and how it has been done and, when the framework is put in place, what level of transparency there will be, what Parliament's role will be, what role experts will have, and so on. There are many issues. The petitioner has quite rightly started the ball rolling; I think that we should keep it up. The petition should be continued now

and into the next session of Parliament until we get the situation sorted out, so that we do not repeat the agony that the country has suffered.

Gail Ross: Maurice Corry made a very important point. I will just throw out something that I had not thought of before now. If the matter is being dealt with by the COVID-19 Committee, how much value would we add by pursuing it? Would that just duplicate that committee's work? I am not, however, saying that we should not pursue the matter, just because another committee is also doing that.

We also have to take into account not just testing in care homes, but the fact that we have a vaccine now that is being given to care home residents and staff, who are right at the top of the list of recipients.

In addition to writing to the minister, we could write to Donald Macaskill from Scottish Care, which is the organisation that represents care homes. I know that it is difficult to provide timetables, because we do not know when the next batch of the vaccine will arrive or when another vaccine will be approved. Obviously, when that happens it will change things; it will make the situation a lot easier. That is not to say that it is an easy process, anyway—do not get me wrong.

I would be happy enough if we were to write to the minister and Mr Macaskill. I wonder whether we should also write to the COVID-19 Committee, as a courtesy, to let it know what we are doing, because this is a matter that it covers. I am open to suggestions.

The Convener: We have a dilemma; the petition is about a situation that is moving fast. We are running out of time, but we want to make it clear that we think that it is a very important issue. I wonder whether we should flag the petition up to the COVID-19 Committee and make it clear that we think that there is a fundamental issue that needs to be addressed.

I am on the horns of a dilemma. Should we keep the petition open? The immediate issue is how to make sure that the matter is sorted out and that the Government takes it seriously. It might be that we should write to the Government and flag up the petition to the COVID-19 Committee, while acknowledging to the petitioner that the bulk of the work on what is asked for in the petition—to make sure that the situation never happens again—cannot be addressed by the end of March. It would be very useful were a petition on the subject to come in the next session of Parliament. We want to underscore the seriousness of the subject and flag up to the COVID-19 Committee that there are questions that should be asked. We, as a committee, then have to decide whether that

means that the best way we could focus on and address the matter would be through legislation.

Maurice Corry wants to come in. I would be interested to hear views on the dilemma that I have identified.

Maurice Corry: On the point that the convener and Gail Ross made, the COVID-19 Committee would welcome hearing from this committee about the petition. However, The COVID-19 Committee is a reactive committee; we react to and scrutinise regulations that are presented to us every week by the Government. We can, however, ask questions from time to time. I think that it would be worth our while to make the point that we have the petition running in this committee—the COVID-19 Committee could help us to formulate ideas and questioning that we would take forward to scrutiny. Maybe the committees' clerking teams could liaise about that and report to the convener. I think that the COVID-19 Committee would accept that.

The Convener: Okay. The committee wants to say that there is a serious issue that has not been resolved. Maybe we should write to Donald Macaskill, whose organisation represents care homes, to get a sense of whether there is resistance from them. Another organisation that we might ask whether there is resistance is the Coalition of Care and Support Providers in Scotland. We should flag up the petition to the COVID-19 Committee.

We should be honest with the petitioner about the fact that there is a limit to what we can do—not because we think that the matter is not important, but because things are moving quickly and parliamentary time is running out. It might be that our legacy paper will recommend looking further at the issue, or we could, as I have suggested, say to the petitioner that they might want to lodge another petition on legislation to ensure that we never again have to deal with such circumstances. In the middle of the emergency, it was quite evident that the impact on care homes was not fully appreciated.

Do members agree that we will not close the petition immediately, that we will write to the Scottish Government and the others that have been suggested, and that we flag up the petition to the COVID-19 Committee? We are alive to the fact that it is not possible for us to address by March 2021 the substance of the petition, which is about future-proofing policy on what we do in a pandemic or other crisis. We have agreement that that is the best way forward.

We acknowledge that this has been a very important discussion; indeed, we have had substantial discussion of a range of petitions today.

I thank the clerks, the broadcasting team and our visitors, of whom there seem to be quite a number this week, and members.

13:00

Meeting continued in private until 13:07.

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

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: sp.info@parliament.scot



The Scottish Parliament
Pàrlamaid na h-Alba