



OFFICIAL REPORT
AITHISG OIFIGEIL

Citizen Participation and Public Petitions Committee

Wednesday 8 September 2021

Session 6



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Pàrlamaid na h-Alba

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CITIZEN PARTICIPATION AND PUBLIC PETITIONS COMMITTEE
3rd Meeting 2021, Session 6

CONVENER

*Jackson Carlaw (Eastwood) (Con)

DEPUTY CONVENER

*David Torrance (Kirkcaldy) (SNP)

COMMITTEE MEMBERS

*Bill Kidd (Glasgow Anniesland) (SNP)

*Paul Sweeney (Glasgow) (Lab)

*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP)

Rhoda Grant (Highlands and Islands) (Lab)

Emma Harper (South Scotland) (SNP)

Liam McArthur (Orkney Islands) (LD)

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP)

CLERK TO THE COMMITTEE

Lynn Tullis

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Citizen Participation and Public Petitions Committee

Wednesday 8 September 2021

[The Convener opened the meeting at 10:00]

Continued Petitions

Polypropylene Mesh Medical Devices (PE1517)

The Convener (Jackson Carlaw): Good morning, everybody, and welcome to the third meeting of the Citizen Participation and Public Petitions Committee in section 6.

We have two agenda items, the first of which is consideration of continued petitions from the previous session of Parliament. We will then consider new petitions. We will be joined by a number of parliamentary colleagues who have an interest in some of the petitions that we will consider. We will consider 10 continued petitions, all of which have been carried forward from the previous session of Parliament.

The first continued petition for consideration today is PE1517, on polypropylene mesh medical devices, which is a petition with which I have had some engagement. It was lodged by Elaine Holmes, who is a constituent of mine—and Olive McIlroy on behalf of the Scottish mesh survivors hear our voice campaign.

The petition calls on the Scottish Government to suspend the use of polypropylene transvaginal mesh procedures; initiate a public inquiry and/or comprehensive independent research to evaluate the safety of mesh devices using all evidence available, including from across the world; introduce mandatory reporting of all adverse incidents by health professionals; set up a Scottish transvaginal mesh implant register with a view to linking it up with national and international registers; introduce fully informed consent with uniformity throughout Scotland's health boards; and write to the Medicines and Healthcare products Regulatory Agency to ask that it reclassify transvaginal mesh devices to heightened alert status to reflect on-going concerns worldwide.

Our meeting papers outline some of the many actions that the committee has taken since the petition was first lodged in April 2014. Those include a report and a chamber debate as well as several evidence sessions. Through those sessions, the committee has heard directly from

witnesses, including, among others, two cabinet secretaries for health, chief medical officers of the day, key figures at the Medicines and Healthcare products Regulatory Agency, Dr Dionysios Veronikis, who is a surgeon specialising in pelvic mesh removal in the United States and—so memorably—the petitioners themselves.

Our papers also highlight the recent introduction by the Scottish Government of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill as part of its programme, which was announced yesterday. The bill will allow the Scottish Government to set up a scheme that could reimburse people who have paid private healthcare costs to have their transvaginal mesh implant removed. It could also cover travel costs and hotel accommodation paid for in relation to the surgery.

In their most recent submission, the petitioners state that they are heartened that the Scottish Government's women's health plan for 2021 to 2024 highlights the importance of learning from the mesh crisis. However, they also highlight some questions that they have regarding the treatment that women suffering with mesh complications can access.

Would colleagues like to comment?

David Torrance (Kirkcaldy) (SNP): This petition has been running for more than seven years. I was there at the beginning of session 4, and I saw it through session 5 and then session 6. We have received more than 100 written, and several oral, submissions. As the convener said, we have also had debates in the Parliament and lots of questions about the issue.

I put on record a big thank you to the petitioners and to all the women who have turned up. It is probably some of the most emotional evidence that I have ever had to take in my time sitting on any committee. I thank the petitioners very much for their perseverance, because we have got a result. Although it has taken a lot of years and perhaps a lot longer than the petitioners would have liked, we have, finally, got a result. I thank them and everybody who has supported them.

I would like to close the petition under rule 15.7 of standing orders.

Tess White (North East Scotland) (Con): There is now hope that the progression of the bill can be the final chapter of this horrific trauma. However, there are still a number of outstanding questions.

I would also like to pay tribute to Jackson Carlaw's work on mesh implants.

The Convener: Thank you.

I know that many of the women involved might be watching this morning, so I would like to say a huge thank you to them for everything that they have done over seven years—a third of the lifetime of the Parliament—in pursuing this extraordinary health injustice. I also thank our former colleagues Alex Neil and Neil Findlay, and Johann Lamont, who did terrific work as the convener of the Public Petitions Committee in the previous session.

The petition has been one of the most significant ones that the Parliament has progressed. It has had implications and ramifications that have been watched and felt in countries across the world. All of that was down to the original petition, which was led by two women, Elaine Holmes, who is a constituent of mine, and Olive McIlroy, but many other women have been involved. There are one or two questions that we might still ask but, in closing the petition, I would like to take the unprecedented step of inviting all colleagues on the committee to give those women a round of applause, because what they have done has been remarkable. *[Applause.]*

Thank you. I think that we have formally closed the petition.

A75 (Upgrade) (PE1610)

A77 (Upgrade) (PE1657)

The Convener: For our next continued petitions, we are joined by Emma Harper MSP and Elena Whitham MSP. We also have comments from another colleague, but I will come to that shortly.

PE1610, by Matt Halliday, calls on the Scottish Government to upgrade the A75 Euro route to dual carriageway for its entirety as soon as possible. PE1657, by Donald McHarrie, calls on the Scottish Government to dual the A77 from Ayr Whitlets roundabout south to the two ferry ports located at Cairnryan, including the point at which the A77 connects with the A75.

During the Public Petitions Committee's consideration of the petitions, it took evidence from the Minister for Transport and the Islands in 2017 and received 31 written submissions. Our meeting papers summarise a number of written submissions, including the submission from the then Cabinet Secretary for Transport, Infrastructure and Connectivity, which was raised at the previous consideration of the petitions. The written submission gave details of investments that were made in the A77 and A75, the second strategic transport projects review in the Dumfries and Galloway area and the parallel study that engaged with stakeholders and considered the

rationale for improvements to transport in south-west Scotland.

The United Kingdom Government has also committed £20 million to developing projects that were identified in the interim report of Sir Peter Hendy's union connectivity review, including upgrading the A75 between Gretna and Stranraer.

In his most recent submission, Donald McHarrie, the petitioner for PE1657, points to research that was conducted for the strategic transport projects review that highlighted that the current A77 is behind the current required standard. The submission notes that, in the week commencing Tuesday 24 August, there were two fatalities and two casualties between the A77 and the A714 diversionary route, causing the south-west corner of Scotland to be cut off to traffic to the north. The petitioner is calling for the committee to hold a round-table session in Stranraer, as discussed by the session 5 committee, so that members can hear at first hand about issues that are raised in the petition.

Finlay Carson MSP hoped to be able to attend, but he is currently convening another parliamentary committee. He therefore sent the following:

"I have been a long-term advocate for improvements to both the A75 and the A77 and I have given evidence at the Committee on numerous occasions stressing the need for action and not further delay.

The Conveners Group met the First Minister on 13 November 2019. The First Minister said that she would respond to the petition in writing and that she would use PE1610 as a case study to describe the process that the Government goes through to reach decisions. Despite repeated requests for information from the committee, no response as far as I am aware has been received.

In light of the current continuous problems particularly on the A77 at Carlock Wall, I would like the Committee to consider a Stakeholder meeting as previously suggested. It should include the Cabinet Secretary for Finance and The Cabinet Secretary for Net Zero, Energy and Transport and Transport Minister."

I will now come to our two colleagues who have joined us. They might want to add to our deliberations before we consider what steps to take next.

Emma Harper (South Scotland) (SNP): Thank you, convener, and thank you for having us at this morning's committee meeting to discuss this important petition.

Like my colleague Finlay Carson, I have asked numerous questions in the chamber on this matter, and we had three debates on it in the previous five-year session. The issue is of great interest to people in the south-west of Scotland, given that the A75 and the A77 are the main arterial routes connecting us to the European

Union, and I absolutely agree that they need to be improved.

I am therefore interested in finding out how we are going to move forward with the petition. I am aware that the south-west roads review has fed into the strategic transport review, which is due to be released imminently, and I am keen to see what improvements the Government will be committing to.

When Michael Matheson became cabinet secretary with responsibility for this issue, he visited Stranraer to meet members of the A75 and A77 action groups, and we were able to hear from him on the matter. From freedom of information requests that have been put in on this matter, we are aware of challenges with regard to safety, collisions, fatalities and so on, and we have tried to use that evidence to make the argument for investment in these roads. We also know how many lorries are on the roads when ferries arrive and depart.

I am keen to see what the committee can do to chivvy the Government along into taking action and making improvements on both roads.

The Convener: Thank you for that. Do you have a view on the suggestion that was made in session 5 about having a round-table discussion on the matter?

Emma Harper: I know that the transport secretary met petitioners here in Parliament and also at the meeting in Stranraer that I organised and to which all colleagues were invited. I wanted to make it clear that this is not a political issue; instead, it is about safety, transport and access.

If publication of the strategic transport review is imminent, I think that it would be worth while hearing about that first instead of having another round-table meeting. I know how concerned the transport secretary is right now and I know that he is aware that people in the south-west of Scotland, too, have a high level of concern.

The Convener: I also welcome to the meeting Elena Whitham, who is engaging with the committee for the first time. What are your thoughts on the petition?

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): Good morning, everyone, and thank you, convener, for the opportunity to address the committee.

As the very new MSP for Carrick, Cumnock and Doon Valley, I found it imperative to speak in support of the petition's desire for significant improvements to the A77, as the majority of the single-lane section of the route lies within my constituency boundaries. Given how often I travel the route, I know first hand of the frustration at being stuck behind a convoy of heavy goods

vehicles or at the delays and lengthy diversions via rural road infrastructure that are caused by scheduled road repairs or serious accidents, which can, in some cases, result in agony and heartbreak with the report of another fatality. Sadly, as the convener has said, we have in recent weeks lost yet more lives along this stretch of road, and I extend my heartfelt condolences to the families involved.

I also fully understand that the geography of the stretch south of Ayr is as challenging as it is beautiful. At places, the road hugs the coast and offers the most spectacular views, but at times it also offers the most frustration, with driver impatience causing rash decisions that sometimes have serious consequences. Several years ago, while travelling the route to my caravan with my five-year-old son in the car, I experienced a near-crash when a driver frustrated by a slow-moving lorry decided to overtake and I found myself hurtling head-on at his vehicle. Thankfully, the driver managed to nip back in front of the HGV and I kept control of the car, but 17 years later, I can still recall those feelings of helplessness and terror.

Like the folk of Maybole, I am delighted with the progress of their much sought after and anticipated bypass, and I know what benefits they will see from this huge infrastructure investment. Currently, large HGVs crawl through the town mere feet from pedestrians and buildings, which makes it difficult for residents or visitors to enjoy the historic town. The bypass has enabled a multimillion-pound town centre regeneration project to kick off. I know that, along with greatly improved air quality, which is massively important, the town will see a renaissance of town centre vibrancy.

10:15

Many other small towns and villages, from Minishant to Kirkoswald and from Girvan to Ballantrae, see their daily lives impacted by the high volumes of HGV traffic en route to the port of Cairnryan. It is imperative that improvements are made that will mean that tourism, trade and commerce continue unimpeded but local lives are protected and communities are nurtured.

I fully understand that we need to await the publication of the strategic transport projects review 2 recommendations. I hope that we will see significant investment in the south-west—that is long anticipated and much needed. All options need to be on the table, including moving freight on to rail and off the roads, dualling, bypasses and additional crawler lanes. In this new, Brexit era, the A77 and the A75 are the gateway routes to the European Union, and we cannot overestimate their importance.

The Convener: Thank you very much. Would colleagues like to make contributions? In the first instance, there is certainly an argument for keeping the petitions open. What further actions might we take?

Tess White: Four MSPs—Emma Harper, Elena Whitham, Finlay Carson and Sharon Dowey—talk about safety, transport and access, which Emma Harper mentioned. It is disappointing that we have not seen progress, despite numerous requests. Progress needs to be made on the issues.

David Torrance: Like the convener, I think that we should keep the petitions open. We should write to the Cabinet Secretary for Net Zero, Energy and Transport to seek an update on the progress of strategic transport projects review 2 and request an indication of when phase 2 outcomes will be announced. We can also ask him about his views on the United Kingdom Government upgrading the road. I would like to wait until we get written submissions back to see whether we should go ahead with holding a round-table meeting.

The Convener: I was struck by Emma Harper's advocacy of holding off a round-table discussion until we see a little more about where things are going. However, we can still reserve the right to come back to that. We should be clear that we will write to the UK Government about the A75. Do committee colleagues agree to that?

Paul Sweeney (Glasgow) (Lab): I am generally supportive of the idea of dualling the national trunk road network for safety reasons. That is sometimes conflated with environmental concerns, but the safety implications of dualling on trunk roads are critical.

Elena Whitham raised a wider point about rail substitution. A wider assessment of the ability to move freight from the ports at Cairnryan and Stranraer on to rail is worthy of consideration.

What is lacking, certainly on the west coast, is a port strategy generally. There needs to be consideration of the utilisation of some of the Firth of Clyde ports further north, such as the port at Greenock, for moving freight on to the motorway network. That would help to relieve pressure on the Ayrshire trunk road network.

I think that all these things are considered in isolation, so perhaps it might be worth writing to the relevant ministers to ask for this to be considered in the strategic transport projects review. We need to look at things in a wider sense, because there is no consideration of ports infrastructure in the west of Scotland and how that is managed. It is, in effect, a free market, but that has significant public costs that are not properly accounted for.

The Convener: Okay. Thank you. That probably strayed slightly beyond the parameters of the petition, but I can see its relevance to it. Obviously, we are coming to the issues as a new committee, and they are continuing petitions. I do not know whether those issues were previously explored or whether Mr Sweeney has identified issues that we could seek further opinions on from the Scottish Government. However, we can do that.

I should clarify that we will ask the Scottish Government—not the UK Government—for a view on the UK Government's proposals in relation to the A75.

Are members happy with that?

Members indicated agreement.

Tick-borne Diseases (Treatment) (PE1662)

The Convener: The next continued petition is PE1662, on improving treatment for patients with Lyme disease and associated tick-borne diseases, which was lodged by Janey Cringean and Lorraine Murray on behalf of Tick-borne Illness Campaign Scotland. 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.”

When the petition was considered previously, in February 2021, the session 5 committee took evidence from the then Minister for Public Health and Sport, Mairi Gougeon, who was supported by Scottish Government officials Dr Gill Hawkins, the senior medical officer for health protection and public health, and Professor Tom Evans, the chief medical officer's specialty adviser on infectious diseases. During the session, the minister stated that the Scottish Government was

“committed to supporting people with Lyme disease, finding new and better diagnostic and treatment tools, and trying to prevent it in the first place.”—[*Official Report, Public Petitions Committee*, 24 February 2021; c 2.]

It was revealed that the Scottish Government would soon be holding a round-table event that would bring together clinicians, patient representatives and public health experts to discuss testing, treatment and raising awareness. The minister confirmed that the Scottish Government was keen to develop an infectious diseases managed clinical network and that consideration of Lyme disease would be included in its workstream. The minister and her officials also agreed that more research was needed to

underpin the development of better treatment options, particularly for people with longer-term symptoms.

Do colleagues have any comments or suggestions that they would like to make?

David Torrance: As someone who was a member of the session 5 committee when that evidence was given, I would like to ask the Scottish Government about the outcomes of the round-table event, what progress has been made in establishing an infectious diseases managed clinical network, what it has done to promote a public awareness campaign on Lyme disease and its long-term effects, and what further research is being done.

The Convener: Do we know whether the round-table event took place?

The clerks are not sure. We want to confirm whether that event took place. If it did, it would be sensible to establish any outcomes from it.

Tess White: I support what my colleague Mr Torrance said. We need more research on the disease.

The Convener: That meets with the general agreement of the committee.

Paul Sweeney: The issue has been raised in debates in other Parliaments, particularly in relation to myalgic encephalomyelitis. Lyme disease is a contributory factor to the long-term chronic illness that is defined as ME. It might be of interest to better understand the interaction between the research on the two subjects, because the disease is another condition that people often feel is not taken seriously by the medical profession. That might be worth considering, as part of our consideration of the petition.

The Convener: There was a members' business debate on the issue in session 5, which, from memory, was led by Alexander Burnett.

Do members agree to take that approach?

Members *indicated agreement.*

Essential Tremor (Treatment) (PE1723)

The Convener: The next continued petition is PE1723, on essential tremor treatment in Scotland, which was lodged by Mary Ramsay. We are joined for consideration of the petition by Rhoda Grant MSP. The petition calls on the Scottish Government to raise awareness of essential tremor and to support the introduction and use of a focused ultrasound scanner to treat people in Scotland who have the condition.

The session 5 committee previously considered the petition at its meeting on 10 March 2021. At

that meeting, the committee agreed to keep the petition open and to include it in its legacy paper for its session 6 successor committee colleagues—us—along with a suggestion to seek an update from the Cabinet Secretary for Health and Sport on the Scottish Government's plans to make an application to the national specialist services committee for a magnetic resonance-guided focused ultrasound—which is actually easier to say than MRgFUS—service. Magnetic resonance-guided focused ultrasound is a relatively new treatment for essential tremor, which uses magnetic resonance imaging to guide powerful focused ultrasound to a small point in the body, causing an intense local heat that can destroy tissue.

The Scottish Government highlighted guidelines that were published in June 2018 by the National Institute for Health and Care Excellence, which is commonly known as NICE, on the use of unilateral magnetic resonance imaging-guided focused ultrasound thalamotomy for treatment-resistant essential tremor. It concludes that although clinical evidence does not raise safety concerns, current evidence of efficacy is limited. Therefore, evidence of patient benefit is currently too limited for the national health service to adopt MRI-guided ultrasound technology for treatment of essential tremor.

The Scottish Government notes that the national specialist services committee met in December 2018 to consider a stage 1 application for specialist treatment of patients with ET using magnetic resonance-guided focused ultrasound. The committee was unable to endorse the application for funding as a nationally designated service. It was highlighted that NICE guidance is "permissive", and although there is some evidence for use of magnetic resonance-guided focused ultrasound in essential tremor, there is a clear statement that research is needed into its application for Parkinson's disease and multiple sclerosis tremor.

The NSSC was clear that, should the evidence base be further developed and magnetic resonance-guided focused ultrasound be recognised as a safe and effective intervention for treatment of tremor, the committee would be willing to consider a reapplication.

On 16 December 2020, our predecessor committee took evidence from Professor 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. Our meeting papers summarise the evidence from that meeting.

In her submission, the petitioner advised that her tremors and the lack of understanding surrounding them have impacted on her entire life.

She does not believe that there is a need for further research into and evidence of the effectiveness of magnetic resonance-guided focused ultrasound before the Scottish Government backs it. She notes that the treatment for essential tremor is currently available on Medicare in the USA and on the NHS in Japan, and in other countries around Europe.

When referencing the progress made by NHS England, the petitioner concludes that she believes that

“while England is proceeding a pace with providing this treatment, unfortunately Scotland is falling behind as the costs for bringing it to Scotland are”

simultaneously

“increasing.”

Before I turn to colleagues, I invite Rhoda Grant to speak in support of the petition.

Rhoda Grant (Highlands and Islands) (Lab):

Thank you for allowing me to speak. The petition obviously follows a petition to your predecessor committee, and some of the new members on the committee might not be aware of the issue.

Basically, there are two treatments for essential tremor. Essential tremor is very disabling, because it makes people shake. It can affect things that we all take for granted, such as drinking and eating in public, and it can even affect the way that someone speaks. The people who suffer from it tend not to mix socially. It is a very difficult illness to deal with and it tends to have a very late diagnosis. Mary Ramsay, who is my constituent and the petitioner, was not diagnosed until her 40s.

Mary Ramsay has had brain surgery to deal with essential tremor. Brain surgery works and is a proven treatment, but the difficulty with it is that people need to go back and have the electrodes moved. People who have brain surgery for essential tremor have a lifetime of procedures ahead of them. Focused ultrasound is non-invasive—there is no brain surgery involved. It is a one-off treatment, and it is life changing for those who receive it.

In England, focused ultrasound is an approved treatment that NHS England funds. People from Scotland can be referred to NHS England for treatment, which seems totally crazy to me, because we have the machine in Dundee and we could be treating people here and now in Scotland, at a much lower cost.

The Convener: Sorry, what was the point about Dundee? I missed that.

10:30

Rhoda Grant: When the petition started, NHS Tayside and the University of Dundee were working together to fund and purchase a machine. They have now done that—the machine is available and is giving treatment in Scotland. However, that treatment is termed experimental treatment—I say “termed” because it is not experimental; it has been approved elsewhere. It is called experimental because it is under that locus that it can be used to treat people. A general practitioner or consultant in Scotland cannot always refer someone to the facility in Dundee unless they are talking about experimental treatment; if they do not do that, they have to refer the person to Professor Nandi and his colleagues in London. There is a huge waiting list for treatment in London, as you can imagine, and it seems wasteful that we have this treatment available in Scotland but Scottish people cannot access it.

Mary Ramsay recently sent me a video that I will make available to the committee. It features Ian Sharp, who has received the treatment. Mary Ramsay also told me this morning that she and Ian Sharp would be willing to come to the committee to give evidence about their experiences of the two different treatments. If they did, that might give you a better idea of what the treatments entail.

I urge the committee not to close the petition. We have come a long way, and I think that the previous Public Petitions Committee was instrumental in moving the issue up the political agenda—indeed, perhaps it was instrumental in getting the technology into Scotland. However, having the technology here is a waste if we cannot use it for the good of patients in Scotland.

I ask you to pursue the Scottish Government on this issue and to push for the treatment that is available in Dundee to be made available to people in Scotland. I also urge you to hear from Mary Ramsay and Ian Sharp, who can tell you what the treatment has meant to them and explain how life changing it can be.

The Convener: Is going through Professor Nandi the only way to get the treatment in England, or are there other places where it is offered?

Rhoda Grant: I understand that there are two centres in London. For the invasive treatment, people in Scotland go to Glasgow or Newcastle. Newcastle might be looking to develop the new treatment, too, but, at the moment, people must go to London for it.

The Convener: Thank you. That was interesting.

Bill Kidd (Glasgow Anniesland) (SNP): I thank Rhoda Grant for giving us that essential information. I was most struck by the fact that Dundee is available to provide such a service, but that is not being taken up. Making people who require treatment for tremors travel all the way to London causes them a great deal of discomfort, and it sounds as though it is a waste of money to do that when the treatment is available in Dundee. I think that we should get in touch with the Cabinet Secretary for Health and Social Care to raise the issue and to ask why the facility in Scotland is not being used for Scottish patients.

Tess White: The fact that more than 4,000 people have essential tremor means that the issue needs to be looked at, as it is an important one for those people.

The Convener: I agree. I think that we should write to the cabinet secretary to find out what stage the Government is at on the issue. We should specifically draw attention to the fact that the committee has been made aware of the Dundee facility. That might have arisen before but, nonetheless, the fact is that the facility exists and, therefore, whether the treatment should be offered is clearly down to the approvals process in the health service, and the fact that it is offered elsewhere is reasonably compelling testimony in support of the view that it should be approved.

I think that I would like to hear the response to that in the first instance, but I certainly do not rule out hearing from the petitioners themselves, because I know—whether it be on the petition that we started with today, on mesh, or on petitions on other medical conditions—that that can often give committee members a unique insight into the condition concerned. Therefore, it could be well worth hearing from Mary Ramsay and Ian Sharp.

Do members agree to proceed in two stages: first, to keep the petition open—

David Torrance: I have just looked at the submissions from the University of Dundee. Could we get an update from the University of Dundee? The last time that we heard from it was on 18 December 2020, when it said that it was hoping to have the equipment installed and up and running by 2021.

The Convener: It seems sensible for us to do that as well. We will keep the petition open, we will write to the cabinet secretary and the University of Dundee, and we will reserve the option to bring the petitioners before us, depending on the progress that we subsequently make. Is that agreed?

Members indicated agreement.

Air Traffic Management Strategy Project (PE1804)

The Convener: I am pleased to say that Rhoda Grant has a season ticket to the Citizen Participation and Public Petitions Committee this morning. She joins us, along with Liam McArthur MSP, for petition PE1804, which is on Highlands and Islands Airports Ltd's air traffic management strategy. The petition, which was lodged by Alasdair MacEachen, John Doig and Peter Henderson on behalf of Benbecula community council, calls on the Scottish Government to halt HIAL's air traffic management strategy project and to conduct an independent assessment of the decisions and decision-making process of the ATMS project.

The clerk's note summarises the extensive actions that were taken on the petition during session 5, which included holding oral evidence sessions with the petitioners, representatives of HIAL and the then Cabinet Secretary for Transport, Infrastructure and Connectivity.

Since the petition was last considered, we have received four submissions: two from HIAL, one from the cabinet secretary and one from the petitioners, all of which have been circulated as part of our meeting papers.

I invite our two visiting MSP colleagues to comment before committee members do so. Since he has been waiting for his moment in the sun, I invite Liam McArthur to comment first.

Liam McArthur (Orkney Islands) (LD): Thank you, convener, and thank you for inviting me to participate in the committee's discussions. I put on record my gratitude to your predecessor and to the predecessor committee for the work that they did on the petition, which was pretty forensic. As you have outlined, they did some fairly detailed work, which included holding a number of oral evidence sessions. Those were very helpful, not necessarily in getting to the conclusion that I was looking for, but in exposing some of the fundamental issues that are involved in the project.

I urge the committee to keep the petition open. I think that HIAL's management have been unwilling to accept the deep concerns that exist across all the communities that are served by the air traffic services that are to be centralised in Inverness. Those concerns extend across the political spectrum and to people who have no political affiliation at all.

There is no question but that modernisation of air traffic services is needed—that is not contested at all. What is fiercely contested is that the remote tower model is the only viable model that will achieve that modernisation and meet the current

regulatory requirements and those that are coming down the track.

Since the predecessor committee took evidence, the most substantive development has been the publication of the delayed island impact assessment. Certainly in the Orkney context, it identified no positive benefits and a range of significant negative impacts of the centralisation proposals. Therefore, there is a feeling in the community that I represent that, if the Islands (Scotland) Act 2018 and the island-proofing concept are to mean anything, simply setting aside that island impact assessment is not a sustainable position.

In response to written questions, ministers have confirmed that they have had no engagement with HIAL's management on the outcome of the island impact assessment, which seems wholly unjustified and unsatisfactory. At the very least, I hope that the committee agrees that that needs to be addressed.

The other point to reinforce is that the proposals predate the pandemic and the impact on air services generally. There is a real concern that the commitment of hundreds of millions of pounds of public money to the rolling out of the programme will be compounded by further investment before proper due diligence and audit is conducted on that expenditure. We can all draw on examples of when that process has led to fairly unpleasant and regrettable outcomes in other areas of public expenditure. I hope that the committee agrees that the audit process needs to kick in earlier on, because we do not want to be told, "You really didn't want to do that" some way down the line when the money has already been spent and we are well past the point of no return.

I am not sure that I can add much more at this stage. As I said, the island impact assessment has exposed many of the concerns that Rhoda Grant, our former colleague Gail Ross and I articulated at previous committee meetings. Those concerns were shared by many committee colleagues at that stage. It might be useful for this committee to follow that up with the cabinet secretary and HIAL.

The Convener: You made reference to a survey. Is that a new survey?

Liam McArthur: Do you mean the island impact assessment?

The Convener: Yes.

Liam McArthur: Such assessments are provided for in the Islands (Scotland) Act 2018. The coming into force of the provisions was slightly delayed, so there is a question as to whether the proposals were legally bound to be subject to an island impact assessment, but given

the nature of the programme, HIAL undertook the assessment, the conclusions of which—

The Convener: I am sorry—when was that? Is that a new development, or was the committee previously aware of it?

Liam McArthur: It was aware that the assessment had taken place.

The Convener: Right. I was not sure whether that was a completely fresh development, but we are aware of that.

Liam McArthur: The assessment's undertaking was delayed; that might have, quite legitimately, been due to Covid. Its publication was significantly delayed after it was handed to HIAL's management, before it was shared more publicly. As far as I am aware, the predecessor committee did not have an opportunity to look at the detail of that in the context of our work on the petition.

The Convener: The clerks can update me on that.

Rhoda Grant: I will not repeat what Liam McArthur said, because the committee's time is short. The petition is about two things: the new air traffic management system but also the downgrading of Wick and Benbecula. Members will have seen in the petitioners' response some focus on the downgrading of Wick and Benbecula airports, as they will provide an aerodrome flight information service, which means that they will be able to take only booked unscheduled flights.

Wick is in the process of developing a public service obligation to encourage more traffic through the airport. It is important to note that, in the past, Wick has served as a base for North Sea oil, so it will be very difficult to have only booked unscheduled flights, especially helicopter traffic, that can land only if booked in an emergency from oil rigs and the like. Wick is not suitable for an aerodrome flight information service, and neither is Benbecula, because Benbecula is home to a Ministry of Defence range. Air traffic from all over the world comes to test weapons on that range, so having only booked slots available at those two airports makes no sense to me.

I urge the committee to consider what impact that will have on the local economy in relation to oil and the MOD's work on Benbecula. I am concerned because the Benbecula facility was under threat a few years ago and was almost closed by the MOD. It was due to community intervention that it was kept open. It is a facility of national importance. I do not think that the MOD has been properly consulted on the proposals, although I am having difficulty getting information out of it. We need to look at the economic impact.

10:45

HIAL says that it is now exploring the option for staff to commute, so that it does not force people out of work. However, in my early discussions with HIAL about commuting, it made it clear that Her Majesty's Revenue and Customs would allow that as a transitional arrangement, but not permanently. Therefore, I suggest that the committee looks at the feasibility of that. Obviously, it would be difficult for people to be away from home and their families, given that they go home every night at the moment.

I also ask the committee to look at what is happening in Inverness. One of the reasons for the process, according to HIAL, is recruitment, but Inverness, which is where it intends to move everyone, is the place where it has had issues with recruitment. My understanding is that Inverness is suffering from staff shortages, to the point that the head of air navigation services is doing operational shifts to keep things going. Therefore, it seems crazy to move people to Inverness, if that is where it is most difficult to recruit. HIAL was really good at recruitment on the islands—it recruited local people who wanted to remain at home and trained them up. It had a process that could have been an exemplar in other areas, but, because of a problem in one area, it seems to have moved away from that.

Digital Scotland has classed the project as being an amber or red risk. I urge the committee to contact it to find out what its concerns are. I contacted Audit Scotland, which told me that the annual audit of HIAL was outwith its remit but that it has a responsibility for HIAL's use of resources. Therefore, will the committee contact Transport Scotland's auditors, who are responsible for the annual audit of HIAL, to see whether they have any concerns? I understand that the project is already delayed and over budget. It seems to be just another vanity project that will have a detrimental effect on the very communities that need the system to work and to work properly.

As Liam McArthur said, nobody is saying that nothing needs to change—we need radar in those airports and we need to make them more sustainable—but this project is not the way to do it. I urge the committee to keep the matter alive and to probe in those areas to get a better understanding of the risks involved.

The Convener: We have heard from our two colleagues. As the committee considers what to do next, do colleagues have any comments? I am tempted to come to you, David Torrance, simply because you have long been engaged with the petition, but I will not if you have a burning ambition for me not to do that. [*Laughter.*]

David Torrance: Thank you for that, convener. As someone who attended several evidence sessions on the matter in session 5, I would like to keep the petition open, because there are questions to be asked, as my two colleagues have mentioned. Perhaps the committee could write to the different organisations involved. I would like to write to the Civil Aviation Authority to find out how successful such projects have been in other areas. We have been given guarantees that the project is on budget, but I would like to see that in writing. I would definitely like to see the island impact assessment, to see how the project would impact on the local economy.

Tess White: I see two issues, one of which relates to HIAL's employee relations. That is for the leadership of HIAL, not us—it needs to transition, as it has been charged to do. However, Rhoda Grant spoke about safety issues. If there are serious safety concerns, those need to be looked into as a matter of importance.

My final point is about the residents of the Highlands and Islands, who are extremely concerned about the reliability of transport links. That is a completely different matter to the employee relations issues at HIAL. Reliability of transport links is critical to the economy of the Highlands and Islands, so it is important that we follow up the issue with the Scottish Government.

Bill Kidd: It would be interesting to be able to make a judgment with regard to the costs involved in the project. Is the idea of the proposal to save money and put HIAL in a better financial position? I am concerned about the possibility that good-quality jobs for local people could be lost.

Another issue that is worth looking at is the safety of the remote tower solution. I am not technical, so I cannot grasp how the system operates over such a large area. The issue of the safety of the passengers, crew and people on the ground should be brought to the fore. I think that we need more information on the safety of the remote tower solution.

Paul Sweeney: I thank everyone for their enlightening submissions. In particular, I note that the budget for the project has already been approved by Transport Scotland. I would like to know whether that is a general provision or whether the detailed specification is locked in, by which I mean: is the budget conditional on there being an automatic dependent surveillance broadcast system, or could there be a primary and secondary radar system?

I note that the Prospect trade union held a strike at the end of July, which escalated matters. It would be worth finding out what the latest situation is in that regard. We could find out whether the

workforce and their representatives would be willing to make a submission on the issue.

Those are the key things that it would be good to know at this point.

David Torrance: I should have mentioned digital Scotland earlier—I note that Rhoda Grant did so. Can we write a letter to find out whether the project is an amber project or a red project?

The Convener: Yes. I think that we should keep the petition open. I am mindful of the fact that the previous Public Petitions Committee considered it at length and that the reality is that the Scottish Government supports the initiative. It has confirmed that it is on budget and has referred to the review that was conducted independently through the digital assurance office. Even so, like David Torrance, I feel that we should probe the assertions that the system has been successfully deployed elsewhere in the world, and I would quite like the Civil Aviation Authority to be quite specific in telling us where it has been tested, and for us to see whether that is the case.

I have picked up on the suggestion that was made by various members that we should write to the Scottish Government to find out the status of the project and whether everything that it has previously said is still the case. We should find out whether it is still being reviewed and found to be being carried out to specification and on budget. I think that we could also incorporate in that letter the issues that Mr Sweeney raised. Do members agree to the proposed action?

Members indicated agreement.

Ancient, Native and Semi-native Woodlands (Protection) (PE1812)

The Convener: PE1812 was lodged by Audrey Baird and Fiona Baker on behalf of Help Trees Help Us. It calls on the Scottish Government to deliver world-leading legislation to give Scotland's remaining fragments of ancient, native and semi-native woodlands and woodland floors full legal protection before the 26th United Nations climate change conference of the parties—COP 26—in Glasgow in November 2021.

In its submission, the Scottish Government highlights that it has committed to maintaining or exceeding EU environmental standards, where appropriate and practicable to do so, through its environment strategy vision and outcomes, and in legislation through the European Union (Legal Continuity) (Scotland) Bill. It states that it will bring forward a draft policy statement, regarding the use of the discretionary power to align with EU law, for consultation early in this parliamentary session.

The Scottish Government also intends to produce a new Scottish biodiversity strategy no

later than 12 months after the 15th Convention on Biological Diversity conference of parties—COP15—and to increase the area that is protected for nature in Scotland to at least 30 per cent of land area by 2030.

In response, the petitioners describe the Scottish Government's submission as a

"catalogue of failure barely disguised by 'statements of intention' on meaningful action to protect native woodland and stem biodiversity loss in the future"

and argue that most of their petition's objectives have been ignored by the Scottish Government.

With that endorsement ringing in our ears, I ask whether anyone has any comments to make at this time. I think that there is some work still to do.

David Torrance: I would like to keep the petition open. I do not think that it will meet its aim of having the protection in place before COP26, but we should seek an update from the Scottish Government on its response to the independent deer working group, as suggested by the Public Petitions Committee in the previous session, and see where we are with biodiversity and the protection of woodlands.

Paul Sweeney: I agree that the current planning framework is not well defined enough in respect of ancient woodlands, and it could benefit from being enhanced, as proposed by the petitioners, to turn ancient woodlands into what are in effect enforced wilderness. As that would be beneficial from a policy perspective, there is a legitimate basis to keeping the petition open.

The Convener: On that basis, I think that we are inclined to keep the petition open and to seek an update from the Scottish Government on its response to the deer working group, as our predecessor committee suggested. That could highlight some of the issues that Mr Sweeney has just raised. Do members agree?

Members indicated agreement.

Autism Support (PE1837)

The Convener: PE1837, which was lodged originally by Stephen Leighton, 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. The petition was last considered in February. At that meeting, the committee at the time agreed to continue it and also to include it in its legacy paper, which we have received, along with the suggestion that we take evidence from the Cabinet Secretary for Health and Social Care on the various concerns raised in written submissions on the petition.

Since the petition was last considered, written submissions have been received from Autism Scotland and the Convention of Scottish Local Authorities. Indeed, the petition has received 23 written submissions to date and was considered twice by the previous committee.

The Scottish Government's submission of 2 December 2020 highlights that

"Support for autistic people is available from a wide range of sources"

that

"provide a range of support including social groups, 1:1 counselling and post diagnostic support."

It also notes that

"the Scottish Government is working collaboratively with national autism charities and autistic led organisations to deliver a national autism post diagnostic support service".

That pilot project ran from December 2020 until May 2021. Moreover, according to that submission, a national autism implementation team was established in partnership between the Scottish Government and Queen Margaret University

"to support Health and Social Care Partnerships to consider best practice and improve service in the redesigning of autism diagnostic services."

The team

"is supporting NHS Boards to examine diagnostic pathways for autism and establish regional experts to assist with improving tiered autism specialisms across health boards."

In its submission of 11 March 2021, Scottish Autism says that it welcomes the petition's call for more resources from the Scottish Government at a local level to support autistic people and their families, and it believes that

"there continues to be an absence of consistent and accessible support services"

available in Scotland. However, in its submission, COSLA states that it currently does not support the

"call for a blanket approach"

to providing support teams or ring-fenced funding, due to the impact of ring fencing on local authorities' ability to fund non-ring-fenced services. COSLA also highlights that

"services are not provided"

to autistic people

"on the basis of the Mental Health Act"

and that, instead, they are provided following professional assessment of

"individual need and ... eligibility criteria."

11:00

In their submission, the petitioner highlights that in the report on rejected referrals to child and adolescent mental health services, the repeated issue that was raised was that services were declining to support autism needs on the ground of its not being a mental health issue. The submission then suggests that if autism is to be considered a mental health disorder, investment from the mental health budget could be used to create autism support teams, which would in turn reduce pressure on mental health and social work services.

The petitioner concludes by stating their view that the status quo is not enough and that the submissions to the petition made by autistic people and their families demonstrate that more needs to be done.

That is a comprehensive analysis of where we are. Do members have any comments or suggestions for our next steps?

It has been a huge issue. I remember colleagues in the previous session lodging motions for debate and speaking regularly on the issue. Many people feel quite passionate about it. We have a specific recommendation in the legacy paper, which is that we should take evidence from the Cabinet Secretary for Health and Social Care on the issues raised in the petition. What do members think of that proposal? Is there an alternative course of action?

David Torrance: The Scottish Government has made headway, but I agree with the recommendation made by the Public Petitions Committee in session 5 to bring in the Cabinet Secretary for Health and Social Care. We should see how much progress the Scottish Government has made and what it is doing to rectify the faults that have been flagged up in the system.

The Convener: I see nods of approval. Do we agree on that course of action?

Members indicated agreement.

The Convener: We will follow that through and meet the Cabinet Secretary for Health and Social Care to focus on those specific issues.

Non-statutory Child Advocacy Services (Regulation) (PE1838)

The Convener: The next continued petition is PE1838, on the regulation of non-statutory child advocacy services. I welcome Christine Grahame, who has joined us for consideration of the petition. The petition was lodged by Martin Baker and Katherine Bailey and calls on the Scottish Government to ensure that non-statutory child advocacy services are properly regulated to

ensure competence, transparency and accountability.

The session 5 Public Petitions Committee last considered the petition at its meeting on 10 March 2021. At that meeting, the committee agreed to continue the petition and include it in its legacy paper, along with a suggestion to write to the relevant minister to seek a response on whether the Scottish Government will undertake the work necessary to introduce legislation to regulate non-statutory child advocacy services.

Including its last consideration, the committee has considered the petition twice and received 14 written submissions.

In her written submission of 1 December 2020, the then Minister for Community Safety stated:

“Any regulation of child advocacy services would require a full consultation and primary legislation. The scope for, and effect of, regulation may be limited as child advocacy services are not only provided by organisations or persons acting in a professional capacity”.

She continued by saying that, in the event that regulation was implemented, consideration would be required as to how it is enforced for persons supporting in the capacity of a relative, for example.

In response to the limitations of the scope and efficacy of regulation due to non-professional persons carrying out the role, the petitioner questioned whether the definition of “services” under any legislation could be outlined to cover paid employees or volunteer staff of organisations that offer such services.

Before I ask for comments from members of the committee, would Christine Grahame like to speak in support of the petition?

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): Let me put it on the line that I support advocacy services for children. However, that is not the issue. The petition is very narrow. As you have already suggested, convener, we have non-statutory child-advocacy services in court proceedings in relation to contact and residence, but what you have not read out is that I came to the issue through a case—as many of us do—which broadened the whole issue. I hope that members will forgive me if they already know about this. I will obviously keep the case anonymous, but the experience of the intervention of such a child advocacy service caused devastation to the lives of two of my constituents.

The intervention began because of a series of unfounded allegations made against the man, but the advocacy service soon became the driver of events that multiplied allegations without their validity ever being investigated. As I know from

practising as a family lawyer 20 years ago, once children have been alienated, it is practically impossible to undo.

What is the backing for that? My constituents went to proof. In her judgement, the sheriff set out in detail the systematic creation by the child advocacy service of an entirely false narrative in the minds of the children. That included practising emergency evacuation drills with them, as if the father might attack them. The service also refused to accept its role in perpetuating and amplifying the falsehoods.

There may not be many cases, but one case is one too many. I note what the convener said about the response by the minister, Ash Denham. I see a reference to the Children’s Hearings (Scotland) Act 2011 (Children’s Advocacy Services) Regulations 2020, which came into force in November last year. Those regulations only set out requirements as to qualifications, training and fees. There is no requirement for regulation.

I also note the minister’s response, which you read out. She said that regulation would be difficult and would require primary legislation. I do not care about that. If something needs to be fixed, primary legislation is neither here nor there. The minister says that advocacy services

“are not only provided by organisations or persons acting in a professional capacity”—

one might call that a quasi-professional capacity—and that, in the event of regulation being implemented,

“consideration would need to be given as to how this would be enforced”

with persons supporting in the capacity of a relative. Relatives are a completely different species. They are not disinterested parties, and neither should they be, in any proceedings regarding children with whom they are connected. We are looking at non-statutory advocacy services, which are not currently regulated. My constituents did not see what had been said. They found out only by accident. By the time the stage of proof is reached, the damage is done. The comments by the sheriff are very telling.

This is a serious issue. You talked about how petitions have been used to move on the serious issue of mesh. I would like someone such as the cabinet secretary to answer to this. It can be fixed. Some people say that relatives cause an issue, but they do not. The constituent mentioned services. We do not talk about a relative providing services. Definition is all, in this case.

That is my position. You can see that it is heartfelt because I have been following this, with my constituents, for two years. I know the misery that it has brought to their lives and the impact that

it has had on their children, with whom they now have no connection whatsoever, and probably never will have again. That should not happen.

The Convener: Now that we have heard from Christine Grahame and read the submissions, I turn to colleagues for their comments.

Tess White: In your extensive experience, Christine, is there any downside to what you suggest, or is everything an upside? Are you aware of anything that should be considered?

Christine Grahame: Regulation would be in the interest of any non-statutory advocacy services that is provided. It makes people sure that they are certified in and regulated for what they do. What they say would have weight and value. I do not think that it was deliberate, but in this case a narrative was brought in that could never be undone.

Parental alienation it is not unusual when spirits and passions run high in relation to contact with or residence of children. The issue between the parents becomes something that spills over and affects the children. It should not, but it does.

Regulation would be in the interests of those services. I cannot see the problem. We are regulated and must obey rules, which is just as it should be. The same thing should happen to non-statutory advocacy services.

Bill Kidd: I thank Christine Grahame for providing that depth of background. I find it difficult to believe, although it is true, that there are non-statutory child advocacy services, which I think is bizarre. I cannot see why any child advocacy service would have a particular, logical reason for being against regulation of its services.

The Convener: Thank you. The previous Minister for Community Safety, who Christine Grahame noted was Ash Denham, said that regulation would require full consultation and primary legislation. I take Christine Grahame's point in that regard. I do not know whether what the minister said was meant to be a disincentive to us to pursue the issue or whether it was identifying the course of action. I agree, and I think that the committee agrees, that if primary legislation is required because the case is compelling and correct, then that is what would have to follow. Therefore, in the first instance, it would be interesting to know whether the current Minister for Community Safety is prepared to commit to the Scottish Government undertaking the consultation that would be a precursor to any legislation on the regulation of non-statutory child services. Are we content to pursue that? That would be the first step in the pattern that was identified. We would keep the petition open on that basis and see what response we receive.

Members indicated agreement.

Christine Grahame: I thank the committee.

Rural Scotland (Healthcare Needs) (PE1845)

The Convener: The final continued petition that we are considering this morning is PE1845, on an agency to advocate for the healthcare needs of rural Scotland. For the petition, we are joined again by Emma Harper MSP and Rhoda Grant MSP. You are competing with each other this morning to ensure that you are with us for the same number of petitions, but we are glad to have both of you.

The petition was lodged by Gordon Baird on behalf of Galloway community hospital action group and it calls on the Scottish Government to create an agency to ensure that health boards offer fair and reasonable management of rural and remote healthcare issues. The petition was first considered in January 2021 and the clerk's note outlines the work that the session 5 committee carried out on the petition.

The written submissions on the petition highlight some of the issues experienced by rural and remote communities as they try to access medical care, including patients being required to take long, often awkward journeys for not only critical care but routine out-patient appointments, of which I think we have all heard examples from colleagues in the chamber at various question times; outreach clinics to rural communities being dependent on individual consultants rather than organised programmes; and a failure by key organisations to understand the importance of dispensing GPs to rural and remote communities.

In alphabetical order, I will take Rhoda Grant first.

Rhoda Grant: The petition is not from people in my constituency, but the committee will have seen that the Caithness health action team made a submission to the committee in support of it. Their concerns are similar to those of others in that people in that area have huge distances to travel to access medical treatment. Some funding is available, but it is not adequate and does not remove the financial disadvantage. There is also a social disadvantage for people with caring responsibilities—for example, children have to be looked after while they are away—all of which creates huge problems for people. That is a consistent problem throughout the Highlands and Islands area that I represent and it has been an issue for me for all the time that I have been a member of the Scottish Parliament.

I understand that the training for medics, nurses and all those involved in healthcare is geared

towards teamwork so that people can collaborate when working together to provide healthcare. In remote rural areas, however, we ask people to work very much on their own without any back-up and to depend on their own skills and knowledge, but the training does not equip people to do that.

11:15

We also see that the NHS values specialisation. If a person specialises in a subject, their grading goes up, and that is true for doctors and nurses. However, at one point, I was speaking to nurses who work in the area that I cover who have a huge range of skills because they need to cope with anything that comes through the door and what is happening there and then, but they are on a basic banding. The breadth of their knowledge was not recognised; only the depth of their knowledge was recognised.

There are therefore huge disincentives for people who are generalists to become involved. One is from a training point of view, and the other is from a financial and career progression point of view. I therefore agree with the petitioners. We need an agency to take up the issue and work with it by looking at training and remuneration to make sure that we have health services in those remote and rural communities. It gets to the point where people are maybe not getting the health interventions that they need as quickly as they can, because it becomes very difficult for them. We do not need an A and E around every corner, but we do need to provide those kinds of services to people, without the same in-depth specialisms that there are elsewhere. People should have the same access to health services, regardless of where they live.

Emma Harper: I thank the convener for having me here, and the committee for considering the petition. I am aware of the petition, as I know Dr Gordon Baird very well. He lodged it on behalf of himself and the Galloway community hospital action group, and another retired GP, Dr Angela Armstrong.

The petition calls on the Scottish Parliament to urge the Scottish Government to create an agency to ensure that health boards offer fair and reasonable management of rural and remote healthcare issues. Dumfries and Galloway is part of my South Scotland region and Stranraer is the town where I was born and lived until moving to the Dumfries area when I was 12. I am very familiar with the rurality of the south-west part of my constituency. I often hear from constituents that they feel forgotten, as many people automatically look to places north of the central belt, and even to the islands, when providing examples of remote and rural places in Scotland.

I will share a couple of examples, one of which the convener has already touched on. NHS Dumfries and Galloway is part of the south-east Scotland cancer network, meaning that people who live in Wigtownshire, Dumfries, Canonbie and Lockerbie are included in cancer pathways and treatment plans such that they sometimes have to go to Edinburgh for some types of cancer care, such as radiotherapy. That is a 266-mile round trip for folk living in Stranraer.

Based on the response to questions raised with the previous health secretary about the cancer pathway issue, my understanding is that patients in Dumfries and Galloway are offered a choice of place to attend as part of their treatment. If their treatment choice is Glasgow, that would therefore be the place to attend. However, nowhere in Dumfries and Galloway is closer to Edinburgh by travel time than Glasgow and the Beatson, for instance.

A second example to highlight regarding fairness is that persons in other health board areas such as Ayrshire and Arran and Highlands and Islands are offered travel reimbursement for journeys of more than 30 miles. That is not the case in Dumfries and Galloway, where people are means tested for any travel costs to be reimbursed. Those are only two examples.

The Scottish National Party's manifesto proposes a centre of excellence for remote and rural health and social care. I have already had a response from Cabinet Secretary for Health and Social Care, Humza Yousaf, regarding initial progress on that. I welcome the Government's introduction of the Scottish graduate entry to medicine programme. We also passed the University of St. Andrews (Degrees in Medicine and Dentistry) Bill in the most recent session of Parliament. ScotGEM has a focus on increasing the number of graduate doctors with a rural focus.

I would be grateful to the petitions committee for progressing this petition. I would seek to be proactive and objective and to have those proactive and objective measures taken forward. We need to highlight the health challenges in remote and rural areas. I would therefore welcome the petitions committee's continued progression of the petition.

The Convener: Thank you. Would colleagues like to comment on the evidence that we have heard?

David Torrance: I thank my colleagues for giving evidence. I would like to keep the petition open. We should write to the remote and rural general practice short-life working group, chaired by Sir Lewis Ritchie, and to the rural NHS boards to seek their views on the action called for in the petition. I would also like to write to Scottish

Government to request an update on the establishment of a national centre for remote and rural health to see what progress has been made.

Paul Sweeney: The concerns raised by the petitioners are incredibly important and colleagues' submissions today have been enlightening. I am curious about the role of NHS health boards in those areas and how accountable they actually are. That is the elephant in the room here, is it not? They are meant to be the democratic voice of stakeholders in those regions, but it is clear that they are not performing that role effectively, given that this issue is now arising from groups that have been formed more organically underneath that structure. Consideration needs to be given to how effective health boards are in representing the interests of their areas. Should the committee write to ask the health boards how they can respond to the concerns raised by the petitioners and how they can redesign their services to respond to the issues raised by the petitioners?

How transparent are the appointments to those health boards? Is there an election process that is well known about? Should they not be considered to be as important as local council elections, for example, with regard to developing representation? That is therefore an element to consider: how democratic and accountable are health boards? They are quite opaque.

The Convener: I am happy to support all those suggestions. The issues that have been raised are important. I would like to write to the health boards and to Sir Lewis Ritchie, on the basis that it might be useful for the committee to take evidence on the back of the submissions that we receive in order to pursue the issues in more detail in an oral evidence session. In the first instance, I want to hear how they would respond to some of the arguments made in the petition, but, after that, we could drill down a bit further. We will keep the petition open and we will proceed on that basis. I hope that that meets with everybody's approval. Thank you. That concludes agenda item 1. Members will be glad that there are only two items today.

New Petitions

Adult Disability Payment (Eligibility Criteria) (PE1854)

11:22

The Convener: Item 2 is consideration of new petitions. It might be useful for anyone who is following the proceedings to know that, as a standard working practice, the committee used to meet and then agree to ask the Scottish Government for its views on a petition. Now, as a matter of course, the committee writes to the Scottish Government and other stakeholders to ask for their views on petitions, in order that, when considering a petition, the committee is as informed as possible for each meeting. I would not want anyone who is following our proceedings or any petitioner to think that that unduly influences the committee's subsequent discussion or consideration. It allows us to have at least a basic understanding of the Government's reaction to the petition, along with the response of other stakeholders.

The first new petition, PE1854, which has been lodged by Keith Park on behalf of the MS Society, calls on the Scottish Government to

"remove the 20 metre rule from the proposed adult disability payment eligibility criteria or identify an alternative form of support for people with mobility needs."

The adult disability payment is due to replace the personal independence payment in Scotland from summer 2022, following a pilot scheme that will take place in spring 2022. Under the principle of safe and secure transition, the Scottish versions of the Department for Work and Pensions disability and carer benefits will, at least in the short term, have much the same rules as their DWP equivalents. In its submission, the Scottish Government states that it consulted on the draft regulations for adult disability payments between 21 December 2020 and 15 March 2021. The Scottish Government has advised that it will review the responses to the consultation and, if required, adjust the draft regulations in light of the feedback.

The Scottish Government's submission highlights that the DWP has been clear that, in order for ADP to be considered a comparable benefit to PIP, and to ensure that Scottish clients remain entitled to various reserved payments, it must be delivered on a "like for like basis". The submission notes that

"any changes which widen eligibility risk DWP deciding that ADP is not a comparable benefit to PIP and withdrawing automatic entitlement to reserved payments from Scottish clients."

As such, it advises that while the period of transition from PIP to ADP is on-going, it has decided

“not to make any significant changes to eligibility criteria before ADP is launched.”

The submission advises that the Scottish Government is focusing on the significant changes it can make

“to how disabled people in Scotland experience accessing disability assistance, such as providing additional application channels and replacing assessments with person-centred consultations.”

The Scottish Government has committed to facilitating an independent review of ADP in 2023, one year after delivery has begun, which it believes will enable all of the eligibility criteria to be considered

“in the round rather than any changes being made in a piecemeal way.”

In their submission, the petitioner points to the Scottish Government’s consultation on proposals for ADP, highlighting that, in their responses, people with disabilities and organisations working on their behalf identified the need to remove the 20m rule. The submission notes that in the Scottish Government’s proposals for ADP, it is not argued that the rule is an effective way to measure mobility.

In response to the risk of ADP not being considered a comparable benefit to PIP, the petitioner argues that changing the 20m rule to a 50m rule would not impact on passported benefits on the basis that an enhanced rate of mobility, compared with the standard rate, does not entitle individuals to any additional DWP benefits.

That is quite complicated, but also direct. Do members have any comments?

Bill Kidd: We could write to the Scottish Government to seek an update on the outcome of the consultation, ahead of the independent review in 2023, which is a wee while away yet. It would be good to get an update on progress on the consultation and what is being considered in that, as it might answer some of the issues that the petitioners have raised.

David Torrance: I agree with Bill Kidd that we should keep the petition open and I back up his suggestions. I would like to get a legal opinion on the suggestion that ADP must be delivered on a “like for like basis” and that

“any changes which widen eligibility risk DWP deciding that ADP is not a comparable benefit to PIP and withdrawing automatic entitlement to reserved payments from Scottish clients.”

I would like to know whether that is definitely the case.

Paul Sweeney: I echo that challenge to the DWP on the issue of a “like for like basis”. It is also important that we test the provisions of the Scotland Act 2016 on where the competence for devolved benefits and the topping-up or enhancing of existing benefits lies. It is an important issue that we need to interrogate; it merits thorough exploration by the Parliament.

There has been a risk-averse approach in the civil service in designing the benefit, which could cause significant harm to the people in Scotland who we are trying to assist. Fundamentally, the entire system of arbitrary tick-box exercises for assessing eligibility is absurd and has no basis in clinical evidence. It is a policy that is bigoted against disabled people. Redesigning the policy to move away from that would be advantageous from my perspective.

The idea that the Scottish Parliament should default to the same policy is not reasonable. We need to test that issue as such a presumption might be having a chilling effect. The petition is a valid way to interrogate the provisions. There is also the wider constitutional element in testing where the threshold of the 2016 act sits and what discretion the Parliament has. It is important that we do not make people who are suffering significant hardship wait until 2023 for some sort of risk-averse approach to be introduced on a like-for-like basis, and then test it after that. We need to move more urgently.

11:30

The Convener: Thank you. We can write to the DWP. The Scottish Government has asserted that the DWP has taken a position. We do not know whether it is actually the case that the DWP would regard a change from 20m to 50m as a significant violation of the like-for-like principle. I simply see from the submissions that the Scottish Government suggests that that might be the case. It would be worth testing that.

The petitioner has noted that it would not lead to any enhancement of benefit, as such; it would just make access to the benefit slightly easier for the people whom it is meant to assist. We should clarify that point, at least, in addition to the suggestion that came forward. We might see where the response to those representations takes us, and pursue the discussion after that. Does that seem reasonable?

Members indicated agreement.

Surgical Mesh and Fixation Devices (PE1865)

The Convener: PE1865 calls for the suspension of all surgical mesh and fixation devices. It is a new petition and has been lodged

by Roseanna Clarkin, Lauren McDougall and Graham Robertson. The petition calls on the Scottish Government

“to suspend the use of all surgical mesh and fixation devices while ... a review of all surgical procedures which use polyester, polypropylene or titanium is carried out; and ... guidelines for the surgical use of mesh are established.”

In his submission, the Cabinet Secretary for Health and Social Care has stressed the seriousness with which the Scottish Government takes all issues relating to mesh. He has outlined the actions that the Scottish Government has taken in relation to the use of transvaginal mesh for the treatment of stress urinary incontinence and pelvic organ prolapse. We discussed those things in our consideration of the first petition this morning.

The cabinet secretary has also highlighted the high vigilance scrutiny protocol, which was introduced for some other procedures, including abdominally inserted mesh for pelvic organ prolapse, and the research that was commissioned by the Scottish Government into the use of mesh in inguinal hernia repair, which concluded that

“mesh resulted in lower rates of recurrence, fewer serious adverse events and similar or lower risk of chronic pain”

than non-mesh procedures. As a result, the cabinet secretary does not believe that there is evidence to justify a pause in the use of relevant devices.

In response, one of the petitioners has highlighted the many personal testimonies that have been shared with the committee, detailing the life-changing effects of having mesh procedures. The submission suggests that not all patients are being given sufficient information to be able to give fully informed consent. Neither does it seem that all surgeons are clear about when it is appropriate to use mesh.

Since the publication of our papers, we have received two additional submissions from the petitioners. The first details key questions to which the petitioner seeks answers. The second highlights the importance of the Cumberlege review and asks why more progress has not been made in delivering on its recommendations—which, from memory, I believe the Scottish Government accepted, in full, in a response that it made in the chamber.

It is important also to emphasise, for those who have followed mesh procedures historically, that the petition relates to all mesh procedures—for men, women and children—and is distinct from the petition that we considered previously, which related to issues that affect women’s health exclusively.

The petition is new and is important. Do colleagues have any proposals that we might consider?

Tess White: I suggest that we write to the cabinet secretary to ask for further information. When I read the petition, I empathised and sympathised. It is very upsetting to see what some people are having to go through.

The Convener: I am struck by the words in the response from the cabinet secretary that there are

“fewer serious adverse events and ... lower risk of chronic pain”

than for non-mesh procedures. I think that we received exactly the same testimony in relation to the original mesh petition at the first point of hearing. Until people knew that there was an issue to speak out about, it was not much in the public domain.

David Torrance: Can we ask the cabinet secretary to appear before us, rather than write to him, so that we can ask questions and hear evidence?

Paul Sweeney: Constituents who have contacted me have raised a wider issue that merits investigation. The use of such products and the potential defects that result in significant chronic pain and other medical complications are not well understood, but the significant level of anecdotal evidence merits formal investigation. Insufficient effort has been put in to achieve that, so the petition is worth while. It would be reasonable to initiate inquiries with the cabinet secretary in the first instance by inviting him to say how the Government will proceed with a formal investigation.

The Convener: I think that the committee is inclined to make such a request. We might say that we will raise progress on the recommendations that the Cumberlege review made on mesh at the same time as we pursue the fresh issues.

Wheelchair Users (Improvements to Bus Travel) (PE1866)

The Convener: PE1866, which was lodged by Daryl Cooper, calls on the Scottish Government to introduce legislation so that wheelchair users can face forward when travelling on a bus.

The Scottish Government has explained that legislation that governs bus travel for wheelchair users is reserved to Westminster and is dealt with in the Public Service Vehicles Accessibility Regulations 2000. The submission highlights that, as part of the UK Government’s recently published national bus strategy, “Bus Back Better”, it has committed to completing a review of the regulations by the end of 2023. The review is

expected to be wide ranging and to consider the extent to which the regulations effectively support access to services and how they could be improved.

In response, the petitioner has highlighted that the regulations are in place

“to enable disabled people to travel safely and in comfort.”

He argues that being forced to travel in a rear-facing space might not be comfortable for disabled people and that it should not be for bus operators to choose whether wheelchair spaces are rear facing. Do members have comments?

David Torrance: We must close the petition under rule 15.7 of standing orders, because the matter is reserved to Westminster. However, I ask the committee to write to ask the petitioner to engage in the review that the UK Government will undertake by 2023.

Paul Sweeney: I resist the move to close the petition. The issue seems *prima facie* to be reserved, but significant provisions are in devolved legislation, and particularly the Transport (Scotland) Act 2019. That act provides for establishing bus services improvement partnerships, which probably represent the weakest form of regulation after a purely *laissez-faire* system. The act also contains provisions on franchising and direct public ownership. The Scottish Government has significant regulatory capacity when defining a bus franchise—for example, it can insist on the achievement of certain service standards. That depends not necessarily on legislation but on how well designed a franchise agreement is.

There are significant financial incentives. About 45 per cent of all bus company turnover in Scotland is from public subsidy, and provisions or conditionality could be attached to that public subsidy, which is from the Scottish Government. New vehicles that were procured could be required to meet a certain quality of specification, which would provide such capability in a service.

Given those factors alone, there are significant provisions for the Scottish Parliament as a legislature to design a better service standard that would meet the petitioner’s concerns. The issue is not solely about reserved powers. The committee also has capacity to engage with the Scotland Office and ask what efforts it might make to amend legislation at Westminster to back up any action. There is a breadth of opportunity for us to pursue the petition.

The Convener: I certainly have long memories of the petition on seat belts in school buses, which, I seem to remember, eventually led to the minister, Mike Penning, agreeing to devolve competences to the Scottish Parliament. I do not

know whether that ever actually happened—*[Interruption.]* Apparently it did, some time ago.

David Torrance, having heard from Paul Sweeney, would you be content for us to explore some of these issues further with the Scottish Government?

David Torrance: Yes.

The Convener: I am happy to do that and to keep the petition open on that basis. Is that agreed?

Members *indicated agreement.*

British Sign Language (National Qualification) (PE1867)

The Convener: PE1867, which was lodged by Scott Macmillan, calls on the Scottish Government to encourage the Scottish Qualifications Authority to establish a national qualification in British Sign Language at SCQF level 2, under the Scottish credit and qualifications framework. The petitioner is calling for the new qualification so that BSL can be eligible to be an L2 language, which would allow it to be taught from primary 1.

In her submission, the Cabinet Secretary for Education and Skills explains that the establishment of new qualifications is a matter for the SQA. However, she highlights that children must be able to study an L2 language

“at secondary school to the level of a National Qualification”.

There are currently no national qualifications in place for BSL. Therefore, as matters stand, even with the creation of a national qualification in British Sign Language at SCQF level 2, BSL would still not be eligible to be an L2 language.

That is definitely a chicken-and-egg definition. What thoughts do members have in response to the petition?

Bill Kidd: Can we write to the SQA to invite its comments on the proposal? Personally, I think that the significant numbers of our constituents who use BSL on a regular basis, including people who use it as part of their occupation, some of whom are interpreters, deserve the opportunity to be recognised in this manner.

The Convener: My sympathies are very much in support of that proposal. People and organisations have regularly come to us in the Parliament and have done their best to educate and train MSPs in the use of sign language. I remember thinking previously that it would be useful to have a professional or educational qualification that could be pursued in that regard.

In the first instance, let us see whether the SQA can explain to us whether such a qualification

could be introduced, what would be required in introducing it and what the SQA sees as the obstacles to the proposal being progressed. Once we have the response, we will consider the petition afresh.

Working Single Parents (PE1868)

The Convener: Our final new petition this morning is PE1868, which was lodged by Laura McKain and which calls on the Scottish Government to provide support to single parents by increasing the council tax discount available to single parents from 25 per cent to 50 per cent and lobbying the UK Government to create a working single parent tax allowance and a household income-based child benefit.

In its submission, the Scottish Government highlights its commitment to reforming council tax and measures that it has in place to support low-income households. Those include the council tax reduction scheme, which provides relief to just under 500,000 low-income households, and the Scottish child payment, which pays £40 per week per eligible child. The Scottish Government has committed to extending eligibility to under-16s by the end of 2022. The Scottish Government argues that the Scottish child payment, alongside the best start grant and best start foods, could provide more than £5,300 of financial support to families by the time that their first child turns six.

Having had a chance to consider the submissions, I wonder what suggestions members might have as to how to proceed. It is quite a complicated matter. There appears to be a determined course of action that has been put in place by the Scottish Government. It has committed to extending eligibility. It does not have the competence to intervene on matters relating to UK income tax if they are beyond the responsibility of the Scottish Parliament. The Scottish Government has indicated that it is supporting 500,000 low-income households.

As important as the issue is, I am not immediately clear as to what further course of action lies open to us, having now sought and obtained the views of the Scottish Government. I do not know whether colleagues are minded to close the petition on that basis, or whether you feel that there is some further avenue that we could possibly explore.

David Torrance: I agree that it is very difficult to explore any other avenues. I am happy to close the petition under rule 15.7 of standing orders.

The Convener: I do not think that we do that with any great pleasure.

David Torrance: No—I do not.

The Convener: However, our options are limited. If the committee is agreed, that is the course of action that we will follow.

Thank you all very much for your contributions this morning. I thank our colleagues who joined us.

Meeting closed at 11:46.

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