OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament (Hybrid)

Wednesday 24 November 2021

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Wednesday 24 November 2021

CONTENTS

Scottish Parliament

Wednesday 24 November 2021

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

Portfolio Question Time

Health and Social Care

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon. I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The first item of business is portfolio question time, and the first portfolio is health and social care. As ever, in order to get in as many members as possible, I would prefer short and succinct questions and answers to match. If a member wishes to ask a supplementary question, they should press their request-to-speak button or indicate so in the chat function by entering the letter R during the relevant question.

Child and Adolescent Mental Health Services

1. **Alexander Stewart (Mid Scotland and Fife) (Con):** To ask the Scottish Government whether it will provide an update on the number of referrals to child and adolescent mental health services that are declined. (S6O-00422)

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): Referrals that are not accepted for treatment are described as "rejected" or "not accepted", rather than "declined", as in many cases that involves signposting or redirecting people to a more appropriate service. The most recent published statistics available, which cover the quarter ending 30 June, show that 2,263, or 22.2 per cent of, referrals to child and adolescent mental health services were not accepted. The next published statistics will be available on 7 December.

Alexander Stewart: In 2018, Audit Scotland, in its report on "Children and young people's mental health", warned that scrutiny of CAMHS was focused

"on inputs and outputs rather than outcomes".

Since then, what action has the Scottish Government taken to shift the focus to outcomes, and how will it measure service quality to seek to increase pathways for improving the mental health of our children?

Kevin Stewart: Significant progress has been made to improve CAMHS and implement the recommendations of the children and young people's mental health task force. Most notably, in February 2020, the Scottish Government published the "Child and Adolescent Mental Health Services: national service specification", which includes nationally agreed referral criteria; a first engagement appointment for all those who meet the criteria; and "personalised, meaningful signposting" for all those who do not require treatment in CAMHS. There is also a duty on all CAMHS teams to provide a contact for referrers to enable referrals to be discussed with them.

We are continuing to work on data in that regard. We have in place the CAMHS and psychological therapies national data set, which was commissioned to collect data on why people are not accepted. CAPTND was first published as an appendix to the June 2021 publications, and we will continue to work on that and improve it as we move forward.

Carol Mochan (South Scotland) (Lab): At the end of June 2021, Public Health Scotland reported that the number of children and young people who had been waiting more than a year for mental health services had doubled since the end of June 2020. Can the minister advise the Parliament what examples of alternative support the Government has in place for those children who are on very long waiting lists or who may have been rejected by the service?

Kevin Stewart: As Ms Mochan knows, we have invested quite heavily in CAMHS from our recovery and renewal fund in order to bring down waiting times, as it is essential that we do so. In addition, we need to invest in other services, in particular community-based services, so that folks do not have to be referred to acute services in the first place. That is an essential part of moving away from acute care towards prevention, and I am sure that Ms Mochan, along with every other member in the chamber, will welcome it. We, along with health boards, are working hard to get those waiting lists and waiting times down.

Edington Cottage Hospital

2. **Martin Whitfield (South Scotland) (Lab):** To ask the Scottish Government what assessment it has made of the impact of the closure of Edington cottage hospital. (S6O-00423)

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): East Lothian health and social care partnership has taken the difficult decision to temporarily relocate the bed capacity—that is six beds—and staff from Edington hospital to East Lothian community hospital to maintain safe staffing levels and provide safe and functional care for patients. The health and social care

partnership will review that decision on 10 December, as part of an agreed quarterly review of the situation.

Martin Whitfield: I direct my next question to the cabinet secretary, as I see that he is in his place. Will he meet the steering group ahead of the discussions that will lead to the decision on 10 December to help support NHS Lothian in reopening the cottage hospital?

The Deputy Presiding Officer: I believe that the minister will respond.

Kevin Stewart: I know for a fact that the cabinet secretary has already met the local constituency member, Paul McLennan. As always, the Government will continue to speak to those who are in the know, including local members, on those matters.

Craig Hoy (South Scotland) (Con): The Edington hospital was closed with no community consultation whatsoever. Even in a pandemic, is that an acceptable way for the national health service to operate?

Kevin Stewart: As Mr Hoy says, we are in a pandemic. There are staff shortages, and the reason why East Lothian health and social care partnership took the decision that it did was to ensure that there were safe levels of staffing for patients. Safety should always come first, and ensuring that that happens is what East Lothian health and social care partnership has done in this case.

Paul McLennan (East Lothian) (SNP): What measures are NHS Lothian and East Lothian health and social care partnership undertaking with regard to recruiting additional staff in East Lothian?

Kevin Stewart: Decisions on local staffing requirements and recruitment are the responsibility of individual NHS boards. However, Scottish Government officials are continually engaging with boards to identify particular areas of concern. The cabinet secretary and I, as well as Scottish Government officials, have been regularly discussing those issues with health boards, health and social care partnerships and local authorities.

NHS Lothian advises, through on-going capacity reporting to the Scottish Government, that measures to deploy staff flexibly and recruit additional staff are currently in progress. The member can be assured that we will continue to monitor that progress.

Winter Care Plan (Care Home Visitors)

3. **Bill Kidd (Glasgow Anniesland) (SNP):** To ask the Scottish Government how its winter care plan will ensure that adults in care homes will have continued and frequent access indoors to family and friends. (S6O-00424)

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): The "Adult Social Care Winter Preparedness Plan 2021-22" document sets out the measures to protect the sector ahead of winter and outlines how we will support those who use services, the workforce and unpaid carers. The plan recognises the considerable progress that is being made by care homes in supporting people to see their family and friends through the implementation of the Scottish Government's care home visiting guidance, which is set out in the "Open with Care" document. The plan outlines agreement to build on that progress, working with partners including the Care Inspectorate and local oversight teams, to ensure that care homes continue to be supported to normalise visiting opportunities.

I remain committed to developing legislation in support of Anne's law, so that those who live in adult homes have rights that enable them to see and spend time with the people who are important to them. Following the commitment that was made in the programme for government to deliver Anne's law, we have run a public consultation. We will consider the views carefully and publish the responses as soon as possible.

Anne's law is named after Anne Duke, who, sadly, died last week. My thoughts and condolences are with Anne's husband and family, and we will be doing everything possible to honour her legacy by getting Anne's law right.

Bill Kidd: During the pandemic there has been a high turnaround of care home staff, and the importance of caring roles has been reinforced by the difficulties of the past year. To what extent has Brexit had an impact on staff vacancies and care, and can the Scottish Government forecast that care homes will have enough staff to meet caring needs over the winter?

Kevin Stewart: Brexit has had a major impact on staffing in social care and in other sectors. An organisation that I spoke to a few weeks back had lost 40 per cent of its staff in one service because folks had returned to their home countries. They had not felt as welcome as they should have felt because of the hostile environment policies. [*Interruption*.] I hear Conservative members—

The Deputy Presiding Officer: Excuse me, minister.

Could we have less commentary from sedentary positions?

Kevin Stewart: Folks are murmuring from a sedentary position, but the reality is that 40 per cent of staff in one service have gone. Such shortages obviously have a profound impact on

the delivery of services in many parts of our country.

The Scottish Government has continued to speak to the United Kingdom Government on the issue. Just the other week, colleagues and I spoke with UK ministers about the difficulties that Brexit is causing our social care services, but we were not really listened to. That does not mean that we will not continue to pursue such issues with the UK Government.

Beyond that, recently, we wrote to the Migration Advisory Committee outlining the difficulties that we face. Those difficulties have also been highlighted by Dr Donald Macaskill from Scottish Care.

We will do everything possible to aid the recruitment and retention of staff in social care over the winter. I urge all members who have constituents who are seeking careers in social care to advise them to look on myjobscotland.gov.uk to see the range of posts that are available.

Willie Rennie (North East Fife) (LD): I support Anne's law, but I am concerned that we will have to wait for that legislation before the rights of families and friends are secured. I am sure that the minister will agree that quality of life is incredibly important, so what can he say to reassure families that we will not end up with a repeat of what happened during the pandemic, when families were excluded from seeing their loved ones for months on end?

Kevin Stewart: I agree with Willie Rennie that folk deserve quality visits with family and friends. That is extremely important. That is why we have put in place the open with care policy. I take a careful view on that policy; we monitor it very carefully. I also monitor all the correspondence that comes to the Government about families that are having difficulty in accessing care homes, but I have to say that there has been no such correspondence in the past two weeks.

I have regular discussions with the Care Inspectorate, which is also monitoring the situation, and I am due to meet with it again this afternoon. It is vital that care homes follow the open with care policy. If any member finds that that is not the case in their constituency or region, I would be happy to hear from them and to deal with that accordingly.

The Deputy Presiding Officer: I again make a plea for succinct questions and answers, otherwise not all members will have the opportunity to pose the question that they have been preparing.

Colorectal Cancer Screening

4. **Liam Kerr (North East Scotland) (Con):** To ask the Scottish Government what plans it has to tackle the reported backlog of colorectal cancer screening. (S6O-00425)

The Minister for Public Health, Women's Health and Sport (Maree Todd): Since the bowel screening programme resumed in October 2020, invitations to participate in screening have been issued at the same rate as they were being issued before the pandemic. However, invitations to existing participants are being issued seven months later than would have been the case had there not been the pause in March 2020. Anyone who turned 50 after the programme resumed will receive a kit shortly after their birthday, as normal.

Any patient who is referred with an urgent suspicion of cancer after screening, including those from the bowel screening programme, have been and will remain a priority in accessing diagnostic tests to, I hope, rule out cancer. To ensure that that happens and to support scope-based diagnostics, we have invested in four additional mobile units, one of which is stationed at our Golden Jubilee national hospital.

We will also shortly publish the endoscopy and urology recovery and renewal plan, which will embed further improvements and ultimately work towards the reduction of waiting times and the provision of equitable access.

Liam Kerr: Constituents have reported that Angus residents as far north as Edzell must travel to Dundee and Perth to receive endoscopy and colonoscopy services. After mental health services and stroke care were centralised away from Stracathro, the suggestion is that cancer screening and detection have gone the same way.

Does the minister accept that it is long past time for the national health service winter plan to recognise that the withdrawal of local healthcare, such as in Angus, stores up bigger problems for the future in services such as screening?

Maree Todd: Many boards work really hard to take the pressure off their central units by ensuring that they use all the facilities in the community and work closely with primary care. Boards work tirelessly to see patients in as timely a way as possible, based on their clinical need.

Two mobile endoscopy units are in place, one of which operates in NHS Tayside. In the next couple of months, a further two, providing four rooms, are to be brought on-stream. Therefore, by January 2022, six mobile endoscopy rooms in total will be in place across Scotland, which will increase the number of patients who can be seen and, in turn, reduce waiting times for endoscopy.

Air Pollution (Mortality and Morbidity)

5. **Kenneth Gibson (Cunninghame North) (SNP):** To ask the Scottish Government what impact air pollution has on mortality and morbidity. (S6O-00426)

The Minister for Public Health, Women's Health and Sport (Maree Todd): The relationship between air quality and health is extremely complex and it is generally difficult to say with certainty what impact air pollution has on specific individuals. However, we know that the very young, the elderly and those with pre-existing health conditions are particularly vulnerable to the impacts of poor air quality.

The Scottish Government recognises that the quality of the air that we breathe is fundamental to our health and, compared with the rest of the United Kingdom and other parts of Europe, Scotland enjoys a high level of air quality. At the same time, evidence continues to grow on the impacts of poor air quality, expanding our understanding of how air pollution is harmful to public health and the environment.

In July this year, we published a new air quality strategy to set out the Scottish Government's policy framework for the next five years and a series of actions to deliver further air quality improvement.

Kenneth Gibson: Research from Asthma UK and the British Lung Foundation found that 81 per cent of births in Scotland this past year were in local authorities with unsafe levels of air pollution, exceeding World Health Organization guidelines for fine particulate matter. Meanwhile, six roads—including the A737, which runs through my constituency—still exceed the legal limit for nitrogen oxide.

When will low-emission zones be extended from the four main cities, which will include Edinburgh from next year, to other cities and large towns, and what health benefits will that extension bring?

Maree Todd: Beyond the four cities of Aberdeen, Dundee, Edinburgh and Glasgow, local authorities with air quality management areas require to undertake a national low-emissions framework assessment to determine the suitability of a LEZ for the air quality issues that they might experience. To date, no other Scottish local authority has determined that an LEZ is appropriate. However, all local authorities with AQMAs must produce an action plan that details how air quality will be improved.

Brian Whittle (South Scotland) (Con): The worst cases of morbidity due to pollution and emissions are in our urban areas. What discussions has the minister had with other portfolios to encourage the use of low-emission vehicles in cities, to the health benefit of those who live there?

Maree Todd: The member has asked an excellent question. Human health improvements are not related solely to direct reductions in air pollution. The policies that can improve air quality can potentially have multiple co-benefits for population health, but they can also address inequality and can mitigate, and provide adaptations for, climate change.

A prime example is the policy to promote active travel, about which I know that the member is passionate. Walking, wheeling and cycling can increase physical activity and significantly reduce the incidence of cardiovascular disease and mortality, and they have been shown to reduce all causes of mortality, even after controlling for other physical activity.

Active travel is a particular priority for the Government, and our work across portfolios to deliver on that particular benefit for the citizens of Scotland is clear.

At-home Vaccination Appointments (NHS Greater Glasgow and Clyde)

6. **Paul Sweeney (Glasgow) (Lab):** To ask the Scottish Government what steps it is taking to address the reported backlog in at-home Covid-19 booster and flu vaccine appointments in the NHS Greater Glasgow and Clyde area. (S6O-00427)

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Although the cohort is identified locally, we are working closely with all health boards, including NHS Greater Glasgow and Clyde, to ensure that people are prioritised according to risk. Following Joint Committee on Vaccination and Immunisation advice, health boards prioritised administering boosters to the highest priority groups. I make the point that I know that I and other colleagues have made previously: the moment that we received that advice, there was already a backlog and NHS Greater Glasgow and Clyde is working through it.

Like all health boards, NHS Greater Glasgow and Clyde is accelerating its vaccination programme to ensure that as many eligible people as possible are protected ahead of the festive season, when there is likely to be increased social mixing indoors, with a consequential increased risk of infection. Figures from the United Kingdom dashboard show that we have administered boosters or third doses to a greater proportion of the population than any other UK nation.

Paul Sweeney: I thank the cabinet secretary for his answer, but the reality of the backlog for vulnerable people is quite stark. One of my constituents, who is 83 years of age, waited for more than a month for a home vaccination

appointment. When I made representations to the health board on her behalf, I was told that the vaccination team was simply too busy to provide her with an appointment date, which meant that she had to put herself at risk and attend a drop-in clinic to receive her vaccination. Vulnerable people who are not normally well enough to attend vaccination centres are being left behind and stuck at home in the run-up to Christmas.

What assessment is the Government making of the number of people who are either waiting for an at-home appointment or are forced to go to a facility and put themselves at risk? Will the Government commit today to ensuring that every one of them is vaccinated at home in time for Christmas?

Humza Yousaf: Paul Sweeney is right to raise that question. That is an unacceptably long wait for a vulnerable person. I know that he is, however, aware of the obvious point that at-home appointments take longer. Not only do health board staff have to travel to an individual, but there is the 15-minute recovery period thereafter. Nonetheless, housebound people often have vulnerabilities that mean that they cannot travel to a vaccination centre, and I expect them to be prioritised.

I would be happy to give Paul Sweeney a breakdown of the progress that NHS Greater Glasgow and Clyde has made with its vaccination programme. It is good progress, but I have asked the board and all health boards across the country to give me their plans for acceleration in the lead-up to the end of the year.

Sandesh Gulhane (Glasgow) (Con): Can the cabinet secretary tell me on what date the Covid booster will appear on the Scottish Covid app?

Humza Yousaf: We are working on that with digital colleagues, and we hope to be able to achieve it early next month.

Paul O'Kane (West Scotland) (Lab): In an answer at First Minister's questions, the First Minister said that elderly constituents should not have to wait outside vaccination centres for hours, and that the cabinet secretary was meeting health boards to discuss the issue. Why are elderly constituents still having to wait outside in winter weather for their vaccine? What action is being taken to increase the availability of waiting facilities at vaccination centres?

Humza Yousaf: I would expect health boards to take care of the welfare of individuals who have to queue outside. I know that some health boards have put up marquees or gazebos, put heating in place and offered water, chairs and so on. I expect people's welfare to be taken care of.

My preference is that there should be no queuing where possible, but we are accelerating our vaccination programme. Almost 500,000 flu and booster vaccines were administered last week, and that will mean that some people will have to queue. Thankfully, we have made excellent progress through the older age cohort and we are starting to make progress with those who are not so old. Where there are particular concerns about particular health boards and vaccination centres, I am more than happy to hear from members, and I will raise those concerns with the health boards in question.

Women's Health Plan (Endometriosis)

7. **Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** To ask the Scottish Government whether it will provide an update on the measures it has been taking as part of the women's health plan to improve access for women to appropriate support, speedy diagnosis and best treatment for endometriosis. (S6O-00428)

The Minister for Public Health, Women's Health and Sport (Maree Todd): We have developed a national referral pathway that will improve earlier intervention and support within primary care for women with endometriosis, as well as streamlining referrals to secondary and tertiary care for those who need it.

To raise awareness of menstrual wellbeing, we are developing new information for NHS Inform and we have funded Endometriosis UK to produce information leaflets that healthcare professionals can signpost to if endometriosis is suspected. That will support women to be better informed and empowered to make choices about their treatment. All that will launch in spring 2022.

Elena Whitham: I thank the minister for that advice. I have recently represented women in my constituency who are suffering from endometriosis, who have had truly harrowing experiences in relation to the length of time that it has taken for them to reach the all-important diagnosis and treatment plan stage. Does the minister agree that any improvements in reducing waiting times for diagnosing endometriosis and in progressing the work that is based on lived experiences to address inequalities in all aspects of women's health in Scotland are to be welcomed and expedited?

Maree Todd: Yes, I do. I, too, have spoken to women with endometriosis and have been moved by the difficulties that many of them face in receiving a diagnosis and, indeed, in being heard.

Our "Women's Health Plan", which was published in August, includes a number of actions to improve access to appropriate support, best treatment and speedy diagnosis for endometriosis.

Because knowledge is power, the work that we are doing to improve the information on NHS Inform and the patient information leaflet to support the referral pathway—those important parts of the package empower women and help them to understand what is normal, when to ask for help and what options they have—is a really important first step.

As I outlined in my previous answer, we are already taking action to reduce the length of time that women with endometriosis have to wait to receive a diagnosis and access appropriate care. Furthermore, as we implement that action, we will work with people with lived experience, Endometriosis UK and Public Health Scotland to identify realistic targets, to measure improvement of services and to care for women with endometriosis.

The Deputy Presiding Officer: If we can have brief questions and brief answers, we will be able to squeeze in question 8.

Covid-19 Booster Vaccinations (NHS Orkney)

8. **Liam McArthur (Orkney Islands) (LD):** To ask the Scottish Government what discussions it has had with NHS Orkney regarding the Covid-19 booster vaccination programme. (S6O-00429)

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I regularly meet all health boards, including NHS Orkney. NHS Orkney was part of a call that I was on on Monday, when we discussed the autumn/winter vaccination programme.

Liam McArthur: Over recent weeks, Orkney has experienced Scotland's highest rate of Covid cases. At the same time, the roll-out of booster vaccinations has not kept pace with the roll-out elsewhere in the country, which has led to understandable concern.

Thankfully, Covid numbers are declining and the booster vaccination programme is picking up pace, but what assurance can the cabinet secretary provide that all health boards will get the support that they need to ensure that any future booster programmes are rolled out as quickly as possible?

Humza Yousaf: I thank Liam McArthur for raising an important issue. The two aspects that he mentioned are interlinked. The high case rates meant that there were outbreaks in a number of care homes, which meant that the vaccination teams had to wait before they could go in safely to vaccinate those individuals.

With regard to the assurance that he asked for, NHS Orkney has published a timetable that shows how it intends to get through the priority groups before Christmas. I am sure that Liam McArthur has a copy of that. I hope that that reassures members. However, if NHS Orkney were to require any additional resource in relation to accelerating the vaccination programme, I would look at that extremely sympathetically.

The Deputy Presiding Officer: Before we move on to questions on the social justice, housing and local government portfolio, we will have a brief pause to allow front benchers to change positions safely.

Social Justice, Housing and Local Government

The Deputy Presiding Officer: I remind members that, if they wish to request a supplementary question, they should press their request-to-speak button or indicate so by entering the letter R in the chat function during the relevant question.

Ageing Properties (Housing Strategy)

1. **Beatrice Wishart (Shetland Islands) (LD):** To ask the Scottish Government how its housing strategy supports social landlords to ensure ageing properties meet current energy efficient standards. (S6O-00430)

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): The Scottish Government is committed to a just transition to net zero. Our document "Heat in Buildings Strategy: Achieving Net Zero Emissions in Scotland's Buildings" sets out how we will accelerate the decarbonisation of heating, together with energy efficiency improvements in Scotland's homes.

The Scottish Government's social housing net zero heat fund provides financial assistance to social landlords to retrofit their housing stock to meet the energy efficiency standard for social housing. Over the next five years, the fund will make available £200 million to support social landlords across Scotland in installing zero-emissions heating systems and energy efficiency measures.

Beatrice Wishart: Social landlords such as housing associations work hard to provide decent housing. Today's ageing properties require extensive upgrades, at great cost, to meet modern energy efficiency standards. Given the answer that the minister has provided, will the Scottish Government ensure that there is enough investment to provide for modernisation and to future proof the upgrades, as well as to ensure that areas with high levels of fuel poverty, such as those in the Highlands and Islands, receive higher levels of resource to address the inequality that is caused by fuel poverty?

Patrick Harvie: I am grateful for the level of interest that Beatrice Wishart and other members from a number of political parties have shown in the issue. The Scottish Government has been clear that, although we are committed to investing at least £1.8 billion in the agenda across the built environment more generally, we recognise that much more will be needed. That is why we are establishing a green heat finance task force to consider ways in which the public sector, the third sector and the private sector can invest collectively to help landlords, including social landlords and tenants, to overcome the investment costs and to decarbonise our buildings.

I hope that Beatrice Wishart is also aware that the fuel poverty definition now takes account of the additional costs that are associated with living in remote and rural communities. We are committed to spending more per head on energy efficiency in remote and rural areas, where we know that installation and labour costs are higher.

Miles Briggs (Lothian) (Con): What response have ministers made to concerns about the installation of unproven heating under the energy efficiency standard for social housing, resulting in reduced thermal comfort for tenants but at significantly increased costs?

Patrick Harvie: We are working actively with the social housing sector not just on the energy efficiency standard for social housing but on its work on the ZEST—zero emissions social housing task force—report. We are committed to continuing to work collaboratively with the sector, and we will listen to any concerns that it has. If Miles Briggs wants to write to me with any specifics, I will certainly take that seriously.

Collette Stevenson (East Kilbride) (SNP): Will the minister elaborate on how Scotland's ambitious "Housing to 2040" vision is strengthened by complementary strategies such as the heat in buildings strategy and the draft national planning framework 4?

Patrick Harvie: Collette Stevenson is right in saying that a great deal of work is happening. I am really pleased that we have a long-term vision for Scotland's housing landscape to 2040. That kind of long-term vision is often requested not just by social housing providers but by the private rented sector and by those representing the interests of tenants. We now have that long-term vision. It is associated with the fuel poverty strategy, the heat in building strategy and, as the member mentions, the draft national planning framework 4, which sets out a vision for how our places will change and brings together a wide range of policies, programmes and actions, including on transport, energy, environment and housing. The 18 national developments in the framework will support the delivery of a spatial strategy, which has a crucial role in supporting our transition to net zero.

Affordable Housing (Edinburgh)

2. **Sue Webber (Lothian) (Con):** To ask the Scottish Government what it is doing to help tackle the reported affordable housing crisis in Edinburgh. (S6O-00431)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): The Government has delivered over 103,000 affordable homes since 2007, and we are committed to delivering a further 110,000 affordable homes by 2032, 70 per cent of which will be available for social rent. During the period from 2007, Edinburgh received £558 million in grant support, which contributed to the completion of more than 13,000 affordable homes. In the current session of Parliament, Edinburgh will further benefit from the affordable housing supply programme investment of £233.8 million towards the delivery of even more good-quality affordable homes, which is an increase of £32.4 million, or 16 per cent, on the previous five years.

Sue Webber: The cabinet secretary referred to the fact that the Scottish Government is now allocating resource planning assumptions to all local authority areas for the five years from 2021-22 to support the delivery of more social and affordable homes. Each month, more than 4,400 households are living in temporary accommodation in our capital. Given that Edinburgh is home to about 9.7 per cent of the population of Scotland but is being allocated only 7.3 per cent of the total budget, as the cabinet secretary mentioned, does she agree that Edinburgh is not getting its fair share, considering the number of people in temporary accommodation and the scale of our homelessness crisis?

Shona Robison: No, I do not agree with that, although I fully understand the challenges in Edinburgh. For that reason, I have had discussions with Councillor Kate Campbell, the convener for housing. We continue to discuss with City of Edinburgh Council how we can help it to overcome the issues, some of which Sue Webber referred to. The issue of temporary accommodation has obviously been exacerbated by Covid, and we need to support councils to work through that.

The £52.4 million investment this year will mean that an estimated 865 affordable homes will start on site, and a further 828 homes are expected to be completed, the majority of which will be for social rent. We are looking at options to accelerate affordable housing expenditure in Edinburgh this year in conjunction with officials at the council, who have, so far, confirmed the capacity for a

further £1 million of support. We will continue to support City of Edinburgh Council to make sure that it can deliver on its affordable housing programme.

Sarah Boyack (Lothian) (Lab): I refer members to my entry in the register of members' interests. The citizens assembly asked for a right to affordable housing for young people. Will the Scottish Government agree to that ask? In Edinburgh, in the past decade, the private rents have rocketed. A 40 per cent increase for one-bedroom properties means that young people cannot afford to live on their own, and they cannot even afford to share a flat, given that four-bed flats in the private sector now cost around £1,900 a month to rent. Will the cabinet secretary talk about the affordable housing access issue and give us a timescale for Scottish Government action on private rents?

Shona Robison: We are well aware that many private rented sector tenants have been struggling and that some people—young people, in particular, as Sarah Boyack pointed out—struggle with the rent levels. We have provided £39 million to support people who are struggling in tenancies at the moment, and we are committed to tackling high rents by implementing an effective national system of rent controls by the end of 2025. My colleague Patrick Harvie will be taking that forward. We will publish a draft rented sector strategy for consultation in the next few weeks, which will seek views on changes to tenancy arrangements as well as taking forward a consensus on improving information about rent levels, leading to options for rent controls and better regulation. I encourage Sarah Boyack to contribute to that consultation.

David Torrance (Kirkcaldy) (SNP): Does the cabinet secretary agree that City of Edinburgh Council's consultation on a short-term let control area, which closed earlier this month and is currently being reviewed in the city chambers, is proof that local authorities have been empowered by the Scottish Government to find tailored solutions to their housing challenges?

Shona Robison: I do agree with David Torrance. We know that, in certain areas, particularly tourist hotspots such as Edinburgh, there are high numbers of short-term lets, which can cause problems for neighbours and make it harder for people to find homes to live in. The powers that have been given to local authorities to designate control areas, combined with those in the licensing scheme, are sufficient to manage high concentrations of short-term lets where that is an issue. The regulation of short-term lets is vital to balancing the needs and concerns that communities have raised with the wider economic and tourism interests. I look forward to hearing about City of Edinburgh Council's plans following its consideration of the outcome of the recent consultation by its planning committee.

Open Market Shared Equity Scheme (Argyll and Bute)

3. **Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government whether it will provide an update on the impact of the open market shared equity scheme in Argyll and Bute. (S6O-00432)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Over the past five years, 11 properties have been purchased in Argyll and Bute with support from the open market shared equity scheme. In addition, 80 properties were purchased with support from the first home fund in the last financial year. The Scottish Government currently offers a range of schemes to assist first-time buyers and priority groups to access affordable home ownership. The first-time buyer relief for land and buildings transaction tax means that an estimated eight out of 10 first-time buyers continue to pay no tax at all.

Jenni Minto: Due to the Covid pandemic, the pressure on housing stock in many rural and island areas, such as Argyll and Bute, appears to be increasing property prices. Last week, on Mull, I met the Mull and Iona Community Trust, which expressed concern about the lack of support that is available for local people who want to use the scheme. Will the cabinet secretary provide an update on whether the thresholds in the scheme will be reviewed to take account of inflated property prices in communities such as Mull?

Shona Robison: The short answer is yes. The annual review of the open market shared equity scheme threshold prices is under way. We expect to publish new threshold prices by the end of the year, which will reflect the most recent house price data that is available to the Scottish Government. Early indications are that a high number of threshold prices will be increased.

We are keen for more people to access support. The open market shared equity scheme is an affordable housing scheme, and the threshold prices reflect that. That is why we ask applicants who are offered a passport letter to be as flexible as possible about the areas that they will consider and the properties that they will consider purchasing.

Low Income Pandemic Payment

4. **Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** To ask the Scottish Government how many people have received the low income pandemic payment. (S6O-00433)

The Minister for Social Security and Local Government (Ben Macpherson): By the end of October 2021, around 500,000 households had received our £130 low income pandemic payment. They are households who receive council tax reduction or who are not liable for council tax, such as households in homeless accommodation. That investment of up to £65 million is part of a range of actions that we have taken to support low-income households during the pandemic and to provide direct financial support during this difficult time. Local authorities have worked hard to deliver that vital payment for us, and we will provide full details of the final number of payments shortly.

Audrey Nicoll: I warmly welcome the low income pandemic payment. Many people are struggling as a result of the pandemic and the increase in living costs, so it will make a huge difference.

What more is the Scottish Government doing with the powers that it has to support low-income families over the winter? What more could it do if it had full powers?

Ben Macpherson: We are putting more than £130 million into families' pockets this year through our Scottish child payment and bridging payments. We continue to provide support through the Scottish welfare fund and discretionary housing payments, which, together, are worth more than £100 million this year. We recently announced a £41 million winter support fund to support people who are struggling financially this winter.

With full powers, we could do more. For example, we could support families by delivering a social security system that provided better support across all benefit areas, and, if we had powers over employment law, we could ensure fair flexible work and mandatory payment of the real living wage.

Building Standards (Local Authorities)

5. **Michael Marra (North East Scotland) (Lab):** To ask the Scottish Government how it ensures local authorities are compliant with best practice in building standards. (S6O-00434)

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): The Scottish Government monitors the performance of all building standards services in local authorities, through quarterly performance returns. Returns adhere to a performance framework, which sets out the importance of sharing best practice. Officials offer, where it is needed, tailored support to local authorities, and they facilitate the sharing of best practice through a national engagement programme.

Since 2017, overall performance levels for local authority building standards services in Scotland have improved and I expect that trend to continue.

Michael Marra: The minister might be aware that the Scottish National Party Administration in Dundee City Council is being forced to spend £4 million to replace roof tiles, because those tiles' installation, under the same Administration, did not meet safety regulations. Of course, that diverts resources from other services, in an already crippling financial environment.

Does the minister agree that the savage cuts that have been made to local government over the lifetime of this Government have made such unexpected spending much harder for councils to absorb?

Patrick Harvie: I am aware that members from Dundee and the wider region, from many political parties, have expressed serious concern about the situation. It arises, as Michael Marra knows, not from building standards but from a change to the British safety standard—a different regulatory regime—and a failure on the part of the local authority to pick up the change, for which the local authority has apologised.

Agreement has been reached, on a cross-party basis, to hold an independent inquiry into the situation. I think that we should all have confidence in the local authority's ability to conduct that inquiry and, I hope, to take its recommendations extremely seriously—as we would expect all local authorities to do.

Alexander Stewart (Mid Scotland and Fife) (Con): On safety concerns, more than four years have passed since the Grenfell tragedy in 2017, but the Government has only just confirmed a consultation on whether it will ban combustible materials on high-rise buildings. When will action be taken on that issue? Will the minister confirm that any future ban on combustible materials will be truly comprehensive?

Patrick Harvie: We have an active consultation on building standards. I encourage Alexander Stewart to contribute to it if he wishes. If he wishes to write to us on the specific issues relating to the Grenfell inquiry, colleagues will reply to the letter.

Joe FitzPatrick (Dundee City West) (SNP): I understand that a significant number of my constituents are affected by the serious issue that Mr Marra raised. They will be understandably concerned. They will also be hugely disappointed by his politicisation of the issue and will welcome Dundee City Council's commitment to a full, independent, external review. Will the minister use his position to seek assurances from the council that it will rectify the issues as quickly as possible and with as little disruption as possible to the people affected?

Patrick Harvie: I certainly support that call and I hope that everybody, regardless of party politics, supports the kind of quick resolution with as little disruption as possible for which Joe FitzPatrick calls.

I welcome the fact that Dundee City Council has apologised for the quality of the work and for not picking up on the change to the British safety standard and that it has approved the review that will take place. I appeal to all members across the political spectrum to support any local authority that picks up on such an issue to resolve it, so that the people who are affected get a solution, rather than turn the issue into a political football.

Retrofitting Homes (Housing Strategy)

6. **Dean Lockhart (Mid Scotland and Fife) (Con):** To ask the Scottish Government how its housing strategy will support the retrofitting of homes to improve energy efficiency and tackle fuel poverty. (S6O-00435)

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): The housing to 2040 strategy, fuel poverty strategy and heat in buildings strategy together set out our approach to decarbonising heat and eradicating fuel poverty. We have run a number of advice and funding schemes. We have increased investment to £268 million this year and have committed to invest at least £1.8 billion during this parliamentary session to kick start market growth and support the people who are least able to pay.

As I mentioned in answer to Beatrice Wishart's question, we are establishing a green heat finance task force to recommend ways that the public sector, communities and private investors can collaborate to scale up investment and help households to overcome up-front investment costs.

Dean Lockhart: The minister mentioned the heat in buildings strategy, which estimates that it will cost £33 billion to retrofit Scotland's housing stock. Will he clarify how that will be divided between public sector funding and private sector funding?

There is a lot of confusion over how much funding will be available to help individual households to replace existing fossil-fuel boilers. Will the minister undertake to clarify what financial assistance will be available to individual households to replace their boilers?

Patrick Harvie: On the latter point, I can certainly say that the level of support for individual households in Scotland is higher than that provided by the United Kingdom scheme. The UK Government's boiler upgrade scheme looks set to offer grants of £5,000 to £6,000 for renewable heat systems but the home energy Scotland scheme that the Scottish Government funds gives home owners interest-free loans with cashback grants of up to £7,500 for zero-emission heating plus up to £6,000 for energy efficiency measures. I hope that the Government has the support of members from all parties in providing that support to householders.

On the first point that Dean Lockhart raises, I am sure that he understands that the answer is no. I cannot pin down right now exactly what the share of costs will be right through to 2045 and no Government would be able to do so. That is why we are looking to create a green heat finance task force to cast the net for a wide range of measures to ensure that the necessary investment is available. The only alternative would be for Mr Lockhart to propose a £33 billion tax rise if he wants the public sector to pay for the lot.

Building Standards (Construction Firms)

7. **Siobhian Brown (Ayr) (SNP):** I refer members to my entry in the register of members' interests. I am a sitting councillor on South Ayrshire Council.

To ask the Scottish Government what action it is taking to ensure that construction firms adhere to the highest building standards. (S6O-00436)

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): The Scottish Government established a ministerial working group to consider building standards compliance and enforcement immediately after the tragic events at Grenfell tower in 2017. The group's recommendations have been taken forward under the building standards futures board. The compliance plan that the futures board is leading seeks to improve levels of compliance through greater checking and evidence gathering and creating a new compliance plan manager for high-risk buildings. A consultation is currently under way on the compliance plan manager role and strengthening enforcement.

Siobhian Brown: A constituent of mine who bought a new-build flat several years ago has been in touch. The habitation certificate had been granted, but it later transpired that the flat has very little sound or fire proofing, and after a multitude of surveys to the cost of the residents, it was deemed that the health and safety standards of the building are inadequate. The builder went into liquidation shortly after the sale of the flats. What procedures are in place to protect people who buy properties in good faith when the builders go into liquidation and are not accountable for their development?

Patrick Harvie: I suspect that everybody in the chamber would say, along with Siobhian Brown

and me, that such a situation is not acceptable. People have a right to security in their home, which is part of the Scottish Government's approach to a fundamental understanding of adequate housing as a human right. We would all have a great deal of concern for people who have been placed in the kind of situation that the member describes.

In relation to the expected levels of quality of a new-build house, we want the system to be strengthened so that buyers can purchase a new-build home with confidence and have access to efficient and effective remediation if things go wrong. We are consulting on a number of measures to do that. The United Kingdom Government introduced the Building Safety Bill this year, which includes provision for a new homes ombudsman scheme and a requirement that developers of new-build housing belong to that scheme. We are working with the UK Government as the bill moves through the UK Parliament to try and achieve a UK-wide scheme that works for Scotland while respecting the devolution settlement.

In the meantime, a home owner in such a situation should contact the home warranty provider to establish the extent of the warranty and should consider taking independent legal advice from a solicitor or advice agency to establish whether they have options available to them to pursue.

The Deputy Presiding Officer: I can squeeze in question 8 if we have succinct questions and answers.

Child Disability Payment

8. **Neil Gray (Airdrie and Shotts) (SNP):** To ask the Scottish Government whether it will provide an update on the roll-out of the new child disability payment. (S6O-00437)

The Minister for Social Security and Local Government (Ben Macpherson): I am delighted and proud to say that on Monday we successfully launched the child disability payment nationally. That is a significant milestone in the development and delivery of social security in Scotland and I thank all the civil servants and others who have been involved in that achievement. Following our successful pilot, families of children and young people with a disability who are not already in receipt of disability living allowance for their child can now apply for the benefit. For the 52,000 people already getting child DLA, we have successfully started the safe and secure transfer of cases from the Department for Work and Pensions, which will be complete by spring 2023. The launch has gone well and there is a lot more that I could say if I had more time, but I will conclude there.

Neil Gray: I welcome the new payment. Will the minister expand on how he will make sure that people are aware of the changes and how they can apply for the payment?

Ben Macpherson: Social Security Scotland has in place a multichannel approach to raising awareness, including targeted social media advertising, press releases and a radio campaign. In advance of introduction, officials engaged with more than 2,000 stakeholders via virtual roadshows and provided resources to help them promote the new payment and the case transfer process. In addition, the chief executive of Social Security Scotland and I have written to all MSPs, MPs and local authority leaders to seek their support in raising awareness. We have also ensured that everyone can apply by whatever channel suits them best, whether that is by paper, phone, online or face to face.

A number of weeks ago, we debated in the chamber the issue of promoting benefits in Scotland, and I was also asked about it in committee. I was therefore disappointed and somewhat dispirited that I did not see more uptake from colleagues, particularly on Opposition benches, in the promotion of the launch of CDP on Monday. I ask them, in the interests of their constituents, to please be part of that shared responsibility and endeavour to raise awareness that child disability payment is now available to families across Scotland.

The Deputy Presiding Officer: That concludes portfolio question time.

Sue Webber: On a point of order, Presiding Officer. When I asked question 2, I should have declared an interest as an existing councillor in Edinburgh.

The Deputy Presiding Officer: That is now on the record. There will be a very short pause before we move to the next item of business.

Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill: Stage 1

The Presiding Officer (Alison Johnstone): I remind members of the Covid-related measures that are in place. Face coverings should be worn when moving around the chamber and across the Holyrood campus.

The next item of business is a stage 1 debate on motion S6M-02234, in the name of Humza Yousaf, on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill. I invite members who wish to speak in the debate to press their request-to-speak button now.

14:57

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I am pleased to open the debate on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill.

I would like first to thank the Health, Sport and Social Care Committee, which is so ably convened by Gillian Martin MSP, for its thoughtful consideration of the bill, its report and its support for the general principles of the bill. I am also grateful to the Finance and Public Administration Committee and the Delegated Powers and Law Reform Committee for their consideration of the bill. I want to take this opportunity to thank everyone who has taken time to express their views on the bill in evidence to the committees and to me directly.

In particular, I thank the number of affected women who have taken part in focus groups about the bill. I know that every member will agree with me when I say that it is because of the courage of the women affected that we are at this point. It should not have taken them having to retell their stories to get us here, but I am grateful to all those women who have, over the years, shared their experiences and helped to shape the bill.

It would be churlish of me not to mention the excellent cross-party efforts that have highlighted the plight of those women, in particular those of Jackson Carlaw, Alex Neil and Neil Findlay, the latter two of whom are no longer in the Parliament.

The bill that the Government presents today is a narrow bill with a limited function which, in all likelihood, will be directly relevant to only a very few people. However, it would be equally fair to say that the impact on those very few people will be very significant indeed.

The bill brings the Parliament's attention back to the traumatic experiences of the substantial number of women in Scotland who have suffered pain and distress after having mesh implanted. Many of us have heard directly from women about the physical symptoms and mental distress that they suffered, which was often made worse because they felt that their experiences were not taken seriously enough when they sought help.

The Government and the national health service are working to improve the care that we offer to those women. In particular, in Glasgow, there is now a national specialist mesh removal service, which has been offering full mesh removal since July 2020, and, so far, has provided 33 women with mesh removal surgery.

At the Glasgow centre, new surgeons have been recruited, and there are now four urogynaecologists, which allows women more choice over who they are treated by and the option to be treated by a surgeon who was not previously involved in their care. The service also benefits from contributions from dedicated nurses, physiotherapists, pharmacy staff and a clinical psychologist.

I say clearly and unequivocally that I completely understand that a number of women have lost trust in our NHS. I will work hard, as will the service, to rebuild that trust. However, from having talked to a number of mesh survivors, I know that they feel that it is broken beyond repair. I am sorry for that.

Alongside the national specialist service, the Government and the NHS are working to make it possible for women to be referred for surgery in NHS England and in the independent sector. Therefore, women who are seen at the national centre who do not want surgery in NHS Scotland will have the choice to be referred to a specialist centre in NHS England or to independent providers. In July, I announced that two providers—Spire Healthcare in Bristol and the Mercy hospital in Missouri—had been selected to provide those choices.

Since the summer, NHS National Services Scotland has been working to finalise contracts. In particular, NSS has been seeking to make sure that arrangements for surgery are supported by other services that will meet emergency and wider medical needs. I appreciate that the wait since July has undoubtedly been frustrating for women who have already had to wait for a considerable time. However, I hope that the Parliament agrees that it is essential to have all the right care in place, particularly when women might have to travel some distance.

I know that I have now spent a fair bit of time talking about matters that are outside the scope of the bill, but those issues are important to the women affected and to members across the chamber.

With arrangements for referral to the independent sector planned, it seemed to the Government right to reimburse women who had already arranged mesh removal privately and paid out of their own pocket. Therefore, the bill before Parliament gives ministers power to reimburse the costs borne by women who, in the past, entered into private arrangements for transvaginal mesh removal surgery. Section 1 of the bill establishes that power. It gives power to reimburse the costs of the person who underwent the surgery and those of a companion, where there was one.

Together, sections 1 and 2 give the Government power to develop a scheme by which payments will be made, and they provide that the scheme be laid before the Parliament and published.

I will now address some of the issues that are raised in the committee's report, to which I responded on Monday. The committee proposed that women who had mesh implanted in Scotland but then arranged to have it removed having moved out of Scotland should be eligible for reimbursement. The Government agrees with that view in principle and will lodge appropriate amendments at stage 2.

The committee has also asked the Government to consider whether there might be some change to the cut-off date before which arrangements for private surgery have to have been made in order to be eligible for reimbursement. At present, the proposed date is 12 July of this year, because that is the date on which the Government confirmed which providers had been selected as preferred bidders to provide surgery in the independent sector. However, I promised to further reflect on the matter, and I will do so in good faith. In the Government's response, I explained that I will consider whether it is reasonable now to adjust that date, and I will confirm the Government's position at stage 2.

I have also considered the committee's implicit recommendation that the reimbursement scheme be made in regulations. On that point, the Government is not convinced. Making the scheme in regulations would involve further delay for women who we all acknowledge have already had to wait—in some cases for years—for reimbursement. In this case, I am not convinced that the merits of greater parliamentary scrutiny outweigh the priority of offering assistance to the women involved as quickly as possible. However, I appreciate that members and the committee want to understand how the scheme will operate in practice and, therefore, if the Parliament agrees to the bill at stage 1 today, as I suspect we will, I will make available a draft of the scheme to the committee before stage 2.

I hope that the committee finds the Government's response to its report helpful and constructive and that the suggestions and compromises that we have made show our good faith. I should add that the Government will also reflect on today's debate before we finalise our position on our stage 2 amendments. I look forward to considering important points of detail with the committee at stage 2.

I can only imagine the distress that has caused women to use their own funds—the amount of money involved has often been quite considerable—to seek private surgery for mesh removal. I have met a number of the women, both in my capacity as the Cabinet Secretary for Health and Social Care and as a constituency MSP. I suspect that every member who speaks in the debate—and probably every member of this Parliament—has had, at the very least, correspondence from a constituent about the matter. I am sure that every single one of us has been moved by the plight of the women.

I think that all of us can agree that it is wrong that women felt that their only option was to dig deep into their pockets for treatment. Some of them had to take out loans, and some of them had to borrow from friends and family. The Government is determined to ensure that women never have to feel that way again.

The successful passage of the bill will put in place a scheme that will ensure that the costs are met and that the women involved are no longer at a financial disadvantage. I very much look forward to working with colleagues across all parties to make that a reality. I appreciate the co-operation of the committee and its members.

I move,

That the Parliament agrees to the general principles of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill.

The Presiding Officer: I call Gillian Martin to speak on behalf of the Health, Social Care and Sport Committee.

15:06

Gillian Martin (Aberdeenshire East) (SNP): Over the years, we have all heard countless accounts of the complications of transvaginal mesh surgery and its lifelong effects, even after the mesh has been fully or partially removed, as well as countless accounts of physical damage and countless accounts of psychological trauma. Many women have had countless years of suffering, and, for many, that suffering will be experienced for years to come.

As the convener of the Health, Social Care and Sport Committee, I am pleased to speak today on our report on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill.

I want to say up front that the bill could not, and does not, undo the physical or psychological trauma that the women have faced and continue to face as a result of mesh complications. The bill has been introduced for a specific purpose, as the cabinet secretary has just outlined. We, as a committee, support that purpose, which is to reimburse individuals who have paid to have transvaginal mesh removed from their body in private healthcare settings.

It is apparent to anyone who has listened to those who have been affected that, as a result of their experiences, the women have lost trust in a system that is meant to care for them. Those women have not experienced the compassion, choice and control that they should be entitled to expect from the system. In the past, they have not felt empowered to discuss the complications or treatment options, or to be actively involved in decisions about their care. As a result of that, many have gone down the road of seeking private treatment.

We have heard that the Scottish Government is taking steps to ensure that, in the future, women will have that choice in and control over their care, including the option of having transvaginal mesh removal surgery undertaken by independent providers. We welcome that.

The key principle of the bill is fairness for all individuals in relation to transvaginal mesh removal services in Scotland, and the committee considers that it is unfair and unreasonable to expect women who have already had surgery to meet the financial cost of that surgery themselves, given that that option will be available to women free of charge in the future. The bill seeks to rectify that unfairness. The committee supports that intent and, more broadly, we support the general principles that underlie the bill.

Our report concentrates on areas in which we think that the bill, as drafted, might need to be clarified to make sure that it achieves that fairness for the women who are affected. In some areas, we have made suggestions to strengthen that intent.

Before going into detail about the committee's recommendations, I will take a moment to thank all those who assisted us in our scrutiny—those who responded to our calls for views and those who gave evidence in person or online. I would particularly like to thank the women who spoke to us about their experiences of transvaginal mesh complications in a private session that was facilitated by the Health and Social Care Alliance Scotland. We are very grateful to them, and we are in absolutely no doubt about how difficult it must be to have to recount those experiences time and again.

Evidence from that meeting and following our call for views suggests that there are still areas of uncertainty around the bill that continue to be a source of anxiety. In particular, our report recommends that greater clarity is needed around the residency criteria that are set out in the bill. As it stands, women who were not resident in Scotland at the time of their original mesh surgery but who lived here when their mesh removal surgery was arranged would be eligible for reimbursement. In contrast, women who were resident in Scotland at the time of their original surgery, when the mesh was put into their bodies, but who lived elsewhere when they arranged mesh removal surgery would not be eligible.

The Scottish Government has told us that it has not received any correspondence from women in that situation, but it acknowledges that the number of women who may ultimately apply for reimbursement under the bill is unknown. It is reasonable to assume that the Scottish Government might not have heard from everyone who might be covered by the bill. It is also reasonable to assume that some women who are affected do not yet know about the bill. The committee believes that, if it means that even just one more woman can be helped, the bill should be amended to include all those women who are seeking reimbursement for mesh removal surgery who originally had their mesh implanted by the NHS in Scotland irrespective of where they were living when that mesh removal surgery was arranged.

The committee also heard from a number of women who described themselves as the in-betweeners—women who are in the process of arranging treatment privately or who are currently waiting for their private surgery to take place. The introduction of the bill has caused some confusion and concern among those women. In short, they are unsure whether they will be eligible for reimbursement. Additional costs from travel restrictions and delays imposed by the Covid-19 pandemic have added to that anxiety. They want reassurance that their costs will be reimbursed if the bill is passed.

According to the bill, a cut-off date for qualification for reimbursement will be specified in the details of the scheme. We are told that that date is likely to be 12 July 2021. The Scottish Government has suggested that that is a date on which individuals could reasonably be expected to have been aware of the availability of the new specialist mesh service as the preferred route for mesh removal surgery. However, there is a gap between 12 July, when the outcome of the procurement exercise for that service was announced, and the conclusion of contracts with independent providers, which remain under negotiation.

There is a risk that a relatively small number of women will fall through that gap and therefore be judged ineligible for reimbursement. The committee does not think that it is fair that those individuals should be obliged to cover the cost of their surgery themselves. We thank the cabinet secretary for indicating today, and when he appeared before the committee, that he is willing to look at that. We understand that there cannot be an open-ended period and that there must be an end date, but we would like the proposed end date to be reviewed, given what I have just said.

Martin Whitfield (South Scotland) (Lab): I very much welcome Gillian Martin's powerful speech in support of the bill.

With regard to the end date, did the committee consider whether the date of commission of the alternative methods that will be recommended should be the cut-off date? By then, women will have certainty that there is an alternative route to having the vaginal mesh removed surgically.

Gillian Martin: I guess that that is implicit in what I have just said, because there is a gap. The committee has not specified what we think the date should be, but we have asked the Government to look at it again, just in case there are any women caught in that gap. I take the member's point.

The committee recognises that much of the detail is due to be set out in the scheme itself rather than in the bill. Our report highlights areas where we consider that a flexible approach is needed to ensure that the spirit of fairness is achieved, including how and what costs will be reimbursed, what evidence will be required and who can apply. We hope to see that reflected in the final scheme.

As a Parliament, we also want to ensure that we are given appropriate opportunities to scrutinise the details of the scheme before it comes into force. I am grateful to the cabinet secretary for committing to provide Parliament with a draft version of the scheme prior to stage 2. My committee will want to look at the details of that draft and ensure that they reflect the stated objectives of the bill and the underlying principle of fairness. We realise that that is not something that the Government is compelled to do by parliamentary process, so we appreciate the extra level of scrutiny that is being offered to us.

We have also highlighted areas where we would like to see further clarity for the women concerned and the scheme administrators. The process of applying for reimbursement should not cause additional stress and anxiety for those who are either applying to or managing the scheme.

Although the bill is not about the specialist mesh removal services or referral pathways that are currently in place or under development in Scotland, it is inextricably linked to them. We have heard that there is still a long way to go to rebuild faith and trust between NHS Scotland and the women who have been affected. We would like to see public campaigns to publicise both the reimbursement scheme that the bill will create and the complex mesh national surgical service. The committee plans to take an active interest in both of those aspects as we move forward.

In conclusion, the committee supports the general principles of the bill. It is a necessary and important step in ensuring fairness for women who have been affected by transvaginal mesh and addressing the breakdown in trust that they have experienced during their treatment by NHS Scotland.

We are keen to ensure that the bill progresses through Parliament quickly so that the women can be reimbursed as soon as possible. I am grateful to the cabinet secretary for providing such a quick response to the committee's stage 1 report. We look forward to seeing at stage 2 the further improvements to the bill that are set out in that response, which reflect the committee's key recommendations.

15:15

Sandesh Gulhane (Glasgow) (Con): I point members to my declaration of interests; I am a practising doctor.

It is not every day that parties on opposite sides of the chamber see eye to eye, and it is even rarer for us to find common ground twice in one week. Today, there is every reason why Parliament must stand united, in order to fully support Scotland's brave women who have suffered so greatly following complications from transvaginal mesh surgery. The very least that we can do, together, is ensure that any women who received that treatment in Scotland will be compensated for the money that they have paid out for mesh removal surgery, even if they were treated overseas.

Mesh, which is usually made from synthetic polypropylene, was supposed to reinforce damaged tissue in treatment of pelvic organ prolapse or stress urinary incontinence, which is usual after childbirth. The procedure has been used across Europe, in the US and further afield since the 1990s, but the failure rate that is associated with its use is a gynaecological scandal. Complications from mesh include nerve damage, chronic pain and vaginal scarring resulting from erosion by the product inside the body. There have been cases of organ perforation when mesh has been exposed inside the vagina, and some women have died.

As complaints from patients and families turned into lawsuits, authorities around the world began to act; by late 2017, Australia and New Zealand were the first to ban use of transvaginal mesh. Since 2018, no vaginal mesh implants have been carried out in Scotland. However, over a 20-year period, in Scotland alone more than 20,000 women underwent mesh surgery. It is believed that thousands have, to varying degrees, suffered from the effects. Some 600 women resorted to legal action.

The Health, Social Care and Sport Committee has heard from women in person; I record my thanks to those brave women who have harrowing experiences of mesh surgery. Many faced scepticism or were simply not believed when they were crying out for help. On matters including debilitating pain, infections, reduced mobility, autoimmune issues, difficulties with intimacy and psychological strain, they were simply not believed.

It is no surprise, therefore, that so many women sadly lost trust in our NHS and are out protesting in Glasgow right now. Even when they were offered mesh removal surgery, many turned their backs on our NHS and went elsewhere—understandably so. In practice, that meant using private healthcare providers in the UK and abroad. That is because until this year, there was no referral route from our NHS system to independent healthcare providers. My only plea to the cabinet secretary is that we speed through the next stage, which is to get women who have not had surgery quickly through assessment and removal surgery, rather than their having a long wait.

Until very recently, women have had to arrange everything themselves. Some have had to use up family savings, to borrow money or to crowdsource funds—anything to stop the agony. Since the summer, however, we have at last been making headway. In July, the Scottish Government agreed to meet the costs of private treatment to remove transvaginal mesh. Costs will cover the procedure and travel expenses, up to an amount that is somewhere between £16,000 and £23,000. The Scottish Government is now in the process of procuring the services of private providers to remove mesh from women who want it removed. They will have the choice to have surgery outwith the NHS in Scotland, which will be funded by their home health board, although I hope that women take the opportunity to have the surgery in Glasgow.

We on the Conservative side of the chamber strongly support the bill; I think that members in all parts of the chamber are in agreement. However, legislation can have unintended consequences, which is why we spend so much time, in the chamber and in committee, on the details.

I want to highlight a few points, for clarification. As it stands, the bill covers only women who currently reside in Scotland, and not women who now live in another country. That said, I am reassured by the fact that the cabinet secretary has just said that he agrees that that is too narrow a requirement and that he will consider lodging an appropriate amendment at stage 2.

As this is a compensation bill, we need to ensure that fair and proper claims are reimbursed. We need to avoid unintentional rendering as ineligible of claims for reimbursement.

Humza Yousaf: I want to put on the record a clarification. Dr Gulhane referred to an amount of money per surgery. He is right to say that we specify amounts in the financial memorandum, but for the benefit of any women who are affected by the issue who are listening, I make it clear that if the bill is passed there will not be a cap on the amount of compensation for reasonable eligible costs. There is no £23,000 cap; the figure is there only for the purposes of the financial memorandum.

Sandesh Gulhane: When the health secretary came to the Health, Social Care and Sport Committee, he made it clear that there will be no cap; I did not intend to imply that there would be one.

Many women have been trying to cope with the personal and financial consequences of undergoing expensive private medical treatment. We need to get down to business as quickly as possible, so that they can apply for compensation as soon as possible after the act comes into force. There are questions, however, including about whether executors of a deceased person can make a claim.

I understand that the cabinet secretary does not consider that it would be advantageous to the women affected for the compensation scheme to be specified in regulation, and that he prefers that there be an administrative scheme, which is quicker to implement and easier to amend, where appropriate. Given the urgency around moving the bill into law, I support that position.

I look forward to hearing from members across the chamber this afternoon. It is my wish that we find—for the second time this week—common ground when we come to vote.

I want to make it absolutely clear that the Scottish Conservatives support the principles of the bill, and that we will work together to speed it through Parliament.

15:21

Carol Mochan (South Scotland) (Lab): I thank my fellow members of the Health, Social Care and Sport Committee, who are all here today, for their work on the bill over recent weeks.

I welcome this opportunity to open the debate for Scottish Labour, as our party has been at the forefront of this issue for years. I afford particular recognition to the efforts of the former Lothian MSP Neil Findlay to get justice for the women who have been affected by mesh. He and members of other parties across the chamber recognised early that they were dealing with an unspeakable injustice, and that we simply could not let it pass.

Before I begin my comments on the bill, I want to share my recognition of the women who have campaigned relentlessly to keep the issue on the agenda in Scotland. Their efforts have increased awareness of this serious problem not only here, but across the UK. Their campaigning has meant that, unlike many other people who never receive the compensation that they deserve, the women are close to justice. It is a brilliant story of courage and tenacity, and one of which Scotland should be proud. However, only by saying that we got it wrong in the first place and by rectifying mistakes can we truly embrace that pride. Certainly, we can do so only after those who are out of pocket have the record set straight.

Every member should take time to recognise the efforts of the women, and to reflect on the steps that have been taken to get us to this point—not least, so that we do not make the same mistakes again. We can never celebrate enough serious democratic engagement by the people who are at the sharp end in our society, so I encourage other groups who feel that they have been treated unjustly to come forward. This is their Parliament and it is our duty to help them.

As others have, I want to thank again the women who forced us to listen to them. I thank them for coming forward, I thank them for making us listen and I thank them for sharing their stories. I know that that must have been difficult.

The Health, Social Care and Sport Committee is recommending that the general principles of the bill be supported; my party shares that recommendation. As a member of the committee, I have been impressed with the detail in, and the care that has been taken over, the bill. We can all agree that the general principles are moral and just.

A quick timeframe for getting the bill over the line is necessary, because the women who have been affected by mesh have suffered more than enough. I will be looking for guarantees on that, as we proceed. It is now our duty to make certain that the bill delivers on its promise of fairness.

Although the financial implications might seem to be relatively small, for those who will be helped the bill is worth an unimaginable amount. It represents recognition of their fight and of the fact that they were right all along.

During committee meetings, I was struck by the lengths to which many women have gone in order to get their mesh removed. We have heard some examples of that. For a good number of women, it involved travelling across the world. The committee heard stories of women travelling across the world who had to live in hotel rooms before their operation and after their surgery because they required to stay for treatment. We can all imagine how much, in those circumstances, we would have wished to be home with our loved ones while we were recovering. People did not commit to such steps lightly; as a result, we cannot approach the issue lightly.

That is not to say that there are not concerns that need to be addressed. There has been some recognition of that, but we need greater clarity and it being made plain who will qualify for mesh removal reimbursement and who will not. Throughout the process, I have been contacted by women who find the proposals either difficult to understand or imprecise. We can make adjustments to ensure that no one misses out. That point has been addressed by the convener and the cabinet secretary. A bit of peace of mind can go a long way, so I am glad that we addressed many such worries during the committee hearings, and that we are doing so again in the debate.

We are considering in the chamber some of the hidden complexities that many people who are observing the debate from afar might not have considered. There is a strong case for individuals who had their original mesh surgery done by NHS Scotland, but who were not ordinary residents in Scotland at the time of their removal surgery, being eligible for reimbursement. I hope that the cabinet secretary will reassure us on that, and that the bill will include such a provision.

The last thing that anyone wants is for us to end up with the women again feeling ignored or short changed by the system. I, and others, made that clear to the cabinet secretary in committee, and I have been assured that that will not be the case. However, the Government can equally be assured that any deviation from those expectations will not be accepted by Scottish Labour or the women involved.

The cabinet secretary has committed, quite rightly, to being flexible in determining what costs will be reimbursed under the terms of the bill, but the committee has argued that much greater detail is required—perhaps to be included at later stages—for cross-party support to be gained.

However, we have been reassured by the cabinet secretary's acceptance of the points that have been made by members, so I trust that that will be realised.

Scottish Labour will support the bill at stage 1. However, if the reasonable expectations of the women are not sufficiently met, we will, before the bill can be passed, lodge amendments to ensure that the principles that have been laid out today are delivered.

Again, I thank everyone who has been involved in the bill for their hard work. I look forward to its next stages and to passing serious and life-changing legislation of which we can all be proud.

15:28

Alex Cole-Hamilton (Edinburgh Western) (LD): It gives me great pleasure to speak for the Liberal Democrats in support of the bill's general principles at stage 1. When it comes to domestic health scandals, in my short career as an MSP, I cannot remember another issue that has captured the universal support, concern and horror of members in the way that this issue has done.

I recognise the valiant work of Jackson Carlaw, Alex Neil and Neil Findlay in bringing the issue to our attention and introducing us to some of the survivors of the mesh scandal. Nobody who met those survivors when they came to the Parliament can forget their abject pain or the profound dignity with which they conducted themselves.

I welcome the bill. It has the potential to provide further closure to women at the heart of the issue who have already taken the step to have mesh removed privately.

I want to take a moment to remember why we are here in the first place and why the bill is so necessary. Four years ago, I was contacted by a constituent of mine, who has given me permission to share her story.

In 2010, after suffering very mild issues with incontinence, Cathy was referred by her physiotherapist to a consultant who suggested that she should undergo a marvellous new procedure. Somewhat bewildered, she was asked to sign a consent form then and there. She said that it felt like she was entering some kind of clinical trial—a feeling that is characteristic of many women's stories—although it was never quite spelled out to her in that way. In fact, nothing was properly spelled out to her. Despite being booked for the most invasive transobturator tension-free vaginal implant—secured via spikes through the obturator muscle—she received little information other than that her procedure would cure her of her incontinence.

When Cathy woke after surgery, she could not move. The nerve damage that she had sustained to her obturator muscle radiated pain through her abdomen, legs and back. Her condition was so bad that, after she was discharged, she would not allow her son to drive at more than 30mph along the bypass. She tried to call the hospital for three days and through the following week after being discharged, but never received a call back from nursing staff or doctors.

When Cathy visited her doctor, they told her that the pain might be related to her having stopped smoking at the time of her operation, and that she should try cutting out fat from her diet to help. However, at no point did any medical professional suggest that there might be a physical problem with the mesh implant. Cathy went a full five years of trying to cope with abject pain before its cause was identified as the mesh implant itself.

A routine check-up with her gynaecologist revealed that the tape was in too tight on the right-hand side and, as such, was constantly tearing at her obturator muscle. On seeking the advice of her surgeon, she received the devastating news that, because tissue had grown around it, the implant could not be removed without further significant nerve damage—imagine her horror at receiving that news.

Had someone taken her call at the hospital in the days after her operation, a reversal or correction could perhaps have been performed then and there. Let us consider that she, like several others, had been told at the time of surgery that mesh plastic would simply melt away over time.

Once the cause of Cathy's pain was identified as the physical obstruction inside her, she was heavily medicated with gabapentin, which had such a soporific effect on her daily life that it forced her to retire from the job that she loved long before she had planned to do so. Cathy's implant has had a significant impact on her mobility, intimacy with her partner and mental health, and has devastated her quality of life. She is left with a Hobson's choice of making do or having the implant removed, with potentially far greater nerve damage and resulting pain.

She is far from alone in feeling that way—we have heard countless other cases that are like hers. I am saddened that it has taken us so long just to get to the point to reimburse those people who have taken the step to have harmful mesh removed privately. Even the bill will not give back to my constituent the quality and the period of life that she has lost.

I do not want to downplay the importance of the bill; it is important and we will support it. The financial reimbursement is an essential part of

regaining the trust of so many victims of that scandal and recognising its harm. Carol Mochan was absolutely right to say that the bill sends an important signal to those mesh survivors that we see them, hear them and recognise what has been done to them.

Members have recognised that the uncertainty around who might be eligible for reimbursement as a result of the bill is a cause of concern. We are also concerned that the bill might impact only a limited number of people. We will work to improve the bill as it goes through the Parliament.

I want to explore whether the reimbursement could be extended to survivors of hernia mesh removal who paid for the procedure privately. I might have a meeting offline with the cabinet secretary, if he is willing, as I raised with his predecessors a number of cases of people in equally debilitating pain as a result of hernia mesh implants, which at present are not in the scope of the bill. I do not imagine that to be a huge number of people, but the issues are much the same.

We have to offer more than warm words but, until now, that is all that we have been able to do. It is fair to say that we have talked about the matter for years—we have known about Dr Veronikis for years. The removal procedures have only recently started to take place, and it is a shame that we have managed to do only 33. Although I recognise the limitations that we face, I hope that we can increase the rate at which we help people.

To the survivors of the scandal, I say that what you have been through is an outrage. No one should have to suffer so much physical or emotional pain because of a procedure that they were reassured would increase quality of life. You deserve so much more, and I am so sorry that the Governments that were supposed to protect you have successively let you down.

This is one of the worst medical scandals in the history of this country. We must offer more and we must do so urgently.

15:35

Stuart McMillan (Greenock and Inverclyde) (SNP): I welcome the bill and pay tribute to everyone who has campaigned on the issue, including, most importantly, the women who have campaigned for justice. I thank the Scottish Government for listening and acting, and I congratulate the members of the Health, Social Care and Sport Committee for their excellent stage 1 report. They have captured the bill well and their recommendations are welcome.

I have dealt with three constituents who have had mesh complications. Every one of those ladies has had their lives adversely affected in many ways. I have had a great deal of correspondence with the Scottish Government on behalf of one lady in particular. She is called Michelle, and I have her permission to highlight her case today.

The bill offers a great deal of hope for Michelle and many other women. The physical pain and mental challenges that those women live with each day cannot be imagined. Added to that is the loss of trust in our NHS, as referenced throughout the report. It is no wonder that many women looked beyond our NHS to try to reclaim something of their old lives. Not one of my constituents with mesh problems believes that they will get their old life back fully, but a life of less pain and progress towards reclaiming their lives will be a positive outcome for some.

That is where the first sentence in the recommendation in paragraph 92 of the report is so important. It reads:

> "The Committee supports the principles of fairness, equity and parity which, in its view, underpin the Bill."

If those are the bill's aims, which they clearly are, the discussion about how women have funded or will fund mesh removal treatments is redundant. Not every person has tens of thousands of pounds in their savings bank accounts, so they will have to raise finance somehow. For some, that will mean borrowing from friends or family and, for others, it will mean taking out a bank loan or maxing out a credit card. For others still, it will mean selling items or organising fundraising nights to bring in extra resources. Another example that could be used is a crowdfunding platform.

I know that Michelle used many of those examples, but she was struggling to deal with the pain and wanted to reclaim some of her life. At some point in time, just about every member of the Scottish Parliament, as a candidate to get elected to the Parliament, will have undertaken a crowdfunder. Why is it that we can do that, but there appear to be concerns that women who are in pain should not? That makes absolutely no sense to me. I therefore welcome the recommendation in paragraph 69 but also note the comments that were attributed to the cabinet secretary in paragraph 68.

It is clear that there are many unknowns around the bill, such as how many women will be eligible for the scheme, how many women will pursue the mesh removal treatment and the actual cost for each woman and their travelling companion. That is why it is extremely challenging for the cabinet secretary and the Scottish Government to produce a financial memorandum that contains absolute financial clarity, and it is why the stage 1 report

asking for a reassessment of estimates is perfectly reasonable.

Paragraph 87 of the report makes a recommendation about

"an appropriate level of scrutiny"

of future subordinate legislation for the proposed scheme. As the convener of the Delegated Powers and Law Reform Committee, I can see how using the affirmative procedure would be beneficial in this instance, but I also accept, as the committee itself did in paragraph 10, that:

"The Committee has been keen to ensure an appropriate balance between enabling effective scrutiny of the Bill, while not unduly delaying reimbursement to those affected."

That is why I note the cabinet secretary's comments today and those in his reply to the committee that, if there were regulations, they could be time-consuming and that an administrative scheme could be a lot quicker.

The final point that I want to address is about the self-titled "in-betweeners", as described in paragraph 33 of the report. I note and welcome paragraph 35 of the report highlighting the cabinet secretary's intention that

"anyone who made their own arrangements for treatment outside of the NHS on or before the announcement on 12 July 2021, will be able to apply for reimbursement, regardless of whether or not that treatment has already been carried out."

However, the committee's recommendations in paragraphs 39, 40 and 41 are really important, particularly the call in paragraph 40 asking the Scottish Government to

"demonstrate appropriate flexibility in the definition of 'making an arrangement' for mesh removal surgery."

I hope that clarity on "making an arrangement" will provide absolute clarity to Michelle and other women.

I know that dialogue and other communication took place between Michelle and the professor who did her operation prior to 12 July, but the agreement was signed—and the operation was performed—after 12 July. I welcome the cabinet secretary's statement that greater clarity will be provided on the post-12 July situation, the procurement exercise, which was announced on 12 July, and the dates for the establishment of the contracts and the opening of the pathways to referrals.

My considerations in relation to the bill were solely for Michelle and the other constituents who I have spoken to. Nothing will be able to change the experiences that they have had to suffer and endure, but with the greater clarity that I hope that the passing of the bill will bring, I hope that they can have a more positive future. As a Parliament, we owe them that.

15:40

Craig Hoy (South Scotland) (Con): As a new member, I am pleased to be able to speak in this debate about what is a short but landmark piece of legislation. Although it is a bill that has taken too long to come, I hope that it might still stand out as an example of what the Parliament can achieve when we work with and on behalf of our constituents.

I pay tribute to the women who have got us to this point and to colleagues such as Jackson Carlaw, and previous colleagues such as Alex Neil and Neil Findlay, who became their voice in the Parliament.

As we have heard, the bill establishes a scheme to reimburse women who have made their own arrangements to have transvaginal mesh removed. From the outset, let us recognise that those women faced scepticism when they complained about adverse effects, felt that they were not believed, experienced distress and often had to wait very long periods of time before remedial surgical intervention could take place.

Many elected representatives, whether MSPs, MPs or councillors, have been contacted by constituents who are living with the terrible consequences of the use of transvaginal mesh, which was used to treat problems that are often linked with childbirth, including stress urinary incontinence and pelvic organ prolapse. Shockingly, the worries over mesh were all too often dismissed by some in the medical profession as "women's problems". That was lax, negligent, insensitive and wrong, yet, in some cases, it continued for more than 20 years. We should be in no doubt about the fact that the action of some in the medical profession exposed women to avoidable harms for too long.

In July 2020, in her review of the avoidable harm that had been caused by the use of mesh, Baroness Cumberlege looked into the pain and suffering that women—often, very young women—were forced to endure. As we have heard, that included severe and chronic pain, recurrent infections, mobility issues and incontinence. The inquiry highlighted complications that included prolapse, bowel problems, sexual difficulties, fatigue, depression, post-traumatic stress disorder, suicidal feelings and—sometimes—death.

Tragically, women also reported that mesh complications led to a relationship failing and family breakdown, the loss of employment and families losing their homes, and financial hardship. All those effects were life changing, and all of them were avoidable.

I thank the cabinet secretary for his thoughtful and open-minded response at stage 1, and I welcome his willingness to consider any

enhancements or amendments to the bill at stage 2.

I commend the many women concerned and the support groups that they established around the world. They were tireless, brave and committed campaigners who spent years raising the alarm about the consequences of the use of mesh implants and who did not give up or go away, even when, deep down, they felt shut out and ignored.

Their commitment eventually led to a breakthrough in the Scottish Parliament: the petition that was presented to the Parliament by Elaine Holmes and Olive McIlroy on behalf of the hear our voice campaign has led to our considering the bill at stage 1 here today.

The petition called for a suspension of the use of transvaginal mesh and a full evaluation of the safety concerns. As well as making the case for the introduction of fully-informed consent throughout Scotland, it called for improved reporting of complications after surgery and the setting up of a national register of all mesh procedures, which should be linked to international registers.

In 2017, the Scottish transvaginal mesh implants independent review recommended stopping the process altogether and, since then, transvaginal mesh surgery for pelvic organ prolapse has been restricted to being used only in connection with research trials.

However, let us not forget the tragic and justifiable loss of trust that many women felt and that some continue to feel towards some in the medical profession and our NHS. They felt isolated, their concerns were dismissed and many then sought removal surgery outwith the NHS and often well beyond its boundaries. They went to private providers at home and abroad, and they secured funding through a range of means.

It is worth noting that there was no available referral route to independent providers and that today the Scottish Government acknowledges that and recognises the lack of trust and the reasons behind it. Through the bill, the Government rightly concedes that the circumstances are exceptional and that reimbursement for the costs of surgery and associated travel and other costs is fully justified.

The bill's consultation process raised several concerns about eligibility to apply for the scheme, many of which have been touched on. As Stuart McMillan noted, there is a question mark about some of the sources of funding for private treatment. For example, there is a question whether women should be eligible for reimbursement if they received money via crowdfunding.

The Scottish Conservatives strongly support the bill, but we believe that further clarity is needed on the eligibility criteria. I welcome Gillian Martin's call for wide promotion of the reimbursement scheme once the bill is passed.

We should never lose sight of the fact that we are dealing with women who were badly let down and who faced devastating and life-changing consequences as a result. We have a responsibility to ensure that they receive the best and most appropriate treatment available. We have a duty to help them to rebuild their lives. I look forward to the concerns that were raised at stage 1 being addressed as the bill makes its way through the Parliament. For mesh sufferers, the legislation cannot come a moment too soon. Now is the time to fully deliver the care, compassion, compensation and, I hope, closure that the victims of transvaginal mesh so rightly deserve.

15:47

David Torrance (Kirkcaldy) (SNP): I was a member of the Public Petitions Committee back in 2014, when the issue of polypropylene mesh medical devices was brought to the committee's attention by Scottish Mesh Survivors. To this day, I vividly recall the passion and the strength of feeling of all the women who gave their time to attend our meetings to give evidence and to recount their stories and personal experiences. It is thanks to the tenacity and bravery of those women that we are here today to discuss the introduction of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill and the significant steps that the Scottish Government has taken to offer assistance and to better help women who were harmed by vaginal mesh and the complications arising from it.

As a current member of the Health, Social Care and Sport Committee, I am delighted that a bill has been introduced that aims to give powers to the Scottish ministers to reimburse persons who entered into private arrangements to pay to have the transvaginal mesh removed from their body, and that the reimbursement will relate to the costs of removal surgery and reasonable connected expenses.

Before it was halted in 2018 by NHS Scotland, the use of polypropylene mesh medical implants to treat pelvic organ prolapse and stress urinary incontinence left many women with life-changing complications and facing multiple operations to remove it from inside their bodies. The Government's recognition of the suffering and considerable harm that has been caused as a result of complications arising from the use of transvaginal mesh, and the Government's determination to do everything within its powers to help those affected, are hugely encouraging. We

have already taken decisive action on mesh and now Scotland will be the first UK country to reimburse people for private treatment that was previously sought.

Before I came to the chamber today, I spoke with a constituent who, for more than five years, has been dealing with the trauma that was caused by mesh implants. She was fitted with the implants following a front and back prolapse in November 2016. By February 2017, the mesh had come loose, resulting in her uterus hanging outside her body. That started a chain of visits back and forth to gynaecologists to attempt to find someone to help. Everyone recognised the impossible situation that she was in, but no one could offer a solution.

In her words, her life "effectively ended in 2017". Because she was living with extensive daily bleeding, double incontinence, constant exhaustion and sizeable uterine tissue building outside her body, she had to give up work and lost contact with family and friends. She went from being an outgoing sociable woman to someone who physically could not leave the house. I do not think that any of us can truly appreciate the mental strain that that must have caused.

After many years of solitude, in a bid to live a normal life by attending a family function, she reports fasting for an entire day and night beforehand in the hope that she might be able to enjoy the occasion. Despite that, she lasted only one hour before having to call family and friends to assist her to leave discreetly for an incident of bowel incontinence. Needless to say, she did not attend any more events. She has recently found a surgeon who has offered her some hope and she is now on the first steps of a journey that she hopes will see her quality of life begin to improve.

It is clear to see why some women felt let down by the NHS and felt the need to seek private arrangements to have transvaginal mesh removed. The daily stress caused by unimaginable pain, accompanied by the difficulties posed by incontinence, have led many women to pay in the region of £20,000 to travel to private clinics for treatment. Although I highlighted someone's story, it is easy to get lost in numbers. We must look past the data, statistics and costs to see the real people beneath—to see the personal experiences of mothers, daughters, sisters and families all across the country whose lives have been negatively affected by life-changing complications and pain. Many of them have ended up in wheelchairs and endured multiple-organ trauma or extensive nerve damage. All have a story to tell, many of them harrowing, but it is our duty to listen.

Earlier this year, a case record review began, which is looking into concerns raised by patients about their medical records. As we move forward, the continuing work of the review for women who have raised concerns about whether their case records accurately reflect the treatment that they have received, specifically in relation to full and partial removal of mesh, will be a vital tool in ensuring that affected women's voices are heard. It will give women an opportunity to set out their concerns, have their records reviewed by clinicians and allow for discussion, explanation and mutual understanding. I truly hope that those women get the answers that they need about their situation.

I am delighted to see the bill introduced. I fully support the recommendations in the report and hope that the Government will take them on board—in particular, the recommendation that any scheme must include

"a flexible approach to reimbursement that takes account of individual circumstances".

The women concerned have already been through so much and I believe that the time is long overdue for all women who need their mesh to be removed to have that done and for us to compensate affected women for the cost of private mesh removal surgery. I pay tribute to the hundreds of women who have come together and campaigned tirelessly to highlight the suffering caused by the effects of polypropylene mesh implant surgery. I look forward to the progress of the bill and to working alongside all colleagues to ensure that no other women will have to endure the dreadful experience that mesh survivors have endured.

15:52

Katy Clark (West Scotland) (Lab): It is a pleasure to speak in the debate and I welcome the bill. I congratulate all those who have campaigned for the legislation over such a long time. I also welcome all the contributions that have been made so powerfully to the debate.

Like others, I have met mesh survivors and I have found that even hearing about some of the experiences of the women who have been directly affected is harrowing. The details of the massive and life-changing implications, which they have often said ruined their lives, and the considerable pain that the women have endured as a result of the use of mesh are difficult to forget. Therefore, the bill is clearly very welcome. I hope that it will help the women who have been affected and, in particular, I hope that it will be welcomed by the Scottish Mesh Survivors. I hope that all the women who have been affected by the use of vaginal mesh will receive treatment and the appropriate expenses in the way that I believe members of the Scottish Parliament wish to happen.

However, there are many other mesh survivors who are not covered by this legislation and we must not forget them. Another petition has been lodged with the Scottish Parliament, which refers to some of the other women, and also men, who have been affected by the use of other mesh procedures such as

"hernia mesh, rectomesh and mesh used in hysterectomies".

I have been contacted—as I suspect other members will have been—by constituents who have been adversely affected by those types of procedures and are asking for action similar to that proposed in the bill. I hope that the Government will listen to what they are saying and agree to the request for a review of all those procedures, too. I also hope that the Government will adopt a similar approach to those individuals as it has to the women affected by vaginal mesh who we are discussing today.

This issue was first raised in this Parliament in 2013 and has been raised regularly since then. That it has taken so long to get to a point at which we have a bill before us is an important point.

The independent medicines and medical devices safety review, which Baroness Cumberlege led, looked at the issues, and much of what the Scottish Government is putting into effect is based on the recommendations in the review report.

An issue that the review group considered was the way in which women are treated when they raise health concerns. We have heard how women were not believed or listened to. Of course, that is not just an issue in relation to the mesh procedure; it is an issue of which many of us are aware—indeed, it is something that many of us have experienced over the years. There are many lessons that we must all learn, and which Government must learn, about the way in which the women who were given vaginal mesh were treated that are relevant to many other situations that women face in the health service.

Another recommendation in the review report was that manufacturers should contribute to the cost of redress. However, it does not look as though the Scottish Government will get any money from manufacturers. Let me use Ethicon, which is one of those manufacturers, as an example; the company is a subsidiary of Johnson & Johnson. We know that it is losing court cases and that at one time it faced more than 40,000 lawsuits, based on its negligence in relation to not just transvaginal mesh devices but bladder sling complications. A number of those lawsuits have been successful. According to the company's 2020 annual report, 14,900 pelvic mesh lawsuits were still outstanding. In October 2019, the company agreed to pay $117 million in 41 states and the District of Columbia, in the United States of America, to settle claims in relation to deceptive marketing of pelvic mesh products.

The bill is in its initial stages. During its passage, I very much hope that we will consider all the issues that have been raised in this debate, including manufacturers' responsibilities and how we ensure that women who were affected by the procedures and are in difficult situations get justice from the Government and from other parties that were negligent and failed to respect them and provide them with adequate services. I hope that we will be able to explore those issues and strengthen the bill.

15:58

Evelyn Tweed (Stirling) (SNP): As a member of the Health, Social Care and Sport Committee, I am pleased to take part in this debate, and I welcome the cross-party support for the bill's general principles that has been expressed in the debate.

I thank the women who came forward to share their experiences, which could not have been easy. Without their assistance, we would not have been able to uncover the serious damage that transvaginal mesh surgery caused.

We are talking about not just physical damage but emotional, mental and financial damage. As members said, the damage and pain that women have endured as a result of mesh implants cannot be overstated. Lives have been turned upside down, mental health has been destroyed and finances have been stretched to the brink, all while the women were putting up daily with excruciating pain.

For the women at the centre of the crisis, following medical advice seemed the obvious thing to do. We would all have done the same thing; we accept the advice of our medical professionals, who act on the best information that is available to them. Women who were living with issues such as stress urinary incontinence and pelvic organ prolapse trusted the medical guidance to have mesh, or transvaginal tape, implanted into their bodies. That mesh can cause severe pain in the lower abdomen, which sometimes leaves women unable to walk.

We must accept that, occasionally, our health service professionals will get things wrong. That is inevitable, so it was absolutely right to permanently halt the use of TVT and apologise to the women who were affected. When something goes wrong, the most important thing is to put it right with due diligence and care and as fast as reasonably possible.

Over the past few months, I have heard heartbreaking testimonies detailing not only the physical pain but significant mental and emotional trauma. For some women, the pain has been so severe that they have been forced to fund private healthcare through remortgages, bank loans, credit cards, borrowing from family and friends or crowdfunding.

For those women, many of whom are still in substantial debt, time is of the essence. There can be no further delay. I, like other members, have listened to them. More importantly, the cabinet secretary and the Scottish Government have listened. I am sure that every member in the Parliament will support the bill and its fast tracking so that the women do not have to wait any longer, as they have waited long enough.

The Government has confirmed that women who arranged mesh removal surgery will be eligible to apply for reimbursement and that it does not matter whether the surgery was successful. I completely understand that, for the women who have been through such traumatic experiences, compensation for corrective surgery might not be enough. We must do more to right those wrongs and build back the trust.

To ensure that patients receive treatment in which they have confidence, a procurement process is under way to allow appropriately qualified surgeons from outside the NHS to perform removal for patients in Scotland. This is clearly an exceptional situation. Our brilliant and dedicated staff in the NHS have learned from those past mistakes. The complex mesh removal service is now established in NHS Scotland to allow everyone who was affected to get the treatment and care that they need.

I am also pleased that the Health and Social Care Alliance will undertake a patient focus group to understand patients' views on how the reimbursement scheme might work in practice. The feedback from that will play an important role in shaping the scheme.

I welcome the Scottish Government's response to the committee's stage 1 report, in which it accepted the bulk of the committee's recommendations, as the cabinet secretary outlined. I also note the urgency with which the Government wants to act.

I note the Government's intention to take a proportionate and flexible approach under the bill to the provision of evidence of costs incurred. That will provide much reassurance to the women who are involved. I also note that some points will be considered in the draft scheme and I look forward to seeing it.

Sadly, transvaginal mesh was used regularly in Scotland before 2014. It was also used in the rest of the UK and throughout the world. Scotland is the first UK country to reimburse people for private treatment and I am pleased that the Scottish Government is, once again, leading the way and taking decisive action to make people's lives better.

I thank my colleagues in committee and around the chamber for welcoming the bill to Parliament.

16:03

Gillian Mackay (Central Scotland) (Green): As a member of the Health, Social Care and Sport Committee, I am pleased to speak in support of the bill at stage 1.

I thank all the women who came to give evidence at the committee and all those who have campaigned tirelessly for justice. I cannot imagine the impact that it has had on their lives and those of their families, and I am in awe of their continued determination.

I also thank the MSPs and former MSPs who supported the women in the previous session of the Parliament, including those who are affectionately known by mesh survivors as the meshkateers: Alex Neil, Neil Findlay and Jackson Carlaw.

As I am sure many members are, I am keen that we get a reimbursement system that is flexible enough to ensure that no one is unfairly penalised. Many of the women who paid for their own mesh removal did not anticipate being reimbursed, which means that many of them will no longer have food receipts or proof of taxi journeys, for example. The committee also raised concerns about the potential restrictiveness of the proposed cut-off date of the scheme and the residency requirements. I was pleased to hear the cabinet secretary's commitment on the residency element.

We heard at committee that Covid has delayed some of the women going to America for surgery. I hope that there is a contingency in place to ensure that no one falls through the gap between the cut-off date for the reimbursement scheme and the start date of the new private surgery contracts. That point was well made at committee by Jackie Baillie. Some of the so-called in-betweeners may not be able to wait for the new contracts to begin if the mesh is compromising organs or causing unbearable pain.

If the legislation is to achieve its intended purpose, we must not let women fall through the cracks. As the committee's report notes,

"the Bill documentation does not address the question raised by the Law Society of whether cases where private removal surgery has not been fully or partially successful will be reimbursed."

Survivors should not be penalised for not having had a successful surgery. For some women, full mesh removal will not have been possible. Emma Harper made the excellent point at committee that it would be difficult to measure success—is it 40 per cent, 60 per cent or 90 per cent mesh removal? Some may have had private exploratory surgery only to be told that the mesh could not be removed, and I believe that they, too, should have their costs reimbursed.

We must ensure that women are not excluded from the scheme due to circumstances that are outwith their control. We have to take account of the fact that some women could not afford the cost of private removal surgery and did not expect to be reimbursed, so they did not pursue private treatment. As the committee's report notes, those women

"may have experienced the same breakdown in trust in NHS Scotland"

and may understandably be upset that they have been further disadvantaged by their inability to pay up front.

We must ensure that trust is rebuilt between them and the health services. Some women have borrowed money from family and friends to pay for their surgery, and I strongly feel that they should not be excluded from any reimbursement scheme. Some women had to leave employment due to the debilitating effects of mesh implantation, and some of their partners have become full-time carers. They may not have been able to secure a loan and should not be penalised for having had to turn to family and friends for help. I appreciate that there may be difficulty in securing evidence for informal donations as opposed to a bank loan, and I would appreciate comment from the minister on how those issues could be worked through.

In committee, I raised the importance of supporting mesh survivors' mental health and asked whether consideration had been given to reimbursing private medical costs related to mental health treatment. Mesh survivors might have lost confidence in NHS Scotland and might want to seek private treatment for what has been a traumatising event for many of them. If the bill aims to right a wrong, we need to consider the other forms of treatment and support that women who have been affected have had to seek as a result of their mesh surgery.

I have concerns about the residency requirement. Women who received their original mesh surgery when they were resident in Scotland should qualify for reimbursement under the scheme. Some women may have moved away from Scotland after their original surgery due to a breakdown in trust between them and NHS Scotland, and they should not be penalised for that. As the committee's report notes, "greater clarity is needed" around that if the bill is to

"adhere to the principles of fairness and equity."

I will close by saying that I look forward to working with members across the Parliament as the bill progresses. We have all heard about the devastating impact that mesh implantation has had on many women. It is vital that the bill establishes a comprehensive and fair scheme that does not result in mesh survivors falling through the cracks. We owe them that, at least.

16:09

Kaukab Stewart (Glasgow Kelvin) (SNP): I thank the cabinet secretary and the members of the Health, Social Care and Sport Committee for their work in introducing the bill. More than anyone, though, I thank the women who have campaigned tirelessly on the issue. It is no exaggeration to say that the bravery that they have shown has been inspiring.

Prior to my election, I followed the issue closely, whether at Westminster or Holyrood, and I listened with concern, disbelief and anger to the accounts of those women who have suffered and continue to suffer as a result of transvaginal mesh implants. I read testimonies from the women who informed Baroness Cumberlege's inquiry, and I found their accounts striking. They highlighted wider issues in how patients are communicated with, such as

"'No-one is listening'—The patient voice dismissed"

and

"'I was never told'—the failure of informed consent".

It is therefore important to acknowledge the invaluable work of advocacy groups such as the Scottish Mesh Survivors group and the Health and Social Care Alliance Scotland for their role in progressing the issue. The reports that were published by the alliance in 2019 and 2021 provided a platform for mesh survivors to collate their lived experiences and present their irrefutable findings. It is safe to say that their voice is heard loud and clear in this chamber. Indeed, listening to mesh survivors is central to today's bill.

It has taken too long to get here, but I am pleased that the steps that have been taken to reach this point have resulted in the number of mesh surgeries in Scotland dropping from 2,267 in 2009 to the current number—no further vaginal mesh surgeries have taken place in Scotland since 2018. The Scottish Government is now seeking to continue its work in redressing the wrongs that have been suffered and rebuilding the trust that has understandably been lost.

I am thankful that today's debate moves the conversation forward again. It is now focused on

how best to expedite satisfactory resolutions for those women who are still suffering the consequences of treatment, whether they be physical or financial.

The costs in each case are substantial: they are estimated to be between £16,000 and £23,000. Those are significant sums by anyone's standards, let alone for the women, many of whom could not afford that amount but, in desperation, absorbed a heavy financial burden in the hope of alleviating the daily agony that they endured. The bill not only aims to assist the women who still require corrective surgery to receive it in a manner with which they are comfortable; it allows for reparations, which is something that transcends political affiliation. I welcome the cross-party support for the bill.

I welcome the bill at stage 1 and the Scottish Government's continued commitment to ensuring that every woman in need of corrective surgery due to transvaginal mesh receives it from a surgeon in whom they have full confidence. I also welcome the commitment to removing the financial burden that so many women who merely sought to take back control of their lives have been left with.

16:12

Pam Gosal (West Scotland) (Con): I am honoured to be contributing to the debate. It is important that the women who were forced to seek private arrangements to remove transvaginal mesh are reimbursed for the costs incurred, and that the scheme moves forward as soon as possible.

I thank those who stepped forward in an act of courage and provided evidence about complications with mesh and the arrangements that they made to have it removed. Taking such an act could not have been an easy thing to do, but those people's strength and conviction have led to this important issue being debated in Parliament today. I am grateful to follow on from the excellent and heartfelt speeches that we have heard from members of all parties.

The bill before us does far more than just reimburse women who have suffered from this procedure. It corrects a wrong, particularly for those women whose painful side-effects and complications were not taken seriously. Concerns about the severe and painful complications arising from the use of mesh have been reported since the mid-2000s. Just today, a survivor told STV News:

"It feels like you're getting sliced and I would sooner go through childbirth again with no gas and air and no drugs. The pain is chronic, it's there all the time and you can't switch off, it exhausts me. Some days I don't get out of bed. I've got to use walking sticks and I have a chair, and when I get up I'm off balance."

Although those words might make many of us uncomfortable, the simple fact of the matter is that those women went through years of pain with no support, and we must not forget them.

I am happy that the specialist service has been in operation and has established a multidisciplinary team of skilled professionals, and I look forward to reading the service review next month. I fully support the bill and the objectives that underpin it, which seek to ensure fairness and consistency of treatment for all individuals in relation to the mesh removal service in Scotland and the following scheme for reimbursement. However, there certainly must be more clarity in the bill to ensure that its objectives are met, beginning with residency criteria and timescales.

On residency, the bill currently excludes those who had their mesh fitted in Scotland and later had it removed while residing in another country. I welcome the cabinet secretary agreeing to lodge an appropriate amendment at stage 2 on the residency criteria, because those people deserve to be reimbursed. At the end of the day, they suffered, were ignored and had to take matters into their own hands. It is the Scottish Government's responsibility to ensure that they are compensated.

In relation to timescales, at stage 2, the bill must address the issue of people who are currently awaiting, or are in the middle of organising, private treatment. It is our duty to ensure that we begin to build back, and not break, the trust between those individuals and the NHS.

Across the chamber, there is broad support for the bill, as there should be. However, that does not mean that we cannot discuss concerns about the detail of the scheme. I fully support the bill and its objectives, and I welcome the cabinet secretary's comments about considering adjusting the cut-off date and lodging appropriate amendments to the residency criteria at stage 2.

It took a decade for the women to be recognised and believed, and we must not wait years to deliver the support and pain relief that they desperately need. Therefore, we look forward to working on a cross-party basis to ensure a timely and smooth delivery.

16:17

Siobhian Brown (Ayr) (SNP): I welcome the bill before Parliament today.

"I have been attempting to navigate through the absolute nightmare of living with mesh for 12 years."

That is the heartbreaking testimony of Isobel from Prestwick, one of my constituents. She got in touch when there was nowhere else to turn, after

years of suffering due to the mesh implant. She has given me permission to tell her story today.

Twelve years ago, Isobel received the implant in the hope that it would improve her quality of life after the birth of her second child. The mesh, which had been around for a number of years before that, was hailed as a revolutionary treatment for women suffering from stress incontinence or a prolapse, issues that arise from having children. Isobel's surgery was to correct a prolapsed bladder. Fast forward to now, and Isobel has had to have six surgeries to correct the damage and remove the mesh, and a hysterectomy. However, every day, she continues to live with chronic pain in her legs and buttocks, bladder complications, erosion of tissue and, sadly, the original problem of the bladder prolapse. The pain was so great that she had to call time on her 30-year career in education.

It is not just Isobel—today, we have heard countless stories of women who have severe and constant pain in their abdomen, stomach, bladder or limbs. We have heard stories about women in wheelchairs and, sadly, about deaths.

The women going through that living hell have had to fight every step of the way to get help. Through evidence sessions and inquiries, they shared the most intimate details of their medical history, while still being in pain, and having nowhere to turn.

Only 5cm of mesh was ever removed from Isobel, with the mesh centre in Glasgow discharging her, saying that there was nothing more that it could do.

Earlier this year, women were promised surgery in England and the US to correct the wrongs that were caused by the mesh implants. We must do more, and we must act quicker, because women say that they feel like they have been forgotten about. Sometimes, the wait to see a specialist can be up to two years. Women are suffering day to day, and two years is an eternity. We must be prepared to pay for the damage that has been caused.

Day-to-day living is getting harder for Isobel. She has left no stone unturned in her pursuit of a better quality of life. Finally, Isobel turned to me. It is important that I am the last in the chain. I need to find a solution for her. I am acutely aware that the solution is money.

For some women, the Government's announcement gave them hope, which is a feeling that they thought that they had given up on a long time ago. However, we need more than hope and promises—we need action.

The bill seeks to reimburse women who have paid for the procedure themselves, including the travel costs, whether that be to Bristol or the US. As has been mentioned, the cost of the procedure can vary between £16,000 and £23,000. Many people like Isobel just do not have the money to pay those costs up front. We must remove all barriers to the surgery that seeks to give back some quality of life.

Isobel told me:

"Because of the ongoing complications and chronic pain ... my youngest daughter has never met the real me."

She describes that as the worst of all the side effects.

We cannot turn back the clock, but we can correct matters going forward. We need to streamline the pathways that will, ultimately, give Isobel her life back. We need a concrete achievable timeline. Her daughter cannot afford to wait another two years to meet the real Isobel.

I am grateful that the Scottish Government, through the bill, will help the women. However, today, I ask that we go further, and that we make referrals and decisions more quickly, that we put in place contracts for the removal of mesh and we put in place funding across the board, not just for those who can afford to pay for the surgery up front.

I welcome the committee's recommendation to request further detail from the Government on campaigns to publicise the complex mesh national surgical service, on the training for primary care staff on mesh complications and on the person-centred approaches to supporting individuals through treatment, including pre and post-operative support.

I ask the cabinet secretary to comment on cases such as Isobel's. If my constituent does not wish to have further surgery in Glasgow and wants to choose her own consultant, such as Dr Veronikis, to carry out the procedure, would the Government consider supporting such women, to bring peace of mind and a conclusion to their ordeal?

It is only fitting that I end with Isobel's words:

"Many 'older' mesh survivors who have been through the system have been discriminated against and ignored. Time is running out."

I welcome stage 1 of the bill as we move to rectify the situation.

The Deputy Presiding Officer (Liam McArthur): Before calling the final speaker in the open debate, I remind members that anybody who has contributed to the debate needs to be in the chamber for the closing speeches.

16:22

Martin Whitfield (South Scotland) (Lab): I extend my thanks to the committee for its report. I, too, want to put on record my admiration for the women who have fought with dignity and determination to get Parliament to where we are today. I know that the debate would not be taking place but for the bravery of the Scottish mesh survivors and, indeed, their demand for the bill and their willingness to share their phenomenally powerful personal stories.

I congratulate Siobhian Brown on her speech and thank her constituent Isobel, who has allowed her story to be shared. It is through such stories that we see the significant impact of events that began more than a decade ago and have carried on since. That willingness to share is important, as it allows people who are unaware of the suffering to empathise and see what has happened.

We are fortunate to have a national health service that is free at the point of use. Throughout the pandemic, we have seen the very best of our NHS and its heroic workforce. However, we must hold up our hands and accept that mistakes were made, with many—far too many—women being failed when they had transvaginal mesh devices inserted by NHS doctors. As a result, and to this day, many women are reluctant to return to those same surgeons to have devices removed. I sympathise with them—I understand their position. It will take a long time for trust to be rebuilt between the NHS and those women.

For that reason and many more, I support the overall aims and principles of the bill. Women have gone through a traumatic experience since having their mesh fitted and it is right that the Scottish Government covers the related costs that have been incurred in removing devices. After all, it has taken us a long time to get to this point—perhaps too long.

If you will allow me, Presiding Officer, I would like to pose a few questions to the cabinet secretary and the minister—not to raise disagreement, but to seek advice. Today, in Glasgow, mesh survivors felt the need to protest outside the New Victoria hospital. Part of that protest is about the length of time that they have been told they may have to wait for initial assessments—there is talk of a wait of up to two years. There are members of the mesh survivors group who are there today who have had their appointments cancelled with just a week's notice. Those are the very women we are asking to trust our NHS again. I know that there are challenging problems—we are all aware of that—but for that particular group of women, much more should be done to bring reassurance and confidence.

In his opening speech, the cabinet secretary talked about the 33 women who have received their mesh removal operations. Can he tell us how many women are still waiting for mesh removal?

A number of members have spoken today about the challenge around the date that it is anticipated will be in the bill. I very much welcome the cabinet secretary's willingness to reconsider the date, but will he comment on whether it could be the date on which on-going surgery is commissioned? In that way, we would know that all the women survivors were covered, up to the point at which there is an alternative, suitable and supported method to support the journey to the end of the problem.

I welcome all the speeches that I have heard today, particularly those that have included the powerful testimony of individual women who have suffered from mesh implants. We should not have been in this place, but we are. It is now for Parliament to show that there is a way out, but it has to be done swiftly, so that trust in the NHS can be restored.

The Deputy Presiding Officer: We move to the closing speeches. I note that Gillian Mackay is not present in the chamber, and I expect an explanation for that in due course.

16:27

Paul O'Kane (West Scotland) (Lab): In closing for Scottish Labour, I begin by reflecting the strong consensus that we have heard in the debate. Stage 1 of the bill marks a significant milestone in a long, painful and difficult journey for so many. The cabinet secretary rightly opened by reflecting on those who have brought us to our consideration of the bill. I, too, pay tribute to the steadfast determination of the members of the Scottish Mesh Survivors group, who have bravely told their stories and campaigned for the bill and other measures to support all those affected.

Having heard some of the testimony in committee, I am struck by the bravery of the women who have recounted the trauma that they have experienced and lived with in order to effect change not only for themselves but for the many others who have had the same experience. As we have heard, they have repeated those stories time and time again—something both hugely difficult and extremely courageous, as I am sure we would all agree.

I join colleagues in paying tribute to the MSPs, past and present, who have worked on the issue and brought us to this point, particularly Jackson Carlaw, Alex Neil and Neil Findlay.

The convener of the Health, Social Care and Sport Committee, Gillian Martin, spoke powerfully when she said that the bill

"could not, and does not, undo the ... trauma"

and that, for some, trust in our health service has been irreparably damaged. What she said about control over choices, over their bodies and over their lives for those women is key to all our considerations, whether in relation to the bill or more widely.

As deputy convener of the committee, I commend the work of all involved in scrutinising the bill and, like the convener, I thank all who gave evidence, particularly those with lived experience, who were supported by the Health and Social Care Alliance Scotland.

Sandesh Gulhane spoke about the fact that many women simply have not been believed for a long time. He was right to highlight that many took extraordinary action to fund their treatment, spending savings or taking out costly loans—anything to stop the pain.

In line with the consensus that we find across the chamber, Scottish Labour supports the overall aims and principles of the bill. My colleague Carol Mochan spoke in Labour's opening speech of the power of our democratic process. There is a duty on us all to use the power of the Parliament for the good of those whom we represent, and Alex Cole-Hamilton echoed that view in his powerful recollections of how the Parliament has approached the issue over the years.

We heard many powerful stories from colleagues of how the experience has impacted their constituents. Stuart McMillan spoke of Michelle, and raised the issue of the lengths to which women have had to go in order to fund treatment. He made an important point about crowdfunding, which was echoed by Craig Hoy. It is clear that further clarity is required for women who funded treatment via crowdfunding or other fundraising routes. The committee has called for clarity on that from the cabinet secretary, so I hope that the minister will begin to address the matter in closing the debate.

David Torrance spoke of his constituent's life-changing—or rather, as his constituent very sadly put it, life-ending—experience; she felt that her life had come to an end. As Pam Gosal said, it is very difficult for us to hear such stories, but that particular story brought into sharp focus the reality for so many. Siobhian Brown did something similar in telling Isobel's story. I hope that, whatever else we do in the Parliament, we always seek to do anything that we can to—at the very least—make life more liveable for any woman who is affected.

My colleague Katy Clark, and Alex Cole-Hamilton, raised the issue of the use of mesh in other procedures, and referred to other petitions that have come before the Parliament. I believe that those petitions merit the cabinet secretary's attention, and I am sure that he will want to reflect on that issue more widely as we move forward.

It is clear from today's debate that, although the principles of the bill enjoy broad support, further clarity is required in some areas as the bill process moves forward. I welcome the cabinet secretary's response, as did Gillian Mackay and other members of the committee, on the issue of residency requirements, and I hope that he will look at the timeline requirements, as he committed to do in his opening speech. Gillian Mackay also referred to the so-called "in-betweeners" and mentioned that my colleague Jackie Baillie had raised the same point at committee, when she attended as my substitute. The point is that we want a system in which no one is left behind; that point has been well made by members on all sides of the chamber this afternoon, and I am sure that the minister will cover it in summing up.

At the close of the open debate, Martin Whitfield posed some important questions for the cabinet secretary on waiting times for mesh removal and the protests that are occurring in Glasgow today. I know that the minister will want to say something on that in concluding, in order to give Martin Whitfield and other colleagues confidence that those issues are being looked at in the round and that we are trying to get it right for absolutely everyone who has been affected by them.

We should do all that we can to hold on to the consensus that has been established not only in today's debate on the bill, but over the many years leading up to this point. We must acknowledge that there is more to do. We must never forget the pain and suffering that has been caused; the duty on us, in the Parliament, to make an attempt at reparation; and the courage of women who have fought, despite their own trauma, to try to bring light to a very dark experience in the history of our health service. We must try to ensure that it never happens again.

The Deputy Presiding Officer: Given the time in hand, I invite Jackson Carlaw to wind up for a generous seven minutes.

16:33

Jackson Carlaw (Eastwood) (Con): Thank you, Presiding Officer.

I genuinely feel considerable pride in our Parliament this afternoon. In contributing to the debate, I am not without some emotion. Over three sessions of Parliament, for eight long years, we have tried to move the issue forward and bring

justice to the women who have survived the mesh scandal. Had it been—as I observed in an earlier debate—similar to the thalidomide scandal, in which the injuries and injustice suffered were all too visible, it might have been easier to get the issue thoroughly discussed. However, in the early days of this Parliament, when the issue first arose, I have to say that there was a squeamishness and a reticence to talk about what was, for many women, the most sensitive of issues. It was the heroism of those women that made the difference. Mention has been also made of the determination of Alex Neil, Neil Findlay and myself to speak in the bluntest and most graphic way possible about the issue in order to break through that reticence and make people understand the importance of Parliament facing up to the issue.

Shakespeare sent Mark Antony to bury Caesar, not to praise him. I, of course, would never suggest that I would ever talk about burying the cabinet secretary—I mean, he can scooter himself to disaster all on his own, as we know—but I am here to praise him quite unequivocally this afternoon not only for fulfilling the commitment of his predecessor, Jeane Freeman, in bringing this bill to Parliament after five health secretaries have wrestled with the issue, but also because of the way in which he addressed the issues in his opening speech this afternoon, the flexibility that he has shown, the willingness that he has had to meet the women concerned and others who have pointed out concerns that they might have with the bill and his determination to see all of those issues addressed at stage 2. I take all of that at face value and look forward to helping in any way that I can to facilitate the progress of the bill.

The bill does not represent the end of the mesh argument. As people have pointed out, Professor Alison Britton is undertaking a full mesh case review, the recommendations of the Baroness Cumberlege review still require to be implemented in full and, at the moment, the Citizen Participation and Public Petitions Committee is considering a fresh petition on the wider application of mesh—although, as the minister has identified, we should not draw an immediate parallel between the use of mesh in other procedures and the particular issues that arose as a result of the transvaginal mesh scandal. The issue has led to the expression of fundamental concern about what women in Scotland were being told.

Mention has been made of Neil Findlay, and he has been texting me during the debate. I ironically asked him whether that constituted lobbying—a comment that I hope will not be lost on other colleagues.

The cabinet secretary made reference to the Glasgow centre, which has performed perhaps two dozen or three dozen mesh removals. The affected women and those of us who have been involved with the issue have raised a concern about the exact nature of the training of those who were involved in those procedures. Where were they trained? In what removal techniques have people in the Glasgow centre been trained? By whom were they subsequently accredited as being competent in those practices?

Gillian Martin: Does the member think that that points to a wider issue about women not being believed when they come forward with health issues? Does he agree that we should be looking at that more generally?

Jackson Carlaw: I absolutely do. In the previous session, I sat in a meeting of the Public Petitions Committee—along with David Torrance, I think—and listened to one specialist saying that only a couple of women were involved, with 60 women sitting behind him while he said it. There really has been a fundamental disconnect.

Mention has been made of Elaine Holmes, who lodged the petition in the first instance. She said:

> "I'd been discharged from NHS GG&C after two mesh removal attempts, told I was mesh free and that I'd likely lose my leg if I had any more surgery relating to the transobturator mesh implant. I'd had every test/scan possible and had exhausted all options. After much research and pleading from my family, I contacted Dr V as he was my last hope. Thank God I did! He removed 22cm of the offending mesh."

That was after she had been told that all her mesh had been removed, and that is why so many of the women have confidence in Dr Veronikis.

Dr Veronikis contacted me ahead of the debate. I do not want to introduce any note of difficulty, but here is what he says in the conclusion of a letter that he sent today to the interim medical director of NHS Scotland procurement commissioning and facilities:

> "Respectfully, I see no progress, I only see delays and detours. As stated in my email on October 28, I do not believe that we have made any progress since March 2019, when Terry O'Kelly first contacted me, or since First Minister Nicola Sturgeon personally called me. The solution is either expedite and facilitate the care of the suffering women who wish my services or just tell them that NHS Scotland cannot help them receive care outside of Scotland."

He goes on to say that he is desperate because of what appears to be a slightly dead hand of bureaucracy that is encountered when trying to drill down to the details. He says that we need to overcome that, and it probably needs the cabinet secretary to take a personal interest in what is being done, possibly in his name, to ensure that we get to the point at which Dr Dionysios Veronikis believes that he has a contract that is fair and operable and that allows these women to go to Missouri to have the treatment concerned.

Humza Yousaf: I have seen Dr Veronikis's response. We actually had a helpful response from him recently, so progress is being made. I can give an absolute assurance on two things. First, I do personally take an interest in the issue. I am involved in it and, if that means speaking to Dr Veronikis personally, I will, of course, do that. Secondly, I give an absolute assurance to the women involved that we respect Dr Veronikis's expertise and that, when it comes to the referral process, a woman's choice of where they want to get treated should be the primary consideration.

Jackson Carlaw: I thank the cabinet secretary for that assurance. We must ensure that the delivery of that assurance follows the delivery of the bill.

I thank Gillian Martin for her incredibly comprehensive contribution, which detailed some of the residual questions. She is absolutely right in saying that some women might not yet have declared that they would like to have mesh removed and that others might not yet be aware of the bill. As Martin Whitfield and others said, we have to be careful when setting the cut-off date for applications for procedures in the future.

I thank all the other contributors to the bill, including David Torrance, the veteran of the long exchange in the committee; Katy Clark; Gillian Mackay; Craig Hoy; Kaukab Stewart; and Siobhian Brown, who brought us Isobel's experience, which was, unfortunately, an all-too-typical example of what many of the women have endured.

I thank Rona Mackay; our former colleagues Alex Neil, Neil Findlay, Angus MacDonald, David Stewart and Johann Lamont; and the Presiding Officer, who was in the chair earlier. They have all done terrific work in promoting the issue over the past three parliamentary sessions.

I thank Elaine Holmes, Olive McIlroy, Lorna Farrell, Claire Daisley, Karen Neil, Nancy Honeyball, Gillian Watt and Isobel McLafferty. I have been proud to stand with all those women, who have affection and love for one another. I have attended their Christmas dinners, at which they have provided mutual support to ensure that their morale and their efforts have been sustained.

However, let us not forgot Michele McDougall, who died of cancer and could not get chemotherapy because of the consequences of six previous hernia mesh operations, or Eileen Baxter, who was the first woman to have mesh as the cause of death on her death certificate.

This is not just something that women are currently enduring; it has led to the deaths of some women. It has opened up questions about how women are believed in the health system. It has led to many women—who, at the start, did not believe that there was hope for them—fighting for years through their pain to prevent this from happening to other women. The bill offers them the justice that they deserve.

The Deputy Presiding Officer: Thank you, Mr Carlaw. I note that Neil Findlay is still making interventions from a remote, if not a sedentary, position. Fortunately, he will not be able to raise points of order through that route.

16:43

The Minister for Public Health, Women's Health and Sport (Maree Todd): I am pleased to have the opportunity to close today's debate. First, it is important to recognise and acknowledge the efforts of all the women who have campaigned for better services for those who have complications from mesh surgery. Their dedication and fortitude have been admirable.

I hope that all the improvements that the cabinet secretary described earlier will mean that women will now have access to more of the help that they need. I also hope that the bill's intention is, therefore, clear. We want to ensure fairness for the women for whom those options were not available in the past, and who paid for their treatment out of their own pocket.

As I turn to some of the detail that we have discussed today, I thank all members who have contributed to the debate. It is clear that, although some members have quite rightly raised important points and asked probing questions, we all want the same thing: we want to ensure that we do right by the women who have suffered.

As the cabinet secretary did, I extend my thanks to the Health, Social Care and Sport Committee for its consideration of the bill and for its support for the bill's general principles.

I fully appreciate that women will be frustrated by the length of time between the Government's announcement of the successful bidders on 12 July and the final contracts being agreed. I assure them that NHS National Services Scotland is working hard to finalise the arrangements as quickly as possible. However, I am sure that all members will understand that there is a balance to be struck between concluding the agreements quickly and ensuring that all aspects of wraparound and emergency care are provided following those agreements.

As the cabinet secretary said, the Government will consider the matter further and intends to confirm its position on the cut-off date at stage 2, should Parliament agree to the bill at stage 1.

In his response to the stage 1 report, the cabinet secretary has committed to considering further the issue of residency and to lodging an appropriate amendment at stage 2. He has also agreed to

provide the committee with a draft of the reimbursement scheme that will provide details on the meaning of the term "arranged", while still allowing scheme administrators the flexibility to take into account individual circumstances. The Government considers that approach to be preferable to a delay through making of regulations. It is intended that NHS NSS, which already administers the mesh fund, will administer the scheme. The Government will work closely with NHS NSS in the coming months, as we make more detailed plans for its administration. NSS will be given sufficient resources to manage the scheme effectively.

The intention of the bill is to reimburse the full costs of surgery, along with reasonable travel and accommodation costs, for the person who undergoes surgery and a person who travels with them as support. However, it is not anticipated that reimbursement will be given for luxury accommodation or first-class travel, for example, which is why the caveat about reasonable costs exists.

For other expenses such as food, the intention is to give women a choice of whether they want to evidence their costs—if they are able to do so—or to receive a capped rate per person per day. That approach is to ensure the flexibility that we all agree is important, and is a direct response to feedback from women who told us that they want a straightforward process.

A number of people raised issues around crowdfunding and donations from family. The purpose of the scheme is not to reimburse people who donated money to help a woman with the cost of surgery. The Government also does not intend to reimburse moneys that were received through online funding platforms, such as crowdfunding platforms, for which it would be difficult or impossible to identify donors—who would not, in any case, have expected repayment. It is the intention that applicants will be asked to declare any such moneys on their application form, and that their reimbursement payment will be reduced accordingly.

Further consideration has been given to the matter of money that was received informally from friends and family members. On reflection, the Government feels that it would be unreasonable to request details of private arrangements. Accordingly, applicants will not be asked to declare those donations when applying for the scheme. It will, of course, then be up to individuals to repay any moneys that they received, as they see fit.

The Government will make every effort to ensure that those who are eligible to apply for reimbursement are made aware of the scheme. The issue of qualifying surgery came up during the debate. Qualifying surgery has to have had the principal purpose of wholly or partially removing mesh, regardless of the outcome. We expect to undertake a range of methods to publicise the scheme, including through press releases, social media, the Health and Social Care Alliance and NHS Inform. The bill requires that the scheme be laid before Parliament and published.

On the Glasgow centre, we fully recognise that general practitioners and other local clinical staff need to be aware of the existence of the service in NHS Greater Glasgow and Clyde and of its offers, so that they are able to explain them to women who present with mesh complications. Health boards' accountable officers for mesh have been involved in development of the centre and have a continuing role to play in ensuring that health boards are aware of the service and what it can offer.

The national specialist mesh removal centre has been, and will continue to be, developed with patients' and the public's input. The pathway of care, which must take into account the patient experience, will continue to be a key focus for the Government. Nursing specialists and physiotherapists from the specialist centres are linked with their counterparts in local health boards to ensure continuity from pre-operative to post-operative care.

The Government has asked the Health and Social Care Alliance to take forward work on development of a patient-focused map of the care pathway, which will be created from patients' perspective, thus helping future patients to understand the referral process and what it means for them.

We all know that Covid-19 has had a significant impact on our health services across Scotland. It has meant that health boards have not always been able to run out-patient clinics or to provide other services in the timescales that we would want and expect. We acknowledge that that means that some women have, regrettably, had to wait for far longer than we would ever wish in order to be assessed in the services in Glasgow.

To answer Martin Whitfield's question, I note that 17 women are waiting for surgery in Glasgow. I believe that Glasgow clinicians were due to confirm that figure to the committee, but the correspondence is not yet noted on the committee's website. I give our assurances that we are fully committed to working with NHS NSS and the national specialist mesh removal centre to look at ways of improving the speed of referral and processing.

Hernia mesh removal was raised by a number of members, including Mr Cole-Hamilton. He is correct to say that it is outwith the scope of the bill.

Jackson Carlaw referred to my appearance at the Citizen Participation and Public Petitions Committee, where I made it clear that although there is some common ground, the same situation has not arisen from use of mesh in other areas. Evidence was presented at the Citizen Participation and Public Petitions Committee, but the Government does not consider that there is evidence that might justify a pause in use of the relevant devices.

To summarise, in January 2020, the Scottish Health Technologies Group published its report on use of mesh and on primary inguinal hernia repair in men, which concluded that, compared to non-mesh procedures, using mesh resulted in lower rates of recurrence, fewer serious adverse events and similar or lower risk of chronic pain. The SHTG is undertaking more work on hernia repair in men; its report is expected imminently. Once we have a copy of that report, we will consider the recommendations and share them with relevant officials and health boards, specialist associations and the Citizen Participation and Public Petitions Committee. During my appearance there, I committed to attending the committee again if that would be helpful.

On other gynaecological uses of mesh, at the same time as use of transvaginal mesh was halted, the then chief medical officer introduced a high-vigilance protocol for use of mesh in other sites. That resulted in the appointment of accountable officers who are responsible for oversight of the protocol and have continued to meet regularly to improve services for people who are affected by mesh.

It is important to note that we are talking about complex and long-established procedures for which there are few, if any, viable alternatives. However, it is absolutely crucial that the most stringent safety measures are adopted for patients, who should be fully aware of the risks and benefits of such procedures before they decide on their treatment.

I think that it was Neil Findlay who first suggested a General Medical Council-approved credential for mesh removal surgery. The Scottish Government wrote to the Royal College of Obstetricians and Gynaecologists and the GMC to express our support for the introduction of a GMC-approved credential in mesh removal surgery. As specialist centres are established across the UK, credentialling will define the skills that are required to perform mesh removal surgery, and will set out how those skills can be acquired and assessed. By formally recognising the skills of our surgeons, credentialling will provide assurance for patients and the service, reduce the risk of harm, and help to improve public confidence.

I agree with members who made the point about women not being listened to about mesh, and I agree that that was indicative of the wider problem of health inequalities that women experience. That is one of the reasons why we have produced the women's health plan. It is ambitious and we are making tangible progress, but we have much to do. It is a starting point, not an end.

Do I have time to make a final point, Presiding Officer?

The Deputy Presiding Officer: Yes.

Maree Todd: In response to the Cumberlege report, the Scottish Government called on Her Majesty's Government to consider the establishment of a redress agency that would be funded by a levy on manufacturers. HMG rejected that recommendation in its response, but it is still considering its position on redress in individual cases.

On behalf of the cabinet secretary and myself, I once again thank all the people who have contributed to bringing the bill to this point. I look forward to detailed scrutiny at stage 2, during which the points that members have raised today can be considered. We will also reflect on today's debate when we finalise our approach to stage 2.

We know that work needs to be done to rebuild women's trust in the services that are available here in Scotland. We hope that the work that the Government and NHS Scotland are doing to improve the care that is offered will help to restore women's confidence in those services, but for women who wish to be treated elsewhere, we are working to ensure that there is a clear referral pathway to a specialist centre in NHS England or an independent provider.

In order to ensure that anyone who has previously paid for private mesh removal surgery will not be financially disadvantaged, the Government considers it fair and reasonable to have in place a scheme that will allow such women to apply for reimbursement of past costs.

I commend the general principles of the bill to Parliament.

Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill: Financial Resolution

16:55

The Presiding Officer (Alison Johnstone): The next item of business is consideration of motion S6M-02167, on a financial resolution for the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill. I invite Maree Todd to move the motion.

Motion moved,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act.—[*Maree Todd*]

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

Business Motion

16:55

The Presiding Officer (Alison Johnstone): The next item of business is consideration of business motion S6M-02251, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme. I invite George Adam to move the motion.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 30 November 2021	
2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Topical Questions (if selected)
followed by	First Minister's Statement: COVID-19 Update
followed by	Ministerial Statement: Pathways to Recovery - Update on progress and milestones for expanding access to Residential Rehabilitation in Scotland
followed by	Scottish Government Debate: Justice and the 16 Days of Action
followed by	Committee Announcements
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Wednesday 1 December 2021	
2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions: Justice and Veterans; Finance and Economy
followed by	Scottish Labour Party Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
followed by	Approval of SSIs (if required)
5.10 pm	Decision Time
followed by	Members' Business
Thursday 2 December 2021	
11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions
2.30 pm	Portfolio Questions: Education and Skills
followed by	COVID-19 Recovery Committee Debate

followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
Tuesday 7 December 2021	
2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Topical Questions (if selected)
followed by	First Minister's Statement: COVID-19 Update
followed by	Scottish Government Business
followed by	Legislative Consent Motion: Advanced Research and Invention Agency Bill - UK Legislation
followed by	Committee Announcements
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business
Wednesday 8 December 2021	
2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions: Covid Recovery and Parliamentary Business; Net Zero, Energy and Transport
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
followed by	Approval of SSIs (if required)
5.00 pm	Decision Time
followed by	Members' Business
Thursday 9 December 2021	
11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions
2.30 pm	Portfolio Questions: Rural Affairs and Islands
followed by	Ministerial Statement: Scottish Budget 2022/23
followed by	Scottish Government Business
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 29 November 2021, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*George Adam*]

Motion agreed to.

Parliamentary Bureau Motions

16:56

The Presiding Officer (Alison Johnstone): The next item of business is consideration of nine Parliamentary Bureau motions. I ask George Adam, on behalf of the Parliamentary Bureau, to move motions S6M-02252 to S6M-02259, on the approval of Scottish statutory instruments, and S6M-02260, on the designation of a lead committee.

Motions moved,

That the Parliament agrees that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 6) Regulations 2021 (SSI 2021/382) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 3) Regulations 2021 (SSI 2021/384) be approved.

That the Parliament agrees that the Coronavirus Act 2020 (Early Expiry of Provisions) (Scotland) Regulations 2021 [draft] be approved.

That the Parliament agrees that the Budget (Scotland) Act 2021 Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2021 [draft] be approved.

That the Parliament agrees that the Valuation and Rating (Coronavirus) (Scotland) Order 2021 [draft] be approved.

That the Parliament agrees that the Relevant Adjustments to Common Parts (Disabled Persons) (Scotland) Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the COVID-19 Recovery Committee be designated as the lead committee in consideration of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill at stage 1.—[*George Adam*]

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

Motion without Notice

16:57

The Presiding Officer (Alison Johnstone): I am minded to accept a motion without notice under rule 11.2.4 of standing orders to bring forward decision time to now. I invite a member of the Parliamentary Bureau to move such a motion.

Motion moved,

That, under Rule 11.2.4, Decision Time be brought forward to 4.57 pm.—[*George Adam*]

Motion agreed to.

Decision Time

16:57

The Presiding Officer (Alison Johnstone): There are three questions to be put as a result of today's business. The first is, that motion S6M-02234, in the name of Humza Yousaf, on the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament agrees to the general principles of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill.

The Presiding Officer: The next question is, that motion S6M-02167, in the name of Kate Forbes, on a financial resolution for the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3A of the Parliament's Standing Orders arising in consequence of the Act.

The Presiding Officer: I propose to ask a single question on nine Parliamentary Bureau motions. Does any member object?

No member objects. Therefore, the final question is that motions S6M-02252 to S6M-02260, in the name of George Adam, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to,

That the Parliament agrees that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 6) Regulations 2021 (SSI 2021/382) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 3) Regulations 2021 (SSI 2021/384) be approved.

That the Parliament agrees that the Coronavirus Act 2020 (Early Expiry of Provisions) (Scotland) Regulations 2021 [draft] be approved.

That the Parliament agrees that the Budget (Scotland) Act 2021 Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2021 [draft] be approved.

That the Parliament agrees that the Valuation and Rating (Coronavirus) (Scotland) Order 2021 [draft] be approved.

That the Parliament agrees that the Relevant Adjustments to Common Parts (Disabled Persons)

(Scotland) Amendment Regulations 2021 [draft] be approved.

That the Parliament agrees that the COVID-19 Recovery Committee be designated as the lead committee in consideration of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill at stage 1.

The Presiding Officer: That concludes decision time.

Mouth Cancer Action Month 2021

The Deputy Presiding Officer (Annabelle Ewing): I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The final item of business is a members' business debate on motion S6M-01700, in the name of David Torrance, on mouth cancer action month 2021. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises that November 2021 is Mouth Cancer Action Month; acknowledges the work of the Mouth Cancer Foundation and the Oral Health Foundation in raising awareness of mouth cancer; understands that mouth cancer is the sixth most common cancer worldwide, with over 8,300 new cases diagnosed in the UK each year; believes that nine out of 10 mouth cancer cases could be prevented by adopting lifestyle changes; understands that, while mouth cancer is twice as common in men than women, an increasing number of women are also being diagnosed with the disease; welcomes the increased education of the risks, signs and symptoms of mouth cancer, in order to encourage everyone to discuss these with their dental professional, and commends the efforts of all organisations and campaigners that continue to raise awareness of mouth cancer and aim to make a difference by saving thousands of lives through early detection and prevention.

17:01

David Torrance (Kirkcaldy) (SNP): I thank all my colleagues who signed the motion, enabling me to bring to the chamber this debate on mouth cancer action month 2021. I also say a heartfelt thank you to Barbara Boyd, who is a trustee of Let's Talk About Mouth Cancer, which is a Scottish charity that was set up by a group of healthcare professionals with the aim of improving the prognosis for patients who are diagnosed with mouth cancer. The charity is dedicated to spreading awareness of the condition, and of the signs and symptoms and associated risk factors, and it aims to equip the public with the knowledge to facilitate self-examination and to encourage early presentation to healthcare professionals. Barbara is a patient champion for the charity, and a mouth cancer survivor. She is described by the rest of her team as a force to be reckoned with, and, having met her, I can confirm that that is true.

Shortly after moving into my constituency, Barbara came to see me, and I was privileged to hear her story and learn more about the charity's work. She is a retired physical education teacher, and she told me that she did not know much about the condition until 2019, when she was diagnosed with tongue cancer. Thankfully, it was caught early and her treatment was successful, but she will require significant surgery and rehabilitation. Since

her recovery, she has gone on tirelessly to campaign and educate others about the symptoms. Simple self-examination, and a basic knowledge of the symptoms that are associated with the condition, can mean the difference between life and death. Although anyone—even those with healthy lifestyles, like Barbara—can develop mouth cancer, nine out of 10 mouth cancers can be attributed to particular lifestyle factors that could potentially be prevented.

There is evidence to suggest that people who have certain habits or infections are at increased risk of developing the condition. Those include smoking, as around 65 per cent of mouth cancers are associated with smoking, and drinking alcohol, as around 30 per cent of mouth cancers are associated with alcohol intake. Drinking and smoking together can mean that mouth cancer is up to 30 times more likely to develop. A poor diet that is low in fruit and vegetables, poor oral hygiene and infection with human papillomavirus are all associated with mouth cancer. We also know that social deprivation and low socioeconomic position can play a role, and people from deprived communities in Scotland are twice as likely to die from oral cancer.

Dentists and their teams continue to have a vital role to play in ensuring that oral cancers are detected early, and we all have a duty to work together to ensure that the effects of the pandemic do not allow the inequalities gap to increase. The majority of deaths from mouth cancer occur because of late detection as a result of low public awareness of the signs, symptoms and risks. Early detection is key to improving survival rates for those who contract oral cancers, which means that dental attendance, and accessing dental treatment, is vitally important.

"The Scottish Health Survey: 2019 edition", which was published last year, showed oral cancer to be

"the oral condition of greatest concern due to its seriousness and increasing incidence."

It went on to say:

"Head and neck cancer, of which oral cancer and"

throat

"cancer are types, account for around 3% of total cases of cancer in the UK."

In addition, it stated that somewhere in the region of

"530 people per year are diagnosed with oral cancer in Scotland".

In September this year, the Health, Social Care and Sport Committee, of which I am a member, invited a number of witnesses representing national health service stakeholders to provide evidence to help inform what the committee's agenda for the coming years will look like.

One of those witnesses was Donald Morrison of the British Dental Association, who gave evidence on behalf of the dental profession and outlined the challenges facing dentists and patients in Scotland. During the session, he talked about the knock-on effect that he believes the backlog across primary and secondary dental care, which has been caused by the pandemic, will have on oral health inequalities, as well as on early detection and survival rates for oral cancer. He stressed that, for health professionals,

"one of the most important things ... is that oral cancer is one of the cancers that is picked up asymptomatically"

or "through regular screening." He went on to say that although

"The treatment of the cancer in its early stages is relatively simple",

its after-effects can include

"disfigurement and quite drastic and difficult surgery."—[*Official Report*, *Health, Social Care and Sport Committee*, 21 September 2021; c 41.]

The condition and its treatment can cause several complications, including changes to the appearance of the mouth, difficulty in swallowing and speech problems.

It cannot be denied that the pandemic has had a massive effect on the sector. It was reported that there were as many as 3.5 million missed dental appointments last year. We must help our dental services to recover and clear the patient care backlog, to which end I am pleased to see the Government's commitment to moving forward with NHS dental recovery, and that it is supporting the sector to build back to pre-pandemic level activity. I believe that the additional funding of up to £12.5 million that has been made available to NHS dentists to enable them to remobilise services and see more patients, and help them to meet safety standards, alongside the removal of all dental charges for young people, represents a clear commitment in that regard. The Scottish Government is committed to scrapping NHS dental charges for everyone in Scotland, and removing them for everyone aged under 26 is the first step in that journey. The removal of those charges means that 600,000 young people now benefit from free dental care.

All those measures are important because mouth cancer does not discriminate—we are all at risk of being affected. We all know that early detection is key. By spotting the signs and symptoms early, we can prevent some cases from happening and improve early diagnosis rates. Self-checking for mouth cancer takes just two minutes, but it could save your life or the life of someone you know. If we all know what is normal

for each of us, we are better placed to spot changes more quickly and seek early help. I urge everybody to join the British Dental Association, the Mouth Cancer Foundation, Let's Talk About Mouth Cancer, the Oral Health Foundation, our dental professionals and all the Barbaras out there in helping us to raise awareness of the signs, symptoms and risks and encourage self-examination.

17:07

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in the mouth cancer action month debate, and I congratulate my colleague David Torrance on bringing it to the chamber. He has already done an excellent job in highlighting the issue. Mouth cancer action month is Scotland's biggest charity campaign for mouth cancer awareness, and it is organised by the Oral Health Foundation. During November, mouth cancer action supports thousands of people to go out into their communities to raise awareness of mouth cancer and share the important message of being mouth aware. That is especially important right now, as we move through and out of the pandemic. I thank all the staff and volunteers for all that they do to raise awareness of, and support those with, mouth cancer.

Each year, on average, 530 people across Scotland are diagnosed with mouth cancer. Between 2014 and 2018, 2,360 people died of cancer of the mouth. However, that does not have to continue to be the case. According to research from the University of Edinburgh, early detection results in a survival rate of roughly 90 per cent for people with oral cancer, in comparison with a 50 per cent survival rate when diagnosis is delayed.

It is important, therefore, that regular checks take place, which includes checking the inside of the mouth for any lumps, bumps, red or white patches and any sores or ulcers. People sometimes cannot even feel that there are problems, as they are not always obvious. The advice is to use a mirror to help with checking gums, tongue, and cheeks. Over the past 30 years, I have participated in many oral cancer surgeries in my work as an operating theatre nurse, and many of those operations were really challenging and difficult. If symptoms are found, and if they occur for more than two weeks without improvement, people should make an appointment to see their general practitioner or dentist. For this month, the message is, "If in doubt, get it checked out", as detecting the symptoms early may save your life.

Minimising risk factors is also crucial to reducing the incidence of mouth cancer in Scotland. Around 65 per cent of mouth cancers are associated with smoking; 30 per cent with alcohol intake; and around 56 per cent with a poor diet. Stopping smoking, ensuring responsible alcohol intake and promoting the benefits of a healthy diet are really important. I therefore welcome that the Scottish Government is proceeding with its work on the Good Food Nation (Scotland) Bill, minimum unit pricing of alcohol and the extension of funding to NHS boards to support stopping smoking, as all those steps are very important.

I want to briefly mention lichen planus, which is an inflammatory disease of the skin that can also occur inside the mouth. Although researchers do not know the exact cause of lichen planus, we know that it is a non-infectious disease, and it is classified as an autoimmune disease. Autoimmune diseases occur when the body's defence system—our white blood cells that usually fight off infections—instead attack parts of the body. Oral lichen planus that appears as white spots or fine lines is probably not related to mouth cancer but, in about 40 per cent of cases, a more serious type develops. That erosive lichen planus causes painful sores and ulcers in the mouth.

Research by the University of Oxford shows that around 5 per cent of people who experience that type of lichen planus develop oral cancer. That was the case for a close friend of mine who had what she thought was a simple sore and raw mouth. Her perseverance in dealing with what she thought were wee white ulcers led to a delayed diagnosis of oral cancer. Following a partial glossectomy—removal of her tongue—she then had a tracheostomy and a gastric feeding tube inserted. She endured so much and ultimately did not survive, due to complications from the interventions and treatment.

I mention that to show the importance of raising awareness and self-checking, and the utmost importance of the role that dentists can play in assessing and diagnosing oral sores, ulcers or abnormalities. We should remember that early diagnosis can lead to 90 per cent survivability and that it gives the best possible chance that treatment will work. I ask the minister to support measures to raise awareness of oral cancer and the risks of lichen planus, and to support the continued research that is needed into that condition.

17:11

Craig Hoy (South Scotland) (Con): I thank David Torrance for lodging the motion and for bringing mouth cancer action month to the Parliament's attention. I also thank the Oral Health Foundation for its efforts to raise awareness. Many fantastic charities provide support and guidance for those with mouth cancer, including Macmillan Cancer Support and the Mouth Cancer Foundation, as well as local cancer support

organisations such as the cancer support network in East Lothian, in my region.

A mouth cancer check can be done at home. One minute is all it takes for people to check themselves for mouth cancer. That is a minute to potentially save their own life or a member of their family's life. Currently, over 500 new cases of oral cancer are diagnosed each year in Scotland, which is significantly higher than the comparable figure for the United Kingdom as a whole. We have already heard that most cases of mouth cancer are preventable and that, if it is identified early enough, it can be stopped.

Despite that, and despite Scotland having the highest rate of mouth cancer in the UK, the Scottish public have lower exposure to awareness materials about mouth cancer than people in any other part of the UK. Around nine in 10 Scots cannot recall ever seeing any public health messages on mouth cancer, which is significantly worse than the figure for the UK as a whole.

That is why the Government needs to do more to focus on awareness. It truly is one of those areas where the Government should put its money where its mouth is. Ministers have admitted that there is a need for funding to expose the public to campaign messages about public health continuously over time. Those messages act as a way to reduce health inequalities, raise awareness of important health issues and improve patient outcomes. Mouth cancer is one area where more could and should be done.

I appeal to the minister to look again at the Government's support for national health service dentistry after the Covid pandemic. We know that dentistry is about more than drilling and filling. Dentists play an important part in screening for a wide range of conditions, and lockdown will have stored up problems for the nation's oral health. Reports of a mass exodus of NHS dentists should be a cause for concern and are pertinent to the debate, given the important role that dentists play in tackling and detecting mouth cancer.

In the Parliament, we have the power to make a difference and to make the public aware of the risks of, for example, excessive drinking and smoking, and their contribution to mouth cancer and other cancers. We can also play a role in raising awareness of mouth cancer action month and of what we can all do to check ourselves for mouth cancer. If in doubt, get it checked out. We need to make NHS dentistry easier to access for more people so that we can maximise professional screening.

The debate is an opportunity to raise the profile of the symptoms of mouth cancer and other cancers and to encourage greater fundraising and funding where possible. Together, we can make a difference. We can help to reverse the shocking trend of oral cancer in Scotland and ensure that fewer of our constituents suffer the pain of losing a loved one to this dreadful disease.

17:15

Carol Mochan (South Scotland) (Lab): I thank David Torrance for bringing the topic to the chamber for debate. On behalf of Scottish Labour, I recognise mouth cancer action month and acknowledge the crucial work of the Mouth Cancer Foundation and Oral Health Foundation in raising awareness of mouth cancer.

The NHS advises that we cannot be certain what triggers the DNA changes that lead to mouth cancer but makes it clear that smoking and alcohol consumption are the leading causes of the disease in the United Kingdom. That highlights a further need to reinforce messaging regarding smoking and alcohol intake.

I appreciate the task that is ahead of us but, too many times, we discuss in the chamber the impact of conditions and life-threatening diseases that have avoidable causes. We must match our words with definitive action. There are clear links between the intake of the harmful products that I mentioned and life-threatening illness. We must go further in our efforts to reduce that impact.

I welcome the Scottish Government's plan to create a smoke-free generation by 2034 but we must act with greater purpose and, indeed, urgency to address the prevalence of smoking, particularly in deprived areas, where it is at its highest. Only by doing so will we start to weaken the link between deprivation and serious ill health or, in fact, early death.

In short, much more has to be done to address Scotland's significant health inequalities. I will continue to raise that point in the chamber, as I am sure members can imagine. I hope that the minister appreciates—I know that she does—that the need for action is urgent because some communities, including ones that I represent in South Scotland, are disproportionately impacted by those factors.

Moreover, a significant problem that we face when seeking to raise awareness of conditions and illnesses such as mouth cancer is a lack of knowledge surrounding the early symptoms and when to seek medical attention. Emma Harper raised that. The NHS advises that the most common symptoms of mouth cancer are:

"sore mouth ulcers that do not heal within several weeks ... unexplained, persistent lumps in the mouth that do not go away"

and

"unexplained, persistent lumps in the lymph glands in the neck that do not go away".

It is crucial that we highlight those symptoms in the Parliament. I have repeated them so that people are aware of them because, if they are caught early, a complete cure is possible. According to some research, that can be done using surgery alone in nine out of 10 cases of mouth cancer.

The importance of early detection cannot be overstated. It can increase the chances of survival by 50 per cent to 90 per cent. That is why it is crucial that any changes to an individual's mouth are reported to a dentist or doctor if they remain for longer than three weeks.

We must commend the work of the Mouth Cancer Foundation and other organisations but, more importantly, we must act with purpose to spread their message further and ensure that the symptoms of cancer—of which there are more than 8,000 new cases a year in the UK—are well known and prominent throughout the country.

I reaffirm a key point that I have made in previous debates and that other members have made: despite being under pressure and strain, and despite the difficulties that the pandemic has imposed on it, the NHS is still functioning and people should make contact with their general practitioner and dentist whenever they feel that they need to. The reduction in the early detection of cancers has been one of the most devastating impacts of the pandemic and, as a result, lives will be lost. However, as we hope to turn a corner and continue our progress, it is crucial not only that the Government addresses the urgent cancer backlogs but that people feel that they can come forward.

I thank members for participating in the debate and commend the work of mouth cancer action month.

17:19

The Minister for Public Health, Women's Health and Sport (Maree Todd): I thank David Torrance for bringing the motion to the chamber, and I thank my colleagues for their important contributions. It is a great opportunity to reflect on what we have achieved so far and what further work there still is to do. Unfortunately, oral cancers continue to be prevalent throughout Scotland, which has more cases per head of population than any other UK nation. The incidence rate in Scotland is expected to rise by 37 per cent in the next 20 years.

Raising awareness of mouth cancer and its common symptoms, which have been outlined by members, is absolutely crucial in detecting the cancer early. We know that the earlier that cancer is detected, the easier it is to treat. That is why we continue to invest in our £44 million detect cancer early programme, with an additional £20 million committed over the parliamentary session. The programme has traditionally focused on bowel, breast and lung cancers, but head and neck cancers have been added to it recently. As a result, a number of projects have been funded through DCE to date.

In recognition of the importance of primary care clinicians in finding cancer early, a clinical review of the Scottish referral guidelines for suspected cancer was completed and updated guidelines were launched in early 2019. Eight pathways were part of the refresh, including head and neck cancers. One key change emphasised the important role of dentists in recognising and referring patients.

During the pandemic, referral rates in cases of urgent suspicion of cancer fell below pre-Covid levels. In order to increase that rate, public awareness campaigns and messaging have run throughout the pandemic to encourage those with possible cancer symptoms to seek help. I encourage any individual who might be experiencing common symptoms of mouth cancer to present to their GP or dentist. Regular self-examination is absolutely vital. If you find anything concerning, it is important to get it checked out and it would be a reason to make sure that you see a dentist early. This week, the Let's Talk About Mouth Cancer charity launched a helpful self-examination video to explain the approach to being mouth aware.

Despite prioritising cancer patients throughout the pandemic, the dental sector has been disproportionately impacted by it. Pre-Covid levels of patient volume are currently not achievable, with physical distancing and other health protection measures in place, yet dental care is a key component in our fight to identify oral cancers early, and it is essential that we support our NHS dental teams.

From February 2022, we will bring in new and increased fees for dentists for a range of treatments, supporting them in their efforts to clear the backlog that has built up during the pandemic. That includes a new enhanced examination for all patients, adults and children that will incorporate a more extensive oral health assessment, which will drive NHS care in a more preventative direction. In fact, the enhanced mouth examination that is being brought in will enable a discussion between the dentist and patient on risk factors for mouth cancer.

The Scottish Government is committed to improving oral health in our most deprived communities through the success of prevention-based oral health programmes, and we have

made a commitment to abolish all NHS dental charges in this parliamentary session. We have also provided £50 million of financial support payments throughout the pandemic, and an additional £30 million-worth of personal protective equipment to ensure that the NHS dental services emerge well-placed to care for the oral health of the whole population.

Not only is it important for those with symptoms to come forward; it is equally important for us to change our lifestyles in order to prevent mouth cancer. There are clear inequalities in the burden of oral cancer, with those from our most deprived communities having substantially higher incident rates. Tobacco, alcohol consumption and socioeconomic status are key risk factors. Smoking and alcohol have been shown to have an attributable risk of 61 per cent in relation to oral cancer.

Our 2018 action plan commits us to interventions and campaigns aimed at discouraging smoking. In 2022, we will introduce an offence of smoking near hospital buildings. We will also continue to promote our free stop smoking services. Our social media and marketing campaigns are aimed at communities with high prevalence of smoking in a bid to reduce the inequalities. We have also committed to a refreshed tobacco action plan, which will include several new actions and interventions, as we continue towards our goal of raising Scotland's tobacco-free generation by 2034.

In the past, we have taken bold action to combat alcohol-related harms by banning irresponsible promotions and lowering the drink-drive limit. Our refreshed 2018 alcohol framework builds on a decade of progress and sets out 20 further actions. Those drinking at harmful levels are more likely to fall ill or die from alcohol-related harm if they live in the most deprived areas of Scotland than those who live in the least deprived areas.

We continue to take a whole-population approach when it comes to reducing alcohol consumption and the risk of alcohol-related harms. Despite delays caused by the pandemic, I can confirm that a review of the level of minimum unit price to build a robust evidence base is now under way. We are also determined to cut down on the volume of alcohol marketing that young people are exposed to, which is why, in 2022, we will consult on a range of proposals to restrict alcohol marketing in Scotland.

Lastly, I want to touch on the human papillomavirus vaccine. The vaccine provides protection against four HPV types, including the high-risk type 16, which is strongly implicated in oral cancers. We are now offering both doses to all males and females starting in secondary 1, with very high uptake rates.

Alongside our work, the Scottish Government works closely with a number of organisations to raise awareness of mouth cancer, such as the Oral Health Foundation and the Mouth Cancer Foundation. All those partners are key contributors in raising awareness and support for those suffering from or at risk of oral cancers, as well as providing assistance, education and information to those who need it most. The work that they do is invaluable, and I take this opportunity to acknowledge and thank all those involved. It is also appropriate to acknowledge the continued hard work of our health workers, who throughout the pandemic have continued to provide quality care and attention to those who have suspected cancer.

As we have heard this evening, along with all of us here, the Scottish Government is committed to increasing awareness of mouth cancer and improving cancer patients' experience and outcomes. I thank all our partners that help us in achieving those goals. Together we can improve and achieve our ambitions.

Meeting closed at 17:26.

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

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
Pàrlamaid na h-Alba