



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament (Hybrid)

Thursday 19 May 2022

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

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

Thursday 19 May 2022

CONTENTS

	Col.
GENERAL QUESTION TIME	1
Heart Valve Disease	1
New Housing (Town Centre First Approach).....	2
Wellbeing Economy (Support for Households)	4
Multi-establishment Leadership in Schools (North Lanarkshire Council).....	4
Online Teaching (Comhairle nan Eilean Siar).....	6
National Health Service Dental Patients (East Dunbartonshire)	7
State Aid Rules.....	8
FIRST MINISTER'S QUESTION TIME	10
ScotRail (Disruption to Services).....	10
ScotRail (Disruption to Services).....	15
Northern Ireland Protocol	18
Aberdeenshire Council (WhatsApp Messages).....	18
2022 Census.....	19
Big Plastic Count	19
National Health Service Workforce (Health and Wellbeing).....	20
People with Advanced Dementia (Residential Social Care Costs)	22
Oil and Gas Fields	24
Train Drivers (Industrial Action)	26
UNION CANAL: 200TH ANNIVERSARY	29
<i>Motion debated—[Fiona Hyslop].</i>	
Fiona Hyslop (Linlithgow) (SNP)	29
Graham Simpson (Central Scotland) (Con)	32
Gordon MacDonald (Edinburgh Pentlands) (SNP).....	33
Sarah Boyack (Lothian) (Lab).....	34
Bob Doris (Glasgow Maryhill and Springburn) (SNP)	35
Alexander Stewart (Mid Scotland and Fife) (Con).....	38
Michelle Thomson (Falkirk East) (SNP)	39
Stephen Kerr (Central Scotland) (Con)	40
The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie).....	42
PORTFOLIO QUESTION TIME	46
RURAL AFFAIRS AND ISLANDS	46
Regional Food Fund	46
Seafood (Support)	48
Farming (Technological Advances).....	50
Islands (Population).....	51
Remote and Rural Communities (Lothian)	52
Post-Brexit Border Checks (Impact on Agriculture and Food and Drinks).....	53
Croft House Grant Scheme (Western Isles).....	55
LONG COVID	57
<i>Motion moved—[Humza Yousaf].</i>	
<i>Amendment moved—[Sandesh Gulhane].</i>	
<i>Amendment moved—[Jackie Baillie].</i>	
<i>Amendment moved—[Alex Cole—Hamilton].</i>	
The Cabinet Secretary for Health and Social Care (Humza Yousaf)	57
Sandesh Gulhane (Glasgow) (Con)	62
Jackie Baillie (Dumbarton) (Lab)	66
Alex Cole-Hamilton (Edinburgh Western) (LD)	69
Evelyn Tweed (Stirling) (SNP).....	72
Brian Whittle (South Scotland) (Con)	74
Emma Harper (South Scotland) (SNP)	76
Mark Griffin (Central Scotland) (Lab).....	79
John Mason (Glasgow Shettleston) (SNP).....	80
Gillian Mackay (Central Scotland) (Green).....	84

Craig Hoy (South Scotland) (Con).....	86
Stephanie Callaghan (Uddingston and Bellshill) (SNP)	88
Pam Duncan-Glancy (Glasgow) (Lab).....	91
Alex Cole-Hamilton	93
Carol Mochan (South Scotland) (Lab)	95
Sue Webber (Lothian) (Con)	98
The Minister for Public Health, Women’s Health and Sport (Maree Todd)	101
DECISION TIME	106

Scottish Parliament

Thursday 19 May 2022

[The Presiding Officer opened the meeting at 11:40]

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time. In order to get in as many members as possible, I would be grateful for short and succinct questions, and responses to match.

Heart Valve Disease

1. Douglas Lumsden (North East Scotland) (Con): To ask the Scottish Government whether it will provide an update on which of the key recommendations it is looking to progress from the report “State of The Nation: Heart Valve Disease in Scotland” by Heart Valve Voice, which was released in December 2021. (S6O-01110)

The Minister for Public Health, Women’s Health and Sport (Maree Todd): The report by Heart Valve Voice made recommendations on the need to collect standardised data, develop optimal patient pathways and improve access to echocardiography, all of which reflect the strategic priorities that are outlined in our heart disease action plan.

Of particular note is the progress that is being made by Public Health Scotland on delivering the Scottish cardiac audit programme. We have committed more than £1.5 million over five years to support transformative change in the use of data to drive improvement in cardiac services. In 2021, we provided funding for a project that seeks to improve access to echocardiography. We are working closely with the centre for sustainable delivery to utilise the learning from that project to support improvements across Scotland.

Douglas Lumsden: Later this year, I will visit Aberdeen royal infirmary to witness a transcatheter aortic valve implantation—TAVI—procedure being performed. I invite the minister to join me if she wishes to do so. TAVI is less invasive than traditional heart surgery, but in Scotland there is currently a cap of 400 such procedures per year, and we are lagging behind the rest of the United Kingdom in that area. Will the minister commit to reviewing the cap? Will she also join me at a round-table event involving the Heart Valve Voice charity?

Maree Todd: I think that I will be up in Aberdeen next month. I will be more than happy to visit ARI at any time.

Douglas Lumsden is right. TAVI is provided at three regional centres across Scotland—in Glasgow, Edinburgh and Aberdeen—with regional referral pathways in place. The national planning board maintains an overview of TAVI activity in Scotland and considers available evidence to support decision making around the rate of such procedures in Scotland. I am confident in that process.

If Mr Lumsden would like to write to me about the round-table event that he is planning, I will certainly consider his invitation. I assure him and the folk at Heart Valve Voice that tackling heart disease is a high priority for us in Scotland and we are determined to improve action on the issue.

New Housing (Town Centre First Approach)

2. Colin Smyth (South Scotland) (Lab): To ask the Scottish Government what action it is taking to support a town centre first approach to the development of new housing. (S6O-01111)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Our joint response with the Convention of Scottish Local Authorities to the town centre action plan review outlines actions to embed a town centre first approach. It includes a call to action and sets out ways in which we can all play our part in rebuilding, re-energising and reimagining our towns. We are fully committed to the town centre first principle and continue to engage with partners on it. The principle influenced the development of our draft national planning framework 4 and “Housing to 2040”, both of which will help to deliver more town centre living.

Colin Smyth: The recommendations in those documents are certainly very welcome, particularly the proposal for a new fund to bring empty properties back into use. However, does the cabinet secretary accept that one of the real problems for social landlords, for example, is that developing a brownfield site is more expensive than developing a greenfield site? Therefore, when it comes to allocating funding for new housing, a bias towards additional funding for those more expensive brownfield sites is needed in order to attract social landlords to build their housing in town centres rather than on a greenfield site, which is the cheaper option.

Shona Robison: I recognise some of the issues that the member describes. It depends on the site. Some brownfield sites have flooding or decontamination issues, but not all do. It is right that we encourage development and, in particular, that we encourage social landlords to develop on brownfield sites, so we will obviously do what we can around that.

It is important to recognise that there is already a commitment on place-based investment programme funding, which is backed by £325 million during this parliamentary session. We also have vacant and derelict land funding, which includes the £50 million low-carbon vacant and derelict land investment programme.

The fourth national planning framework—NPF4—will also help with town centre living. Post-pandemic, there may also be an opportunity to repurpose some commercial and retail properties in town centres, which will obviously help with the affordable housing supply programme. I am happy to keep speaking to the member about these matters.

Fiona Hyslop: “At the Heart of Economic Transformation: Report of the City Centre Recovery Task Force, 2021-22” has some useful and welcome suggestions on restoring domestic living that have a good read-across to support for housing in our town centres. For example, the nine recommendations in chapter 4 of that report include some that relate to “taking on challenging sites”, “brownfield development” and “flexible planning”. Can the cabinet secretary advise which of the nine proposals regarding residential living in city centres could be readily applied to town centres? Will the Scottish Government commit to looking at those recommendations in relation to town centre housing development?

Shona Robison: Yes, absolutely. Again, I am very happy to keep Fiona Hyslop appraised as Tom Arthur, who has responsibility for many of the issues, and I consider those matters.

Our second town centre action plan outlines actions to embed the town centre first approach. It is absolutely critical that we join the dots across all elements of Government policy, not least our net-zero ambitions.

I am happy to keep Fiona Hyslop appraised of developments as we move forward on the recommendations.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): The cabinet secretary referenced Tom Arthur, who recently visited Galashiels and Penicuik town centres, in my constituency, where he saw the work of local people. Will the Scottish Government liaise with local development trusts such as Energise Galashiels, which are looking at repurposing commercial properties for domestic use?

Shona Robison: I am aware of Tom Arthur’s visit, and Christine Grahame makes an important point. I am very happy to commit to liaise with local organisations, which know the opportunities in their areas better than we do. It is important that we try to ensure that we take the opportunity to create more affordable housing in our town

centres, which also helps with their regeneration. As I said, we need to join the dots across various policies. Again, I am very happy to liaise with Christine Grahame about those matters.

Wellbeing Economy (Support for Households)

3. Ariane Burgess (Highlands and Islands) (Green): To ask the Scottish Government how it can support households with the cost of living crisis through a wellbeing economy approach. (S6O-01112)

The Cabinet Secretary for Finance and the Economy (Kate Forbes): Scotland’s national strategy for economic transformation sets out the vision for a wellbeing economy in which society thrives across economic, social and environmental lines. However, we know that households and businesses across the country are feeling the cost of living, which is why we are doing all that we can to help those who are most in need. We are investing almost £770 million per year in cost of living support, including through a range of family benefits that are not available elsewhere in the United Kingdom. We are doubling the Scottish child payment, mitigating the bedroom tax and increasing Scottish benefits by 6 per cent.

Ariane Burgess: Boris Johnson recently said that we cannot spend our way out of the cost of living crisis, and that, instead,

“We need to grow our economy”.

However, economic growth alone has not brought benefits for everyone. Even before the recent crisis struck, many in the Highlands and Islands could not afford to heat their home or buy enough healthy food. What can the Scottish Government do to put the wellbeing of people and planet above growth for growth’s sake?

Kate Forbes: The member raises an important point. We both share constituents in the Highlands and Islands, and I know too well the issues that are faced in the area. The UK Government holds most of the powers that are needed to tackle the cost of living crisis, but so far it has failed to take the urgent action that is needed to provide help to hard-pressed households across the Highlands and Islands. We will continue to press the UK Government to take more action, but it is about time that it did take action for an area where much energy is produced, yet where no assistance or support with energy bills is provided.

The Presiding Officer: Question 4 was not lodged.

Multi-establishment Leadership in Schools (North Lanarkshire Council)

5. Fulton MacGregor (Coatbridge and Chryston) (SNP): To ask the Scottish

Government what discussions it has had with North Lanarkshire Council regarding the proposed implementation of a multi-establishment leadership model in schools. (S6O-01114)

The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville): The deployment of headteachers in local authority schools in Scotland is a matter that is reserved to individual councils. As part of their work to organise schools in their area in the most efficient and effective way possible, it is important that the quality of school leadership is maintained.

As such, I am keen to ensure that any proposed changes to school leadership structures are made primarily for educational reasons. I therefore asked officials to engage directly with local authorities, including North Lanarkshire Council, that are considering changes to school leadership structures, in order to understand the rationale for their proposals. My officials have engaged with officers from North Lanarkshire Council on that issue and will continue to do so as appropriate.

Fulton MacGregor: The cabinet secretary will be aware that the multi-establishment leadership model that has been proposed for Chryston primary school and Chryston high school in my constituency has been met with widespread opposition from parents and politicians. The community very much feels that the issue has not been consulted on to a significant level, and, tomorrow, the primary school will have been without a headteacher for 500 days. What further engagement should North Lanarkshire Council have with the community before implementing such a drastic and radical change?

Shirley-Anne Somerville: I thank Fulton MacGregor for again raising in the Parliament this issue, which is clearly a key concern for his constituents. When any change is proposed to deliver education in a different way, it is important that communities are involved throughout the process. In an empowered system, parents and carers should be involved, collaboratively, from the beginning of key policies.

In this case, North Lanarkshire Council has carried out a consultation with the affected families, and it is in the process of analysing the responses. However, I recognise Fulton MacGregor's point that many people feel that the consultation was not sufficient. They should certainly encourage North Lanarkshire Council to be aware of their concerns, perhaps through Fulton MacGregor's offices, to ensure that the council knows the strength of feeling on the issue from some of the affected parents.

Online Teaching (Comhairle nan Eilean Siar)

6. Donald Cameron (Highlands and Islands) (Con): To ask the Scottish Government what its response is to reports that the Comhairle nan Eilean Siar is planning to increase the use of online teaching. (S6O-01115)

The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville): Provision of learning and teaching is a matter for individual local authorities, which are responsible for ensuring that relevant parties are consulted and that the quality of learning and teaching is maintained.

As a key component of the national e-learning offer, e-Sgoil, supported by Comhairle nan Eilean Siar, has been invaluable during the pandemic in supporting continued access to learning and teaching in the most challenging of circumstances. As we return to more normal times, councils will wish to reflect on the lessons to be learned from online teaching and, in particular, where online learning can support subject choice and enrich and vary learner experiences.

Donald Cameron: Concerns have been raised in the Western Isles that the policy might mean that junior classes will simply have an adult present in the classroom and that senior classes will be left unsupervised while remote learning occurs. The Educational Institute of Scotland described it as

"an absolute disregard for statutory responsibilities and duties towards pupils as well as a serious undermining of the role of professional, registered teachers."

Does the Scottish Government acknowledge those concerns, and does the cabinet secretary agree that face-to-face teaching must be the priority? Where a teacher is available, they should be teaching in person rather than online.

Shirley-Anne Somerville: I thank Donald Cameron for raising the issue. In many ways, it ties in with some of the answers that I gave to Fulton MacGregor about how important it is that, when changes are made to the way in which education is delivered, that is done in a collaborative way with parents, young people and staff. Donald Cameron mentioned, in particular, the EIS local branch, and I am clear on the views of the EIS, locally.

As I said in my original answer, it is a matter for individual local authorities, but I stress the importance of all councils listening to young people, parents and staff and discussing the pros and cons of change. If it can be done in a collaborative way, that is the way in which it should be done.

Rhoda Grant (Highlands and Islands) (Lab): Having a teacher in place while pupils are being

taught, albeit remotely, means that the wellbeing of pupils is looked after. Indeed, if pupils have queries, it is really important that they have a suitably qualified teacher there with them. Will the cabinet secretary look at the issue again to ensure that every pupil is properly supported locally, as well as being able to take advantage of courses that are taught from elsewhere?

Shirley-Anne Somerville: Again, I stress that this is a matter for the councils. I recognise the important concerns that have been raised today, particularly on behalf of staff. The council has stated that the aim of its plan is to provide secondary pupils from small secondary schools with access to a greater range of subjects by sharing classes that are taught in other schools. It has been highlighted that that will enable teachers to continue to live in smaller communities while, at the same time, reaching a wider audience of pupils. The background is that the council is looking at the issue, but that should be done in collaboration with young people, parents and staff. It is, as I have said, the responsibility of the council.

National Health Service Dental Patients (East Dunbartonshire)

7. Rona Mackay (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government what support it is providing to dentists in East Dunbartonshire to allow them to take on more NHS patients. (S6O-01116)

The Minister for Public Health, Women's Health and Sport (Maree Todd): We are determined to ensure that national health service dental services emerge well placed to care for the oral health of the whole population, and we are now moving forward with NHS dental recovery. From April, we announced revised payment arrangements that reward NHS dental teams according to their activity. NHS dental contractors will receive an increased payment for work carried out, in a fair and equitable response to the current situation of Covid restrictions facing dentistry. That means that NHS dental practices will be incentivised for registering new patients.

In April, we saw that the revised payment arrangements combined with the relaxation of infection protection and control measures are having a substantial positive impact in improving access and ensuring that the sector can quickly return to more normal levels of activity and clear the backlog.

Rona Mackay: Several of my constituents in Bearsden have raised concerns that a popular local dental practice in the area has ceased providing NHS treatment and is forcing existing NHS patients on to a private monthly payment plan. In light of the Scottish Government's plans to

move to free dental care for all, can the minister confirm how dental treatment can be accessible to everyone in their local community, not just those who can afford to pay?

Maree Todd: As I have already intimated, NHS dentistry is a key part of our plan to recover NHS services. We are greatly encouraged by the dental sector's positive reaction to the relaxation of IPC conditions and the new interim payment arrangements, which I restate are having a substantial effect on patient access. For example, we saw more than 232,000 examination appointments in April, compared with a monthly average of 125,000 during the first three months of the year. That is an increase of 85 per cent in one month.

I understand that there are particular situations such as the one that the member describes, and the Government takes them very seriously. If the member wishes to provide me with further details, I would be happy to look into the situation.

State Aid Rules

8. Jamie Halcro Johnston (Highlands and Islands) (Con): To ask the Scottish Government in what circumstances it would provide support to a business in situations where legal advice stated that doing so could breach state aid rules. (S6O-01117)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): European Union state aid rules included a comprehensive pre-approval process to ensure compliance prior to any aid being given by Scottish ministers. Interested parties could challenge any award with the European Commission to determine whether any support should be deemed as illegal aid. Sole competence on illegal state aid sat with the European Court of Justice.

By contrast, the new United Kingdom subsidy control regime lacks legal certainty, as it does not have a pre-approval process, despite Scottish ministers advocating for that. The absence of such a process increases uncertainty for granting authorities, making the potential for challenge more likely, which has a detrimental effect on business support. The Scottish Government would, of course, seek to act lawfully at all times, including when providing support to businesses.

Jamie Halcro Johnston: In recent weeks, a national newspaper reported sources alleging that the Scottish Government had been advised that its deal with the GFG group for the management of the Lochaber smelter could be in breach of state aid rules. Although the Scottish Government has asserted that the arrangements are not in breach of the rules, it has not addressed the core point on whether advice to that effect had been received,

and a risk highlighted. Can the minister give a clear answer on that point? Did the Scottish Government receive advice at any stage that the arrangements that were made with the GFG group might violate state aid rules or otherwise create a legal risk for the Government in its management of the facilities at Lochaber? If so, why was that advice ignored?

Ivan McKee: The Lochaber guarantee is compliant with EU state aid rules and was approved by the Scottish Parliament Finance and Constitution Committee. The Scottish Government received independent advice in 2016, showing that the fee charged to GFG was on market terms and that the transaction overall was state aid compliant. The guarantee is compliant with EU state aid rules, because it contained no subsidy and therefore did not require EU approval. The actions taken by the Government have, of course, ensured that the operation in Lochaber continues to operate and provide jobs to people locally.

The Presiding Officer: That concludes general questions.

First Minister's Question Time

12:00

ScotRail (Disruption to Services)

1. Douglas Ross (Highlands and Islands) (Con): I begin by recognising the incredible achievement of Rangers Football Club in reaching last night's Europa league final in Seville. It was a significant achievement not only for the club, but for Scottish football. For 120 minutes, the two teams could not be separated. I know that it is difficult for a club to lose any match on penalties, but to lose a major European final on penalties will be particularly hard to take. However, I think that the Parliament can agree that Rangers did Scottish football proud last night in Seville. *[Applause.]*

When Nicola Sturgeon's Government took over the running of Scotland's railways just last month, the First Minister promised that passenger services would be "efficient", "sustainable" and "fit for the future", but in the seven weeks since the Scottish National Party took control of ScotRail passengers have faced chaos and disruption. Every day, hundreds of services have been cancelled, often at the very last minute. Will the First Minister apologise to the thousands— *[Interruption.]*

"Here we go", SNP members say. Well, yes— here we go. Will the First Minister apologise to the thousands of passengers who have faced disruption since the SNP took control of Scotland's railways?

The First Minister (Nicola Sturgeon): I appreciate the opportunity to address the rail issue. I will do so directly, but first I, too, want to take the opportunity to pay tribute to Rangers Football Club. Last night's result was heartbreaking for the team and for the club's many, many fans. However, the achievement of getting to the final was considerable. Rangers played extremely well last night—it was a gutsy performance—so, despite the disappointment that I know the team, everybody associated with it, the many fans in Seville and those who watched the match across Scotland will feel today, they should also feel extremely proud of their team. The team did Scottish football and Scotland proud last night, and I congratulate it on that achievement.

I turn to rail services. I appreciate the opportunity to address an important issue that is of significant concern to rail passengers. I say at the outset that I always express apologies to anybody who does not get the standard of service that they deserve, whether from our rail services or any other public services.

ScotRail has taken the decision to put in place a temporary timetable. That has been made necessary by the decision, as part of a pay dispute, of some drivers not to take up the option of overtime Sunday and rest-day working. ScotRail considered that issue and, in consultation with Transport Focus—which is the organisation that represents passengers—decided that a temporary timetable was preferable to unplanned cancellations. However, I stress—I make this point very strongly—that it is vital to get the timetable back to normal as quickly as possible. I expect ScotRail to review the temporary arrangements regularly: indeed, they are due to be formally reviewed on 3 June.

Two points are material in that regard. First, it is important to seek to reach an agreement—a fair agreement—on pay as quickly as possible. Right now, train drivers earn around £50,000 a year, before overtime. Notwithstanding that, this is a tough time for everyone. Everyone wants a fair pay award, but it is required that all pay awards be affordable.

Secondly, ScotRail continues to reduce the need for rest-day working through training new drivers. The training programme was interrupted by Covid, but a significant number of new drivers are currently going through training.

Therefore, I expect ScotRail to make sure that the temporary timetable is just that—temporary—and that the timetable gets back to normal as quickly as possible. I will, of course, ask the Minister for Transport to ensure that MSPs are kept fully up to date.

Douglas Ross: The First Minister said twice that she appreciates the opportunity to update members on the ScotRail issue, but it seems that she did not appreciate the opportunity to say that she is sorry. Those words did not come from the First Minister's mouth. She mentioned—*[Interruption.]* I listened. The First Minister said she will take opportunities to apologise, but did not do so.

Passengers deserve an apology, and not only for the cuts up to now. From next week, there will be even more, with 700 services being lost every day. Almost a third of services will disappear. It will be even worse on some lines—the number of services from Glasgow to Dumfries, for example, is being halved and it is the same on the Edinburgh to Tweedbank line. Dunbar station will go from having 11 ScotRail services every day to zero—none. ScotRail passengers will be left with a reduced timetable or no trains at all.

Yesterday, the Scottish National Party's transport minister could not give passengers a guarantee on when the cancellations will end. That is no wonder. Kevin Lindsay, of the train drivers

union ASLEF—the Associated Society of Locomotive Engineers and Firemen—said on Monday, of the Scottish Government's role in settling the dispute:

“Quite frankly, it's the worst negotiations I have been part of in 30 years as a union representative.”

That is a direct quote from the union. With such terrible handling of the negotiations by her Government, will the First Minister tell passengers when they can expect normal service to resume?

The First Minister: Douglas Ross often decides what he does and does not want to hear. The problem for him is that other people are listening to my answers, as well. I started my answer by saying that I always take the opportunity to apologise to any member of the public in Scotland who does not get, from a public service—whether that is the railway or any other public service—the standard of service that they have a right to expect. That includes those who are being disrupted right now because of the temporary timetable that has been put in place by ScotRail.

Secondly, for the services that are affected, this is, as I said, a temporary timetable. I expect the timetable to return to normal as quickly as possible; that expectation is being made very clear to ScotRail. I have set out the requirements for the progress that we need. First, there should be progress towards a fair but affordable pay settlement for rail workers. Secondly, ScotRail must continue to progress the training of additional drivers so that reliance on rest-day working can be reduced and, I hope, eventually eliminated.

It is worth pointing out that, last year, we negotiated with ASLEF and agreed an extension to the rest-day working arrangements. Those are in place until October 2022, so it is disappointing to see them being affected in this way. Notwithstanding that, ScotRail is focusing on the steps that need to be taken.

I want to see services going back to normal as quickly as possible. The Government will do everything that we possibly can to bring about that outcome.

Douglas Ross: The cuts will affect not only passengers: they are also devastating for businesses in our city centres, which are still reeling from the impact of the Covid pandemic and now face another lost summer.

In many places across Scotland, people will not be able to get a train after a night out. The chief operating officer of ScotRail said yesterday, before the latest cuts were announced, that protecting the first and last services was an “absolute priority”. That is a quotation from the chief operating officer.

That clearly has not happened. Let us take one example. To get the last train from Edinburgh to

the Deputy First Minister's constituency in Perth, people will not have to leave an hour or two hours earlier, but more than three hours earlier. The last train from Edinburgh to Perth is now going to be at 8 o'clock instead of 18 minutes past 11 at night.

That is just one example. On train services right across Scotland, last trains are being brought forward by hours. That will have a profound impact on businesses, restaurants, bars and clubs. I have a quotation from the Night Time Industries Association, which just this morning called the cuts to services "another cruel blow". The association goes on to say that the cuts

"will be putting at risk both Scotland's economic recovery and the future of many thousands of small businesses and jobs".

What compensation will be First Minister's Government provide for the businesses that will clearly be affected by the cuts?

The First Minister: It is very clear, and I absolutely accept, that the temporary cancellations, which have been made necessary by a pay dispute, are disruptive to individuals and to businesses. That is why it is so important that I stress, and that ScotRail works hard to ensure, that the temporary timetable is just that—temporary—and that normal service is resumed as quickly as possible. That is ScotRail's focus, and the Government will do everything that we can to support that outcome.

It is also important to note that, although it is regrettable that it is necessary, the temporary timetable is designed to give more certainty to passengers for the short term, rather than there being unplanned cancellations such as we saw at the weekend.

The cancellations are disruptive and the situation is not acceptable and must get back to normal as quickly as possible. That is why all parties must get round the table and negotiate a fair and affordable pay deal, and it is why ScotRail must continue the work that it is undertaking to train more drivers—already, more drivers are working for ScotRail than was the case in many previous years—so that reliance on rest-day working is reduced and, eventually, eliminated. That is the focus of ScotRail and of the Government.

I say to the unions that I understand that their job is to represent their members and get a fair pay deal for them, but both parties should get round the table and negotiate for that in good faith. That is what the travelling public wants.

Douglas Ross: The First Minister calls it "regrettable". She should say that to the people in Dunbar, at whose station zero ScotRail trains will stop. She should say it to the business leaders who are telling her, right now, that the cuts are

going to put at risk thousands of job and small businesses.

We should remember that Nicola Sturgeon and her Government are in charge of Scotland's railways. Just last month, at Queen Street station, the First Minister proclaimed that nationalising ScotRail was a

"new beginning"

and that it would deliver

"a railway ... for the nation",

but passengers are now paying more than ever for fares and are getting the worst service in a generation. Seven weeks in, nationalisation is already proving to be a disaster. As happened with the ferries, as soon as the Government steps in to try to sort things out, the problems get even worse.

The SNP took over the running of our rail service on April fool's day, but nat rail is no joke for Scotland's passengers. Next week there will be 700 fewer services across the country every day. Was that really the First Minister's grand vision for the railway in Scotland under SNP control?

The First Minister: Public ownership is the right arrangement to have in place. Over the long term, it will enable us to ensure that there are real improvements in our railway.

However, members should make no bones about it: regardless of whether the railway was in public hands or still in private hands, Douglas Ross, rightly and properly, would be asking me such questions, because such matters are of significance to people across the country. It was to individuals and businesses that I directed the comments in my earlier answer.

One of the benefits that we want to realise is affordable fares. However, we must not forget that fares in Scotland are already, on average, 20 per cent cheaper than they are where Douglas Ross's party is in government.

On the temporary timetable, I repeat that it is temporary. It has proved to be necessary because of the dispute. I want that dispute to be settled as soon as possible and ScotRail to continue to take action to reduce reliance on rest-day working. It is right that ScotRail focuses on that. It needs the unions to get back around the table to negotiate on pay; I hope that that will be the case.

We will continue to focus on the short-term challenges, which are regrettable for the people who use our railways, but we will also focus on building the longer-term improvements that people across the country want in our railway services.

ScotRail (Disruption to Services)

2. Anas Sarwar (Glasgow) (Lab): I start by joining others in recognising the tremendous effort of Rangers Football Club. Although the loss on penalties will hurt, the club, its staff, its players and its management should be incredibly proud of the phenomenal journey that they took the club on. It was a fantastic advert for Glasgow, for Scotland and for Scottish football.

Last month, after years of Labour campaigning, ScotRail was brought into public ownership in what Nicola Sturgeon described as “a historic moment”. I ask the First Minister whether making the biggest cuts to railways in over half a century is what she had in mind.

The First Minister (Nicola Sturgeon): Anas Sarwar says

“after years of Labour campaigning”,

but, of course, before that, there were years of Labour Governments at Westminster that failed to bring the railways back into public ownership. They also opposed the devolution of Network Rail.

However, to move back to what is, I think, the more serious issue, this is a temporary timetable. I wish that it did not have to be put in place, but it has been put in place in consultation with Transport Focus to give greater certainty, rather than having unplanned cancellations, for the—I hope—short period of time for which the revised services have to be in place.

I have already set out in my answers the work that needs to be done and the developments that we need to see, both on pay and on training more drivers, to ensure that, as quickly as possible, these services get back to normal. That is my focus and it is the focus of the transport minister, the Government and ScotRail.

Anas Sarwar: The First Minister wants to talk about what was happening when I was at school, and not what has happened in the 15 years for which she has been in government in Scotland. The reality is that there is no industrial action, and what she is talking about is relying on the good will of staff to work on their rest days to keep Scotland’s railways going.

Let us look at the facts and the reality that is facing Scotland’s passengers. At the start of 2020, there were 2,400 services a day. In the timetable that was announced in February, which was approved by the Scottish Government, that number had reduced to 2,150, which was a cut of 250. Now, in the new timetable that was announced yesterday by the Scottish Government, which owns ScotRail, that number has reduced to 1,456 services a day. That represents a cut of almost 1,000 services compared with the start of 2020. At the same time, the Scottish Government

announced an increase in rail fares in the midst of a cost of living crisis, when fuel prices are spiralling.

In 2018, Nicola Sturgeon described cancellations of up to 144 services a day as “unacceptable” and cancellations of 40 services a day as “not good enough”. She said:

“We expect—indeed, we demand—better from the rail operator”.—[*Official Report*, 20 December 2018; c 12.]

For once, Nicola Sturgeon has nobody else to blame. Why are 40 cuts a day “not good enough” when somebody else is in charge but cutting 1,000 services a day is, in the words of the rail minister, a “stable and reliable service”?

The First Minister: Of course, Anas Sarwar is, possibly deliberately, mixing up different things. I will come on to that in a second. [*Interruption.*] It is important.

First, as I believe that the record will show, I have not said that there is industrial action. There have not been ballots for industrial action and I hope that there is not industrial action, but there is a pay dispute. ASLEF has said that it is in dispute with ScotRail, and some drivers are therefore not accepting overtime or Sunday and rest-day working. That is a matter of fact.

Anas Sarwar is right to say—and I have already said this several times today—that we do not want ScotRail to be in a position of having to rely on rest-day working. ScotRail came to an agreement with the rail unions in October last year to extend those arrangements until October this year, but there is a training programme under way to train new drivers in order to reduce the reliance on rest-day working. It was interrupted because of Covid, but it is back under way, and there will be significant numbers of drivers coming through that training programme.

I know that the changes to services in February are controversial and that members in the chamber have spoken out against them, but they were to take account of changes to travel patterns that have come about due to Covid and people’s different ways of working.

The services that we are talking about now are a temporary change. There is a temporary timetable until ScotRail gets over this short-term challenge, and I have set out today the steps that it needs to take around both pay and negotiating a fair pay settlement with the unions, and also continuing the work to train more drivers. What has been announced is a temporary timetable, and I expect it to be temporary so that those services are back to normal as quickly as possible.

Anas Sarwar: Scotland celebrated the railways coming into public ownership, which is something that Labour championed and continues to support.

However, already, due to Scottish National Party incompetence—[*Interruption.*] I remind SNP members that they repeatedly voted against nationalisation of our railways.

Already, due to SNP incompetence, 1,000 services a day are being cut, there are proposals to shut booking offices, rail fares are up, there is a refusal to rule out compulsory redundancies and industrial relations are at an all-time low. Yet again, the SNP chased the headline but will not do the work. Maybe it should employ fewer spin doctors and more train drivers.

On the same weekend that Nicola Sturgeon jetted over to the US to talk about climate change, the SNP-Green Government cut rail services—the greenest form of transport—here at home. While she, rightly, demands action on the cost of living across the UK, she ignores the impact of decisions that she makes right here in Scotland. The cost of commuting is going up. People are struggling to get to work and are unable to get home at night. Whole communities are cut off from our cities. Why do the people of Scotland continually have to pay the price of SNP failure?

The First Minister: Chasing headlines—could that be like, I don't know, saying before council elections that there will be no coalitions and then doing backroom deals with the Tories after the council elections? Could that be what Anas Sarwar is talking about? [*Interruption.*]

The Presiding Officer: First Minister, there must be no loud conversations across aisles.

The First Minister: How dare Anas Sarwar come to the chamber and talk about the cost of living crisis when his party is seeking to do backroom deals with the authors of that cost of living crisis? It is one thing for Labour to say that it has championed the renationalisation of ScotRail and supported the renationalisation of ScotRail. Unfortunately, it did not do anything about it when it had the opportunity in government.

This Government has renationalised ScotRail. Yes, there are challenges in that, and we are doing the work to address those challenges, including in the short term, in the way that I have set out. People who use the railway across our country have a right to expect that. We will continue to work with ScotRail to overcome those immediate challenges and build a better railway for the future. That is what being in government is all about; on previous performance, Anas Sarwar is still some considerable way from that.

The Presiding Officer: We will now move to general and constituency supplementary questions.

Northern Ireland Protocol

Alasdair Allan (Na h-Eileanan an Iar) (SNP): On Tuesday, the United Kingdom Government announced its intention to make unilateral changes to the Northern Ireland protocol, putting the UK in breach of international treaty obligations and threatening a full-scale trade war with the European Union, while people are suffering a cost of living crisis. Given that many businesses have warned of the damage that that could do to Scottish exporters, does the First Minister agree that it shows that there is no group of people or sector of the economy that the Tory Government is not willing to sacrifice on the altar of Brexit?

The First Minister (Nicola Sturgeon): Yes, I agree. The announcement this week from the UK Government that it is intending to legislate to enable unilateral action to override parts of the Northern Ireland protocol is deeply concerning. To breach an international treaty that was signed in good faith and hailed by the Prime Minister at the time as a “fantastic” deal is bad enough, but it could trigger a trade war with the European Union, which would have profound implications for Scotland's economy, as well as the economies of other parts of the UK.

To contemplate that action at any time would be bad, but to do so when people across the UK are facing an acute cost of living crisis is unthinkable and indefensible. I would urge the UK Government to pull back and focus instead on dialogue with EU partners and on finding durable, agreed solutions that will not heap even more misery on to individuals and businesses across the country.

Aberdeenshire Council (WhatsApp Messages)

Douglas Lumsden (North East Scotland) (Con): In yesterday's *Press and Journal*, it was reported that teachers at Aberdeenshire Council had sent degrading WhatsApp messages about pupils with additional support needs. The parents of the pupils involved have asked for greater transparency on what was shared, but so far they have had nothing. Will the First Minister join me in condemning that behaviour? Will she do everything that she can to ensure that the parents of the children involved have full access to the messages and that the council does not simply brush the matter under the carpet?

The First Minister (Nicola Sturgeon): First, let me take the opportunity to say that anyone who sends degrading messages about children with disabilities deserves utter condemnation. That is completely unacceptable and I completely understand the concerns of the parents and young people concerned. Obviously, first and foremost, this is a matter for the council, as the employer, and it is important that I do not say anything that might undermine any process that is under way.

However, I understand the desire of parents for full transparency, and I hope that the council will take full note of that.

2022 Census

Sarah Boyack (Lothian) (Lab): Given the worry that we will not see even a 90 per cent completion rate for this year's delayed census, does the First Minister agree that, in addition to encouraging people to fill out the form if they have not already done so, we need an inquiry into what went wrong, given the millions wasted, the issues of the safety of front-line staff and the pressure that was put on them and the importance of the census to the allocation of resources and the tackling of inequalities?

The First Minister (Nicola Sturgeon): The reasons why there have been challenges in terms of the completion rate are well understood—the Cabinet Secretary for the Constitution, External Affairs and Culture has set them out to the chamber—but work continues. Angus Robertson and I get daily updates on the numbers of people who are returning their census forms, and those numbers are going up. There will be no let-up in those efforts over the remainder of this month. After that date has passed, we will need to consider a number of things, a couple of which I will mention today.

First, as is the case with all censuses, work will be done to ensure that the exercise has been a credible one and that the information that was gathered is reliable. It will be appropriate to take expert advice on that.

Secondly, as we would with any exercise of this nature, work will be done to ensure that all appropriate lessons are learned, and we will do that in the best possible way.

Big Plastic Count

3. Maurice Golden (North East Scotland) (Con): To ask the First Minister how the Scottish Government is supporting households, communities and businesses to take part in the Big Plastic Count. (S6F-01111)

The First Minister (Nicola Sturgeon): It is good that people across the country are helping to draw awareness to plastic waste as part of the Big Plastic Count. It is important to lead by example and make our actions count in tackling plastic waste. That is why we have laid before Parliament regulations that ban some of the most problematic single-use plastic products; it is why we are bringing in the deposit scheme from August next year; and it is why we are introducing extended producer responsibility for packaging. Those measures will help transition Scotland to a circular

economy and will significantly reduce the impact of single-use plastic on the environment.

Maurice Golden: The Big Plastic Count is an opportunity to better understand the scale of plastic pollution in Scotland. We know that just 2 per cent of plastic waste that is collected for recycling in Scotland is recycled here. That is why I have long called for a new plastic recycling centre, ideally located in Dundee.

Last November, the First Minister agreed to consider supporting that suggestion. Will she provide an update on what progress has been made on that, and on what locations are being considered?

The First Minister: I will ask the Minister for Green Skills, Circular Economy and Biodiversity to send a detailed update on that specific point, but I agree with the member on the importance of the issue and taking action to reduce plastic waste. For example, with regard to recycling rates, waste and resources sector emissions in 2009 were more than 30 per cent lower than they were in 2011, and 73 per cent lower than they were in 1998. However, there is much more work to do, which is why all the actions that I set out in my original answer are important.

I believe that there is a considerable amount of consensus across the chamber on the need to take action and on the specific measures that we are taking. We will continue to ensure that our efforts are commensurate with the scale of the challenge.

National Health Service Workforce (Health and Wellbeing)

4. Emma Harper (South Scotland) (SNP): To ask the First Minister what action the Scottish Government is taking to support the health and wellbeing of the national health service workforce. (S6F-01100)

The First Minister (Nicola Sturgeon): Our new national workforce strategy highlights the key priority of the wellbeing of the health and social care workforce, wherever they work. In the previous financial year, we made £12 million available to support the mental health and wellbeing of the workforce. To complement help that is available at local level, we also have a range of resources, including the National Wellbeing Hub, a 24/7 national wellbeing helpline, confidential mental health treatment through the workforce specialist service and funding for additional local psychological support.

Emma Harper: I remind the chamber that I am a registered nurse.

Members of our NHS workforce in Scotland have been at the forefront of the response to the

pandemic and have shown their personal dedication, resilience and ability to adapt to meet the demands of changing healthcare. The support that the First Minister outlined is welcome, but will she commit the Government to continue to work with our NHS teams to ensure that support is person centred and responds to the needs of the workforce, and that funding will remain in place to promote positive health and wellbeing?

The First Minister: Yes, I will give those commitments. Every person who works in health and social care has been part of an incredible response during the pandemic in helping to protect the country and save lives throughout the most significant challenge that our health and social care services have ever faced. However, that has taken its toll on those who work in health and social care.

We will continue to work with leaders across health and social care and hear directly from staff to understand exactly where the current pressures are and what further actions can be taken to mitigate the impact on staff. We will overcome the challenges ahead only if we look after our most valuable asset: the people who provide care for us. Ultimately, we are seeking to embed wellbeing so that it becomes part of everyone's working life.

Sue Webber (Lothian) (Con): Tragically, two overworked Glasgow medics who worked in our NHS took their own lives last year. This week, the chair of the British Medical Association's Scottish junior doctors committee warned that overstretched medics will be killed due to the extreme pressures and workloads that NHS staff are having to cope with.

I have two questions for the First Minister. First, does she recognise that current ways of working are risking lives? Secondly, when can we expect the Scottish Government to finally implement the safe staffing legislation—the Health and Care (Staffing) (Scotland) Act 2019—that was passed unanimously by the Parliament three years ago?

The First Minister: I convey my deepest condolences to anyone who has lost a loved one to suicide. Obviously, I will not go into individual circumstances, but my thoughts are with any family in that circumstance.

It is really important that we continue to work to ensure that the mental health toll of the pandemic, and of working in health and social care generally, is properly understood and that services are put in place for those who work in those services, whatever specific job they do. The wellbeing of junior doctors is a key priority. No member of staff should feel obliged to work over their hours, and I expect NHS boards to have systems in place to manage that and ensure that staff do not work excess hours. That includes abolishing junior

doctors working for seven night shifts in a row and ensuring that no junior doctor works more than seven consecutive shifts.

On the safe staffing legislation, it is important that we have legislated in that way, and we are now working with NHS boards to ensure that the legislation is fully implemented in a safe and sustainable way.

The last point that I will make, which is not intended to take away from the challenges that healthcare staff face every single day, is that there are record numbers of people working in our NHS, and it is important that we continue to support them in the vital job that they do.

Carol Mochan (South Scotland) (Lab): Unison has contacted me to say that the workplace pressures in NHS Borders have led staff to report to their union issues including staffing levels that are dangerous for patients and staff; staff not receiving proper rest breaks; staff not being given opportunities to report serious incidents on Datix, which is the NHS electronic incident reporting system; and serious breaches of health and safety regulations. Those issues undoubtedly impact on the mental health and wellbeing of the NHS workforce. Will the First Minister intervene to support those people? Will that support include the full implementation of the Health and Care (Staffing) (Scotland) Act 2019 and working closely with trade unions to ensure the safety and wellbeing of staff?

The First Minister: We work every day with all NHS boards to support staff. That includes NHS Borders, and that work has involved monitoring workforce capacity and providing intervention where appropriate. Unplanned absence has reduced in recent weeks, and we are seeing some improvement in workforce capacity in NHS Borders. Nevertheless, significant demand-led pressure remains across the NHS as services remobilise and recover from the pandemic.

The Government will continue to do everything possible to work with NHS boards to support recovery, staffing capacity and staff wellbeing. The recently published national health and social care workforce strategy sets out exactly how we will support recovery, growth and transformation across the NHS.

People with Advanced Dementia (Residential Social Care Costs)

5. **Jackie Baillie (Dumbarton) (Lab):** To ask the First Minister what her response is to recent reports estimating that around 10,000 people with advanced dementia are paying over £50 million a year to cover their residential social care costs. (S6F-01125)

The First Minister (Nicola Sturgeon): The Scottish Government recognises the important role of residential care in meeting the complex care needs of those at more advanced stages of dementia.

Over the past two years, we have increased the free personal and nursing care weekly payment rates by more than 18 per cent. Free personal and nursing care is available to adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing it.

For those self-funding in a care home, payments will normally be made directly by the local authority to the care home operator as a contribution towards care home fees.

Jackie Baillie: I thank the First Minister for her response but it does not cover the specific issue that I am raising with her.

The First Minister will be aware of a report three years ago about care for people with advanced dementia from a working group led by former First Minister, Henry McLeish. However, little action has been taken on one of the key recommendations. We know that people with advanced dementia are having their healthcare needs classified as social care and are wrongly being asked to pay more than £50 million. If those needs were designated as healthcare needs, those people would be treated free at the point of need.

Will the First Minister act now to ensure that that unfair and unjustifiable approach is changed, so that people with advanced dementia are treated with equity and fairness, and are classed as having healthcare needs?

The First Minister: I will of course look into those matters and specifically at the suggestion that people's care needs are being wrongly designated. I recognise that that is an important point.

Henry McLeish was the First Minister who, if memory serves me correctly, introduced free personal care. Back then—Jackie Baillie will remember this—that debate recognised that it was reasonable for people to pay part of their accommodation costs, because not to do so would lead to an inequity between those in care homes and those receiving care at home, who still must pay for their own accommodation. That is what lies behind the development of the free personal and nursing care policy, but it is important that people's care needs are properly assessed and categorised.

On the suggestion that that is not happening and people are therefore paying money that, under the current policy, they should not be paying, I will ensure that the matter is looked into and the Cabinet Secretary for Health and Social

Care will respond in more detail once we have had the opportunity to do so.

Oil and Gas Fields

6. Mark Ruskell (Mid Scotland and Fife) (Green): To ask the First Minister what further talks the Scottish Government has had with the United Kingdom Government about future oil and gas fields off the coast of Scotland. (S6F-01115)

The First Minister (Nicola Sturgeon): The recent scientific reports from the United Nations Intergovernmental Panel on Climate Change have made it very clear that the global climate emergency has not gone away and that the window to act to limit warming to 1.5°C is rapidly closing.

The Scottish Government has made clear to the UK Government our position that to support our just transition to net zero, new offshore oil and gas licenses should be subject to a stringent climate compatibility checkpoint. That should extend beyond new licensing rounds to cover fields that are already consented to but not yet in production. Indeed, the need for that is supported by the UK Government's own independent advisers on the UK Climate Change Committee.

We responded formally to the UK Government consultation earlier this year, but we have not yet seen any further detail on the proposed checkpoint. The Cabinet Secretary for Net Zero, Energy and Transport restated our position to UK ministers on publication of the UK Government's energy security strategy on 18 March.

Mark Ruskell: I thank the First Minister for that crystal-clear response. Six months on from the 26th UN climate change conference of the parties—COP26—hundreds of new fossil fuel projects have been proposed globally that, if realised, will cause our mutually assured destruction from climate change.

The European Union knows that, which is why it is backing renewables through a new multibillion pound investment. In contrast, the UK Government minister Kwasi Kwarteng is fuelling the rush to climate breakdown by relabelling dirty gas as green, in an attempt to fast track developments such as Jackdaw.

Does the First Minister agree that the best way to slash energy bills is to replace gas with renewables and that the best way to isolate Putin is to insulate homes?

The First Minister: Yes, I agree with both the sentiment and the substance of that question. Notwithstanding the short-term challenges and inevitable volatilities that have been caused by Russia's despicable invasion of Ukraine, it is important for all our decisions to be consistent with

the journey to net zero, which is so necessary to safeguard the future of the planet. We must continue—and not allow to go into reverse—the progress that was made at COP26. I was discussing that very issue with the United States climate envoy, John Kerry, earlier this week, and I think that there is a recognition there, as there is here, that that momentum must continue.

The way to ensure energy security and lower energy prices, as well as safeguard the planet, is to make the shift to renewable and low-carbon sources of energy. We can illustrate that right now in Scotland by the fact that wind power is already the cheapest form of power in our energy mix. We must focus on those investments in renewables, because, for the sake of the future of the planet, the entire world must ensure that the transition happens and that it accelerates, rather than slows down.

Liam Kerr (North East Scotland) (Con): Does the First Minister not recognise that domestic oil and gas projects can help to reduce energy prices, secure energy security and secure thousands of jobs through a fair transition, and that they have a lower carbon footprint than imported supplies and thus can help to progress our journey to net zero?

The First Minister: I have spent much of this week making the point that the invasion of Ukraine creates short-term challenges that will lead to short-term decisions, but it must not take away our focus on the long-term imperative. Nobody wants to see the United Kingdom becoming more reliant on imports, which I have said in the chamber as well as other places. However, it remains the case that the way to accelerate the transition to net zero—which, as I say, is important not just for environmental imperatives but to increase energy security and reduce energy costs—is not to simply replace one source of oil and gas with another in the long term. Rather, we need to move away from fossil fuels to renewable sources of energy. The oil and gas companies recognise that too, which is why so many of them are investing in renewable energy.

Monica Lennon (Central Scotland) (Lab): After COP26, I asked the First Minister in the chamber whether Cambo should go ahead. She rightly said that it should not get the green light. Mark Ruskell is right to say that we need crystal-clear language and provisions. Ahead of tomorrow's digital day of action, is it the First Minister's position that Jackdaw should not get the green light?

The First Minister: Mark Ruskell will correct me if I am misquoting him, but he said that my answer was crystal clear. I am very clear, and I have said again today, that any new development—whether that is a new licensing round or a development that has already been consented to and is looking

for the go-ahead—has to have a robust climate compatibility checkpoint. In the absence of that, developments should not go ahead. That is very clear.

If Monica Lennon wants me to have greater ability to influence those things, then perhaps she will support those powers being transferred from the United Kingdom Government, where they currently lie, to this Government and this Parliament.

Train Drivers (Industrial Action)

7. Graham Simpson (Central Scotland) (Con): To ask the First Minister what the Scottish Government is doing to prevent future rail service cancellations due to industrial action by drivers. (S6F-01106)

The First Minister (Nicola Sturgeon): I set out at length earlier that we are supporting ScotRail to negotiate a fair pay settlement with trade unions, and also to train more drivers in order to reduce reliance on rest-day working. The service cancellations that Mr Simpson refers to are temporary and the timetable change is temporary. My focus, the Government's focus and ScotRail's focus is on getting the service back to normal as quickly as possible.

Graham Simpson: When nat rail launched on April fool's day, I speculated—

Members: Oh!

Graham Simpson: I speculated that things might not go perfectly, but—*[Interruption.]*

The Presiding Officer: Members, members. We will hear Graham Simpson.

Graham Simpson: They do not want to hear the truth, Presiding Officer.

What I did not realise was that wrecking the country's train service would become established Government policy.

Nicola Sturgeon said that she wants to get everyone around the table. That should include her own transport minister, Jenny Gilruth, who has been posted missing in all this. That is why the unions are so exasperated—*[Interruption.]*

The First Minister should speak to the unions, as I have been doing, and she would hear the same thing—*[Interruption.]*

The Presiding Officer: Members, members. We will hear Mr Simpson.

Graham Simpson: I know that this is uncomfortable for members, but we are running a railway that is completely reliant on people working on their days off. That is completely crazy.

The First Minister says that she wants the current timetable to be temporary, but I put this to her. It takes 18 months to train a driver, and we have 130 drivers to get through the system. Will she admit that it could take until at least 2024 before ScotRail is off the emergency timetable?

The First Minister: No, I do not accept that. First, however, I welcome the Tory recognition of the importance of trade unions. That is not something that we often hear.

Jenny Gilruth has met, and talks regularly to, trade unions. She will continue to do so, and we will continue to support, in all possible ways, a resolution of the issues to allow the timetable to get back to normal.

On the issue of drivers, ScotRail hopes that an additional 38 drivers will be trained by the end of the summer, with the number rising to 55 by the end of the year and to 100 after that. That work is under way.

Perhaps if Graham Simpson spent less time borrowing slogans that his leader has already used and more time actually engaging with the substance, we might have better exchanges.

Fiona Hyslop (Linlithgow) (SNP): I know that the First Minister appreciates the severity of the disruption that is affecting everyone involved, including those in my constituency of Linlithgow, where passengers were just coming back in strength to travel by train.

South of the border, the United Kingdom Government is pursuing a dispute with the rail unions for what can only be described as political and ideological purposes. Does the First Minister share my concern that events elsewhere in the UK are souring industrial relations here in Scotland, and affecting—*[Interruption.]*

The Presiding Officer: Members!

Fiona Hyslop: Does the First Minister share my concern that events elsewhere in the UK are souring industrial relations in Scotland and affecting the new beginning of public ownership of Scotland's railway?

The First Minister: It is not surprising that the Conservatives do not want to hear that, but it is surprising that Labour members do not appear to want to hear it.

The situation in Scotland is the responsibility of ScotRail, which is now a publicly owned company, so it is therefore my responsibility and the responsibility of the Government.

However, the Conservatives should be aware that there is a separate National Union of Rail, Maritime and Transport Workers—RMT—dispute right now with Network Rail and UK Department for Transport operators. That is a reserved matter,

but if it is not resolved, it will have an impact on services in Scotland, so some advice from the Conservatives to their own party as well might not go amiss.

The Presiding Officer: That concludes First Minister's question time.

Union Canal: 200th Anniversary

The Deputy Presiding Officer (Liam McArthur): The next item of business is a members' business debate on motion S6M-03839, in the name of Fiona Hyslop, on celebrating the 200th anniversary of the Union canal and its contributions to Scotland. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises the economic, environmental and social value of the Union Canal in 2022, its bicentenary year; commends the measures taken by Scottish Canals to mark this historic occasion with a year-long calendar of events; understands that this year will feature a blended programme of community activities as well as digital and in-person events that include a flotilla on 21 May, led by Scottish Waterways for All, a 20th birthday party at the Falkirk Wheel on 28 May, the EventScotland-funded Dandelion initiative taking to the water in June, and an online event inviting everyone to sign up for the Canal Challenge 200, to walk, cycle, wheel or paddle 200 times, for 200 days or 200km throughout the year across one or all of Scotland's canals; commends all the staff and volunteers at Scottish Canals for their hard work and dedication over the years in creating flood prevention measures, undertaking regeneration and youth work and preparing for a new marina at Winchburgh; further commends the work of Linlithgow Union Canal Society, which has cared for and developed the canal in the Linlithgow constituency for modern use, as well as undertaking other work, including the Millennium Project; recognises what it sees as the joy that the canal and its routes bring to the local community, and the reported increasing number of walkers, cyclists and boaters, and wishes the whole team at Scottish Canals well for all its future endeavours.

12:49

Fiona Hyslop (Linlithgow) (SNP): I am delighted to bring my members' business debate to Parliament this afternoon to mark the 200th anniversary of the Union canal, which flows through my constituency, and to celebrate its economic, environmental and social value to the communities that it connects. I have crossed the bridge at the Linlithgow canal basin almost every day for 25 years, and it is a very special place to me. I would also note the 200th anniversary of the Caledonian canal.

The celebration extends to the contribution that has been made by the many staff and volunteers who are involved in the upgrading, maintenance and championing of the Union canal, and to the boaters. I welcome those from Scottish Canals and the Linlithgow Union Canal Society who are in the public gallery today. I also thank the MSPs who signed my motion.

Our infrastructure connects us from place to place, but it also connects people. It connects communities, ideas and livelihoods, and, if done

correctly, it has the power to change the world. The Union canal is no different.

The Union canal was conceived in 1793, as part of the industrial revolution, to be a direct route for the people of Edinburgh to access cheap sources of coal from the west. It was named the Union canal because it connected Edinburgh and Glasgow. In 1813, a survey was undertaken to link the proposed canal to the Forth and Clyde canal, and construction was approved by Parliament in 1817. The 30-mile Union canal was built between Edinburgh and Falkirk in just four years, and it opened in 1822.

I also want to pay tribute to those who built the canal. The construction of the canal was hard, laborious work with horses, carts and shovels, and men lost their lives building it. It is said that the red paint on some of the canal bridges marks those deaths in constructing the canal.

The increase in use of rail and road led to a steady decline in use of the canal, and it was formally closed in 1965. It reopened in 2001 as part of the £83.5 million millennium link, and was the largest canal restoration anywhere in Britain.

I had the pleasure of attending the touching ceremony at the Broxburn basin in 2001, where the late Mel Gray, one of the founders of the Linlithgow Union Canal Society, extended a finger to connect with the finger of the captain of a boat that had travelled from Edinburgh—a dramatic moment reminiscent of "The Creation of Adam" on the ceiling of the Sistine chapel—which marked the first time in many years that boats could travel from Falkirk to Edinburgh.

The Falkirk wheel was built in 2002, reconnecting the Forth and Clyde canals for the first time in 70 years through the Union canal. This Saturday, to mark the last 200 years, we will see a flotilla of 200 boats pass through the Union canal.

It is clear that canals were the lifeblood of the past, and they firmly have a place in the future.

The Union canal supports the protection, conservation and enhancement of the biodiversity of the waterway and is an integral part of the green infrastructure that promotes sustainable active travel. Scottish Canals, working with partners on pioneering projects, is helping to combat flooding and is driving positive transformation in some of Scotland's most disadvantaged areas.

The Falkirk wheel, along with the Kelpies at Grangemouth, are two of the most significant contributors to tourism in Forth valley. They are worth £110.2 million to the local economy and support 2,000 jobs. The Falkirk wheel replaced 11 lock gates and cut the travel time between the two canals from almost 24 hours to just 10 minutes.

Both the wheel and the Kelpies are within the top 10 of Scotland's most visited attractions.

Independent research shows that spending time on or by waterways can make people happier and improve life satisfaction and social wellbeing. The Union canal towpath is regularly used by my constituents for cycling, walking and wheeling, which encourages physical health and mental wellbeing. The national cycling and walking network runs along the Union canal towpath.

The success of the Union canal would not be possible without the hard work and dedication of a number of people. I again welcome those who have joined us in the public gallery from the Linlithgow Union Canal Society and from Scottish Canals.

The late Mel Gray, whom I mentioned previously, was a driving force in revitalising the Union canal long before the millennium link project, and the education centre at Linlithgow canal basin is named in his honour. Another founding member is the formidable and remarkable Barbara Braithwaite MBE, to whom I send my best wishes. Chris Matheson, the current chair of LUCS, has been in post since last year, and I wish him well for the future in his role.

I also mention Pat Bowie, manager of Re-Union Canal Boats Ltd, which aims to encourage communities to engage positively with the canal; Richard Millar, the brains behind the Falkirk wheel and the Kelpies; Billy King, who worked on the canals for decades and has been responsible for upkeep and maintenance along the Union canal; and George McBurnie, who was instrumental in the reopening of the waterways as part of the millennium link project and has played a crucial part in the work on the Union canal for the past 40 years.

The late Ronnie Rusack MBE, owner of the Bridge Inn in Ratho, created in 1974 a floating dining experience on the canal and became chairman of the Seagull Trust. Ronnie was instrumental in the reopening of the Union canal, receiving an MBE for his efforts in bringing press and Prime Ministers alike to its banks to drum up support for it. He was also chair of Scottish Waterways for All until he passed away in 2020. That organisation itself should be commended, as should the Seagull Trust, which was formed in the 1970s to offer free boat trips along the canal for people with disabilities.

Scottish Canals, of course, is a key stakeholder in the £1 billion Winchburgh development. The Union canal is at the heart of that project in my constituency. The new canal marina includes residential houses, as well as moorings alongside, and will be an attractive and central part of Winchburgh as it grows.

Countries across the world look to Scotland for inspiration, innovation and education on many things, and our impressive canal structure is certainly one of them. They look to us because we are a nation that puts place making at the heart of our infrastructure; we put communities and people at the heart of planning.

I commend the work that has been undertaken by Scottish Canals and local groups such as the Linlithgow Union Canal Society, of which I am very proud. I look forward to working with them to ensure that the Union canal remains vibrant and accessible, paving the way for the next 200 years.

12:57

Graham Simpson (Central Scotland) (Con): I thank Fiona Hyslop for bringing the motion to the chamber. It is a very long motion, which covers a lot—but there is a lot to say.

I have not written out a speech, because I just want to say what I think about the canal. I might be the only person in the chamber—I could be wrong; we will put it to the test—who has actually cycled all the way along the canal from Edinburgh to Glasgow. If anyone else has, they can raise their hand—but it looks as though I am the only one who has done it.

Afterwards, I made the mistake of cycling back to my home in East Kilbride, which is uphill, and that rather ruined what had been a very fine day. I have done bits of the canal, as well. I really love the Union canal bit, but the Falkirk element of it is particularly special.

Fiona Hyslop mentioned the 20th birthday party of the Falkirk wheel, an incredible structure that links the two canals. If you are coming from Edinburgh, in order to get to the Falkirk wheel you have to pass through the Falkirk tunnel. It is quite long and could be quite eerie, but it is lit. It is 630m long, 18ft wide, 19ft high and it has a 5ft-wide towpath.

At one end of the tunnel, there is a plaque which tells us that the mass murderers Burke and Hare worked on the tunnel. The local interest is that Burke's mistress, Helen McDougal, was a local girl. Of course, Burke and Hare then went on to murder 16 people and sold their bodies to an anatomy school. It is thought, rather concerningly, that they also disposed of bodies in the canal, although I am sure that they are not there anymore. I mention that story because both the Union canal and the Forth and Clyde canal have a rich history.

For me, the value of the canal is in getting people out in the open air. It is such a great resource to have on so many people's doorsteps from Edinburgh to Glasgow, with the two canals

now connected. The canal is fantastic—people can walk it; I have seen people fish in it; and the great flotilla will be a marvellous sight to see this weekend.

I will end here, Presiding Officer. I thank Fiona Hyslop again. The canal has a great future, and Scottish Canals must be commended for maintaining it and keeping it going. I hope that more and more people get the opportunity to go see it and use it.

13:00

Gordon MacDonald (Edinburgh Pentlands) (SNP): I thank Fiona Hyslop for introducing the debate. The Edinburgh and Glasgow Union canal, to give it its full name, runs through my constituency of Edinburgh Pentlands—from Slateford to Kingsknowe, and Wester Hailes to Ratho in the west. The canal joined Edinburgh to the Forth and Clyde canal, thus linking Edinburgh to Glasgow and uniting the two cities.

The canal was planned by Hugh Baird so that it would follow the 250 ft contour line along its 31-mile length. The fact that it is on a level means that it has no lock gates, which makes transit along its length quicker. To achieve that, three aqueducts were required—over the water of Leith at Slateford and over the River Almond near Linlithgow and at Ratho.

The canal opened in 1822 and was initially successful, carrying minerals from the mines and quarries in Lanarkshire to Edinburgh. However, in 1842, the Edinburgh and Glasgow railway opened and the canal fell into slow commercial decline and was closed to commercial traffic in 1933, before being finally closed in 1965.

The building of the Wester Hailes estate in my constituency began in 1967, at Dumbryden. Over a mile of the canal from Dumbryden Road to Calder Crescent was filled in and a culvert piped out water through the new estate, due to concerns about child safety.

In 1994, British Waterways, after neglecting the canal for more than 30 years, decided to restore the Union and the Forth and Clyde canals to link up the west and east coasts of Scotland with fully navigable waterways for the first time in more than 35 years. There was a problem, however. The Wester Hailes section needed to be re-opened, with a new channel, new bridges and diverted roads. Work began in late 1999 and took nearly two years to complete.

During that period, as a new channel was being built, it was found that the original stone arch Hailes bridge had been buried inside the Dumbryden Road embankment in the 1960s. It

was repaired and is now in use as a footbridge over the canal.

Tomorrow, Scottish Canals will celebrate the 200th anniversary of the Union canal in Edinburgh Pentlands by organising a flotilla of canal boats accompanied by musical performances, which will travel from Lochrin basin in central Edinburgh to the Bridge 8 Hub in Wester Hailes. The aim is to celebrate the on-going commercial, social and historical value of the canal to the economy and the local community, by bringing together canal users and canalside communities in a celebration of past, present and future use of the waterway. As part of the celebrations, there will be the world premiere of “Union Caledonia 200” at Harrison park—a song that has been written to commemorate the Union and Caledonian canals’ bicentennial—as well as a variety of musical acts on and off the water.

In my constituency, Wester Hailes residents, supported by Whale Arts Agency and Edinburgh Art Festival, have organised local activities to coincide with the passing of the flotilla, including a canal trail stretching from Hailes quarry park to the Bridge 8 Hub and the Paddle cafe, with a treasure hunt, raft building, art activities with artists Pester and Rossi and a free community meal at Whale Arts.

When I came to Edinburgh in 1982, the Union canal was a neglected ribbon of water through the south-west of the city. It is now a valuable leisure space, whether one is walking, cycling, canoeing or holidaying in one of the canal boats. What a transformation in 40 years. Long may it continue.

13:04

Sarah Boyack (Lothian) (Lab): I thank Fiona Hyslop for giving us the opportunity to debate and celebrate 200 years of the Union canal. As she said in her speech, it is an incredible piece of engineering infrastructure. We must all ensure that it continues to get the investment that it needs, whether that is to keep the canal bridges usable or to make the canal navigable for canoeists and canal-boat users.

I have been interested in the Union canal as a part of our history and culture, and as a fantastic connecting route through central Scotland, since being a Central Region town planner and through my time as a minister in Donald Dewar’s Cabinet, when I was privileged to see the plans for the Falkirk wheel and to be part of the millennium project. In 1999, Donald Dewar cut the first sod of turf at the start of the project to reconnect the Forth and Clyde canal and the Union canal.

As an Edinburgh resident, I love walking and cycling beside the canal. I say to Graham Simpson that my route goes from Linlithgow to Edinburgh or

from Falkirk to Linlithgow: that is quite enough for me. The point about the canal is that we can choose our route and how long we want to follow it; it is accessible for people. That is what we celebrate today.

The canal is at the heart of the city of Edinburgh and is an incredibly popular green space. The city centre has been regenerated where we used to have an historic brewery, which, at one time, produced 2 million barrels of beer a year and was a key local employer. In recent years, we have moved on from that, with Boroughmuir high school opening in 2018, new homes having been built and the opening of cafes and art venues, including the Edinburgh Printmakers gallery.

Most recently, I have been involved in an inspiring project that was proposed by the late Chris Wigglesworth, who was a Labour councillor, geologist, church minister and community activist. He came up with the fountain for Fountainbridge project, which uses the Archimedes' screw principle for a gravity-fed fountain. We managed to get the fountain included in the development plans and proposals to provide new homes and regenerate the area, for which I thank Fountainbridge canalside initiative members and other community activists. I also thank Heriot-Watt University academics and students for their work; they took Chris's project, developed it and told us how we could implement it.

I thank all the local activists not just for their commitment and support on the fountain for Fountainbridge project but for all the work that they do in promoting access to the canal. It is a key part of our community. It is a mixed sustainable environment: it is biodiverse, it improves people's quality of life, it is socially inclusive and it gives us a wellbeing neighbourhood, which is something to celebrate—and that is just the city centre part of the canal.

Like Gordon MacDonald, I am really looking forward to tomorrow's flotilla celebration. It was organised by Scottish Canals, which I thank for all its work. I am looking forward to networking with our new councillors, our local community and local businesses.

I want us to continue to maximise the positive impact of the canal as a fantastic feature. As Fiona Hyslop's motion suggests, it brings joy to all the people and communities who use and access it. Let us hope that it continues to do that for years to come.

13:08

Bob Doris (Glasgow Maryhill and Springburn) (SNP): As other members have done, I thank Fiona Hyslop for securing this

debate to celebrate the 200th anniversary of the Union canal.

It is important to celebrate our canals not only as historical structures and visual testaments to our industrial heritage, but as thriving waterways that are increasingly being used to drive community regeneration and to provide an important amenity for communities near canal towpaths. That is certainly the case for the Forth and Clyde canal, which winds its way through my constituency of Glasgow Maryhill and Springburn. I thank Fiona Hyslop, again, for allowing me to say a little about that.

The Forth and Clyde canal was first discussed during the reign of Charles II, but work did not commence until June 1768, and the canal fully opened 22 years later. By 1775, the canal had been opened as far as Stockingfield junction in Maryhill. That is hugely significant because, later this summer, a new £13.7 million bridge will open there, funded by the Scottish Government, to complete the canal towpath network. The bridge will connect the communities of Ruchill, Maryhill and Gilshochill for the first time, and it will be the final link in completing the canal towpath.

Our canals will once again connect communities—not cut them off. I pay tribute to Scottish Canals for the work that it has done to champion improvements, and I reiterate the passion of Richard Millar, who is here today, and who Fiona Hyslop mentioned earlier.

Many members will be aware of the wonderful work that Scottish Canals has done at the Claypits reserve on the Forth and Clyde canal, the north bank of which sits in my constituency. It is Glasgow's only inner-city nature reserve; it is magnificent parkland with breathtaking views. It is also the area from which clay was extracted to line the Forth and Clyde canal more than 200 years ago. Members should visit it. Of course, they should visit the Union canal first, because it is what today's debate is about, but they should also visit the Claypits reserve, which is stunning.

However, the Claypits reserve is not just to be commended for its views and vibrant habitat, but because it benefits the communities that are on its doorstep, including Hamiltonhill and Wester Common in my constituency. The Claypits reserve is a key community asset of national significance that is right in the heart of areas that have been impacted by deprivation and associated issues for many years.

Graham Simpson: I whole-heartedly agree with Bob Doris about the Claypits. It is a wonderful area, but Sustrans and Glasgow City Council should also be commended for some of the new routes to the canal, which enable people in Bob Doris's constituency to get to it more easily.

The Deputy Presiding Officer: I can give you the time back.

Bob Doris: Mr Simpson is absolutely right, and I am pleased with his intervention. Because of time constraints, I cannot talk about all the partners that have supported that wonderful initiative, so I thank Mr Simpson for putting that on the record.

There has been an £8.8 million investment and there has been much community-led activity, just as was the case for the Union canal, as Fiona Hyslop said. Activity was community led through the Claypits local nature reserve's management group. I want to put that on the record.

Commencing this year at Hamiltonhill, where there is much derelict land because of demolitions in years gone by, more than 670 new homes, including hundreds of social and mid-market rent properties, are being built by Glasgow City Council and Queens Cross Housing Association working in partnership. The canals network being used for positive change, and the smart canal being used for flooding solutions will mean that more than 3,000 homes will be built in the area in the years ahead.

With the time that I have left, I will take members back up to Stockingfield bridge in my constituency, where I started. I encourage members to walk the towpath up there, carry on up past Cadder woods, which the council has agreed to turn into a local nature reserve—although much work still needs to be done—and head on up to Lambhill Stables, which is a wonderful community anchor facility. If members do not want to walk that far, they should stay in the Maryhill area and go to Maryhill Locks and the White House, where they can look up at Osprey Heights of “Still Game” fame.

The area below is known affectionately as the Botany, which is short for Botany Bay, because it is where people who were deported to Australia used to start their journeys, many years ago. No such fate awaits visitors from the chamber—or, I certainly hope not. It is just one part of a great walking day out to celebrate the Forth and Clyde canal network in Maryhill and Springburn.

I will finish by saying that it is remiss of me not to have walked along the Union canal. I assure Fiona Hyslop that I will rectify that, and I thank her for lodging the motion and reminding all members in the chamber and beyond of the wonderful legacy of Scotland's canal network—not least, the Union canal.

The Deputy Presiding Officer: Thank you, Mr Doris. I am sure that Ms Hyslop will hold you to that undertaking.

13:13

Alexander Stewart (Mid Scotland and Fife) (Con): I, too, thank Fiona Hyslop for bringing the debate to the chamber. It is poignant and right that we are debating the issue this afternoon.

As we have heard, Tuesday 3 March 1818 was a poignant day in the history of Scotland's canals, as the first pickaxe was struck to mark the beginning of the construction of the Edinburgh and Glasgow Union canal. It was a monumental project at the time—a contour canal designed by the engineer Hugh Baird and supported by the great Thomas Telford.

The new canal was to navigate from Edinburgh, through the lands of Lord Buchan, eventually joining with the Forth and Clyde canal at Falkirk and opening in 1822. Routing the initial plans from Edinburgh, it followed the contour line of the land and traversed through Ratho and Broxburn. Then, just after Linlithgow, the construction met with a hurdle—the basin surrounding the river Avon that crossed the path of the new canal's route.

Hugh Baird consulted Thomas Telford on his plans to overcome that hurdle, which led to a hugely innovative design that resulted in the construction of a 12-arch ad—I cannot even say it—aqueduct, which, at the time, was the second-largest in Britain and the largest in Scotland.

An amazing achievement came more than 30 years after the Forth and Clyde canal was initially opened when Baird decided to join it with the canal from central Edinburgh at Falkirk. Thirty miles of lock-free level towpath was constructed, along with river crossings, with the canal finally dropping down to a single flight of 11 locks to the top of the Forth and Clyde canal's 16-lock flight.

Canals bring truly fantastic engineering to the fore. As we have heard, the linking of the two canals was a magnificent idea. We have heard how the Falkirk wheel, which opened 20 years ago this month as part of the millennium link project, came about. It was the largest engineering project to have been undertaken by British Waterways in Scotland, which resulted in £78 million being spent on the Forth and Clyde and Union canals. It succeeded in linking the west and the east coast of Scotland with navigable waterways for the first time since the 1960s. Funded by the Millennium Commission, the millennium link has been invaluable in kick-starting public interest in such attractions and their microeconomies.

Lockdowns and the entire pandemic brought many acute difficulties to the fore, not least the isolation, loneliness and poor mental health that many people have experienced, all of which can be dealt with through the availability of resources such as the Union canal. Society needs to have

such attractions close at hand, because they provide communities with the opportunity for joy.

The canal has generated interest among many visitors and organisations. As has been said, walkers, cyclists and boating enthusiasts have all taken part in celebrating its anniversary. In turn, many others are learning about our famous canal infrastructure, which, it is poignant to note, was once the envy of the world and was unquestionably fundamental.

The volunteers and partner organisations that have participated in the anniversary celebrations and supported the canal down the generations all need to be congratulated on their work and commended for what they have done. Along with British Waterways Scotland, Scottish Canals, the Scottish Waterways Trust and the lowland canals volunteer group have all played their part. It is thanks to them that we can enjoy the Union canal and participate in the celebrations that we are debating today, and I hope that we can continue to enjoy the canal for many years to come.

13:17

Michelle Thomson (Falkirk East) (SNP): In common with other members, I thank my friend and colleague Fiona Hyslop for bringing the debate to Parliament and for paying such a fitting tribute that managed to fit in all aspects of the subject, despite it being such an all-encompassing motion.

I hope that my short contribution brings some further insights, including the need for imagination and ambition for the future as we address the economic needs of Scotland today.

When it was first built, the Union canal was a tribute to the ingenuity and innovation of the designers and the builders of the day. Thirty-one and a half miles long and Scotland's only contour canal, it was known locally at the time as "the mathematical river", for good reason. It followed that 240-foot contour throughout its length, by way of 62 fixed bridges. That was a remarkable innovation, which allowed traffic to flow at speed and rendered locks unnecessary. The importance of that cannot be overestimated. What would be a considerable feat of engineering today was utterly remarkable and inspiring all those years ago.

The canal meanders through my constituency of Falkirk East—I must lay claim to the fact that it was Burke who worked on the canal at Maddiston in Falkirk East—from Westquarter in the west, traversing Polmont, running on towards the east side near Muiravonside and eventually heading across the remarkable Avon aqueduct and onwards to Edinburgh. Much of that has been covered today.

Not only was the canal a source of employment for many people in communities that are now part of Falkirk East, it smoothed supply chains, created spin-off enterprises and supported community development. It is remarkable to think that such a huge infrastructure development, with its innovative design built around the ambition to improve and facilitate trade, remains a great symbol of Scotland's imagination and skills. That ingenuity and innovation are reflected today in the wonderful year-long programme of events that has already been mentioned.

We should aspire to be similarly imaginative about the future. I would like Falkirk East, and indeed the Forth valley, to become the hub for new investment aimed at sustainable international trade. We must set ourselves the task of emulating the foresight and drive that were so evident in the design and building of the canal 200 years ago.

I pay tribute to and thank the many people involved, in particular the leadership and board of Scottish Canals. Given my debate last week on the subject of women in business, it is inspiring to note that such an innovative programme is overseen by a board on which four of the six members are female, with Maureen Campbell as chair and Catherine Topley as chief executive.

Much of the debate has focused on the history of the canal and on the many celebration events. Here is my plea: the greatest tribute that we can pay to all those who have been involved from the time when the canal was merely an idea through to today is to mobilise such imagination, knowledge and skills once more in a major and ambitious programme to better engage Scotland with the wider world.

13:21

Stephen Kerr (Central Scotland) (Con): My goodness! I find myself in complete agreement with Michelle Thomson. We do not always agree, but on this occasion I completely agree with every word that she has said. I congratulate our colleague Fiona Hyslop on bringing the debate to the chamber.

I love campaigning. One of the many wonderful upsides of campaigning is that you get to know the area that you live in and represent so much better. That has been true of me and Falkirk in the past few months. I have been given the opportunity to really appreciate the importance of the Union canal to the Central Scotland economy, particularly in Falkirk, as Michelle Thomson so ably described.

The Union canal is home to the Falkirk wheel, the world's first and only rotating boat lift. When it was opened by Her Majesty the Queen, as part of her golden jubilee celebrations in 2002, it

connected the Union canal to the Forth and Clyde canal for the first time since the 1930s. Her Majesty the Queen visited Falkirk again 15 years later to officially open the Queen Elizabeth II canal, Scotland's newest inland waterway, beside the Kelpies. The Queen Elizabeth II canal is a world-class marine hub, which shows the economic importance of our canals, including the Union canal. The Falkirk wheel and the Kelpies show how Scotland's canals remain among our great tourist attractions, with both venues receiving more than half a million visitors a year before the Covid pandemic.

Graham Simpson: I suggest to Stephen Kerr that he might want to take advantage of the Forth bike hub at the Falkirk wheel. He could cycle by electric bike from the Falkirk wheel to the Kelpies and back again. The bike hub is a great resource. Michelle Thomson might want to do likewise.

Stephen Kerr: I am attracted to the idea of riding an e-bike. I enjoy riding e-bikes, as long as that does not involve returning to East Kilbride up all the hills that Mr Simpson described. I will come to the importance of active travel on canals.

Despite the success that I was describing, we cannot afford to become complacent. We must continually seek ways to promote the benefits that the Union canal brings to the people and economy of Falkirk. That is why I was delighted to hear that the Falkirk growth deal, signed by the United Kingdom and Scottish Governments and Falkirk Council, will result in the development of lock 16 in Camelon. The development will see the Union canal directly resulting in job creation, training and community engagement throughout the Falkirk area.

Another part of the Falkirk growth deal is the commitment to create an active travel network that connects Falkirk's tourist sites with its high street. That is very much needed. My Conservative colleagues in Falkirk and I believe that that network must utilise the Union canal, making it easier to walk, cycle and, indeed, use e-bikes, along its banks.

We also want to conserve the natural beauty of the Union canal so, during the construction of the active travel network, we must focus on a design that complements the natural beauty that the canal already provides. That means that we need to address something that has not been mentioned so far: the litter problem that we often find alongside the canal.

Recently, I walked along the canal, and I must confess that the sight was not as pretty as it should have been, because of the discarded empty drink cans and crisp packets, and all the other detritus that we sometimes find alongside the very beautiful sites that we have in Scotland.

An appropriate way of celebrating the 200th anniversary of the Union canal would therefore perhaps be to launch a campaign to clean up alongside it. Local authorities should work with community groups along the whole of the canal to see such a project to its completion.

During its 200-year history, the Union canal has continuously demonstrated how important it is for central Scotland's economic development and tourism yet, to echo what Michelle Thomson said, I do not believe that we are yet fulfilling its full potential. To support the Falkirk wheel, the Kelpies and the natural beauty of the canal, we must continue to invest in it by cleaning up the view that it provides to its visitors and by delivering a state-of-the-art active travel network along its banks.

That must be music to the ears of the Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights, who, I presume, will now speak.

The Deputy Presiding Officer: We will soon find out. I call Patrick Harvie to respond to the debate.

13:26

The Minister for Zero Carbon Buildings, Active Travel and Tenants' Rights (Patrick Harvie): As other members have done, I warmly congratulate Fiona Hyslop on lodging the motion for debate.

Unless I am wide of the mark in reading the room, there has been nothing dry about any of the contributions. Members from across the chamber have taken real enjoyment in sharing their personal experiences of the Union canal and Scotland's other canals, and in discussing not only their older history and the more recent history of their regeneration but the hopes for the future. I am therefore pleased to have the opportunity to close the debate on behalf of the Scottish Government, in celebration of the 200th anniversary of the Union canal and its contribution to Scotland.

Scotland's canals have been on an extraordinary journey over those 200 years, and today provides a fitting opportunity to celebrate that impressive and enduring example of Scotland's engineering past and the contribution that the canals make in the present and will continue to make in the future. It is amazing, when travelling down what, today, is a relatively peaceful Union canal, to think of it as having once been the beating heart of an industrial revolution, transporting coal from Falkirk and further afield to power the factories of the capital.

The Union canal's relevance has changed remarkably since then, but it is still very relevant. Its refurbishment back in the 1970s, when

volunteers' amazing efforts turned the canal around, is something that Scotland and those communities must be proud of. Its transformation over those years has led to its uses evolving dramatically, with the creation of fantastic outdoor spaces that are used in so many different ways.

My favourite recollection is from when I was convener of the Parliament's Transport, Infrastructure and Climate Change Committee. Back in those days, the Parliament's committees were a little too enthusiastic about booking boring, sterile and overpriced meeting rooms in posh hotels for their annual awaydays. I thought, "How dull", so I persuaded our committee clerks to book a canal barge, which was operated by a social enterprise and decked out as a boardroom, for the conduct of our awayday, and various slightly surprised committee members and expert witnesses discussed our work programme as we potted up to Ratho and back. That was much more enjoyable than any committee awayday in a boring hotel room.

The Union canal is now the vibrant space that it deserves to be, in contrast to what it was 20 years ago, before the investment through the millennium link project. It was really encouraging and rewarding to listen to members, including Fiona Hyslop, Gordon MacDonald and Sarah Boyack, remembering the steps that have been taken on that journey towards the canal's regeneration.

Today, people live on the canal. There are barges for private and community use. It is used by clubs and schools for canoe activities. People walk, wheel and cycle on the towpath in increasing numbers. That is replicated across our other canals in Scotland. About 115 boats are currently moored on the Union canal, and more than 70 of them are houseboats, which is fantastic.

The public value that we place on the Union canal is very different from the industrial purposes that it had when it was built, but it and the wider canal network are real contributors to some of the contemporary, modern themes that face Scotland. They are hugely important for tourism, health and wellbeing, sustainability and, as nature corridors, supporting biodiversity. As some members reflected, the importance of outdoor spaces during and since the pandemic cannot be overstated. Our canals and their towpaths have performed, and continue to perform, a major role in relation to that. That is true not only of the Union canal but of Scotland's other canals.

I have seen some of the fantastic work that has been undertaken by Scottish Canals and its partner organisations to build creative active travel infrastructure. In fact, the first visit that I made after taking on my ministerial job was when I had the pleasure of attending Bowling harbour for the opening of the bowline. An excellent piece of work

was done there to redevelop 18th century infrastructure and transform a disused railway viaduct into a fully accessible active travel route that will benefit people in the local community and beyond. I very much enjoyed being one of the first people to cycle on that fantastic new linear park.

Not only as the minister with responsibility for active travel but as someone who uses the canal towpath regularly to visit family, I see the importance of redeveloping that outdoor infrastructure for the 21st century, improving people's health and wellbeing and encouraging green commuting. I did not put my hand up when Graham Simpson asked about doing the whole Glasgow to Edinburgh route. Being based in Glasgow, I am more often found on the Forth and Clyde canal out to Loch Lomond and back. I have done the Glasgow to Falkirk leg and will do that again early in the summer recess. If I feel energetic, I might make the whole trip through to Edinburgh—who knows? However, it might feel a little bit too much like coming to work.

I also recently visited the Stockingfield bridge, which Bob Doris mentioned. That is another example of Scottish Canals working well collaboratively with others—in that case, to reconnect the three communities of Ruchill, Gilshochill and Maryhill in north Glasgow and complete the last linkage in the Forth and Clyde canal towpath. I do not particularly like the use of the word "iconic"—it is often overused for such structures—but I have seen the development of that bridge so far and am really looking forward to it opening. It will feel very special once it is there.

Bob Doris: The minister will be aware that vibrant community arts projects are wrapped around the Stockingfield bridge in order to get proper community buy-in. Does he agree that the use of community art for such large infrastructure developments is really important in getting proper community buy-in to such iconic structures?

Patrick Harvie: I could not have put that better. There is something important about encouraging people to celebrate, feel celebratory and feel that they have created something themselves. The Stockingfield bridge will be a very good example of that, and I encourage all members to go and see it for themselves once it opens.

Communities must play an important part in regeneration. It cannot just be done to people; it must be done with, by and among them. The people whom I have met on my ministerial visits have given examples of communities being involved in the way that Bob Doris described and have taken a sense of ownership of their local spaces. There are many such community groups along Scotland's canals. They do great work, and some have been mentioned today.

There is also a strong boating community using our canals, and there are exciting developments to improve that experience. Fiona Hyslop noted the exciting £1 billion Winchburgh project, which is being developed with the Union canal at its heart, and which, once complete, will provide a new marina with residential houses as well as moorings. Other great examples of inclusive projects on the Union canal include Seagull Trust Cruises, which adapts boats in order to take disabled people out on the canal.

I take this opportunity to thank everybody—the people and the communities—who lives, works and is active on Scotland's canal network. Through their efforts, they are making the canals the fascinating and colourful places that they need to be.

The way that you are looking at me, Presiding Officer, suggests that we are coming to the end of our time, but I want to make one final important point. Research clearly shows that the wider regeneration work around Scotland's canals has a social purpose, too. For example, it has been shown that the regeneration of the Forth and Clyde canal has reduced mortality rates and lowered the risk of chronic health conditions for those living alongside it. We need to take responsibility for some of the issues that have been mentioned with regard to litter and, indeed, safety. Concerns have been expressed particularly about women's safety on our canals; I make it clear that everybody has the right to enjoy these wonderful assets in an inclusive and safe way. The Scottish Government will continue to support Scottish Canals and many others in looking after these historic assets for the benefit of those communities.

I join everyone in celebrating the historic, economic, environmental and social value of the Union canal and others in its bicentenary year, look forward to participating in some of the activities that have been planned for the celebration, wish everyone taking part in tomorrow's flotilla the very best and, once again, thank everyone who lives and works around Scotland's canals for making them what they are. I look forward to seeing their relevance continue for many years to come.

The Deputy Presiding Officer: Thank you very much, minister. Your reading of body language is impeccable.

That concludes the debate. I suspend the meeting until 2.30 pm.

13:36

Meeting suspended.

14:30

On resuming—

Portfolio Question Time

Rural Affairs and Islands

The Deputy Presiding Officer (Annabelle Ewing): Good afternoon. The next item of business is portfolio question time. If a member wishes to ask a supplementary question, they should press their request-to-speak button or enter the letter R in the chat function during the relevant question. As ever, I would appreciate short and succinct questions and answers in order to get in as many members as possible.

Regional Food Fund

1. **Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** To ask the Scottish Government how the regional food fund is supporting the promotion and advancement of Scotland's produce. (S6O-01102)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): The regional food fund plays an important role in supporting regional activities, local community events, networks and other collaborative initiatives with small grants of up to £5,000. That, in turn, delivers long-term benefits to Scotland's local food and drink sector. Since its launch, in 2018, the regional food fund has provided over £550,000 to 121 projects the length and breadth of Scotland. The 2022-23 round, which closed for applications on 9 May, will provide even more support for great local food initiatives across the country.

Willie Coffey: I thank the cabinet secretary for that answer. Ayrshire boasts some of the best food that Scotland has to offer, and organisations such as the Ayrshire Food Hub in Crossroads, in my constituency, which has a unique farm shop that is run by the local community, are central to showcasing this world-class produce. Does the cabinet secretary share my view that such organisations are crucial in ensuring that it becomes the norm that all Scots take a keen interest in their food, valuing it and knowing what constitutes good food, as we strive to become a good food nation?

Mairi Gougeon: I absolutely do. I recognise that Ayrshire is, indeed, famous for its food. Ayrshire Food Hub received nearly £5,000 from the regional food fund in January 2020. I know that a delay to its progress was caused by the pandemic over the past couple of years, but I am delighted that, as we emerge from the pandemic, it is now successfully operating a cafe, a farm shop, a training kitchen, an events space and a community

garden, all with the aim of promoting the best of the area's produce.

The member is absolutely right in saying that such initiatives are fundamental in helping us to achieve our vision of Scotland being a good food nation. The project embraces everything that we want to see as part of that. It involves the community and showcases local produce, and there is the education and training element. I wish the project every success.

Finlay Carson (Galloway and West Dumfries) (Con): NFU Scotland has called for a greater commitment to funding the sustainable agriculture capital grant scheme to assist farmers to use resources more efficiently, and for the temporary suspension of the ecological focus areas component of the 2022 greening requirement in order to bring additional arable land back into productive use, with a focus on EFA fallow land being used for nitrogen-fixing protein crops. That is not being delivered, despite the fact that the Scottish Government has the powers to do it now. When will the Scottish Government relax the EFA rules? Where is the extra funding that is needed for the SACGS to support farmers and food producers?

Mairi Gougeon: In relation to the EFA areas that the member mentioned, I have addressed that question a number of times in the chamber.

The Government is clear in its commitment to support farmers and crofters to produce more of our food more sustainably, but it is important that we maintain and enhance our efforts and do not scale them back when it comes to tackling the climate and nature emergency. Events that are ongoing in Ukraine only strengthen the case for doing more, because, ultimately, that is how we can make our farms and food production systems more resilient.

When it comes to changes to greening, there are a number of considerations that we have to take account of. However, there is flexibility in the greening rules for farmers to apply them according to their own circumstances. For example, they could choose options other than to fallow, such as green cover crops or catch crops. We are working and will work with the industry to promote the flexibilities that already exist. We will continue to work with it to find practical solutions to bolster food production in these times of uncertainty while continuing to contribute to the achievement of wider climate change and biodiversity objectives.

Colin Smyth (South Scotland) (Lab): This week, the Scottish Food Coalition wrote to the First Minister, calling for the establishment of an independent food commission to drive forward the change that we need in order to make Scotland a good food nation. We have a land commission, a

social security commission, a poverty and inequality commission and a just transition commission, but, so far, the cabinet secretary does not think that food policy merits an independent food commission.

Will the cabinet secretary listen to civil society, local authorities and the majority of members of the Scottish Parliament, avoid destroying the consensus that we have seen in our journey to become a good food nation and give her backing to an independent food commission?

Mairi Gougeon: It is not really fair of the member to categorise it in that way—especially to accuse me of ignoring the calls that are out there. I think that I made it perfectly clear during stage 2 consideration of the Good Food Nation (Scotland) Bill that I am open to considering the options and the oversight functions. In fact, the member will be aware that we will have a meeting shortly, ahead of stage 3 consideration of the bill, to discuss what that might look like.

I am open to considering those options and trying to build consensus across the chamber.

The Deputy Presiding Officer: Before I call question 2, I make a plea again for short, succinct questions and answers; otherwise, we will not be able to get through all the questions.

Seafood (Support)

2. **Liam Kerr (North East Scotland) (Con):** To ask the Scottish Government whether, following the United Kingdom Government's launch of a seafood exports fund, it will launch a Scottish seafood fund. (S6O-01103)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): We already have an established fund—the marine fund Scotland. In recognition of the lack of UK Government support following Brexit, we funded Seafood Scotland to the tune of £1.8 million in 2021-22 to enable it to carry out export support activity that is identical to what is now being proposed in the £1 million seafood exports pillar of the UK Government's UK seafood fund.

It is entirely appropriate that the UK Government has, belatedly, taken responsibility for some of the costs of an imposed Brexit that has inflicted significant and lasting damage on Scottish seafood markets. The £1 million package that is being offered by the UK Government is a paltry amount compared to the real costs of Brexit. The UK Government must also take responsibility for those, as well as honouring its promise to replace lost European Union funding in full.

Liam Kerr: I thank the cabinet secretary for not directly answering my question. The success of seafood exports—and, indeed, food security,

which the cabinet secretary said recently is as important as energy security—depends on our fishing industry's ability to catch. The Scottish Fishermen's Federation has flagged that recent developments such as the expansion of floating offshore wind, marine generation and associated connections could have an impact on fishing grounds and the Scottish fleet. What steps are being taken to ensure that the future sustainability of our fishing industry in producing climate-smart food is not relegated to collateral damage in an increasingly crowded marine environment?

Mairi Gougeon: I am sorry that the member did not appear to listen to my response to his first question, which directly answered the question.

In relation to his second point, which was on a vital issue that I have discussed with the fishing industry, including with the SFF, I direct him to our blue economy vision, which sets out what we are looking to achieve for our marine sectors and industries in Scotland and our ambitions for the future. The vision clearly points to the importance of the fishing industry in Scotland. The industry produces a carbon-neutral and sustainable source of protein, which is important now and which will be important in the future.

On how we manage our marine resources in an increasingly cluttered space, there are a lot of competing interests that we need to take account of, but we are trying to manage our way through that as best we can, taking account of all the different interests.

Karen Adam (Banffshire and Buchan Coast) (SNP): One million pounds to help exports hardly seems like fair compensation, given the utter havoc that the Tories' hard Brexit has wrought on the fishing and seafood industries. They were completely ignored during the negotiations that brought about the trade and co-operation agreement, and it now seems likely that the Tories will, once again, throw our fishers and those in the seafood industry under the bus in a trade war with the EU. Does the cabinet secretary share my view that, if that happens, it will put beyond any doubt the UK Government's disinterest and the contempt that it has for Scotland's seafood sector?

Mairi Gougeon: The funding that has been offered by the UK Government is little more than a sticking plaster when we compare it to the huge costs that have been incurred because of the new trade barriers and avoidable bureaucracy arising from the UK Government's Brexit deal. Ever since the 2016 referendum, successive UK Governments have completely mishandled relations with our closest allies and partners in the European Union. The interests of Scotland and its people have suffered grievously as a result of that, and no group has suffered more than the Scottish seafood sector.

I agree with the Cabinet Secretary for the Constitution, External Affairs and Culture, who said, earlier this week:

"Today's announcement that the UK Government are now intending to legislate to enable unilateral action to disapply parts of the Northern Ireland Protocol is deeply concerning. Let us be very clear—to breach an international treaty, signed in good faith and hailed by the Prime Minister as a 'fantastic' moment, is bad enough. To contemplate this action when facing a cost-of-living crisis is unthinkable and indefensible."

Farming (Technological Advances)

3. Alexander Stewart (Mid Scotland and Fife) (Con): To ask the Scottish Government how it is supporting farmers to utilise new technological advances. (S6O-01104)

The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater): Technology is vital to address the economic and environmental challenges that the agriculture industry faces. We continue to offer meaningful technical and financial support in that area.

For example, the Farm Advisory Service offers a range of high-quality advice to facilitate the uptake of technology in order to maximise profitability and enhance sustainability. Technology-based projects have the opportunity to apply for funding through the knowledge transfer and innovation fund, to demonstrate the practical application of technology in agricultural businesses.

Alexander Stewart: This Monday, innovation funding was removed from the Scottish Government's environment, agriculture and food strategic research programme. Can the minister explain why that happened, and can she reassure farmers and the agri-food industry that the Scottish Government is still committed to supporting innovation in new farming methods and technology?

Lorna Slater: The Scottish Government has launched the knowledge transfer and innovation fund, which is exactly for innovation. In April, the Cabinet Secretary for Rural Affairs and Islands opened the fund for applications and offered up to £1.6 million of support for projects looking to support the uptake of technology, among a broad range of topics. The application window has now closed, and applications are being assessed for that award.

Jenni Minto (Argyll and Bute) (SNP): On the subject of support for farmers, it is the Scottish Government that remains committed to supporting active farming and food production, while other parts of the United Kingdom are offering farmers money to leave the industry. Does the minister share my view that the Scottish Government needs to take no lessons from the Tories on how to support Scotland's agriculture sector?

Jamie Halcro Johnston (Highlands and Islands) (Con): That is not on the subject of the question.

The Deputy Presiding Officer: I remind members that I am in the chair and will decide what is relevant and what is not, and that I do not appreciate a lot of sedentary comments, as I think people will now be aware.

Lorna Slater: The Government is determined to support a sustainable and vibrant rural economy. We will provide stability to farmers while supporting them and other land managers and rural stakeholders to deliver our climate change and biodiversity objectives. That is why we are collaborating with the industry through the agricultural reform implementation oversight board, which the Government set up, and are providing a budget of £680 million in 2022-23 for agricultural support and environmental payments, including direct payments and funding for the Scottish rural development programme and agricultural transformation.

Islands (Population)

4. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government what support it is providing to increase and retain the population of Scotland's islands. (S6O-01105)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): Supporting islands to increase and retain their populations is an ambition across all parts of the Scottish Government, as demonstrated by this year's programme for government. Within that, there is a range of commitments that could help to address our population challenges, including support for the national islands plan, as well as national commitments such as developing rural visa pilots and a remote, rural and islands housing action plan.

Liam McArthur: The objective of attracting and retaining population in the islands, and the funding that has been made available, are welcome. However, the cabinet secretary will be aware of my concerns, which are shared by many of my Orkney constituents, about the proposed islands bond scheme. Will she therefore consider using that funding in ways that make island communities more resilient and offer more employment opportunities for islanders, such as introducing a third aircraft on Orkney's internal routes, which could use low-emissions fuel and could be funded partly through green transport innovation funding? That would undoubtedly help to attract and retain population not just on one island but across the outer isles in my constituency.

Mairi Gougeon: I know that the member has raised concerns about that issue previously, but I

repeat that the islands bond scheme has never been presented as some sort of silver bullet that will address all the population challenges on our islands. It is just one element of our wider work across all of the Scottish Government to support island communities.

The islands bond consultation, along with our on-going engagement, will help us to understand the challenges in greater detail. We will continue to work with local authorities, our island communities and other island stakeholders to try to address those issues.

Jamie Halcro Johnston (Highlands and Islands) (Con): The on-going crisis with our ferries continues to impact on individuals, small businesses and the agricultural sector. As well as harming existing residents and businesses, it has made our islands less attractive places to live, work and do business in. Has the cabinet secretary made any serious assessment of the economic impact of the on-going issues with ferry routes that connect our islands?

Mairi Gougeon: I reiterate what I said about the islands bond scheme. We know that the issue is multifaceted, and we know the problems that our island communities experience in relation to transport and housing. It is about how we tackle all those issues in the round.

Jamie Halcro Johnston will no doubt be aware of the £580 million investment that we have planned over the next five years and the on-going work in relation to the islands connectivity plan, a draft of which will be published towards the end of the year. It will address some of those problems.

Remote and Rural Communities (Lothian)

5. Jeremy Balfour (Lothian) (Con): To ask the Scottish Government what support it provides to remote and rural communities in the Lothian region. (S6O-01106)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): In the previous LEADER-funded programme, the Tyne Esk area, which covers Midlothian and East Lothian, was allocated £3.5 million, and West Lothian was allocated £2.1 million over the six-year programme. In 2021-22, the Scottish Government made available more than £100,000 of ring-fenced funding for rural communities in the Tyne Esk and West Lothian areas. More than £360,000 will also be made available this financial year to continue valuable community-led work in rural communities across the Tyne Esk area and West Lothian.

Jeremy Balfour: Support in Mind Scotland believes that there needs to be increased opportunities to talk about mental health and wellbeing in non-medical environments, such as clubs, venues and meeting places, and that a light

model of social prescribing should be adopted in which individuals are informed of support or opportunities in their community to tackle loneliness. Will the cabinet secretary commit to exploring that approach to support people in rural communities, especially in my region?

Mairi Gougeon: I am more than happy to look at any initiatives that can help in offering that support. I know that people are under a lot of pressure right now, particularly in our rural communities. I am happy to engage further with Jeremy Balfour on that matter.

Fiona Hyslop (Linlithgow) (SNP): Is the cabinet secretary aware that many of my constituents in the Linlithgow constituency in West Lothian who live in rural and remote communities rely on liquefied petroleum gas and oil heaters in off-grid homes? Prices for home heating oil are increasing by as much as 126 per cent, and households that rely on heating oil are not currently subject to the Office of Gas and Electricity Markets price cap, which leaves them vulnerable to uncontrolled price increases. They face a very difficult winter. Will the cabinet secretary commit to working with Cabinet colleagues to identify what specific immediate support can be made available to those individuals in rural and remote areas, many of whom are elderly and on fixed incomes?

Mairi Gougeon: I am more than happy to commit to that, because I know that heating oil and LPG consumers face significant increases in their energy costs. Of course, powers relating to energy pricing are reserved, which means that the Scottish Government cannot act to provide additional protection for those consumers, but we have engaged with the United Kingdom Government to raise concerns about the recent unprecedented rises in heating fuel costs for off-grid customers in parts of Scotland, and we have stressed the urgent need for protections for those consumers.

Nonetheless, we are doing everything that we can with the powers that we have to assist those who are worst affected. We have recently allocated a further £10 million to our fuel insecurity fund. That fund is delivered through trusted third sector partners, including the Fuel Bank Foundation and Advice Direct Scotland, which administers our home heating support fund. I urge those who are in need of that support to get in touch with those organisations.

Post-Brexit Border Checks (Impact on Agriculture and Food and Drinks)

6. Jim Fairlie (Perthshire South and Kinross-shire) (SNP): I would like to ask the Scottish Government what engagement it has had with the United Kingdom Government regarding the

continuing delays to post-Brexit border checks on imports from the European Union.

The Deputy Presiding Officer: I am looking at the actual wording of the question in the *Business Bulletin*. I remind members that the actual wording in the *Business Bulletin* must be read out into the record, so I ask Mr Fairlie to read out the actual question as it appears in the *Business Bulletin*. I hope that he has that to hand. If not, perhaps a kind member could assist. I see that Mr Alexander Stewart is doing so. Thank you very much, Mr Stewart. Mr Fairlie, will you please read out the question as it appears in the *Business Bulletin*?

Jim Fairlie: My sincere apologies—I am not quite sure how I got that mixed up.

To ask the Scottish Government what engagement it has had with the United Kingdom Government regarding the impact on agriculture and the food and drinks sector in Scotland of reported continuing delays to post-Brexit border checks on imports from the European Union. (S6O-01107)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): On 28 April 2022, the UK Government made an announcement about further delays to the introduction of controls on imports from the EU without any consultation or meaningful engagement with the Scottish Government, failing to use any of our channels of communication. Such conduct is just not acceptable.

On 4 May, I wrote to George Eustice expressing my deep frustration and concern regarding the continuation of biosecurity risks and the uneven playing field between Scottish importers and exporters following that latest delay, and I have urged the UK Government to begin meaningful dialogue on future borders policy.

Jim Fairlie: Recently, the NFU Scotland president, Martin Kennedy, spoke in scathing terms of

“the prolonged failure of the UK Government”

regarding exports to Europe, and how that showed

“an astonishing level of incompetence and failure to support Scottish producers and our food and drink sector.”

Yesterday, at the Rural Affairs, Islands and Natural Environment Committee, I put those views to George Eustice, who cited the potential to exacerbate the cost of living crisis as the reason that the UK Government is giving for continued delays.

Given that Brexit has been a driver of the cost of living crisis in the first place, does the cabinet secretary share my utter bewilderment at the UK Government’s use of a crisis largely of its own

making as a reason for not fixing a shambles that is also of its own making?

Mairi Gougeon: The UK Government's announcement is the fourth delay to import checks on goods from the EU since Brexit. With every delay, the UK Government has continued to ignore the uneven playing field that exists between our Scottish importers and exporters.

We have written repeatedly to the UK Government to highlight our concerns about the effects of its bad Brexit deal and, just last week, the finance secretary wrote to the UK chancellor highlighting the damaging effects of the delay on multiple sectors, including specifically our food and drink sector.

The food and drink sector in Scotland and in the UK has borne the brunt of the hard Brexit deal pursued by the UK Government, particularly through the loss of freedom of movement and free trade. In my opening response, I touched on the very real biosecurity risks that are presented by that. I met Paul McLennan and one of his constituents, who is a pig farmer, and I have spoken to other pig farmers, who are all seriously concerned about diseases such as African swine fever, and the devastating impact that that could have if it reaches our shores. I only wish that those concerns were treated as seriously as they need to be.

Croft House Grant Scheme (Western Isles)

7. Alasdair Allan (Na h-Eileanan an Iar) (SNP): To ask the Scottish Government how many grants have been awarded through the croft house grant scheme in the Western Isles since 2007. (S6O-01108)

The Cabinet Secretary for Rural Affairs and Islands (Mairi Gougeon): The Scottish Government has a track record of investing to improve croft housing. Since 2007, we have approved over £23.6 million in croft house grant payments, helping to build and improve over 1,085 croft homes. Of those, 526 grants have been awarded to recipients in the Western Isles, with a total grant award of over £11 million, or around 47 per cent of all grants approved.

Alasdair Allan: The croft house grant scheme is an excellent method of helping crofters with the cost of housing and retaining families in island communities. Does the cabinet secretary have a view on whether the astronomical recent rises that we have seen in the cost of building materials will need to be taken into account in the scheme?

Mairi Gougeon: The United Kingdom Government holds most of the levers to address the pressures on the cost of living. However, the Scottish Government is providing support where we can to ensure that all those who live in rural

areas, as well as communities and businesses, are given as much support as possible to deal with those issues.

Croft house grants can be used towards a new build or towards house improvements, which I agree provides helpful support for crofters and the wider crofting communities, but it is important to remember that the grants can also be used in conjunction with the self-build loan fund, which offers loans of up to £175,000 to eligible applicants for development costs to support build completion of a new house.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): Let us be clear: the croft house grant fund that Mairi Gougeon is talking about paid out £6.2 million out of a total designated amount of £11 million. That is vital funding for crofters, for new entrants, and for people to upgrade their houses and make them energy efficient.

Is it not about time that the cabinet secretary supported crofting communities? When will we see a cabinet decision on crofting reform?

Mairi Gougeon: To address Rachael Hamilton's first point, I would like to highlight how the croft house grant scheme works. It is a demand-led scheme and no scheme application has ever been refused because of a lack of budget.

Funding for the croft house grant scheme is provided retrospectively in up to three stages. For that reason, funding that is committed in any financial year will be claimed by applicants and will be paid in both the current year and the following two to three financial years. The scheme has been developed following extensive engagement with key stakeholders.

I have said in the chamber and in committee to Rachael Hamilton that we have made a commitment to look at reforming crofting law, but, of course, that depends on the decisions that are taken by the Parliament about the legislative timetable. However, we have committed to that, and I have every intention of delivering on that commitment.

The Deputy Presiding Officer: That concludes portfolio questions on rural affairs and islands. I apologise for not being able to reach question number 8. I indicated on several occasions that that was what I feared would come to pass, and it did.

There will now be a short pause before we move to the next item of business.

Long Covid

The Presiding Officer (Alison Johnstone):

The next item of business is a debate on motion SM6-04472, in the name of Humza Yousaf, on long Covid. I invite members who wish to speak to press their request-to-speak button now, please.

14:57

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I welcome the opportunity to discuss our collective commitment to supporting the health and wellbeing of people in Scotland who are living with the long-term effects of Covid, or long Covid, as it is often called for short.

As we will hear today, although most people recover quickly from coronavirus, some people—both adults and children—can experience ongoing symptoms for months, or even years, after their initial infection. When we talk about long Covid, it is important to remember that that is an umbrella term that covers a spectrum of different symptoms. I suspect that when members across the chamber share stories that they have heard from constituents or others they have engaged with who have long Covid, they will no doubt go through a number of those symptoms. Symptoms can vary in their presentation and impact from person to person, and can include fatigue, shortness of breath, changes to sense of smell and taste, difficulty concentrating, muscle aches and many more.

It is clear that for the adults, children and young people who are most severely affected, those symptoms can have a significant impact on many areas of their lives, from physical and mental health to relationships, education and employment. I have met people who have told me that their lives today are now, in effect, unrecognisable from the lives that they had been leading prior to their catching Covid.

Brian Whittle (South Scotland) (Con): I am grateful to the cabinet secretary for taking my intervention. Would he consider assessing certain types of long Covid as a disability, potentially bringing those affected within the disability rules?

Humza Yousaf: It is my understanding that, under current legislation, those who are suffering from the effects of long Covid could be termed as having a disability, depending on the impact or effect of the condition. I am interested in furthering the discussion about whether long Covid should be brought under the umbrella of a disability. Of course, we work closely on a four-nations basis with other parts of the United Kingdom, given that there can often be overlaps between devolved and reserved competencies on that issue. Brian Whittle has raised an important point.

Given the range of symptoms that can be involved, there is no one-size-fits-all response to supporting people, as they will require intervention and support that responds to their own unique circumstances. For example, we know that some people with long Covid may benefit from information and support to help them to feel more in control of their condition and to manage it day to day. I have a family member who is in that position; they do not need any further support at this stage, and I hope that they will not in the future, other than managing their condition—the breathlessness that they face—day to day.

Nonetheless, I fully accept that others—I have met many such people—may require assessment by a member of their local primary care team, who may conduct tests to investigate their symptoms and provide access to other services where that is appropriate, such as community and mental health services, including rehabilitation. A smaller group of patients may require further investigations and assessments that are delivered in a specific clinic or hospital setting.

At this point, I want to mention children. When we talk about long Covid, we often talk about adults, but I suspect—indeed, I know—that most members in the chamber will, like me, have engaged with Long Covid Kids, which is an important organisation that represents young people who are suffering with the long-term effects of Covid. The organisation has produced a support guide specifically for children, and I look forward to receiving it formally in the coming weeks.

I know that there is a desire among those who represent children who are suffering with the long-term effects of Covid for more to be done around education, on top of dealing with the health and mental health issues that affect children in particular. That is a challenge for the Government—can we do more around flexibility in education? I have promised Long Covid Kids that the Government will progress that issue.

Alex Cole-Hamilton (Edinburgh Western)

(LD): I am grateful to the cabinet secretary for giving way, and for taking time, in his remarks, to talk about young people and children who suffer with long Covid. Can he quantify the situation for members? How many children in Scotland currently have long Covid? That statistic is quite hard to come by.

We know that we can prevent long Covid in children by preventing them from catching coronavirus in the first place by installing high-efficiency particulate air—HEPA—filters in Scotland's classrooms. Can he address that point and say whether his Government plans to do just that?

Humza Yousaf: I ask the member to forgive me—I do not know if I have the figure for children. I will have a look at that, and come back to him; perhaps we will address that in closing the debate. We know that the most reliable surveys on long Covid tell us that more than 155,000 people in Scotland are suffering from it, but we can probably do more on data gathering.

I have said to Long Covid Kids, and I say to Alex Cole-Hamilton, that with regard to any good ideas that come forward in relation to education and educational settings, this Government will seek to not only progress but, where appropriate, resource them.

With regard to our actions and interventions as a Government, I want to put to bed any suggestion at all—although I am sure that such a suggestion would not be made in the chamber—that our hard-working national health service and social care staff are not currently helping to care for people with long Covid. That notion is simply untrue, and my thanks go to every single doctor, nurse, allied health professional, social care worker, member of third sector staff and the many others who have been working tirelessly to support those who are suffering from the long-term effects of Covid.

For example, the Thistle Foundation is delivering its remote self-management programme, with a specific focus on supporting people with long Covid. That initiative has received £60,000 from the self-management fund, which is administered by the Health and Social Care Alliance Scotland on behalf of the Scottish Government.

Calum Kennedy talked about his experience of using the service, saying that,

“Thanks to the incredible support ... received from Thistle”,

he now has

“confidence that at some point in the future”

he

“will be able to make a full recovery.”

Chest Heart & Stroke Scotland, which is also supported by funding from the Scottish Government, is delivering a long Covid support service. The service enables people to receive advice from nurses who are trained in managing common long Covid symptoms, such as breathlessness and fatigue. Almost 1,500 people have accessed the service since it was established, and 85 per cent of respondents to an evaluation exercise “strongly agreed” that they felt supported to look after their health and wellbeing.

NHS Inform has a dedicated website for people with on-going symptoms after coronavirus, which sets out key information and sources of support. In addition, all our NHS boards have been delivering

support to people with long Covid through providing access to local services that are relevant to addressing people’s symptoms and needs.

As just one example, NHS Lanarkshire’s primary care occupational therapy service has supported people with long Covid to address issues that affect their day-to-day quality of life, including by helping them manage pain and fatigue and supporting a return to employment. One person who accessed the service described her local occupational therapist as being “an amazing help” in her journey.

However, I am equally clear that I have heard from too many sufferers of long Covid that they do not feel that they have had a consistent level of support or care, and that concerns me greatly. It presents challenges for those who are living with persisting symptoms and who, quite understandably, are desperate for an answer on how long their symptoms can be expected to last and what the underlying mechanism is that is causing them. Frankly, it also presents challenges for our health and care staff, who are supporting people living with a new condition for which the chapter in the medical textbook is—I say this in all earnestness—still to be written.

I share the deep sense of frustration of people who are living with long Covid that, although there might be approaches and treatments for managing some symptoms, according to the National Institute for Clinical Excellence, there is

“a lack of evidence for pharmacological interventions to treat”

long Covid. That is why, of course, some of the funding that we are bringing forward is for further research into the condition.

Pam Duncan-Glancy (Glasgow) (Lab): Can the cabinet secretary confirm whether that data collection will include data on inequalities in relation to the way that long Covid has affected different groups of people?

Humza Yousaf: As I said in response to Alex Cole-Hamilton, I think that it absolutely should. I am being up front and frank about this: I do not think that we have the level of granularity in the detail that we need in relation to those who are suffering with long Covid. We have some of the headline figures but, at a more granular level, when it comes to, for example, how many children, people with disabilities and minorities it affects, that data is not in a place where I would like it to be.

We are not just waiting for research findings to materialise. We are listening, we are taking action and we will continue to take further action as necessary. In that light, I am delighted to confirm that we are allocating additional funding—I stress

the word “additional”—of £3 million to health boards across 2022-23 to bolster the support that they are already providing to people with long Covid.

Jackie Baillie (Dumbarton) (Lab): Will the cabinet secretary give way?

Humza Yousaf: I will shortly. I have taken a fair number of interventions.

That funding responds directly to needs that have been highlighted by boards and their learning from supporting people with long Covid since the start of the pandemic.

Crucially, the funding has also been shaped by the priorities that have been highlighted by people who have long Covid, including that finding the right support and navigating their way through it when they are experiencing multiple symptoms—particularly forgetfulness, or brain fog—can be challenging. That is why our investment will test the introduction of care co-ordinator roles, which will provide a single point of contact for people with long Covid and their families.

People with long Covid have also stressed the value of clinicians taking time to listen and showing empathy, and of feeling understood and having their concerns validated. That is why our investment will provide extra resource to support people with long Covid to receive a holistic assessment of their needs, to ensure that they can access the community or healthcare support and services that are most appropriate in their individual circumstances.

The additional funding will also provide additional capacity for community rehabilitation services such as occupational therapy. Those services can support people with long Covid to address issues that affect their day-to-day quality of life, including by managing their pain and fatigue and supporting a return to employment. Some of that investment will also be focused on children; for example, part of NHS Greater Glasgow and Clyde’s funding will be for paediatric OT.

Jackie Baillie: Could the cabinet secretary confirm for me—because I think that clarity is important—that the £3 million that he talks about as being additional is actually part of the £10 million that he announced in September 2021?

Humza Yousaf: Yes, it is part of that £10 million fund, but what I mean by “additional” is that it is on top of what has already been spent to help to address and alleviate—I hope—some of the symptoms of long Covid sufferers.

I am very conscious that I am getting towards the end of my time. I could say plenty more, but my colleague the Minister for Public Health,

Women’s Health and Sport will add further detail when she sums up in closing the debate.

From our perspective, our strategic network—which is made up of clinicians and colleagues from health boards, but also, importantly, those with lived experience—will continue to guide us on the way forward in managing and, I hope, being able to assist those who are suffering from the long-term effects of Covid.

I reiterate my personal commitment, and the commitment of the Government, to continue to listen, to learn and to draw upon the best available evidence, to ensure that every person with long Covid is able to access the safe, effective and person-centred support that is right for them, as locally and as quickly as possible.

I move,

That the Parliament recognises the negative impact that long COVID is having on the health and wellbeing of those affected in Scotland; acknowledges that, while some people do recover without clinical support, for many adults and children, the longer-term effects can be debilitating; believes that those who need clinical support in managing the impact of long COVID should have the right help at the right time through health and wellbeing support and services that are accessible in a setting as close to their home as practicable; understands the importance of existing NHS services providing support to those who need it now, but also developing sustainable models of care that will benefit the management of other long-term and complex conditions; recognises the role of NHS boards, working in partnership with local authorities, people living with long COVID and the third sector, to design models of care tailored to the needs of their local populations, which may involve strengthening the co-ordination of existing services, or establishing dedicated services, including long COVID clinics; welcomes the recommendations of the National Strategic Network on the initial priority areas for improvement; further welcomes the first allocation from the Long COVID Support Fund of £3 million across 2022-23 to bolster the support to people with long COVID; notes that this investment includes the introduction of care co-ordinator roles, extra resource to support a patient-centred assessment of need through a range of approaches, including a multi-disciplinary assessment service, and additional capacity for community rehabilitation to support people with issues affecting their day-to-day quality of life; further notes that the Strategic Network will be supporting the education of healthcare staff, including improving access to information resources on the identification, assessment and management of people with long COVID, and considers that research will continue to improve understanding of the long-term effects of COVID-19 and identify effective treatments.

The Presiding Officer: I call Sandesh Gulhane to speak to and move amendment S6M-04472.3.

15:09

Sandesh Gulhane (Glasgow) (Con): It is great that this key debate on long Covid has been rescheduled. However, given the growing scale of the problem, it is many months overdue.

The cabinet secretary might be surprised to hear that Scottish Conservatives agree with him. We also recognise the negative impact that long Covid is having on so many Scots and the debilitating long-term effects that they are suffering. We also agree that the NHS and the third sector are working hard to help with long Covid. However, waiting times are so long. For example, our waiting time for gynaecology appointments in Glasgow for cancer patients is currently six to eight weeks.

I am pretty sure that people who are struggling with long Covid—some of whom are watching from the public gallery, such as Stuart, and others who are following the debate at home—will not be impressed if we just continue to reel off generalisations. They do not really want to hear platitudes such as that people who need clinical support should have the right help at the right time. Long Covid sufferers want concrete action from the Scottish Parliament, and they need it now; in fact, they needed it last year.

The Scottish National Party and Scottish Green Party Government's inaction is having a real impact on people who have been affected by long Covid. When its paper was published in September last year, we estimated that around 79,000 people in Scotland were suffering from long Covid. Now, after eight months of dither and delay, the number has almost doubled to 151,000 people. I ask members to let that sink in.

It is not as though we did not know that long Covid was coming. In March 2020, Scotland confirmed its first case of Covid-19. From the summer of that year, it was clear that a rapidly growing number of people were not getting over their run-in with the virus. At my general practice surgery, more and more patients were presenting with what seemed to be random symptoms such as fatigue, dizziness, brain fog, pain in their joints and poor mental health. Their symptoms continue to be wide ranging, including slurred speech, indescribable headaches, fluctuating heart rate, numbness and abdominal issues.

Long Covid is hitting the country hard, impacting—

Alex Cole-Hamilton: Sandesh Gulhane has described his experience in the foothills of the pandemic. Does he recognise that people who had long Covid from the first wave perhaps did not have a positive test result on their medical records, because we were not testing at that point? Similarly, we are not testing now, so people who develop long Covid as a result of their infection will again have to fight to get that diagnosis.

Sandesh Gulhane: I agree absolutely. It is important that if we offer support to sufferers of

long Covid, one of the key tenets should be that that should not depend on their having had a positive Covid diagnosis, given that we know what Alex Cole-Hamilton described to be the case. The cabinet secretary and I have spoken about that, and I feel that he agrees with the view of the Scottish Conservatives.

Humza Yousaf: As Dr Gulhane is a clinician, he will be able to confirm that a person's receipt of support for the long-term effects of Covid is not reliant on their having had a positive test.

Sandesh Gulhane: Absolutely. As I said, from the conversations that the cabinet secretary and I have had, I think that he agrees with us on that point.

Long Covid is hitting the country hard and impacting individuals, families, the labour market and the delivery of healthcare services. As the cabinet secretary said, long Covid hits patients hard; as a practising general practitioner, I have countless examples.

There is a young mum who had a job, used to run five to 10km a day and has a family, but now she can barely make it to the toilet without feeling breathless. She had no choice but to give up work, so financial pressures are coming and she has been forced to sell her house and move in with her parents.

I know a doctor in Scotland who was forced to quit because of the exhaustion and headaches, which made it impossible to function. Telephone consultations were out of the question because she was so breathless she could not do them.

Then there is our youth. More than 80,000 12 to 16-year-olds across the United Kingdom are struggling to function with long Covid.

In my Scottish Parliament maiden speech, on 27 May last year, I underscored the problem of long Covid, and on 1 June, as members of the Scottish Parliament debated the national health service recovery plan, I called on the Cabinet Secretary for Health and Social Care to commit to establishing a specialist long Covid clinic.

Our paper, "Treating Long COVID in Scotland", which came out shortly afterwards, sets out an action plan that includes investing in a network of specialist clinics and an app-based treatment service, ring-fencing funds for Covid care, and establishing a programme of research to discover more about the disease and its long-term impact.

Having extensively researched how regions across the UK were responding to long Covid, I recommended that the Scottish Government should take the holistic approach developed by Hertfordshire Community NHS Trust. That involves a rehab pathway with a multidisciplinary team including GPs, physios, respiratory nurses,

dieticians and clinical psychologists who can refer patients to other clinics, and much of it is delivered remotely. The team in Hertfordshire freely admits that it did not get everything right. It would happily tell us how to get things going in Scotland, but I am concerned that we might want a north-of-the-border solution.

We are still waiting for a solution. On 9 September, the Cabinet Secretary for Health and Social Care announced, with a fanfare, £10 million for long Covid and a promise to deliver the best models of care to help health boards respond to the condition. Yet where are we now, in May 2022?

While England has 90 long Covid clinics—and I accept that not all have received positive feedback—Scotland does not have any. As for the £10 million to support long Covid services, that sum has been tweaked, with £3 million allocated for this year and next and more money to come. Will that new money even touch the sides? Will there be a clear audit trail on how it is spent? I hope so.

Scotland faces a tsunami of long Covid cases but the Scottish Government has not acted, and that is not lost on long Covid patients, who are suffering. I received an email this week from a man who caught Covid in 2020 and has been suffering from cognitive and visual issues for two years. No clear clinical pathway exists for him. He said that his mental health had not been looked at and that he did not feel that mental health had been part of the long Covid dialogue, yet it is crushing thousands of Scots with the condition—he knows of two long Covid sufferers who have recently died from suicide. He signed off by saying that he had watched the cabinet secretary on BBC's "The Nine" and was deeply disappointed in the clear lack of understanding regarding the situation that sufferers face.

Today, we were hoping that the cabinet secretary had good news for the country's 151,000 sufferers. We would welcome more detail around the role of a long Covid co-ordinator, for example on whether they would be clinical or non-clinical and whether they would be available throughout Scotland.

What would good news look like for people who are watching the debate from the public gallery and around the country? To start, we need a joined-up approach in which GPs can make speedy referrals to a Covid clinic without having to see the patients multiple times, and in which they can make multiple referrals to specialties such as occupational therapists, physios, cardiologists or respiratory specialists.

We also need to urgently create an NHS long Covid app for Scotland. We do not need to

reinvent the wheel or repeat the issues of the failed Covid passport app. It should be noted that the Barts Health NHS Trust in London had an app up and running in December 2020. We should be learning from tried and tested best practice from north and south of the border or from east and west of the country—it does not matter.

In our major cities, it might still be desirable to bring specialties together under one roof, but a central belt solution does not work for the Highlands or the Borders. Many long Covid sufferers simply cannot travel, which is why the Hertfordshire model works, as it is not one size fits all.

NHS staff are going above and beyond but they cannot provide the service that patients deserve, because we are failing to tackle long Covid head on. We need to launch and operate a network of long Covid clinics. Tackling long Covid is key for the whole of Scotland, to speed its recovery from the coronavirus pandemic. Long Covid sufferers are demanding—begging for—long Covid clinics, and we need to listen to them.

We cannot support the Scottish Government's motion, because it does not go far enough, despite some of the things that we agree with.

I refer members to my entry in the register of members' interests, as a practising NHS GP.

I move amendment S6M-04472.3, to leave out from "believes" to the end and insert:

"notes that 151,000 people in Scotland are currently estimated to have long COVID in Scotland, including 64,000 who have been experiencing symptoms for more than a year; recognises that the number of people experiencing symptoms for more than a year has doubled in the last six months, and that faster action from the Scottish Government could have alleviated this and reduced the very substantial pressure on primary care; regrets the pace of the approach taken by the Scottish Government, which has seen funding allocated a full six months after it was promised; regrets that a lack of adequate data from the Scottish Government has contributed to its slow and inadequate response; notes that £10 million for all NHS boards over three financial years will be wholly insufficient to tackle the scale of the problem; regrets the Scottish Government's continued failure to deliver specialist long COVID clinics in Scotland, meaning that people in Scotland are being left behind without access to the treatment they deserve; calls, in consequence, on the Scottish Government to deliver a network of long COVID clinics across Scotland; requests that the Scottish Government undertakes work with relevant clinical and regulatory partners to develop a long COVID clinical pathway, and asks the Scottish Government to adopt an app-based treatment service to reduce pressures on other parts of the NHS."

15:18

Jackie Baillie (Dumbarton) (Lab): As others have said, the debate is long overdue, having been cancelled last month to spare the cabinet

secretary's blushes because not one penny of long Covid money had been allocated. Two years on from when I and others first raised the issue of long Covid with the Scottish National Party Government, we now see baby steps being taken. Snails move at a faster pace.

An estimated 151,000 people in Scotland are suffering from long Covid. As many as 10,000 are children and 64,000 have experienced symptoms for over a year. That number is rising steadily by tens of thousands, month after month, as Covid continues to tear through our communities.

Long Covid is debilitating. It impacts on daily lives. Many sufferers are unable to work or to undertake the simplest of tasks without being exhausted. David told Long Covid Scotland how he has gone from being a fit and professional civil servant who worked 40 hours a week to being housebound. He said:

"I did my part and didn't seek treatment at the height of the pandemic. I went to bed each night not knowing if I would wake up the next day. I've hit a wall with treatment and there's basically nothing available to support me."

Freja told Long Covid Scotland:

"My life has been on hold due to Long Covid and my world has shrunk. It is inhumane to leave us suffering like this with no treatment."

That is the reality for people who are living with long Covid.

The £10 million that was announced for long Covid treatment last year has still to be spent. Not a single penny has yet been used to treat and support people with the condition. From Dumfries and Galloway to the Western Isles, from Lothian to Glasgow to Ayrshire and Arran, not a single health board has received any money so far. However, do you know what? They all got a letter today notifying them of funding—just in time for the debate. A person much more cynical than I am would wonder at the timing. Cabinet secretary, tell us about the timing.

Humza Yousaf: Is Jackie Baillie seriously suggesting that our hard-working nurses, doctors and AHPs have not been treating people with long Covid? If they have been treating people with long Covid, that has of course been funded by the Scottish Government. This funding is additional, on top of what we have already provided in funds to our NHS. Does Jackie Baillie accept that point?

Jackie Baillie: That is so disappointing, because, even if nobody else knows this, the cabinet secretary knows that the NHS is stretched to breaking point. It is in crisis. The cabinet secretary is asking staff to do even more with the little money that he gives them, and the £10 million that he announced months ago has not been sent out to help them to put in place services that are required. Shame on him! I note that that is £10

million over three years, which works out as a paltry £33 per person per year. That means no specialist clinics, no specialist dedicated pathways and little support for Scots with long Covid.

In England, at least £210 million has been announced for long Covid clinics, services for children and money for GPs to help with diagnosis. In Wales, dedicated clinical pathways were resourced more than a year ago with £5 million, and another £5 million is being provided now—that is £10 million for a country with a population that is half the size of ours. Why is the scale of the SNP's ambition so much smaller?

On almost every issue, the SNP claims that it is the UK Government that prevents it from acting. The reality is the opposite. Health is fully devolved, so it is not that the Scottish Government cannot act but that it simply will not act at the pace and scale that is required.

The Government talks about joined-up treatment pathways, yet, in March, a Long Covid Scotland survey found that patients struggled to get their symptoms investigated. Heart and lung problems are associated with long Covid, but only one in four people said that they had been referred to a cardiologist or respiratory clinic. Only one in 20 people said that they had been referred to neurology, despite cognitive impairment and brain fog being among the most commonly reported symptoms. When patients were seen by a secondary service, they often reported having only one appointment, with no follow-up treatment.

The Government argues that tackling the issue requires a holistic approach, but, when one health board put in an evidence-based bid to access funding to deliver such an approach, it was told that its proposals would cost more than the Scottish Government was willing to give.

The SNP is simply not serious about helping people with long Covid to recover. At the moment, Government policy seems to be that we have to live with community transmission of Covid. However, as people catch Covid again and again, despite being vaccinated, more people are getting long Covid. That is true for children, too. Unless action is taken, such as improving air quality in schools—using high-efficiency particulate air filters rather than slicing the bottom off classroom doors—more children will be infected and more will end up with long Covid.

There has been a lack of action on long Covid research. Where is the quality paediatric research? Where is the research on antivirals or prophylactics? There is much more that the Government needs to do.

I turn to employment. Long Covid Scotland carried out an employment survey in March. It discovered that the condition had a profound effect

on people being able to work. Some have managed to return to work, some are at work but on reduced hours, and some have not been able to return at all. Employers are struggling to understand, they are not making reasonable adjustments and some are insisting that staff return to work when they are not able to do so. Some people are on full pay, some are on reduced pay and some have lost their jobs completely.

That is especially frustrating for front-line workers who put themselves in danger, caught Covid, now have long Covid, and are being threatened with no pay if they do not return to work while they are still really ill. There is an urgent need for occupational health service advice and support for employers and employees. It is available in major public and private sector bodies, but it is not the case everywhere.

I will close with words from a key worker.

"I worked on the front line during the pandemic, with very little PPE. I just feel discarded. I gave my health to help others, and now I am just a number."

The voices of the 151,000 who are suffering with long Covid can no longer be ignored. It is high time that long Covid is met with the gravity and urgency that it deserves.

I move amendment S6M-04472.1, to leave out from "recognises the role" to end and insert

"regrets the Scottish Government's complete lack of urgency in delivering its £10 million Long COVID Support Fund, which was announced in September 2021, with nothing allocated before 1 April 2022; further regrets that no network of specialist long COVID clinics or specialist clinical pathways have been established for individuals recovering from the virus and living with recurring symptoms, in contrast to the steps taken in other parts of the UK; notes the Scottish Government's latest announcement, but recognises that it falls short of what is required, and calls on it to take immediate steps to increase and roll out funding to NHS boards, working in partnership with local authorities, to ensure that people living with long COVID are accessing the right support and treatment; recognises the importance of developing services in partnership with those living with long COVID, such as Long COVID Scotland; calls on the Scottish Government to ensure that everyone experiencing long COVID is able to access appropriate occupational health support to enable them to return to employment, and considers that further clinical research will improve understanding of the long-term effects of COVID-19 and identify effective treatments."

15:25

Alex Cole-Hamilton (Edinburgh Western) (LD): Finally and belatedly, we debate this devastating condition in Government time. It is shameful that the SNP-Green coalition has made sufferers wait this long.

Long Covid was first recognised more than 18 months ago, as we have heard several times. It affects more than 150,000 Scots and that figure is rising. It has been characterised as possibly the

biggest mass disabling event since the first world war, but the Government's progress on it has been utterly glacial.

Long Covid is insidious, debilitating and widespread. It manifests in any combination of hundreds of symptoms, including air hunger, diarrhoea, muscle spasms, brain fog and chronic fatigue. It ruins livelihoods and it hobbles lives.

Until now, sufferers have been deprived of a voice in the proceedings of the Parliament. Today, they speak through those of us, such as me, Jackie Baillie and Dr Sandesh Gulhane who, from the Opposition benches, have dragged the Government to this point. Today we speak for sufferers such as Anna, who, at just eight years old, has had her education and her childhood ruined by long Covid. When asked by her mum Helen Goss, one of the founders of Long Covid Kids, to describe her condition to the first meeting of the long Covid cross-party group in the Parliament, she did so using just three words: "I hate it".

Anna is just one of more than 10,000 Scottish children who are battling the condition and who seldom get the attention that they deserve.

I speak today for Stuart, my constituent, who is with us in the public gallery. He is a man of an age with me. He had his whole career before him but now cannot be sure whether he will have the strength to leave the house on any given day. Even now, despite the belated recognition in the remarks of the cabinet secretary, each of those people, and the 150,000 people like them, would be better off moving to England where there are long Covid clinics, care pathways and dedicated research trials.

On this matter, the Government has been woeful. Only after considerable pressure did the cabinet secretary announce £10 million for long Covid in September last year. Until this month, however, not even a penny of that money had been allocated.

Prior to that point, and at every time since, long Covid has only ever been raised in the chamber during Opposition time. In November, I led the first parliamentary debate on the matter. In January, my colleague Beatrice Wishart asked the Government to provide an update on the impact of long Covid, and she was told it would perhaps be discussed as an option at the bureau. In February, I highlighted to the First Minister that fewer than 1 per cent of long Covid sufferers had been referred to the Chest, Heart & Stroke Scotland support service. She told me that there was no need to intervene. In March, Jackie Baillie, Sandesh Gulhane and I pressed the First Minister on why none of the £10 million had been allocated to the long Covid support fund, or had even been spent.

She said that the allocation would be made in the following weeks, but weeks and weeks have passed.

The weeks and months have passed and the SNP-Green coalition's approach to this awful condition is one of manifest disinterest. To add insult to injury, neither party could be bothered to send a representative to the national long Covid hustings ahead of the council elections.

I say to the Government, both SNP and Green, long Covid sufferers see you and they will find you out. The announcement that £3 million will be spent this year is eight months too late. It is wholly unequal to the challenge and it will not touch the sides, but that is what we have come to expect from the Government when the main resource that it has made available to sufferers during these past two years has been the Chest Heart & Stroke Scotland support line.

Make no mistake—that is a valuable service for those long Covid sufferers who reach it. It offers them a safe way of speaking to their advice line nurses and provides wider support through the long Covid patient support group. I want to make it clear that my frustration about the lack of progress is not about the Chest Heart & Stroke Scotland service, but that fewer than 1 per cent of long Covid patients have been referred to it. The First Minister might believe that there is no good reason to intervene, but I can assure her that there absolutely is. There is currently no primary care pathway to the service, which means that when someone with long Covid visits their GP, it is unlikely that they will be referred to the service automatically. They might be lucky enough to have a GP who is aware of the support line and encourages them to call it, but many will not be.

In England, by contrast, people who visit their GP about long Covid can be referred to a post-Covid clinic, where they can be assessed by a doctor, a nurse or a physiotherapist. The Government may say that those clinics do not always get the best feedback, but at least patients in England have the option of using them. That option is not available here. As a result, Scottish sufferers are being left far behind and are not getting the help that they need.

The Scottish Government must recognise the enormity of the public health disaster that the long Covid situation represents. The cabinet secretary must start listening. He must listen to Chest Heart & Stroke Scotland, which has told ministers that an integrated automatic referral system needs to be put in place; he must listen to Long Covid Scotland and the other third sector organisations that are calling for a human rights-based approach to provision; and he must listen to long Covid sufferers such as Stuart and eight-year-old Anna,

who are crying out for him to take account of their experience and to act.

When Scotland's pandemic story is written, the tragedy of that story will undoubtedly be found in our care homes, but the scandal of that tale will be told in the Government's indifference to Scotland's long Covid sufferers.

I move amendment S6M-04472.2, to insert at end:

“; recognises the work of Chest Heart and Stroke Scotland in operating the vital long COVID support service; regrets that less than 1% of people with long COVID have been referred to the service, and urges the Scottish Government to take immediate action to expand the pathways to support, including enabling GPs to refer to the long COVID support service automatically.”

The Presiding Officer: We move to the open debate.

15:31

Evelyn Tweed (Stirling) (SNP): I very much welcome the Scottish Government's recognition of the impact of long Covid and its commitment to help people who are suffering from that debilitating condition.

The National Institute for Health and Care Excellence has pointed out that post-Covid-19 syndrome is an emergent condition and has made recommendations for further research on long Covid in numerous areas. Its guidance is continuously reviewed and updated as new evidence comes to light. It notes that the condition has a wide-ranging array of symptoms, the most commonly reported of which, as has been stated, include fatigue, breathlessness and brain fog.

Therefore, it is right that the Scottish Government is not suggesting that a one-size-fits-all approach be taken but is instead supporting a holistic, patient-centred assessment of need and a range of approaches to treatment.

Alex Cole-Hamilton: I have heard several Government members say that a one-size-fits-all approach will not work, and that is right, but does Evelyn Tweed not recognise that, up until this point, what we have had from the Government has been a case of no size fits all?

Evelyn Tweed: I do not agree, and I will come on to say why.

The symptoms can be life changing, as Angela, a constituent of mine, told me. She said:

“Last year I was leading kayaking trips and hill walks, and now I can't get to the shop and back.”

She added:

“My employer has been understanding, I've had a phased return to work doing half days in the office instead of out on site. But the reality is that if things haven't

drastically improved in the next 5 months, then it's likely I could lose this job."

I was disappointed to hear that Angela had not been referred to the excellent NHS Forth Valley REACH—reablement at home service—rehabilitation teams, which provide advice, treatment and support to local people who are recovering from Covid-19 in the community and at home.

As well as the severe medical impact on the individual, the adverse effects on society and the economy should not be overlooked. The Royal College of Nursing reports that people who work in health and social care are significantly more likely than the wider population to report having long-term sickness as a result of Covid, but that is not the only sector that is affected.

Earlier this year, the Chartered Institute of Personnel and Development surveyed 804 organisations representing more than 4 million employees. The survey found that a quarter of employers now include long Covid among their main causes of long-term sickness absence. It further noted that only a quarter of organisations provide training or guidance for line managers on how to support people to stay at work while managing health conditions and that less than a fifth provide any guidance for employees.

In response, the CIPD is calling on organisations to urgently review their health and wellbeing strategies and to ensure that they are providing effective support for those with long Covid. We must recognise that each individual's experience is completely different. I encourage all employers to read the CIPD's report and recommendations.

I appreciate that there have been calls from some quarters for the establishment of long Covid clinics, following the model adopted by some NHS trusts in England. There is the potential for all health boards in Scotland to use that model. However, I understand that many patients in England are waiting many months to go to those clinics. I also understand that, if replicated in Scotland, one-stop clinics could take precious resources from other parts of the health service.

We need a system that offers long Covid sufferers quick access to a range of services, depending on their particular needs, and that is flexible enough to develop and change as our research and understanding improve. I believe that the Scottish Government is supporting health boards across Scotland to do that by augmenting existing services with £10 million of funding. I am delighted by the additional funding that has been discussed today.

From my work on the Health, Social Care and Sport Committee, I am also aware that the cabinet

secretary regularly meets stakeholders, particularly those with experience of long Covid. I am confident that lived experience will be at the heart of policy making.

I note that the Health and Social Care Alliance Scotland will, like me, welcome the Scottish Government's commitment to a person-centred approach to long Covid care. Keeping people like my constituent Angela, who have lived experience, at the centre of policy will ensure that we get that right. Let us help all those who are suffering from long Covid to get their lives back.

15:37

Brian Whittle (South Scotland) (Con): I am pleased to have the opportunity to speak in the debate. It has taken the Scottish Government too long to recognise, document and respond to long Covid, on the back of a Covid-19 pandemic that impacted on so many aspects of our lives.

In March 2020, when the First Minister announced the first lockdown, with the support of all parties, those of us who were in the chamber at the time knew that it was coming but were still pretty shell-shocked. It was hard to imagine shutting down a country. That decision was based on the best epidemiological modelling available to the Government at the time, and we went into lockdown.

We always said that we were "following the science", to assure the public that there was method in the decisions that were being made with the support of Parliament. Incidentally, the phrase "following the science" was never properly explained. The science continued—and continues—to evolve. For example, the First Minister said on television that there was no evidence that mask wearing would be effective, but we now know that evidence emerged to the contrary and that that position changed. The lack of explanation about what "following the science" meant made it more difficult to take the public with us.

We did not realise at the time that, although the results of that modelling were being implemented, there was no modelling of the unintended consequences or harms that might come from that lockdown. We now know that those were significant. That is where the division between the Government and other parties began. I have asked many times in the chamber, and in the COVID-19 Recovery Committee, how the Government is responding to those growing issues or is even gathering data on those problems. The answer always spins back to tackling Covid. Tackling the health issues directly associated with Covid did, of course, have to be front and centre, but not to the exclusion of other issues.

In recovery from Covid and its effects, the gathering and analysis of data is absolutely crucial. We needed a system that compared the model to the outcomes of its implementation, in real time, so that that modelling could change, adapt to reality and afford us the most informed pathway—an effective information technology system that could gather all relevant data and inform science, and therefore the Scottish Government, on the next steps and arising issues.

We know the impact on cancer care, elective surgery and chronic pain, all of which will take years to recover, and we now have long Covid. As I have said, the Scottish Government has been too slow to react and to gather the data that is required to make informed decisions at the pace that is required.

It is estimated that 151,000 people in Scotland have long Covid. As we have heard, the effects on individuals and their quality of life can be devastating, and there is, as yet, no treatment pathway for those 151,000 patients. Once again, we are behind the curve in comparison with other parts of the UK. Why did we not at least follow their data and plans while we established our own?

Humza Yousaf: Does Brian Whittle accept that there is a mountain of evidence that long Covid clinics are inadequate, that they are ineffective and that they simply delay even further the treatment that somebody requires? If he is not sure of that, will he at least accept that I will offer him that evidence, in writing, after the debate? A mounting body of evidence—qualitative data, including from a Westminster all-party group—suggests that long Covid clinics are inadequate.

Brian Whittle: As I am about to go on to tell the cabinet secretary, what I am highlighting is not a new problem for the Scottish Government. Prior to the pandemic, Scotland was already behind the curve in developing an IT system that allowed the gathering and free flow of information.

In the previous session, as the cabinet secretary is aware, I raised that issue many times and with various witnesses in the Health and Sport Committee. Overwhelmingly, they agreed that a system in which communication and collaboration were enabled across all health boards, primary and secondary healthcare, pharmacies and the care system would allow for much more efficient responses.

In answer to your question, cabinet secretary, I ask you to read the report “Technology and innovation in health and social care”, which was published by the Health and Sport Committee on 1 February 2018. This is the key to your intervention on how we gather and access data:

“We note a disconnect between Scottish Government strategies and local delivery and unwanted variation between NHS boards ... We also recommend the Scottish Government takes a ‘once for Scotland’ approach to the implementation of its forthcoming Digital Health and Social Care Strategy.”

The interoperability of IT systems is essential to the achievement of the fundamentals of the Scottish Government’s draft vision. You are asking me to take data from elsewhere—

The Presiding Officer: Please speak through the chair, Mr Whittle.

Brian Whittle: Sorry, Presiding Officer.

When we agreed to carry out the inquiry, we thought that we might be investigating ways of modernising the health and social care sector through the use of modern and ground-breaking technology and innovative and fresh ways of working. We did not expect to hear of a culture that was reluctant to adapt to new ways of working, in which innovation was not encouraged and in which a heavily outdated IT system still created major barriers.

In Scotland, we are way behind in gathering and utilising data and in having an IT system that has interoperability across all data streams. That the Scottish Government is slow to respond to long Covid is a direct result of that long-standing issue. I know that the cabinet secretary shares my interest in that area. In closing, I ask him to make that a priority in our recovery from Covid, including long Covid, because data analysis is a main weapon. We must do better in our endeavour to recover from the pandemic and its effects—and that must include long Covid.

15:44

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in this debate on long Covid. We have heard from more and more Covid-19 survivors that the impact of the virus lasts beyond the first few weeks of immediate symptoms. For many people, it lasts more than a year. For some patients, Covid-19 has a long-term and far-reaching impact on their daily lives, as we have heard in the debate. It impacts on them physically, emotionally and cognitively. The cabinet secretary and Evelyn Tweed both described symptoms of post-Covid syndrome, which is now called long Covid.

As well as the respiratory complications, I am interested in the cardiovascular and coagulation complications, information about which is now being published. The *BMJ* has noted a spectrum of cardiovascular complications: sinus tachycardia, hypertension, various arrhythmias, myocardial ischemia, acute myocarditis and heart failure, pulmonary thromboembolism and right ventricular

dysfunction as well as left ventricular hypertrophy. The symptoms that I have just mentioned serve to show that Covid and, indeed, long Covid can have a serious impact on a person's physical health and that it is a complex condition.

The Conservatives' amendment refers to the need for long Covid clinics. NHS England states that its long Covid clinics

"bring together doctors, nurses, physiotherapists and occupational therapists to offer both physical and psychological assessments and refer patients to the right treatment and rehabilitation services."

The clinics, which are largely virtual, signpost people to the correct specialist service. The Scottish Government's paper on its long Covid service, which is backed up by £10 million of investment—the same amount of investment that has been provided in England—states:

"We recognise and acknowledge the impact that long COVID can have on the health and wellbeing of those affected. We are committed to ensuring that every person with long COVID is supported with access to the care they need, in a setting that is as close to their home as possible."

The long Covid service sets out support to ensure that, when someone presents at primary care with long Covid, they can access the services that they need the most.

There is also a really useful Scottish intercollegiate guidelines network booklet for patients—I found it really helpful, too—that helps to explain what support is available in Scotland.

As other speakers have highlighted, the symptoms of long Covid are complex. Blood tests and multidisciplinary team assessments and interventions are required to diagnose, for example, left ventricular hypertrophy or complex clotting issues that might be part of long Covid presentation.

The approaches of the Scottish NHS and NHS England are virtually identical. It is important that we do not downplay the approach that is being taken here in Scotland. Scotland does offer people support. The Scottish Government is supporting health boards to provide a flexible, tailored approach that meets each health board's demographics in rural and urban areas.

Brian Whittle: I am grateful to Emma Harper for taking an intervention. If the Scottish Government is, in essence, reflecting and mirroring what is happening down south, she will presumably disagree with the cabinet secretary, who said that, down south, the approach is not working.

Emma Harper: I did not say that we are mirroring the approach in England. I said that the multidisciplinary team approach is already taking place in Scotland. We have a different NHS in Scotland; we manage our services slightly

differently. We need to support what works better for our health boards in their areas.

Alex Cole-Hamilton: Will the member take an intervention?

Emma Harper: I do not think that I have time.

I am the Commonwealth Parliamentary Association gender champion in the Parliament, and I was really interested to read that women are very much impacted by long Covid. According to the Office for National Statistics, the prevalence of long Covid has been greatest among the female workforce. The workforce in social care is 85 per cent women, the workforce in education is 68 per cent women and the workforce in healthcare is 76 per cent women. Women work in those high-risk areas, and the likelihood that they will experience long Covid is higher. That creates challenges for women in the labour market.

We need to highlight the importance of the participation of employers in supporting those with long Covid. More than half of respondents—52 per cent—to a 2021 survey by the Trades Union Congress said that they had experienced some form of discrimination or disadvantage due to long Covid. One in six respondents—18 per cent—said that the amount of sick leave that they had taken had triggered absence or human resource processes. That is a concern. As I said, the workforce in social care, education and health is predominantly women, and we need to support them in any way that we can. It can be particularly difficult for them. Evidence from Close the Gap shows that women have been forced into using their sick leave entitlement to undertake additional unpaid care during the pandemic, especially during school and nursery closures.

I therefore ask the minister to comment, in closing, on whether the Scottish Government is undertaking any specific analysis of the link between long Covid and gender, and whether additional consideration is required in relation to those taking time off work due to long Covid.

It is important to recognise that people with long Covid in Scotland must be supported by a full range of NHS services, primary care teams and community-based rehabilitation services, with referrals to secondary care when necessary. We must look at emerging research from other countries, and partner with other nations, as we learn and evolve—we should apply examples of best practice to our approach to improving outcomes for those living with long Covid in Scotland. We are emerging from the pandemic and need to support our long Covid patients in order to give them the best service.

15:50

Mark Griffin (Central Scotland) (Lab): I echo colleagues' comments in welcoming the debate on long Covid. It is astonishing that it has taken so long for us to have this debate.

Long Covid is a new, devastating and disabling disease. It is an industrial disease. As many members have mentioned, the number of people suffering from long Covid is now in excess of 150,000, and they have seen their lives and livelihoods destroyed, consumed by the relentless and horrifically common symptoms, which include brain fog, breathlessness, extreme fatigue, constant dizziness and joint pain.

Given the Government's rhetoric on supporting disabled people and seeking to give them dignity, fairness and the respect that they deserve, it is particularly distressing how little support long Covid sufferers are getting. I genuinely believe that the Government has strung them along with warm words. In September 2020, when we were just six months into the pandemic but it was clear that long Covid was the most devastating workplace disease that Scotland had seen in a generation, I asked the then Cabinet Secretary for Social Security and Older People whether the Government might use its powers on assistance for people with employment injuries to support workers who were suffering from the long-term effects of Covid-19. Her response was simply that the Government encourages people who have long-term Covid-19, when they experience symptoms, to access the benefits system as anyone else would. In other words, they should try a personal independence payment claim with the Department for Work and Pensions.

Many of us in the chamber probably know this very well, but if we asked a disabled person with a fluctuating condition about the prospect of applying for PIP, they would be able to say just how horrifying and cruel that process can be. They would tell us of their traumatic experiences; as we have heard many times in the chamber, the DWP systematically discounts their illnesses. That is borne out by the statistics. In January 2022, just 99 people in Scotland had been successful with a PIP claim for long Covid.

Making long Covid an industrial disease would mean that we could strip away that assessment process. We would be accepting the weight of evidence from those people and those occupations suffering the most. I have repeatedly asked the First Minister whether we should use the new powers of the Parliament in that regard. Even in 2020, it was clear that Covid was having a substantial impact on people who were catching it at their work. The testimonies that I relayed to the First Minister at the time included that of a retail worker who was in a coma for weeks and now has

to walk with a stick, and that of a social care worker who also had to use a stick, never recovered their sense of taste and smell and had been referred to a respiratory clinic. Those are two of the many stories that I have heard that describe how key workers who looked after and protected us are now too unwell to return to the jobs that they love.

A survey in March by Long Covid Scotland—which I commend for its tireless campaigning on the issue—highlights the significant number of people who are unable to return to work or to their previous levels. Half are still off work and feeling judged for still being ill. Those who have returned feel that their return to work has negatively affected their symptoms.

The response from the Government is more empty words. I was given an undertaking that what the Government could and should do with regard to providing support would be looked at. That yielded a letter saying that the Government would defer to the UK Government's industrial injuries advisory council, which, in turn, refused to recognise long Covid as a prescribed industrial disease. The Scottish Government took that position, even though the issue of employment injuries is fully devolved to the Scottish Parliament—dignity, fairness and respect, but not for someone with long Covid.

Colleagues across the chamber, particularly Opposition members who supported it, will know that I am pursuing a member's bill to establish a Scottish advisory council to secure an employment injuries system that is fit for purpose in 21st-century Scotland. The genesis of that bill involved asking key workers whether long Covid should be thought of as an industrial disease. Given that many caught Covid at work while simply doing their job, and given that, in too many cases, the condition virtually destroyed their ability to return to work, the answer was an overwhelming yes.

Like many others, I would be delighted if the minister would close the debate by confirming that people with long Covid will be entitled to the Government's employment injuries assistance. Putting the decisions in the hands of a statutory body, independent of Government, that can research and advise on the risks facing workers and has the energy to reshape the benefits system in order to support those workers is the only way that long Covid will be recognised as an industrial disease that many workers are enduring today.

15:56

John Mason (Glasgow Shettleston) (SNP): Long Covid has been discussed and questions have been asked about it at meetings of last session's COVID-19 Committee and this session's

COVID-19 Recovery Committee, both of which I have been a member of. We have heard different titles being given to it, including post-Covid syndrome and post-Covid-19 condition, which is what the World Health Organization is calling it.

I know about the condition from my personal experience. My friend and his wife both caught Covid early on. She got it more seriously but recovered more quickly, while he continued to have problems with breathing for a number of months and said that he felt like he was never able to take a proper deep breath.

I read a *The Guardian* article that was a personal account of someone in England who had long Covid. It said that none of the 80 specialist clinics there is offering effective treatments. It seems clear that, although long Covid clinics might be part of the answer, they do not guarantee a better patient experience.

In preparing for today's debate, my staff found a useful piece by the British Heart Foundation detailing some of the research around long Covid. For example, there is a three-year study involving data from 60,000 people to help define what long Covid is and improve the way that it is diagnosed. The study is trying to explain why some people get long Covid, the typical effects on a person's health and ability to work, and the factors that affect recovery.

Other research that I understand is going on includes research into whether existing medicines, such as statins and anticoagulants, can help to prevent long Covid and relieve its effects. Another study, on long Covid in 11 to 17-year-olds, is attempting to identify symptoms in children and young people who were not treated in hospital. There are at least another 15 research projects across the UK, covering topics such as breathlessness, reduced ability to exercise and brain fog. However, in its briefing, the Royal College of Physicians of Edinburgh confirmed that there is no internationally agreed clinical definition of the condition or clear treatment pathway.

When we read those articles and realise the basic level of research that is going on, it strikes home how little we understand about long Covid and how it can be treated. Therefore, we need to accept that this is a long-term project. Of course, it is important for the 150,000 or so people with long Covid in Scotland, of whom perhaps one in six is so ill that day-to-day activities are substantially limited—in one study, half of the sufferers said that they are unable to return to work. They are urgently looking for treatment and cures. One previously very active person said to me:

"I have to get better."

It is perhaps useful to think of the timeline around myalgic encephalomyelitis. I understand

that ME was observed in Los Angeles in 1934 and was thought at first to be atypical polio. In 1946, it was called Icelandic disease, after appearing in Iceland; in 1956, it was mentioned in *The Lancet*; and, in 1984, it was called chronic fatigue syndrome. However, it is still not well understood today. If ME is anything to go by, we are not going to get quick answers concerning long Covid. It is certainly argued by some that research is not progressing fast enough.

Michael Marra (North East Scotland) (Lab): I somewhat regret interrupting what sounds like a bit of a counsel of despair for the many people across Scotland who are suffering greatly at the moment, but what would John Mason say to the clinicians in my region who are astonished by the lack of resource that the Government is putting forward to allow them to develop new pathways and try to innovate? We cannot accept the kind of timeline that John Mason is laying out of decades to come.

The Deputy Presiding Officer (Liam McArthur): I can give John Mason the time back.

John Mason: Thanks very much, Presiding Officer.

The cabinet secretary largely answered that question by saying that treatment is going on. In fact, the friend whom I mentioned has had treatment. That is happening right now.

The member can call me pessimistic if he wants, but we had a very good meeting of the COVID-19 Recovery Committee this morning, which Mr Whittle attended. One of the points that the scientists made was that all Governments were too optimistic at the beginning. All Governments around the world said that we will get through it in a few weeks. Call me pessimistic, but I am trying to bring a little bit of realism. If we compare long Covid with ME—I accept that long Covid is not the same as ME—we see that the ME project has been a long-term one and there have not been easy answers. I do not believe that there are easy answers to long Covid.

However, as I was saying, we have to invest in research. I believe that the UK is spending £20 million or more, that Germany is spending perhaps €6.5 million, and that France is spending €2.2 million. I very much welcome the Scottish Government funding of £2.5 million. That is excellent.

Of course, whether or not we fully understand long Covid, we need to try to support as much as we can people who are suffering. Support in Mind Scotland emphasises that mental health is important, and the Health and Social Care Alliance Scotland reminds us of needs such as access to social care, social security—I refer to what Mr Griffin said—food, housing adaptations and

mobility aids. Those things can and should be happening, even if we do not fully understand long Covid.

The motion indicates that there should be flexibility for health boards. That seems right, as what works for Glasgow might not work in the Highlands. We should not be pushing for an overcentralised approach. That flexibility could be about strengthening the co-ordination of existing services or establishing dedicated services, including long Covid clinics.

I note that the Royal College of Physicians of Edinburgh believes that supported self-management and long Covid one-stop clinics are

“worthy considerations as part of the long Covid puzzle”.

It also quoted NICE in recommending access to multidisciplinary services, which could be one-stop clinics, but it pointed out that long Covid services should not divert resources away from rehab services to the detriment of patients with other conditions. Therefore, I think that we need to be a little cautious about more specialist stand-alone facilities.

I note from the Health and Social Care Alliance Scotland briefing that it wants people to have

“equitable access to high standards of support ... wherever they live in Scotland.”

I think that I can live with a term such as “equitable access” as long as it does not mean rigid uniformity.

There is rightly an emphasis on people receiving good primary care and community-based support, although there are accounts of people having mixed experiences as they interact with their GPs about long Covid. Given what has already been said about the need for research, it is clear that we cannot expect GPs or other primary care providers to be experts on all aspects of long Covid.

The alliance has made the valid point that access to social security and other entitlements is often more difficult for people with energy-limited and fluctuating conditions. Therefore, we need to try to ensure that systems are in place to cope with that and adapt as we find out more.

The Deputy Presiding Officer: You need to wind up, Mr Mason.

John Mason: Okay. Thanks very much.

There is a lot of encouragement for us, especially those who are suffering from long Covid. A lot is happening right now by way of treatment, research and so on, and I believe that that will help us in the long run to understand better and find better treatments.

The Deputy Presiding Officer: Thank you very much, Mr Mason. I am sure that colleagues will be

as grateful as Mr Mason to know that we have a little time in hand. Therefore, if members take interventions, they should get the time back.

16:04

Gillian Mackay (Central Scotland) (Green):

The true extent of the impact of long Covid is still unknown, and it may remain so for some time. As we have heard, it has been estimated that around 100,000 people are living with long Covid in Scotland. However, that figure does not adequately capture the devastating impact of the condition on many of those affected. Long Covid can have a significant impact on the quality of life, and its effects range from fatigue and shortness of breath to brain fog, chest pain, sleep disturbance and other symptoms that we are still discovering. The variation of those symptoms means that people have had to fight for diagnosis and treatment.

In its briefing for the debate, the Royal College of Physicians of Edinburgh highlighted that there is still no internationally agreed clinical definition or clear treatment pathway for long Covid and the evidence base for the condition is still developing. That presents a significant challenge for health services, and long Covid requires concerted, co-ordinated efforts to treat.

We must not underestimate the pressure that that will place on health services. Forward planning is essential. We should prioritise further research into long Covid, and I welcome the Government’s commitment to that. Such research must include the effects on children and young people and should be intersectional, as there is already evidence that certain groups are disproportionately affected by long Covid. Organisations such as the Health and Social Care Alliance and Long Covid Scotland have called for improved data collection on long Covid, so that we know exactly how many people have the condition, how they are being affected and who is most at risk.

Accurate, reliable data will enable us to design services that will properly meet the needs of people with long Covid, many of whom will require long-term care. Data published in *The Lancet* shows that 43.5 per cent of people had at least one complication after having acute Covid. Supporting people to self-manage their symptoms where that is appropriate is essential. A number of organisations have highlighted the need for patients as well as health and social care staff to be informed about how to find support if symptoms present.

In short, we need to ensure that people know what symptoms to look out for and where to go for help when they need it. I call on the Scottish

Government to do all that it can to raise awareness in that regard.

We also need to raise awareness of the disproportionate impact of long Covid on certain groups of people. We know that the pandemic has not affected everyone equally. The most recent Office for National Statistics data release shows that long Covid is more prevalent among women, despite the fact that acute cases of Covid tend to be in men over the age of 50. Close the Gap has highlighted that women are more likely to be in occupations where there is an increased risk of developing long Covid, such as healthcare and education. Their concentration in low-paid, precarious work also makes them more likely to miss out on statutory sick pay.

There are wider impacts on people's employment. A recent survey conducted by Long Covid Scotland of people's experiences in employment revealed that 52 per cent of respondents were unable to return to work, and 72 per cent reported that their current work patterns were unsustainable.

I echo calls made by the Trades Union Congress and Close the Gap for the UK Government to urgently recognise long Covid as a disability under the Equality Act 2010 so that employers cannot legally discriminate against workers who have it. Those workers would then be entitled to adjustments to remove, reduce or prevent any disadvantages that they might face. No one who is experiencing long Covid should be denied reasonable adjustments at work.

We need to take a holistic view of how people have been impacted by long Covid and provide wraparound support. People have been physically affected, and that may have knock-on effects on their employment, housing and education as well as their mental health and their need to access health and social care.

In its briefing for the debate, the alliance rightly highlighted the impact of long Covid on mental health. Physical symptoms combined with potential issues around employment, financial worries and struggles to gain access to treatment will all take their toll on people's emotional and mental wellbeing; studies have already demonstrated that. It is therefore essential that mental health support is considered alongside any treatment for physical symptoms.

Long Covid is a new condition and research into its effects is still in its infancy. It is therefore vital that we allow clinicians the time that they need to undertake their own learning. We all know the extraordinary pressure that health services are under at the moment and the huge demands that are being made on clinicians' time, but clinicians

must have protected learning time to ensure that they can deliver the best care to their patients.

Primary care will play a vital role in the identification of long Covid, and I am aware that the Royal College of General Practitioners has long been calling for protected learning time to be built into the working week of GPs. Given that this is a new condition, it is vital that we listen to the people who have long Covid. Unfortunately, many report having to fight for their voice to be heard or for their symptoms to be recognised.

We need to take a person-centred, rights-based approach that enables people with long Covid to feed into and shape the design of support services. I was glad to hear some of those points reflected in the cabinet secretary's speech. I would welcome any further comments on how the Government plans to engage with people and reflect lived experience.

The impact of the pandemic will still be felt for generations to come, not least by those with long Covid. Any recovery plans must include support and care for people with long Covid, to be provided now and for as long as they need it in the future.

16:09

Craig Hoy (South Scotland) (Con): Before I was elected to the Parliament, and in the early stages of my career, I was a journalist. I used to sit in galleries much like the one that we have in the Parliament, looking at the demeanour of ministers and trying to work out what adjectives I might use to describe it. Today, I would say: sheepish and squirming. We have waited months for a debate and an announcement from the cabinet secretary about long Covid, and it simply was not worth the wait. Promises have been recycled, money has been reannounced, past pledges have simply been polished up again, and there has been a shocking level of complacency.

Too many people who have fought to be heard and are suffering from long Covid are suffering the consequences, and are waiting for answers and solutions from the Government. SNP ministers must now finally get on top of the long Covid crisis, because the condition is affecting nearly three in every 100 Scots. If the cabinet secretary does not act, the situation will spiral out of control and will have very serious knock-on consequences for other services in Scotland's NHS.

Last year in our policy paper, the Conservative Party called for the creation of long Covid clinics and a co-ordinated approach to the disease across health and social care in Scotland. The findings of our report were supported across the sector, and by third sector organisations such as Long Covid Scotland, Chest Heart & Stroke

Scotland, Support in Mind Scotland and the Royal College of Physicians of Edinburgh. However, one year on, there are still no long Covid clinics, and there is still no co-ordinated response to the disease in Scotland.

The cabinet secretary said in his statement that long Covid clinics do not work; however, in the motion that he put to the Parliament, he said that

“The Parliament ... recognises the role of NHS boards ... to design models of care ... including long COVID clinics”,

so it is in his own motion.

Humza Yousaf: The important point that the member has omitted—deliberately, I suspect—is that I was referring to the mounting evidence that long Covid clinics in England, as they are designed at the moment, are not working on many occasions. That is not just something that I said; the member’s colleague, Dr Gulhane, said that there seemed to be evidence that, in some cases, long Covid clinics were ineffective. Does Craig Hoy accept that there is mounting evidence that some of the long Covid clinics in England are simply not working?

Craig Hoy: I accept that the cabinet secretary has an army of spin doctors, civil servants and parliamentary draftsmen, and if he cannot submit a motion to the Parliament that conveys that point, that is his problem, not ours.

The cabinet secretary wants to talk about England, so let us compare the situation in Scotland and England. In Scotland, people with long Covid are 20 per cent more likely to be severely affected by disease in their day-to-day life, compared to those who live elsewhere in the UK. In England, there are 90 specialist long Covid clinics but, in Scotland, there are none—zilch, zero. In England, more than £224 million has been committed to the development and delivery of long Covid services but, in Scotland, the best that the SNP can deliver is £10 million. It is not that the Scottish Government has no money, and the cabinet secretary knows that. There is £3 million for the next year, which simply will not touch the sides. Perhaps the Government, or the cabinet secretary when he sums up, may now be able to say how much money has been paid out so far and what it has been used for.

Sufferers of long Covid feel unsupported and undermined by SNP ministers. Take a constituent from Dunbar who suffers from long Covid, ME and postural orthostatic tachycardia syndrome, or POTS. She told me:

“I get POTS-related paralysis episodes, and those have become much more frequent since having Covid-19. With that combination of issues, I am almost entirely housebound and use a wheelchair to get around my house.”

She says:

“Much of the oppression reported by people with chronic illness takes the form of invalidation and disbelief of their impairment, and I hope that long Covid will mark a change in that culture—the point in time when we start to take energy impairment seriously.”

The repeated and often very passionate pleas from those who are suffering from long Covid are, in effect, being ignored by the Government. For more than a year, ministers have reverted to type. Mr Yousaf has done so again: we have dither, not direction; delay, not decision; and excuses, not action.

Emma Harper: Did Mr Hoy hear the cabinet secretary earlier when he said that he had direct experience with people who have lived experience of long Covid? The cabinet secretary has already been meeting those people.

Craig Hoy: That is the story all along. He has been meeting people with lived experience and listening to them, but he has not been acting on what he hears. That condition is apparent throughout his Government.

The Government says that it does not want a one-size-fits-all approach, but any concrete approach would be welcome in order to start to relieve the isolation and the suffering that is felt by patients who are suffering from long Covid. There is currently no clear clinical pathway for those patients, and the Government has failed to deliver any meaningful support to the 150,000-plus people in Scotland who are living with the condition.

We should not forget that the number of people who have been suffering with symptoms for more than a year has doubled in six months. That shows that the problem is getting worse, and ministerial inaction only makes their suffering greater. It is time for ministers to end their false promises and to act, which is why I encourage colleagues to support the amendment in Dr Gulhane’s name.

16:16

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Long Covid is a crisis in Scotland and around the globe, and there is absolutely no hiding from that. It attacks people’s weaknesses and devastates lives. Physical symptoms can include chest pain, difficulty breathing, headaches, internal blisters, fatigue, brain fog, frustration, grief, anxiety and depression—the list goes on, and members have heard about plenty of other symptoms today. Some sufferers are unable to return to work or school, and they miss out on important family events. As if that is not scary enough, research suggests that long Covid can lead to psychiatric, neurological and inflammatory issues, and even an elevated risk of suicide.

However, we should not forget that individuals with long Covid are not the only ones who are suffering. Their families walk that path with them—they provide care and support, and often struggle with the uncertainty around whether normality will ever return for their loved ones.

We have heard about the huge variation in symptoms, and I welcome the Scottish Government's holistic approach to research, treatment and policy, from education and social security to health and social care. I warmly welcome today's news of the £320,000 investment in NHS Lanarkshire to support a multidisciplinary Covid rehabilitation team, and I look forward to seeing the detail of that access point for supported self-management.

Today, I will focus on research and the lived experience of friends and family in my Uddingston and Bellshill constituency, before touching on workplace culture and how we treat people with long-term illnesses and disabilities. I give my sincere thanks to those who have taken the time to tell me about their personal experiences.

Research is the key to improving our understanding of the effects of long Covid on people's physical and mental health, and to identifying effective treatments. It is right that the Scottish Government contributes to the growing evidence base across the UK and internationally, and the £2.5 million that is being provided to support nine research projects is very much needed.

There is some disagreement about the value of making comparisons between long Covid and other post-viral conditions such as ME and chronic fatigue syndrome, or CFS as it is often known. However, one friend to whom I spoke yesterday caught Covid before testing was available, and before long Covid was even heard of. She told me that, looking back, she felt really quite lucky to have been diagnosed with CFS following Covid, because she was advised early on to incorporate something called pacing as a treatment.

Pacing is an activity management strategy that is designed to help ME and CFS patients to limit the number and severity of their relapses while remaining as active as possible. My friend has gone from swimming 100 laps in the pool to swimming just four laps once a week, and from walking 20 miles to sometimes struggling with 500m. Although pacing can be frustrating, it has saved her from pushing beyond the limits, and it still does so two years down the line.

I am told that one of the major issues for people who are living with long Covid is the endless cycle of going for tests, only to be told over and over again that everything looks okay. People talked about the frustration and helplessness that they

felt, and the variable impact on their physical and mental health. Long Covid sufferers have told me again and again that we must empower researchers to investigate long Covid alongside similar post-viral conditions, so that we can make connections between conditions and draw on existing treatments while developing new ones, too, because effective treatments improve lives.

It is paramount that lived experience remains at the centre of policies, practices and decision making—I am sure that that is not popular with Mr Hoy—about the development of services and supporting people. “Nothing about us without us” is such a simple and powerful principle. We must embed it in policy, practice and the development of services for long Covid, as we have with other things.

We know that Covid targets the marginalised and disadvantaged. We must listen to the experiences of the young and the old, and of women, ethnic minorities and people from disadvantaged areas. Too many people are hidden, and we must reach right into those communities to make sure that we hear those voices.

It is telling that the 2021 NASUWT wellbeing at work survey found that 17 per cent of respondents in Scotland have not disclosed long Covid to their employer. That brings me to my final point. At times, our culture can exploit and damage people who are living with long-term conditions and disabilities. Since the beginning of the pandemic, some have pushed the narrative that we should just get back to work, perhaps putting profit before people.

However, here in Scotland, our Government's fair work policy promotes fairer work practices and really encourages flexibility. When my friend's employer stepped up to the mark to support full-time home working, she was able to continue the job that she loves. I am absolutely sure that her work will pay her employer back tenfold.

Embedded in our culture is a belief that, when a bad day comes along, we must make up for it somehow by putting in extra the next day. GPs advise against that and tell long Covid sufferers to prioritise doing three things: to rest, to pace and to take time. Instead of trying to make up time, we must learn that it is okay—and indeed good—to follow that advice to protect our mental and physical health and keep us functioning at our best.

At this critical juncture, we must continue to invest in research so as to understand and develop treatments for long Covid. We must put lived experience at the centre of all that we do. We must also recognise that crisis brings opportunities. Let us take this opportunity to look

at the bigger picture and encourage workers and employers to protect and empower workers. As we recover from Covid and face the biggest cost of living crisis in over 40 years, let us stay focused on what matters most: our collective health and wellbeing.

16:22

Pam Duncan-Glancy (Glasgow) (Lab): For many of us, life is beginning to feel more like it did pre-pandemic. We are living in a new normal but, for most of us, it looks quite like the normal that we knew before.

For those who are living with long Covid, however, life could not be more different. The new normal for them is terrifying. Life after the pandemic has become one of constantly feeling exhausted and in pain, or in some cases experiencing brain fog and problems with memory, chest pain or heart palpitations, and insomnia. For the estimated 100,000 people in Scotland who are living with long Covid, life is immeasurably different. Like many people who acquire impairments, they are having to make significant changes to the way they live their lives. For them, the pandemic has meant losing various degrees of their independence, and it has left some struggling to return to work.

Like all health conditions, long Covid affects people differently and unequally. Some 93,000 workers believe that they caught Covid at work. Women were overwhelmingly focused in jobs that had high exposure to Covid, in sectors such as social care and teaching and education, and they are far more likely to suffer from long Covid as a result. Those sectors and the women in them kept many of us going through the pandemic. They put their own lives on the line to save ours. Women are more likely to work in low-paid and precarious jobs, and they hold 70 per cent of roles that are not eligible for sick pay. They are finding that employers are not doing enough to meet their needs and that they cannot afford to be off work because, despite their invaluable, selfless contributions to help others, they are not entitled to support now. The Scottish Government must do all that it can to ensure that it acts fast, so that they have the help and support that they need today.

People with long Covid are battling two viruses—long Covid and inequality—in a way that they might never had had to before. People should not have to fight day in, day out just to get by or for their rights. It does not have to be this way. Both Governments must use every lever that they have to meet the health and care needs, and protect the rights, of people with long Covid. They must encourage businesses and employers, particularly those that are carrying out publicly funded contracts, to recognise long Covid as a disabling

condition. Employers should do that not because the law could in fact be interpreted to recognise it as such, although I will clarify for the record and for the benefit of people with long Covid that, even though the Equality and Human Rights Commission has perhaps been less than clear on it, if a condition is not classified automatically as a disability under the Equality Act 2010, that does not mean that it is not considered a disability under that law, or that therefore people with the condition do not have rights. People should assert those rights, and we in this place have a duty to help people uphold them. Employers should not be recognising long Covid as a disabling condition simply because of the legal case; they must support people with long Covid because they have a moral obligation to provide them with the support that they need and because doing so will allow those people to live up to their full potential.

I would also like to see the Scottish Government encourage the use of the Trades Union Congress's reasonable adjustments disability passport scheme, which recognises fluctuating conditions such as long Covid. The scheme means that disabled people have to explain their needs only once and not every time that their role or their line manager changes. Recognising that would remove a barrier to people receiving the proper support that they need. I would welcome hearing the Government's view on that in the cabinet secretary's closing remarks. I thank the TUC and Close the Gap for their hard work on campaigning on the issue and for their important research.

We should use the Parliament's powers to do all that we can. That should include supporting my colleague Mark Griffin's proposal for a Scottish employment injuries advisory council bill, which would lay the framework for a new, independent public body that would have substantial authority to shape and remodel industrial injuries benefits. It would also ensure that people who have been disabled as a result of long Covid could access the same compensation schemes as workers who have experienced other illnesses as a result of their employment, such as asbestos-related conditions, hearing loss and chronic obstructive pulmonary disease. For too long, people with similar impairments have had to fight to be recognised as disabled. They have battled against discrimination in order to have their rights realised. Let us learn from their fight and ensure that people with long Covid are protected against it and also protected against discrimination and the mistakes of the past. We must ensure that employers understand that they could have a duty to make reasonable adjustments to remove, reduce or prevent any disadvantage for workers with long Covid.

I return to the point on research and data on which I had an exchange with the cabinet secretary earlier in the debate. I again thank the TUC and Close the Gap for their work in this area. As long Covid is a new and emerging condition, there is much that we still do not know about it, but there is certainly far more to do to identify the reality. We do not know the extent to which the condition disproportionately affects some groups more than others. I appreciate the cabinet secretary's earlier comments, and I hope that we will start work as soon as possible to obtain such data. Collecting it will be crucial to ensuring that any decisions support people in the way that is needed and that we address inequality. The more information we have, the better our policy will be.

People have been left suffering, with no answers and no dedicated healthcare. The Government must do all that it can to ensure that people with long Covid are recognised as disabled people, get the support that they need—including at work—and can access social security quickly through its speeding up their access to adult disability payment. Sufferers have fought for their rights for too long, and they have also fought through their illness. It is the Government's duty to act quickly. People with long Covid cannot be left to fight this battle on their own for any longer.

The Deputy Presiding Officer: We move to closing speeches.

16:27

Alex Cole-Hamilton: Three weeks ago, the Liberal Democrats got our business day. We get roughly one a year, so it is actually quite a celestial alignment for us. Had we not had sight of the Government's intentions, there is no doubt in my mind that we would have used that very precious single day to debate long Covid. However, because the SNP Government had indicated that it would finally use Government time for a debate on long Covid on the following day, we decided to focus on other things.

After our business was submitted and the parliamentary agenda was set, the Government pulled its debate. That was a craven example of the Government once again dodging scrutiny on an exposed flank, because it occurred to the Government that it literally had nothing to say. Three weeks on, not much has changed; long Covid is an exposed flank.

There was much hope attached to that aborted debate, as there was to the debate today, but it has been thin gruel. Jackie Baillie was right to flush out the pretence that the Government was attaching to the £3 million, talking as though it was some kind of new money when it is in fact a rebadge of the first iteration.

The cabinet secretary tried to strike a conciliatory tone, but in reality he, like many Government party members, just provided a précis, a list and a summary of the problems as we find them, and they were very thin on solutions. That was rightly and succinctly identified by Dr Gulhane.

I am grateful that Dr Gulhane and the cabinet secretary, in their intervention exchange during Dr Gulhane's speech, set out that future long Covid sufferers who do not have a positive Covid test result in their medical records will not face the same battle for belief and support as sufferers in the first wave did, and in some cases still do. I will remind the Government of that commitment.

We heard a lot of personal stories. Several came from Jackie Baillie's excellent speech. She was right to identify the cynical choreography of a Government rushing out letters to sufferers on the very day of this debate. I associate myself with Jackie Baillie's remarks about employment and offer my support to Mark Griffin with his forthcoming member's bill on making long Covid an industrial injury.

Sufferers need action; we need action, but there is not much encouragement for sufferers in the words of Government members. I have a lot of respect for Evelyn Tweed, but to suggest that funding the creation of long Covid clinics somehow robs Peter to pay Paul and deprives the health service of funds elsewhere betrays a fundamental lack of understanding of the scale of this public health disaster.

Maree Todd: Edward Duncan, professor of applied health research at the University of Stirling, said:

"There is good clinical reasoning for arguing that investing in existing services and supporting them to deliver rehabilitation is better than having a bespoke centre."

Does the member agree with that, and can he tell me which specific treatments are being provided in NHS England's long Covid clinics that are not already available to people in Scotland?

Alex Cole-Hamilton: The minister did a good job of reiterating the point that was made by Emma Harper, but if Emma Harper took my intervention, I would have pointed to the long Covid sufferers in the gallery who will show her the truth to that lie. They were all shaking their heads in disagreement at the misapprehension that the Government is creating that these services are somehow already out there if you half close your eyes and know where to look—that is laughable. This is a public health disaster and its impact will be felt across our schools, economic activity and workforce.

I also found the cabinet secretary's intervention on Brian Whittle astonishing. He sought to

reiterate the point that the minister just made. They continually attempt to hinge their opposition to long Covid clinics—clinics that the long Covid community is crying out for. One suggested that focused, holistic, multidisciplinary support obtained in a one-stop stop will actually hinder their health outcomes; that is enraging.

That is the problem. The SNP's back benchers have clearly overheated the long Covid Wikipedia page in preparation for this debate, but it is hard to imagine that many of them have actually spent time with sufferers or the groups that support them.

Emma Harper: Will the member take an intervention?

Alex Cole-Hamilton: I must make progress.

Indeed, it was many months from the group's first request, and several embarrassing First Minister's questions, before the cabinet secretary first met Long Covid Scotland.

The outlook for support remains bleak, and we have heard nothing to change that today. John Mason, unwittingly, did the job of those on the Opposition benches when he revealed his Government's failure of sufferers of long-term conditions such as ME during its 15 years in office.

I am haunted by the words of eight-year-old Anna Goss, who, in describing her condition, said, "I hate it." You can hear the anger and frustration of such a young life so badly restricted by a condition that no adult around her can fully explain, and for which she is not offered adequate support. Anna cannot wait for the amassing of data that Gillian Mackay described as a "prerequisite to support". We can help her today, but Ms Mackay's Government chooses not to.

What is more, we can protect children like Anna—or those who might become like her—not by cutting off the bottom of classroom doors but by installing high-efficiency particulate absorbing filters in every classroom in Scotland, which would clean the air and allow children and their teachers to breathe. If Government policy is to live with Covid, we have a duty to protect our children from what it can become.

It is clear from the factual and clinically informed speeches that have been prepared for SNP MSPs today that the Government understands the pathology of long Covid, but I am not persuaded that it understands the humanity or urgency of this awful condition.

16:34

Carol Mochan (South Scotland) (Lab): I welcome this opportunity to close the debate on behalf of Scottish Labour. I start by thanking all the

people who have allowed us to share their stories, and those who have made the journey to the Scottish Parliament and are sitting in the gallery. I hope the Government will listen and react to the debate with some speed.

As other members have said, we have had to drag the Government to this point. After far too many delays, and despite long Covid being at the forefront of public debate, we have finally brought this crucial issue to the chamber. A debate on the topic was cancelled last month for, seemingly, no reason. All the while, the Parliament has been coming and going, yet the issue of long Covid has never been given the attention that it deserves. Let us hope that that ends today.

As we have heard from the debate so far, there is broad cross-party support for getting the situation sorted. Scottish Labour whole-heartedly welcomes that and hopes that we can get the next step in place.

For some people in Scotland, the Covid threat is dwindling, but for others its lasting consequences are part of their everyday lives. We must not forget that many of our families and friends are still suffering from the consequences of the past two years. In some cases, those consequences are drastic and life altering. Alex Cole-Hamilton put it vividly: it is a horrible disease. As Jackie Baillie and Alex Cole-Hamilton both said, children are suffering.

As many as 151,000 Scots are living with long Covid in one form or another, but their needs and concerns are rarely taken into account. The Government seems to avoid communicating with sufferers and support groups, and to avoid taking on board the points that they make. As many colleagues have noted, there have been a number of serious issues with the Government's response to the emergence of long Covid; it only makes it worse for support groups and sufferers that they do not feel fully involved in decision making.

The £10 million long Covid support fund that was announced in September 2021 has yet to be fully delivered, which is a disservice to our hard-working NHS staff. Unlike other parts of the UK, we do not have a network of specialist clinics for people who are dealing with the symptoms of long Covid. There seems to be a reluctance even to consider the suggestion that we might learn good practice by looking at that.

There seems to be little or no occupational support for people who are suffering from long Covid to help them back into the workplace. I thank my colleague Mark Griffin for his comments on the importance of considering long Covid as an industrial injury—in particular, for our valued key workers. I look forward to the cabinet secretary responding to Mark's comments.

We need answers as to why funds could not have been allocated directly to health boards in order to treat people who were already in pain much more quickly. We know that the money has not been allocated. Why were people who are suffering from long Covid not asked to play a much more active part in the design and implementation of plans? Why are we not properly considering the financial impact that the condition has on people who fall victim to it? I hope that the cabinet secretary can answer some of those questions, and I hope that he will respond to Emma Harper's points about gender.

Those are serious considerations, yet most of the commitments that the cabinet secretary has made today are about the future and a vague long-term Covid plan. There is far too little detail about how we will help patients now. How will we help them? If we do not ensure that adequate measures are in place, there will be serious implications for our NHS, and the distress and discomfort of people who have long Covid will be extended.

Despite the under-50s being at lower risk of dying from Covid, there are high rates of complications from Covid across all age groups, including children. Long Covid is just one part of that.

Long Covid is a problem that we do not have a full grasp of yet, which is why it is so important that we develop expertise and ensure that health services and the scientific community work together in a co-ordinated manner. Although there is a broad willingness to do that, there is a serious lack of commitment and progress on it.

The reality of what Covid can do to a person—beyond the worst fate of all—is not discussed clearly in public life. The Government does not want it to be discussed openly. If the public were better informed about the potential consequences that arise from catching Covid, that would go a long way towards improving our ability to limit the virus.

Well-funded long-term research will improve our understanding of the lasting effects of Covid and help to identify effective treatments for all who suffer from it. Committing to such funding now will put Scotland at the forefront of that vital discussion, but it will not happen if we are seen as being behind the rest of Europe and unwilling to commit serious investment. Any future planning from the Government must respond to the immediate and long-term impacts of long Covid in Scotland, and not merely pay a measure of lip service.

To conclude, I say that positive steps are being considered here today, but is the cabinet secretary listening? Does the cabinet secretary really think

that the long Covid support fund, which—as was mentioned by my colleague Jackie Baillie—equates to around £33 per person per year, is sufficient to tackle the problem? We all know that it is not, and that the issue is not being taken seriously enough by the Government.

The Deputy Presiding Officer: Thank you, Ms Mochan. It now falls to Ms Webber and the minister to take us up to decision time. Sue Webber has a very generous seven minutes.

16:40

Sue Webber (Lothian) (Con): Thank you, Deputy Presiding Officer. I welcome the chance to speak in this much-delayed debate. In the motion that is in front of us today there is absolutely nothing that could not have been presented to Parliament before 5 May.

The SNP Government is failing to treat long Covid with the seriousness that it deserves. SNP ministers must urgently get on top of long Covid now, before it spirals out of control and has serious knock-on consequences for other services in our NHS.

The Office for National Statistics estimates that 151,000 Scots are suffering with long Covid; that number is rising. Additionally, 64,000 Scots have been experiencing long Covid symptoms for more than a year, which is more than double the number who were suffering just six months ago. Also, 36,000 Scots are reporting that long Covid is having a significant impact on their daily activities. Mr Cole-Hamilton spoke about how debilitating it is and how it is ruining people's livelihoods. Huge numbers of people are suffering while the SNP fails to act.

The figures include constituents of mine; we have heard many constituents' stories. One constituent has contacted me with a heart-breaking story. She is a nurse in Edinburgh and is suffering from long Covid. Her story certainly breaks my heart. After contracting Covid in 2020, she was signed off work in August that year and was not able to return until February 2021. When she returned to work, she managed to maintain herself at work until August 2021, when she then went off sick again with extreme fatigue, constant headaches and continuous dizziness. Her job is now at risk because she is still not well enough to return to work, despite the fact that she is still waiting for further assessment and referral. There is no primary care pathway for GPs to access services.

My constituent feels very strongly that the system does not work. As I have said, there is no clear pathway to referrals for services. A network of long Covid clinics would ensure that we would reach everyone who is struggling with the

debilitating condition. Patients cannot wait for years for action. Too many of the people who have fought Covid are still suffering with the consequences months after they caught the virus. Without proper long Covid clinics, many of those people will continue to be missed.

Aside from clinics, we need the Government to ensure that there are better guidelines for support across health and social care. My constituent said:

“Long Covid is not going away. I do not appear to be getting better and I am not getting any kind of meaningful treatment. I do not appreciate being left to rot, having done my duty, and attended work during the pandemic to support my frontline colleagues in my nursing role. Nor do I appreciate being written off due to others’ ideas of disability and capability.”

It was quite humbling to get that email.

Physical health conditions can have negative impacts on a person’s mental health. Financial stress is also associated with poorer mental health, and long Covid is documented as affecting people’s ability to work. Stress, fear, and the trauma of having long Covid, and uncertainty about the future are also noted to have exacerbated poor mental health.

Everyone knows that people who suffer from long Covid are likely to experience mental health problems including post-traumatic stress disorder, anxiety and depression. Recent research into long Covid mirrors that finding; it has determined that there is a high probability that suicide rates will increase among people who are experiencing long Covid. That is a result of the psychiatric, neurological and physical symptoms of the virus. However, suicide is not even mentioned in Scotland’s long Covid service document.

The Scottish Government’s motion refers to the need to develop models of care that will

“benefit the management of other long-term and complex conditions”.

Therefore, as John Mason did, I want to make reference to the similarities between long Covid and ME and how those conditions have been recognised.

Attitudes to ME have been changing with the emergence of long Covid. The two conditions have many similarities. Like long Covid, ME is a post-viral disease, and it has many identical fluctuating symptoms. The hallmark symptom of ME is post-exertional malaise, which is a worsening of symptoms that can follow minimal cognitive, physical, emotional or social activity. Many people are extremely concerned that doctors who treat long Covid patients are not aware of the dangers of exercise for patients who are suffering from fatigue.

The National Institute for Health and Care Excellence guideline on ME, which was published in October 2021, has not yet been implemented in Scotland, which has led to a void in guidance on treatment of ME. Long Covid patients who have ME face the prospect of being treated by doctors who have little knowledge or understanding of ME and who, at worst, will recommend treatment that will harm them.

In Jan 2019, in response to #MEAction Scotland’s petition, Jeane Freeman told the Public Petitions Committee:

“We should not wait until we have a better research base and greater clarity on what treatment options might be appropriate. People are living with ME right now, so we need to look at the work that needs to be done to increase awareness and understanding of the condition”.—[*Official Report, Public Petitions Committee*, 24 January 2019; c 35.]

That statement was made more than three years ago, yet nothing has changed for people with ME in Scotland. We cannot allow there to be the same inaction on long Covid. As Jackie Baillie said today,

“we now see baby steps being taken. Snails move at a faster pace.”

My colleague Dr Gulhane made it clear that patients with long Covid want the Parliament to take concrete action. We urgently need a clear strategy for tackling the disease, and funding must be ring fenced for treatment of long Covid patients. NHS staff are going above and beyond, but they cannot provide the service that patients deserve because the SNP Government has failed to resource them properly. Although we welcome the £10 million of funding, it is spread over three financial years and, as Jackie Baillie said, will amount to only £33 per person.

Jackie Baillie: Will the member take an intervention, with a view to extending the time that her speech takes?

Sue Webber: Certainly.

Jackie Baillie: In England, £210 million has been announced for treatment of long Covid. In Wales, which has half the population of Scotland, the figure is £10 million. Does the member understand why the SNP Government lacks the ambition to treat long Covid?

Sue Webber: I cannot understand what is going on in the head of our cabinet secretary. Surely an appropriate level of funding ought to be provided to support the development of a solution to present to the people of Scotland.

Humza Yousaf: Does Sue Webber accept that the money that we have announced is additional money and that money is already being spent on long Covid? Moreover, in Scotland, we spend

£111 more per head on health than the Government of Ms Webber's party does in England.

Sue Webber: I believe that the Government is spending £2.5 million on research, so there is a long way to go before we have parity with the rest of the UK when it comes to research or investment in long Covid services.

In June last year, we published a policy paper on long Covid, which raised awareness of the extent and impact of the disease and what we should be doing to tackle it. We want the SNP Government to recognise the disease and to give patients the treatment that they deserve. It should publish a clear long Covid strategy, create a specific long Covid care fund and work with health services and research institutions across the UK to find out more about the disease. It should write more than just the chapters that the cabinet secretary mentioned earlier. The Government also needs to invest in a network of specialist clinics and to adopt an app-based treatment service.

As my colleague Craig Hoy said, people with long Covid who live in Scotland are 20 per cent more likely to be severely affected by the disease in their day-to-day lives than people with the condition who live elsewhere in the UK.

In England, the NHS operates 90 specialist long Covid clinics; in Scotland, there is none. The SNP Government's inaction is having a real impact on people who are affected by long Covid. When the SNP Government's long Covid paper was published, the ONS estimated that 79,000 people in Scotland were suffering from long Covid. Now, that figure is 151,000 people. Six months of dither and delay have meant that 72,000 people have not been able to access the support that they were promised in September. That is why we need a network of specialist long Covid clinics.

If there was a "will", rather than a "may", in the cabinet secretary's motion, then there would be a way for us to support the Scottish Government's motion. Unfortunately, we cannot.

The Deputy Presiding Officer: I call the minister to wind up the debate. Please take us to just before 5 o'clock, Ms Todd.

16:50

The Minister for Public Health, Women's Health and Sport (Maree Todd): I thank all the members who have taken part in today's debate, which has given us the opportunity to reflect on the progress that we have all achieved so far, to acknowledge the complexities and to discuss where there are further opportunities to improve our support for people living with the long-term effects of Covid-19.

Importantly, the debate has enabled us to provide Parliament with an update on the outcome of the thorough planning process that NHS boards have undertaken to determine the key priorities for the first allocations of the long Covid support fund and to hear members' feedback about those proposals and what else we can do to ensure that people living with long Covid continue to be supported.

All of us in this chamber, either from our personal experience or from professional engagement with constituents, recognise that long Covid continues to be prevalent in Scotland, as it is across the UK and worldwide. As we have heard today, long Covid presents a new challenge for our healthcare system to respond to, in the context of the wider pressures that have been caused by the pandemic, which amount to the most significant challenge that our NHS has faced in its 73-year history.

Craig Hoy: When the minister talks about the additional funding, will she say how much of that £10 million has been paid out, and for what treatments?

Maree Todd: All that money is for this financial year and will be paid out during this year.

It is important to stress that, although Covid may be new, we are by no means beginning from a standing start. The fact is that the experiences of people living with long Covid underline the relevance of key services that are already being delivered by our NHS and of the reforms and improvements that we are already taking forward.

For example, we are expanding multidisciplinary teams within primary care, giving people access to a wider range of healthcare professionals through their local practice. That includes the recruitment of further community nurses to assist with diagnostic tests and chronic disease management and of physios to treat musculoskeletal issues in the community.

Brian Whittle: Will the minister take an intervention?

Maree Todd: Give me a moment to finish this section of my speech.

There are also pharmacists to help with repeat prescriptions.

As my colleague said, we spend £111 more on health per person in Scotland than they do in England. That amounts to £600 million a year. We have invested £360 million to recruit those teams over four years, and are investing a further £170 million as part of the 2022-23 budget to continue their expansion.

We have published our "NHS Recovery Plan 2021-2026", backed by more than £1 billion of

funding, which sets out our plans for increasing in-patient, day case and out-patient activity to address care backlogs. We announced our £120 million recovery and renewal fund in February 2021 to deliver the commitments set out in the mental health transition and recovery plan, in response to mental health needs arising from the pandemic.

Alex Cole-Hamilton: Will the minister accept an intervention?

Maree Todd: I am going to take an intervention from Mr Whittle when I finish this section of my speech.

As part of our recovery and rehabilitation framework, we are awarding initial funding of £350,000 to support the delivery of a once-for-Scotland rehabilitation approach.

Brian Whittle: We have heard today about myriad symptoms related to long Covid and there are now 151,000 people in Scotland suffering from long Covid. We should gather all the information together. It would provide a good study. We should have been able to take forward some sort of treatment long before now to help people with such a debilitating condition.

Maree Todd: I reiterate that the investments and improvements that we are making in all those areas will benefit all patients who access the services of the NHS in Scotland, including people who have long Covid. Put simply, just because a service does not have “long Covid” written on the plaque at the door, that does not mean that it cannot provide and is not providing a service to people in relation to the symptoms and the needs that they have as a result of long Covid.

Alex Cole-Hamilton: Will the minister give way?

Maree Todd: No, I will not give way to Mr Cole-Hamilton.

Members: Oh!

Maree Todd: Well, we have already heard twice from him, and much of his time was spent in explaining that he was not in charge of Government business. The electorate has given its opinion on Mr Cole-Hamilton and his party.

The testimony that has been put forward by members has highlighted that more remains to be done to strengthen the services that are providing that support. We are pleased to have been able to outline today our initial allocation of £3 million to health boards to do exactly that. That investment reinforces our commitment to ensuring that people who have long Covid have access to the right care and support, in a setting that is appropriate and as close as possible to home.

Sandesh Gulhane: That money was announced in September. How much has been spent, and what have we got for it?

Maree Todd: In order to deliver the service that is required, it would not be appropriate for the Government to oversee the boards’ clinical and expert assessment of the specific needs of their populations and dictate to them what specific models of care they should put in place for their patients. *[Interruption.]* The outcome of the robust gap analysis and planning exercise that has been undertaken with NHS boards by the strategic network is evidence of the fact that, as the clinical guideline on long Covid that was developed by SIGN, NICE and the Royal College of General Practitioners—*[Interruption.]*

The Deputy Presiding Officer: That is enough heckling between the front benches and from the back benches. Please desist.

Minister, continue.

Maree Todd: I reiterate, and I would have thought that Dr Gulhane was aware, that the clinical guideline on long Covid that was developed by NICE, SIGN and the Royal College of GPs noted that

“one model would not fit all areas.”

That is why we are providing resources and national support to our NHS boards in order to equip them to respond in a flexible and tailored way.

Much of the debate has focused on the subject of long Covid clinics. To present those as some kind of panacea is unhelpful, and overlooks the lived experience of those who access those assessment clinics in England and the fact that the RCGP, of which I believe Dr Gulhane is a member, has stated that many people with long Covid

“are cared for by their primary care team accessing investigations, treatment and rehabilitation in the community”

and that

“not every patient with prolonged symptoms of Covid requires referral to a specialist service”.

From our engagement with clinicians and those who live with long Covid, we know the frustration that is often felt after lengthy waits for secondary care tests and investigations, only for the results to come back as seemingly normal, despite the persistent and very real symptoms.

Pam Duncan-Glancy: Will the minister take an intervention?

Maree Todd: Give me one moment.

As such, our response has to focus on identifying the personal outcomes that really

matter to people and, through shared decision making, providing effective and evidence-based support that helps people to achieve those as far as possible.

I give way to Pam Duncan-Glancy.

The Deputy Presiding Officer: I ask that the intervention be very brief.

Pam Duncan-Glancy: Does the minister understand that the clinics that she is suggesting that people with long Covid should attend are already bursting at the seams with other people who have long-term conditions and are unable to get appointments, in some cases for months or years?

Maree Todd: As a public health minister in the middle of a global pandemic, I certainly understand the level of strain that our NHS is experiencing at this moment.

As I have said before, we do not want to make this a political fight. We want to concentrate on supporting people in Scotland in the best way possible for their needs.

The Scottish Government and all of us here are absolutely committed to increasing awareness of the long-term effects of Covid-19 and ensuring that people can access the right care in the right place at the right time.

I thank everyone who has taken the time to speak to us to inform our picture of what more needs to be done to meet people's needs. That includes NHS boards, front-line staff and third sector organisations, but crucially it also includes people living with long Covid, who have been open and honest about what living with the persistent symptoms means for them.

I echo the words of my colleague Humza Yousaf. We have heard from—

Jackie Baillie: Will the minister take an intervention?

Maree Todd: I am in my closing seconds.

I echo the words of my colleague Humza Yousaf. We have heard from too many sufferers of long Covid that they do not feel that they have had a consistent level of support or care, and that concerns us greatly.

This debate has been invaluable in informing our approach, and our engagement with long Covid sufferers has been invaluable in informing our approach to date. We will continue to take as agile and flexible an approach as possible in ensuring that this Government does as much as we can possibly do to support those who are living with long Covid.

Decision Time

17:01

The Presiding Officer (Alison Johnstone): There are four questions to be put as a result of today's business. I remind members that, if the amendment in the name of Sandesh Gulhane is agreed to, the amendment in the name of Jackie Baillie will fall.

The first question is, that amendment S6M-04472.3, in the name of Sandesh Gulhane, which seeks to amend motion S6M-04472, in the name of Humza Yousaf, on long Covid, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. There will be a short suspension to allow members to access the digital voting system.

17:01

Meeting suspended.

17:05

On resuming—

The Presiding Officer: We come to the division on amendment S6M-04472.3, in the name of Sandesh Gulhane. Members should cast their votes now.

The vote is closed.

Jackie Baillie (Dumbarton) (Lab): On a point of order, Presiding Officer. Unfortunately, my app would not refresh, but I would have abstained.

The Presiding Officer: Thank you, Ms Baillie. We will ensure that that is recorded.

Neil Bibby (West Scotland) (Lab): On a point of order, Presiding Officer. I had the same issue. I would have abstained.

The Presiding Officer: Thank you, Mr Bibby. We will ensure that that is recorded.

For

Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)

Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)

Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Smyth, Colin (South Scotland) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Whitfield, Martin (South Scotland) (Lab)

The Presiding Officer: The result of the division on amendment S6M-04472.3, in the name of Sandesh Gulhane is: For 29, Against 62, Abstentions 19.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-04472.1, in the name of Jackie Baillie, which seeks to amend motion S6M-04472, in the name of Humza Yousaf, on long Covid, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)

Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)

McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment S6M-04472.1, in the name of Jackie Baillie, is: For 48, Against 61, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-04472.2, in the name of Alex Cole-Hamilton, which seeks to amend motion S6M-04472, in the name of Humza Yousaf, on long Covid, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): On a point of order, Presiding Officer. I would have voted yes.

The Presiding Officer: Thank you, Ms Hamilton. We will ensure that that is recorded.

Maggie Chapman (North East Scotland) (Green): On a point of order, Presiding Officer. My app crashed, but I would have voted no.

The Presiding Officer: Thank you, Ms Chapman. We will ensure that that is recorded.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)

Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)

Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Abstentions

Smyth, Colin (South Scotland) (Lab)

The Presiding Officer: The result of the division on amendment S6M-04472.2, in the name of Alex Cole-Hamilton, is: For 46, Against 62, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S6M-04472, in the name of Humza Yousaf, on long Covid, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

The vote is closed.

Graeme Dey (Angus South) (SNP): On a point of order, Presiding Officer. My app is not working, but I would have voted yes.

The Presiding Officer: Thank you, Mr Dey. We will ensure that that is recorded.

Jamie Greene (West Scotland) (Con): On a point of order, Presiding Officer, I would have voted no.

The Presiding Officer: Thank you, Mr Greene. We will ensure that that is recorded.

For

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)

Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)

Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Abstentions

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Marra, Michael (North East Scotland) (Lab)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 O'Kane, Paul (West Scotland) (Lab)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Sarwar, Anas (Glasgow) (Lab)
 Sweeney, Paul (Glasgow) (Lab)
 Whitfield, Martin (South Scotland) (Lab)

The Presiding Officer: The result of the division on motion S6M-04472, in the name of Humza Yousaf, is: For 62, Against 29, Abstentions 18.

Motion agreed to,

That the Parliament recognises the negative impact that long COVID is having on the health and wellbeing of those affected in Scotland; acknowledges that, while some people do recover without clinical support, for many adults and children, the longer-term effects can be debilitating; believes that those who need clinical support in managing the impact of long COVID should have the right help at the right time through health and wellbeing support and services that are accessible in a setting as close to their home as practicable; understands the importance of existing NHS services providing support to those who need it now, but also developing sustainable models of care that will benefit the management of other long-term and complex conditions; recognises the role of NHS boards, working in partnership with local authorities, people living with long COVID and the third sector, to design models of care tailored to the needs of their local populations, which may involve strengthening the co-ordination of existing services, or establishing dedicated services, including long COVID clinics; welcomes the recommendations of the National Strategic Network on the initial priority areas for improvement; further welcomes the first allocation from the

Long COVID Support Fund of £3 million across 2022-23 to bolster the support to people with long COVID; notes that this investment includes the introduction of care co-ordinator roles, extra resource to support a patient-centred assessment of need through a range of approaches, including a multi-disciplinary assessment service, and additional capacity for community rehabilitation to support people with issues affecting their day-to-day quality of life; further notes that the Strategic Network will be supporting the education of healthcare staff, including improving access to information resources on the identification, assessment and management of people with long COVID, and considers that research will continue to improve understanding of the long-term effects of COVID-19 and identify effective treatments.

The Presiding Officer: That concludes decision time.

Meeting closed at 17:14.

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

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

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000

Textphone: 0800 092 7100

Email: sp.info@parliament.scot



The Scottish Parliament
Pàrlamaid na h-Alba